AIDS VANCOUVER
Orientation Handbook

AIDS VANCOUVER

prevent | act | support

ORIENTATION HANDBOOK

AN INTRODUCTION TO

AIDS VANCOUVER AND VOLUNTEERISM

This is a project of Volunteer Resources and
Prevention Services at AIDS Vancouver

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INTRODUCTION

This handbook provides an introduction to AIDS Vancouver and volunteerism at the agency. The first half of the handbook provides the learner with an overview of the agency – its history; guiding frameworks and values; organizational structure; key program and service areas; current priorities; as well as its continuing leadership in HIV community.

The second half of the handbook provides new, current and prospective volunteers with insight into the value, participation and meaningful impacts of volunteerism within all levels of the agency. Each section presents current information, key findings, facts and opportunities to reflect on the content offered. Relevant materials, a comprehensive glossary and a resource list are included to support further learning.

1 HISTORY OF AIDS VANCOUVER

WHEN AND WHY AIDS VANCOUVER WAS FORMED

This information will provide you with a greater understanding of AIDS Vancouver's beginnings. AIDS Vancouver (AV) was founded in 1983 as one of the first AIDS service organizations in Canada. AV was formed in response to an emerging disease that was starting to infect and affect local communities in Vancouver, specifically gay men. As the disease has progressed into a local and global pandemic, its impacts and vulnerabilities have become more complex. Today HIV discriminates against no one; it crosses all continents, countries, cultures, communities and individual as well as collective circumstances. Therefore, our response around the world, and right here in Canada, needs to be equally informed, sensitive and diverse.

By 1982, there were six known cases of AIDS in Vancouver and 24 in Canada.

In late 1981, a new illness was starting to cause increased deaths amongst gay men in New York City. The illness was being called 'GRID' or Gay Related Immunodeficiency Disease. 'On the street' people started referring to it as "gay cancer".

At this time, in Vancouver, six gay men living in the West End came together for a dinner party. One man at the table pulled out The Village Voice, a New York city publication which happened to feature a story about the impact of 'GRID'. The dinner party discussion shifted to focus on this issue and to how this illness might affect gay men in Vancouver.

From that night onwards, these six men began speaking with other men in their networks and realized something had to be done locally to respond to the AIDS cases that were emerging. In this way, AIDS Vancouver was created 'around the kitchen table'.

At that time, HIV, the virus that causes AIDS, had not yet been discovered and AIDS Vancouver had not yet formed a registered society. However, a 'community' for HIV awareness was coming together. This group attended a public forum at the West End Community Centre to listen to a visiting U.S. doctor who was volunteering with Gay Men's Health Crisis, the world's first AIDS organization. He facilitated a presentation on what was known about the illness at that time.

Not long after this public forum, AIDS Vancouver was formed using the first HIV specific funding in Canada which was supported by local Member of Parliament, Pat Carney. The organization opened its doors to raise awareness about AIDS – educating communities (primarily gay men), providing support to people being diagnosed and dying of AIDS, advocating for a public health response and raising money to support their efforts.

EVOLUTION OF AIDS VANCOUVER

AIDS Vancouver started in a dining room, then it extended out to the west end, and now AV contributes and participates in all parts of Vancouver and the Lower Mainland. AV has numerous programs and partnerships, multiple sites, and influence at a provincial, national and international level.

AIDS Vancouver has been instrumental in supporting the development of organizations that formed to meet the HIV/AIDS needs of specific population groups such as the Asian Society for the Intervention of AIDS, YouthCO AIDS Society and Positive Women's Network.

2 AIDS AS SOCIAL JUSTICE AND SOCIAL CHANGE

In this section, you will learn how AIDS Vancouver supports and operates within an understanding and practice of social justice and social change. As individuals and communities, there are some things we have control over and others in which we don't. It is important to be aware of this in order to influence positive change. Increasing our understanding and consciousness around issues of inequity and injustice helps us to reduce harm in our actions towards others. For the consumers and communities that AIDS Vancouver serves, upholding social justice principles in our mission, as well as in our program planning and delivery, is essential.

SOCIAL JUSTICE

- Refers to a worldview that calls for equality and consideration for all members of a society regardless of one's colour, race, socioeconomic class, gender, age, ability, or sexual preference.
- If social justice were realized, we would be a society where the value and dignity of each person is respected; a society within which policies and patterns of behaviour serve to protect and enhance the worth of each person.
- Involves compassion, equality and systems that provide for health and social welfare.
- Activists strive for it. It is less defined by words but more by the actions and work of activists to narrow gaps and increase individual and collective participation.[1]

SOCIAL CHANGE

Social change usually refers to a shift in ideas and perceptions on a mass scale. It is being able to view a situation through a different lens; for example, from challenge to opportunity. Social change can be understood as a 'process' through which new beliefs, perceptions, moral values and ideas can be formed at the societal level resulting in revolution, government reform, political shift, or new technology.[2]

HISTORY OF THE AIDS MOVEMENT

HISTORY OF AIDS ACTIVISM AND THE AIDS MOVEMENT

There is likely no other disease in human history which has been associated with social and political activism to the extent that the HIV pandemic has. In the early days of the pandemic, most persons infected with HIV were from socially marginalized populations lacking economic and political power. It is at this point that activist groups formed, made up of people willing to fight to take back their power and rights.

In general, activists came together to fill the void left by inattention from more established organizations both in providing critical information about the disease and in mobilizing public opinion to enact legislation responding to the epidemic. The AIDS movement started in 1983 when a small, courageous group of gay men who were living with AIDS in the U.S. came together and developed what are known today as 'The Denver Principles'. The Denver Principles, written at a time of great social fear and political hysteria, articulated the rights and responsibilities of people with AIDS. Excerpts from the document read: "We condemn attempts to label us as victims, a term that implies defeat, and we are only occasionally patients, a term that implies passivity, helplessness, and dependence upon the care of others. We are People with AIDS". The principles demanded the right of PWAs to be involved as active participants in decisions that directly impacted their wellness; for example, serving on the boards of directors of affiliated and relevant organizations.

Examples of some of the world's most prominent AIDS activists:

- *Zachy Achmat*
- *Melinda Gates*
- *Stephen Lewis*
- *Bono (U2)*
- *Dr. Peter*
- *Louise Binder*
- *Ryan White*
- *Bill Clinton and so many more…*

In addition to the Denver Principles, the group ACT UP is key to the AIDS activism story. This group started as a result of the AIDS crisis emerging in New York City. ACT UP represented gay activists who united with love and anger to get the world to pay attention to the AIDS crisis. ACT UP activists were visible and vocal in their actions. They invaded the offices of drug companies, chained themselves to drug company trucks, poured buckets of fake blood in public places, held die-ins, closed the tunnels and bridges of New York City and San Francisco, and infiltrated the New York Stock exchange for the first time in history to confetti the place with flyers shaming pharmaceutical companies. Slowly ACT UP activist voices were heard and experimental new drugs were given accelerated approval.

Compassionate use of experimental drugs and new applications of existing drugs were expanded, as well as research into basic immunology, virology and pharmacology. Where RDA approval processes for new drugs usually took 7–12 years, activists helped drugs to be approved within the span of just one year. Essentially, it was activists who made sure that drug therapies were developed and made available. Activist efforts and related reforms profoundly benefited the health and survival of hundreds of millions of people and will do so for generations to come.

In what would prove to be ground-breaking, sufferers of a disease united to assert their rights. Both from the onset and today, the AIDS movement has articulated the self-empowerment and rights of PWAs. The Denver Principles expressed a fundamental truth: “to be successful, the fight against the epidemic must include the people who have the disease as equal partners in the battle”. That model empowered the community to create a massive AIDS service delivery system from scratch in a remarkably short period of time under difficult circumstances. When the nation's political leadership failed to address the emerging crisis, collective empowerment created the political muscle to force change. Today the movement is a global one which works towards eliminating HIV-related stigma, ensuring access to drugs, and demanding necessary political will to curb and hopefully one day eliminate the pandemic.

KEY DATES ON THE HIV/AIDS TIMELINE

1981	The 'official' beginning of the HIV/AIDS pandemic.
1982	Cases in US and Africa.
1982	GRID (Gay-Related Immune Deficiency) announced in the media mistakenly suggesting a link between homosexuality and HIV.
1984	AIDS Action Council formed by small group of AIDS service organizations from across the United States.
1985	Ryan White, an Indiana teenager with AIDS, is barred from school; goes on to speak out publicly against AIDS stigma and discrimination.
1988	World AIDS Day first declared.
1991	Red ribbon launched as official symbol of AIDS awareness.
1998	Treatment Action Campaign starts up in South Africa pushing for access to medicines.

COMPREHENSIVE HIV/AIDS TIMELINE[3,4]:

1979	▸ AIDS first acknowledged.
1981	▸ US gay men start "experiencing unusual type of immune system failure". First recorded AIDS case in US.
1982	▸ First reported cases of AIDS in Africa and Canada. ▸ GRID (gay-related immune deficiency) used in media, mistakenly suggesting a link between homosexuality and HIV. ▸ U.S. Centre for Disease Control formally establishes the term "Acquired Immune Deficiency Syndrome", referring to four identified risk factors of male homosexuality, intravenous drug use, being of Haitian origin, and haemophilia A. ▸ People living with AIDS (PWAs) take over plenary stage at U.S. conference and issue statement on the rights of PWAs – referred to as "The Denver Principles".

1983	▸ AIDS still not a recordable disease but alarm is growing; 24 known cases in Canada. ▸ People with AIDS asked to refrain from donating blood.
1984	▸ Discovery of the virus (HIV) that causes AIDS (HIV successfully cultured from patients with AIDS). ▸ Safe sex and condom use becomes focus of prevention campaigns. ▸ Provincial (BC) Committee on AIDS established by Health Minister.
1985	▸ First test for HIV approved in the U.S. ▸ Testing of blood supply for HIV starts. ▸ National Advisory Committee on AIDS holds conference.
1986	▸ Canadian AIDS Society hosts a 2 day conference in Toronto.
1987	▸ Agreed upon definition of AIDS in Canada: HIV infection plus one or more opportunistic infections. ▸ AZT becomes first drug approved by FDA to treat AIDS.
1988	▸ AIDS is the third leading cause of death in U.S. men aged 25–44. ▸ AIDS Clinical Trial Program started at the Stony Brook University Hospital New York.
1990	▸ University of Toronto given federal funding for Treatment Information System for AIDS and HIV. ▸ World Health Organization (WHO) spends about $70 million (US) on AIDS programs. ▸ Canadian Clinical Trials Network established.

- Risky activities listed as: unprotected sex and injection drug use.
- Non-risky activities listed as: living in the same apartment, sitting in a waiting room, hugging, touching and other casual contact.
- AIDS listed as second leading cause of death in U.S. men aged 25–44.
- Ottawa expands anonymous AIDS testing.
- 9864 cases of HIV in Canada – 1377 have died of AIDS.

1991

- Nova Scotia teacher diagnosed with HIV banned from classroom.
- US lifts ban on visitors with AIDS.
- Magic Johnson announces he has AIDS.
- 3 people die of AIDS from transplanted organs from a donor who had AIDS.
- Average spending on prevention programs across North America is about $2.70 (US) per person.
- The first AIDS Awareness Week happens in Canada.

- WHO estimates 30–40 million will be infected by 2000.
- DDC becomes the third drug approved by FDA.
- 1.7 million cases of HIV world wide: 69% in Africa; 16% in the U.S. and Canada not listed.

1992

- AIDS is TIME magazine cover story.
- BC Social Credit government introduces Bill 34 which would allow those testing positive for HIV to be quarantined.
- Changing face of AIDS (beyond gay men and intravenous drug users) gets wide press exposure.

1993	▸ Canadian AIDS Society argues for inclusion of 200 T-Cell criterion into the definition of AIDS. ▸ Videx drug used in Canada and shows fewer side-effects than AZT. ▸ People starting to live longer with AIDS – news articles talk about "wonder drug" as "cure-like". ▸ Recognition that people may live about 10 years with HIV before infections start showing up. ▸ Blacks and Hispanics start showing increased rates in HIV.
1994	▸ Reform Party tries to remove federal funding from 11th Annual AIDS Conference scheduled for Vancouver in 1996. ▸ 10th Annual International AIDS Conference held in Yokohama Japan.
1995	▸ UN reports that HIV in women is on the rise.
1996	▸ News article states that not everyone who gets HIV will get AIDS. ▸ Doctors in San Francisco try using several drugs at once to treat terminal patients and have great success – the HIV cocktail is born. ▸ Vancouver hosts 11th International Conference on AIDS.
1998	▸ Articles in the press emphasize drug treatments and their effectiveness. ▸ UN figures show that 1% of sexually active people have HIV. ▸ Number of teens infected is on the rise.

	▸ New findings regarding how HIV enters cells. ▸ New research looks at protease inhibitors.
1999	▸ C-Section recommended to reduce HIV transmission from infected mothers to their babies. ▸ HIV drugs found effective in treating Hepatitis B and C.
2001	▸ AIDS in Africa and China becomes focus in the news. ▸ 20 years since AIDS took hold as a major issue. ▸ UN looks at the worldwide cost of fighting AIDS and governments refuse to step up to their responsibilities. Bush says "It's too much".
2002	▸ 14th Annual Conference held in Barcelona. ▸ More than 10,000 US children have AIDS.
2003	▸ Situation in China worsens. ▸ South African stock exchange requires all listed companies to make public their AIDS management policies.
2004	▸ UN reports that ½ of known HIV infections are in women. ▸ AIDS surpasses Black Death as world's most devastating plague.

TOOLS FOR SOCIAL CHANGE

SOCIAL MOVEMENTS

Examples of other 'social change' movements:

- *Environmental*
- *Anti-Apartheid*
- *Feminist*
- *Gay Rights*
- *Peace*
- *Anti-war*

There is no standard typology of social movements although any social movement may be described in several dimensions including: presence of a charismatic leader which symbolizes the movement's values; broadening goals as the movement develops; membership/alliance between members of the movement; emergent social structure/culture, etc, (source: www.britannica.com/eb/article-25286/social-movement)

TOOLS

The dynamics of social change are always changing. Some tools/means for social change may include communication/media, youth engagement, grassroots organizing, art, new technologies (connected activism), building capacity for social change (philanthropic leadership); social innovation, etc.

ROLE OF VOLUNTEERS IN SOCIAL CHANGE MOVEMENTS

Known activists:

- *Henrietta Muir Edwards*
- *Che Guevara*
- *Muriel Stanley Venne*
- *Nelson Mandela*
- *Ishrad Manji*
- *Gandhi*

Historically many key social movements have come from individual and collective voice and action. Social activism and engagement has been experienced and witnessed in life changing revolutions with examples ranging from apartheid, gender equality and civil war.

Currently, we have no shortage of advocacy and passion for environmental issues, globalization, human rights, poverty and, at AIDS Vancouver, for HIV/AIDS. Informal volunteering has been happening since the creation of humankind; i.e. lending a cup of sugar or providing childcare for your neighbour. This global form of 'service' happens every day and every minute. In North America, formal volunteering has become a systemic and structural way to provide support, engage contribution, create community and achieve tangible resolutions.

The AIDS movement was started in community by the community. Grassroots mobilization came from groups of people who experienced and watched loved ones die for unknown reasons. AIDS Vancouver was formed by a handful of gay men around a dinner table and, since then, thousands of people have been 'AIDS Vancouver volunteers'. The effort, resiliency, courage, humility, talent, skills, passion and compassion of AIDS Vancouver volunteers is what keeps our service doors open every week, every month and every year. Each volunteer has the capacity to make a difference and indeed each volunteer has.

OPPORTUNITIES FOR REFLECTION

- In what places in your life do you think you have privilege or more benefit over others?
- Have you ever participated in activism; if so, when, what for or with whom?
- What is the relationship between intolerance or discrimination and level of HIV related risk?
- What actions do you think help create equity in society?

REFERENCES

[1] www.reachandteach.com/content/article.php?story=20040812190148765
[2] http://grace.evergreen.edu/~dschuler/social-change-print-defs.php
[3] www.thebody.com/whatis/history.html
[4] www.kff.org/hivaids/timeline/hivtimeline.cfm

3 MISSION AND MANDATE OF AIDS VANCOUVER

For the past 25 years, AIDS Vancouver has been at the forefront of community response to the epidemic in the Lower Mainland of British Columbia. Over 25 paid staff and 200 volunteers strive to provide a comprehensive and integrated range of health promotion, education and support services.

In BC, AIDS Vancouver plays a leadership role by setting standards of excellence in program and service delivery, and by working with policy makers to address complex legal, ethical and socio-economic issues.

MISSION STATEMENT

AIDS Vancouver exists to alleviate individual and collective vulnerability to HIV and AIDS through support, public education and community based research.

Some interesting facts about our service delivery – every year:

- More than 3,000 individuals – roughly one out of every three British Columbians who live with HIV disease – have connected with our case management and client support services;
- Over 10,000 community workers, health professionals, students, and interested individuals access our collection of HIV/AIDS print and video resources through the PARC library;
- Over 4000 pamphlets are distributed during education and outreach activities; and
- Over 25,000 grocery bags of nutritious food are distributed to our clients.

KEY PRIORITY AREAS FOR AIDS VANCOUVER

AIDS Vancouver's Service Commitment:
- *PREVENT*
- *ACT*
- *SUPPORT*

To increase AIDS Vancouver's capacities for effective HIV/AIDS prevention:
- Enhance engagement with HIV infected and affected populations.
- Promote opportunities for education development, learning and dissemination of information and resources.
- Sustain and improve the effectiveness of programs and interventions.

To advance AIDS Vancouver's leadership position in the HIV/AIDS field:
- Build productive relationships.
- Influence the HIV/AIDS policy agenda.
- Evolve AIDS Vancouver's leadership capacities.

To reduce HIV stigma and discrimination:
- Address the experience of stigma and discrimination.
- Extend awareness and promote human rights.

To meet the health needs of AIDS Vancouver's HIV affected clients:
- Advocate for optimal health care, housing, income security and psychosocial support.
- Improve access to health information.

To create a supportive environment for clients that promotes health and well-being:
- Ensure physical safety.
- Promote conditions that support emotional safety.
- Improve accessibility to all programs and services.

4 ORGANIZATIONAL VALUES OF AIDS VANCOUVER

Every organization has its own set of values, philosophies or frameworks that help to guide its purpose, goals and involved participants. In this section of the handbook, you will learn what values AIDS Vancouver maintains and enthusiastically works within.

VOLUNTEERISM

AIDS VANCOUVER STATEMENT ON VOLUNTEERISM

AIDS Vancouver values volunteerism. We provide meaningful volunteer opportunities in order to help achieve the mission of the agency. Paid and unpaid staff work together in an environment of respect, inclusiveness, diversity and commitment.

Canada has a diverse and meaningful history of volunteering. In 1977, Volunteer Canada became the national voice for volunteerism. Every year in April, Canada celebrates National Volunteer Week. At AIDS Vancouver, we honour and recognize the generous contributions and compassionate spirits of our volunteers. AIDS Vancouver volunteers help to create vibrant and healthy communities.

Thank you!

HEALTH PROMOTION

"Health promotion is the process of enabling people to increase control over, and to improve, their health."[1] It involves actions that build healthy public policy, create supportive environments, strengthens community action, develops personal skills and reorients health services.

"To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion goes beyond healthy lifestyles to well-being."[2]

POPULATION HEALTH

Population health is an approach that aims to improve the health of the entire population and to reduce health inequities among population groups. It views health as an asset that is a resource for everyday life; health is not simply the absence of disease. Population health concerns itself with the living and working environments that affect people's health, the conditions that allow people to make healthy choices, and the services that promote and maintain health.

"A population health approach focuses on improving the health status of the population. Action is directed at the health of an entire population, or sub-population, rather than individuals. Focusing on the health of populations also necessitates the reduction in inequalities in health status between population groups. An underlying assumption of a population health approach is that reductions in health inequities require reductions in material and social inequities. The outcomes or benefits of a population health approach, therefore, extend beyond improved population health outcomes to include a sustainable and integrated health system, increased national growth and productivity, and strengthened social cohesion and citizen engagement."[3]

DETERMINANTS OF HEALTH

Determinants of health are the complex realities and factors that need to be addressed and considered when achieving optimal individual and collective health.

- Income and social status
- Social support networks
- Education
- Employment and working conditions
- Social environments
- Physical environments
- Personal health practices and coping skills
- Healthy child development
- Biology and genetic endowment
- Health services
- Gender

HARM REDUCTION

A Harm Reduction approach to HIV/AIDS prevention focuses on minimizing the personal and social harms associated with certain behaviours and the spread of HIV. This approach does not seek to eliminate harmful behaviours such as injection drug use but promotes alternatives that pose less danger to the individual and others. These become acceptable outcomes versus ideal outcomes like abstinence. At AIDS Vancouver, the concept and practice of harm reduction is not only with problematic substance use but practicing safer sex, such as condom use. The goal of harm reduction is simply what the name implies: reducing the risk of harm.

In the Vancouver Coastal Health Authority, newly diagnosed HIV cases in injection drug users has been on the decline in the last ten years due, in part to harm reduction approaches such as Vancouver's Insite – Supervised Injection Site.

Some basic principles of harm reduction:

- Do no further harm to those who are engaging in harm.
- Offer a practical alternative that focuses on consequences of harmful behaviours versus judgement over whether the behaviour is morally right or wrong.
- Accept alternatives to abstinence such as needle-exchange programs and condom use.
- Intervention starts with where the individual or community is at, not where we want them to be.
- Provide a humane approach, opportunities for social support and personal empowerment.

DIVERSITY

AIDS Vancouver recognizes and acknowledges individual difference. We acknowledge that within Canadian society difference exists at many levels – individual, organizational and societal. Any organization practicing diversity aims to treat all of their paid and unpaid staff equitably. At AIDS Vancouver we aim to go beyond equal treatment by not tolerating difference but by accepting it and positively valuing difference in our intentions and actions.

AIDS VANCOUVER DIVERSITY STATEMENT

We are people living with and people affected by HIV and AIDS. We the membership, volunteers and staff of AV endeavour to reflect the diversity of all communities infected/affected by HIV and AIDS. This includes individuals of any age, race, religion, culture, ability, economic level and health status. We are men, women, transgendered, and self identifying. We are of different backgrounds, life styles, choices and orientations. We value this diversity. We are dedicated to creating respectful, supportive environments and expect that all who come to AV will extend respect to all those they meet here. We at AV act to promote the inclusion of all."

COMMUNITY DEVELOPMENT

WHAT IS COMMUNITY DEVELOPMENT?

Coined in 1955 by the United Nations, community development was designed to "create conditions of economic and social progress for the whole community with its active participation and the fullest possible reliance on the community's initiative".[4]

Today many definitions of community development are used throughout the world according to different political or economic contexts.[5] At AIDS Vancouver we understand community development as a process by which people come together across and through their differences to work together to find solutions to their self-defined issues and social problems.

Ideally, community development is[5]:

- A place where theory and practice meet.
- A participatory process defined by the participants and not a top-down approach.
- A transformative process which results in change and optimally the alleviation of some form of oppression or subordination.
- Empowerment: people learning from each other about what they might have in common and what kinds of oppression they share while working to arrive at solutions to their self-defined issues.

Words from an HIV positive, AIDS Vancouver volunteer:
"My volunteer job is the most important and major way that I put something back into the community that supports me. It contributes to my self-esteem and sense of worth. I would never want to stop contributing".

PARTICIPATORY ACTION RESEARCH

Is an approach to research inquiry and method that involves the subject and/or benefactor of a study at all stages of the research process. It is "for" the people and "by" the people in that the inquiry addresses a situation, concern or goal that a group wishes to not only understand and research but take action on. Ideas are generated, dialogue is encouraged and solutions are applied for the betterment of that situation or community. Participants are proactive and invested in the success of this kind of research process and its tangible outcomes.

PARTICIPATION OF PERSONS LIVING WITH AIDS (PWA)

AIDS Vancouver supports and values the voice, self-empowerment, and participation of PWAs. PWAs exist within every organizational level at AIDS Vancouver – board of directors, staff, community partners and donors. The active participation of PWAs is important to the organization and to its legitimacy in how we respond and serve the community.

REFERENCES

[1] www.euro.who.int/AboutWHO/Policy/20010827_2
[2] World Health Organization, 1986
[3] www.phac-aspc.gc.ca/ph-sp/phdd/approach/approach.html#health
[4] 1987, Brager, G.A., Sprecht, H. & Toczyner, J.L. Community Organizing (2nd ed.) New York: Columbia University Press
[5] www.wier.ca/~%20daniel_schugurensky/faqs/qa6.html

5 AGENCY STRUCTURE

AIDS Vancouver is lead by a diverse and skilled board of directors. As the agency continues to grow, we continue to develop and operate within our mission, strategic plan and evidence based programming. In addition, the agency consistently investigates and secures opportunities to generate additional revenues in order to respond to the changing landscape of government and public funding. Below is an overview of our voluntary based leadership team, current revenue sources and organizational structure.

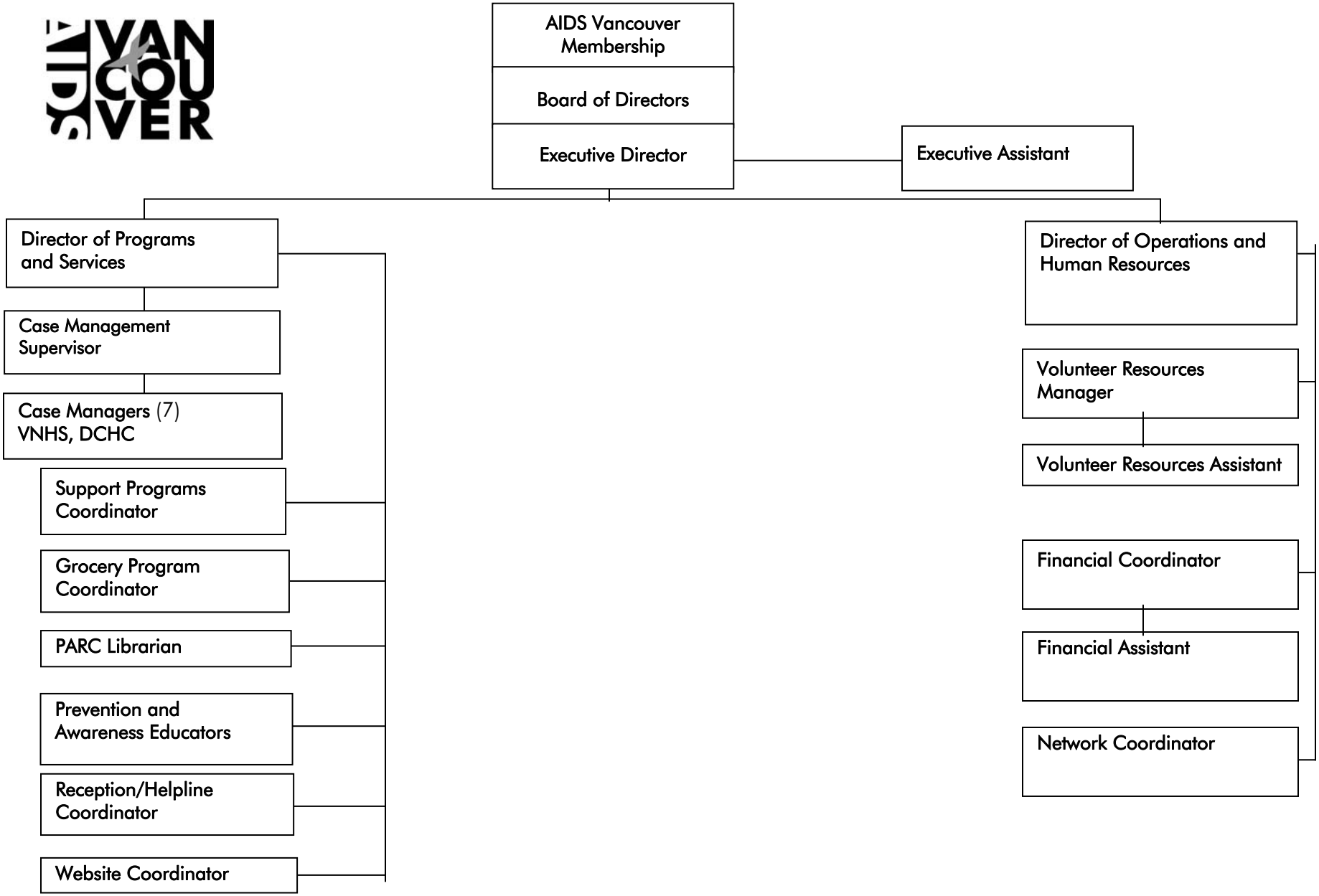
GOVERNANCE AT AIDS VANCOUVER

- AV is a not-for-profit community based organization led by a 12 member board of directors (BOD).
- AV is non-governmental, works with community partners, and has agency membership and paid staff.
- AV's board of directors operate as a "policy board" focussing on governance issues and setting the mission and strategic direction for the agency: i.e. developing policy, raising funds and influencing political landscapes and leadership.
- Four positions are reserved for HIV+ people to ensure that the voices of clients' are heard at this level.
- Membership elects board members at the agency's Annual General Meeting.
- Anyone can be a member of AV. The $25 fee is waived for volunteers and people living with HIV.
- The Executive Director is hired by the BOD, reports to the BOD, and ensures the accountability of our work to the communities we serve, the public and our funders.

FUNDING SOURCES

AIDS Vancouver is supported financially by:

- The Provincial and Federal Government: 75%
- Fund Development initiatives, special events and philanthropic foundations: 16%
- Individual donors; including businesses and corporations: 9%


AIDS Vancouver Membership
Board of Directors
Executive Director
Executive Assistant
Director of Programs and Services
Case Management Supervisor
Case Managers (7) VNHS, DCHC
Support Programs Coordinator
Grocery Program Coordinator
PARC Librarian
Prevention and Awareness Educators
Reception/Helpline Coordinator
Website Coordinator
Director of Operations and Human Resources
Volunteer Resources Manager
Volunteer Resources Assistant
Financial Coordinator
Financial Assistant
Network Coordinator

6 PROGRAM AND SERVICE AREAS

Over the years, AIDS Vancouver has changed and evolved in what it looks like, where it lives, who contributes, how we participate in community and what program and service areas we offer. The agency responds to a changing epidemic and community and therefore our areas of work reflect that evolving dynamic.

ADMINISTRATION

EXECUTIVE ADMINISTRATION

The Executive Director and Leadership Team are responsible for achieving the mission and strategic directions set by the Board as well as planning, managing and supporting staff in all program and service areas.

HUMAN RESOURCES, FINANCE AND OPERATIONS

Positions in this department are responsible for managing the agency's human resources, technical and financial systems.

CLIENT SERVICES

ACCESS CASE MANAGEMENT

Fact!
More than 88% of all new HIV cases in Canada are reported in British Columbia, Ontario, or Quebec.

The Access Office connects persons living with HIV/AIDS to the range of client services available at AIDS Vancouver and other community organizations.

Access Case Managers work in conjunction with clients to assess short-term needs, and together design supportive plans that may include:

- short term goals and planning
- client advocacy
- referrals to internal and external services
- general HIV information

INTENSIVE CASE MANAGEMENT

AIDS Vancouver's Case Management program is built upon the understanding that the capacity to manage and maintain health while living with HIV disease is determined, in part, by factors such as income level, housing, access to caring and supportive social networks, access to health services, access to quality health care, pre-existing health status, and individual coping skills.

The complex interactions among all these factors have a profound impact on health. The Case Management program endeavours to influence the above factors in each individual's life, by working in partnership with clients to maximize their access to resources in a variety of areas.

Intensive Case Managers work in conjunction with clients to assess short and long-term needs and together design supportive plans which may include:

- individual assistance, Ministry of Human Resources disability benefits, private disability plans, financial counselling and employment insurance benefits.
- provincial medical coverage.
- legal issues – wills, power of attorney, living wills, adult guardianship, public trustee, human rights, child custody and refugee/immigration issues.
- financial assistance fund – limited short term financial assistance for individuals facing extraordinary medical and housing-related needs.
- practical needs – food and nutrition resources, AIDS services, transportation options, parenting resources, education/training options, and living healthy with HIV/AIDS/Hep C.
- support – support groups, counselling, alternative and complimentary treatments, community agencies, and coordination of support networks.
- HIV information and management strategies.
- provide names of physicians with HIV expertise.
- placement with nutrition programs.
- assistance with applications and referrals to housing societies and emergency shelters.
- referrals and linkages to various community support programs which address the social determinants of health.

AIDS Vancouver serves many populations such as:

- *First Nations*
- *Women*
- *Substance Users*
- *Youth*
- *GLBTQ*
- *Students*
- *Families*
- *Immigrants*
- *Mental Health Consumers*
- *Prison Population*

GROCERY PROGRAM

Recognizing the special nutritional requirements of persons living with HIV/AIDS, the AIDS Vancouver Grocery provides food and personal hygiene products to persons living with HIV/AIDS whose annual income is below $20,000. Adequate nutrition is critical for sustaining and prolonging quality of life for HIV+ individuals.

Surveys have assisted the Grocery Team in ensuring that the food available meets the needs of the greatest number of grocery users. For example, service users have identified whole milk and a broader range of fresh vegetables as nutritional priorities. Hardworking grocery volunteers and vital community support has allowed the Grocery Program to successfully respond to the needs of service users.

The Grocery model, promotes empowerment through a shopping basket model where "shoppers" are given choices in their food and hygiene products rather than prepared bags of goods.

SUPPORT PROGRAMS

CARE TEAMS

A Care Team is a group of volunteers who provide a combination of companionship, and practical assistance to people living with HIV/AIDS at home or in an assisted living situation.

- Companionship: i.e., sharing a walk, coffee, a game of cards, or a chat.
- Practical assistance: i.e., help with grocery shopping, housekeeping or laundry

NUTRITION EDUCATION EXCHANGE PROGRAM

Within an interactive and informative environment, this team of nutritionists and dieticians create and facilitate nutrition education to clients of AIDS Vancouver's Grocery Program. This team also researches, produces and distributes a weekly newsletter on food, healthy eating and tips for HIV+ people on how to best meet their nutritional health needs.

HIV PREVENTION AND INFORMATION SERVICES

WEBSITE

The agency's main website provides information on who we are, what we do and how we serve diverse communities. It is also a comprehensive resource on HIV/AIDS and related information, community links and events. The agency's website can be found at www.aidsvancouver.org.

Words from an AIDS Vancouver volunteer about their experience at the agency:
"I've been impressed with the services that the agency provides to the community, and I'm grateful to be a part of it. The staff and volunteer team have been some of the most amazing people I've ever met in my life. They are my role models. Thank-you for your great work"!

LIBRARY

The Library is the largest and most comprehensive library on HIV/AIDS and related issues in Western North America. The Library's collection consists of over 4,000 books, 800 videos and 50 active journal, magazine and newsletter subscriptions. The Library serves approximately 10,000 people a year from a wide variety of backgrounds.

The book and video collections are fully catalogued, and the Library indexes articles in 35 journals in order to access information quickly and more precisely. The library collection is fully searchable via its online catalogue at (aidsvan.andornot.com). The online catalogue provides direct access to over 500 online books and reports, and to 2500 journal articles.

The Library maintains subject files containing extensive information on a variety of topics, and distributes large numbers of pamphlets and information packages to individuals requiring brief and concise facts on specific subjects.

HELPLINE

The Helpline is a phone service (604-696-4666) that provides anonymous and confidential information, support and referral to anyone with questions about HIV and AIDS and a variety of related topics. The Helpline also provides an online forum via the agency's website, where people can post questions and comments as well as participate in discussions around various subjects relating to HIV.

EDUCATION AND OUTREACH

Education staff and outreach volunteers provide information and facilitation on HIV/AIDS and related issues to various communities and groups. Education and awareness of HIV is key to not only the prevention of further HIV infection but also to the lessening of stigmas associated with HIV.

Currently, the agency offers ongoing workshops for a variety of communities, such as:

- Recovery houses and treatment centres
- Immigrant-serving organizations
- Correctional facilities
- Transition homes for women
- Residential mental health facilities
- Health care professionals
- Universities and colleges
- For profit businesses

Workshops and trainings offer information on topics such as:

- HIV/AIDS the basics and advanced
- STIs: prevention, symptoms and treatment
- Hepatitis A-B-C
- Sexual health and empowerment
- HIV prevention
- HIV treatment and care
- Addiction
- Stigma, discrimination and homophobia
- Human rights and legal issues
- Social justice and social change
- Harm reduction and health promotion

COMMUNITY RELATIONS

VOLUNTEER RESOURCES

Volunteer Resources strive to build organizational commitment and competency by providing meaningful and relevant volunteer opportunities that support and enhance the mission of AIDS Vancouver. Paid and unpaid staff work together to alleviate vulnerabilities to HIV/AIDS. The Volunteer Resources program responds to the demand for HIV and AIDS services with the assistance of more than 200 volunteers.

FUND DEVELOPMENT AND DONOR RELATIONS

In addition to provincial and federal funding, the agency relies on private funding from corporations, foundations and individuals. Fund Development activities include special events, third party fundraisers, direct mail campaigns and various donor based initiatives.

DOWNTOWN COMMUNITY HEALTH CENTRE

Downtown Community Health Centre (DCHC) provides healthcare for people in the Downtown Eastside and Strathcona communities including primary care and a full range of addiction and mental health services. AIDS Vancouver has partnered with the DCHC by situating one of our case managers at the site to offer assistance to their clients living with HIV/AIDS in matters such as housing, finances, legal issues, practical needs and referrals to other services. The AV case manager is fully integrated into the clinic's multi-disciplinary team.

GROCERY PROGRAM OUTREACH

Supplementing food to low-income individuals and families living with HIV/AIDS, the AIDS Vancouver Grocery serves an average of 700 clients through our Seymour site and in partnership with several key community partners including A Loving Spoonful, Positive Women's Network, the Portland Hotel Society, and Vancouver Native Health Society. For clients who face barriers accessing our Grocery at our Seymour site, arrangements are made for them to pick up groceries at these agencies and in their communities directly.

7 PRIMARY PARTNERSHIPS

The agency values collaborative and participatory partnerships with other community based agencies and efforts – locally, nationally and globally. AIDS Vancouver is involved in many ongoing projects and initiatives, working with many other agencies, both informally and through coalition groups and committees. Information on these can be found on the agency website and through individual departments and programs. Here are a few examples of recent and ongoing joint projects and committees.

COMMUNITY HIV/AIDS COMMITTEE

The Community HIV/AIDS Committee (CHAC), of which AIDS Vancouver is a member, is an alliance of organizations committed to maximize information sharing, collaboration, planning and action to improve the health status of populations infected and affected by HIV/AIDS. Representing several health authorities, but networking primarily in the Vancouver area, the groups work in medical care, treatment, psychosocial support, advocacy, legal, income security, food security and housing issues.

VISIT

Volunteer Initiatives for the Sharing of Information and Trainings (VISIT) is a Vancouver based collective of professional colleagues who provide Volunteer Program Management for the HIV/AIDS community. The collective provides an opportunity for professional development, dialogue and action that supports and enhances volunteer services and volunteer involvement within the respective organizations and local HIV/AIDS community. In addition, VISIT develops and delivers various training opportunities that enhance any volunteer experience.

CONNECT

The library actively contributes to CONNECT, a union catalogue which allows you to search the library collections of the four largest HIV/AIDS libraries in Canada. CONNECT

represents a combined collection of over 67,000 books, videos, DVDs, journal articles, and other resources on HIV/AIDS prevention, treatment, and legal/ethical issues, among many other topics.
The other partners of CONNECT are: the AIDS Committee of Toronto, the Canadian AIDS Treatment Information Exchange (CATIE) and the Canadian HIV/AIDS Legal Network.

VANCOUVER NATIVE HEALTH SOCIETY

AIDS Vancouver and the Vancouver Native Health Society have partnered to deliver an innovative program called "Towards Aboriginal Health and Healing" (TAHAH). TAHAH connects community workers with a nurse and social worker to serve the most vulnerable and hard to reach. It is well established that rates of infection and disease progression disproportionately affect Aboriginal people in Canada. Reaching highly marginalized, street-involved native people who cannot access consistent medical care in Vancouver's Downtown Eastside requires a highly targeted, culturally-appropriate approach. Recognizing that AIDS Vancouver case management provides valuable expertise in community-based HIV/AIDS social work practice, the two agencies forged a partnership to deliver this program and meet this need.

BOYS R US

In partnership with Vancouver Coastal Health Authority, the Boys'R'Us drop-in provides a place of respite and safety to self-identified male and transgender sex workers who are in the survival sex trade in Vancouver. Over the years Boys'R'Us has expanded from serving coffee to a few sex workers a few nights a week to serving dinner and meeting some of the basic needs of 40 to 50 participants three nights a week. Staff and volunteers create an environment of acceptance and care where participants can relax, have a hot meal, get assistance with referrals to other service providers and meet with friends. Boys'R'Us provides consistency in lives of sex workers who often experience violence, trauma, and discrimination out on the street.

KEEPING THE DOOR OPEN: DIALOGUES ON DRUG USE

Keeping the Door Open (KDO) is a community coalition which convenes public dialogues on a range of issues associated with problematic substance use. Through forums, dialogue sessions and advocacy, KDO has advanced public discussion and informed public policy about this complex issue. Through it's initiatives and mobilization, the coalition contributed to the successful opening the first legal supervised injection site in North America. Insite, Vancouver's safer injection site, opened in September 2003. More information can be found at www.keepingthedooropen.com.

8 COMMUNITY PARTNERSHIPS

VANCOUVER-BASED AIDS SERVICE ORGANISATIONS

- A Loving Spoonful
- Dr. Peter Centre
- Positive Women's Network
- Asian Society for the Intervention of AIDS
- Vancouver Native Health
- BC Persons with AIDS Society
- HIV/AIDS Services Consumers Board
- YouthCO AIDS Society
- Healing Our Spirit BC Aboriginal HIV/AIDS Society
- McLaren Housing Society of BC
- Wings Housing Society

OTHER VANCOUVER-BASED ORGANIZATIONAL PARTNERS

- DAMS – Inner-City Women's Initiatives Society
- Downtown Eastside Women's Centre
- DEYAS – Downtown Eastside Youth Activities Society
- Greater Vancouver Food Bank Society
- Food Runners Program
- Friends for Life
- Lookout Emergency Aid Society
- Vancouver Native Health Society
- The Lesbian, Gay, Bisexual and Transgendered (LGBT) Centre
- Portland Hotel Society

MUNICIPAL ASO PARTNERS

- Surrey HIV/AIDS Network
- The Purpose Society
- Hummingbird Kids Society
- Heart of Richmond AIDS Society

REGIONAL PARTNERS

- Vancouver Coastal Health Authority
- Fraser Health Authority

PROVINCIAL PARTNERS

- BC Gaming Policy and Enforcement Branch
- Pacific AIDS Network

NATIONAL PARTNERS

- The Public Health Agency of Canada
- Canadian AIDS Society
- CATIE – Canadian AIDS Treatment and Information Exchange
- CIHR – Canadian Institute for Health Research
- UBC Centre for Health Promotion and BC Centre for Excellence
- ICAD – Interagency Coalition on AIDS and Development
- Canadian HIV/AIDS Information Gateway (CONNECT Project)
- Canadian HIV/AIDS Legal Network

INTERNATIONAL PARTNERSHIPS

- Africa's Children – Africa's Future

9 BEING A VOLUNTEER

At AIDS Vancouver we have a "statement on volunteerism" that confirms our commitment to recognizing the value and active involvement of volunteers at all levels of the agency. This section of the handbook provides you with an overview of the agency's approach and understanding of volunteerism and its positive outcomes for both the volunteer and the organization.

AV STATEMENT ON VOLUNTEERISM

AIDS Vancouver values volunteerism. We provide meaningful volunteer opportunities in order to help achieve the mission of the agency. Paid and unpaid staff work together in an environment of respect, inclusiveness, diversity and commitment.

VOLUNTEERISM

Fact!
11% of Canadians account for 77% of all volunteer hours.

At AIDS Vancouver, a volunteer is any individual or group that provides support and service to the agency without any expectation of personal remuneration or gain of any kind, financial or otherwise.

Volunteers at AIDS Vancouver work in many areas of the organization to enhance the quality and delivery of our programs and services. Volunteers fulfill their role(s) and responsibilities to the best of their ability and in the best interests of the agency. Volunteers have the right to be given meaningful assignments, to be treated like paid staff and to receive appropriate training, on-going support, supervision and recognition for their contributions. Throughout the commitment of personal service, time and effort; volunteers in return agree to perform and meet duties, be accountable for their involvement and support the mandate of the agency.

To volunteer with AIDS Vancouver an individual must be:

- 19 years of age or older;
- Able to meet a six month to one year commitment;
- Have legal immigration status in Canada;
- In successful recovery from addiction(s) for 12 consecutive months if coming from an addiction/substance use background;
- Willing to complete a criminal record search if requested.

STATUS OF A VOLUNTEER

Volunteers are assigned one of the following levels of involvement: active, inactive, on leave, resigned, or terminated.

ACTIVE

An active volunteer is one who is assigned a placement(s) and is actively volunteering.

INACTIVE

An inactive volunteer is one who is assigned to a program(s) but is on authorized leave from active volunteering for a maximum of 6 months. Volunteers who remain inactive after 6 months of leave are contacted twice by their assigned Supervisor and/or Volunteer Resources. At this point, volunteers who do not request additional authorized leave or who do not return to active volunteering are removed from the volunteer list. Volunteers who are inactive may continue to receive agency mail and information from Volunteer Resources.

RESIGNED

A volunteer who has decided to end their volunteer placement(s) with the organization.

ON LEAVE

Volunteers may go on leave for up to one year. This authorized leave may be taken at the volunteer's discretion for any reason including bereavement, study, illness, stress and burnout.

TERMINATED

A volunteer who has been asked to leave their volunteer placement(s) with the organization.

BENEFITS TO VOLUNTEERS

Volunteering with AIDS Vancouver can be a rewarding experience. Some of the benefits to volunteering with us are:

- Acknowledgement and support of personal beliefs and values regarding compassion, altruism or volunteerism.
- Personal growth and development – meeting new people, making new connections and social networking.
- Professional development – learning new/transferable skills, gaining knowledge and hands-on experience in a given area.
- A sense and reality of having contributed or 'given back' to the community or supporting a worthy cause.
- Becoming actively involved in a larger movement working towards social change and social justice.
- Having the opportunity to engage in leadership and mentorship.
- Taking steps to return back to work within a new or existing career interest.
- Opportunities to meet new people and have fun!

BENEFITS TO THE AGENCY

"To the world you may be one person, but to one person, you may be the world."
– Anonymous

Volunteers are invaluable to the work that AIDS Vancouver does as an agency and within the community. Volunteers provide both tangible and intangible benefits to the organization.

TANGIBLE BENEFITS OF INVOLVING VOLUNTEERS

- Volunteers are unpaid staff who donate their in-kind time.
- Volunteers save the agency tangible dollars in human contribution.
- Volunteers support and provide program services and deliverables.
- Volunteers represent the agency within their communities.
- Volunteers contribute to the agency's active and prospective donor base.
- Volunteers provide peer-based service and support.
- Volunteers contribute by offering their talents, skills and experience.
- Volunteers provide the agency with accountability and credibility.
- Volunteers are a resource to the organization, clients and to the community at large.

INTANGIBLE BENEFITS OF INVOLVING VOLUNTEERS

- Volunteers serve to increase community awareness about volunteerism and promote civic participation.
- Volunteers are advocates for the agency, its mission and strategic goals.
- Volunteers support organizational growth and culture.
- Volunteers create community networks and connections.
- Volunteers bring talent, experience and enthusiasm!

In Canada, the top reasons cited for volunteering are:

1. *To make a contribution to the community*
2. *To use one's skills or experiences*
3. *To give to a cause or organization that has impacted one's life..*

MOTIVATING REASONS TO VOLUNTEER

Every individual decides to become a volunteer for their own reasons. Examples of personal motivations for volunteering include:

- Personal involvement – a sense of belonging or connection to a given community
- Professional development – gain skills and work experience
- Networking and securing references and recommendations for related purposes
- Academic development – satisfy practicum, internship and learning requirements
- Language development – learn and practice English as an additional language

- Identify with AIDS Vancouver's mission – want to become involved in HIV/AIDS-related advocacy or have been personally infected or affected by HIV/AIDS

SCOPE OF VOLUNTEER INVOLVEMENT AT AIDS VANCOUVER

The scope of volunteer involvement at AIDS Vancouver is broad and profound in its impact. For example, AIDS Vancouver has:

- Over 200 volunteers
- Placed in over 30 different positions across the agency
- Who contribute over 30,000 hours annually
- Equalling a financial equivalent of over $700,000

AREAS OF WORK

"Those who say it cannot be done should not interrupt the person doing it."
– Chinese proverb

Volunteers at AIDS Vancouver provide service within all of our program and service areas, such as:

- Front-line client services
- Support and care
- Prevention and education
- Community outreach
- Fund development and donor relations
- Communications and print resources
- Public relations
- Administration
- Website development
- Volunteer resources
- Gay men's health
- Specialized projects
- Social marketing campaigns
- Research
- Evaluation

OPPORTUNITIES FOR REFLECTION

- What is your experience, knowledge, and comfort with HIV/AIDS?
- Why did you choose to get involved with the HIV/AIDS community?
- What are you hoping to gain from your experience with AIDS Vancouver?

10 VOLUNTEERISM IN PRACTICE

At AIDS Vancouver, we uphold certain values, beliefs and ways of being that help guide us in our work. In this section of the handbook, the intention is to increase your understanding of these concepts. In addition, by incorporating and applying this information, you will be better informed and able to put into practice these skills as an agency volunteer. If you are faced with a situation or concern where you are uncertain of how to react or respond, it is important to know who you can to turn to for help. As a volunteer, it is important that you become familiar with the resources and supports that AIDS Vancouver has set up. This includes knowing where to turn for additional information and knowing who your staff supervisor is and how to get in contact with him or her.

This section will explore the following topics: policy and procedures, boundaries, ethics, values, confidentiality, diversity and conflict resolution.

POLICIES AND PROCEDURES HANDBOOK

The Volunteer Handbook and the Rights/Responsibilities/Rewards brochure are documents that provide in-depth information on both: a) how to work best with our agency as a volunteer and b) how our agency works together with volunteers. The handbook acts as a quick reference guide for volunteers regarding key operating policies and procedures. These resources provide an outline of the beliefs and practices that will be integral to your practice as a volunteer within our agency.

BOUNDARIES

Boundaries refer to the limits people set regarding the emotional and physical interactions they have with other people. People's boundaries will often depend on their own personal values and belief system. When working within an organization a person's boundaries may also be dependent upon the ethical practices observed by that particular organization.

Boundaries can be both internal (emotional) and external (physical) to a person. If you are not sure what someone's personal boundary or limit is, it is better to ask them directly rather than to make assumptions and risk potentially disrespecting someone.

Working on having our own healthy *internal boundaries* makes us more available to others. Internal boundaries can provide us with the time necessary to reflect upon our own thoughts, feelings and judgments with regards to a particular situation without being influenced by the thoughts, feelings and judgments of another. Internal boundaries better enable us to see all sides of an issue, allowing us to gage how much of our feelings are about us and how much is about the other person. When volunteering, it is important to know what your personal and professional boundaries are particularly when interacting with others.

It is also important to be aware of others' *physical boundaries* and to respect that space, while also taking into account your own physical boundaries. Keep in mind that each individual has a different idea about how much physical distance they are comfortable keeping between themselves and others. While some people may be fine with hugs, others may not. It is important when volunteering that everyone's physical boundaries are respected.

Examples of healthy boundaries while volunteering:

- Listening to people without imposing your own personal biases, points of view or wanting to "fix" the situation.
- Being able to offer support and compassion to others when you are on shift but not taking that stress or responsibility home with you.
- Being non-judgmental while realizing that you are hearing only one side of the story.
- Helping to empower individuals towards independence and not dependence.
- Not "bartering" with someone because you may feel "bad" or guilty.
- Offering yourself in this moment, not tomorrow and not forever.
- Knowing and following your volunteer position description.
- Knowing your limitations and communicating them.

- Recognizing "burnout" and seeking support or requesting a leave.
- Knowing your "triggers", places of discomfort or fear and taking care of them when they arise.
- Questioning responsibilities or seeking support from your Supervisor when you are unsure about your volunteer role or duties.
- Trust your gut and taking care of yourself if you feel that something does not seem right or safe for you.

VALUES AND ETHICAL CONDUCT

One's personal values are learned and formed in various ways. Values may be influenced by family, friends or religious beliefs. While some values may last throughout a person's lifetime, other values may shift or change with result of time or personal experience. At AIDS Vancouver, our values are the beliefs and standards that are held by our organization. They are used as guidelines for action, advocacy and conduct. For example, we value volunteerism and we believe that the involvement of volunteers is a positive and meaningful component to our agency.

How we behave or put our values into action is ethical conduct. These are the standards of behaviour that are dictated by a set of values held by an organization. For example, at AIDS Vancouver, theft or intentional damage of agency property is not acceptable behaviour. When choosing a place to volunteer, it helps when the key values and ethical practices of an agency match your own.

CONFIDENTIALITY

AIDS Vancouver respects and upholds an individual's right to privacy and to the protection of his or her personal information. Information that is accessed through your volunteer position must be maintained in accordance with the organization's mission, policies and procedures. Every volunteer signs a confidentiality agreement as well as a privacy and information agreement to ensure that we are all operating under the same expectation.

When working within HIV community, it is essential NOT to disclose someone's HIV status. Breach of confidentiality by either paid or unpaid staff is a very serious matter and can be grounds for potential dismissal.

DIVERSITY AND RESPECT FOR DIVERSITY

Diversity can be understood as a broad range of unique social identities. Individuals and communities are unique in who they are or who they consist of, what values they uphold, how they operate and how they choose to identify. At AIDS Vancouver, we have a statement on diversity that affirms and values these differences. Respect for Diversity has to do with a consistency between beliefs and behaviour that promote inclusion and affirm the uniqueness of an individual, community or group.

At AIDS Vancouver we work alongside a diverse group of people, and we value each person for their unique history, experience, skills, interests and circumstance. We also acknowledge that it can be challenging and confusing to work with such differences. When that happens, seek assistance and be open and willing to learn and understand from others who may be different from your self. During your volunteer involvement at the agency, we invite and encourage you to ask questions and learn from your uncertainty. However, we do not support discriminatory or offensive remarks and behaviour. When interacting with others, we ask that you go beyond tolerance and try to operate from a place of acceptance.

CONFLICT RESOLUTION

Wherever there are personal relationships, the potential for conflict will exist regardless of where we are and who we are. Conflict can be a perceived or felt difference within a particular situation or relationship that causes tension and/or discomfort. How we react or respond to such conflict will depend on a number of factors including but not limited to: how we think or feel when faced with the conflict; our previous experiences regarding conflict in the past; and our knowledge of learned skills that may better enable us to react to and resolve such situations.

Conflict Resolution involves direct and/or indirect strategies and skills used to address situations of conflict with the aim of achieving a positive outcome for all those involved. When volunteering at AIDS Vancouver, conflict may arise. It is important to know how you personally manage conflict and what resources and supports are available to assist you in resolution.

EXERCISE: PUTTING YOUR SKILLS INTO PRACTICE

Read the following scenarios, reflect and/or role play what you need to consider when responding to or resolving the following situations.

1	Kara is a volunteer who entered a space where a conflict has just taken place between two staff people. One staff quickly leaves the room. On her way out she mutters a profanity and bumps into Kara and says in anger "Get out of my way!" Everyone hears her slam her office door shut. The other staff person smiles at Kara and says "Obviously she has a problem; I wouldn't deal with her if I were you!" Kara wants to maintain a smooth working relationship with everyone during her shift. ***What are the issues? How can she respond to her co-worker's comment?***
2	Houng is a newcomer to Canada. He started volunteering to contribute his time and experience to pick up some new skills and meet new friends. At a volunteer outreach with Jason he responds to a woman who wants to know more about the agency. Houng starts to explain some of the agency's different programs and services and she rudely interrupts him by saying "I don't understand what you're saying" and turns to Jason and starts asking him questions. Jason brushes Houng aside, takes the lead and attends to the woman. Houng is feeling very hurt by the woman's attitude and is angry at Jason for taking the lead. Huong also feels upset and conflicted with Jason because *Jason did nothing to address the woman's behaviour and attitude which Huong felt was discriminatory*. ***How can Huong deal with this situation?***

3	You are on a shift with another volunteer, Sima. Sima and you have become friends during your volunteering together. Sima comes to you in confidence and tells you that she is being physically abused by her husband. She suspects that he may be sexually abusing their child, but she's not sure and she tries to protect her child from him whenever she can. She trusts you as a friend and doesn't want you to tell anyone. She's afraid that her husband may not let her volunteer and this is her only time to herself. You don't want to break Sima's confidence but you are worried about the safety of both her and her child. *What can you do?*
4	Chad is a client and volunteer who is desperately seeking housing and has limited financial resources. Chad approaches Zoran, another agency volunteer. Chad suggests he may be homeless within the next few days. Zoran has lots of space to spare in his home and is also a bit short on cash. Zoran wants to help Chad, but is unsure as to how, given his role as a fellow volunteer and friend. *What are the issues? How could Zoran proceed?*
5	Maritza, a volunteer with an AIDS Service Agency, is at a social community function. An Executive Director from a different organization approaches her and begins to share concerns about Angelina. Angelina is a client/service user at both organizations. The Executive Director explains that they are concerned about Angelina's ongoing health problems. He starts asking more about Angelina and if Maritza is having similar concerns. Martiza starts to feel uncomfortable about this conversation. *What are the discomforts about and how can Maritza handle this conversation?*

	You are working in the AIDS Vancouver Grocery unloading and stocking shelves with another volunteer. The Grocery is scheduled to open in 35 minutes and the Coordinator has been called out by her supervisor to help with an emergency. There is a lot to do and two scheduled volunteers have not shown up yet.
6	You have an idea that will get the work done much more efficiently, probably allowing you to finish in 40 minutes instead of the estimated hour and a half. You have to bypass procedures to get done in time. You run the idea by your co-volunteer but he insists that you stick with established procedure even if it means having to open the Grocery an hour late. There are already people gathering outside the door and they are restless as it is hot and muggy in the hallway. ***How do you resolve this?***
7	A Care team volunteer, Sarah, has been supporting a family living with HIV for the last 10 months. They have built a good rapport and the parents consider Sarah a caring friend of the family. Both parents are positive but the mother is more advanced and her health has been steadily deteriorating. Sarah receives a call from the father saying that the mother went into the hospital last night with HIV related complications. She died of a heart attack this morning. He is crying hysterically over the phone. He asks Sarah to come to the house right away because he and the kids are very upset and he does not know what to do. ***What emotions could Sarah be feeling? What might she do to respond? How can she balance taking care of herself with the needs of the family?***

OPPORTUNITIES FOR REFLECTION

- What does confidentiality mean to you?
- How do you maintain healthy boundaries?
- Why is respecting diversity important?
- How do you handle conflict?

GLOSSARY

ABSTINENCE: Refraining from sex. An approach for HIV prevention most often associated with the American 'A B C' strategy – Abstain, Be Faithful, Condomize.

ACUTE HIV INFECTION: Also known as primary HIV infection. This is the period of rapid HIV replication that occurs 2 to 4 weeks after infection by HIV. Acute HIV infection is characterized by a decline in CD4 cell counts and an increase in HIV levels in the blood. Some, but not all, individuals experience flu-like symptoms during this period of infection. Symptoms of acute infection often last only for a few days before they pass and can include fever, inflamed lymph nodes, sore throat, and rash.

ADHERENCE: Adherence refers to closely following (adhering to) a prescribed treatment regimen. This includes taking the correct dose of a drug at the correct time, exactly as prescribed. Failure to adhere to an anti-HIV treatment regimen can lead to drug resistance and other complications.

AIDS (ACQUIRED IMMUNODEFICIENCY SYNDROME): AIDS is a diagnosis that usually occurs in the later stage of HIV infection. In Canada, AIDS is diagnosed if a person is HIV positive and has one or more opportunistic infections.

ANAL SEX: The insertion of a penis or a sex toy into the anus.

ANTIBODIES: Proteins produced by the body's immune system that recognize infectious organisms (such as bacteria and viruses) and attempt to destroy or neutralize them. Each antibody produced by the body is specific to a particular infectious organism; for example, HIV antibodies. Most HIV tests detect/measure HIV antibodies and not the amount of HIV virus in the blood/body fluids.

ANTIRETROVIRAL THERAPY (ART): Refers to treatment with drugs that inhibit the ability of retroviruses such as HIV to multiply in the body. ART is recommended for HIV infection and is commonly referred to as 'HAART' or highly active antiretroviral therapy which includes a combination of medications that aggressively suppress the HIV virus at different points in the virus' lifecycle. HAART usually combines three or more anti-HIV drugs.

ANUS: The opening of the rectum (the bum).

ART: See 'Antiretroviral therapy'.

ASO: AIDS service organization.

ASYMPTOMATIC: To be without symptoms. The 'asymptomatic' phase of HIV infection can last a number of years. During this period an HIV positive individual is 'symptom-free'. During the asymptomatic phase, an HIV positive person can still transmit the HIV virus to others.

BARRIER METHOD PROTECTION: Methods that can help protect and prevent HIV and certain other sexually transmitted infections such as, male condoms, female condoms and dental dams.

BISEXUAL: Referring to individuals who form both intimate heterosexual and homosexual relationships.

BODY FLUIDS: Secretions and excretions of the human body. Body fluids include urine, feces, semen, vaginal fluids, blood, tears, breast milk and sweat.

CASUAL CONTACT: Ordinary, non-intimate and day-to-day contact between people.

CBO: Community-based organization.

CBR: Community-based research.

CD4 CELL: Also known as helper T Cell, CD4 lymphocyte or white blood cell. The CD4 Cell is a type of infection-fighting white blood cell created by the body's immune system. CD4 Cells coordinate immune response by signalling other cells in the immune system to perform their health promoting functions. HIV infects and kills CD4 cells, leading to a weakened immune system.

CD4 CELL COUNT: A measurement of the number of CD4 Cells in a sample of blood. The CD4 Cell count is one of the most useful indicators of the health of the immune system and the progression of HIV/AIDS within an individual. A CD4 Cell count is used by health care providers to determine when to begin, interrupt, or halt anti-HIV therapy; when to give preventive treatment for opportunistic infections; and to measure response to treatment. The lower the CD4 count the higher the risk of developing an opportunistic infection. Normal range for a CD4 Cell count is 500–1500.

CERVIX: The lower, narrow end of the uterus that forms a canal between the uterus and vagina.

CO-INFECTION: Refers to infection with more than one virus, bacterium, or other microorganism at a given time. For example, an HIV-infected individual may be co-infected with hepatitis C virus (HCV co-infection) or tuberculosis (TB co-infection).

COMMUNITY: A group of people that share some commonality; such as a cultural background, a religious affiliation, a shared mission or a common set of interests and values.

COMING OUT: This term is used to describe a process or action in which an individual reveals that they are lesbian, gay or bisexual. The beginning of this process is acceptance of oneself. Following this, openness and disclosure may occur with family, friends, co-workers, and others who are considered important in one's life.

CONTRACEPTION: Refers to the prevention of pregnancy (conception) by the use of birth control devices or agents and/or barrier method protection.

CULTURE: Patterns of real and symbolic attitudes, behaviours and activities that can identify and guide an individual or groups' way of life and living. Culture is often viewed as a social construct, it is taught, learned and can change over one's lifetime. People may share a common culture based on mutual ancestry, geography, a specific interest or shared beliefs, values and systems.

DENTAL DAM: A sheet of latex that acts as a barrier when used for mouth-to-vagina or mouth-to-anal contact.

DIGITAL SEX: Sex that occurs when any number of fingers or hand(s) are inserted into the anus or vagina.

DISCLOSURE: Sharing information about your HIV status with other individuals and/or groups of people.

DISCRIMINATION: The unfair or unjust treatment of a person or group based on prejudice or pre-judgment.

DISCORDANT COUPLE: Also called 'magnetic couple' or 'sero-discordant pair'; these terms refer to sexual partners where one person is HIV positive and the other is HIV negative (their 'sero-statuses' are not the same).

DRUG RESISTANCE: The ability of some micro-organisms such as bacteria, viruses, and parasites, to adapt and multiply regardless of interventions. For example, anti-HIV drugs may stop working to slow down HIV progression because the virus has become 'drug resistant'.

EJACULATION: Refers to the discharge of semen from the penis; both semen and ejaculation are commonly referred to as 'cum'.

ELISA: See 'Enzyme-Linked Immunosorbent Assay'.

ENZYME-LINKED IMMUNOSORBENT ASSAY: A test used to determine the presence of HIV antibodies in the blood.

FEMALE CONDOM™: The Female Condom™ is a polyurethane pouch that can be inserted into the vagina or the anus offering barrier protection for insertive/penetrative sex. It can be inserted hours before sex. It is used for contraceptive purposes and for preventing the transmission of HIV and other sexually transmitted infections.

FELINE IMMUNODEFICIENCY VIRUS (FIV): An HIV-like virus that infects nonhuman species of the cat family. FIV is endemic in certain large wild cats.

FIV: See 'Feline Immunodeficiency Virus'.

GAY MAN: A person who identifies as 'male' or 'man' and who is attracted to and/or forms sexual and affectionate relationships with other males and men.

GENDER: Refers to the socially constructed differences in the roles, responsibilities and behaviours of males and females. These differences are created and perpetuated at the level of the individual, the family, the society, the community and wider culture. Gender-based norms are often based on accepted standards of masculinity and femininity. Gender is not biologically predetermined nor is it fixed or rigid in identity and practice. See also 'sex'.

GENITALS/GENITALIA: Refers to organs of the reproductive system; most commonly, the penis and the vagina.

GRID: Acronym 'Gay Related Immune Deficiency'. GRID was used in the early 1980s to describe what is now known to be HIV.

HAART: Highly active antiretroviral therapy. See 'Antiretroviral Therapy'.

HARM REDUCTION: An approach to disease prevention which focuses on minimizing the personal and social harms associated with certain behaviours; specifically HIV/AIDS-related harm reduction offers options via policy and practice to minimize HIV infection. For example, correctly using condoms during intercourse or not sharing intravenous needles.

HCV: See Hepatitis C.

HETEROSEXUAL: A person who is attracted to people of the opposite sex when forming sexual and affectionate relationships.

HEPATITIS: An inflammation of the liver. Hepatitis can lead to liver damage and liver cancer. See also Hepatitis A Virus, Hepatitis B Virus and Hepatitis C Virus.

HEPATITIS A VIRUS (HAV): The virus that causes hepatitis A. HAV can be contracted through the oral/fecal route. A person can contract HAV by eating food that has been touched by someone who has the virus and who has not washed their hands after a bowel movement. HAV is commonly transmitted through contaminated water or insufficiently cooked seafood or shellfish. A vaccine is available to prevent infection with this virus.

HEPATITIS B VIRUS (HBV): The virus that causes hepatitis B, an inflammation of the liver that can lead to liver damage and liver cancer. HBV is spread through contact with the blood of an infected person, through sexual intercourse, or from mother to child during childbirth. A vaccine is available to prevent infection with this virus, and HBV can be treated with several drugs.

HEPATITIS C VIRUS (HCV): The virus that causes hepatitis C, an inflammation of the liver that can lead to liver damage and liver cancer. HCV is primarily spread through contact with the blood of an infected person. There is no vaccine for HCV, and the only current treatment for hepatitis C is a combination of the drugs peg interferon and ribavirin.

HIV ANTIBODY TESTING: Tests used to detect the presence of HIV antibodies in a person's body fluids.

HIV ANTIBODIES: See 'Antibodies'.

HIV: See 'Human Immunodeficiency Virus'.

HIV-1: The HIV type responsible for the majority of HIV infections. See also 'HIV-2'.

HIV-2: A virus closely related to HIV-1 that also causes immune suppression and AIDS. Although the two viruses are very similar, immunodeficiency seems to develop more slowly and tends to be milder in people infected with HIV-2. The majority of HIV-2 cases have been found in West Africa. Not all drugs used to treat HIV-1 infection are effective against HIV-2.

HUMAN IMMUNODEFICIENCY VIRUS (HIV): The virus that causes AIDS. It only occurs in humans and acts by attacking and weakening the body's immune system. HIV is in the retrovirus family and is transmitted from one person to another through certain activities that involve the exchange of the following bodily fluids: blood, semen, vaginal secretions, and breast milk.

HOMOPHOBIA: Refers to the irrational fear, hatred of, aversion to, or discrimination against homosexuals or homosexual behaviour. See 'homosexual'.

HOMOSEXUAL: A person who forms sexual and affectionate relationships with people of the same sex.

IDU/IDUs: Refers to injection drug use and/or injection drug users.

IMMUNE SYSTEM: The body's defense system which includes the collection of cells and organs whose role it is to protect the body from foreign invaders including toxins, bacteria, parasites, viruses and other harmful agents. The human immune system includes the thymus, spleen, lymph nodes, B and T cells, and antigen-presenting cells.

IMMUNOCOMPROMISED: Refers to someone who has an impaired or weakened immune system. Generally, someone who is immunocompromised is prone to infection and illness.

IMMUNODEFICIENCY: An inability to produce normal amounts of antibodies or immune cells. See also, 'Immunocompromised'.

INTERCOURSE: Another word for the act of insertive or penetrative vaginal or anal sex.

LIPOATROPHY: Refers to a disorder characterized by fat loss in the face and legs. See also 'Lipodystrophy'.

LIPODYSTROPHY: A disorder characterized by fat loss, fat redistribution and fat accumulation. Lipodystrophy is a common side effect associated with certain anti-HIV drugs and commonly includes body changes known as 'buffalo hump' and 'protease paunch'. See also 'Lipoatrophy'.

LUBRICANT: Water-based substances that can be used during protected and unprotected vaginal, anal and oral sex to prevent fine rips and tears from occurring in the lining of the anus and vagina. Lubricants can also be used when engaging with sex toys. Oil-based lubricants can break down latex and so should not be used in conjunction with latex condoms or dental dams.

MAGNETIC COUPLE: See 'Discordant Couple'.

MALE CONDOM: A sheath of thin material, usually latex, which is worn on the penis during vaginal, anal or oral sex. It is used for contraceptive purposes and for preventing the transmission of HIV and other sexually transmitted diseases.

MICROBICIDE: A natural or man-made substance that can be inserted vaginally or anally to kill microbes. Researchers are studying the use of microbicides to prevent the transmission of sexually transmitted infections including HIV.

MOTHER TO CHILD TRANSMISSION (MTCT): Also called 'vertical transmission' or 'parent-to-child transmission'. Refers to the passage of HIV from an HIV-infected mother to her infant. The infant may become infected while in the womb, during labor and delivery, or through breastfeeding.

MSM: Refers to 'Men who have Sex with Men'. These men may or may not identify as homosexual, bisexual or gay.

NOMINAL TESTING: Refers to the use and documentation of your full and real name when testing for HIV.

NON-NOMINAL TESTING: Refers to the use and documentation of only your initials, or an alias (fake name) or a numerical code when testing for HIV.

NORM: Also commonly called a 'social norm'; norms refer to accepted standards of behaviour that individuals within a certain social group are expected to follow. For example, gender norms. See 'Gender'.

ORAL SEX: Refers to the stimulation of genitalia – penis or vagina – by the mouth.

OPPORTUNISTIC INFECTIONS: Often called 'OIs' for short, opportunistic infections are illnesses that occur commonly in people with weakened immune systems including people living with HIV/AIDS. An AIDS diagnosis requires the presence of one or more opportunistic infections.

PANDEMIC: An outbreak of an infectious disease, such as HIV, that affects people or animals over an extensive geographical area such as several continents; also known as a global epidemic.

PEOPLE/PERSONS LIVING WITH HIV/AIDS: Often referred to as PWAs or PHAs or PLWHAs.

POPULATION HEALTH: A public health approach or strategy that aims to improve the health of an entire population and usually aims to reduce health inequities among population groups.

POSITIVE PREVENTION: Refers to HIV prevention efforts targeted at people who are HIV positive. The goals of positive prevention include preventing PWAs from becoming re-infected with HIV; reducing behaviours that contribute to risk of re-infection and preventing the further transmission of HIV.

PRIMARY PREVENTION: Prevention efforts that focus on people who are HIV negative and tend to encourage safer sex, safer drug use practices and routine testing practices.

PWAs: Refers to 'People/Persons Living with HIV/AIDS'.

RETROVIRUS: A type of virus that invades a 'host' cell, then makes a DNA version of itself and becomes a permanent part of the 'host' cell's genetic material. HIV is a retrovirus.

SAFER SEX: Refers to all sexual practices for which there is only a low risk for exchanging blood, semen, pre-semen, vaginal fluids and discharge from sores caused by STIs. Safer sex practices include: using water-based lubricants, dental dams, gloves and/or the Female Condom™ for all sexual activities, penetrative or otherwise. Safer sex options also include activities that pose little to no risk of HIV/STI transmission such as, kissing, body massage, and mutual masturbation.

SECONDARY PREVENTION: Prevention efforts that focus on people who are HIV positive and aim to reduce barriers to HIV testing, medical care, treatment and support.

SEMEN: The white fluid that comes out of the penis at ejaculation.

SEROCONVERSION: When a person develops antibodies to HIV, they 'seroconvert' from being antibody negative to antibody positive. The process by which a newly infected person develops HIV antibodies may take anywhere from days to weeks to months following HIV infection. There are several types of tests used to detect HIV antibodies. See also: 'Window Period' and 'ELISA'.

SERODISCORDANT: Referring to two people of mixed serostatus: one person is seronegative for HIV and the other is seropositive for HIV. See also: 'Discordant Pair' or 'Magnetic Couple'

SERONEGATIVE FOR HIV: When HIV antibodies are not present in the blood; a person who is HIV negative.

SEROPOSITIVE FOR HIV: When HIV antibodies are present in the blood; a person who is HIV positive.

SEROSTATUS: A person can test either seronegative or seropositive for HIV. See also: 'Seronegative for HIV' and 'Seropositive for HIV'.

SEX: Sex is often used to refer to 'sexual intercourse' (See: 'Intercourse'). Sex can also be used in reference to the biological 'sex' of an individual. Female sex is often associated with having a vagina. Male sex is often associated with having a penis. A person may identify with their natural born sex or they may choose to have sex-reassignment surgery; therefore one's sex may depend on an individual's changing identification, actions and choices.

SEXUALITY: Refers to the complex aspect of personality and 'self' which is defined by sexual thoughts, feelings, desires, longings, fantasies and experiences.

SEXUAL HEALTH: Refers to a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.
(source: www.who.int/reproductive-health/gender/sexualhealth.html)
Note: This definition does not represent an official WHO position, and should not be used or quoted as a WHO definition.

SEXUAL IDENTITY: Refers to feelings about one's own sexual orientation, gender and sexuality. Also see: 'Sexual Orientation', 'Gender' and 'Sexuality'.

SEXUAL ORIENTATION: Refers to an individual's feelings of emotional, romantic, sexual or erotic attraction.

SEXUAL RIGHTS: Sexual rights embrace human rights that are already recognized in national laws, international human rights documents and other consensus statements. They include the right of all persons, free of coercion, discrimination and violence, to:

- Attain the highest standard of sexual health, including access to sexual and reproductive health care services;
- Seek, receive and impart information related to sexuality;
- Sexuality education;
- Respect for bodily integrity;
- Choose their partner;
- Decide to be sexually active or not;
- Consensual sexual relations;
- Consensual marriage;
- Decide whether or not, and when, to have children; and
- Pursue a satisfying, safe and pleasurable sexual life.

The responsible exercise of human rights requires that all persons respect the rights of others. (source: www.who.int/reproductive-health/gender/sexualhealth.html)
Note: The above definitions do not represent an official WHO position, and should not be used or quoted as WHO definitions).

SEXUAL INTERCOURSE: See 'Intercourse'.

SIMIAN IMMUNODEFICIENCY VIRUS: An HIV-like virus that infects nonhuman primates such as monkeys and chimpanzees.

SIV: See 'Simian Immunodeficiency Virus'.

STD/STI: See 'Sexually Transmitted Disease' or 'Sexually Transmitted Infection'.

SEXUALLY TRANSMITTED DISEASE (STD) AND/OR SEXUALLY TRANSMITTED INFECTION (STI): STD/STI refers to any infection that can be passed from one person to another via sexual contact. The term STI is more commonly used today than the term STD because it is more encompassing. An individual can be infected with an STI and not show symptoms. When an STI becomes symptomatic – with apparent symptoms – it is then referred to as an STD.

SPERM: The male reproductive cell; carried in the semen during penile ejaculation.

SYMPTOMATIC: With symptoms. The 'symptomatic' phase of HIV infection can last a number of years and follows the 'asymptomatic' phase of HIV infection. During this period, HIV becomes more active in the body and weakens an individual's immune system. The weakened immune state makes it possible for the HIV positive individual to show signs or symptoms of illness. During the symptomatic phase, an HIV positive person can transmit the HIV virus to others.

TABOO: Something that is strongly forbidden in a society and/or considered obscene.

T CELL: See 'CD4 Cell'.

UNPROTECTED SEX: Any act of intercourse where participants do not use any form of barrier protection to guard against HIV and other sexually transmitted infections. Also see: 'Barrier Method Protection'.

VACCINE: A type of medicine made of weakened viruses or bacteria which, when injected, work to strengthen the body's defense against a particular disease. Although researchers are testing vaccines both to prevent and treat HIV/AIDS, there is currently no vaccine that effectively protects individuals from HIV/AIDS.

VAGINAL SEX: The insertion of a penis or a sex toy into the vagina.

VAGINAL SECRETIONS: The clear and slippery fluid produced by the vaginal glands during arousal and sex. Vaginal secretions are a natural lubricant.

VIRAL LOAD: Viral load testing is usually done when an individual is diagnosed with HIV infection and at regular intervals following diagnosis. Viral load testing is important because it provides information about the number of cells infected with HIV in the body. The viral load is also a good indicator of HIV progression in the body and can help one understand how well treatment is working. It is reported as the number of HIV RNA copies per milliliter of blood plasma. A blood sample needs to be collected in order to do a viral load test.

VIRUS: A microscopic organism that requires a host cell to make more copies of itself. Examples of human diseases caused by virus infections are AIDS, measles, mumps, rubella, polio, influenza and the common cold.

WESTERN BLOT: A laboratory technique used to detect a specific protein. A Western blot test to detect HIV proteins in the blood is used to confirm a positive HIV antibody test (ELISA).

WHITE BLOOD CELLS: See 'CD4 Cell'.

WINDOW PERIOD: Refers to the time frame – 'window' – from point of infection with HIV up until there are detectable HIV antibodies in the blood. The window period varies from person to person but can range anywhere from 4 weeks to 3 months when a 3rd Generation ELISA test is being used to test for HIV antibodies. Also see 'ELISA'.

RESOURCES

AIDS VANCOUVER – PARC LIBRARY

Books can be browsed and reserved via:

- **Online catalogue:** http://aidsvan.andornot.com
- **Email:** library@aidsvancouver.org
- **Phone:** 604.696.4694
- **In person:** Monday–Thursday
  1107 Seymour Street, Vancouver

BOOKS

- Vineyard, Sue; McCurley, Steve. **Best practices for volunteer programs.** Darien, Ill., Heritage Arts Publishing, 2001.

- **Canadian code for volunteer involvement.** Ottawa, Volunteer Canada, 2006
  http://volunteer.ca/volunteer/pdf/CodeEng.pdf

- **Making it happen!: models for innovative volunteerism and volunteer management: final report.** Fredericton, AIDS New Brunswick, 2004
  www.nbvol.com/English/pdf/PDF%20Proj%20Final%20Report.ENG.pdf

- Campbell, Katherine Noyes; Ellis, Susan J. **The (help!) I-don't-have-enough-time guide to volunteer management.** Philadelphia, Pa., Energize, 1995.

ELECTRONIC BOOKS

- **Professional ethics in volunteer administration**
  Originally developed by the former Association for Volunteer Administration and kept current by the Council for Certification in Volunteer Administration (www.cvacert.org).

- **Successful strategies for recruiting, training, and utilizing volunteers: a guide for faith- and community-based service providers.**
  Substance Abuse and Mental Health Services Administration (2005, 56 pg.)
  Focuses on prevention, treatment, and recovery services for substance abuse and mental illness; however, the principles described apply to any field and may help organizations understand how to start and manage a successful volunteer program.

- **Turn your organization into a volunteer magnet**, 2nd ed. Edited by Andy Fryar, Rob Jackson, and Fraser Dyer (2007, 204 pg.)
  Essays from contributing volunteer managers around the world on attracting the best and most diverse volunteers and then working with them successfully.

- **Understanding Canadian volunteers: using the national survey on volunteering, giving and participating to build your volunteer program**

By Norah McClintock for the Canadian Centre for Philanthropy and Volunteer Canada (2004).
This excellent, free, 44-pg guide demonstrates wonderfully how to apply research to practice by applying data in the National Survey to specific aspects of volunteer management.

- Volunteer Management Resource Guide
  Introduction to the basics of volunteer management in a 106-pg, PDF from Volunteer Victoria in Canada.

- Measuring the Difference Volunteers Make: A Guide to Outcome Evaluation for Volunteer Program Managers by Melissa Eystad, Editor 1997 (30 page). With permission of the Minnesota Department of Human Services.

- A Matter of Survival: Volunteering in, by, and with Low-income Communities, Points of Light Foundation (36-page PDF)

- Neighboring Action Kit, Points of Light Foundation (16-pg, PDF)

- The Partnering Toolbook, by Ross Tennyson for the International Business Leaders Forum, 2003 (45-pg, PDF)

- Working with: Collaborative Approaches for Engaging and Leading Volunteers, by Mark Creyton, Volunteering Queensland, AU (14-pg, PDF)

- Diverse Communities, Active Lives
  A comprehensive guide about volunteering and community participation for lesbian, gay, bisexual and transgender people, from Beyond Barriers in Scotland.

- Inclusion: Creating an Inclusive Environment
  12-chapter handbook (+ 4 appendices) for the inclusion of people with disabilities from the National Service Resource Center (US).

- Thinking about Diversity and Equality: A Guide for the Voluntary Sector
  by Adam May, 22-page Word Document, 2005

- Leadership Basics: A Guide to Leading Groups of Volunteers
  www.ontarionature.org/pdf/leadership.pdf
  Developed for conservation volunteer leaders who are responsible for leading groups of other volunteers, by the Federation of Ontario Naturalists (60-pg, PDF).

- W.K. Kellogg Foundation Evaluation Handbook
  Excellent introduction to the why and how of program evaluation, written to guide organizations in self-evaluation without an outside consultant. Includes the importance of volunteers as an information source and as users of the evaluation results. (116-pg, PDF)

KEY ORGANIZATIONS

ONLINE RESOURCES

- Administrators of Volunteer Resources of British Columbia
  www.avrbc.org

- Canadian Administrators of Volunteer Resources
  www.cavr.org

- Canadian Government Website
  www.canada.gc.ca

- Canadian Centre for Philanthropy
  www.ccp.ca

- Charity Village
  www.charityvillage.ca

- Leadership Vancouver
  www.leadershipvancouver.org

- Volunteer B.C.
  www.volunteerbc.bc.ca

- Volunteer Burnaby
  www.volunteerburnaby.ca

- Volunteer Calgary
  www.volunteercalgary.ab.ca

- Volunteer Canada
  www.volunteer.ca

- Volunteer Comox
  www.volunteer.iscn.ca

- Volunteer Vancouver
  www.volunteervancouver.ca

- Volunteer Victoria
  www.volunteervictoria.bc.ca

KEY INITIATIVES AND RESOURCES IN THE VOLUNTARY SECTOR

ONLINE RESOURCES

- AIDS Volunteer
  www.aidsvolunteers.ca

- CIVICUS
  www.civicus.org

- Coalition of National Voluntary Organizations
  www.nvo-onb.ca

- E-Volunteerism
  www.e-volunteerism.com

- Giving and Volunteering
  www.givingandvoluntering.ca

- Go Volunteer
  www.govolunteer.ca

- Virtual Volunteer Resources
  www.serviceleader.org/new/virtual/

- Voluntary Sector Forum
  www.voluntary-sector.ca

- Voluntary Sector Initiative (VSI)
  www.vsi-isbc.ca

- Voluntary Sector Knowledge Network
  http://vskn.ca

- Volunteer Internet Resources
  www.volunteertoday.com/internetresources.html

FREE RESOURCES

ONLINE RESOURCES

- Association of Fundraising Professionals
  www.afpnet.org

- Australian Non-profit Management Resource Guide
  www.governance.com.au/ResourceGuide/ResourcesGuideHome.htm

- Be Hands On
  www.behandson.org

- Canadian Association of Gift Planners
  www.leavealegacy.ca

- Canada Revenue Agency
  www.cra-arc.gc.ca

- CAPPS' Volunteer Management Certificate(VMCP)
  http:/capps.wsu.edu/vmcp

- Charity Job Search
  www.charityjobsearch.com

- Charity village links to education
  www.charityvillage.com/cv/learn/postec.html

- Citizenship and Immigration Canada
  www.cic.gc.ca

- Developing Human Resources in the Voluntary Sector
  www.hrvs.ca

- Energize Inc.
  www.energizeinc.com

- E-newsletter
  www.volunteertoday.com

- Imagine Canada
  www.imaginecanada.ca

- Give Meaning
  www.givemeaning.com

- Leader Institute
  www.drucker.com

- Leadership Now
  www.leadershipnow.com

- Non-Profit Good Practice Guide
  www.nonprofitbasics.org

- Non Profits Can
  www.nonprofitscan.ca

- Online Evaluation Resource Library
  http://oerl.sri.com/index.html

- Points of Light Foundation
  www.pointsoflight.org

- Spirit of Vancouver
  www.boardoftrade.com/sov_page.asp?pageID=56

- The Red Book Online
  www2.vpl.vancouver.bc.ca/redbook

- United Way of the Lower Mainland
  www.uwlm.ca

- Vancouver Board of Trade
  www.boardoftrade.com

- Vancouver Chapter
  www.afpvancouver.org

- Vancouver Foundation
  www.vancouverfoundation.bc.ca

- Professional Association of Volunteer Resources in Ontario
  www.pavro.on.ca

- Points of Light Foundation
  www.pointsoflight.org

- The Banff Centre
  www.banffmanagement.com

- The University of North Texas
  www.unt.edu/untvols

- Volunteers and the Law
  www.publiclegaled.bc.ca/snapfiles/volunteer_the lew_book.pdf

- 2010 Legacies Now
  www.volweb.ca

AIDS SERVICE ORGANIZATIONS IN B.C.

A LOVING SPOONFUL

100–1300 Richards Street
Vancouver, BC V6B 3G6
T: 604.682.6325
F: 604.682.6327
E: info@alovingspoonful.org
W: www.alovingspoonful.org

AIDS SOCIETY OF KAMLOOPS (ASK WELLNESS CENTRE)

433 Tranquille Road
Kamloops, BC V2B 3G9
T: 250.376.7558
F: 250.376.7530
E: ask@telus.net
W: www.askwellness.ca

AIDS VANCOUVER

1107 Seymour Street
Vancouver, BC V6B 5S8
T: 604.893.2201
F: 604.893.2211
E: contact@aidsvancouver.org
W: www.aidsvancouver.org

AIDS VANCOUVER ISLAND – NANAIMO

201–55 Victoria Road
Nanaimo, BC V9R 5N9
T: 250.753.2437
F: 250.753.4595

AIDS VANCOUVER ISLAND – VICTORIA

1601 Blanshard Street
Victoria, BC V8W 2J5
T: 250.384.2366
F: 250.380.9411
E: info@avi.org
W: www.avi.org

AVI HEALTH CENTRE

216–55 Victoria Road
Nanaimo, BC V9R 5N9
T: 250.754.9111
F: 250.754.9888
E: health.centre@avi.org

COURTENAY/COMOX

355 6th Street
Courtenay, BC V9N 1M2
T: 250.338.7400
F: 250.334.8224
Toll-free Infoline: 1.877.311.7400

CAMPBELL RIVER

1249 Ironwood Road
Campbell River, BC V9W 5T4
T: 250.830.0787
F: 250.830.0784
Toll-free Infoline: 1.877.650.8787

PORT HARDY

PO Box 52
Port Hardy, BC VON 2P0
T: 250.949.0432
F: 250.949.9953

ANKORS

WEST KOOTENAY BOUNDARY REGIONAL OFFICE

101 Baker Street
Nelson, BC V1L 4H1
T: 250.505.5506
F: 250.505.5507
Toll-free: 1.800.421.AIDS
E: information@ankors.bc.ca
W: www.ankors.bc.ca

EAST KOOTENAY REGIONAL OFFICE

#46–17th Avenue South
Cranbrook, BC V1C 5A8
T: 250.426.3383
F: 250.426.3221
E: gary@ankors.bc.ca

ASIAN SOCIETY FOR THE INTERVENTION OF AIDS

210–119 West Pender Street
Vancouver, BC V6B 1S5
T: 604.669.5567
F: 604.669.7756
E: asia@asia.bc.ca
W: www.asia.bc.ca

BC COALITION OF PEOPLE WITH DISABILITIES

204–456 West Broadway
Vancouver, BC V5Y 1R3
T: 604.875.0188
F: 604.875.9227
W: www.bccpd.bc.ca

BC PERSONS WITH AIDS SOCIETY (BCPWA)

2nd Floor, 1107 Seymour Street
Vancouver, BC V6B 5S8
T: 604.893.2252
F: 604.893.2251
E: info@bcpwa.org
W: www.bcpwa.org

BOYS AND GIRLS CLUB OF WILLIAMS LAKE – HIV PREVENTION

17 South 4th Avenue
Williams Lake, BC V2G 1J6
T: 250.392.5730
F: 250.392.5743
E: prevention@noopa.org
W: www.bgcwilliamslake.com

CARNEGIE COMMUNITY CENTRE – AIDS SUPPORT GROUP

401 Main Street
Vancouver, BC V6A 2T7
T: 604.665.2222
F: 604.606.2736

C-SHARP (COLUMBIA SHUSWAP HIV/AIDS RESOURCE SOCIETY)

Box 154
Salmon Arm, BC V1E 4N3
T: 250.804.8823
F: 250.804.8825
E: csharp@telus.net

DOWNTOWN EASTSIDE YOUTH ACTIVITIES SOCIETY (DEYAS)

612 Main Street
Vancouver, BC V6A 2V3
T: 604.685.6561
F: 604.685.7117
E: csharp@airspeedwireless.ca
W: www.deyas.org

DTES HIV/IDU CONSUMERS' BOARD

105–177 East Hastings Street
Vancouver, BC V6A 1N5
T: 604.688.6294

DR. PETER CENTRE

1110 Comox Street
Vancouver, BC V6E 1K5
T: 604.608.1874
F: 604.608.4259
E: inquire@drpetercentre.ca
W: www.drpetercentre.ca

DZE L K'ANT FRIENDSHIP CENTRE

P.O. Box 2920
Smithers, BC V0J 2N0
T: 250.847.5211
F: 250.847.5144
E: dzelkant@canada.com

HEALING OUR SPIRIT BC ABORIGINAL HIV/AIDS SOCIETY

ADMINISTRATIVE OFFICE:

644–1979 Marine Drive
Vancouver, BC V7P 3G1
T: 604.980.9620
F: 604.980.9632

OUTREACH OFFICE:

Suite 100–2425 Quebec Street
Vancouver, BC V5T 4L6
T: 604.879.8884
F: 604.879.9926
Toll-free (in Canada): 1.866.745.8884
E: info@healingourspirit.org
W: www.healingourspirit.org

HEART OF RICHMOND AIDS SOCIETY

200–6411 Buswell Street
Richmond, BC V6Y 2G5
T: 604.277.5137
F: 604.277.5131
E: contact@heartofrichmond.com
W: www.heartofrichmond.com

LIVING POSITIVE RESOURCE CENTRE

101–266 Lawrence Avenue
Kelowna, BC V1Y 6L3
T: 250.862.2437
F: 250.868.8662
BC Toll-free: 1.800.616.2437
E: info@lprc.ca
W: www.livingpositive.ca

MCLAREN HOUSING

200–649 Helmcken Street
Vancouver, BC V6B 5R1
T: 604.669.4090
F: 604.669.4092
E: mclarenhousing@telus.net
W: www.mclarenhousing.com

OKANAGAN ABORIGINAL AIDS SOCIETY

101–266 Lawrence Avenue
Kelowna, BC V1Y 6L3
T: 250.862.2481
F: 250.868.8662
E: info@oaas.ca
W: www.oaas.ca

POSITIVE LIVING NORTH

1–1563, 2nd Avenue
Prince George, BC V2L 3B8
T: 250.562.1172
F: 250.562.3317
E: info@positivelivingnorth.ca
W: www.positivelivingnorth.ca

POSITIVE LIVING NORTHWEST

Box 4368
3862 East Broadway Avenue
Smithers, BC V0J 2N0
T: 250.877.0042
F: 250.877.0047
E: info@plnw.org
W: www.plnw.org

POSITIVE WOMEN'S NETWORK

614–1033 Davie Street
Vancouver, BC V6E 1M7
T: 604.692.3000
F: 604.684.3126
Toll-free in BC: 1.866.692.3001
E: pwn@pwn.bc.ca
W: www.pwn.bc.ca

PRINCE GEORGE AIDS PREVENTION PROGRAM – NORTHERN HEALTH

1108–3rd Avenue
Prince George, BC V2L 3E5
T: 250.564.1727
F: 250.564.1743

PURPOSE SOCIETY – HIV PROGRAM

40 Begbie Street
New Westminster, BC V3M 3L9
T: 604.526.2522
F: 604.526.6546
E: info@purposesociety.org
W: www.purposesociety.org/programmes/hivaids.html

QUESNEL TILLICUM SOCIETY

319 North Fraser Drive
Quesnel, BC V2J 1Y9
T: 250.992.8347
F: 250.992.5708
E: info@quesnel-friendship.org
W: www.quesnel-friendship.org

RED ROAD HIV/AIDS NETWORK

804–100 Park Royal South West
Vancouver, BC V7T 1A2
T: 604.913.3332
F: 604.913.3352
E: info@red-road.org
W: www.red-road.org

SURREY HIV/AIDS CENTRE SOCIETY

Box 500 Surrey Main
Surrey, BC V3T 5B7
T: 604.589.8678
F: 604.583.8848
W: www.surreyhealth.bc.ca/shcsprograms.html

THE VANCOUVER FRIENDS FOR LIFE SOCIETY C/O THE DIAMOND CENTRE FOR LIVING

1459 Barclay Street
Vancouver, BC V6G 1J6
T: 604.682.5992
F: 604.682.3592
E: evin@friendsforlife.ca
W: www.friendsforlife.ca

VANCOUVER AREA NETWORK OF DRUG USERS (VANDU)

380 East Hastings Street
Vancouver, BC V6A 1P4
T: 604.683.6061
F: 604.683.6199
E: vandu@vandu.org
W: www.vandu.org

VANCOUVER ISLAND PERSONS LIVING WITH AIDS SOCIETY

330–1105 Pandora Street
Victoria, BC V8V 3P9
T: 250.382.7927
F: 250.382.3232
E: support@vpwas.com
W: www.vpwas.com

VANCOUVER NATIVE HEALTH SOCIETY – POSITIVE OUTLOOK PROGRAM

449 East Hastings Street
Vancouver, BC V6A 1P5
T: 604.254.9949
F: 604.254.9948
W: www.vnhs.net

VICTORIA AIDS RESOURCE AND COMMUNITY SERVICE SOCIETY (VARCS)

1284 F Gladstone Avenue
Victoria, BC V8T 1G6
T: 250.388.6220
F: 250.388.7011
E: varcs@shaw.ca
W: www.varcs.org

YOUTHCO AIDS SOCIETY

900 Helmcken Street
Vancouver, BC V6Z 1B3
T: 604.688.1441
F: 604.688.4932
Toll-free (in Canada): 1.877.YOUTHCO (968.8426)
E: info@youthco.org
W: www.youthco.org

HIV TESTING SITES IN THE LOWER MAINLAND

VANCOUVER

THREE BRIDGES COMMUNITY HEALTH

1292 Hornby Street
T: 604.633.4220

- will test non-BC residents but must be Canadian
- will test BC residents without coverage
- call for hours

BUTE STREET CLINIC

1170 Bute Street
T: 604.660.7949
Mon–Fri: 12–6:30pm

- non-nominal tests are available; HIV and STI testing

DOWNTOWN COMMUNITY HEALTH CLINIC

569 Powell Street (at Dunlevy)
T: 604.255.3151
Open: 8:30am

- call for hours
- preference given to eastside residence
- non-nominal testing for all ages
- drug and alcohol counselling

PENDER COMMUNITY HEALTH

59 West Pender Street
604.669.9181
Mon–Fri: 8:30am–4:30pm

- street nurses do testing on a walk-in basis

VANCOUVER NATIVE HEALTH

449 East Hastings Street
T: 604.255.9766

- call for hours
- focus on Aboriginal population but testing is for everyone
- non-nominal testing for those with or without coverage

STI HIV PREVENTION & CONTROL

655 West 12th Avenue (at Heather)
T: 604.660.6161
Mon & Fri 8:30 - 7:30 / Tue & Wed 8:30 - 4:00
Thurs 9:30 - 4:00 / Sat 9:30 - 1:00

PINE FREE CLINIC

1985 West 4th Avenue (at Maple)
T: 604.736.2391

- call for hours
- preference given to those under 25
- non-nominal testing
- youth testing without coverage done in the mornings and Wednesdays

EVERGREEN COMMUNITY HEALTH

3425 Crowley Drive
T: 604.875.2511
Tue: 3:30–6pm
Fri: 2–4:30pm

- non-nominal testing for those under 23

KNIGHT YOUTH CLINIC

6045 Knight Street
T: 604.321.6151
Mon: 2–4:30pm
Thu: 5:30–8pm

- non-nominal testing for those under 23

COMMERCIAL DRIVE YOUTH CLINIC

1651 Commercial Drive
T: 604.253.3575
Mon, Tue: 2–4:30pm
Thu: 2:30–5:30pm

- confidential non-nominal testing for pregnancy offered as well as general HIV/STI testing

MAIN STREET YOUTH CLINIC

3998 Main Street
T: 604.873.3666
Wed: 2:30–5pm (drop-in)

- for those 25 and under

NORTH VANCOUVER

NORTH VANCOUVER HEALTH UNIT – YOUTH CLINIC

132 West Esplanade Street
T: 604.983.6700
- preference given to those under 25

ADDITIONAL SITES FOR YOUTH

- Seymour Youth Health Centre
- Park Gate Youth Health Centre
- Lynn Valley Youth Health Centre

RICHMOND

GILWEST CLINIC/RICHMOND HOSPITAL SITE

7000 Westminster Highway
T: 604.233.3135 or 604.233.3220
- call for hours

RICHMOND YOUTH CLINIC

7000 Westminster Highway
T: 604.233.3150
Mon: 3–5pm (drop-in)
Wed: 3:30–5:30pm (drop-in)

SURREY

BOUNDARY HEALTH UNIT

220–10362 King George Highway
T: 604.586.2788
- call for hours

SURREY MEMORIAL HOSPITAL YOUTH CLINIC

13750 96th Avenue
T: 604.585.5999
Mon: 1–8pm
Tue: 12–8pm
Fri: 12–5pm
- appointments are strongly recommended

LANGLEY

LANGLEY HEALTH UNIT

22035 Fraser Highway
T: 604.532.2300

- call for hours

NEW WESTMINSTER

NEW WESTMINSTER HIV AND STI CLINIC

537 Carnarvon Street (at 6th)
T: 604.777.6784
Weds: 1:30–3pm
Fri: 1:30–3pm

- call for additional hours
- non-nominal HIV and STI testing
- testing without coverage
- drop in only, no appointments

NEW WESTMINSTER YOUTH CLINIC

38 Begbie Street
T: 604.329.1875
Tue: 12–3:30pm
Thu: 4–8pm

- for those under 25
- no care card necessary