

ISSUE # 29 JUNE 1989

# Newsletter

To Kevin

You have been successful, Kevin, in so many ways that forcefully live on. Your accomplishments are many. In the early days you were the first to 'put a Human Face' to AIDS, you spoke out in the media and everywhere you could against the negative messages so pervasive. You brought forward so well that you weren't going to be a victim, that you weren't willing to sit in a corner and weep but that you'd get up and fight. You said "I have nothing to be ashamed of by having this disease." You were instrumental in speeding the delivery of AZT for Canadians and one of the first to take it. You went to Ottawa in the summer of 1986 to make our presence known to the Minister of Health.

Your deeds live on now in so many others and especially with the organization you worked so hard to create. The concern you had about your 'child' not surviving can be laid to rest. The PWA is solid now in structure and will continue to thrive as long as it is needed.

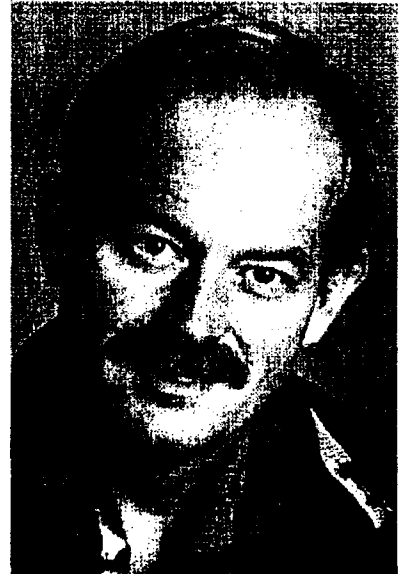
The strong message of hope and the statement that we "are part of the solution, not the problem" continues to inspire many every day and our hope and ability to help solve the problem of AIDS grows and grows.

Thank you Kevin for leading us from the darkness, for helping us realize that we do have the power to make a difference. Thank you for the courage you gave to demand the respect we deserve, help others, and to fight for what we feel is right.

There are few people who fit into the category of hero in this struggle and you are one of the magnificent ones.

Thank you again from all of us.

A.K.



## How To Get Pentamidine

As many of you are now aware the open-label study to assess Aerosolized Pentamidine as prophylaxis is no longer enrolling. This study had been open to anyone who had one or more bouts of Pneumocystis Carinii Pneumonia (PCP).

Fisons Corp. is the company that has been supplying the drug and a decision by Fisons has led to closure of enrollment in this study. A questionable move to say the least, since there is no regular access to this therapy pending completion of the Drug Review Process.

The research has been substantially completed. Aerosolized Pentamidine is an effective treatment as primary and secondary prophylaxis for PCP. However, the Drug Review process is not yet complete and the therapy is not yet approved for use.

The ball has been tossed to the physicians and patients who might benefit from this treatment.

At present there is only one method of obtaining this therapy, namely the Emergency Drug Release Program. However, physicians have been reluctant, perhaps with reason, to make application.

It is regrettable that Fisons has apparently attempted to speed the drug review process by holding HIV-infected people hostage.

However any physician in Canada can prescribe pentamidine and teach his/her patient how to use a nebulizer. In smaller centres, where people have not had access to the study on A.P., physicians have been prescribing the Rhone-Povlenc product and supervising its administration themselves. They have been using this treatment where many big-city doctors are still uncomfortable with A.P.

The Rhone-Povlenc product is apparently the same as that produced by Fisons. The Rhone-Povlenc product, though licensed for IV use, can be and is indeed being used successfully in aerosol form to prevent episodes of PCP. A nebulizer can be obtained through any medical supplier.

The routine is an initial "load-up" period where 5 doses of 60 mg. in 3 ml. of sterile water are given over two weeks. From then on bi-weekly doses of 60 mg. in 3 ml. sterile water are given. As the Rhone-Povlenc product comes in 300 mg vials, it is recommended that the entire vial be put into solution and then divided into five containers. The unused doses can be immediately frozen and used as needed.

The portable nebulizer used should produce a mean particle size of three microns with no particles over five microns. Our research indicates that a suitable nebulizer is the Port-A-Sonic manufactured by DeVillbiss. It costs approximately \$450.00 and produces the desired particle size. There are other ultrasonic nebulizers on the market offering similar acceptable levels of performance.

We now have a preventative for the disease that is a major killer of HIV-infected people, and it has been shown to work. Let's get this treatment to people who can use it in time to prolong and save lives.

For more information on nebulizers, administration, and prescribing, please call the office for info-packs which will be sent to any interested party.

Advocacy Committee

## Vancouver PWAs Check out a Promising Therapy for Advanced AIDS

In several centres trials are underway or in the planning stages to study Passive Immunotherapy.

Briefly, this therapy consists of collecting blood from HIV positive donors who are in a relatively good state of health, extracting from the blood the antibody rich plasma. Recipients with more advanced cases of AIDS are given this plasma by transfusion after it has been treated to make it safe and free of active virus. This therapy holds the promise that persons who cannot any longer produce their own antibodies to mount an effective Immune System response to HIV infection can benefit from antibodies borrowed from suitably chosen donors.

Initial research conducted by Dr. Abram Karpas, Assistant Director of Research, at the Department of Haematological Medicine at Cambridge University, as reported in The Lancet Journal of Medicine, September 17th 1988, indicates that Passive Immunotherapy may be a treatment option for those with AIDS or AIDS Related Conditions (ARC).

We are working to educate ourselves and to arrange study sessions, seminars, and presentations by people working in this intriguing area of research. We are investigating the feasibility of having a study set up in B.C. in which our members might participate, both as donors and as recipients of antibodies.

We have prepared an information pack on Passive Immunotherapy and it is available in the PWA library.

Douglas Starrat

### WHY RIBAVIRIN?

Crumpacker et al, reported on a phase 1 study in ARC/AIDS consisting of 3 consecutive treatment periods; (14 days, 8 weeks, 12 months). Dosage in each treatment period: 3 day loading dose of 1200 mg bid (2400mg/day) followed by 300mg bid (600mg/day). Crumpacker noted that 9 AIDS/ARC subjects were HIV positive at baseline RT culture or RNA dot-blot assay; during 8 weeks ribavirin treatment, 6/9 subjects tested HIV negative at one or more time points. 9/14 AIDS/ARC subjects were reported to have two-fold increase in lymphoproliferative response. 5 AIDS subjects and 3 ARC subjects were enrolled in the 12 month treatment; of these, 2 AIDS subjects and 2 ARC subjects remained alive after one year and continued on treatment.

**Toxicity/Side Effects:** Treatment with ribavirin has been associated with mild anaemia, elevated bilirubin, insomnia, headache and irritability. Crumpacker reports that treatment was well tolerated by both AIDS and ARC subjects. The only significant adverse effect reported in AIDS patients treated for 8 weeks was a decrease in hematocrit, requiring transfusion in 1 of 10 subjects. (excerpt from AmFar Experimental Treatment Directory Aug./'88.)

## AN OPEN LETTER TO THE PWA COALITION:

This article is the first of a series which I hope will explain and clarify the services of the Continuing Care Program and also provide a forum between Continuing Care and the PWA Coalition Members. By utilizing the newsletter, it is hoped that communication can be made in two ways. If you have any concerns about Long Term Care or Home Care (Continuing Care), you can be sure there are many others with similar questions and concerns. Perhaps the newsletter can include these questions in the future articles, and give answers and explanations.

The Continuing Care Program has been providing Home Care and Home Support Services since January 1978. Those eligible for Home Support (Long Term Care) Services include people with chronic illnesses, long-term disabilities, or life-threatening illnesses. There is a B.C. residency requirement of 12 months.

Care is provided in the home to maintain an optimum level of independence and to allow someone to remain in their own home with assurance that the home environment will be kept in a safe healthy condition. Personal care services are also available. In some situations Home Support Workers can provide a fairly high level of care for someone, and together with other Hospice team members, plans for a comfortable home death can be developed. Our Hospice Program is a combination of all field staff involved, plus a Core Team of Consultants.

Many PWA's over the past few years have been referred to both Home Care (Nursing and Rehabilitation) and Long Term Care for Home Support services. A Long Term Care (LTC) Case Manager assesses the person's need and the home situation, interprets LTC policies and guidelines, and assists the person in developing a care plan best suited to the PWA'S needs and existing resources.

Because AIDS can result in very acute and fluctuating conditions, assessment of needs and meeting those needs requires ongoing re-

visions of care plans and has been a challenge to us all.

If you have questions relating to a specific individual situation, contact the LTC Case Manager (for the West End call 736-9844). If you have a general question, or want further clarification of any aspect of home services, and think that others might be interested, talk to Alex of the Newsletter Committee. He will communicate these to me, and I will attempt to answer them in the next newsletter.

**To Make a Referral:** In addition to the overview presented above I also want to add referral information. Please call your local health unit if you need help at home. The West End number is noted above. For information on which health unit to call outside the West End, call Continuing Care 736-1661, and you will be directed to your local health unit. It is preferable to make a referral early and to become aware of the resources available to you. Should you need help in a crisis situation, it will be much more readily available to you, if you have taken this step.

Further articles may include a more thorough discussion of Home Support Services Plans, duties of home support workers, liaison with community resources, St. Paul's IDC, Hospice, and other services. What would you like to know more about?

Pauline Fisher  
Long Term Care Coordinator  
Burrard Health Unit  
West End 734-9844

## PWAs HASSLED AT US BORDER

We have been requested to document cases of anyone hassled or turned away at the US border due to HIV related reasons. For example, if you were turned away because AZT was found in your luggage, we need to hear about the incident. Give the date, place, and sequence of events, as best you can, when documenting your case. You DO NOT need to use your name anywhere in your documentation, but initials or a pseudonym are welcome if you so wish. The request for examples of this problem comes from the organizers of the VI International Conference on AIDS scheduled for San Francisco in 1990. They want to make sure that US Customs and Immigration will not stop PWAs headed to next year's conference. As you are aware U.S. and Canadian immigration policy is restrictive to disabled persons in general and is an ongoing problem for gay people in particular. We can all work together to correct this problem. Write, call us, or record a tape and send it to: Attn. Advocacy Committee.

## Confessions of Bystanders

We have to confess in humble honesty that we were deeply perturbed by the last newsletter mail-out which had an insertion from the religious organization Dignity. We had a sense of shock and disturbed dismay in having received this through the mail. Clearly we both felt that as members of the Coalition that we had joined because HIV was a health issue and not a religious issue. Neither of us felt that preference should have been given to a special interest group especially right through our mailing list. No doubt, the basic fundamentals of our society is to act as a resource base for information pertaining to all the varied problems as a result of infection. The founding members have always been adamant concerning the involvement of special interest groups. Our strength and dignity lies within ourselves as a collective Coalition, and not in special interest groups. That's not to say that we should not always remain in open dialogue.

As full members of the Coalition and on the mailing list there was a sense of personal rights being violated by receiving a religious questionnaire in the mail. We feel that the form should be made available through the Coalition lounge as one of many hand-outs, but at the choosing and discretion of the individual as they so choose. To peddle something of religious import is offensive and a clear breach of the idea that our mailing list is for HIV related issues. We randomly asked several members about the questionnaire, and while most professed to having a personal sense of inner spirituality most were still surprised that we would abuse our mailing list to accommodate a special interest group. The following are mini quotes from some concerned members. F.I. AND M.A.P.

- 1) Is it really relevant? It's a lot of paper that I just threw out. Further, I thought it to be tacky, and moreover I don't like junk mail R.H.
- 2) Pastoral Care and proselytizing on its behalf through our mailing list is annoying, and rude to our members. M.E.
- 3) I did not think it was informative, but I did not really mind it. D.S.

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## CONFESSIONS

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4) I firmly believe in separation of Church and State and of our Coalition and Special interest religious groups. I was upset over religious literature on my doorstep. It is an abuse of our mailing list on behalf of religious proselytization. J.K.

5) The form should only be made available by hand pick-up through the lounge. Anonymous.

6) I don't think we should be mailing out things on religion. B.M.

7) I thought we were not suppose to be associated with any religious affiliation. C.P.

8) I did not think much about it. I put it in the garbage. No further comments. L.E.

9) I don't think we should be mailing stuff like that out. They can be made available at the office. It was not right to mail it. T.L.

10) Mail outs of this nature are fundamentally wrong, wrong, wrong! F.I.

11) In my own soul I am free and I do want to reveal my spiritual needs through a tactless survey. Spiritual needs are special, and the intensity of all our inner struggles cannot be qualified in a phony survey. Surveys on religion are de-humanizing. I think that mail-out was a bad mistake. M.A.P.

## To the 'Bystanders' Re: the Dignity Pastoral Care Project Questionnaire

The term 'pastoral care' is undefined as it relates to AIDS in Canada at this time. The form sent out with the last newsletter is a part of the process to define this term and to make known the needs and concerns of those affected by this disease. In other centres (ie. in the U.S.) this process has resulted in multi-denominational umbrella groups which provide services of many kinds, including food, housing and many other forms of practical help to persons with HIV/AIDS.

One of the goals of our organization is to solicit and facilitate assistance from all segments of the community. To limit 'special interest' groups creates a great problem. How do you define 'special interest' and who draws the line?

Throughout the history of our group we have facilitated many programs by 'special interest' groups, many of which have appeared in the newsletter and still do. Our members are from different persuasions and backgrounds and we reflect this. The Dignity questionnaire also reflected a multiplicity and was not focused on one particular denomination. This multiplicity implies choice and you have the choice to accept or reject help or participation in activities

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whether they have to do with spirituality, complementary therapies, medical treatments or practical care.

PWA has recently met with other religious groups to try to inform and encourage them to provide the things that people with HIV/AIDS need and to plan for their delivery. This is largely an untapped resource in our community. Do we reject a financial donation because it comes from one of these 'special interest' groups? Who do we enlist to help those in need? Do we limit the choices available? Are we not capable, each and every one of us of making those choices and again, if not, who draws the line?

A .K.

## DARE

Dare to try. Dare to love. Dare to make a commitment.  
 Dare to take a risk.  
 If you don't dare to take a risk, you'll never get ahead,  
 You'll never solve your problems.  
 To laugh is to risk appearing the fool.  
 To weep is to risk appearing sentimental.  
 To reach for another is to risk involvement.  
 To expose your feelings is to risk exposing your true self.  
 To place your ideas, your dreams, before a crowd is to risk  
 their loss.  
 To love is to risk not being loved in return.  
 To live is to risk dying.  
 To believe is to risk despair.  
 To try is to risk failure.  
 But risks must be taken, because the greatest hazard in life  
 is to risk nothing.  
 The people who risk nothing, do nothing, have nothing, are  
 nothing.  
 They may avoid suffering and sorrow, but they cannot learn,  
 feel, change, grow, love, live.  
 Chained by their attitudes they are slaves; they have  
 forfeited their freedom.  
 Only a person who risks is free.

President's Newsletter, November 1982,  
 Phi Delta Kappa,  
 Bloomington, Indiana.

## L.A. SYMPOSIUM

The Advanced Immune Discoveries Symposium in L.A. in February 1989 was a success in that its message was multi-dimensional, and quite diversified. Many viewpoints and lectures came from the many different areas of natural therapies. The Conference was headed by Dr. Laurence Badgley an M.D. who has a medical practice in California.

The key idea of the Conference is that AIDS/ARC is not necessarily fatal, and that a certain degree of health can be regained in persons who are infected with whatever virus it is that causes the AIDS state. Dr. Badgley who opened the Conference has been studying and applying the methods of natural therapy since 1972, four years after Yale Medical School. He is the author of the textbook, ENERGY MEDICINE, and he has addressed many International Conferences of which the L.A. Symposium was just one. In a nutshell the Conference was an objective view of the alternative treatments for AIDS.

For example, Dr. Pachuta is a specialist in internal medicine and infectious diseases in the state of Maryland. He was a powerful speaker in the field of guided-imagery and therapies for AIDS through actual visual imagery in Healing People with AIDS. You've got to have a vision-quest, and you've got to put the whole of yourself into it, and not just a particular part. Dr. Pachuta says, "By overcoming sub-conscious barriers and unfolding one's individual blindness to denial a slow, but sure process of healing can unfold itself." Coming to mental terms with your inner determination is the key to developing an effective HIV strategy through the natural therapy of Imagery. Visualization may not be a cure, but an inner stepping stone to allowing oneself to develop a more effective over-all HIV strategy. In the world of Guided-Imagery guilt is classified as immuno-suppressive. Affirmations of being a long-term-survivor is one step to removing barriers so that you can get on with practical, hands-on protocols.

Dr. Cantwell was also present and lectured on the origins of AIDS with his many theories

of which one is that the new epidemic and its real truth is often frequently repressed. He has published six scientific reports on Kaposi-Sarcoma and AIDS. He talked about germ-warfare, and foul-play theories and that the most likely culprit that causes AIDS is yet to be discovered. That notion states its sufferers could possibly be prey to a CIA experiment in biological-warfare that has gotten out of hand. Whatever the case may be he was a popular figure. It was clear, however that the AIDS movement had politically changed the rate of long-term survival for people with AIDS.

About 35% of the better lectures were on the use of mega-doses of Vitamin C in the form of Calcium-Ascorbate. It was amazing to have the use of mega Vitamin C confirmed at the Conference amongst so many possible natural therapies. Dr. Jaffe and Dr. Cathcart cited several positive statements about the use of Vitamin C. Both of them as well as other researchers such as Dr. Linus Pauling, and Dr. Brighthope feel there is no reason why a mega Vitamin C regimen in the form of Calcium Ascorbate should not be instituted for every person with AIDS or just the antibodies to HIV.

There was also a lot of lecturing on Homeopathic Educational Services and AIDS. In homeopathy, a medicine is chosen based on the "law of similars"--that is, a substance which creates in overdose a specific set of symptoms in a healthy person will cure these similar symptoms in a sick person when given in minute doses. A growing number of medical scientists are finally recognizing that symptoms are the body's natural efforts to adapt to stress and or infection. The homeopathic medicines work so effectively because they work with, rather than against this inherent immune and defence process.

The Long-term-survivors panel was one of the highlights of the Conference. There were people living with full-blown AIDS who were originally diagnosed back in 1982 which means they had survived seven years with an AIDS diagnosis. Some of the patterns that the Long term survivor felt that

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## **The Vth International Conference on AIDS will be held in Montreal from June 4-9, 1989.**

After much hard lobbying, scientist and governments are now willing to listen to the voices of persons with AIDS and the community, recognizing our valid, continuing contribution in the fight against AIDS. This year's meeting will be the first time the focus will shift from an exclusive bio-physical-medical perspective to include the social dimensions of the problem. This came about because of the dedication of many committed volunteers who are pressing world governments for a humane and rational response to AIDS.

The Vancouver Persons With AIDS Society, represented by Don Degagne, was invited by the conference organizers to solicit presentations and organize participation of community based/non governmental groups who deal with AIDS on the front lines around the world. Many important groups and individuals will be able to have a voice and make that voice heard within the context of this important international arena because of the intervention of this working coalition.

We have been asked to participate in the 2 day pre-conference "Opportunities for Solidarity", an international meeting of non-governmental organizations involved in community AIDS service.

The objectives of the Pre-Conference: 1. To allow organizations dealing with AIDS to identify and deal with problems affecting their performance, particularly in the areas of management and communications; 2. Establishment of clearer network connections and links between AIDS-specific organizations and development related non-governmental organizations (NGO's) 3. Identification of specific opportunities for inter-agency co-operation; 4. Orientation and preparation for the Vth International Conference which follows.

### **Conference on AIDS**

The Vth International Conference invited the late Kevin Brown to represent persons living with AIDS worldwide as the only PWA in the opening ceremony. Warren Jensen will be speaking on his behalf and Kevin will be presented by pre-taped video, June 4th, 2:00-4:30 pm (PST) (broadcast live locally on Ch. 34)

Don DeGagne will address the scientific community at the Opening Plenary session of the Vth which introduces the tone and content of the week's events, as well as providing the welcoming remarks at the opening plenary of the Pre-conference.

PWA members Greig Layne, Alex Kowalski and Don will be attending the Pre-conference. Alex will be involved in a panel called Co-operative Ventures.

In the Main body of the Vth our delegates will be participating in:

#### **1. four panel discussions:**

**Living with AIDS**

**AIDS and Self Help**

**AIDS and the family**

**Drug Trials and Accessibility**

**2. Don DeGagne will be liaising between the press and HIV/PWA's from around the world.**

**3. We will be acting as co-host with Montreal PWA's at the "Welcome Centre", sponsored by the Red Cross.**

**4. Our delegates will be attending as many of the presentations as possible, seeking new information on new drugs and treatments, availability and access as well as many other relevant issues.**

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**5. We will be networking with PWA's and AIDS organizations from around the world.**

**Our participation in the Fifth International is recognition of the Vancouver Persons With AIDS Society as one of the more successful PWA's organizations and helps us to realize our future goals: That it be recognized on a National and International level that people living with AIDS/HIV are an integral, equal, fundamental, functioning component of every AIDS Organization, Non-Governmental Agency and AIDS Service Organization.**

**Knowledge is the best tool we have and the whole community benefits from our activities. Thank you for your support.**

## **P.C.P. PROPHYLAXIS**

### **BACTRIM OR SEPTRA IN COMPARISON TO AEROSOLIZED PENTAMIDINE**

**According to Rodger Pettyjohn of the New York Persons With AIDS Coalition Newsletter, the first drug of choice is oral Bactrim or Septra.**

**Pettyjohn cited reasons why Bactrim/Septra is preferred over aerosolized pentamidine. First, it is less expensive, and, second it is easier to take because it is in pill form. If a person has a low T-cell count, and has not yet had P.C.P., and has ARC, he/she only has to take two pills orally three times a week. e.g., either a M.W.F. or a T.TH.SAT. It's really quite simple if you can tolerate Bactrim/Septra. Most important, and most often not considered is that oral Bactrim/ Septra gives systemic protection for infections caused by the organism pneumocystis carinii.**

**Pettyjohn, on page 41 of P.W.A. Coalition Newsletter, Issue #43 further says, "The major problem is that many people are allergic to sulfa drugs, of which Bactrim/Septra is one." Side effects of oral doses for prophylaxis are rare if you can tolerate it. The oral dose is not difficult to take. For those who cannot tolerate oral Bactrim/Septra there is aerosolized pentamidine which has recently been released by the Emergency Drug Release Program (E.D.R.P.). However, says Pettyjohn, "persons at risk who can take Bactrim/Septra should do so not only for its wider protection value, but to keep the cost of pentamidine down". Clearly, if you are AIDS or HIV infected, without a bout of P.C.P., and want prophylaxis talk to your doctor, and consider early intervention. "For further reading and medical journal references on Bactrim/Septra prophylaxis see Don Shewey's thorough article on P.C.P. in Vol. 2, No. 6 of GMHC'S Treatment Issues" (P.W.A.C.N. Issue #43) available through the PWA Society.**

## **BE IT A LEAF, OR A FLOWER, OR FRUIT OR WATER**

That a zealous soul may offer with love's devotion. That I do willingly accept For it was love that made the offering Even those who worship other Gods with love And sacrifice to them, full filled with faith Do really worship Me Through love they come to Me.

**Bhagavad-Gita**

## **WHOSO AT THE HOUR OF DEATH**

Abandoning his mortal frame Bears me in mind and passes on Accedes to my Divinity: have no doubt of that. Then muse upon Me always And go to war For if thou fixest mind and soul on Me, To Me shalt thou most surely come.

**Bhagavad-Gita**

## **FROM THE HINDU UPANISHADS:**

"In the beginning there was only the great self reflected in the form of a person. Reflecting, it found nothing but itself. Then its first words were, 'This am I.' Then God realized, I indeed, I am this creation, for I have poured it forth from myself. In that way God became this creation. Verily, he who knows this becomes in this creation a creator.

## **JOSEPH CAMPBELL:**

This is the clincher there. When you know this you have identified with the creative principle, which is the God power in the world, which means in you. It is beautiful!

## **FROM THE BOOK "The Power of Myth",**

**INTERVIEWER BILL MOYERS ASKS MYTHOLOGIST JOSEPH CAMPBELL:**

*"But aren't many visionaries and even leaders and heroes close to the edge of neuroticism?"*

**YES THEY ARE.** They've moved out of the society that would have protected them, and into the dark forest, into the world of fire, of original experience. Original experience has not been interpreted for you, so you've got to work out your life for yourself. Either you can take it or you can't. You don't have to go far off the interpreted path to find yourself in very difficult situations. The courage to face the trials and to bring a whole new body of possibilities into the field of interpreted experience for other people to experience - that is the hero's deed.

# ONGOING

**DROP IN CENTER / LIBRARY:** The Coalition Library and Drop In Center is open weekdays from 1 p.m. to 5p.m., as well as Wednesday evenings from 7 p.m. to 9 p.m.

## MONDAY:

**BODY POSITIVE SUPPORT GROUP:** sponsored by AIDS VANCOUVER (Testing HIV Positive) Confidential Discussion Group meets Monday evenings at 8 p.m. at Gordon House, 1019 Broughton St. For more information contact Ken Mann at AIDS VANCOUVER 687-2437  
**BUDDY SUPPORT GROUP:** For Buddy's sponsored by AIDS VANCOUVER. Meets every SECOND MONDAY AT 7:30 p.m., at GORDON HOUSE, at 1019 BROUGHTON.

## TUESDAY:

**PROGRAM COMMITTEE MEETING:** 11 am - 12:30 p.m., Members welcome and encouraged to participate.

**PERSONNEL COMMITTEE MEETING:** 2:30 p.m. You may have a talent or experience that would help. Come and find out.

**"LIVING IN THE MOMENT" MEDITATION CLASS:** From 2p.m. -4p.m. This class is open to PWAs/PWARCs, sero-positives, friends and supporters. For more information and location, please contact Kristin at 872 - 0431.

**SUPPORT MEETINGS:** Every Tuesday evening from 7:30 - 8:30 p.m., at the Coalition Drop In Center, at 1170 Bute Street. These meetings are open to PWA/PWARCs only. Discussions about concerns held by the group at the time of the meeting. A good place to talk about your fears, concerns, and triumphs.

## WEDNESDAY:

**ADVOCACY COMMITTEE MEETING:** 11 am - 12:30 p.m. Deals with political and legal issues, members are encouraged to attend and get involved.

**FINANCE COMMITTEE MEETING:** 2:30p.m. - 3:30 p.m. Come and lend a hand, help is always needed

**DROP IN CENTER:** The Drop in center/library is open Wednesday evening from 7:00 p.m. to 9:00 p.m., at the Coalition office, 1170 Bute Street. There is no meeting as such, just an opportunity to meet other PWA/PWARCs, have a cup of coffee, and check out our library. If you can't stop by during the day, make sure you come by Wednesday night.

**HEALING CIRCLE:** 7:30 SHARP - 9:00 p.m. on the first floor lounge of the Comox Building of St. Paul's Hospital. Facilitated by various volunteers, The Healing Circle is open to all members, their friends, supporters, etc. Please support this worthwhile event. PLEASE BE PUNCTUAL.

**MONTHLY MEDICAL FORUM:** Between the medical community (ie. St. Paul's AIDS Care Team members) and the consumers of their services (our members and other concerned individuals). This takes place the first Wednesday of every month at 7:30 p.m. at the GLC for more information about this months topic or to suggest subjects for future forums, contact the PWA office.

# G EVENTS

## THURSDAY:

**BOARD OF DIRECTORS MEETING:** 1:00 p.m. at the Coalition office. Open to all interested members. This your opportunity to stay abreast of Coalition activities, and have a voice in our future. The four standing committees (Advocacy, Finance, Personnel, and Program) are always open to new volunteers, and welcome your participation.

**PERSONNEL COMMITTEE MEETING:** 4 p.m. - 5 p.m. You may have a talent that would help.

**TAI CHI CLASS:** At this time Tai Chi class has been suspended. If there is interest shown the classes can continue. If you want to participate, please call the office and express this and we will start a list and endeavour to have this program again.

**GET OVER IT:** AA Meeting of special interest to HIV concerned persons. 7 p.m. in PWA Lounge.

**COPING WITH LOSS AND GRIEF:** Sponsored by AIDS VAN. Meets the FIRST and THIRD Thursdays of each month, from 7:30 to 9:30 p.m. at ST. ANDREWS WESLEY CHURCH LIBRARY at NELSON and BURRARD. For more information call 299-4828 or contact AIDS VANCOUVER at 687-2437.

**LOVERS, FAMILY AND FRIENDS:** Support Group sponsored by AIDS VANCOUVER. Meetings are held every Thursday evening at 7:30 p.m. in the LIBRARY of ST. ANDREWS WESLEY UNITED CHURCH, NELSON and BURRARD.

## SATURDAY

**BODY POSITIVE DROP IN:** Held in the PWA Lounge Saturdays from 11 until 3 p.m. For more information call AIDS VANCOUVER 687-2437.

## **BY APPOINTMENT ONLY:**

**REIKI:** A gentle yet powerful healing art, excellent in the management of fear, pain and stress in general. This is **FREE** to Society Members. Please contact Jackie at 683-3381.

**HEALING:** Healing sessions done privately, in a relaxing, peaceful environment. Just sit in a chair and be charged with relaxing, soothing energy. For more information, please contact Jackie at 683-3381.

**HAIRCUTS:** Hairdresser with 18 years experience will cut your hair at home any evening for \$6.00. Coffee and visit included. Inquire about Perms etc. For more information call Terry at 687-6551.

**PASTORAL CARE TEAM:** MCC Support Services for those who are sick, and counselling for those looking for spiritual comfort. Services include: Home and Hospital visits for the sick, spiritual and/or Christian counselling, relationship counselling and grief counselling. For more information call the office of Christ Alive Metropolitan Community Church at 681-8525.

## **NOAK'S ARK SEEKS CLOSER CONTACT:**

**SWEDEN'S AIDS CARE ORGANIZATION, NOAK'S ARK** (Swedish spelling), has paid staff of 30 and 500 volunteers. Created in conjunction with the Swedish Red Cross, Noak's Ark provides counselling, public education, emotional and practical support, plus temporary housing for PWAs.

While we were in Stockholm last June for the IVth International Conference on AIDS, we toured their facility and made friends among the staff and volunteers.

Our Swedish AIDS Care friends wish to maintain and expand their contacts with Vancouver. There are PWAs and volunteers who seek penpals and organizational contacts with Vancouver and Canada. That's you !

**PLEASE WRITE TO: NOAK'S ARK DROTTNINGGATAN 61 - 11121 STOCKHOLM, SWEDEN**

**Attn. ULF SEGANDER**

## What's new on the Horizon?

Recently, in the news a new promising drug GLQ223 or Agent 'Q' has come into focus. This drug which originally comes from China is a highly purified form of the plant protein trichosanthin. According to a study done in the S.F. Bay area it selectively killed AIDS-Virus infected cells during test-tube experiments. Anecdotal reports claim it appears that one injection of this drug kills the virus permanently and protects strong, healthy cells from becoming infected.

To date no human studies have been conducted on agent 'Q', but phase I human studies are to begin at San Francisco General Hospital in as early as four to six weeks from now. Even more exciting is that after treating HIV-infected individuals with a single dose of agent 'Q' or (GLQ223), some scientists said, "they found no macrophages with evidence of virus production, five days later." Macrophages are a very important special type of white blood cell, and are a key part of our immune system and sort of act like a police force in our immune system by destroying invaders. A famous scientist, Dr. Paul Volberding, a prominent AIDS researcher not known for showing undue enthusiasm for treatments, that are not absolutely proven came forward in early April '89, and stated that he is even quite excited about this new agent 'Q' which is found in the root of the Chinese plant from the cucumber family. As individuals it is important for us all to remain clearly abreast of new therapies whether they be from the medical establishment or an alternative therapy. Taking personal responsibility for being an active volunteer and an informed patient is one aspect of potentially being a long-term survivor. Hopefully we'll know more about agent 'Q' in a short while.

M.A.P.

We must emphasize that testing of this treatment is still in the very early stages and anecdotal reports about a drug that kills cells needs a lot more investigation. There are many things being tested and GLQ233 happens to be in the spotlight at this time. We are hopeful, but must wait for a lot more information. Ed.

## SUBMISSION WANTED

The coalition is assembling a manual for persons with newly diagnosed HIV/AIDS. The manual will have some artwork and photographic content.

We need graphic and photographic submissions from our membership and the community at large.

-Photo (Black and White or Colour) with good contrast, Xerox reproducible

-Graphic Art and Drawings (Maximum size 8 1/2 x 11)

The material will be reviewed and some of it will be used to 'spiff up' the manual. All material will be returned and can be left with Jackie at the coalition office.

For more information contact Steve Scribailo at the PWA office (683-3381)

## **Buddhist Insight Meditation**

We sit comfortably on couches and chairs, feet flat on the floor, and hands resting on our knees. Those who can't sit up lie on the floor with pillows. A small bell with incredibly beautiful tone is rung softly three times. Our Buddhist meditation begins. We will sit like this for the next forty minutes or so, concentrating on our breathing and gently trying to keep our thoughts and emotions from intruding by acknowledging their presence and going back to attention on the breath.

That's what we do while we're actually meditating, but the real story of the practice is how it affects one's daily life. I came to this Buddhist practice a year ago, seeking spiritual instruction and some release from all the whirlwind of emotions and problems associated with our damnable illness. Of all the therapies and practices I've tried, this is the only one which I continue faithfully and daily.

After the first few sessions I began to understand that the real thing was not in the meditating, but the spill over of whatever occurs in the meditation into my everyday consciousness.

This particular form of meditation is called "Insight" meditation. There are no mantras or other "anchors" beyond the breath: the goal is pure awareness -living in the moment. We seek not to eliminate destructive emotions but to be aware of their presence in the moment and by doing so, defuse them.

Our sessions, led by Kristin Penn, a long time teacher of Buddhist practice, begin with a discussion of issues which we raise: our problems and frustrations, or our achievements and good times during the week, somewhat like a support group. The similarity ends, however, when we talk about one or two issues derived from the initial discussion in the light of Buddhist thought. There are many parallels between Buddhist ideas and those of other religions and I find that echoes of my own Christian past keep coming up and are reinterpreted in less fearful and constricting ways. The Buddhist teachings are gentle and easily applied to our crazy lives.

So what has this practice done for me? Well one of the more dramatic changes has been a vast increase in patience. I am now better able to resist launching myself across some bureaucratic counter and throttling the person who is interfering with my life. I'm much better able to mentally stand back, take a deep breath, realize that there is nothing I can do about this person, and wait it out. Things will unfold as they will, but without me having a stroke and without doing the poor dingbat permanent injury. Another useful result happens where we spend most of our time -waiting rooms. The spill over from meditation makes waiting much easier, and if you want you can meditate right there. The time passes very quickly.

So, if you think you might like to try this comforting practice; if you feel you have need for some spiritual/philosophical exercise; you might give our insight meditation group a try. Call Jackie at the office and get Kristin Penn's number. You can call her and make arrangements to come to our group. We meet in the West End on Tuesday afternoons from 2:00 'til 4:00.

**Bill Ives**



**L.A. SYMPOSIUM**

Continued from page 8

they had in common were the following: 1) they were politically involved; 2) they had reckoned with their spiritual self; 3) they practised P.C.P. prophylaxis; 4) all were involved, and 'active' volunteers in some type of P.W.A. organization; 5) all were into taking control of their lives and combining natural therapies with medical therapies.

Ultimately, no one has the ability to sit in judgement on alternative therapies. It is clear that certain opinions exist in the area of health. It is always important to remain informed, and your doctor can help, but also consider your own views and homework as valuable. If you are interested in hands-on AIDS therapies you might consider reading, "Healing AIDS Naturally" by Dr. L. Badgley M.D. (1987) or, "The AIDS Fighters" by Ian Brighthope M.D. (1987). Also Linus Pauling's book, "How to Live Longer and Feel Better" (1986) will inspire you to consider using mega-doses of effective, non-toxic Vitamin C in the form of Calcium Ascorbate. All the above books are in the P.W.A. Library, or can be bought for your own bookshelf from Banyen Books on West Broadway between Trafalgar and Stephens St. Good luck and be an informed person.  
M.A.P.

**Neopterin Testing and AIDS**

Neopterin is a substance produced by cells of the immune system--such as macrophages--during inflammatory disorders including viral and parasitic infections as well as cancer. Scientists in California have noticed a relation between the state of the immune system and that chemical during HIV infection. It should be noted that around the time of sero-conversion (when previously HIV antibody negative people begin to produce HIV antibodies, i.e. test "positive") a person can have high levels of neopterin without low levels of T4 cells.

In a study of 799 HIV infected men, the researchers were able to calculate which people had a high chance of developing AIDS within three years based on their levels of neopterin. The prediction became more accurate when T4 cells were used together with blood levels of neopterin to make the analysis. As the T4 count decreased and the neopterin level increased, the probability of developing AIDS rose significantly. A person with a T4 count of less than 250 and a neopterin level of less than 20 nmol/L had a 58% chance of developing AIDS. Persons with a similar T4 count who had neopterin values greater than 20 nmol/L had a 90% chance of developing AIDS within three years.

According to researchers, measuring the blood levels of neopterin may be a quick way of determining the effect of anti-viral drugs in HIV infected people. *Journal of Acquired Immune Deficiency Syndromes* 1989; 2:70-76.

Sean R. Hosien,  
AIDS ACTION NOW, May '89

## **P24 ANTIGEN (P24), BETA 2 MICROGLOBULIN (B2M) AND NEOPTERIN TESTING TRIPS TO SEATTLE**

On May 3rd, six of us drove to Seattle on our second p24 and B2M testing trip. Fourteen of our members have driven to Seattle to have these tests since February. Simply put, these tests are indicators of the rate of AIDS virus reproduction (P24) and disease progression (B2M) in your blood. For a fuller explanation, read our January Newsletter or Pick up a P24/B2M information pack from our library.

Thanks to the efforts of Stephen Whittaker of the Seattle Treatment Exchange (206) 329-4857, we have negotiated very low prices for various blood-tests in Seattle. The following is a list of tests and prices available to our members for National Health Laboratories in Tukwila, Washington (206) 251-5310:

Quantified P24 antigen (p24) test   -\$32.00 U.S.

Beta -2 Microglobulin (B2M) te   -\$18.00 U.S.

Both P24 and B2M test           -\$50.00 U.S.

P24, B2M, T4 helper and

T8 suppressor, and C.B.C. tests   -\$90.00 U.S.

Serum neopterin                 -\$35.00 U.S.

These are the lowest prices I've heard of for these tests. But the above prices do not include costs of having your blood drawn. So we have made arrangements whereby our members can have their blood drawn free of charge at the Seattle Gay Clinic (204) 461-4540 Hours: Tues & Thurs 6:30-9:00 pm Saturday noon-3:00 pm Location: Corner of 19th and Republican near Capitol Hill Make sure you phone before going to make certain your trip to Seattle isn't wasted!

A P24/B2M/neopterin testing trip sign-up sheet is posted in the office. As soon as 3 or 4 members sign-up, we will arrange a same-day-return testing trip to Seattle.

Our May 3rd testing trip became a sight-seeing excursion, and Steve S showed us some of the Seattle Waterfront. We all had a great time (once we got Ben out of the shell shop!).

A final thought: what a shame P24/B2M/neopterin tests are not available in Canada, eh?

Chuck P.

## **THE NAMES PROJECT**

**BE A PART OF THE CANADA QUILT**

**REMEMBER THEIR NAMES**

The names project AIDS MEMORIAL QUILT is coming to the Vancouver Art Gallery July 13th, 1989 as part of the Canadian National Tour.

If you wish to take part in this memorial project, join in the "Quilting Bees" for the Canada Quilt Scheduled at:

**THE GAY AND LESBIAN CENTRE 1170 BUTE ST.**

**JUNE 10-11, JUNE 24-25, JULY 2-8 Noon to Five P.M. each day**

**SEE THE QUILT AND UNDERSTAND**

## NEW DRUG RESEARCH: PEPTIDE-T

Peptide-T is a new experimental AIDS therapy currently being studied in the USA that is considered quite promising. Early results from a trial underway in L.A. are encouraging and warrant further study. Because of this, several more trials are scheduled to open in other cities. In these Phase I trials researchers will look for the drug's possible side effects as well as a proper dose for later trials. Phase II trials test a drug's effectiveness. According to Dr. Heseltine in L.A. "Enough is happening to feel phase-two trials should begin very soon" (B.A.R. Apr.06, 1989).

Peptide-T mimics a peptide that occurs naturally in the body. Researchers have said, "some patients enjoyed improved immune functions, weight gain, lower p24 antigen levels, and increases in T4 cells."

The way Peptide-T theoretically works is it prevents HIV from binding to cells. It is considered the first drug specifically designed to fight HIV infection that leads to AIDS. If you are interested in Peptide-T read up on it through your personal research and as part of your personal HIV strategy, and consult your doctor. Info. on Peptide-T is available in the PWA Society library. Come in or call and we'll send it out.

## DENTAL CLINIC AT VANCOUVER GENERAL HOSPITAL

In addition to the independent dentists who have been providing services to our members we now have another resource for obtaining dental treatment. The UBC Department of Dentistry and Vancouver General Hospital have established a Dental Clinic at Vancouver General in order to manage oral and dental treatment needs of people in this area. This includes those with medical conditions and those are immunocompromised.

Proper dental care is very important for those of us who are immune challenged. Whether you see a dentist in private practise, or make use of this new clinic, get your teeth and gums to a pro, and give your mouth a daily dose of care.

The clinic has been staffed and is now in a position to accept patient referrals for management of routine dental needs as well as specific oral conditions including infections. Appointments may be made by calling 875-4006.

## MOVIE/SOCIAL NIGHT

Join PWA/ARC's and friends in the PWA lounge on Friday evenings for board games, movies, cards, and general socializing.

Meet new friends, view first run and vintage movies.

Participate in planning future Friday Night videos and activities.

Doors open at 7:30, Movie starts at 8:00

IT'S YOUR NIGHT!!!

TEDDY BEAR'S

The social/movie night would like to get a few teddy bears that need more loving. If your have any please leave them with Jackie at the PWA office.

## PWA WALK-A-THON SUNDAY JUNE 25

On Sunday, June 25th, the PWA Society is having their 4th Annual Seawall Walk-a-thon. This is not a political event but a fund-raiser with monies raised to directly assist people with HIV/AIDS. It is an enjoyable way to spend an afternoon to raise money for a very worthwhile cause.

This year, due to a staggering increase in PWA memberships, we must raise over \$200,000 to keep our programs active. Half of our funding comes from donations and fund-raisers. We expect 'Walk-a-thon 89' to be our biggest fund-raiser yet!

'Walk-a-thon 89' is a fun 10-K walk around the Seawall and we have sponsoring restaurants supplying complimentary refreshments and snacks; great prizes; a rousing 'after-party' at the Castle, Dufferin and Heritage House with shuttle service; and later an 'awards party' with the grand prizes going to the highest pledge raised. We are expecting major media coverage this year due to the importance of the issue and to the high profile people that will be participating.

So join us, call the office at 683-3381 if you would like to register, place a pledge or volunteer.

Joe Ford  
Walk-a-thon Committee

**AFTER-PARTY at Castle, Dufferin, and Heritage House Hotel.**

**SOMEONE GOOFED**

*Angles most recent edition advised that the PWA Walk-a-thon was on Saturday, THAT WAS AN ERROR. The correct date for the PWA Walk-a-thon is SUNDAY, JUNE 25 (not Saturday)*

### **Yes, world: A Mosaic of Meditation**

**NORMAL DAY, LET ME BE AWARE OF THE  
TREASURE YOU ARE. LET ME LEARN  
FROM YOU, LOVE YOU, SAVOR YOU, BLESS  
YOU, BEFORE YOU DEPART.  
LET ME NOT PASS YOU BY IN QUEST OF SOME  
RARE AND PERFECT TOMORROW. LET ME  
HOLD YOU WHILE I MAY, FOR IT WILL NOT  
ALWAYS BE SO.  
ONE DAY I SHALL DIG MY FINGERS INTO THE  
EARTH, OR BURY MY FACE IN THE PILLOW,  
OR STRETCH MYSELF TAUT, OR RAISE MY  
HANDS TO THE SKY, AND WANT MORE THAN  
ALL THE WORLD: YOUR RETURN.**

Mary Jean Irion

Outreach Services is a free service that assists sight-impaired and homebound persons to use the collections of Vancouver Public Library. Their clients include persons who are homebound with long-term illnesses, those with severe physical handicaps that limit mobility, seniors and others in care facilities, and persons with visual impairments.

The service attempts to locate requested material throughout the library system and arranges for delivery to clients. Its own collection includes 8000 books and some magazines on cassette tape; use of these "talking" books is restricted to persons who are unable to use print materials. Large print books are also available for persons with limited vision. Books and tapes in languages other than English can be requested.

Delivery may be arranged through a branch library, a volunteer or friend, by mail, or in some cases home delivery by staff.

All services are free of charge.

Interested persons should enquire about eligibility at 738-2433.

Other library systems in the Lower Mainland also stock taped books and provide home delivery of library materials. Homebound persons outside Vancouver should contact these services directly.

## HELPFUL HINTS FOR AZT AND OTHER MEDICATIONS

Keep pills away from extreme temperature. The manufacturer recommends keeping them between 59 and 77 degrees Fahrenheit. Don't carry AZT in a pocket next to your body. If this can't be avoided, carry them in a hip pocket where body temperature is not as warm. Don't leave them in the refrigerator. Don't leave them in a closed car in any weather. Don't leave them or their container in direct sunlight. Don't keep them in a bathroom that gets hot and steamy.

Reprinted from Springboard (Seattle) Jan/Feb 1989.

## THE HEMOPHILIAC PEER SUPPORT GROUP

A new hemophiliac peer support group has formed in response to the increase number of HIV seroconversions in the hemophiliac community.

The main purposes of the group are: to discuss the implications of sero-conversion; to assist those who have fears regarding HIV and AIDS information; and to organize for political action, both personal and public. Other agendas will be entertained.

Hemophiliacs and others who share these concerns are welcome to attend the weekly meetings.

Should you have any patients/ clients/ members who would be interested in attending, have them call the B.C. Chapter of the Canadian Hemophilia Society at (604) 873-3666, or come to a meeting.

Meetings are held Tuesdays at 8:00 pm at the Mid Main Community Health Clinic, 2nd Floor, 3998 Main St.

## **SERVICES AVAILABLE**

### **HOUSING NEEDS FOR PWA-PWARCs**

**THE VANCOUVER PERSONS WITH AIDS SOCIETY IS NOW OFFERING A REFERRAL SERVICE FOR PERSONS WITH AIDS & ARC WHO REQUIRE ASSISTANCE WITH HOUSING. THROUGH THE NATIONAL CO-OP HOUSING ASSOCIATION, WE ARE IN CONTACT WITH VARIOUS HOUSING CO-OPS WHO WANT TO HELP PROVIDE AFFORDABLE HOUSING FOR PWA-PWARCS. IF YOU ARE IN NEED OF HOUSING OR WOULD LIKE TO EXPLORE ALTERNATIVES TO YOUR PRESENT SITUATION, PLEASE CALL JACKIE AT 683-3381 FOR MORE INFORMATION.**

### **FUNERAL ARRANGEMENT ADVICE**

**THE PWA SOCIETY HAS ACQUIRED THE VOLUNTEER SERVICES OF A PROFESSIONAL FUNERAL DIRECTOR TO ASSIST MEMBERS, THEIR LOVERS, FAMILY FRIENDS AND EXECUTORS TO MAKE KNOWLEDGEABLE, MEANINGFUL CHOICES AND DECISIONS WHEN PLANNING "AT NEED" OR "PRE NEED" FUNERAL ARRANGEMENTS.**

**THIS SERVICE IS COMPLETELY CONFIDENTIAL AND FOR YOUR CONVENIENCE, OFFERED BY PHONE, BY HOSPITAL VISITATION, OR BY APPOINTMENT IN YOUR HOME, COMPLETELY FREE OF CHARGE OR OBLIGATION.**

**CALL THE OFFICE AT 683-3381 FOR MORE DETAILS**

**This may sound defeatist to some, but our philosophy is to help reduce as many worries and pressures as possible. Editor**

### **SUPPORT/COUNSELLING SERVICES**

**A COUNSELLOR WHOSE FOCUS IS ON MENTAL HEALING, SELF AWARENESS, AND STRESS MANAGEMENT HAS OFFERED TO DONATE HER SERVICES TO PWA SOCIETY MEMBERS. THIS WILL BE ON A ONE TO ONE BASIS, WEDNESDAYS 10 TO 4 BY APPOINTMENT. SESSIONS WILL BE AT THE SOCIETY'S OFFICES IN PRIVATE. PERSONS INTERESTED IN THIS SERVICE CAN CALL JACKIE FOR AN APPOINTMENT. PLEASE TAKE ADVANTAGE OF THIS GENEROUS OFFER. 683-338**

**1**

**"Effective therapy teaches individuals to help themselves."**

**PERSONALS**

GWM has lg. comfortable suite to share. \$260.00 /mo. W/End loc. with quiet easy going guy -30's Please call 687 4388

Excess yarn and ends of skeins needed for volunteers to knit shawls for PWAs in hospital - please bring into office.

WANTED TO RENT TO GAY MALE OR MALES (gay owner) - basement suite, own entrance, on 4 acres in the woods, 15 miles from Mission, for \$450 per month. Write I. Bliss, 27613 110th Ave, Whonnock, B.C., V0M 1S0 or call 462-9407 after 5 pm.

**HELP WANTED**

THE COMPUTER COMMITTEE IS IN NEED OF MORE VOLUNTEERS WHO HAVE GOOD TO EXCELLENT DATA ENTRY SKILLS. TRAINING AVAILABLE TO UPGRADE SKILLS. PLEASE CONTACT THE OFFICE TO COMPLETE A VOLUNTEER REGISTRATION FORM OR SEE THE GENERAL MANAGER.

**HELP WANTED**

THE PERSONNEL COMMITTEE IS SEEKING NEW MEMBERS. IF YOU HAVE PERSONNEL OR VOLUNTEER MANAGEMENT EXPERIENCE YOU ARE PARTICULARLY NEEDED. PLEASE CONTACT THE OFFICE TO COMPLETE A VOLUNTEER REGISTRATION FORM OR SEE THE GENERAL MANAGER.

THE PWA SOCIETY OFFICE SWITCHBOARD REQUIRES TELEPHONE RECEPTIONISTS TO ANSWER AND REFER TELEPHONE CALLS. IF YOU HAVE EXPERIENCE OR ARE WILLING TO LEARN AND CAN VOLUNTEER ON A REGULAR BASIS WE NEED YOU. PLEASE CONTACT THE OFFICE TO COMPLETE A VOLUNTEER REGISTRATION FORM OR SEE JACKIE.

THE WALKATHON COMMITTEE WANTS TO THANK ALL THOSE WHO HAVE VOLUNTEERED TO WORK ON JUNE 25 AND BEFORE. IF YOU HAVEN'T BEEN CONTACTED YET - DON'T WORRY - YOU WILL. WE STILL NEED MORE HELP ON JUNE 25 AND BEFORE. PLEASE REGISTER AT THE OFFICE.

*THE VANCOUVER PERSONS WITH AIDS COALITION NEWSLETTER IS PUBLISHED BY THE VANCOUVER PERSONS WITH AIDS SOCIETY: P.O. BOX 136, 1215 DAVIE STREET, VANCOUVER, B.C., CANADA V6E 1N4. OUR OFFICE ADDRESS IS SUITE #1, 1171 BUTE STREET, VANCOUVER, B.C. PHONE 683-3381. THE VANCOUVER PERSONS WITH AIDS SOCIETY IS A REGISTERED NON-PROFIT SOCIETY (REG.#0760124-11-27) THE NEWSLETTER MAY REPORT ON EXPERIMENTAL AND ALTERNATIVE THERAPIES BUT THE COALITION/SOCIETY DOES NOT RECOMMEND PARTICULAR THERAPY. PLEASE CONTACT YOUR PHYSICIAN BEFORE TRYING ANY NEW TREATMENT. OPINIONS EXPRESSED ARE THOSE OF THE INDIVIDUAL AUTHORS AND NOT NECESSARILY THOSE OF THE BOARD OF DIRECTORS OR THE VANCOUVER PERSONS WITH AIDS SOCIETY.*

# **SPECIAL ANNOUNCEMENTS**

## **DR. KARPAS COMES TO VANCOUVER**

**The developer of Passive Immunotherapy for HIV, Dr. Abram Karpas will be in Vancouver to conduct a public seminar on this promising treatment. This seminar will be held June 21, 1989 at 7:00 p.m. at the Robson Square Media Center.**

**Dr. Karpas will meet earlier in the day with physicians at St. Paul's Hospital. Physicians can call the P.W.A. Society office at 683 3381 for details.**

**This seminar is being co-sponsored by AIDS Vancouver and the PWA Society.**

## **NOTICE OF BOARD VACANCY**

**A vacancy exists on the Board of Directors of the PWA Society. Any member is eligible to be appointed by the board to fill the position until the next annual general meeting in the spring of 1990. The position involves considerable volunteer time. Any member wishing to be considered for appointment or wishing to nominate another for consideration should contact the office with that information. Nominations in writing are preferred.**

## **NO SMOKING POLICY**

**At its meeting on May 18, 1989, the Board of the VANCOUVER PERSONS WITH AIDS SOCIETY resolved that the lounge will now be a NO SMOKING area. The Library and General Manager's Office are also NO SMOKING areas but there is a designated smoking area for volunteers and smoking is permitted elsewhere in the Centre. We hope this policy will enable all members to enjoy our facilities and all volunteers to work comfortably.**