AIDS VANCOUVER

NETWORKING CONFERENCE

May 30/31, 1986
Gordon House

FRIDAY, MAY 30

7:30 pm PLENARY SESSION - Main Hall

- Hilary Wass, Chairman, AIDS Vancouver
- Alan Herbert, President, AIDS Vancouver
- Bob Tivey, Project Director, AIDS Vancouver
- Introductions
- Reception

SATURDAY, MAY 31

9:00 am FIRST WORKSHOP SESSION (Pre-assigned) — Facilitator

(1) Housing and Hospice Services — (Bruce Vichert)
- Room 3, upstairs, southwest corner

(2) Legal Issues of AIDS — (Chris Sabean)
- Upper Lounge, upstairs, east side

(3) Planning for the Future — (Gordon Price)
- Plenary Hall, main floor

(4) Public and Emergency Services — (Joel Epstein)
- Room 5, upstairs, northeast corner

(5) Reaching Out to the Hard to Reach — (Elaine Smith)
- Room 2, upstairs, southeast corner

(6) Research on AIDS — (Rick Mathias)
- Lower Lounge, main floor

(7) Support Services and Coordinated Care — (Brian Peel Bob Tivey)
- Basement Meeting Room, St. John's United Church, across lane from Gordon House

(8) Workplace and AIDS — (George Grant)
- Room 4, upstairs, north side

11:00 am BREAK

11:15 am SECOND WORKSHOP SESSION (Unassigned)

- Same room allotment

1:00 pm BUFFET LUNCH - Plenary Hall

2:00 pm PLENARY SESSION - Main Hall

4:00 pm ADJOURNMENT

ACT BULLETIN
May 1986

BAR ASSOCIATION RELEASES AIDS REPORT

The report of the Canadian Bar Association's Ontario division, released April 25, is one of the most wide-ranging and high-profile set of AIDS recommendations yet to be made in this country.

The lawyers' AIDS committee examined five areas -- testing for AIDS virus antibody, reporting of test results, protecting the public through law, protecting individual rights, and the importance of education.

Without "adequate and sustained efforts to educate various groups in society," the committee wrote, "the best designed legal instruments will prove to be ineffective."

If implemented, some of the recommendations would go a long way to solving problems encountered daily in this country by people with AIDS. The committee said Ontario's Public Hospitals Act should be amended to allow a patient to designate anyone they wish to make medical decisions on their behalf. Currently, only a spouse, parent, guardian or next-of-kin can make such a decision, according to Ontario's Public Hospitals Act. In a deputation to the lawyers' group, AIDS Committee of Toronto representatives had said problems arise when gay men with AIDS want their lovers to make specific decisions.

Similarly, the Bar Association committee said a person hospitalized with AIDS, or any other illness, should be allowed to give visiting rights to any person they wish, not just legal relatives.

The committee said children should not be barred from school simply because they have antibody to the AIDS virus, and that school officials do not have the right to information about the antibody status of students. The recommendations are consistent with Ontario Ministry of Health policy.

Sexual orientation should be included in federal and provincial human rights codes, the committee said. This is already Canadian Bar Asssociation policy, and the committee "would not have raised the issue at all except.. we have heard credible evidence that discrimination against homosexuals has escalated due to the public's perception that homosexual men are a high-risk group in relation to AIDS." The committee also pointed to "a number of pamphlets linking AIDS with homosexuality -- pamphlets that could only be described as hate literature against homosexuals."

In considering the test that detects antibodies to the AIDS virus, the lawyers said there should be "no wholesale system of compulsory testing" in Canada. They recommended against routine testing of prison inmates, hospital patients, psychiatric institution inmates, members of the armed forces, visitors to Canada, people seeking employment, or people getting married.

As well as compulsory testing of blood, semen, tissue and organ donors for antibody, the committee recommended testing potential Canadian immigrants, based on the notion that the antibody-positive immigrant may later get ill and become a burden to Canadian taxpayers through medical care or social benefits.

Federal officials have already considered, and rejected, the notion of testing immigrants to Canada. Currently, anyone with AIDS is denied entry as an immigrant, and those with AIDS-related illnesses must wait five years before immigrating to see if they develop AIDS.

The Bar Association committee said testing facilities should be set up where there are Canadian embassies, and antibody-positive individuals be put on hold for "at least three years" before being allowed into Canada.

Within Canada, the committee said, anonymous clinics should be set up to encourage voluntary testing. However, individuals who get tested elsewhere should be followed by local health departments if they have antibody in their bloodstream. Sexual contacts of those with antibody should be informed, the committee said.

The lawyers also said AIDS should be designated a "virulent" disease under Ontario's Health Promotion and Protection Act.

Currently AIDS is a "reportable" disease, and each local medical officer of health can find out who has AIDS, AIDS-related ilnesses, or antibody to the virus.

Also, the local medical officer can tell a person to behave "in such a manner as not to expose another person to infection," can order the person to undergo medical tests, can close premises or have them demolished, and can order a person to "remain in isolation from other persons."

If the person disobeys the last provision, to remain in isolation, they can be forcibly detained in hospital. Although last year medical authorities in Britain detained a man in a hospital bed, this has not occured with AIDS in Canada.

If AIDS were re-classified as a "virulent" disease, the medical officer of health would also be able to order someone "to place himself forthwith under the care and treatment of a physician." As well, individuals could be detained in hospital beds not only if they ignored the isolation order, but also if they did not place themselves under the treatment of a physician, if they did not conduct themselves in a manner as not to expose other people to infection, or did not undergo any ordered medical examination.

An old Canadian law made it a criminal offence, punishable by up to six months in prison and a $500 fine, to knowingly transmit syphillis, gonorrhea or soft chancre to another person. But no one had been prosecuted under this law since 1922, and it was repealed last year. The committee thought there would be no real deterrent factor if a similar law about AIDS were instituted.

Similarly, the committee thought there would be no real benefit in allowing people to sue other individuals for knowingly transmitting the AIDS virus. Legally, there is a "vexing question of causation," and "as a device to deter irresponsible behaviour, (civil action) does not strike us as being as effective as are the administrative mechanisms set out in the (Health Promotion and Protection) Act."

Finally, the committee said insurance companies should be allowed to continue testing applicants for antibody. However, the committee also said the insurance companies should have consistent protocol, that testing should be based either "on sound medical indications or on the basis of generally accepted criteria unrelated to membership in any particular social or perceived high-risk group, i.e. on the basis of age, amount of coverage requested, etc." In addition, companies should keep information "in the strictest of confidence" and the applicant should give a separate consent for antibody testing. (Currently, insurance companies ask for a blanket consent regarding all medical information.) As well, companies should give "serious consideration" to granting limited coverage to people with antibody or those who refuse to take the test -- they could get disability and life insurance, but no claim could be made if AIDS were to develop.

When the report was released the AIDS Committee of Toronto's legal affairs committee was expected to review the document at length, and make recommendations to the organization's board of directors for an official response, probably within a couple of weeks.

Even if the medical establishment ends up disagreeing with some of the report's recommendations, there is now a useful framework from which to work, said Dr. Norbert Gilmore, head of the National Advisory Committee on AIDS.

An Introduction to
AIDS VANCOUVER

Information and Organization as of
June, 1986

CONTACT INFORMATION

AIDS Vancouver is located at 509-1033 Davie Street, Vancouver, B.C. V6E 1M7, just west of Burrard Street. Our mailing address is: Box 4991, Vancouver Main Post Office, V6B 4A6.

AIDS Vancouver's office number and Hotline is 687-AIDS (687-2437). At night, an answering machine will take calls and, if a number is left, a volunteer will return the call the following day.

MISSION STATEMENT

AIDS Vancouver provides information on AIDS/ARC to risk groups and to the general public.

AIDS Vancouver provides emotional and practical support to people with AIDS and ARC, and their lovers, families and friends.

AIDS Vancouver raises funds for these purposes.

AIDS Vancouver contacts and works with other AIDS-concerned organizations as part of a network.

ORGANIZATION

AIDS Vancouver began in February, 1983 - the first AIDS-concerned organization in Canada. It is a registered, non-profit charitable society.

It has a Board of Directors, an Executive Committee, an Advisory Board, various Support Groups, a Speakers Bureau and several committees, including those concerned with housing, legal issues and fund-raising. It is a member of the Canadian AIDS Society.

The AIDS Vancouver Health Promotion Project, entitled "AIDS/ARC: Public Awareness and Support," is funded by the federal and city governments for two years from July 1985 to July 1987. The $250,000 grant provides for three staff members, an office and specific projects in the areas of information and education, support services, and networking. Two other staff members have been hired under federal employment-assistance programs.

STAFF

BOB TIVEY, as Project Director, is responsible for management of the Project, the office and media inquiries.

GORDON PRICE, as Coordinator of Information and Education, is responsible for development of written materials, internal information, forums, the archives and the Speakers Bureau.

MICHAEL WELSH, as Coordinator of Support Services, is responsible for the Practical and Emotional Support Groups, and the training of volunteers.

SEAN STEPHENSON, as office manager, is responsible for office volunteers and management systems.

ELAINE SMITH, as Assistant to the Support Group Coordinator, provides support for family members, works with hospitals and takes requests for practical support.

SERVICES OF AIDS VANCOUVER

SUPPORT SERVICES

(1) EMOTIONAL SUPPORT GROUP

Groups of trained volunteers offer one-to-one emotional support for people with AIDS/ARC, their lovers, families and friends. Training is done over six evenings, once a week, that also includes a weekend workshop in counselling skills.

(2) PRACTICAL SUPPORT GROUP

This group provides volunteers for duties such as light housekeeping, transportation to doctors or hospitals, shopping, meal preparation, walks, etc. A shorter time commitment is required, and orientation is customarily conducted over a weekend.

(3) ARC GROUP

This group is for those with ARC (AIDS-Related Condition). People with ARC may or may not be well or even manifest symptoms, but most are likely positive to the HTLV-III antibody test. They meet periodically with the help of a counsellor to provide mutual support.

(4) SEROPOSITIVE GROUP

People who test positive to the HTLV-III antibody meet together occasionally, sometimes with a psychologist, to discuss the implications and to provide mutual support. Contact AIDS Vancouver for more information.

(5) FAMILY MEMBERS

Assistance and guidance are offered to family members, lovers and friends of those with AIDS/ARC. The support group offers mutual support and discusses topics brought forward by group members. Contact Elaine Smith for more information.

OTHER SUPPORT GROUPS AND SERVICES

(1) PEOPLE WITH AIDS TOGETHER

This group, organized by the Vancouver PWA Coalition, is open only to people with AIDS. It meets to provide mutual support, to discuss common concerns and treatments, and to develop new resources. Contact Michael Welsh for more information.

(2) ALTERNATIVE THERAPIES GROUP

This group meets every other Tuesday to discuss alternative therapies, to host guests and speakers and to provide informational materials. It is open to anyone with an interest in alternative therapies.

(3) WELL BUT WORRIED

People who are physically well but are having emotional and psychological problems because of AIDS/ARC can meet for one-to-one counselling with either of two psychologists who provide this service or through the AIDS Vancouver Hotline or with office staff. People who are partners of people with AIDS/ARC have access to this group.

THE WEEKLY UPDATE

This Project newsletter provides statistical information, notice of new publications, summaries of significant newspaper articles, and AIDS Vancouver news.

CORE INFORMATION PACKAGE

The Core Information Package is a question-and-answer document providing a comprehensive background to AIDS.

LIBRARY

AIDS Vancouver keeps on file research documents, transcripts from forums, articles on alternate therapies, statistics from the Laboratory Centre for Disease Control, and documents from AIDS-concerned organizations across Canada, including all minutes of AIDS Vancouver and the Canadian AIDS Society.

Special files are kept on legal and workplace-related issues.

VIDEO LIBRARY

AIDS Vancouver has video cassettes of its forums, some TV coverage, and information videos from the San Francisco AIDS Foundation.

CONTACTS FOR SERVICES

Contact numbers are available by calling 687-AIDS.

- Doctors in Vancouver and some other cities
- Dentists
- Spiritual Counselling and Gay Religious Groups
- Parents and Friends of Gays
- Legal Services
- Psychologists and Sex Anonymous
- Alcoholics Anonymous and Alanon
- Ministry of Human Resources
- Funeral Services
- Animal Care Services

CONTACTS FOR ORGANIZATIONS

- AIDS Vancouver Island
- AIDS Calgary
- AIDS Network of Edmonton
- Saskatoon Gay & Lesbian Support Services
- AIDS Regina
- Winnipeg Gay Community Health Centre
- AIDS Committee of Toronto
- AIDS Committee of Ottawa
- Comite SIDA/AIDS Montreal
- Halifax Metro Area Committee on AIDS
- Gay Association in Newfoundland

- Laboratory Centre for Disease Control
- National Advisory Committee on AIDS

- AIDS organizations in the United States

AIDS VANCOUVER

CORE INFORMATION DOCUMENT

JUNE, 1986

GENERAL INFORMATION

CONTENTS

AIDS VANCOUVER

CORE INFORMATION DOCUMENT

JUNE, 1986

GENERAL INFORMATION

1. WHAT IS AIDS?

AIDS stands for Acquired Immune Deficiency Syndrome. The immune system is what your body uses to fight disease. AIDS is a newly documented, still not fully understood disorder in which part of the body's immune system is damaged in varying degrees of severity. As a result, people with AIDS are more vulnerable than others to a large number of serious, often fatal diseases.

There are two major components of the immune system. Because AIDS involves a breakdown that appears to be primarily limited to the cell-mediated branch of the immune system, anticipated diseases include wide-spread infections caused by viruses, fungi, protozoa and other parasites.

Technically, AIDS is not a disease but a syndrome. It is a group of manifestations that happen to the body when the immune system is impaired. The types of illnesses that accompany AIDS are all seen in other individuals under special circumstances; none is unique to people with AIDS.

2. WHAT ARE THESE OPPORTUNISTIC DISEASES

There are about 15 in total. The two most frequently reported diseases continue to be an otherwise rare form of cancer called Kaposi's Sarcoma (KS) and a parasitic infection of the lungs called pneumocystis carinii pneumonia (PCP). Both do not ordinarily affect immunologically healthy individuals. Many other opportunistic diseases sometimes occur in combination with KS, PCP or both.

KS does affect apparently immunologically normal elderly males of Mediterranean origin. The connection between these individuals and people with AIDS and Kaposi's sarcoma is not at all clear. Neither is it known why it is mainly homosexuals with AIDS who develop KS.

3. ARE KS AND PCP FATAL?

KS by itself is rarely fatal; PCP is fatal in about 10 percent of cases.

4. WHAT CAUSES AIDS?

AIDS is apparently caused by a retrovirus, known either as HTLV-III or LAV (and sometimes ARV.) The American designation, HTLV-III, stands for Human T-cell Lymphotrophic Virus (Variant III). (See also "Virus" below.)

This virus, once introduced into the body, attacks the "T-helper cells" (a sub-group of white blood cells) and, when active, can destroy most of them, causing the impairment noted above. The "cause" of AIDS, therefore, is thought to be the introduction of HTLV-III into the human body.

HTLV-III is a necessary cause for AIDS - that is, all people with AIDS will have been infected by the virus. But not everybody infected by the virus will go on to develop AIDS.

5. IS THERE A DIFFERENCE BETWEEN IMMUNE DEFICIENCY AND AIDS?

Only patients who have already experienced such serious complications of acquired immune deficiency as KS, PCP or other major opportunistic infections qualify for the diagnosis of AIDS. However, persistent laboratory evidence of immune deficiency, accompanied by two or more of the symptoms [listed under "Symptoms" below], indicates a state called AIDS-Related Condition, or ARC.

What is crucial to emphasize here is that many of those with immune deficiency do not yet have, and may never develop, KS, PCP or any of the other life-threatening complications of AIDS.

6. HOW MANY PEOPLE ARE IMMUNODEFICIENT?

The published findings of several ongoing hospital-based studies tentatively suggest that many sexually active gay men (especially those in such urban centres with large gay communities as New York, San Francisco, Houston, Miami, Seattle and Los Angeles) may already be infected with the virus. It is estimated that 80 percent of individuals with multiple exposure factors will have acquired infection with this virus. The figure is lower in Canadian cities, but some studies in Canada show rates of approximately 50 percent.

In public statements, U.S. federal health officials have speculated that "tens of thousands of homosexual men may have varying degrees of the acquired immune dysfunction and be 'at risk' for developing complications of AIDS."

At least one source has suggested that a million or more Americans may have come into contact with HTLV-III.

7. IF I HAVE IMMUNE DEFICIENCY, HOW LIKELY AM I TO DEVELOP KS, PCP, OR OTHER SERIOUS COMPLICATIONS OF AIDS, AND OVER WHAT PERIOD OF TIME?

The answers to these extremely important questions are currently unknown. However, one study suggests that a significant minority - anywhere from 2 to 40 per cent - of those with persistent laboratory evidence of immune deficiency (see "Symptoms" below) may eventually develop AIDS over a period of 18 months.

8. HOW FAST IS AIDS SPREADING IN B.C.?

In British Columbia, there were three people with AIDS in 1981. By the end of 1985, there was a total of 96. At the beginning of April, 1986, the number was estimated locally at about 130. (The official federal figure was 99.)

If current trends continue, there may be a thousand people who will have had AIDS in British Columbia by the end of 1989.

9. HOW FAST IS AIDS SPREADING IN CANADA?

In Canada, the reported number of people with AIDS at the end of last year was 444, doubling approximately every 11 months as of mid-1985. As of April 25, 1986, the Laboratory Centre for Disease Control tallied 534 people with AIDS (264 dead).

10. HOW FAST IS AIDS SPREADING IN THE UNITED STATES?

In the United States, the total passed 15,000 by the end of 1985 and 20,000 by the beginning of May 1986.

The U.S. AIDS rate is 35 per million for the entire population. Among the 25 million unmarried men, it is 227 per million. In Los Angeles, New York and San Francisco, it is 1,000 to 4,000 per million. By comparison, it is thought that the rate of AIDS in Kinshasha, the captial of Zaire, is 350 per million.

The Centres for Disease Control expects 14,000 to 18,000 new cases in 1986.

11. HOW IS AIDS SPREADING IN NEW YORK CITY AND SAN FRANCISCO?

York City accounted for 5,925 cases as of March 26. In New York City, AIDS is now the fourth most common cause of potential years lost for men.

In San Francisco the number of new cases has been almost constant for 13

months, ranging from 60 to 70 a month. In February, the number was 101 and, in March 75 - considered anomalies by the Health Department.

New cases of AIDS in New York City fluctuated around 190 a month in the last half of 1985. But in February there were 228 and, in March, 282. The proportions of gay (56 percent), IV drug users (27 percent) and "Other" did not vary significantly.

Despite marked changes in sexual habits, the virus has spread rapidly among gay men. The data on which this observation is based comes from the New York Blood Centre which studied 378 sexually gay men from 1978, when the antibody-positive rate was 6.6 percent, to 1984, when it was 43.7 percent. The annual rate at which men in the study became infected ranged from 5.5 percent to 10.6.

12. HOW FAST IS AIDS SPREADING IN AFRICA?

As mentioned above, the rate of AIDS in Kinshasha, the captial of Zaire, is 350 per million. The rate of those who are antibody positive in the populations of central Africa has been estimated at about 6.4 percent. About 30 percent of the women in Kinshasha who were prostitutes had evidence of the antibody.

Researchers in Zaire have noted a higher female-to-male ratio of AIDS in young adults than older adults, and a much higher male-to-female ratio in older adults than young - the pattern for virtually all sexually tranmitted diseases. The problem of transfusion-associated AIDS is massive compared to the U.S.

18. WHAT ABOUT A VACCINE FOR AIDS?

A vaccine is several years away, if indeed one can be developed at all. Nor would a vaccine help those already exposed to HTLV-III. But there have been some recent encouraging developments.

Research teams in Seattle and at the National Institutes of Health have both used genetic engineering techniques to modify the vaccinia virus - once used to eradicate smallpox - so that it could possibly be used as an AIDS vaccine. Tests could begin in Seattle on human volunteers by the end of 1986.

Scientists at the National Cancer Institute and Harvard University's Cancer Institute made the AIDS virus inactive by splicing out the tat gene - the blueprint for making a protein that in turn forces infected cells to produce large quantities of virus material. It may be possible to design a drug to inhibit this key virus gene or the protein it produces. As well, an AIDS virus particle that is unable to reproduce itself could potentially be valuable as a vaccine.

19. ARE THERE OTHER PROBLEMS WITH VACCINES?

Questions are being raised about an AIDS vaccine: who will be the first humans to take it, how will researchers know for sure it is safe, how will they know it works, and for whom will it be routinely recommended?

While physicians would not want to encourage recepients of the vaccine to resume dangerous lifestyles, unless the volunteers continued with the practices that put them at risk there would be nothing to study.

No vaccine has yet been developed against a human retrovirus. And no one yet knows whether the body forms protective antibodies to the AIDS virus. Nor can we assume that stopping the spread of the AIDS virus will stop the spread of other members of the same retrovirus family that are being detected in people with AIDS.

As well, no vaccine is totally safe. Those that are 90 percent effective are considered good ones.

Some experts question how many male homosexuals who have not developed the AIDS antibody would want to take the unknown risks of an experimental vaccine when chances were good that they would not develop the antibody if they practiced safe sex. Some experimental vaccines could include the remote theoretical risk of getting a severe illness akin to AIDS.

Even when an AIDS vaccine is developed, drug companies may be wary of marketing it without government support because of fears of legal and financial calamities. Africans have opposed testing in Africa because they perceive themselves as human guinea pigs for Americans.

To have a vaccine is not the end of the problem.

AIDS-RELATED CONDITION

20. WHAT IS ARC?

AIDS-Related Condition is defined as at least two clinical symptoms (see symptom list below) lasting three or more months, plus two or more laboratory abnormalities occurring in someone at risk for AIDS and having no underlying infectious cause for the symptoms. The person is also positive to the HTLV-III antibody.

21. WHAT IS PERSISTENT LYMPHADENOPATHY SYNDROME?

Persistent Lymphadenopathy Syndrome, or PLS, is a condition of swollen lymph glands without other symptoms. This is NOT synonymous with ARC.

22. WILL SOMEONE WITH ARC GO ON TO DEVELOP AIDS?

We do not know the prospects for people with ARC over the long term, although certainly many, if not most, of them will NOT go on to get AIDS.

23. WHEN DOES ARC BECOME AIDS? WHAT IS/ARE THE CONDITION(S) NECESSARY FOR A DIAGNOSIS OF AIDS?

AIDS can only be diagnosed in the presence of one or more of a list of approximately 15 specific diseases that are indicative of immune supression because they do not normally cause disease in healthy people. ARC is an unofficial catch-all category for people who exhibit symptoms of AIDS but do not develop a life-threatening disease.

It is best to think of a continuum of response to infection by the AIDS virus. Some people will develop full-blown AIDS. Others who have some illness, but not AIDS, are considered ARC. A third group develop swollen lymph glands alone (or PLS). And finally, some people get no symptoms at all.

RISK GROUPS

24. WHO IS AT RISK OF EXPOSURE TO THE VIRUS?

Risk factors for EXPOSURE do not of themselves appear to cause the syndrome. Evidence to date for factors which are related to the development of AIDS after exposure may be such things as individuals who are hepatitis B carriers or who have been infected with other viruses.

As far as we can tell, it should be noted that exposure factors relate to exposure only. Multiple partners do not appear to make the risk of developing AIDS after infection any higher than individuals who had only a single exposure. Most of the risk groups designated to date reflect risk of exposure rather than risk of disease.

At the present time, these groups are:

(1) Gay or bisexual men who engage in unsafe sexual activity, particularly receptive anal intercourse. The risk is highest in New York, San Francisco and other large cities. Because of the high rate of infection among sexually active gay men in these centres (up to 80 percent in some cases), the risk is so great that even a significant reduction in the number of partners is not an adequate response to the epidemic.

(2) Those who share needles and syringes for the injection of drugs. This is the fastest rising group of new diagnoses of AIDS in some eastern cities. IV drug use is now viewed as a far greater factor in the spread of AIDS than had been realized.

(3) Heterosexual partners of people in previously mentioned risk groups.

(4) Babies born to infected mothers.

Haitians who have recently immigrated to the U.S. and Canada were previously classified as a risk group. They have since been removed from the list. Instead, a separate category of "Persons from Endemic Areas," which includes Haiti and Central Africa, is used.

Individuals with hemophilia A, and individuals who received large quantities of blood or blood products by transfusion were at risk for exposure before before widespread testing of blood was started. (See also "Blood Transfusions" below.) Now they are no longer considered at risk.

25. WHO IS AT RISK FOR AIDS IN B.C.?

In British Columbia, AIDS is primarily affecting homosexual and bisexual men. Groups of concern for the future include intravenous drug users and heterosexual partners of high-risk individuals.

Hemophiliacs are now protected by heat treatment of the concentrated blood products they use. The blood supply is also tested for the AIDS antibody, substantially reducing the risk for those who receive blood transfusions. The chance of developing AIDS from a blood transfusion is so low that any risk is greatly offset by the benefits. (See also "Blood Transfusions" below.)

At the present time, AIDS is not spreading into the population outside the specified risk groups except through the modes of transmission noted above. Most people who are not in risk groups are simply not in danger of contracting AIDS.

26. ARE IV DRUG USERS AT A HIGHER RISK THAN GAY OR BISEXUAL MEN?

For both groups, risk is related to the frequency with which they engage in high-risk behaviour. An IV user who does not share needles or a gay man who has been monogamous or celibate for more than eight years is not at any risk. It is impossible to assign an exact risk factor to anyone.

27. ARE THERE RISK FACTORS FOR DEVELOPING AIDS OTHER THAN THE HTLV-III VIRUS?

Co-factors which might result in a person infected with HTLV-III developing AIDS include:

(1) A history of chronic, recurrent or multiple communicable disease, such as hepatitis, herpes, gonorrhea, syphilis and amebiasis;

(2) A background of malnutrition;

(3) The use of such recreational or illicit drugs as inhaled nitrites ("poppers"), marijuana and narcotics such as heroin.

It must be stressed, though, that at this point these are all speculative.

28. ARE ASIANS LESS SUSCEPTIBLE TO BEING INFECTED BY AIDS?

We do not think they are less susceptible, but we have no explanation for why they so rarely get AIDS.

SYMPTOMS

29. WHAT ARE THE SYMPTOMS OF IMMUNE DEFICIENCY?

In its mildest forms, immune deficiency is not accompanied by specific disease symptoms and may go unnoticed. In more severe forms, the symptoms are those of the rapidly growing number of diseases whose prevention depends on the cell-mediated immune system that the virus attacks and disables.

Generally speaking, symptoms of immune deficiency MAY include:

- Profound fatigue, which may be accompanied by lightheadedness or headache, that is not transient and not explained by physical activity or by a psychiatric disorder or drug abuse.

- Persistent fevers or drenching night sweats.

- Weight loss of more than ten pounds during a period of less than two months that is not related to diet or activity; loss of appetite.

- Lymphadenopathy, or enlarged, firm, painful (or painless) or otherwise prominent lymph nodes. Lymph nodes or glands are often found in the neck, armpits and groin, and may be associated with a wide variety of non-AIDS conditions. When persistent for more than three months in at least two different locations, however, lymphadenopathy may be an important predictor of HTLV-III infection. In some instances, they may represent KS or other cancers.

- Recently appearing or slowly enlarging purplish or discoloured nodules, plaques, lumps or other new growths on top of or beneath the skin or on mucous membranes (inside the mouth, anus, or nasal passages, or underneath the eyelids).

- A heavy, persistent, often dry cough that is not from smoking cigarettes and that has lasted too long to be a cold or flu.

- Persistent diarrhea.

- Thrush (a thick, persistent, whitish coating on the tongue or in the throat) which may be accompanied by sore throat.

- Bruising or unexplained bleeding from any orifice, or from new growths on the skin or mucous membranes.

If you have any of these symptoms, do not be alarmed: most people with these symptoms do not have AIDS. All of us experience some of them from time to time. Other common illnesses causing these symptoms are easily treated once diagnosed. See your doctor if the symptoms last more than two weeks or seem to be getting worse.

30. ARE AIDS SYMPTOMS OBVIOUS?

Not always. One of the problems in diagnosing AIDS is that the symptoms resemble those of many other diseases, although they may be more severe or long-lasting. It is important if you have symptoms of any sort that you see a doctor for an accurate diagnosis.

31. WHAT SHOULD I DO IF I HAVE ANY OF THESE SYMPTOMS OR AM IN A HIGH-RISK GROUP?

It must be emphasized that each of these symptoms may appear in diseases that are NOT caused by or associated with AIDS. When not easily or otherwise explained, however, the persistence of one or more of these symptoms should be discussed with a health-care provider who is familiar with AIDS.

Sexually-active gay men (and other members of at-risk groups) who are without symptoms are currently being advised to reduce risk (see below) and to see a physician at least once a year for a thorough physical examination and routine laboratory testing, and at least twice a year for sexually transmitted diseases (STD) testing.

RISK REDUCTION

32. HOW CAN THE RISK FOR AIDS BE LOWERED?

Although no CONCLUSIVE evidence exists, as far as we know, to lay DIRECT blame on any drug, activity, place of residence or origin or other factor as the cause or causes of AIDS, virtually all leading observers currently believe that the greatest risk factors for AIDS are:

(1) Sexual intimacy with exposed gay or bisexual male partners.

(2) The use of shared needles for the injection of drugs.

Physicians are currently advising their gay and bisexual patients, especially those who live in urban centres with large gay communities such as Vancouver, to practise safe sexual activities all the time. Just limiting sexual activity by having fewer partners and by selecting partners who are known to be in good health and who are themselves limiting the number of different partners with whom they have sex, while reducing risk, is not sufficient.

Those who choose to use drugs intravenously are strongly advised not to share needles or syringes.

One implication of this information at the present time is that, apart from abstinence and masturbation, monogamous relationships represent the lowest risk potential, assuming the partners have not been infected before they entered their relationship.

33. IS ALL SEXUAL ACTIVITY UNSAFE? SHOULD I BE CELIBATE?

It is the kind of sex involved (i.e. that which results in an exchange of body fluids), not sex per se, that apparently increases the risk of developing AIDS. Physicians and researchers advise that, when engaging in sexual activity with a member of a group at risk, you eliminate sexual activity which involves the transmission of body fluids from one person to another.

If you are known to be immunodeficient, you should protect yourself and others by abstaining from unsafe sexual contact with new partners.

The activity which is seen by many as most capable of transmitting AIDS is taking the receptive role in sexual intercourse, especially anal intercourse, which includes ejaculation. This is because (a) semen which is ejaculated into the rectum is a body fluid and can carry and transmit the virus causing AIDS, and (b) anal intercourse often causes extremely small tears in the lining of the rectum, making it possible for the infectious particle to pass more directly into the bloodstream.

Some observers and groups have recommended the use of a condom during anal intercourse to reduce risk. [See also the AIDS Vancouver Safer Sex Guidelines below.]

34. HOW CAN I REDUCE THE RISK OF CONTRACTING AIDS?

To protect yourself and your partner:

- DO practise safe and healthy sex. Contact AIDS Vancouver for specific information.
- DO use condoms for risk reduction. If unfamiliar with condoms, learn how to use one.
- DO protect your health. Have regular check-ups. Get sufficient rest and nutrition. Be aware that consumption of drugs can impair your immune system and that drugs and alcohol can alter your judgment.
- DO get to know the health status of your sexual partners.
- DO ask questions and learn about AIDS. Call 687-AIDS for information.

- DO NOT allow blood, semen, urine or feces to enter your body through mouth, rectum or though open cuts or sores. For women who are or may be infected, or are with a high-risk individual, the same applies for the vagina and vaginal fluids.

- DO NOT share needles or syringes.

- DO NOT ignore AIDS symptoms.

35. WHAT ARE THE AIDS VANCOUVER SAFER SEX GUIDELINES?

SAFE SEX includes:

- Hugging
- Massage
- Mutual masturbation
- Social (or dry) kissing
- Body-to-body rubbing (or frottage)
- Fantasy

POSSIBLY SAFE SEX PRACTICES include:

- French (or wet) kissing
- Anal intercourse with condom
- Sucking (stopping before climax)
- Watersports (external)

UNSAFE SEX PRACTICES include:

- Anal intercourse without a condom
- Blood contact
- Sharing sex toys, needles or syringes
- Semen or urine in mouth
- Rimming
- Fisting

TRANSMISSION AND INFECTION

36. SHOULD SPECIAL PRECAUTIONS BE TAKEN BY HEALTH-CARE WORKERS WHEN CARING FOR PATIENTS WITH AIDS?

Yes - the institution of and adherence to the same precautions as for hepatitis B. Specific guidelines have been developed by the Centers for Disease Control and the National Advisory Committee on AIDS - both available at AIDS Vancouver.

"There is presently no evidence of AIDS transmission to hospital personnel from contact with patients or clinical specimens. Health-care personnel who have contracted AIDS have in every case belonged to one or another of the already-at-risk populations. Because of concern about a possible transmissible agent, however, it appears prudent for hospital personnel to use the same precautions as those used for patients with hepatitis B infection." (From the Center for Disease Control's Morbidity and Mortality Weekly Report [CDC-MMWR], November 5, 1982).

37. ARE YOU MORE INFECTIOUS IN THE EARLY STAGES, AND WHY?

It seems as though the sicker you get, the less infectious you may be. This might be because the virus infects T-cells which then die as a result. The sicker you get, the fewer T-cells you have that can harbour the virus, and so the less infectious you become. People who are positive, but who show no symptoms are possibly the most infectious. This should not be taken to mean that people with AIDS who are very sick are not infectious at all, because we do not know that to be true.

38. DO PEOPLE WITH FULL-BLOWN AIDS HAVE ANY T-CELLS LEFT?

Some people in the last stages of AIDS have very, very few.

39. IS MENSTRUAL BLOOD INFECTIOUS?

We think that, like all other blood, it is infectious. There is no reason to suppose otherwise.

40. ARE WOMEN MORE SUSCEPTIBLE TO GETTING AIDS WHEN MENSTRUATING, OR JUST TRANSMITTING IT?

A woman should not be more susceptible while menstruating, but nobody knows for sure.

CASUAL CONTACT

41. CAN AIDS BE SPREAD THROUGH CASUAL CONTACT?

At the present time, there is no evidence whatever to suggest that AIDS is aggressively contagious. Strictly speaking, by epidemiological definition AIDS is not contagious at all.

In other words, AIDS cannot be spread by shaking hands, hugging, or any other activity that does not pass body fluid from one person to another (blood, semen, etc.).

There is no evidence that AIDS is spread by:

- toilet seats, bathtubs or showers
- handshakes or other nonsexual physical contact
- doorknobs, linen, clothing or other articles touched by a person with AIDS
- sneezing, coughing or spitting
- being around a person with AIDS, even if the contact is daily and long term.

42. CAN AIDS BE SPREAD THROUGH CONTACT WITH SALIVA OR TEARS?

Saliva is not a body fluid we worry about. Most doctors and researchers do not think that saliva could be an effective transmitter of AIDS. If saliva could transmit AIDS effectively, then we would see many more cases of AIDS than we do, and many different kinds of people would have it, such as mothers of people with AIDS or people who shared eating utensils.

Researchers at the Massachusetts General Hospital found that not only was the AIDS virus rare in saliva, but in the one case in 71 where it was found the amount was "ten thousandfold lower" than in the same man's blood. "Transmission of the virus by saliva has not been documented," said Dr. Harold Jaffe, chief of epidemiology for the U.S. Centers for Disease Control. (NYT, December 19, 1985)

Also, AIDS is not transmitted through the air by coughing or sneezing.

Researchers at the Montefiore Medical Center in New York studied 101 household members, including children, siblings, parents and other relatives of 39 people with AIDS. "Most of the families in this study were poor and lived in crowded conditions, which would be expected to facilitate" transmission of the virus if it could be spread through close personal contact. "In addition, substantial sharing of household facilities and items likely to be soiled with body secretions took place, as did close personal interaction and affectionate behavior expected among family members."

Together with other evidence, the study indicates that the risk of transmitting AIDS through household contact is "virtually nonexistent." Only a 5-year-old girl showed signs of infection with the AIDS virus and she almost certainly was born with the infection. "This is a strong piece of additional evidence that casual transmission does not occur," said Dr. Jaffe of the CDC. (NYT, February 6, 1986)

43. IS THERE ANY DANGER SWIMMING IN A POOL WHICH IS USED BY PEOPLE WITH AIDS?

No, nor in hot tubs either.

44. CAN YOU GET AIDS FROM MOSQUITOES?

No. Mosquitoes and other biting insects usually only spread disease that use that insect as part of their life cycle. For example, the malaria virus has to spend part of its life in a mosquito in order to mature. Syphilis, hepatitis and other blood-borne diseases are not spread by biting insects. Also, mosquitoes do not go from one person to the next biting them all. A mosquito will only bite once in 48 hours or more, during which time the virus (if present) will die inside the insect.

45. WHAT ABOUT SEX EQUIPMENT OR TOYS? HOW SHOULD I CLEAN THEM?

Probably the easiest and least harmful way to clean sex toys is by using ordinary rubbing alcohol (isopropyl 70 percent). The alcohol will kill the virus in about 10 minutes. Also effective, but more caustic, is a 1 to 10 solution of household bleach (e.g. Clorox) and water. The best thing to do, though, is to not share sex toys or equipment.

TESTS RELATED TO AIDS AND ANTIBODIES

46. ARE THERE TESTS FOR AIDS?

There is NO TEST WHICH CAN DIAGNOSE THE PRESENCE OF AIDS. It is a syndrome which is diagnosed by finding in individuals who have been infected with the HTLV-III virus the presence of one of the opportunistic diseases such as Kaposi's sarcoma.

There is a test to determine the presence of the virus, but it is used for research purposes and is not generally available.

There are also several routine laboratory tests that may assist a doctor in making a diagnosis of ARC or AIDS. These include helper/suppressor cell ratio, which may be altered in people with immune deficiency, and skin testing with common "recall antigens" (substances which, when injected underneath the top layer of skin, produce a small swelling or bump in immunologically healthy individuals). These do not determine the presence of the virus or its antibody.

47. WHAT ABOUT THE TEST FOR THE ANTIBODY TO HTLV-III?

This test, available at the provincial AIDS Testing and Evaluation Clinic determines whether antibodies to the virus are present in the bloodstream. A positive test does not mean a person will go on to get AIDS. But people who do test positive should assume they are infectious and can transmit the virus to others through body fluid exchange.

The current tests used are called the Elisa and, as a follow-up in the event that Elisa shows a positive result, the Western blot. Montreal's Institut Armand Frappier announced the development of a faster, cheaper, more accurate test for AIDS antibodies called an immunofluorescence assay.

48. IF I AM ANTIBODY NEGATIVE, DOES THAT MEAN I HAVE HAD CONTACT WITH THE VIRUS AND HAVE FOUGHT IT OFF? HOW COULD I DO THAT WITHOUT DEVELOPING ANTIBODIES?

It is possible that some people may fight off the virus. One way this might occur is if you were infected by only a few virus particles. In this case, the viruses might be eaten by an immune system cell called a macrophage (big eater) that can recognize something as foreign without the intervention of an antibody. Any other way of fighting off the virus that we can imagine would involve antibodies.

49. CAN AN ANTIBODY NEGATIVE PERSON STILL BE INFECTIOUS?

You can be infectious in the two to six weeks between infection and the production of the antibodies. This is why it is important to wait six to ten weeks after your last possible exposure before you are tested for antibodies.

50. IS IT POSSIBLE TO DEVELOP AIDS AND BE ANTIBODY NEGATIVE?

A very few people will not produce any antibodies after infection and will always get a negative result on the antibody test. Someone in this group could go on to develop AIDS like anyone else who has been infected. This person would also probably be infectious.

51. HOW CAN THEY FIND AN ANTIBODY TO AIDS IF THEY HAVEN'T BEEN ABLE TO ISOLATE THE VIRUS?

The virus has been isolated in the lab, and that helped to develop the present antibody test. In an individual it is not necessary to find the virus in order to detect antibodies. In fact, it is possible to detect antibodies in someone who no longer has the virus.

52. ON WHAT BASIS IS THE STATEMENT MADE THAT A POSITIVE ANTIBODY TEST MEANS YOU ARE PROBABLY INFECTIOUS?

Several studies have shown that between 66 percent and 90 percent of people who are positive for the antibody have the active virus in their system and can therefore transmit it.

53. HOW DO WE KNOW THE AVERAGE AMOUNT OF TIME IT TAKES TO DEVELOP ANTIBODIES?

Antibody production is a subject that has been studied for many years. As an immune system function, it is basically independent of the particular organism that is being responded to. Therefore, the knowledge that most people will produce antibodies in two to six weeks is true for many different viruses, bacteria, etc.

54. CAN IT TAKE LONGER THAN SIX MONTHS TO DEVELOP ANTIBODIES?

Some people may take longer but it is extremely unlikely unless they are someone who will never produce antibodies. We don't know what percentage of people will fall into this group, but it should be very small.

55. WHY AREN'T THESE ANTIBODIES PROTECTIVE LIKE THOSE FOR MEASLES?

Nobody knows why some antibodies are not protective.

56. ARE THERE ANY OTHER TESTS FOR AIDS OR THE ANTIBODY?

There is a culture test for the virus that is not commercially available and is only used in research.

57. WHAT ABOUT THE EFFECT OF HEPATITIS ON THE ANTIBODY TEST?

People afflicted with both alcoholism and hepatitis B can test falsely positive for the antibody when only the Elisa test is used. Of 95 people with a history of alcoholic liver disease, 13 percent were found to be inaccurately positive. When re-tested with western blot, all were found to be negative.

58. SHOULD I COME BACK IN SIX MONTHS FOR A RE-TEST IF I AM NEGATIVE?

If you had a risk event recently, you may have not yet produced antibodies if you were infected, and it might be advisable to return in six months. If, however, you have not had any chance to infected for several months, then re-testing will serve little function except, possibly, peace of mind.

59. IF I TEST NEGATIVE CAN I DONATE BLOOD?

Nobody should donate blood if they think they may have been infected with the virus or belong to one of the established high risk groups (gay and bisexual men, IV users who share needles, hemophiliacs), even if they are negative. Others who test negative should feel free to donate blood. (See also "Blood Transfusions" below.)

60. WHAT ABOUT ORGAN DONATIONS? IF I HAVE A DONOR CARD ON THE BACK OF MY DRIVER'S LICENCE, SHOULD I PULL IT OFF IF I'M POSITIVE?

People who are positive should not donate organs, sperm or blood. If you have such a card on the back of your licence, pull it off if you are positive.

61. IF I AM POSITIVE, WILL I EVER BE ABLE TO HAVE CHILDREN?

While we think that most people who are positive are also infectious, we don't know how long that is likely to last. It is probable that some (or many) people who become infected will eventually rid themselves of the virus. Until there is a reliable, commercially available virus culture

virus. Until there is a reliable, commercially available virus culture test, it will not be possible to know for certain whether or not you are infectious.

62. IF I WAS ANTIBODY POSITIVE WHEN I WAS PREGNANT, AT WHAT AGE WOULD MY BABY COME DOWN WITH AIDS? WHAT IS THE CHANCE THAT A BABY WOULD COME DOWN WITH AIDS WITH ONE OF TWO ANTIBODY-POSITIVE PARENTS?

If the baby was going to develop AIDS, this would probably occur between three months and 18 months. Of course, an antibody positive mother does not guarantee an antibody positive baby, let alone a baby who will develop AIDS. Only the mother's infection status can influence the baby.

63. WHAT ABOUT THE SOCIAL IMPLICATIONS OF THE TEST?

There are more problems with the use of the antibody test and around insurance questions. Although few cases have gone to court, lawyers familar with AIDS discrimination say that, over the last two years, most major employers have come to accept that it is illegal to dismiss a worker who develops AIDS. The AIDS Discrimination Unit of the New York City Commission on Human Rights gets more complaints from people who are discriminated against because they are perceived to have AIDS than from those who actually have the disease.

TREATMENTS FOR AIDS AND OPPORTUNISTIC DISEASES

64. CAN AIDS BE TREATED?

There is no treatment at present for immune deficiency. There are, however, treatments for individual episodes of most of the opportunistic infections, for KS, and for the other diseases to which AIDS predisposes. These treatments include antibiotics, chemotherapy, radiation therapy, and experimental agents and techniques. Unfortunately, many of these treatments are transient in effect, irregularly available and not without risks.

Whatever the promise of these agents, it is most regrettable to have to report that, at the present time, there are no proven mechanisms of prevention or treatment for the kind of immune deficiency that is seen in AIDS.

65. ARE THERE ANY VITAMINS THAT ENHANCE THE IMMUNE SYSTEM?

There are several vitamins that are necessary for a functioning immune system. Some people believe that taking extra amounts of these vitamins or other nutritional supplements may boost a changed immune system. Unfortunately, without extensive double-blind studies, it is impossible to evaluate these claims. It is quite possible that there are some vitamins or other substances that have this effect, but we aren't sure what they are. Consult a nutritionist if you are considering nutritional supplements.

66. ARE THERE ANY DRUGS FOR THE TREATMENT OF OPPORTUNISTIC DISEASES?

Ten hospitals will test the "most promising" drugs on 2,000 people with AIDS in clinical trials this summer under a $20 million program developed by the U.S. Department of Health and Human Services. Dr. Anthony Fauci of the National Institutes of Health said the drugs Ribavirin and Azidothymidine "have shown they can block viral transmissibility" but none of the drugs being tested has produced sustained improvement in an AIDS patient's condition. In addition, four other anti-viral drugs are being considered: Suramin, foscarnet, HPA-23 and dideoxyadenosine.

HEPATITIS AND AIDS

67. ARE THERE ANY SIMILARITIES BETWEEN AIDS AND HEPATITIS B?

Hepatitis B may serve as a model. Like hepatitis B, AIDS appears to be sexually and parenterally transmissible, although AIDS is much less infectious. (Parenteral means exposure of the bloodstream to foreign blood or blood products.) In addition, the two subpopulations that are at a high or highest risk for hepatitis B are the same subpopulations that are at a high or highest risk for AIDS.

If AIDS is caused by a single agent similar to hepatitis B virus, it would be expected to affect some individuals more seriously than others. Most people with hepatitis B have no disease symptoms; others become moderately ill with jaundice, fatigue, etc. but recover completely within weeks or months; and about 2 per cent develop chronic active hepatitis, a devastating illness with a high mortality rate.

Many observers feel the AIDS epidemic is unfolding in precisely such a pattern; that is, they believe that even repeated exposure to an AIDS-causing agent will affect some individuals mildly or not at all, and others very seriously.

All theories agree that the greatest risk factors for AIDS are sexual contacts with many exposed gay or bisexual male partners and the use of shared needles for the injection of drugs.

68. I HAVE CHRONIC HEPATITIS. IS THIS A FACTOR IN WEAKENING THE IMMUNE SYSTEM AND MAKING ME MORE SUSCEPTIBLE TO AIDS?

Previous or current illness may be a co-factor in some people that may make them more susceptible. Whether or not this is the case in your situation is impossible to tell, but it may be an extra reason to protect yourself, and otherwise follow good health practices.

69. I HAD NON-A/NON-B HEPATITIS LAST YEAR AND MY DOCTOR SAID NOT TO TAKE THE HTLV-III ANTIBODY TEST BECAUSE THE HEPATITIS WOULD INFLUENCE IT. IS THIS TRUE?

No. Although there are some conditions which cross-react with the antibody test sometimes, hepatitis is not in this group.

70. IS THERE ANY RISK OF CATCHING AIDS FROM THE NEW HEPATITIS B VACCINE?

The fact that gay men were used as blood donors in the development of the new hepatitis B vaccine did cause some observers to speculate that the vaccine could be contaminated with an AIDS-causing agent.

The vaccine is heated during its manufacture and this kills the virus if it is present. The vaccine has received major endorsements from the Centers for Disease Control, the New York City Department of Health, New York Physicians for Human Rights, the New England Journal of Medicine, and Homosexual Health Report, among other medical organizations and publications.

Sexually active gay men who have never had hepatitis B but who are currently at highest risk for this disease are strongly advised to undergo vaccination.

The risk of AIDS from the hepatitis B vaccine is zero.

71. IN HEPATITIS B VACCINE, ARE ANTIBODIES TO THE AIDS VIRUS DESTROYED?

No, but this presents no problem. Antibodies are not the infectious agent and it doesn't matter if you get some of someone else's antibodies.

BLOOD TRANSFUSIONS

72. I HAD SURGERY SEVERAL YEARS AGO. WILL I GET AIDS?

The risk of getting AIDS from a blood transfusion is very remote. At present we know of three or four cases of AIDS possibly related to blood transfusion, and this is after transfusing over eight million units of blood and blood products in the past three years in Canada. All blood is now checked using HTLV-III antibody-detection tests.

Secondly, the people who unfortunately got AIDS through a blood transfusion were transfused back in 1982-83 when the association between AIDS and blood transfusion was not very clearly understood in the minds of the public. Since then the public is much better educated regarding this association, and we know that the blood donors that are in the high-risk groups are self-excluding themselves from giving blood.

73. WHY CAN'T I OR MY RELATIVES AND FRIENDS DESIGNATE BLOOD FOR FUTURE TRANSFUSIONS?

The first problem is one of logistics. The Red Cross issues up to 500 units of blood every day in British Columbia. Each unit of blood has a number of tests done on it, and between three to four different components are prepared from each unit of blood. Therefore, it would be impossible to collect blood from individuals and put all that blood through the system and at the end be able to identify whose blood is being directed for which patient.

It is also a logistical problem for hospitals to identify the donors for whom the blood has been sent by the Red Cross. The errors that could happen from all this could result in far more serious consequences than the threat of AIDS.

Requesting family members and friends to give blood may put those people into a very difficult position if they are in a high-risk group.

The giving of blood in Canada is based on the principle of altruism. If relatives and friends are asked to give blood for specific patients, it is conceivable that people will stop giving blood for the general population. This could jeopardize the entire system and reintroduce the concept of buying and selling blood.

74. WHO SHOULD I CALL IF I AM DIAGNOSED WITH AIDS OR ARC AND I HAVE GIVEN BLOOD IN THE PAST YEAR?

In Vancouver, notify either the Nursing Department at the Red Cross at 879-7551 (local 268), the Laboratory (local 265) and your family doctor.

OBSERVATIONS

75. WHAT DOES THE FUTURE LOOK LIKE?

Epidemiological studies so far predict more disease. The curve has been rising steadily in most centres of infection. In San Francisco, however, the rate has been steady for the last year. Each month 60 to 70 new cases are diagnosed, but the rate is not increasing although the incidence of AIDS continues to increase in real numbers.

In Canada, as of mid-1985, the number of cases was doubling every 11 months.

The area of greatest concern now is the expected increase in AIDS among intravenous drug users who share needles and syringes. In eastern cities of the U.S., there has been a dramatic increase in incidence, and some authorities expect a similar pattern elsewhere.

Considerable research is going on to find a vaccine for AIDS, drugs that will slow or stop the replication of the virus, drugs that will effectively treat opportunistic diseases, and treatments that will add to the "quality time" of people with AIDS.

76. WHAT CAN WE DO TO AVOID SUCH REACTIONS AS GUILT AND FEAR?

Do not waste valuable energies on negative reactions to sex. Now more than ever, ignorance, hypocrisy and arrogance about sex are to be repudiated. If anything, be even more genuinely affirmative about your sexuality. At the same time, you can respect without contradiction the fact that we are dealing with a public health emergency in the form of a very serious, apparently new disease which appears to be sexually transmitted. This on top of the spread of too many other sexually transmitted diseases.

There is nothing "immoral" or "sinful" about celebrating your enjoyment of swimming in the ocean. If, on the other hand, your favourite beaches have posted undertow warnings, it is prudent to avoid swimming in those areas as long as the signs are up.

Like many people who are sexually active with many different partners, many gay men are currently having to face certain health risks that are increasingly associated with sexual preferences. In the interest of public health, it is important to know what those risks are and how they can be minimized.

The reality of AIDS is a new factor in the lives of all of us that we will have to adjust to in one way or another. Even if you choose to disregard the situation, your loved ones and friends may not want to. You might be needed to provide support for a friend with AIDS. You might want to make changes in your lifestyle to protect your health.

All these things are possible, as we have learned from the experience of others. What we have also learned from their experience is that, if you approach these serious areas with information, awareness and careful thought, the bad effects in your life will be minimized. We at AIDS Vancouver hope to provide the information, but you are the only one who can make the final decisions about your life.

Canada Diseases Weekly Report

ISSN 0382-232X

CONTAINED IN THIS ISSUE:

GUIDELINES FOR HOUSEHOLD CONTACTS OF HTLV-III/LAV-REACTIVE PERSONS AND AIDS PATIENTS

Prepared by the
National Advisory Committee on AIDS

The information in this document is based on current knowledge of HTLV-III/LAV infection and its transmission. As more is learned about this virus, the guidelines will be updated.

The acquired immunodeficiency syndrome (AIDS) is caused by a virus called the human T-lymphotropic virus type III/lymphadenopathy - associated virus (HTLV-III/LAV) which is capable of destroying the body's immune system. Because the body's defences can no longer fight off infections, AIDS patients suffer from frequent, serious illnesses.

Infection by this virus does not mean a person will develop AIDS or have any illness at all. At this time, it is not known why some individuals become ill and others do not. However, in specific circumstances, anyone who is infected is potentially capable of spreading the infection to others - sexual activity is the most common way of passing the virus to another person. In addition, transfusion or injection of infected blood may transmit the virus, and a pregnant woman may infect her unborn child. No other ways of transmission have been observed. Nevertheless, it is very important that household members take precautions that will prevent the spread of infection.

People with this infection can live at home and maintain a normal social life. Since the virus is not spread by casual (i.e. non-sexual) household contact, family members, roommates and visitors are not considered to be at risk of becoming infected. The following information is provided to assist families in daily living.

Most of these recommendations simply involve good general hygiene.

Handwashing: Handwashing is an effective way to prevent the spread of any germs. Wash hands with soap and water before preparing food, before eating, and after using the toilet.

Personal Articles: Personal items such as toothbrushes, razors and razor blades should not be shared among household members. These may become soiled with blood and could spread germs which may cause many illnesses.

Bathrooms: These may be shared with other family members.

Family members will not contract infections from the toilet seat, sink, shower or bathtub. Surfaces (e.g. floors, countertops, sinks, showers, bathtubs) visibly soiled with blood or excretions should be cleaned with a household detergent and disinfectant (Javex®*, Lysol®). Disposable gloves should be worn.

Preparing Food: The infected person may prepare food for other household members. Handwashing is important before handling food to prevent spread of any germs.

Dishes: Use hot soapy water or an automatic dishwasher. Otherwise, no special precautions are generally necessary. There is no need to wash separately those dishes used by the infected person.

Garbage Disposal: A container, lined with a plastic bag, should be available for waste such as dressings, tissues and other disposable items. The plastic bag should be removed, placed in a garbage bag and disposed with other household garbage. Tissues may be flushed down the toilet.

Laundry/Dry Cleaning: Clothing and linens may be laundered with that of other household members.

Laundry visibly soiled with blood, urine, stool or vomit should be wiped clean with a disposabe towel and laundered in hot, soapy water. Heavily soiled clothing or linens should be placed in a plastic bag separate from other household laundry; the contents should be removed from the bag and washed in hot soapy water. Disposable gloves should be worn when wiping soiled areas clean. If dry cleaning is necessary, any visible moist soiled areas should be wiped with a damp paper towel which should be discarded with other waste from the infected person.

Thermometers: A thermometer should be reserved for use by the infected person only. It should be washed with warm soapy water after each use, soaked in rubbing alcohol for 10 minutes, dried and stored.

Children: Normal casual contact, including kissing and hugging, between an infected person and children in the household does not pose a danger to the children.

Pets: Household pets are not dangerous to these infected persons provided the animals are healthy and have up-to-date immunization. If the infected individual cleans litter boxes, fish tanks or bird cages, rubber gloves should be worn and hands washed immediately following removal of gloves.

Socializing: Infected persons can maintain a normal social life. No special precautions are required when visiting friends, eating in restaurants or engaging in casual day-to-day contact with others.

Sexual Practices: Condoms should be used during anal or vaginal intercourse, as well as oral sex. This method may prevent contact with semen or vaginal secretions which could transmit infection.

*Bleach Solution: One part household bleach (e.g. Javex®) mixed with 10 parts cold water prepared fresh daily.

Kissing: There has been no evidence of spread of HTLV-III/LAV infection through saliva. However, as a precaution, deep kissing where saliva is exchanged, should be avoided.

Counselling: Household members will experience feelings of fear, confusion and sadness. It is important for these persons to seek expert counselling. Self-help groups may serve as a source of comfort and support to the infected person. The family doctor and community information and referral services listed in the telephone directory, should be able to provide information on support services available in the area.

The virus which causes AIDS cannot penetrate the skin and infect the body. In order for it to enter the body, there must be a break in the skin.

As a safeguard against contact with blood or body fluids, a person providing care should wear disposable gloves when cleaning soiled areas. This is a precautionary measure to ensure that the person is not exposed to the virus through tiny cuts in the hands which may be unnoticed.

The information provided is for the protection of all household members. It should be emphasized that the risk of the AIDS patient catching an illness from a household member is much greater than the household members' risk of becoming infected.

GUIDELINES FOR THOSE RESPONSIBLE FOR DAY CARE AND EDUCATION OF CHILDREN WITH HTLV-III/LAV INFECTION

Prepared by the National Advisory Committee on AIDS

INTRODUCTION: These recommendations have been developed following discussions with Boards of Education on issues of concern and are intended to provide guidance to persons involved in the daily care and education of children who have been infected with the virus that causes AIDS (HTLV-III/LAV). The issues of concern are whether the child with HTLV-III/LAV infection can transmit the infection to classmates and staff and under what circumstances transmission is likely to occur. Local Medical Officers of Health may wish to review these guidelines with teachers in their community as part of a professional development day.

Children and adults with a diagnosis of AIDS are those with the most serious form of illness related to HTLV-III/LAV infection. These cases meet strict criteria of definition and are the ones reported to provincial and national surveillance programs. Many persons who are infected with the virus, however, may have a mild illness or no signs of infection at all.

RISK ASSESSMENT: In adults, AIDS is primarily a sexually transmitted disease; infection may also occur by transfusion of contaminated blood and blood products. The virus has been isolated from semen, blood, saliva, tears, and breast milk of infected persons, but transmission by saliva and tears has not been documented.

Infected children may have acquired HTLV-III/LAV before or during labour and delivery from their mothers who have been infected with the virus. Pediatric infection may also result from transfusion of blood or blood products contaminated with the virus. For example, boys with hemophilia have acquired the virus from contaminated blood products which they need to promote clotting. The virus has also been recovered from the breast milk of infected mothers, and this form of transmission has been implicated in at least one case.

In Canada, 18 cases (82% of all pediatric cases reported to date) have acquired the virus from a parent who has HTLV-III/LAV infection or who belongs to a high-risk group. One case was acquired through blood transfusion. No cases of infection have occurred among non-sexual household contacts of AIDS patients.

Risks of infection to classmates and staff in the school: In the everyday, social contact setting of the school environment, there is no risk of transmission of the virus among children and staff. For example, sharing a desk or chair, or using the same drinking fountain or toilet facility, will not spread the virus. There is a theoretical potential for transmission when open skin sores or broken mucous membranes come in contact with blood or other body fluids of an infected person. These circumstances are more likely to occur in infant day-care centres where children are diapered, where they mouth toys, and bite each other, and in institutions for the mentally handicapped who lack control of their body secretions or who exhibit aggressive behaviour such as biting or striking.

Risks of the school environment to the child who is immunodeficient due to HTLV-III/LAV infection: HTLV-III/LAV infection may weaken or destroy the body's immune system rendering an infected child more susceptible to infectious diseases. Accordingly, the chances of an HTLV-III/LAV-infected child being exposed to an infectious agent is much greater in a school or day-care setting than in the child's home. The child's physician can best determine the degree of injury to the immune system and thereby assess the risk to the child of acquiring infections such as chickenpox, measles, herpes simplex and cytomegalovirus disease. To date, there is no drug or treatment available to restore the function of the immune system.

Confidentiality: Because of panic and fears associated with this illness, confidentiality and the child's right to privacy should be paramount to prevent any social ostracism by classmates or teachers. Parents and teachers should be sensitive to the child's psychosocial well being as well as to his/her physical needs.

RECOMMENDATIONS - School-age children

1. School officials should not be informed by the Medical Officer of Health of a child with HTLV-III/LAV infection until such time as the child's health status indicates consideration of alternative or special educational arrangements.

2. If the Medical Officer of Health decides to inform school officials, a meeting of the school principal, the child's teacher(s), the Medical Officer of Health and the child's parents should be mandatory to ensure that everyone involved understands the situation and the implications of any action which may be taken.

3. Each child should be assessed on an individual basis by the attending physician and the Medical Officer of Health, taking into account the child's physical health status as well as psychosocial aspects.

4. A child with HTLV-III/LAV infection should not be excluded from school unless the attending physician and the Medical Officer of Health advise otherwise.

5. The confidential nature of the child's infection with HTLV-III/LAV should be maintained at all times. Dissemination of any information should be restricted to those who "need-to-know".

6. The psychosocial benefits of maintaining the child at school, as his/her health status permits, should outweigh the potential risks. The child should be closely monitored by parents and the family physician. Any consideration of removing the child from school should be discussed with the child's physician and school officials.

7. An uninfected child who has a family member with HTLV-III/LAV infection should not be excluded from school.

8. Regardless of whether known cases of any infection are present, all schools should be encouraged to adopt good hygiene practices in handling situations where soiling by blood, urine, stool, vomit or other body fluids may occur and must be cleaned up. The person doing the cleaning should wear disposable gloves to avoid exposure of open sores and/or broken mucous membranes to blood/body fluids. Soiled surfaces should be disinfected thoroughly after cleaning (see section on **Precautions for staff and students exposed to blood/body fluids).**

9. Boards of Education and Public Health Units should be encouraged to develop education programs to inform children, parents and teachers about AIDS and HTLV-III/LAV infection. Education of children should emphasize that behaviour such as biting, sharing gum, and playing "blood brothers" is poor hygiene.

Pre-school children

1. The developmental and behavioural status of HTLV-III/LAV-infected pre-school children should be assessed by persons providing care, parents and the child's physician in deciding the best type of educational and day-care environment.

2. Persons providing care should be informed of the HTLV-III/LAV status of these children in order that they may take appropriate precautions when dealing with blood/body fluids from these children.

3. Disposable gloves should be worn for diaper changing. Hands should be washed thoroughly after removing the gloves and placing them in a plastic bag with the soiled diaper.

4. Areas visibly soiled with blood/body fluids should be cleaned as described under the **Precautions for staff and students exposed to blood/body fluids.**

PRECAUTIONS FOR STAFF AND STUDENTS EXPOSED TO BLOOD/BODY FLUIDS

Disinfection of soiled objects and surfaces: Objects or surfaces which are visibly soiled with blood/body fluids (mucus, semen, urine, stool, vomit) of any persons, regardless of HTLV-III/LAV infection, should be wiped clean with soap and water and then disinfected with bleach solution. A freshly prepared 1:10 dilution of household bleach in water is recommended as the disinfectant. The person doing the cleaning should wear disposable gloves to avoid exposure of open sores and/or broken mucous membranes to blood/body fluids. Disposable materials such as paper towels should be used. If a mop is used, it should be rinsed in disinfectant before being used again.

Clothing and linens visibly soiled with blood/body fluids should be rinsed in cold water and then machine-washed in hot water and ordinary household laundry detergent. Disposable gloves should be worn by the person who is rinsing the clothes. All disposable articles soiled with blood/body fluids should be placed in a plastic bag, closed with a twist tie, and then placed in a regular garbage container.

Administering First Aid: Preliminary first aid should be administered. As soon as possible, thereafter, all blood/body fluids should be washed off in hot soapy water. It should be emphasized that careful handwashing is an effective and reliable precaution. Disposable gloves should be worn if possible to avoid exposure of open sores and/or broken mucous membranes. If blood/body fluids do come into contact with an open sore, it should be washed promptly.

Reference:

1. CDC. MMWR 1985; 34:517-521.

AIDS VANCOUVER

DIRECTORY OF AIDS-CONCERNED ORGANIZATIONS

For Networking Conference
May 30-31

* Registered Participant in Conference

[Names of representatives are listed alphabetically in accompanying "Contacts" directory.]

NAME AND ADDRESS	MEMBER(S) / REPRESENTATIVE(S)	TELEPHONE
AIDS ANTIBODY TESTING, EVALUATION AND COUNSELLING (ATEC) CLINIC - (SEE British Columbia, Government of: Ministry of Health)		
AIDS CARE GROUP	* Anne Beaufoy, Infection Control Nurse	682-2344
	Dr. William Boyko, Hematopathologist	682-2344
	Marcelle Campbell, Director, Ambulatory Care Nursing, St. Paul's Hospital	682-2344
	Dr. Robert Chan, Specialist, Infectious Diseases	689-7200
	Dr. Peter Constance, General Practicioner	738-9719
	Dr. Bruce Douglas, General Practicioner	738-2112
	Dr. Karen Gelmon, Physician	684-4228
	* Irene Goldstone, Director, Medical Nursing, St. Paul's Hospital	682-2344
	Dr. Lindsay Lawson, Internal Medicine, Respiratory Medicine	682-2344 (1. 2457)
	* Dr. W. Alastair McLeod, Physician	688-1388
	Dr. Michael Maynard, General Practicioner	872-5677
	Dr. Linda Rabeneck, Physician	681-1935
	Dr. Phil Sestak, General Practicioner	687-3820
	Dr. Jaime Smith, Psychiatrist	682-2344
	* Dr. Hilary Wass, Physician	684-4228
	Dr. Brian Willoughby, General Practicioner	669-1331
AIDS VANCOUVER 509-1033 Davie Street, Vancouver V6E 1M7		687-2437
	Gary Batt, Vice-President/ Interim Treasurer, Executive	
	Darg Bell-Irving, Board Member	
	Gordon Hewitt, Member at Large, Executive (PWA Liaison)	
	* Alma Lee, Member at Large, Executive (Fund-raising)	
	* Stephen Purcell, Member at Large, Executive (Assistant Treasurer)	
	Loree Rose, Board Member	
	* Chris Sabean, Solicitor	
	* Bruce Vichert, Secretary, Executive	
	* Dr. Hilary Wass, Chairman	684-4228

To provide information on AIDS/ARC to risk groups and to the general public; to provide emotional support and practical support to people with AIDS, and their lovers, families and friends; to raise funds for these

purposes; and to contact and work with AIDS-concerned organizations as part of a network.

AIDS VANCOUVER ADVISORY BOARD
509-1033 Davie Street,
Vancouver V6E 1M7

* Anne Beaufoy, Infection Control Nurse	682-2344
Dr. Gerry Growe, Director, Hemophilia Clinic	875-4111
* Ernie Lacasse, Pastor, Metropolitan Community Church	681-8525
Dr. Lindsay Lawson, Respirologist	682-2344 (1. 2457)
Len Lifchus, Assistant Administrator, Blood Transfusion Service, Canadian Red Cross	879-7551 (1. 296)
* Dr. Ted McLean, Director of Communicable Control, Health Department	736-2033
* Dr. Rick Mathias, Epidemiologist	228-4757
Dr. Michael Rekart, Director of VD Control, Ministry of Health	660-6171
* Darryl Sturtevant, Program Consultant, Health Promotion Branch	666-6061
Dr. Brian Willoughby, General practicioner	669-1331

To review all AIDS Vancouver publications and to report recommendations and findings to the the Board of Directors; to advise and inform the Board of Directors concerning the deliberations of the Advisory Board; and to advise and inform the Board of Directors of community concerns that have been brought to the attention of the Advisory Board. The advice of the Advisory Board is consultative in nature and is not binding on the Board of Directors.

AIDS VANCOUVER HEALTH PROMOTION PROJECT 687-2437
509-1033 Davie Street,
Vancouver V6E 1M7

* Kathleen Lepine, Assistant to the Coordinator of Information and Education
Randy Palmer, Assistant to the Housing Committee
* Gordon Price, Coordinator of Information and Education
* Elaine Smith, Assistant to Support Group Coordinator
* Sean Stephenson, Office Manager
* Bob Tivey, Project Director
* Michael Welsh, Coordinator of Support Services

* Ken Mann, Co-facilitator, Seropostive Support Group
* Brian Peel, Coordinator, Practical Support Group
Bryan Teixeira, Psychologist, ARC Support Group
Seropositive Support Group
Well But Worried

To deliver public awareness and education programs on AIDS and ARC to the general public and high-risk groups; to deliver support programs to people with AIDS and ARC; and to develop a network of AIDS-concerned organizations.

AIDS VANCOUVER HOUSING COMMITTEE 687-2437
509-1033 Davie Street,
Vancouver V6E 1M7

Darg Bell-Irving
Kenn Blais
Malcolm Crane

	Bob Frampton	
	Michael Harding	
	* Alan Herbert	
	Eric Jeffries	
	Trudy Ramsay	
	Walter Stewart	
	Jim Trenholme	
	* Bruce Vichert	

AIDS VANCOUVER ISLAND
Box 845, Station E,
Victoria V8W 2R9

* H. Grant Sullivan		384-4554

AIR CANADA MEDICAL OFFICE
Box 23040, Vancouver AMS
Vancouver V7B 1R8

Dr. Bill Rozecki, Area Medical Director, West		278-1262

ALCOHOL AND DRUG PROGRAMS - (SEE British Columbia, Government of: Ministry of Health)

BLOOD BANK - (SEE Canadian Red Cross, Blood Transfusion Service)

BRITISH COLUMBIA, GOVERNMENT OF

ATTORNEY-GENERAL, Ministry of the

- Justice Institute, Police Academy, 4180 West 4th Avenue, Vancouver V6R 4J5	Robert Taylor, Program Director, Advanced Programs	228-9771
	Ingrid Pipke, Program Developer	228-9771
- Provincial Courts, Escort Section, 222 Main Street, Vancouver V6A 2S8	* Roy Carlson, Sheriff	660-4241
	Carl Peterson, Sheriff	

EDUCATION, Ministry of
Parliament Buildings,
Victoria V8V 2M4

- Curriculum Development Branch	Mike Hoebel, Assistant Director	387-4611 (l. 260)
	Valerie Johnson, Research Coordinator	387-4611

EMERGENCY HEALTH SERVICES COMMISSION
L1-601 West Broadway,
Vancouver V5Z 4C2

	Derek Johnston, Regional Manager	872-8401
	Dr. Phil Teal, Senior Medical Consultant	387-2662

HEALTH, Ministry of
1515 Blanshard Street,
Victoria V8W 3C8

- AIDS Antibody Testing, Evaluation and Counselling Clinic
  828 West 10th Avenue,
  Vancouver V5Z 1L8

	* Dr. Eric Jeffries, Physician	874-2331
	Dr. Michael Rekart, Director of VD Control	660-6171
	* Pamela Swanson, Clinic nurse	660-6161

  Screening, counselling, testing for HTLV-III antibodies.

- Alcohol and Drug Programs	David Gilbert, Executive Director	660-6548

	* Pat Gilchrist, Regional Manager, Fraser Valley Region, 201-10090 152nd Street, Surrey V3R 8X8	584-0726
- Community Care Services	Dr. Stan Remple, Assistant Deputy Minister	387-4780
- Facilities Planning and Construction	Jeremy Tate, Acting Director	387-2500
- Hospital Programs	Duncan Ainslie, Regional Team Coordinator	387-3829
- Institutional Services	Dr. C.B. Henderson, Assistant Deputy Minister	387-2287
	Marcus Hollander, Acting Executive Director, Continuing Care Division	387-2500
- Laboratories, Division of (Provincial Lab)	Darrel Cook, Virology Supervisor	660-6045
- Methadone Clinic 307 West Broadway, Vancouver V5Y 1P9	* Fred MacDonald, Clinic Director	660-6548
- Prevention and Promotion	Clair Buckley, Executive Director	386-3166 (l. 2295)
- Preventive Services	Ron De Burger, Assistant Deputy Minister	387-2293
- Regional Operations and Residential Care (Lower Mainland) 2nd floor, 914 Yates Street, Victoria	Larry Austman, Director	387-2527
- Research and Evaluation Policy, Planning, and Legislation	* W.J. (Bill) Lawrence, Director	387-2339

HUMAN RESOURCES, Ministry of

- Regional Office, Downtown Strathcona 4th floor, 411 Dunsmuir, Vancouver V6B 1X4	Nancy Denofreo, Regional Manager	660-2433
- Community Relations Service 575 Drake Street, Vancouver V6B 4K8	Margaret Lau, Financial Assistance Worker	660-3143
- Harbour Centre 1006 Seymour Street, Vancouver V6B 3M6	Patsy George, District Supervisor	660-3035

B.C. ASSOCIATION OF PRIVATE CARE (B.C. PRICARE)

206-4255 Arbutus Street, Vancouver V6J 4R1	Ed Helfrich, Executive Director	733-1388

B.C. HOME AND SCHOOL FEDERATION

4-774 Columbia Street, New Westminster V3M 1B5	Gwen Chute, President	525-4425

B.C. LONG TERM CARE ASSOCIATION

205-4255 Arbutus Street, Vancouver V6J 4R1	Lillian Moreton, Executive Director	734-1484

B.C. MEDICAL ASSOCIATION
1807 West 10th Avenue, Vancouver V6J 1X1
Dr. Norman Rigby, Executive Director 736-5551

B.C. TEL
4211 Kingsway, Burnaby V5H 1Z6
Jo-Anne Bushnell, Employee Assistance Program Counsellor 432-3461

BURNABY ASSOCIATION FOR THE MENTALLY HANDICAPPED 291-6086
250 South Willingdon Avenue, Burnaby V6C 5E9
Cam Dore, Director
* Beverley Stone, Supervisor/ Shop Steward

CANADA, GOVERNMENT OF

- Canada Service Bureau
  920-800 Burrard Street, Vancouver V6Z 2G7
  * Graeme Keirstead, Manager 666-5558

- Canadian Human Rights Commission
  600-609 West Hastings, Vancouver V6B 4W4
  Penny Goldrick, Human Rights Officer 666-2251

- Employment and Immigration Canada
  904-1166 Alberni Street, Vancouver V6E 3Z3
  Chris Bitten, Chief, Employee Assistance Program 666-8172

- Health Promotion Directorate
  560 West Broadway, Vancouver V5Z 1E9
  * Darryl Sturtevant, Program Consultant 666-6063

  The Directorate, through the Health Promotion Contribution Program, provides funding to community-based groups to support education and peer-support programming for individuals "at risk" for infection and the general public. Approximately $700,000 for fiscal year 86/87 has been allocated to the Directorate for AIDS funding nationally as part of the federal government's five year plan to address the AIDS issue for Canadians.

CANADA POST CORPORATION,
Pacific Division
Box 2110, Vancouver V6B 4Z3
* George Grant, Employee Assistance Program Coordinator 662-1600

CANADIAN AIRLINE FLIGHT ATTENDANTS ASSOCIATION
National Committee on AIDS Education
1102-1501 Haro Street, Vancouver V6G 1G4
* Terry Twentyman, Co-Chairman 685-5443

CANADIAN CANCER SOCIETY
955 West Broadway, Vancouver V5Z 3X8
Mary Kersell, Administrator, Public Education 736-1211

CANADIAN CENTRE FOR ATTITUDINAL HEALING, ROCKLAND CENTRE
3589 Granville Street, Vancouver V6H 3L1
* Phoebe Lauren, Director 736-7112

CANADIAN PACIFIC AIRLINES
One Grant McConachie Way,
* Arlene Keis, Employee Assistance

Vancouver International Airport, B.C. V7B 1V1	Program Coordinator	270-5118
	* Barb Southwell, Manager, Labour Relations - Flight	270-5336

Arlene Keis: Counselling and support for PWAs as well as family liason at workplace: advocacy, support, etc. Coordinates with other professionals. Supplies information regarding AIDS in the workplace.

CANADIAN RED CROSS, BLOOD TRANSFUSION SERVICE

4750 Oak Street, Vancouver V6H 2N9	* Len Lifchus, Assistant Administrator	879-7551 (l. 296)

Blood-banking organization has implemented a screening procedure for HTLV-III antibodies for all blood and plasma donations.

CANCER CONTROL AGENCY

600 West 10th Avenue, Vancouver V5Z 4E6	Dr. David Boyes, Director	877-6000 (l. 2403)

CARITAS HOSPICE SOCIETY

202-1046 Austin Avenue, Coquitlam V3K 3P3	Denis Boyd, Coordinator	931-7211

CENTRE FOR DEVELOPMENTAL MEDICINE

811 West 10th Avenue, Vancouver V5Z 1L7	Dr. Sidney Segal, Pediatrician	875-4270

CHILDREN'S HOSPITAL

4480 Oak Street, Vancouver V6H 3V4	Dr. John Anderson, Infection Control Officer	875-2346
	* Mavis Bonner, Infection Control Nurse	875-2345 (l. 7457)
	Ann-Shirley Goodell, Director of Nursing	875-2145
	* Dr. Eva Thomas, Virologist	875-2345 (l. 7458)

COLLEGE OF DENTAL SURGEONS OF B.C.

1125 West 8th Avenue, Vancouver V6H 3N4	Ken Crost, Managing Director	736-3621
	Dr. Roy Thordarson, Registrar	736-3621
	Perry Trestor, Vice-president	688-7781

COMMUNITY HOMEMAKER SERVICE ASSOCIATION

300 East Broadway, Vancouver V5T 1X2	Barb Westwood, Nurse Consultant/ Trainer	873-0277

DENTISTRY, Department of - (SEE Shaughnessy Hospital)

EDUCATION, Ministry of - (SEE British Columbia, Government of)

ELIZABETH FRY SOCIETY

2412 Columbia Street, Vancouver V5Y 3E6	Sandy Simpson, Executive Director	873-5501

FIRST BAPTIST CHURCH

969 Burrard Street, Vancouver V6Z 1Y1	* Jeremy Bell, Reverend	683-8441

FIRST UNITED CHURCH 681-8365

320 East Hastings Street, Vancouver V6A 1P4	* Alan Alvare, Community Worker	
	Linda Ervin, Minister	

Occasional emergency assistance and/or advocacy re systems, especially Ministry of Human Resources. Guide for a PWA needing Gain for handicapped. Lobbying for pastoral outreach to PWAs who request this of the Church. Some counselling, with or without theological component. One staff person to join United Church working unit on AIDS.

PWAs referred by practical support workers will receive emergency food assistance in the amount and frequency indicated by their need and by our resources that month. Meeting space, free to self-help and non-profit groups (including evening parking, according to arrangements made).

G.F. STRONG REHABILITATION CENTRE
4255 Laurel Street, Vancouver V5Z 2G9
* Dr. John MacDonald, Psychologist — 734-1313 (l. 248)

GORDON HOUSE
1019 Broughton Street, Vancouver V6G 2A7
Dick Morley, Executive Director — 683-2554

- Lo-Cost Labour
1248 Seymour, Vancouver V6B 3N9
* Steve Bourne, Director — 687-8868

GREATER VANCOUVER MENTAL HEALTH SERVICE
300-1070 West Broadway, Vancouver V6H 1E7
Helga Hicks, Director of Support Services — 734-7626

HEALTH, DEPARTMENT OF - (SEE Vancouver, City of)

HEALTH, MINISTRY OF - (SEE British Columbia, Government of)

HEALTH PROMOTION BRANCH - (SEE Canada, Government of)

HEALTH PROMOTION PROJECT - (SEE AIDS Vancouver Health Promotion Project)

HEMOPHILIA CLINIC - (SEE Vancouver General Hospital)

HOME SUPPORT ASSOCIATION OF B.C. — 736-0416
205-4255 Arbutus Street, Vancouver V6J 4R1
Gloria Lifton, Executive Director
* Barbara Miller, Vice-president

Home Support Service is an organized service which provides a supportive environment in the home and community in accordance with a plan-of-care designed to meet the physical and emotional needs of those individuals and families whose well being and independence is enhanced by external support.

HUMAN RESOURCES, MINISTRY OF - (SEE British Columbia, Government of)

HUMAN RIGHTS COMMISSION - (SEE Canada, Government of)

JUSTICE INSTITUTE - (SEE British Columbia, Government of: Ministry of the Attorney-General)

LO-COST LABOUR - (SEE Gordon House)

LOUIS KLEIN AND ASSOCIATES
2246-C Spruce Street, Vancouver V6H 2P3
* Laurie Dack, Homeopath — 732-7262
Louis Klein, Homeopathic Consultant — 732-7276

MEALS ON WHEELS — 732-7638
(Victorian Order of Nurses)
1645 West 10th Avenue,
Pat Alexander, Food Order Clerk
* Patsy Craig, Volunteer Coordinator

Vancouver V6J 2A2

MEDICINE, Faculty of - (SEE University of British Columbia)

METHADONE CLINIC - (SEE British Columbia, Government of: Ministry of Health)

MICROBIOLOGY, Department of - (SEE Vancouver General Hospital)

NURSING, Department of - (SEE St. Paul's Hospital)

NURSING, School of - (SEE University of British Columbia / Vancouver General Hospital)

PACIFIC COAST CENTRE OF SEXOLOGY 876-6917
3538 Ontario Street, Matthew Lipton, Therapist
Vancouver V5V 3E9 Susan Weber, Therapist

PEOPLE'S LAW SCHOOL (SEE Public Legal Education Society)

PLANNED PARENTHOOD ASSOCIATION OF B.C.
204-5704 Balsam Street, Roberta MacLeod, Executive
Vancouver V6M 4B9 Director 266-1381

POLICE ACADEMY - (SEE British Columbia, Government of: Ministry of the Attorney-General)

POST OFFICE - (SEE Canada Post Corporation)

PROVINCIAL LAB - (SEE British Columbia, Government of: Ministry of Health, Division of Laboratories)

PUBLIC LEGAL EDUCATION SOCIETY
The People's Law School, * Morgan Ashbridge, Lawyer 734-1126
3466 West Broadway,
Vancouver V6R 2B3

REACH CLINIC
1145 Commercial Drive, Dr. Linda Geere, Physician 254-1354
Vancouver V5L 3X3

RED CROSS - (SEE Canadian Red Cross, Blood Transfusion Service)

REHABILITATION AND COUNSELLING SERVICES 299-3447
3755 Banff Avenue, * John Daley, Life Skills Counsellor
Burnaby V5G 3Z9 * Linda Dassiuk, Assistant Director
* David Hook, Director
* Dan Murphy, Life Skills Counsellor

RESTAURANT AND FOOD SERVICES ASSOCIATION
210-3369 Fraser Street, Don Bellamy, Executive Director 879-8801
Vancouver V5V 4C2

ST. JOHN AMBULANCE 321-2651
6111 Cambie Street, Russ Ledger, Executive
Vancouver V5Z 3B2 Director
* Ken Scorse, Director of
Training

ST. PAUL'S HOSPITAL
1081 Burrard Street, * Anne Beaufoy,
Vancouver V6Z 1Y6 Infection Control Nurse 682-2344

		Dr. William Boyko, Hematopathologist	682-2344
- Nursing, Department of		Marcelle Campbell, Director, Ambulatory Care Nursing	682-2344
- Social Services Dept.	*	Brian Windgrove, Social Worker	682-2344 (l. 2252)
- Vancouver Lymphadenopathy/AIDS Study	*	Kevin Craib, Project Manager	228-2431
		Dr. Martin T. Schechter, Project Epidemiologist	228-3081

The Vancouver Lymphadenopathy/AIDS Study (VLAS) is an ongoing prospective study of 600 homosexual men who were recruited from six primary care practices during November 1982 to February 1984. Every six months, study subjects complete a detailed, self-administered questionnaire which gathers information regarding sexual practices, history of previous infections and illnesses, medications, illicit drug use and sexual contacts in AIDS-endemic areas. Each study subject undergoes a complete physical examination which includes measurement of lymph nodes. In addition, blood samples are drawn for immunologic and HTLV-III antibody testing.

SCHOOL BOARD - (SEE Vancouver School Board)

SEARCH
Box 2259, Main Post Office,
Vancouver V6B 3W2

		Bob Guild	684-6869
	*	Ivan Waye, Centre Coordinator	

SHAUGHNESSY HOSPITAL
4500 Oak Street,
Vancouver V6H 3N1

- Department of Dentistry Jean Matheson Pavilion		Dr. Rhonda Altom, Dentist	875-2266
- Social Work Services	*	Denise Bradshaw, Social Worker	875-2002
		Barry Brown, Director	875-2002
	*	Dan Murphy, Life Skills Counsellor	875-2002

SMITH AND HUGHES 683-4176
208-1242 Robson Street,
Vancouver V6E 1C1
* Rob Hughes
* Ken Smith

Advising clients with AIDS in drawing up wills, power of attorney, nomination of committee, and advising on human rights and insurance issues.

SOCIAL PLANNING DEPARTMENT - (SEE Vancouver, City of)

SOCIAL SERVICES, DEPARTMENT OF - (SEE St. Paul's Hospital)

SOCIAL WORK SERVICES (See Shaughnessy Hospital)

SOCIAL WORK, SCHOOL OF - (SEE University of British Columbia)

TELECOMMUNICATIONS WORKERS UNION, LOCAL 10
303 West 4955 Newton St.,
Burnaby V5H 4B8
* Ruth Keiss, Vice-president 663-5633

UNIVERSITY OF BRITISH COLUMBIA

- Medicine, Faculty of IRC Building, Vancouver V6T 1W5		Dr. William A. Webber, Dean	228-2421
- Nursing, School of T206-2211 Wesbrook Mall, Vancouver V6T 2B5		Dr. Marilyn Willman, Professor and Director	228-7748

- Social Work, School of
  6201 Cecil Green Park Road,
  Vancouver V6T 1W5
  Dr. Glenn Drover, Director 228-2255
  * Hal Goodwin. Assistant Professor 228-2977

Coordinating research regarding attitudes toward homosexuality and homophobia among practicing social workers in B.C.

VANCOUVER, CITY OF
453 West 12th Avenue,
Vancouver V5Y 1V4

- Health Department
  1060 West 8th Avenue,
  Vancouver V6H 1C4
  Dr. F.J. (John) Blatherwick, Medical Health Officer 736-2033
  Guy Costanzo, Statistics Officer 736-2033
  Sandy James, Health Planning Policy Analyst 736-2033
  * Dr. H.E. (Ted) McLean, Director of Communicable Disease Control 736-2033
  Michael Sorochan, Director of Continuing Care 873-0232

Ted McLean: Offers liaison and coordination of services for Vancouver, health information on AIDS, disease surveillance and follow-up as appropriate. Also direct services such as long-term care and home care and consultative services. Supply pamphlets, brochures and speakers.

- Facility Care
  Elaine Campbell, Continuing Care Coordinator 736-2033

- Home Support Services
  * Aida Davis, Continuing Care Coordinator 736-2033

- Robson Health Unit
  1655 Robson Street
  Vancouver V6G 1C8
  * Susan Coleman, Home Care Coordinator 683-6571
  * Lorie Woermke, Home Care Nurse

Provides nursing care in the home setting for people who require nursing treatments. Also provides emotional support for clients and families. Can arrange for equipment such as commode chairs, hospital beds, etc. Can provide homemaking help.

- Social Planning Dept.
  453 West 12th Avenue
  Vancouver V5Y 1V4
  * John Jessup, Senior Social Planner 873-7489

VANCOUVER CRISIS CENTRE 733-1171
1946 West Broadway,
Vancouver V6J 1Z2
Ron Lakes, Executive Director
Denise Tambellini, Volunteer

Operates a 24-hour distress line for support, referral and dissemination of information.

VANCOUVER GAY AND LESBIAN COMMUNITY CENTRE
4-1170 Bute Street,
Vancouver V6E 1Z6
* Ken Smith, Chairman 684-6869

VANCOUVER GENERAL HOSPITAL
855 West 12th Avenue,
Vancouver V5Z 1M9

- Emergency Department
  Shirley Stokes, Instructor 875-4995

- Hemophilia Clinic
  895 West 10th Avenue,
  Vancouver V5Z 1L7
  Dr. Gerry Growe, Director 875-4111
  Lois Linder, Nurse Coordinator 879-7511

- Microbiology, Dept. of Virology Lab	Dr. Chris Sherlock, Virologist	875-4630
- Nursing, School of 835 West 10th Avenue, Vancouver V5Z 4E8	Cathy McKay, Instructor	875-4391

VANCOUVER HOSPICE PROGRAM 876-4621
201-828 West 8th Avenue, Vancouver V5Z 1E2

Suzette Isherwood, Program Assistant
Margaret Perry, Coordinator of Volunteer Services
Virginia Pfaff, Social Work Consultant
* Lois Wraight, Volunteer

The Vancouver Hospice Program coordinates pallitive care services for terminally ill patients and families, promotes an approach to total care which includes addressing medical, psycho-social and spiritual needs and the enhancement of quality of life. Services include in-patient care and home care, volunteer visiting and bereavement follow-up. Educational and informational material is promoted and provided to all care-givers and the public. Serves the City of Vancouver but will provide information throughout the Province of British Columbia on request. This is a provincially funded program operating in conjunction with the Vancouver Health Department, VGH and other interested Vancouver institutions.

VANCOUVER COMMUNITY LEGAL ASSISTANCE SOCIETY
257 East 11th Avenue, Vancouver V5T 2C4 — Gillian Andrew, Executive Director — 872-0271

Legal services for the poor, especially in relation to wrongful dismissal, UIC, WCB, mental patients rights, charities, power of attorney, committeeship, tenancy, and income assistance.

VANCOUVER LYMPHADENOPATHY/AIDS STUDY - (SEE St. Paul's Hospital)

VANCOUVER PERSONS WITH AIDS COALITION
c/o 509-1033 Davie Street, Vancouver V6E 1M7 — * Warren Jensen, Chairman — 687-2437

Life extension through group activities: to provide and operate a support group for people with AIDS and people wtih ARC; to investigate alternative forms of therapy - diet, vitamins, stress reduction, meditation, massage, positive thinking, wholistic medicine, herbs and anti-viral drugs; to be politicial advocates for drug research in Canada; to promote a positive self-image to the media; to network with other coalitions in North America; to visit patients in the hospital; to provide a speakers bureau; to instill the element of hope in others and to generate a will to live.

VANCOUVER SCHOOL BOARD 731-1131
1595 West 10th Avenue, Vancouver V6J 1Z8 — Dr. Pauline Weinstein, Chairperson

- Directorate of Agencies for School Health	Arlene Burden
- Counselling Consultant	Colin McDougall

AIDS VANCOUVER

INVITEES TO NETWORKING CONFERENCE

MAY 30-31, 1986
Gordon House

* Registered for Networking Conference

[Full addresses for organizations may be found in the accompanying directory under the name of the organization.]

NAME/TITLE	ADDRESS	PHONE
AINSLIE, Duncan Regional Team Coordinator	Hospital Programs, Ministry of Health	387-3829
ALEXANDER, Pat Food Order Clerk	Meals on Wheels, Victorian Order of Nurses	732-7638
ALTOM, Dr. Rhonda Dentist	Department of Dentistry, Shaughnessy Hospital	875-2266
ALVARE, Alan * Community Worker	First United Church	681-8365
ANDERSON, Dr. John Infection Control Officer	Children's Hospital	875-2346
ANDREW, Gillian Lawyer	Vancouver Community Legal Education Society	872-0271
ASHBRIDGE, Morgan Lawyer	Public Legal Education Society	734-1126
AUSTMAN, Larry Director	Regional Operations and Residential Care (Lower Mainland), Ministry of Health	387-2527
AVERY, Paul * Psychologist	2332 West Keith Road, North Vancouver V7P 1Z5	980-6246
BEAUFOY, Anne * Infection Control Nurse AIDS Vancouver Advisory Board	St. Paul's Hospital	682-2344 (page)
BATT, Gary Vice-president Interim Treasurer	AIDS Vancouver, Executive	687-2437
BELL, Rev. Jeremy * Minister	First Baptist Church	683-8441
BELL-IRVING, Darg Board Member AIDS Vancouver Housing Committee	AIDS Vancouver	687-2437
BELLAMY, Don Executive Director	Restaurant and Food Services Association	879-8801
BITTEN, Chris Chief	Employee Assistance Program, Employment and Immigration Canada	666-8172
BLAIS, Kenn AIDS Vancouver Housing Committee	AIDS Vancouver	687-2437
BLATHERWICK, Dr. F.J. (John) Medical Health Officer	Health Department, City of Vancouver	736-2033

BONNER, Mavis * Infection Control Nurse	Children's Hospital, Microbiology Department	875-2345 (l. 7457)
BOURNE, Steve * Director	Lo-Cost Labour	687-8868
BOYD, Denis Coordinator	CARITAS Hospice Society	931-7211
BOYES, Dr. David Director	Cancer Control Agency	877-6000 (l. 2403)
BOYKO, Dr. William Hematopathologist AIDS Care Team	Department of Hematology, St. Paul's Hospital	682-2344
BRADSHAW, Denise * Social Worker	Shaughnessy Hospital	875-2002
BROUGHTON, Dr. Steve Physician	207-1541 West Broadway, Vancouver V6J 3K1	733-4011
BROWN, Barry Director	Social Work Services, Shaughnessy Hospital	875-2002
BUCKLEY, Clair Executive Director	Prevention and Promotion Div. Ministry of Health	387-3166 (l. 2295)
BURDEN, Arlene	Directorate of Agencies for School Health, c/o Vancouver School Board	731-1131
BUSHNELL, Jo-Anne Employee Assistance Program Counsellor	B.C. Tel, 207-4211 Kingsway, Burnaby V5H 1Z6	432-3461
CAMPBELL, Elaine Continuing Care Coordinator	Facility Care, Health Department, City of Vancouver	736-2033
CAMPBELL, Marcelle Director AIDS Care Team	Ambulatory Care Nursing, Department of Nursing, St. Paul's Hospital	682-2344
CARLSON, Roy * Sheriff	Provincial Courts, Escort Section	660-4241
CHAN, Dr. Robert Specialist, Infectious Diseases AIDS Care Team	203-1160 Burrard Street, Vancouver V6Z 1Y6	689-7200
CHARRON, Tim Lawyer	Ladner Downs, 2100-700 West Georgia Street, Vancouver V7Y 1A8	687-5744
CHUTE, Mrs. Gwen President	B.C. Home and School Federation	525-4425
COLEMAN, Susan * Home Care Coordinator	Robson Health Unit, Health Department, City of Vancouver	683-6571
CONSTANCE, Dr. Peter Physician AIDS Care Team	216-3195 Granville Street, Vancouver V6J 1W7	738-9719
COOK, Darrel Virology Supervisor	Division of Laboratories, Public Health Laboratory, Ministry of Health, Box 34020, Postal Station D, Vancouver V6J 4M3	660-6045
COSTANZO, Guy	Health Department,	736-2033

Statistics Officer	City of Vancouver	
CRAIB, Kevin * Project Manager	Vancouver Lymphadenopathy/ AIDS Study, St. Paul's Hospital	682-2344 (1. 2431)
CRAIG, Patsy * Volunteer Coordinator	Meals on Wheels, Victorian Order of Nurses	732-7638
CROST, Ken Managing Director	College of Dental Surgeons of B.C.	736-3621
DACK, Laurie * Homeopath	Louis Klein and Associates 2246-C Spruce Street	732-7276
DALEY, John * Life Skills Counsellor	Rehabilitation and Counselling Services	299-3447
DASSIUK, Lynda * Assistant Director	Rehabilitation and Counselling Services	299-3447
DAVIS, Aida * Continuing Care Coordinator	Home Support Services, Health Department, City of Vancouver	736-2033
DE BURGER, Ron Assistant Deputy Minister	Preventive Services, Ministry of Health	387-2293
DENOFREO, Nancy Regional Manager	Regional Office, Downtown Strathcona, Ministry of Human Resources, 4th floor, 411 Dunsmuir Street, Vancouver V6B 1X4	660-2433
DORE, Cam Director	Burnaby Association for the Mentally Handicapped, 250 South Willingdon Avenue, Burnaby V6C 5E9	291-6086
DOUGLAS, Dr. Bruce Physician	217-3195 Granville Street, Vancouver V6J 1W7	738-2112
DROVER, Dr. Glenn Director	School of Social Work, University of B.C.,	228-2255
EPSTEIN, Dr. Joel * Dentist	1407-805 West Broadway, Vancouver V5Z 1K1	874-0028
ERVIN, Linda Minister	First United Church	681-8365
FAY, Dr. Sean Physician	1740 Davie Street, Vancouver V6G 1W2	687-8368
FITZMAURICE, Dr. Michael Physician	505-1160 Burrard Street, Vancouver V6Z 2E8	685-0046
GEERE, Dr. Linda Physician	REACH Clinic	254-1354
GELMON, Dr. Karen Physician AIDS Care Team	310-1144 Burrard Street, Vancouver V6Z 2A5	684-2448
GEORGE, Patsy District Supervisor	Harbour Centre, Ministry of Human Resources	660-3035
GILBERT, David Executive Director	Alcohol and Drug Programs, Ministry of Health	387-4778
GILCHRIST, Pat Regional Manager	Alcohol and Drug Programs, Fraser Valley Region, Ministry of Health	584-0726

GOLDRICK, Penny Human Rights Officer	Canadian Human Rights Commission	666-2251
GOLDSTONE, Irene * Director AIDS Care Team	Medical Nursing, Department of Nursing, St. Paul's Hospital	682-2344
GOODELL, Ann-Shirley Director of Nursing	Children's Hospital	875-2145
GOODWIN, Hal * Assistant Professor	School of Social Work, University of B.C.	228-2977
GRANT, George * Employee Assistance Program Coordinator	Canada Post Corporation, Pacific Division	662-1600
GROWE, Dr. Gerry Director, Hemophilia Clinic AIDS Vancouver Advisory Board	Vancouver General Hospital	875-4111
HARDING, Michael AIDS Vancouver Housing Committee	AIDS Vancouver	687-2437
HELFRICH, Ed Executive Director	B.C. Association of Private Care (B.C. Pricare),	733-1388
HENDERSON, DR. C.B. Assistant Deputy Minister	Institutional Services, Ministry of Health	387-2287
HERBERT, Alan * President	AIDS Vancouver	687-2437
HEWITT, Gordon Member at Large, Executive (PWA Liaison) Support Group Facilitator	AIDS Vancouver	687-2437
HICKS, Helga Director of Support Services	Greater Vancouver Mental Health Service	734-7626
HIGGINS, Dr. John * Medical Consultant	Hospital Programs, Ministry of Health	387-2757
HOEBEL, Mike Assistant Director	Curriculum Development Branch, Ministry of Education	387-4611 (l. 260)
HOLLANDER, Marcus Acting Executive Director	Continuing Care Division, Institutional Services, Ministry of Health	387-2286
HOOKS, David, Ph.D * Director	Rehabilitation and Counselling Services	299-3447
HUGHES, Rob * Lawyer	Smith and Hughes	683-4176
HUNT, Dr. Chris Physician	1404-925 West Georgia Street, Vancouver V6C 1R5	669-6099
ISHERWOOD, Suzette Program Assistant	Vancouver Hospice Program	876-4621
JAMES, Sandy Health Planning and Policy Analyst	Health Department, City of Vancouver	736-2033
JEFFRIES, Dr. Eric * Specialist, Preventive Medicine Counsellor, ATEC Clinic	605-1160 Burrard Street Vancouver V6Z 2E8	687-1090
JESSUP, John	Social Planning Department,	873-7489

* Senior Social Planner	City of Vancouver	
JENSEN, Warren * Chairman	Vancouver PWA Coalition	687-2437
JOHNSON, Valerie Research Coordinator	Curriculum Development Branch, Ministry of Education	387-4611
JOHNSTON, Derek Regional Manager	Emergency Health Services Commission	872-8401
JONES, Cathy Speakers Bureau	AIDS Vancouver	687-2437
KAYE, Dr. Valerie Physician	701-1160 Burrard Street, Vancouver V6Z 2E8	684-4461
KEIRSTEAD, Graeme * Manager	Canada Service Bureau	666-5558
KEIS, Arlene * Employee Assistance Program Coordinator	Canadian Pacific Airlines	270-5118
KEISS, Ruth * Vice-president	Telecommunications Workers Union, Local 10	663-5633
KERSELL, Mary Administrator	Public Education, Canadian Cancer Society	736-1211
KLEIN, Louis Homeopathic Consultant	Louis Klein and Associates	732-7276
KOWALSKI, Eric Support Group Facilitator	AIDS Vancouver	688-9863
LACASSE, Ernie * Pastor AIDS Vancouver Advisory Board	Metropolitan Community Church	681-8525
LAKES, Ron Executive Director	Vancouver Crisis Centre	733-1171
LAU, Margaret Financial Assistance Worker	Community Relations Service, Ministry of Human Resources	660-3143
LAUREN, Phoebe * Director	Canadian Centre for Attitudinal Healing (Rockland Centre)	736-7112
LAWRENCE, W. J. (Bill) * Director	Research and Evaluation, Policy, Planning and Legislation, Management Operations, Ministry of Health	387-2339
LAWSON, Dr. Lindsay Respirologist AIDS Vancouver Advisory Board	St. Paul's Hospital,	682-2344 (l. 2457)
LEDGER, Russ Executive Director	St. John Ambulance	321-2651
LEE, Alma * Member at Large, Executive (Fund-raising)	AIDS Vancouver	687-2437
LEPINE, Kathleen * Assistant to Coordinator of Information and Education	AIDS Vancouver	687-2437
LIFCHUS, Len * Assistant Administrator AIDS Vancouver Advisory Board	Canadian Red Cross, Blood Transfusion Service	879-7551 (1.296)

LIFTON, Gloria Executive Director	Home Support Association of B.C.	736-0416
LINDER, Lois Nurse Coordinator	Hemophilia Clinic 895 West 10th Avenue, Vancouver V5Z 1L7	879-7511
LIPTON, Matthew * Sex therapist	Pacific Coast Centre of Sexology	876-6917
LOMBARDI, Bruce Support Group Facilitator	AIDS Vancouver	687-2437
LYONS, Fred Support Group Facilitator	AIDS Vancouver	687-2437
McALLISTER, Ray Special Assistant to the Hon. Pat Carney	P.O. Box 11557, Suite 2525, 650 West Georgia Street, Vancouver V6B 4N8	666-3434
MacDONALD, Fred * Clinic Director	Methadone Clinic, Ministry of Health	660-6548
MacDONALD, Dr. John Psychologist	G.F. Strong Rehabilitation Centre	734-1313 (l. 248)
McDONALD, Dr. Susan Physician	925 West Georgia Street, Vancouver V6C 1R5	687-1670
McDOUGALL, Colin Counselling Consultant	Vancouver School Board	731-1131
McKAY, Cathy Instructor	Vancouver General Hospital School of Nursing	875-4391
McLEAN, Dr. H.E. (Ted) * Director of Communicable Disease Control AIDS Vancouver Advisory Board	Health Department, City of Vancouver	736-2033
MacLEOD, Roberta Executive Director	Planned Parenthood Association of B.C.	266-1381
McLEOD, Dr. W. Alastair * Physician AIDS Care Team	302-1160 Burrard Street, Vancouver V6Z 2E8	688-1388
McWATTERS, Dr. Dorothy Physician	307-1160 Burrard Street, Vancouver V6Z 2E8	681-7171
MANN, Ken Co-facilitator, Seropostive Support Group	AIDS Vancouver	687-2437
MARR, Dr. Peter Physician	3-1144 Robson Street, Vancouver V6E 1B2	669-5669
MATHIAS, Dr. Rick Epidemiologist AIDS Vancouver Advisory Board National Advisory Committee on AIDS	Department of Health Care and Epidemiology, University of B.C.	228-4757
MAYNARD, Dr. Mike Physician AIDS Care Team	2730 Commercial Drive, Vancouver V5N 5P4	872-5677
MILLER, Barbara * Vice-president	Home Support Association of B.C. 350-145 West 17th Street, North Vancouver V7M 1V5	984-9511
MILLER, Dr. Gary * Physician	Respirology and Critical Care Medicine,	984-7397

	201-122 East 14th Street, North Vancouver V7L 2N3	
MOON, Joy * Counselling Psychology Masters student	1025 Boundary Road, Vancouver	299-4828
MORETON, Lillian Executive Director	B.C. Long Term Care Association	734-1484
MULLENS, Anne Writer	The Vancouver Sun, 2250 Granville Street, Vancouver V6H 3G2	732-2154
MURPHY, Dan * Life Skills Counsellor	Rehabilitation and Counselling Services	299-3447
MUSCLOW, Michael * Support Group Facilitator	AIDS Vancouver	687-2437
NITZ, Dr. Rod Physician	2475 Yew Street, Vancouver V6K 4J9	736-2411
PALMER, Randy * Assistant to the Housing Committee	AIDS Vancouver	687-2437
PEEL, Brian * Coordinator, Practical Support Group	AIDS Vancouver	687-2437
PERRY, Margaret Coordinator of Volunteer Services	Vancouver Hospice Program	876-4621
PETERSON, Carl * Sheriff	Provincial Courts, Escort Section	660-4241
PFAFF, Virginia Social Work Consultant	Vancouver Hospice Program	876-4621
PRICE, Gordon * Coordinator of Information and Education	AIDS Vancouver	687-2437
PURCELL, Stephen Member at Large, Executive (Assistant Treasurer)	AIDS Vancouver	687-2437
QUIJANO, Gina Solicitor	Shrum, Liddle & Hebenton, 1300-999 West Hastings, Vancouver V6C 2W5	669-2611
RABENECK, Dr. Linda Physician AIDS Care Team	590-1144 Burrard Street, Vancouver V6Z 2C7	681-1935
REKART, Dr. Michael Director of VD Control AIDS Vancouver Advisory Board	AIDS Antibody Testing, Evaluation and Counselling Clinic, Ministry of Health	874-2331
REMPLE, Dr. Stan Assistant Deputy Minister	Community Care Services, Ministry of Health	387-4780
RIGBY, Dr. Norman Executive Director	B.C. Medical Association	736-5551
ROSE, Loree Board Member Instructor in Human Sexuality	AIDS Vancouver	687-2437
ROSE, Valerie	3-144 West 10th Avenue,	876-7503

	Vancouver V5Y 1R8	
ROZECKI, Dr. Bill Area Medical Director, West	Air Canada Medical Office	278-1262
SABEAN, Chris * Solicitor, AIDS Vancouver	1800-1140 West Pender Street, Vancouver V6E 4G1	682-2722
SAND, Cythia Feminist writer	Kinesis, 417-1543 East 5th Avenue, Vancouver V5T 4P1	875-1543
SCHECHTER, Dr. Martin T. Project Epidemiologist	Vancouver Lymphadenopathy/ AIDS Study, St. Paul's Hospital	228-3081
SCORSE, Ken * Director of Training	St. John Ambulance	321-2651
SEGAL, Dr. Sidney Pediatrician	Centre for Developmental Medicine	875-4270
SESTAK, Dr. Phil Physician AIDS Care Team	315-1200 Burrard Street, Vancouver V6Z 2C7	687-3820
SHERLOCK, Dr. Chris Virologist	Virology Lab, Department of Microbiology, Vancouver General Hospital	875-4630
SIMPSON, Sandy Executive Director	Elizabeth Fry Society	873-5501
SMITH, Elaine * Assistant to Coordinator of Support Services	AIDS Vancouver	687-2437
SMITH, Ken * Chairman	Vancouver Gay and Lesbian Community Centre	684-6869
SOROCHAN, Michael Director of Continuing Care	Health Department, City of Vancouver	873-0232
SOUTHWELL, Barb * Manager, Labour Relations - Flight	Canadian Pacific Airlines	270-5336
STEPHENSON, Sean * Office Manager	AIDS Vancouver	687-2437
STOKES, Shirley Instructor	Staff Development, Emergency Department, Vancouver General Hospital	875-4995
STONE, Beverley * Supervisor/Shop Steward	Burnaby Association for the Mentally Handicapped	291-6086
STURTEVANT, Darryl * Program Consultant	Health Promotion Directorate, Health Promotion Branch, Health and Welfare Canada	666-6063
SULLIVAN, H. Grant *	AIDS Vancouver Island	384-4554
SWANSON, Pamela * Clinic nurse	AIDS Antibody Testing, Evaluation and Counselling Clinic	660-6161
TATE, Jeremy Acting Director	Facilities Planning and Construction, Ministry of Health	387-2500
TAMBELLINI, Denise	Vancouver Crisis Centre	733-1171

TAYLOR, Robert Program Director, Advanced Programs	Police Academy, Justice Institute	228-9771
TEAL, Dr. Phil Senior Medical Consultant	Emergency Health Services Commission	387-2662
TEIXEIRA, Bryan Psychologist ARC Support Group Seropositive Support Group Well But Worried	405-1763 Nelson Street, Vancouver V6G 1M6	685-7701
ter BRUGGE, Roy *	106-1610 Haro Street, Vancouver	689-4209
THOMAS, Dr. Eva * Virologist,	Children's Hospital	875-2345 (l. 7458)
THORDARSON, Dr. Roy Registrar	College of Dental Surgeons of B.C.	736-3621
THURSTON, Dr. Lyle Physician	2185 West 4th Avenue, Vancouver V6K 1N6	733-3010
TIVEY, Bob * Project Director	AIDS Vancouver	687-2437
TRENHOLME, Jim AIDS Vancouver Housing Committee	AIDS Vancouver	687-2437
TRESTOR, Perry Vice-president	College of Dental Surgeons of B.C.	688-7781
TUCKER, Pat * Therapist	2243 Triumph Street, Vancouver V5L 1L2	255-8627
TWENTYMAN, Terry * Co-Chairman	Canadian Airline Flight Attendants Association, National Committee on AIDS Education, 1102-1501 Haro Street, Vancouver V6G 1G4	685-5443
VICHERT, Bruce * Secretary AIDS Vancouver Housing Committee	AIDS Vancouver	687-2437
WASS, Dr. Hilary * Chairman, AIDS Vancouver AIDS Care Team	310-1144 Burrard Street Vancouver V6Z 2A5	684-4228
WAYE, Ivan Centre Coordinator	SEARCH	684-6869
WEBBER, Dr. William A. Dean of Medicine	Faculty of Medicine, University of B.C.	228-2421
WEBER, Susan * Sex therapist	Pacific Coast Centre of Sexology	876-6917
WELSH, Michael * Coordinator of Support Services	AIDS Vancouver	687-2437
WESTWOOD, Barb Nurse Consultant/Trainer	Community Homemaker Service Association	873-0277
WEINSTEIN, Dr. Pauline Chairperson	Vancouver School Board	731-1131

WILLOUGHBY, Dr. Brian Physician AIDS Care Team AIDS Vancouver Advisory Board	408-1160 Burrard Street Vancouver V6Z 2E8	669-1331
WILLMAN, Dr. Marilyn Professor and Director	School of Nursing, University of B.C.	228-7743
WINDGROVE, Brian * Social Worker	Social Services Department St. Paul's Hospital	682-2344 (l. 2252)
WOERMKE, Lorie, Home Care * Nurse	Robson Health Unit, Health Department, City of Vancouver	683-6571
WRAIGHT, Lois * Volunteer	Vancouver Hospice Program 201-828 West 8th Avenue, Vancouver V5Z 1E2	734-7586

AIDS VANCOUVER

NETWORKING CONFERENCE

May 30/31, 1986
Gordon House

EVALUATION

Please rate the sessions you attended (1 -low, 5 - high)

CONFERENCE OVERALL	1	2	3	4	5
FRIDAY, MAY 30 - 7:30 pm PLENARY SESSION	1	2	3	4	5
SATURDAY, MAY 31					
9:00 am FIRST WORKSHOP SESSION (Pre-assigned)					
(1) Housing and Hospice Services	1	2	3	4	5
(2) Legal Issue of AIDS	1	2	3	4	5
(3) Planning for the Future	1	2	3	4	5
(4) Public and Emergency Services	1	2	3	4	5
(5) Reaching Out to the Hard to Reach	1	2	3	4	5
(6) Research on AIDS	1	2	3	4	5
(7) Support Services and Coordinated Care	1	2	3	4	5
(8) Workplace and AIDS	1	2	3	4	5
11:15 am SECOND WORKSHOP SESSION (Unassigned)	1	2	3	4	5
Name of Workshop:					
2:00 pm PLENARY SESSION - Main Hall	1	2	3	4	5

PLEASE TURN OVER

PLEASE COMMENT ON THE ORGANIZATION OF THE CONFERENCE. (For instance: Were directions adequate? Was there enough time for the sessions? Was the agenda clear? Were the topics appropriate? Were the facilities adequate?

WHAT WOULD YOU CHANGE OR ADD TO THE MANUAL?

WHAT WOULD YOU RECOMMEND AS FOLLOW-UP FOR THIS CONFERENCE?

IN WHAT WAYS WOULD YOU IMPROVE THE CONFERENCE?

WHAT AGENDA TOPICS WOULD YOU RECOMMEND FOR THE NEXT CONFERENCE?

WOULD YOU SUBSCRIBE TO "THE WEEKLY UPDATE" FOR $30 PER YEAR: YES NO