

# NEWS AND VIEWS

For persons who are living with HIV/AIDS, their families, friends, and supporters

The Nova Scotia Persons With AIDS Coalition

ISSUE 9,  
SEPT1990

## In Memory Of Someone Whose Memory Wasn't Always The Best

John McGillivray

Died — Halifax, July 17, 1990

At "The Coalition" we have had some success recently at making a Video. If the call of the Muses had truly intoxicated us we might at this time be planning an extravaganza to commemorate, surprisingly enough, the death of yet another member. I can see it now ... a convent full of ... er ... brothers bustling around singing rhetorically, at the top of their lungs, "How do we solve a problem like, John?" The fact of the matter would be that we would all be singing with the same loving consternation as the sisters in *"The Sound of Music"*.

To pretend that John wasn't often a problem would not be honest and would only bring smiles to the faces of Mrs. McPhee, Head Nurse Barb and staff on Manor 2, Wilson and the Hostel committee, Raymond from the Realms of glory, Vida, Street Nurse and Resident savante of Gottingen St., Henry Capstick, and astonished doctors in medical establishments across this city.

The star of our show, the indulgent Mother Superior with the most frustration because she was most present to the situation, and yet the wisest, most insightful, understanding person in John's latter day experience, would have to be Joan.

John simply was a wonderful, wonderful problem for us all. His history remains a mystery and rightly so because he was so unique. His journey from back-water Cape Breton to Halifax via the glitter of New York and Vegas assumed something of the stature of "urban Myth" and the most amazing thing about it is the fact that it appears to all be true ... at least we think so.

John, himself apparently could well advise on sets, costumes and perhaps even make-up for our commemorative production since he had been a very successful Interior Decorator moving in the best, most fashionable, circles in the Big Apple. Those of us who bore the brunt of his scathing remarks about the austere, yea Spartan, decor of the Salvation Army Hostel, the Early Acadian Provincial Dump of our own Hostel, and the classically purist lines of Northwood space, probably gulped embarrassingly at learning this.

Similarly we may have been surprised when he raved a little about dogs and we would indulgently ask whether what he owned had been a tail-wagging-dog type Heinz '57 only to have him roll back his eyes in disgust to inform us, "no! It was an Afghan". To

make conversation we might have commented on the heat only to have him respond that it reminded him of Vegas. The snow would remind him of Aspen ... and on it when. Was John citizen of the world or charlatan? Who knows? Do we have to know?

He was a unique character a man with a wealth of experience either in fact or in fantasy who lived the last two years of his life when most of us knew him, from pillar-to-post. We were privileged to have been, alternately, pillar or post. He lived largely in moments, moments of reverie, moments between periods of fairly serious dementia. Thank God he had these wonderfully refreshing moments and does it matter if they were factual or not?

He drank deeply at the tap of bitterness having had a crippling stroke here in Halifax some two years ago. He lived on the street, came kicking and screaming, or at least shouting and demanding, into our hostel and our lives. Led us through the many meetings of "What do we do with John?" discussions to the difficult decision of having to arrange adult protection services "for his own good" — that awful phrase which is so real but inevitably sounds so cruel. The only thing the process did for us it seems is to take us into famial experience we may not have had otherwise. John was important to us. He was another FACE of AIDS. He required us to expand our vision, bend our assumptions and, not least of all, open our hands. Who gets AIDS, street people or interior decorators? John reminded us that both do. If he didn't experience the latter he sure knew the language and we heard it in the moments when it slipped out between the more routine grumbling.

If it seems like a riches-to-rags story, know that it was in fact the whole gamut of rags-to-riches-to-rags. Amazingly enough John didn't even own his own name. Two children of some undetermined relationship were fostered by the same mother but in fact their names were mixed up by Children's Aid so that John became Bill and Bill became John. Some persons with AIDS' lives start that way. Others end that way. John died at Northwood Manor on July 17, 1990 of complications from AIDS. Goodbye John McGillivray, whoever you were.

Fr. Mike McDonald  
for N.S.P.W.A.C.

# Nova Scotia Persons With AIDS Coalition

## AIDS Awareness Week

*Testing, Early Intervention and Treatment NOW!*

Sunday, October 14th

### Ovation 90

*Celebration of Life!*

Exciting Fundraiser at Neptune Theatre

Tuesday, October 16th

### The Test For HIV Antibodies

Who should have it? When? Who to talk to? Why Test?  
The emotional, psychological and physical implications  
for yourself and others

Wednesday, October 17th

### Nutrition Night

Dinner for persons living with HIV  
Discussion on nutritional supplements

Thursday, October 18th

### Early Intervention

(for the prevention of opportunistic infection associated with HIV)  
What is it? How real is it?  
When should one consider early intervention treatments/drugs  
How to work with your doctors to get the maximum benefit

Friday, October 19th

### Treatments

What is there? What's been tested? What's coming down the road?  
A presentation by Martin Delaney of Project Inform, San Francisco

Saturday, October 20th

### Effects of the Psyche on the Immune System

A presentation by Bernard Lapointe, Principal Health Adviser at the  
Federal Centre for AIDS  
and a physician practising in Montreal at Clinique L'Actuel  
(a health clinic with 2300 HIV patients)

### Complementary Therapies

What are they? What do they do?  
Also, local resources available.

For more information contact NSPWAC at  
Phone: (902)-429-7922  
or write to P.O. Box 1374, PS North  
Halifax, Nova Scotia  
B3K 5H7

# Nova Scotia Persons With AIDS Coalition

## Presents

### Emotional and Psychological Aspect of AIDS

A Series the 2nd Tuesday of every month

October 9th, 1990

Sexuality — Romance and sex after diagnosis

November 13th, 1990:

Relationships/Loneliness

December 11th, 1990:

Spirituality

January 8th, 1991:

Organic Brain Syndrome

February 12th, 1991:

Families Dealing with AIDS: Extended and Biological

March 12th, 1991:

Grief and Bereavement

April 9th, 1991:

Losses: Creativity and Productivity after diagnosis — job, physical ability, your dentist etc.

May 14th, 1991:

Stress Management: Non-medication techniques

June 11th, 1991:

Wrap-up evaluation, and open house at the NSPWAC office

#### Resource persons for this series are:

Avery Kempton

Dawn Ross

Heather Ferguson

Mary Petty

Brenda Richard

Diane MacDonald

Joe Leblanc

Michael McDonald

For more information contact NSPWAC at Phone: (902)-429-7922  
or write to P.O. Box 1374, PS North, Halifax, Nova Scotia, B3K 5H7

## IMPORTANT NOTICE

Open General Membership Meeting of the Nova Scotia Persons With AIDS Coalition to discuss the structure of the organization with particular emphasis on issues of MEMBERSHIP.

Who Can Belong?

How Can One Belong?

How Does The Board Relate To the Membership?

Discussion will lead to a decision regarding voting procedures at the ANNUAL GENERAL MEETING.

Monday September 17 — 7:30 p.m.  
Board Room — Offices of NSPWAC

# Nova Scotia Persons With AIDS Coalition

presents

## OVATION 90 "Celebration of Life"

8:00 PM

October 14th, 1990

at

NEPTUNE THEATRE

NO RESERVED SEATING

Reception to follow at  
the "Press Club"

Tickets available at:

Neptune Theatre — Sackville Street — (902)429-7020

N.S.P.W.A.C. — 2093 Gottingen Street — (902)429-7922

### A REVIEW TO CELEBRATE directed by Glen Walton

Some of the Exciting performers are:

Clary Croft	Mary-Colin Chishelm
Jim Petrie	Bill MacLellan
Allison Woolridge	Mary Kelley
Mary Clancy	Janette White
Scott MacMillan	The Gay Men's Chorus
	the Combined Lesbian and Gay Chorus
	plus many, many more

watch for surprise guests!

Highlights of the show include excerpts from

Andrew Lloyd Webber's	ASPECTS OF LOVE & PHANTOM OF THE OPERA
Sondheim's	SUNDAY IN THE PARK WITH GEORGE

We'll also have dramatic readings, comedy and much more.

There will be down home flavour with "Clary Croft and Friends" and sketches from the "Cape Breton Review"

## GET YOUR TICKET TO CELEBRATE NOW!

Proceeds from \$30.00 Admission for living with HIV/AIDS

## MESSAGE BOARD

**Donations Wanted** — Junk jewellery, beads, broaches, etc. for craft project. Drop off box at PWAC offices. Cash donation will be made to PWAC for items received.

**Donations** — PWA requires household articles for setting up apartment. Call PWA office for drop off/pick up arrangements.

Notices will be printed for 3 issues unless otherwise requested.

Notices to the Message Board can be mailed or dropped off at the Coalition offices.

### *"News Flash"*

#### **VITAMIN BUYERS CLUB**

If you are into Vitamins and are interested in purchasing vitamins, we are forming a buyer's club to obtain these at wholesale prices. Please contact Michel Lacourciere at the NSPWAC, 429-7922.

## **PWA LIVING ROOM LOUNGE**

Our lounge is newly furnished and ready for use. Open every day, noon to 5:00 p.m.

Come in and enjoy a relaxing time; check out the library, enjoy a coffee, watch your favourite soap opera, and meet some interesting people.

## HAIRCUTTING

Free Haircutting is provided twice monthly by qualified stylists.

Persons requiring a haircut should check the monthly calendar for dates and make an appointment as early as possible.

Only 4 or 5 appointments can be handled each evening, and booked appointments take priority on a first-come-first-served basis.

## — Recruiting —

(one of the rare occasions we are allowed to do it!)

### GAY MEN'S CHORUS

*"Yo Ho Ho ... 5, 10, 15 ...*

*whatever, men on a seamans's chest!"*

*... Really!*

See Calendar for time and location

## KEYBOARD INSTRUCTION

All you Music Buff's —

Colin Collette,

soon-to-be Director of the soon-to-be

GAY MEN'S CHORUS,

has volunteered to provide instruction on Keyboard free of charge to PWA/HIV+ folks. A tempting offer to realize a life-long dream.

Where? In the lounge at NSPWAC Offices

Call for arrangements

Use our Keyboard or bring your own

# Nova Scotia Persons With AIDS Coalition

tel: 429-7922 for more information

September, 1990

S M T W T F S

<b>DON'T FORGET</b> <b>OVATION 90</b> <i>"Celebration of Life"</i>						
8:00 PM October 14th, 1990 at NEPTUNE THEATRE						
2 SPARROW Gay & Lesbian Christians 8 pm	3 LABOUR DAY Office Closed	4 Board Meeting 4:00 pm Gay Men's Choir 7:30 pm	5	6	7	1 Narcotics Anony- mous 3 pm
9	10 Board Meeting 7:30 pm	11 Gay Men's Choir 7:30 pm	12	13	14	8 Narcotics Anony- mous 3 pm
16	17 ALL MEMBERS MEETING 7:30 p.m.	18 Gay Men's Choir 7:30 pm	19	20	21	15 Narcotics Anony- mous 3 pm
23/30	24 Board Meeting 4:00 pm	25 Gay Men's Choir 7:30 pm	26	27	28	22 Narcotics Anony- mous 3 pm
						29 Narcotics Anony- mous 3 pm

held at the PWA office, 2093 Gottingen St, unless otherwise noted.

**CALL OR WRITE**

The Nova Scotia PWA Coalition is a non-profit and non-political organization. We are a member of the Canadian AIDS Society.

*I'd like to be on your mailing list.*

*I'd like to apply for membership.*

*I'd like to volunteer my time to help. Please contact me.*

*I'm sending the enclosed donation \$ \_\_\_\_\_ at it can go to a friend who needs it.*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_

Phone No. (Best time to reach you.) \_\_\_\_\_

**N.S.P.W.A.C.**  
P.O. Box 1374, P.S. North  
Halifax, Nova Scotia  
B3K 5H7  
(902) 429-PWAC

# ◆◆ GRAND OPENING ◆◆ AIDS RESOURCE CENTRE

"Don't these things usually happen with wine, cheese and glitz? Orchid corsage for Sharon?  
... or J.J.? ... or somebody? That sort of thing?"  
"Well, why be so conventional? Why not hold it someplace really different? ...  
like in our Newsletter!"  
"You're weird!"  
"Anywhere but in the closet!"

(Overheard at NSPWAC Headquarters)

So here it is ◆◆ OFFICIALLY OPEN ◆◆! Our spiffy new Resource Centre. Bouquets, let alone corsages, to both Sharon and Bob S.

It will provide you with information on AIDS and LIVING WITH AIDS/HIV. This includes drug and alternative therapies, treatment updates, youth and AIDS, blacks and AIDS, women and AIDS, PWA's and care, nutritional information, activism, news clippings, magazines, books, videos, documents, articles — and more!

The most wonderful thing about it is that it comes with a fool-proof, (for fools and other consumers), easy-access catalogue and is open for use by any consumer, (or fool), willing to leave a name!

From time to time, as space permits we will review what's available .. like this —

## 'ANDRE'S MOTHER' — Video (VHF FORMAT) —

Starring: Richard Thomas, a.k.a.  
John-boy and Sada Thomas

Some people all of the time, and most people some of the time, learn as much about life from stories and drama as they do from lectures and instructional documentaries. A very moving contribution to a growing literature of AIDS is 'Andre's Mother', a made-for-TV drama.

An AIDS-related Memorial Service (Andre's) is the occasion to iron out the relationship of mother to lover, never an easy one, but all the more complex when suspicions and resentments are just under the polite surface.

It's about gay relationships. It's about gay-straight relationships. It's about the more universal relational theme of the fact that many very different people come to know the same person in very differ-

ent ways and that that fact can bring them into exciting, even mind-expanding, relationships with each other.

From our perspective however it is, perhaps most of all, about an oft overlooked aspect of the process of Living With AIDS, the fact that lots of other people besides the HIV+ person do it — live with AIDS that is — for better or for worse.

Stellar performances, in my judgement, from a sweet but insistent and confidently uncompromising Richard Thomas and a tough, if weepy or pouty, Sada Thomas (no relation) Weepy, by the way, is OK in my books (Catharsis, and all that!) so bring a Kleenex.

Fr. Mike McDonald. C.S.C.

# Coalition News Briefs

## BIRTHDAY WISHES FOR

### AUGUST—SEPTEMBER

We would like to take this opportunity to wish the following people a very Happy Birthday and our wishes for a very happy and healthy year! Best Wishes

- Dinetia Johnson

- Michel Lacourciere

- John Lawless

- Bruce Moore

- Sharon Clarke

- Blaine MacIssac

## FAREWELL TO SUMMER STAFF

With the passing of another long awaited summer with its warm and hazy days, we also note with sadness the departure of our two valued summer employees Sharon and Michelle.

From all of us here a big thank you for a job well done and best wishes for your year ahead!

## NOMINATIONS FOR N.S. ADVISORY BOARD

At present, there are two vacancies on the Advisory Board, brought about by the death of one member and the resignation of another.

We at the Coalition feel that since this Advisory Board was formed to make recommendations to the provincial government concerning the needs of person's who are HIV+, it seems only appropriate that these vacancies should be filled by person's who know only too well the areas which need improvement, and so several of our members who fall in this category have put forth their names. They are:

Dinetia, Eric and Tom

According to accounts in the Halifax Newspaper Aug. 17, there are now a total of 12 persons vying for the two vacancies.

## HIV+ WOMEN'S SUPPORT GROUP

We have had several women who have tested HIV+ inquire if we presently have or are planning to have a support group for women only.

At present, we do not, however, Dinetia Johnson is interested in starting one up later this year.

If you would be interested in such a group, please call Dinetia at the Coalition office (902)429-7922.

# Personally Speaking

By Thom H.

I must admit that since I began thinking about this upcoming Newsletter, and in particular this column, I have been agonizing trying to find something very deep and thought provoking, maybe even Nobel Prize material.

However, once again this was not to be and with the deadline fast approaching for the Septembers' issue, it dawned on me that all I had to do was look toward one of my fellow PLWA friends; each and everyone had his own stories of battles and victories, some of which we can all identify with, yet some with challenges unique to themselves. So, for this column, I look toward my dear friend Normand, and present the battle that he has been dealing with for a year now. Although I have not personally experienced this problem, I am aware that it is one faced by many PLWA's as well as other people who have any kind of terminal illness. I suppose the problem is one of "Good Health Only" friends!

I will begin by saying that Norm is a very dear and close friend of mine whom I met five or six years ago when he was in the Navy and posted here in Halifax. However, four years ago he was transferred back to his home town of Montreal, and before too long he was in a relationship. Over the years I never heard from Norm often, the last time being about one year ago. Norm and I have a special relationship; we may not have communicated much, but it was always known that there was a very special and everlasting bond between us.

So that you may be better able to fully understand this column, let me tell you a little bit about the personality of Norm. He was always a very positive thinking man, bubbling over with life and who would never have a negative word about anyone. He is a very giving person who savoured every thing life has to offer; the type of person who never had a shortage of friends. As long as I've known Norm and as well as I know him, he's never had a bad day. (Quite sickening at times!)

Anyway, after not hearing from Norm for a long time, I received a message from him last month requesting I call him in Montreal. I quickly called him, and immediately I sensed something very wrong; all of that bubblyness was bubbled out. Norm knew of my health status and was calling

me for my advice, but mainly just to have someone who would just listen. Unfortunately, he was diagnosed with

**This very loving, outgoing man with so many friends now neither sees nor hears from most of them. He has discovered that the majority of them were "good health" friends who quickly disappeared when faced with a friend who has a terminal illness.**

AIDS nearly a year ago, and he is feeling so very lonely. (To show you just how lonely he is, I received three

letters from him all in one week!) Anyway, this very loving, outgoing man with so many friends now neither sees nor hears from most of them. He has discovered that the majority of them were "good health" friends who quickly disappeared when faced with a friend who has a terminal illness. The result, unfortunately, is that when he needed his friends the most, they were gone.

While I was speaking with him, I tried to explain that these people probably were not afraid of "catching" his illness, but for many people they feel very inadequate, do not know what to say, or worry they may say the wrong thing. However, whatever the reason, with his friends disappearing when he needs them most, he not only must deal with the physical problems, but do so alone.

In closing, with the hope that it may help some of your anxieties when faced with a friend with a terminal illness, I present a few suggestions for you when spending time with he/she.

First, and most importantly, don't avoid the person with AIDS. Include them in activities whenever possible. You don't always have to talk. Your company can be more important than your words. Just having you there while reading or watching TV may be appreciated.

Also, don't be afraid to discuss the disease. Often, PWA's need to talk about their own attitudes and feelings.<sup>9</sup>

Don't be afraid to touch a PLWA. Holding a hand, giving a hug, or giving a back rub can greatly raise the person's spirits. However be sensitive to people who do not wish to accept physical closeness.

So please, if you should have a friend or loved one who is seriously ill, continue to be there for them, especially now when they need your love and support the most. A simple phone call or a card can make a big difference in an otherwise long and very often lonely day.

# 8th National Gay and Lesbian Forum and 3rd International AIDS Forum

By Thom H.

This most important and worthwhile conference was held this year on July 18-22, 1990, in Washington, D.C. Representing the NSPWAC were J.J. Lyon and Thom Hagen.

During the five days of workshops, just about everything of interest was covered, and often during some particular time slots it proved very difficult to pick just one workshop in which to participate. Of course, for us, the workshops of particular interest were those which dealt with AIDS issues, and I must say the organizers of this conference had almost all bases covered. Of particular interest were the workshops which covered HIV/AIDS Education, HIV and Service Providers, AIDS Medical Update, AIDS Medical/Nursing, and AIDS Psychosocial, to name but a few.

Although overall the conference was very informative and certainly worthwhile for us to continue attending, I do feel it suffered somewhat because of the lack of international delegates who chose to boycott the conference because of the U.S.A.'S discriminatory entry requirements against persons who were HIV+. So, other than delegates from across Canada, it turned out to be more of a National Conference.

Although one could not help but learn something new after attending a workshop, often it was difficult for many of us from Canada to relate to the subject matter presented because many of the problems faced by American PWA'S were not problems we here in Canada must face. Although I realize we in Canada are far from being on easy street, this conference did among other things make us realize just how fortunate we are to live in a country like Canada where at least we don't have to stop and worry where we will scrape enough money together in order to be able to see a physician, or worse yet, worry about bankruptcy should one need to be hospitalized. Several American delegates related the same thing to me, which was whether they should remain home and hope their present ailments will pass, or do the unthinkable, which was to go to the emergency room of a state hospital where the care and treatments were second rate at best. As I have said, I realize we have our own problems in

Canada, but I don't think we stop to realize just how much worse things could be. I had many Americans come up to me when they realized I was Canadian to express their envy toward us and our medical system.

To continue on, I must say that as informative as the workshops were and the many pleasant memories I returned with because of networking with many different people, the proudest moment for me came on the last day of the conference when our Carol Millett gave the United States Premiere Screening of our video "Life After Diagnosis".

I should say that although J.J. Carol, and myself expected a fair turnout, we were quite astonished by the numbers who showed up for the screening. Carol, of course, was in charge of this showing, and after explaining to the crowd a bit about Canadian humour, she went on to start the screening not knowing what the response would be.

However, at the end of the showing, the loud applause set us all at ease. The vast majority had very positive feelings toward our video, and Carol fielded plenty of questions. At that moment I felt very proud of our video and with the way Carol handled the whole situation. I think a big thank you must go to all who were involved with the production of this video.

In summary, the conference was a wonderful opportunity to share with others the problems faced by PLWA'S and to learn from the mistakes and victories experienced by other Coalitions.

Next year's Conference is planned for New Orleans, again in the month of July.

**This conference did among other things make us realize just how fortunate we are to live in Canada where at least we don't have to worry where we will scrape enough money together to see a physician.**

# NUTRITION AND AIDS

## A Challenge for the '90s

Michèle Cossette, M.Sc., P.Dt.  
AIDS Intervention Team  
CLSC Centre-Ville, Montréal

AIDS is the terminal stage of HIV infection. It manifests itself in such symptoms as persistent fever, chronic diarrhea and oral or oesophageal lesions caused by opportunistic infections. AIDS is often accompanied by a drastic weight loss that results from a reduction in food intake, decreased nutrient absorption and hyper-metabolism. This weight loss often precedes the appearance of opportunistic infections and neoplasms that further weaken the immune system. These and other complications result in a deterioration of the nutrition status of a person with AIDS.

Many studies show a relation between protein-energy malnutrition, an excess or deficiency of some nutrients and the disruption of the immune system. It has also been demonstrated that undernourished people are more prone to infection.

A U.S. Task force on Nutrition Support in AIDS recommends that dietetic counselling begin as soon as seropositivity to HIV is diagnosed and that it be continued throughout the progression of the disease. The long-term objectives of nutritional intervention are to reduce or delay the appearance of the symptoms of full blown AIDS and to increase the effectiveness of treatment. A positive nutrition status also contributes to the quality of life of those infected with HIV.

Among asymptomatic carriers of HIV, the objectives of nutritional intervention are to prevent unintentional weight loss and nutritional deficiencies and to optimize nutrient reserves. A well balanced diet that is varied to suit individual tastes can meet nutritional requirements. A multi-vitamin and mineral supplement in prophylactic doses (1.5 to 2 times the Recommended Nutrient Intake) can be beneficial to people who have difficulty eating well or regularly. The protein and energy intake, however, must be sufficient to conserve the lean body mass.

### Nutrition Problems for People with AIDS

Some infections and medications may result in anorexia, nausea and vomiting. For example, nausea is a frequent side effect of azidothymidine (AZT). When these symptoms are

present, it is recommended that a person start the day with dry foods, such as toast or crackers, and eat small, frequent meals. High fat, spicy or strong smelling foods are to be avoided; cold and salty dishes are generally better tolerated. Liquids that have a high potassium content are recommended between meals to prevent dehydration and to maintain electrolyte balance.

### Nonconventional Therapies

Although many nutrients have a documented role in the functioning of the immune system, there is no scientific evidence indicating that megadoses stimulate immunity. In addition, some nutrients taken in excess has a suppressing effect on the immune system: Zinc and iron are two well-documented examples. People who are HIV positive need adequate information on this subject to help them make enlightened choices, given the proliferation of substances on the market. Thus, unnecessary expenses can be avoided, particularly important when the infected person has limited financial resources.

### Implications for the Foodservice Industry

People with AIDS are entitled to the same quality of service as other foodservice industry clientele. The AIDS virus is not transmitted through social contact, food or dish handling. The virus is fragile and does not survive for long outside the body. It is rendered inactive by common disinfectants such as Javel or alcohol and by heat over 56 degrees Centigrade.

Prevention of Opportunistic infections originating in food is also important for the foodservice industry to consider. Food intoxications, especially salmonellosis, can result in very serious infection and even death in people infected with HIV. Adherence to strict rules of hygiene for the storage, preparation and service of food must always be maintained.

Despite the complexity of the disease, the care of and service to people who are HIV positive should not cause fear. Rather, AIDS presents a challenge that must be met by nutrition professionals, food services and the community.