



Newsletter

WALK-A-THON '89

A big "THANK-YOU" to everyone involved for making "Walk-a-thon '89" such a resounding success. We surpassed ALL expectations in attendance and with the wonderful media coverage, we raised the whole community's awareness.

To date, we have raised over \$20,000 and expect that figure to top \$50,000 calculated from the pledge sheets and donations turned in.. However, there are still many pledge sheets and pledges to be collected. As many people are waiting for their tax receipts, we would be most grateful to those who haven't returned their pledge sheets to get them in as soon as possible.

We will be holding a "high awards" party in September. We are not sure which club it will be at. The club that holds the awards party will be the club that raised the highest pledges. So watch the newsletter for any "Walk-a-thon" updates and again thanks to everyone for making the "Walk-a-thon" a success.

DDI Info Pack

A new Information Pack is available on request from the office concerning DDI (Dideoxyinosine) a drug that works like AZT as a nucleoside analogue but promises fewer and less severe side effects.

MONTREAL CONFERENCE

In terms of our own involvement the conference was a great success not only for the PWA Society but also for PWA/HIVs who participated from around the world. We demonstrated that PWA/HIVs could offer constructive advice, innovative solutions and speak intelligibly and effectively on various issues and hold our own with professionals. The credibility and profile of our organization was raised by our participation in the conference. It was appropriate that Don Degagne who worked so hard to insure a visible PWA/HIV presence there should give the closing remarks at the conference's last plenary. Let us hope that our involvement there set a precedent for the future.

We had six volunteers at the Red Cross PWA/HIV welcome centre. This centre was housed in conference rooms (along with the Red Cross offices) in the Meridian Hotel in the Complex DeJardins. The centre was hard to find but those who did find it came back regularly. The Complex DeJardins is connected by a long underground shopping concourse to Place Guy Favreau and the Congress Centre. (This led one delegate from New York to say that Montreal seemed to be one large underground shopping centre). The Red Cross provided a rest area with a nurse on duty and this was well used. The adjacent lounge became the social centre for many PWA/HIVs away from the conference. Food and beverages were provided on a on going basis at some expense to the Red Cross. Many PWAs made it their lunch stop. We had many American and European visitors. Overall it was very successful as a quiet place away from the bustle of the Congress Centre. Ken Mews, director of the CRCS AIDS Pro-

ject of the Ottawa office and Kevin Orr from Montreal are to be thanked for providing this facility for PWA/HIVs.

With 12,000 people at the conference it was a bit of a madhouse, as you can imagine. By Wednesday delegates were beginning to walk around like zombies. The top floor of the Congress Centre contained the huge meeting rooms for the plenary and afternoon sessions. This space was opened up for the opening and closing sessions with huge video screens on each side. The ground floor contained the media centre and exhibit space. British Columbia had a fairly large and elaborate exhibit. The various pharmaceutical companies and manufacturers of HIV testing equipment etc. had their large and elaborate displays. AIDS has certainly become a multi-million dollar industry very quickly. To quote an article in the financial newspaper, one incensed HIV+ person in a cynical moment, called it the "Market place from Hell". One manufacturer of aerosol pent. nebulizers had a special sale for the conference. I almost bought one (one of our members did), it was sort of like buying a used car, "\$300.00 for you , special deal today only." Everyone seems to be making money off AIDS except those of us who have it.

There was basically nothing new in terms of new drug treatments announced at the conference. Dr. Salk had promising news on his vaccine but this is still a few years away and Dr. Karpas (who was in Vancouver a few weeks ago) presented his Passive Immunotherapy paper. Some researchers and doctors felt there was a lack of progress, but the possibility that AIDS will be a chronic manageable disease is catching on in the medical profession. Many doctors felt traditional medical science was being neglected in favour of the social issues which made up three quarters of the papers presented.

Steve Scribailo

To the Community and Individuals who Assisted the Participants who Went to the Montreal Conference.

As a P.W.A. society member I want to thank everyone who made it possible for me to attend the conference in Montreal.

I have coordinated the speakers bureau for our society for the last year and attending the Conference filled me with a new sense of energy to continue doing the work that I am doing. I attended every educational session that I was available to attend which covered Aids\HIV and education in every country of the world.

Despite our Government and some attitudes that I tend to encounter, which sometimes make my mission seem futile, I came home with a growing sense to persevere and push harder in my commitment to Aids education in high schools, nursing societies, hospitals, universities, Canada Employment Centres, Human Resource Ministries and anywhere else that is required. I not only came home with renewed commitment to the PWA Society to go out and do whatever I can to help people understand, not just tolerate this disease.

Everyone's education, world wide, about Aids is essential in finding the cure to eliminate this virus which has hit every sector of our society.

Thanks again,

Terry Leitch, Board Director - for the Speakers Bureau

Medical Research from the Montreal Aids Conference (June, 1989).

The following quotations from Abstracts presented at the Montreal Aids Conference were selected and edited by Chuck P., who assumes sole responsibility for their accuracy. Complete copies of these Abstracts are available at the Vancouver PWA Library, or phone us at 683-3381 and we'll mail them to you. The Abstract number and subject matter precedes each quote.

W.B.P. 346 — AZT treatment of ARC Patients

"Conclusions. After 1 year AZT treatment of 60 ARC patients, no disease progression was observed (except one case) even in groups who received drug every 6 hours (instead of 4 hours). Immunological and virological indices too, showed that HIV infection progressed slower in treated patients in comparison with untreated subjects."

M.B.P. 354 - AZT Treatment of Aids Patients

"We evaluated survival for 172 Aids patients treated with AZT ... compared with survival for 485 patients who were not on any antiviral therapy ... The median survival for patients on AZT (21.3 months) was significantly longer than for patients not on any antiviral therapy (13.9 months)."

M.B.O. 46 — AZT Treatment of Aids Patients

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Promising New Therapy for Thrush Found to be Highly Effective

As you know fungal infections caused by yeast, moulds and fungi get to be a real problem for us immuno challenged individuals. The most common organism is probably *Candida Albicans*, a yeast and the cause of Thrush infections. Except for some people whose body pH encourages vaginal overgrowths these organisms do not cause many problems. They are generally localized and non-fatal types of problems. Painful or irritating, but not lethal. For the immuno compromised host however, these type of infections are much more serious. These organisms love to grow on the dark warm moist mucous membranes of the body. They can spread to distant and unrelated sites, and many people believe that the infection can become systemic i.e. including all body systems, compartments, and fluids. The type of symptoms we experience depend on the severity and location of the infection but would include such things as painful chewing and swallowing (mouth and esophagus), nausea, vomiting, decreased appetite (stomach), diarrhea, cramps and bloating (gut), pruritus, itching (skin), central nervous system disorders (CNS) and generalized non specific flu type symptoms with or without fever and chills, muscle, bone and joint pain (systemic).

There are many ways of treating fungal infections. No added sugar and zero carbohydrate diets, increasing aerobic capacity, and changing body pH, are all useful strategies. These are basic common sense things that anyone can do to assist them in the fight to control fungal infections. Two naturopathic products, *Kyolic Garlic* and *Caprylic Acid* are thought to be

helpful. Also Hydrogen Peroxide and mega dose Vitamin C therapies.

Medically the two main treatment protocols have been the Nilstat/ Canesten regime and oral Ketoconazole. Nilstat/Canesten does not eliminate thrush, but only helps to keep it under control. The main problem is that in order to be effective this regime must be rigorously and diligently applied, and it does not address the systemic nature of the yeast infection. So generally the yeast is poorly controlled at best, chronic and persistent in nature, with frequent flare ups and overgrowth. The second medical approach is a systemic therapy, but has some side effects, possibly serious ones.

The CPS says oral Ketoconazole therapy is indicated "for the treatment of serious or life threatening systemic fungal infections in normal, predisposed or immuno-compromised patients, where alternate therapy is considered inappropriate or has been unsuccessful".

It goes on to warn of idiosyncratic hepatocellular dysfunction in (0.01%) of cases. This means that this drug can be a bit hard on your liver, especially if taken with other hepato toxic substances or you have had previous liver problems. The patient needs to be taught the signs and symptoms of impending liver problems so that he/she can monitor their condition and should be followed clinically and in the lab. It does not however warrant denying you access to this very effective and useful drug if fungal infections have been one of your problems. The usual adult dose is 200mg (one pill) per day.

It further lists other potential side-effects. Some of the more common or dangerous ones are as follows.

Haematological -Decrease in numbers and activity of some blood cells, especially thrombocytes, leucocytes, neutrophils and eosinophils. Also de-

crease in haemato- Continued on page 20

Some Personal Thoughts About the Quilt

The Names Project/Canada Quilt exhibition here in Vancouver last July 12-16th was more successful than any of the organizers had hoped that it would be. Not only did we have the largest Canadian display of over 1,300 panels, we also contributed the most number of Provincial panels (68) to the new Canada Quilt and also broke all of the attendance records with 15,000+ people coming to see the display here. These numbers prove that British Columbians really care about their P.W.A.'S and about the problem of this deadly virus.

My involvement with the Quilt was centred in the area of helping people to make the 3 foot by 6 foot memorial panels. I was the artist who could help them with their design problems but that's not where my duties ended. I also became a sounding board as they poured out their hearts to me about their losses and the way in which they were dealing with them. I shared a lot of secrets that wives had not told husbands, families had not told friends and lovers had not told any one. I never thought of this as a burden though and I feel truly privileged that they were willing to trust me with such intimate thoughts. I learned a lot from their stories and was always amazed to see how diligently these people would sublimate such overwhelming grief in their panel-making attempts. I was so proud of them they had finished and returned their memorials grinning from ear to ear and so pleased with their efforts. Over and over they told me that the making of their panel had been the best way of confronting their grief and working on it.

I took a week off of work to be in the exhibition every day and that experience was awesome. While setting the display up the panels were just pieces of cloth but after walking amongst them day after day I really started to sense the tragedy of so many lives lost that they represented. I'll never forget the babies' panels, ages 7 months and upwards, the women's and children's panels, sometimes two names on the same one. Then there were the overwhelming number of panels for men who were for most part much younger than myself. I was part of that same sexual liberation movement that they were and can't explain how I lived through it when others didn't. I felt very lucky.

I was awed also by the silence in the exhibit that made the whispers and crying even more poignant. I broke down in tears many times while watching the anguish of others. Many had come to see a particular panel and were confronted by others of people that they hadn't known had died. The volunteers' emotional support were wonderful in offering tissues and hugs if needed to anyone in this situation. Never have I seen so many people unselfconsciously share of themselves in giving hugs and empathy to others in need.

The volunteer monitors were the backbone of the exhibition and treated the panels and visitors alike with dignity and respect. Many of them told me that they wanted to be there every day. They were only allowed one 3 hour shift per day but most of the them worked all four days as well as the set up and the take down. The Quilt and its message were an important part of their lives.

The impressions of the visitors were well documented in the Guest Books and on the yellow signature square. Adjectives such as "moving, powerful, overpowering and wonderful" were most commonly used. Many also noted that their attitudes about the disease and the people felled by it had been completely changed. The statistics had become real human beings through viewing the

Quilt

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panels and they felt love and loss too. Here to me lay the real success of such an exhibition.

The Quilt has left Vancouver now. The Canadian panels are in Halifax and the others have gone back to San Francisco, We'll see them again though because they will always be on tour spreading their message of love throughout the world.

I'll never forget the time I spent with them for their message is etched on my heart forever.

Ken Mc Bane B.C. Quilt Panel Co-Ordinator

P.S. Panel making continues and if you'd care to make one of your own please call the office of AIDS VANCOUVER. 687-AIDS

Medical Research

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"Survival at 12 months for AZT treated patients was 90.9% while survival of untreated patients was 44.4%. Data obtained clearly confirms that AZT therapy is associated with

increased survival of Aids patients ..."

W.B.P. 372 - AZT treatment of Aids and ARC Patients

"Conclusion . The efficacy of AZT in Aids patients was limited. No improvement of immunological, functional and virological parameters could be seen. Only in ARC patients AZT demonstrated some clinical value."

W.B.P. 355 - Early AZT Treatment

"AZT seems to prevent the occurrence of Aids in (positive but healthy) HIV patients with low T-helper counts."

W.B.P. 357 - Early AZT Treatment

"Conclusion. Antiviral (AZT) treatment should start immediately after virus isolation regardless of the clinical status."

W.B.P. 333 - Early AZT Treatment

"Because survival is improved in those treated for T-helper depletion or early after diagnosis of Aids, initiation of AZT therapy should not be delayed."

W.B.P. 318 - Low-dose Combination therapy with AZT and Acyclovir in Aids and ARC patients

"Conclusion. A low-dose therapy with 800 mg. AZT and 800 mg. Acyclovir seems to have similar positive effects ... as standard AZT monotherapy. Toxicity seems to be reduced."

W.B.P. 324 - AZT alone vs. AZT and Dextran Sulfate Combined in Aids

"Apart from an initially more profound improvement of immunostatus after 8 weeks of AZT/D.S. compared to AZT alone, there were no difference between the two groups within the first 6 months of study."

T.B.P. 295 - Dextran Sulfate

"We conclude that Dextran Sulfate is very poorly absorbed after oral administration."

W.B.P. 312 - AL721 (Egg Lecithin Lipids)

"One consequence of therapy was a significant increase in serum cholestral levels. No preliminary indication of an antiviral or immunorestorative effect was noted in this trial."

T.B.P. 53 - Aerosol Pentamidine Prophylaxis

In this study, a total of 266 participants were treated for 1-20 months, with 60 mg. bi-weekly.

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Medical Research

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“Conclusion. Aerosol Pentamidine was safe and it prevented PCP. Higher or more frequent doses may be needed as immune deficiency progresses.”

T.B.P. 77 – AZT-Aerosol Pentamidine combined vs. AZT alone in long-term Aids survivors.

“... The data suggest that Aerosol Pentamidine can significantly prolong life in Aids patients on AZT who have survived an episode of PCP...”

Th.B.O.2 – Ribavirin and Isoprinosine in asymptomatic gay men

“Although well tolerated ... the combination of ribavirin and isoprinosine did not result in HIV-suppressive or in immunorestorive effects.”

Th.B.0.1 – Ribavirin in High Risk Patients for Aids

Oral Ribavirin 1200 or 1600 mg. daily for 12-20 weeks had no enhanced effect on virological or immunologic surrogate markers.”

T.B.P. 294 – Ribavirin vs. Placebo in Healthy Patients with Low T-Helper Counts

“At the interim analysis performed at 6 months both Ribavirin and Placebo were well tolerated but the progression rate to stage IV was not statistically different.”

Note From Chuck P: Ever since it was announced in 1988 that a placebo control study of Ribavirin would be commenced in Canada, concerned AIDS activists have been asking one simple question: Why Ribavirin? Could the fact that the drug's manufacturer is providing the Ribavirin free of charge, as well paying the Canadian researchers very well, have something to do with it? The above Montreal Abstracts simply confirm what many top researchers and Aids activists have been saying for several years: Ribavirin is useless as an Aids Treatment.

These are the opinions of Chuck P.

Th. B.P. 343 – Acyclovir for Oral Hairy Leukoplakia

“Oral Acyclovir is an effective therapy for oral hairy Leukoplakia.”

Th. B.P.348 – Ketoconazole vs. Fluconazole for Candidiasis

“In oropharyngeal and/or oesophageal candidiasis associated with HIV infection, fluconazole appears to be more effective than ketoconazole. Fluconazole seems better tolerated than Ketoconazole.”

M.B.P. 119 - Foscarnet for C.M.V. Retinitis

“Conclusion. Foscarnet appears highly effective on C.M.V. Retinitis with complete resolution and residual scarring in 96% of cases; toleration was good with mild reversible renal insufficiency in 15%.”

M.C.P. 60 – Foscarnet for CMV Retinitis

“HIV P24 reverted from positive to negative in 6 of 9 patients initially having detectable p24. Our continuing experience with Foscarnet om this projected 120-patient clinical trial indicates considerable efficiency in treating CMV Retinitis.”

M.B.P.48 - Foscarnet for Acyclovir-resistant Herpes Simplex

“Foscarnet is an effective and relatively non-toxic agent for therapy of Acyclovir resistant herpes simplex in Aids patients

Note: Your Dr. can obtain Foscarnet or Ganciclovir for you by utilizing the Federal Emergency Drug Release Regulations.

W.B.P. 70 p24 Antigen and T-counts

“Conclusion: The development of (detectable) p24 antigen or low T-helper counts are both strongly predictive of Aids in HIV infected individuals. Detection of p24 antigen is highly specific and complementary to the greater sensi- Continued on page 8

Medical Research

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tivity of low T-helper counts. These findings have important implications regarding the planning, management and interpretation of antiretroviral and immunomodulatory therapies." Th.B.P. 181 - p24 Antigen and T-cell counts

"During the clinical progression the mean anti-p24 antibody titers decreased while the p24 antigen level increase... Our results indicate that the combined use of a variety of quantitative antibody, HIV p24 - antigen and T-helper cell determinations can be of prognostic value in individual HIV-infected patients."

W.B.P. 79 - Neopterin as a Predictive Marker of Disease Progression

"Conclusion. Neopterin predicts better than T-cell subsets the Aids outcome in HIV seropositives during our study of 5 years. Combination of Neopterin and T-helper counts further improved the predictive value."

The B.P. 315 -Zinc Deficiency in HIV

"Zinc (deficiency) may be an important cofactor in the progressive immunosuppression occurring in HIV infection."

Th B.P. 313 - Vitamin B6 Deficiency in HIV

"Vitamin B6 deficiency occurs relatively frequently in HIV-infected individuals and may play a significant role in immune dysfunction and disease progression."

Th B.P. 310 - Zinc, Copper and Selenium Deficiencies early in HIV infection.

LET THY FOOD BE THY MEDICINE, AND THY MEDICINE
BE THY FOOD.

HIPPOCRATES 500 B.C.

'Thon'ing into 1990

The PWA Society is looking ahead to 1990 with plans for a bigger walk-and-rollathon, in cooperation with AIDS Vancouver, MacLaren House and the BC Coalition of the Disabled.

The walk and roll day will take place next summer, when the Gay Games will be bringing thousands of lesbian and gay athletes from around the world to Vancouver for the Celebration '90 Arts and Athletics Festival. The organizing committee is planning on scaling up from the PWA Walkathons of this and previous years. The committee is taking as a model walkathons organized in Boston, New York and San Francisco which have raised both public awareness and hundreds of thousands of dollars.

In order to prepare for the walk and roll day, the organizing committee has hired a staff person, Tom Patterson, with support from the Challenge '89 student summer employment programme.

The organizers plan on finding donated prizes for the most active pledge raisers, arranging attendants for wheelchair rollers, and putting on a party to finish off the thon. We encourage people who can't walk or roll to raise pledges for someone else to fill. This walk and rollathon is a good bet for raising fun and funds.

Come out and help make next year's 'Walk and Roll' a huge success.

Tom Patterson

NDP PROPOSES PROVINCIAL AIDS STRATEGY

On July 7, 1989 Dr Tom Perry, MLA made a private member's statement in the BC Legislature outlining the NDP strategy for dealing with AIDS in this province. Dr Perry, the NDP Health Critic, consulted with the PWA Society as well as other community based organizations in preparing this statement.

In addition to pointing out many specific incidents of the provincial government's failure to respond to needs at several levels, and indeed, their obstruction of certain initiatives, Dr Perry made proposals for a concerted provincial strategy to deal with the challenges presented by AIDS.

The proposals include:

1. An ongoing, coordinated Educational Campaign designed to restrain government censorship and to provide young people with straightforward, explicit, and widespread continuing education and the means for sexually active young people to protect themselves. He also stated "Government should support local initiatives to install condom machines in high schools."
2. Generous funding for community groups with solid track records in AIDS education, prevention and services. He pointed out that such expenditures may well effect savings for the provincial government by reducing hospitalisation costs.
3. Funding for AZT and other drugs, in particular aerosolized pentamidine as a prophylaxis against PCP.
4. Outreach programs for street youth and injection drug users to prevent an explosive epidemic of AIDS in this population by the provision of needle exchanges, bleach distribution, condom distribution, access to SDT treatment, counselling and confidential HIV testing and other practical services.
5. Prevention programs in prisons to provide access to AIDS information, voluntary, confidential HIV testing and counselling, condoms and clean needles.
6. Special culturally sensitive programs for aboriginal people.
7. More funding for research aimed directly at AIDS to optimise the use of B.C.s pool of research capability in developing the scientific response to AIDS.
8. Establishment of, and immediate funding for, a "Centre for Excellence", stressing a multi-disciplinary approach to AIDS care, research, education and prevention to take advantage of the well earned international reputation of UBC and St. Paul's Hospital for research and care in AIDS and facilitate early provision of experimental and newly established therapies and prophylactic regimes.
9. Hospice care for terminally ill persons with AIDS.
10. Anonymous seroprevalence testing surveys to provide accurate and confidential information on prevalence of HIV infection in order to guide development of provincial policy.
11. Human rights legislation to protect HIV infected persons, or those perceived as possible infected, from discrimination and compulsory HIV testing.
12. Expansion of the Provincial Advisory Committee on AIDS to include representation from community groups and professions such as nursing and social work. He also recommended that this Committee's recommendations be made a matter of public record.

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NDP Strategy

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In his statement Dr Perry also recommended ongoing evaluation of all AIDS education, prevention and treatment programs to ensure they are efficacious and cost-effective.

The PWA Society commends the initiative of Dr Perry and the NDP in putting forth a provincial strategy on AIDS and we look forward to similar action from other political parties. It is our fervent hope that a concerted provincial strategy to deal with all aspects of AIDS and its effect upon the people of this province will soon be developed and implemented in a cooperative, non-partisan fashion.

Chris S.

Part of a Springtime Fragrance

Excerpted with permission from "The Islands", Gulf Islands newspaper June 16, 1989

by Alexandre FASTER

Some people think that those times are long gone, when we knew how to handle privately the last moments of those suffering a long and terrifying agony, that we're deprived from the right to die where we'd wish to. But they're wrong.

On Wednesday, May 2nd, a moribund young man stepped out of the last sailing to Saturna on his own. Suffering from a current fatal disorder, he more or less stumbled along to the nearby pub where, alarmed by his condition, the lady who tended the bar got someone to come over and pick him up. Ron Emerson came down and gave this young man a ride home. He had come back to the island to die, as he had decided to, eight months before, when he had taken residence here.

People who normally assist their relatives and friends in such circumstances are so intimidated by the ugly sickness that they do not react as they normally would. And like a hundred years ago, in most syphilis or tuberculosis cases, they shun.

Glen Millar, the room mate of our late night traveller, stayed, and six days later, last Monday, the patient was in very poor condition.

"People do not know much about AIDS," Glenn says. He knows: the responsibility of assisting the patient through the last moments fell on him. Even though we live at the threshold of the third millennium, we still react with ignorance in the same fashion, and we relate to taboos as they did, those ancestors we're not very proud of; and as we read through time, we find many stories of agony. Writers describe diseases, and how they affect man, leading him, calm or agitated, to the Great Plains where a Warrior finds Peace.

Is life a war? Is peace an exception, and irrelevant to its opposite?

The horses were nervous all day long, around the house in Boot Cove, last Monday.

Glenn called Laura to the rescue, since she is our resident nurse. At eleven o'clock, following many phone calls made by Laura, Frank was dispatched to Sidney for morphine. The condition of the patient was deteriorating fast, and the relief had to reach him quickly.

Frank returned two and one half hours later, after clearing heavy security and getting wet in the light chop of the breeze. Morphine was administered immediately, and relief was instant. The condition stabilized until evening.

Springtime Fragrance

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Around 7:15 p.m., Laura and Glenn found themselves in need of diapers. Laura left for the clinic for supplies. I arrived at 7:20.

Glenn was on the porch as I reached the bottom of the stairs. He must have heard the car, and as he talked, I froze. "It's all over!" he said, "we've just lost him. He's gone."

"Is he?"

"We lost him a minute ago, but he went out peaceful, he went out real peaceful. He finally relaxed: he's gone.... Come in." He kept on talking as we moved into the house. "The morphine helped. It helped him a lot." Glenn was smoking as he talked to me, and we stood for a minute or two in front of the twisted body. A nerve twitched, and Glenn bent forward to feel for a remaining pulse. "He's really gone," he said.

The music was playing in the house, a long distance radio station. I heard Laura's car pull up in to the driveway and I went to the door. She was taking a pack of supplies out of her car. I called her name. "They're no use any more," I said.

The Horses were still nervous around the house, and I realized that the most friendly dog was gone. He left to seek refuge in a familiar car, three miles away.

AIDS patients are harmless. They just die. To handle this requires compassion, courage and efficiency - which are not the easiest to combine. But on Monday, May 8th, 1989, as the tide came in and the sun was setting, Robert Nelson had found those elements where he expected to, and he departed as peacefully as he had been entitled to.

The Right Honourable Brian Mulroney
Prime Minister of Canada
Parliament Buildings
Ottawa, Ontario

Dear Mr. Mulroney:

Whereas you recently announced Canada's expenditure of \$10 Million for AIDS education in Africa; and

Whereas the Government of British Columbia refuses to provide funds to residents of this province in need of AZT (The only drug in available in Canada proven to assist persons infected with HIV, the AIDS-related virus);

Therefore, I am forwarding to you herewith for payment an invoice dated June 13, 1989 in the amount of \$2,208.40 charged to me for AZT treatments.

As a Canadian citizen paying taxes to maintain our Medicare system, I demand government financing for the only known means to help prolong my life.

Your immediate acknowledgement is appreciated.

Yours truly,

Jonathan L.

cc PWA Newsletter

ONGOING EVENTS

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 buddies, 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 - Meets weekly to develop and facilitate individual programs eg: Retreats, RISE, Support Groups etc. Members are welcome and encouraged to participate.

PERSONNEL COMMITTEE MEETING: 2:30 p.m.- works to provide policy and assistance in organizing human resources (volunteers and paid staff). You may have a talent or experience that would help. Come and find out. Contact Richard R.

"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 a.m.- Deals with access to treatments, human rights, political and legal issues. Members are encouraged to attend and get involved. Greig Layne, chair

FINANCE COMMITTEE: 4 p.m.- Works to ensure proper financial procedures and puts forward funding proposals. Anyone with this kind of expertise or those interested are urgently requested to contact the General Manager, Chris Sabeau or the chair, Alex Kowalski.

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 Persons with HIV infection, ARC, or AIDS, 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: A forum for the medical community (eg. 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. in the Living Room Lounge. For more information about this month's topic or to suggest subjects for future forums, contact the PWA office.

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.

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.

SATURDAY

BODY POSITIVE DROP IN: Open to all HIV infected persons or persons with AIDS/ARC to meet others for support and to seek out information. Held in the PWA Lounge Saturdays from 11 until 3 p.m., facilitated by AIDS Vancouver volunteers. For more information call AIDS VANCOUVER 687-2437 or the PWA Society at 683-3381.

OTHER EVENTS GROUPS AND COMMITTEES

LIVING ROOM LOUNGE:

Our drop in centre is open every day from 10 a.m. to 5 p.m. and Wednesdays from 7 p.m. to 9 p.m.

ART THERAPY GROUP: meets weekly to use the visual arts to explore personal issues and concerns. No experience necessary -this is not an 'Art Class'. Facilitated by an experienced Art Therapist -Noel Silver. Contact the PWA Society Office for times and further information

COMPUTER SUBCOMMITTEE: For those with an interest or experience with computers. Volunteers are needed for various jobs, training included. Contact Chris Sabean, General Manager.

Submission Wanted

The Coalition is assembling a manual of 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)

Volunteer Needed

A volunteer is needed in the months of Aug/Sept to help collect and organize information on resources available to PWAs/HIV for the manual. Please contact Steve Scribailo at the office (683 3381).

Whatever you can do or dream you can do.

Begin it.

Boldness has genius and power and magic in it.

Begin it now.

Goethe

New Booklet Out: GAIN for the Handicapped, How to Apply

The Legal Services Society has produced a new booklet for people wanting to apply for GAIN for Handicapped. It is simply and clearly written and FREE. The booklet has a added feature of a little pocket in the back and says: "For your doctor". Inside the pocket are a letter to the doctor and a sheet that helps the doctor interpret the form he/she has to fill out.

Please contact our Office or the Legal Services Society of British Columbia for a copy of this booklet.

To love oneself is the beginning of a lifelong romance.

Oscar Wilde

RISE

A Ten Week Course for Coping with HIV Infection

The RISE Program is a ten-week health education course designed for persons affected by Human Immunodeficiency Virus. Although especially suited to the needs of persons testing HIV-positive and their care partners, the course is open to anyone interested in learning practical, self-stewarding techniques for strengthening his or her immune system.

Program Goals

Participants in the RISE program can make progress towards some or all of the following goals:
Improving the psychological environment of immune system functioning

Modifying lifestyle Increasing concentration Overcoming addictions Improving self-esteem
Managing stress Maintaining productivity.

Self-Stewardship

That there is currently no cure for AIDS does not mean that nothing can be done. The self-stewarding techniques of the RISE program have enabled people to begin to make wise choices in ways that are scientifically sound and spiritually enriching:

To assume active and responsible roles in caring for their health To change unhealthy and self-destructive patterns of behaviour.

Self-stewardship forms a comprehensive set of disciplines that any person with commitment and patience can learn. They include: Training attention through meditation on a passage Moderating sensory stimulation Slowing down Conserving vitality Living intentionally Supporting others

Classes

Classes are held weekly in an informal and confidential setting. They provide a supportive environment in which participants can adapt the main techniques of the program to their individual needs.

The RISE program does not offer a cure for any disease. Classes are not intended as a substitute for standard medical therapies. Participants are encouraged to continue those therapies they find medically valuable, and to inform their physicians and therapists of their participation in the RISE program.

The classes are not offered as a medical program, but as a course in health education. The instructors function as educators, not as medical practitioners or therapists.

The RISE program is being co-ordinated by the Persons With AIDS Society.

The cost is \$15.00 (the cost of printing the manual)

The place and time are yet to be determined.

Facilitator: Dr Peter Kyne

To sign up for this event please call the PWA Society Office at 683-3381 (Re: RISE)

Peace of mind sends the body a "live" message, while depression, fear, and unresolved conflict give it a "die" message.

Bernie Siegel

Please Help Compile an HIV Travel Guide

Imagine having an attack of pneumocystis several thousand miles from home in the middle of a Sunday night—where can you turn? Do you think the recent exclusions from Canada and the arrest of the Dutch PWA by the US INS will be isolated incidents? We need a guide book listing national, state and local laws as well as available emergency services.

The Guide will be distributed free all over Computer Bulletin Board Systems and eventually appear as a free looseleaf service. For now, the info is being posted as it arrives on the AIDS Information Bulletin Board System.

We are collecting information including:

- a) after-hours medical services (e.g., good E/Rs, 24-hour pharmacies, masseurs, et al., ready, willing and able to handle emergencies);
- b) foreign countries and their attitude toward AIDS (e.g., will you be kicked out if you carry AZT);
- c) helpful hints for HIV+ travellers (e.g., the Cool Stool—an insulated bag and lightweight portable chair perfect for waiting in airports with DHPG);
- d) suggestions for other topics; and
- e) REFERRALS!! Even if you do not provide services for PWAs, PWARCs and seropositives, you probably know some person or organization that does. If you give us a referral, we will send them a questionnaire to be filled out. Please include the name of a contact person if known.

For further information, please contact Jason Lang P.O. Box 14883, San Francisco, Ca 94111 U.S.A. (415) 861-5306

Or contact the AIDS BBS by computer modem: AIDS Information Bulletin Board System (415) 626 - 1246 300 to 2400 bauds per second no parity, 8 data bits, 1 stop bit

Living With AIDS - Reaching Out - a popular book by Tom O'Connor is again available for sale at the office at a cost of \$15.00. Chapter headings include Loving the Body, Nourishing the Body and Healing the Body. Tom O'Connor was speaking in Vancouver last year and was well received.

Love is patient and kind; love is not jealous or boastful; it is not arrogant or rude. Love does not insist on its own way; it is not irritable or resentful; it does not rejoice in wrong but rejoices in the right. Love bears all things, believes all things, hopes all things, endures all things period.

I Corinthians 13:4-7

As I said before, it's that blazing determination that is necessary. And the end of helplessness is the beginning, it seems to me, of health.

Norman Cousins

The Quantified p24 Antigen Test

The best single blood-test for monitoring the effectiveness of the AZT therapy.

The quantified p24 antigen test measures the presence in your blood of a particular core protein (p24) of the Aids virus. To put it simply, the higher your p24 antigen count, the more rapidly the Aids virus is reproducing in your blood.

Anti-viral Aids treatments, such as AZT, work by stopping the Aids virus from reproducing in your blood. After studying p24 antigen levels in thousands of patients, researchers have noticed that p24 antigen levels often decrease substantially after AZT therapy is working.

Regular p24 antigen testing can help you determine how effectively AZT is working for you. Regular p24 antigen testing can also help give you early warning if AZT begins to work less effectively after you've been using it for a year or longer.

If you want to learn a lot more about p24 antigen testing, pick up a p24 Information Pack at our Library, or phone (604) 683-3381 and we'll mail it to you.

Chuck P.

HIV p24 Antigen (p24), Beta2 Microglobulin (B2M) and Neopterin testing now available in Vancouver.

Have you ever wondered whether your Aids treatment(s) are working? Whether your clinical condition is improving on a particular treatment or combination? Until now, it has been next to impossible to monitor the effectiveness of Aids treatment(s) in B.C., because three of the most informative blood-tests are not available here:

1) Quantified HIV p24 antigen tests. 2) Beta2 Microglobulin (B2M) tests. 3) Serum Neopterin tests.

If you would like to learn more about why these blood-tests are so helpful, a comprehensive P24/B2M/Neopterin Information Pack, including the most important medical research, is available in the Vancouver PWA Library, or you can phone us at (604) 683-3381 and we'll mail it to you. P24/B2M tests are also explained in our January Newsletter, and Neopterin in our June issue.

Thanks to the effort of Stephen Whittaker of the Seattle Treatment Exchange (206) 329-4857, we have negotiated very low prices for these tests at National Health Laboratories in Tukwila, Washington (206) 329 5310. The prices are:

Quantified P24 test	\$32.00 U.S.	B2M test	\$18.00 U.S.	T-cell subset
\$50.00 U.S.	P24,B2M,and T-cell subset	\$90.00 U.S.	Neopterin test	\$35.00 U.S.

We recently negotiated a deal with Metropolitan Laboratories, 1200 Burrard St. (at Davie), suite #208, whereby for a flat fee of \$10.00 per person, they will draw our blood and prepare it for shipment to National Health Labs in Washington. Serum that requires freezing will be packed in dry ice.

Letter to the Editor

A Broader Perspective: Towards Creating Justice and Equality

There are many varied situations under which people with HIV disease live. Thus the whole issue of HIV infection requires persistent and effective work by as many Coalition members as possible (you that is) to resolve. It is the complete individuality of our members that we must always consider for it is the comprised effort of all of our special diversity that makes us progressive and unique. Things in our Coalition do not happen by themselves nor are they created and known by just one or two people as some mythical characters may think and assert.

Of course in everything that our "collective" Coalition does there is opposition to overcome in ever case. It is the membership and always the membership as the "individual" that makes a difference, one way or the other. If we promote the collective value of the individual within the membership then the ball moves forward. If the gestalt of our Coalition is to be open and free, the the imaginations of us need to work in harmony. The individuals help within the Coalition can come in the form of volunteering time on a committee, letters, writing, typing, or involving yourself in any type of individual creative process. In our Coalition it is you (the individual) that makes the marked difference as there is no mythical fashioner of this society or personification that thinks it is lord of the membership. So why not volunteer your time towards a broader perspective.

Mark P.

I'm not interested in compassion that is focused on my death. Real compassion supports my living and supports me when I express my true gay self.

Peter - Person with ARC

Thanks to the Volunteers

Whenever there is a conference or any relevant session of information regarding AIDS, we as a Society are asked to provide an information booth. I always feel fortunate to be asked to set up these information booths, however they do require a lot of work. The information booth at the Quilt Project took place over 11 hour days and I would like to give a very special thanks to those people who untiringly helped me and came to my aid when others couldn't make it. John Merritt who took over many shifts for people who couldn't make it, Paul Courtois, Mark Redford, Dave Morgan and Steve Scribailo.

I feel it is essential for our presence at these events and I am grateful to all of you for helping me and our Society to have our presence shown at the Quilt Project.

Thanks again to you all.

Terry Leitch

Quack, Quack, Quackery

Health fraud scams for AIDS are usually like other types of quackery, and the warning signs are pretty much the same:

Be wary if a product's label or advertising promises immediate, effortless or guaranteed results.

Take testimonials in ads or on labels from "satisfied users" with a grain of salt. These claims can rarely be confirmed.

Be wary of claims that one drug or treatment is effective for a wide variety of diseases.

Be wary of products that offer a cure for AIDS. As yet, there is none.

Do not give too much importance to the term "natural". The definition of natural is elusive and the term is often abused.

Look out for misleading words like: amazing, secret, miraculous, special, discovery, breakthrough, exclusive, or instant. Responsible firms would shy away from using such vague and emotional language.

As with any fraud, things that seem too good to be true, more often than not, are. Get more information from sources you trust.

Reprint from Body Positive N.Y.

Because That's What Friends Are For!

Diary: Thursday July 13, 1989

Today I went for an interview at AIDS Vancouver and talked for about 45 minutes with a Counsellor named, Martha Guss. Now Martha's job has something to do with the AIDS Vancouver Buddy Program. She matches people with HIV disease with a person who has volunteered to be a formal buddy to that person. For me that process of getting a special Buddy was exciting and intriguing. Having been an active member of the coalition for sometime I thought it would be interesting to turn in another direction while still having the feeling of being in touch with our two major formal organizations, the Vancouver P.W.A. Society and AIDS Vancouver.

Martha asked what my reasons for a buddy were e.g., did I need help shopping; rides to the hospital and organizing life ect. Since I have had ARC for the last 3 1/2 years I am still very healthy with all my vitamins - minerals - herbs as well as my medical establishment goodies e.g. AZT, oral Septra for primary prophylaxis ect., so, my reasons for a buddy were more personal such as wanting a special buddy to go for walks with or Sunday drives and to share my frustration with over this nasty HIV disease. I am still not certain what to expect, but all buddies are carefully screened by psychologists hired by AIDS Vancouver.

In the meantime it will take a month or so to make a compatible match suitable to each persons interests so I'll be certain to share with you all the outcome of my application for a Buddy!!!

P.S. If you think you might be interested in a special buddy for yourself you can contact Martha Guss at AIDS Vancouver at 687-5220.

Mark

Thrush Therapy

Continued from page 4

crit and anaemia. No reticulocyte effect noted.

Hepatic - Idiosyncratic hepatocellular dysfunction as noted above. Also transient increases in liver enzymes. Any increase in liver enzymes would warrant at least temporary suspension of therapy and further investigation. This is probably the most serious and potentially dangerous side effect, and at (0.01%) it is a very low incidence.

It is also important to remember that these statistics include all participants in the drug studies, some of whom were taking doses 6 times the normal adult daily dose and even greater. A few more potential side effects are:

Gastro intestinal nausea and vomiting (3%)
cramps, abdominal pain and discomfort (1.2%)
G.I. bleed (%)

CNS - headache, dizziness, somnolence or nervousness (%)

Dermatological - pruritis (1.5%), rash and dermatitis (%)

Endocrine - Gynaecomastia (male breast enlargement) (%) and dose dependant decrease in serum testosterone levels and basal and

ACTH induced serum cortisol levels. The testosterone reached castrate levels (24 ng/dL) within 24 hours of a single dose of 1200mg. They returned to normal levels within 24 hours of cessation of therapy. Chronic suppression therapy at 200mg per day over 12 months showed no significant endocrinological effects. Miscellaneous _ fever, chills, photophobia, idiosyncratic allergic reactions, anaphylactic shock, pronounced dyspnea and arthralgia (%).

Recently a new form of this very helpful drug has become available in B.C.. It is an oral suspension form. Basically the protocol involves a 5ml swish and swallow twice daily until Thrush is controlled, then twice per week in order to maintain control. After 5 days of this promising new therapy I believe it to be highly effective and easy to use. I'm not sure yet how effective it will be in the long term suppression, but I can tell you now that for the short term acute stage of the infection this stuff really works! It is so new that only a few pharmacies have it in stock yet. I found mine at Burrard Pharmacy, 1160 Burrard, right across from St. Pauls Hospital. Phone number is 669-7700.

Good Luck in your battle, and remember "Don't feed the yeast"

Walkathon Pictures:

Any one interested in pictures from P.W.A. 10K Walkathon please contact Bruce at Off Center Productions 9 - 311 West Hastings Street, Vancouver B.C. 681-3517 - Contact sheets can be viewed at P.W.A. Office. Ask for Joe Ford or Jackie. Off Center Productions is available to P.W.A.s at discount prices.

Afghans Needed

Our request for afghans was successful. A member's secretaries crocheted several wonderful afghans for us. We could also use afghans in solid colours. Contact Brian, Programs Committee.

Membership Policy Changes

For the past month a Task Force on Membership criteria has been reconsidering our policy on membership. Until now only a person diagnosed as having AIDS or ARC has been entitled to membership in this Society. In recent months it has become increasingly obvious that this criteria has become outdated.

The meaning of the term "AIDS Related Complex" has been obscured by the development of the concept of the continuum of HIV disease. Not only has the distinction between ARC and other HIV related conditions become less precise but the rationale for distinguishing between them has faded. We now recognize that many of the issues affecting people who are HIV + are the same as those affecting people with frank AIDS and vice versa.

For these, and a host of other reasons, the Board of the PWA Society voted on July 27, 1989 to adopt a new membership policy. Full voting membership in the Society is now open to any individual who is self identified as being a person with AIDS or HIV infection who is resident in British Columbia.

Qualification for Complementary Health Funds is now being reconsidered but in the mean time will be available only to those with AIDS or ARC.

If you are interested in joining the Society or changing your membership status, please contact the office.

Retreat August 18 - 21, 1989

For members only (no charge) held at Manning Park

This is special time for new and not-so new members to spend away from doctors, telephones and the city. The setting is private there is access to 3 small lakes. Let us know if you have a car and are willing to drive.

Because of limited space (30) a lottery system will be used and a waiting list formed. To sign up call the office at 683-3381.

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.

In Memorium

BILL IVES

Bill Ives died on May 24, 1989 shortly after his article on Bhuddist Meditation was published in the June Newsletter. Bill was our librarian and organized the library system we now have.

His family and friends made a wonderful quilt panel for Bill that was part of the Quilt exhibit at the Art Gallery. Bill was an intelligent, articulate man with a dry sense of humour and we will miss him.

Nicholas Gray

The Vancouver Persons with AIDS Society regrets the loss of one of our members on July 13, 1989. Nicholas Gray was a former board member and was very involved in the projects of the coalition, especially the newsletter which he helped shape into the popular form that it is today. Taking up the causes of our group, his writing helped to inform and motivate the readers of the newsletter. Nicholas was an important component of the group initiating programs and projects that are part of our work today. A legacy that lives on, he will always be a part of us at P.W.A. His creativity and skills both in writing, the visual arts and relating to people made the projects that he worked on a success. Nicholas was an eloquent spokesperson as a person with AIDS; the interviews he recorded continue to inform and inspire others. His fresh and intelligent views were a part of his important contribution in the fight against our disease. Nicholas was a trooper and fought valiantly against the odds. We who are his comrades will keep up the fight and insure that his work and his hopes were not in vain. Nicholas, we wish you peace.

A.K.

Choosing Life

Look to this day for it is life,
For Yesterday is already a dream,
And Tomorrow is only a vision.
But Today, well lived, makes every Yesterday
A dream of happiness
And every Tomorrow a vision of hope.

Sanskrit Proverb

Request for Volunteers

The PWA Society requires peer counsellors to answer telephone calls and to counsel people who walk into our office. If you have experience or are willing to learn and can volunteer on a regular basis we need you. A Training Workshop will be at the end of July. Please contact the office to register as a volunteer.

Thanks to Story Travel

Sometimes we get so busy at the office that we forget to say thanks. Last fall Story Travel Ltd., our travel agents, donated to us an Epson computer and printer. This machine has been indispensable to us ever since. Better late than never, we want to say "Thank You, Story Travel."

BC Ferries - Handicapped Status

British Columbia Ferries offer a special fare to persons who are permanently mentally or physically disabled. The purpose of these reduced fares is so that persons who cannot travel alone will not have to bear the additional cost for an attendant to travel with them.

Upon presentation of a BC Ferry Corporation identification card, or acceptable proof, both a disabled person and his/her attendant travel for one-half of the regular passenger fare. This special rate applies seven days a week, year round but does not affect vehicle fare rates.

Identification of handicapped status can be obtained by making application, accompanied by written confirmation of permanent disability and necessity for assistance in order to travel, from a doctor or suitable equivalent authority to Pat Stephens, Information Officer, British Columbia Ferry Corporation, 1112 Fort Street, Victoria, V8V 4V4.

The larger ferries have elevators for the disabled, special washrooms and parking for the handicapped. Identify yourself to the BC Ferries employees to use these services.

For those interested in travelling on the Inside Passage route, the same reduced rates apply to the passage portion of the fare but do not affect the cost of a stateroom or vehicle passage.

AIDS VANCOUVER MOVES

On August 1, 1989, AIDS Vancouver moved its offices to:
1272 Richards Street
Vancouver, B.C.
V6B 3G2

Their telephone numbers will remain the same:
Office: (604)687-5220 / Help Line: 687-2437

AIDS Theatre Project Looking for Participants

(No experience necessary)

People with HIV/AIDS are needed to participate in a group theatre project called a 'Power Play'. The end result of this exercise will be a presentation at a conference on counselling in the beginning of October.

The process of a 'Power Play' is important. It's the members of the group (15 or more) who determine what the content of the end presentation will be. The aim of this is to create an emotional impact and strong contribution identifying the issues most important to persons with HIV/AIDS.

The project will be professionally facilitated by Headlines Theatre, a group very experienced in this type of project.

The workshop will be held August 25 through September 2 in the afternoons. A small honorarium will be provided.

This is a chance to play a part in an exciting concept that will benefit people with HIV/AIDS.

Sponsored by the Vancouver Persons With AIDS Society.

Please call Alex 683-3381 to sign up or for more information.

Remember: No experience necessary

Newsletter Seeks Volunteers

The Newsletter Committee seeks volunteers interested in writing, typing, layout and production of the PWA Society Newsletter. There will be an organizational meeting in mid-August. Please watch the bulletin board at the Office or leave a note in the Newsletter Mailbox. All are welcome to join us in making this newsletter an excellent forum for our members and an up to date source of information to help us live our lives to the fullest potential.

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, 1170 BUTE STREET, VANCOUVER, B.C. PHONE 683-3381. THE VANCOUVER PERSONS WITH AIDS SOCIETY IS A REGISTERED NON-PROFIT SOCIETY (REG.#0760124-11-27)

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