

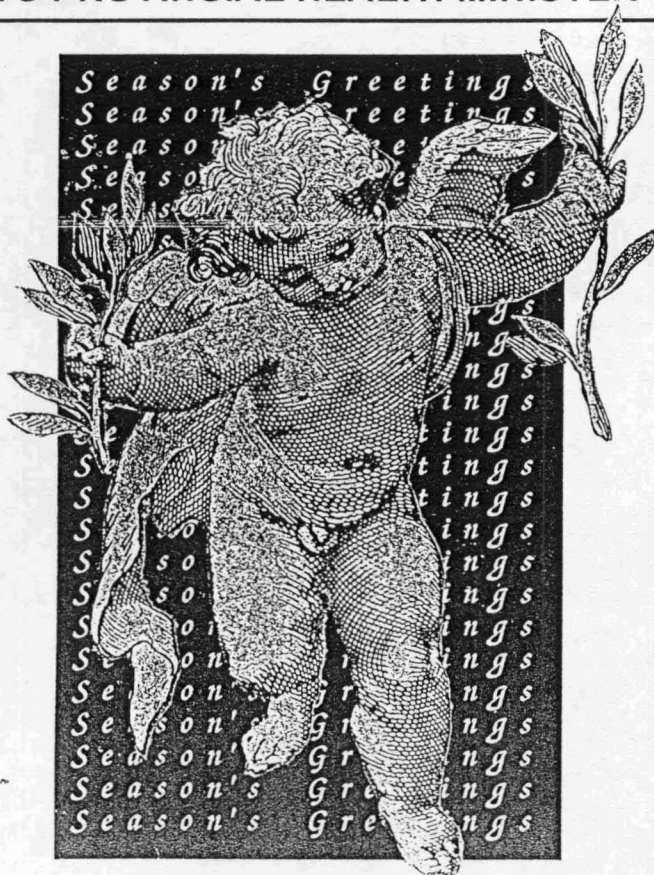


ISSUE #43
NEWSLETTER
DECEMBER

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XMAS PRESENT

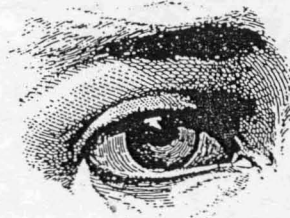
AIDS A PROBLEM IN AFRICA AND NOT A PRIORITY IN BC,
SAYS PROVINCIAL HEALTH MINISTER SEE ARTICLE PAGE 2



**CHRISTMAS AT THE
PWA SOCIETY**



**AIDS TREATMENT
UPDATE**



**PWA RECEIVES
HOUSING SUBSIDIES**



A speech by BC Health Minister John Jansen at the end of the Fourth Annual AIDS Conference, November 6, 1990, made it clear that the Provincial Government does not see HIV/AIDS prevention and support as a priority. The Minister used statistics to explain that AIDS is only the twelfth (12th) on the list of causes of death in BC and even though it is an "ominous threat" - "we cannot ignore the many other important...and indeed competing, health issues we must balance in the best interests of all." Those other competing issues are things like cancer, heart disease, suicide, and accidents. Does not a caring and just society make its priority the loss of human life no matter what the cause? Must we wait until the death toll rises before we put our best efforts forward to ensure the prevention and support needed to stop the AIDS epidemic and the other causes of death on the list of British Columbia's annual death toll? BC has the highest incidence of AIDS per capita in Canada. Do we wait until the numbers become even higher before the problem becomes "a priority"?

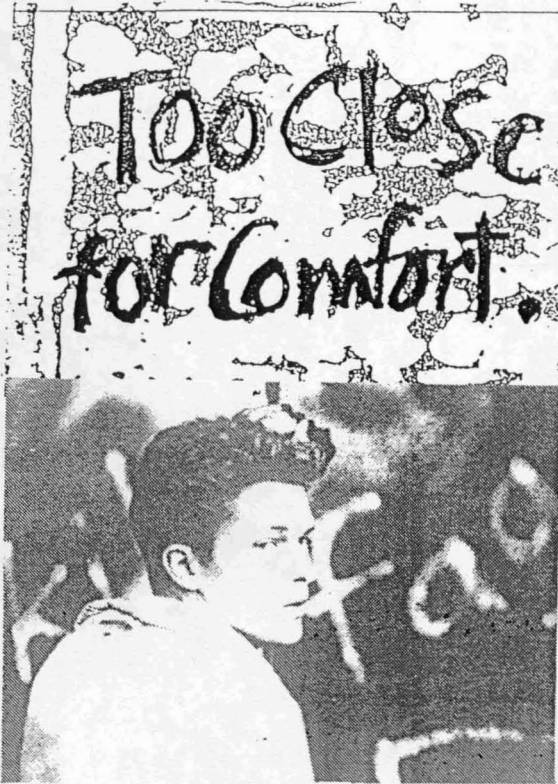
Does not a caring and just society make its priority the loss of human life no matter what the cause?

The Minister also said over \$30 million has been spent since 1987 on AIDS related costs. That is to an overwhelming extent money that is already in the health care system with a very small part of it going to education and prevention initiatives.

"The total accumulated AIDS cases to date in British Columbia is just over 800. 'Over 500 of those people have died.' The projection to the year 2000, based on current trends, is that we may well be treating 4,000 cases." This does not include the thousands who will be HIV+ who will need treatment and support because comprehensive prevention efforts are not being done now. The year 2000 is only ten years down the road. What shall we do in the mean time, wait and see?

Transcript of the Minister's speech available at the PWA office.

Alex Kowalski, Chair



It's summer - just after their high school graduation. David is working at the local video store, when his friend Nick is fired after it's discovered that he has HIV infection. Word spreads quickly in the small town. David and his friends are challenged by their fear of AIDS, homophobia, and discrimination.

This 1/2 hour educational film is scheduled for a premiere showing at Cineworks, 1131 Howe Street, on December 1st at 4 pm to commemorate World AIDS Day.

We are acquiring a copy for our library. Thanks to all who have brought this excellent project to completion.

WE GET OUR HOUSING SUBSIDY ALLOCATION

The British Columbia Housing Management Commission, at the request of the Ministry of Health and after long and persistent lobbying on the part of the Vancouver Persons with AIDS Society, has awarded us an allocation of 25 unit subsidies to be granted to persons with HIV/AIDS.

Under this program the Vancouver Persons with AIDS Society will be able to subsidize the rent of 25 qualifying members so that their net rent will be no more than 30% of their income. The subsidy will enable a single person to live alone in a one bedroom apartment at a cost of no more than 30% of his or her income or in the case of GAIN recipients no more than the shelter portion of your GAIN cheque.

A subsidy may also apply to a person sharing a two (or more) bedroom unit in which case the subsidy would apply to that persons share of the rent. In the case of a person living with a partner a subsidy may also apply but the income of the partner will also be taken into consideration in determining the amount of the subsidy.

The subsidy may apply to a member's existing accommodation and can, in certain circumstances, be paid retroactively to September 1990. A member who is granted a subsidy may subsequently move to another qualifying unit without losing the subsidy.

If your current rental housing is costing you more than 30% of your income or if you are currently housed in inadequate housing you may qualify for a subsidy. Our criteria require that applicants:

1. be eligible for Complementary Health Fund benefits, ie. be members who are HIV+, as established by a doctor and earn less than \$1,200 per month after deduction of uninsured medical expenses,
2. be willing to sign an agreement with the PWA Society to abide by the policies and rules of the subsidy program,
3. be capable of independent living either on

- their own or with appropriate support, and
4. not be in receipt of any other housing subsidy.

Because this program has only recently been approved we must act quickly in order to take advantage of the most benefit. In order to qualify for a subsidy a member must be already living in a qualified unit or have made a firm contract to lease such a unit on or before December 14, 1990 although actually occupation may be delayed into the new year. Members on GAIN may seek a damage deposit for a suitable unit through their Financial Aid Worker thus enabling them to seek out and secure a unit if they do not have one.

A qualifying unit would be any reasonable average one bedroom suite in the West End or other equivalent part of town. For those already living in a unit, a bachelor or half a shared two bedroom may also qualify.

Applicants on GAIN will be given priority on a point selection system to determine the first 25 members to receive the subsidy. Priority consideration will also be given to applicants:

1. on private disability pension who meet the CHF income qualifications,
2. listed on our housing need list for some time, and
3. having a dependant child or children living with you.

In the event of two or more members having equal qualifications a lottery will determine the members who will receive the subsidy.

To apply complete the enclosed preliminary application form and return it to the PWA office before 4:00 pm December 14, 1990. If you are selected you must then complete a further application and subsidy agreement and provide proof of tenancy and income no later than noon December 27, 1990. Because of the deadline we must meet, anyone not strictly complying will lose his or her subsidy to the next person on the waiting list. Because of numbers involved PWA staff will not be able to assist members to locate accommodation.

Your prompt action and full attention to details will best ensure your fair chance to participate in this limited program. Our next step is to seek expansion of the program.

Chris Sabean - General Manager





STAIRS CONQUERED!

To make our offices on the second floor more accessible, we have purchased a stair climbing crawler that will take wheelchairs up and down stairs or anyone who needs assistance climbing stairs.

There are some limitations in that it can carry a person or standard wheelchair (from 14 to 22 inches wide), but cannot transport a heavy electric scooter or chair.

When we move to new premises in 1991, there will be elevators operable by people in chairs. We plan to consider the users of chairs in laying out the office design.

Thanks go to the Foundation for Immune Diseases for a grant covering a proportion of the cost of the stair climber.

And thank you to everyone who have worked on this project. Now we need to persuade BC Transit to designate a wheelchair accessible stop nearer to us than the Aquatic Centre at the foot of the hill.

Douglas Starratt



CHRISTMAS AT THE PWA SOCIETY

December 15th. Pot luck Christmas dinner at McLaren House for members and their significant others. Bring a dish to share and musical instruments to add to the sing-a-long. 5 pm. PWA will provide the turkey and ham, you surprise us with the trimmings.

December 19th. Tree trimming party at the PWA Living Room Lounge from 6 to 9 pm. Snacks and happy elves provided. We would love to see you there. Bring an ornament if you wish.

December 24th. Major Christmas Eve party! 4 to 9 pm. Food, presents under the tree, music, tawdry Christmas videos and a real Santa, sans padding. Bring your partners and family.

In the mood for baking?

We could use more donations of goodies for the 19th and 24th. If you would like to lend a hand to the Christmas Committee, please call our Rhinestone Santa...Trevor, at 683 3381.

We will probably get flooded with fir boughs...however, we do need a donation of a live Christmas tree. Please call Trevor.

Want to add to the pile of presents under our lovely tree? We will be pleased to accept 'generic' gifts, wrapped up real fancy for our members who will attend the Christmas Eve party. Bring them in to Jackie.

Christmas Committee

LEAVES OF AUTUMN

David Roy, director of the Centre for Bioethics at the Clinical Research Institute in Montreal, Quebec was recently in Vancouver, to lead a session at the Fourth Annual AIDS Conference. His session, entitled "Ethical Dilemmas at the End of Life," was repeated so that members of the public would have access and input. Entry to this event was by donation with the proceeds going to McLaren House Society.

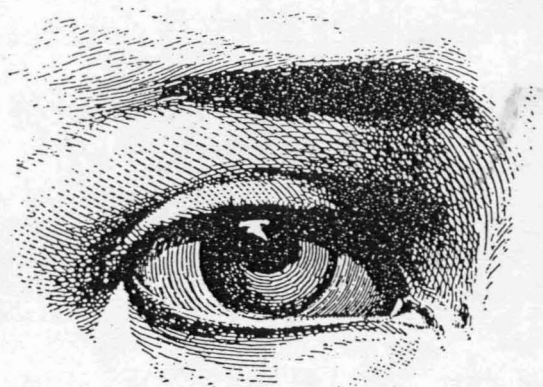
The primary focus of his session was the social, legal and ethical ramifications of euthanasia in an era of high tech medicine directed towards extending life. There has been a change in social attitudes concerning keeping those in a 'vegetative' state alive reflected in legal changes and an evolution within hospitals towards the control of pain rather than extending life functions. There is a need to respect liberty and the will of the individual in these cases. There is also the issue of 'proportionality,' whether therapy will be in keeping with the patient's wishes, where medicine doesn't have the right to intrude into their body if it can't better their health.

Mr. Roy went on to make a powerful plea against the legalization of active euthanasia. He stated that "to imagine it would remain completely voluntary is to suggest that we live in a perfect world." "The law would increase court cases" and "we would lose the idea as to how caring a society we live in." And furthermore "we could not guarantee that in the future this would not be used for political, philosophical or socio-economic ends as in the Nazi euthanasia camps."

During the question period, an interesting issue arose, that of the need to change the attitude of value based on one's chronological age. A young woman stood and explained that both her father and her daughter were ill of cancer, and that the medical staff's attitudes exhibit ageism. They seem to consider the father's life over and so not worth fighting for, while urging the younger person to "fight with all their might."

The evening overall raised more questions than it supplied answers, but in the words of Mr. Roy, "The time for keeping it quiet and silent as the leaves of autumn has come and gone."

John Kozachenko



HEPATITIS-B VACCINE PROGRAM AXED

Health critic Tom Perry of the NDP has succeeded in convincing the BC Ombudsman to investigate allegations that a \$90,000 Health Ministry proposal to immunize injection drug users against deadly hepatitis-B infection was vetoed because of an alleged government bias against this group of people, dismissing them as "undesirables".

We believe that such a program protects all BC residents and would be beneficial to the public health by reducing the reservoir of this potentially deadly virus.

This is an issue that affects those of us living with AIDS or HIV infection. It is a direct threat to our health and there is speculation that hepatitis-B infection may have a role in the progression of AIDS. Certainly its patterns of transmission and infection are very similar to those of AIDS, and though less often fatal than AIDS, it is more easily transmitted.

No person in BC is expendable. Everyone has a right to health protection and care. The number of persons in BC deserving to have these viruses is exactly zero. None.

We need a rational response to the challenge of these deadly viruses. Politically motivated interference of this sort in health policy is inappropriate and threatens everyone's health.

Douglas Starratt, John Liesch

Editors, Vancouver PWA Society Newsletter

T-CELL BOOSTERS: NAC LOOKS PROMISING.

Cysteine is an important amino acid found in the human diet. In the body, cysteine is converted into the enzyme GSH (glutathione), which plays a crucial role in protecting the body from toxic reactions and highly reactive chemicals. There is growing evidence that, in HIV-infected people, the various protective enzymes (such as GSH) fail to prevent damage to cells and tissues caused by these highly reactive chemicals. (this type of damage is called oxidation). Oxidative damage is thought to have immune suppressive effects. Indeed, some researchers think that oxidative damage may even play a role in the development of AIDS. *Scandinavian Journal of Infectious Diseases* 1988;20:287-90 and *Medical Hypotheses* 1988;25:151-152.

Some researchers think that the chemical TNF-alpha (Tumour Necrosis Factor) may play a role in the decline of GSH levels. As HIV infection worsens, levels of TNF-alpha rise, reaching their highest when AIDS develops. Since TNF is produced in response to infection, perhaps the increasing level of bacterial and parasitic infections seen as HIV-disease worsens may result in the rise of TNF levels. TNF can cause toxic effects by producing highly reactive chemicals which in turn cause oxidative damage. Normally, GSH can protect cells from these toxic reactions. However, increased TNF stimulation may exhaust the GSH enzyme supply. Excessive levels of TNF may also be responsible for the unexplained wasting syndrome seen in some people with advanced HIV infection. The most obvious method of correcting the cysteine deficiency would consist of giving subjects supplementary cysteine. In animal experiments, however, when cysteine is given orally or intravenously it is rapidly oxidized and becomes toxic.

NAC (N-acetyl-L-cysteine), an altered form of the amino acid cysteine, has been used for the past 20 years as an antidote for tylenol (acetaminophen) poisoning. A drug with no known human

toxicity, NAC has joined other experimental agents being tested in people with HIV-disease. In laboratory experiments conducted by researchers in Boston (reported in *TreatmentUpdate* numbers 7 and 11) NAC was able to stimulate, by more than 200%, the growth of T-cells which had been taken from people with AIDS/ARC. Because this increase was achieved without stimulating the cells immunologically, it is unlikely that any latent HIV would be activated by NAC. The Boston researchers found that NAC also inhibited the activity of a suppressor chemical released by HIV-infected cells. *Clinical & Experimental Immunology* 1989;7:7-10. Now researchers at Stanford University have published a detailed report of their laboratory experiments with NAC and HIV, providing further clues as to how the drug may work:

- NAC appears to block the activation of latent HIV and TNF and other signals of the immune system which trigger HIV production.
- NAC inhibits HIV replication in T-cells.
- NAC complements the anti-HIV activity of AZT.

Proceedings of the National Academy of Sciences 1990;87:4884-4888.

Treatment of HIV-infected but symptom-free people using NAC could result in the virus' being kept in a latent state. In other stages of HIV-disease, combinations of NAC and anti-HIV agents may provide benefit as well. Because of NAC's obvious safety, clinical trials of NAC in HIV-infected subjects are already underway (in Stockholm, Sweden). Researchers at Stanford are said to be conducting a clinical trial of NAC now. Results from a pilot study in Florida reveal that 7 subjects with AIDS either gained weight or stabilized. No other results have been released. *New Scientist* 16 June 1990, page 31. In Canada, limited supplies of NAC may be purchased at selected health food stores. NAC is also available by prescription in Canada and sold under brand names such as Mucomyst, Airbron and Parvolex. These brands of NAC are intended to be taken intravenously or by nebulizers. For oral use, they must be diluted in cola drinks or fruit juice. As yet, the best dose and timing are unknown. Anecdotal reports from the USA indicate that some people with HIV infection are taking several grams of NAC per day, every 4 hours while awake. Research in non-HIV-infected

subjects reveals that within 3 hours after a large oral dose, blood levels of NAC fall to pre-treatment levels. High levels of NAC and cysteine are achieved with a single dose (30mg/kg of body weight) of oral NAC, but these also fall by the 3rd hour after oral ingestion. There are concerns that large doses of NAC may bind to essential minerals (copper, zinc, iron, calcium, and magnesium) in the blood, as can happen with high-dose intravenous therapy. In studies using low doses of oral NAC (600 mg/day) this does not occur. Perhaps patients on high dose oral NAC may wish to have their blood levels of these minerals checked. Should mineral levels be lower than normal, the use of supplements may become necessary. **European Journal of Pharmacology** 1990; 39: 29-31, 1989; 36:127-131, 1988; 34:77-82 and 1986; 31:217-222.

This research suggests the likelihood that repeated oral dosing will be necessary if NAC is ever to be used as a therapeutic agent in HIV disease. According to the Philadelphia magazine **Critical Path**, NAC has also been offered for sale by health food stores in the USA: 500 mg tablets containing 98% NAC are sold by the Allergy Research Group of San Leandro, California (415-639-4572) in bottles of 90 tablets (500 mg each) for \$30 US. Finally, the 'Twin Labs' brand of NAC, 600 mg per tablet, comes in a jar of 30 tablets for \$8.50 US, distributed by L & H vitamins 37-10 Crescent St., Long Island City, NY 11101 (1-800-221-1152).

AIDS Action Now, Toronto
September, 1990



ALPHA-INTERFERON FLOPS

Claims that a type of low dose oral alpha interferon called Kemron have provided dramatic improvements in PWAs continue to come from Africa, and have recently been championed by the NYC newspaper The Amsterdam News as a "possible cure." A NYC radio station WLIB recently held a marathon press conference and discussion about the therapy. Claims were made that the medical "establishment" is keeping the therapy under wraps because it is coming from Africa, adding an un-

essarily racist component to the confusing information already released.

In an article published in the July issue of the East African Medical Journal, Drs. D. K. Kocch and A. O. Obel claim to have treated 195 symptomatic and 5 asymptomatic with Kemron, a type of natural alpha interferon for 10 weeks. According to the report, "clinical complaints associated with HIV-1 infections rapidly reduced per patient from an average of 3.8 to .05 and 0 by weeks 8 and 10 of treatment. Eighteen of the patients seroconverted (ie. tested negative after being positive earlier) by both Elisa and Western blot assays during the study period."

PWAC has obtained a memo from the World Health Organization concerning information on a 108 patient multi-centre trial recently completed in Africa. "The study produced inconclusive results regarding clinical benefits of this proposed therapy, and could not confirm the reported HIV seronegativization of any patient after treatment..."

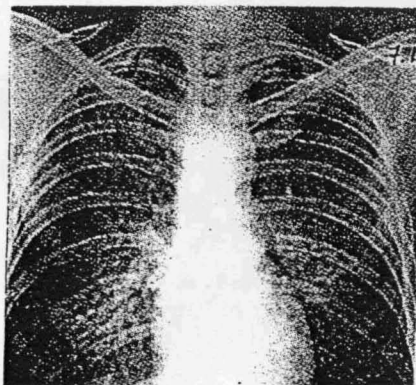
The PWA Health Group is perhaps the largest distributor of low dose alpha interferon in NYC, but not Kemron. More than 500 people have walked into their office to buy different forms of wafers. Executive Director Derek Hodel recently made these comments to Newsline:

"Periodically we have asked (about results), but most often people talk about the results they are not getting. We haven't heard many responses positive or negative. Most people have noticed nothing at all."

In a recent Health Group publication Hodel and Garance Franke-Ruta state that "at present, we do not believe the data support self medication with oral alpha interferon."

PWA Coalition Newsline,
September 1990

Comments from Chuck: The AIDS community continues to be sharply divided on the issue of whether low dose alpha interferon is helpful. Some users claim it has done wonders for them. Many users say it has done nothing for them. My position remains the same as it was 6 months ago—until there is some credible medical evidence that it works, I have no reason to believe it works. I believe low dose alpha interferon will turn out to be useless as an AIDS treatment.



HIGHER DOSES OF PENTAMIDINE MORE EFFECTIVE

Pneumocystis carinii pneumonia has been the greatest killer of people with AIDS during the course of the epidemic. More than 70,000 Americans have been stricken with the lung infection since 1981.

In San Francisco half of all AIDS diagnoses result from bouts with this disease. However, the San Francisco Health Department's AIDS Office has no readily available figures as to how many deaths have occurred in the city from PCP.

The AIDS Office also has not kept close track of how the disease's incidence has declined since the introduction of prophylactic or curative therapies, although this week's *New England Journal of Medicine* contains two articles confirming their importance.

The first report describes the results of a 1987-1988 study in San Francisco concerning the value of aerosolized pentamidine in preventing PCP's occurrence.

The Food and Drug Administration approved the drug's use as a preventative treatment in February 1989 on the basis of these figures. Their publication backs up the validity of that action, stressing the value of early intervention to doctors across the country.

The study also settles questions about dosage and frequency of administration. The 408 PWA participants were divided into three groups. One received 300 milligrams sprayed into their lungs every four weeks, another got 150 mg every

two weeks and a third only 30 mg every two weeks. Eight patients in the 300 mg group experienced an attack of PCP during the 18-month treatment compared to 22 in the 30 mg group.

The spray system for delivering pentamidine directly to the lungs marked a major advantage in AIDS therapy. Although expensive because it takes complicated equipment to administer, it provided the first way to block the killer without major side effects.

One study by George Lemp of the San Francisco Department of Public Health shows that aerosolized pentamidine is as effective as AZT in prolonging PWAs' lives.

Bay Area Reporter,
October 1990

Comments From Chuck: Studies going back several years have concluded that higher doses of aerosol pentamidine are up to four times more effective than 60 mg bi-weekly as PCP prophylaxis.

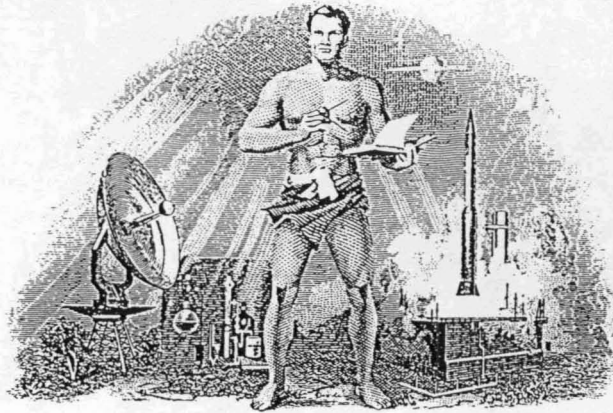
Reflecting these findings, the standard dose of aerosol pentamidine in the USA is two to three times higher than in Vancouver. Makes you wonder, doesn't it?

If you have had recurrences of PCP while on the 60 mg dose, your Newsletter would be interested in hearing your story. For further information, contact Douglas Starratt at 683 3381.

PERCENTAGE OF T-CELLS AS MARKER

The percentage of T-cells to total lymphocytes is an alternative to the absolute T-cell count as a measure of immune system suppression. In fact, this percentage may be the more reliable marker. It is clear that the absolute T-cell count fluctuates much more widely than the percentage of T-cells. As a general rule, 40% is considered a normal immune system, 30% indicates mild immune suppression, 20% can be seen as moderate and 10% as marked immune suppression. The CDC is now recommending PCP prophylaxis for those whose percentage CD4 falls below 20 or whose absolute CD4 count is less than 200.

PWA Action Coalition Newsline
October 1990



PHOTOPHERESIS— PROMISING NEW TREATMENT

A new approach to treating ARC called photopheresis, was tested in a preliminary clinical study involving five patients. The trial shows some promise though results are somewhat unclear. There was no control group for this study, and the group itself was very small. Still, the FDA has approved photopheresis for further trials.

In photopheresis, the patient is given a light sensitive drug called **psoralen** (8-meth-oxypsoralen). Two hours later, a pint of blood is drawn and separated, and the white blood cells and plasma are exposed to ultraviolet-A radiation before being returned to the body.

Though researchers aren't sure exactly how the treatment works, four of the five patients were reported significantly improved, both by subjective admissions and by certain objective blood chemistry indicators, after six months. Three of the patients continued on photopheresis for fifteen months with encouraging results. One patient, who happened to be the only female in the study, did not respond to treatment. It is believed that photopheresis acts to inactivate HIV and arrest its ability to infect healthy cells. A similar procedure has proven effective against lymphoma. According to Emil Bisaccia, medical director of the photopheresis unit at Morristown Memorial Hospital, "The results are encouraging but must be viewed with extreme caution."

PWA Coalition Newsline

September 1990

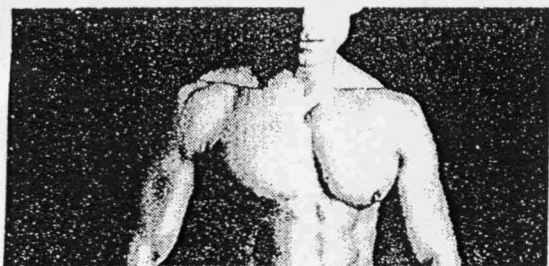
OESOPHAGEAL COMPLICATIONS:

Resistant aphthous ulceration in HIV Positives.

Various ulcers and ulcerations are occurring more frequently in persons with HIV/AIDS. These are sometimes due to Herpes, viral complications, fungi or malignancy. Some situations are completely unexplainable. The ulcerous mouth sore complications are often very painful and unresponsive to conventional treatment which is in Vancouver almost unavailable in any case.

Thalidomide has been reported to be therapeutic in various types of unexplainable ulcerations. According to the **British Medical Journal** 1989;298:432, HIV positives were given 100 mg nightly of Thalidomide for two weeks, and thereafter a maintenance dose of 100 mg every five days for three to six months. According to another study in **The American Academy of Dermatology**, Vol. 20, Number 6, June 1989, major oesophageal complications responded within a month. There may be possible recurrences so a maintenance dose is suggested. Two patients also took AZT without any complications. Some possible side-effects are headache, constipation, excessive appetite and drowsiness, as well as mild neuropathy but only at higher doses. Thalidomide is completely contraindicated in pregnant women. If you are experiencing oesophageal complications or ulcers this may be a potential approach if your medical care providers have no explanation for your condition.

M. A. P.



BLOOD TESTING: WHY AND HOW

Regular Testing Dates: The second and fourth Tuesdays of the month.

December Testing Date: December 18 only.

Why

There are three good reasons to monitor your blood: 1. To determine your "base line" blood levels while you are healthy. 2. To detect indications of disease progression and drug side effects before you become ill. 3. To check on whether AZT or DDI is working.

Four tests are available to indicate whether your HIV infection is arrested or developing: Helper and suppressor cell count (T4), P24 antigen, Beta₂ microglobulin, and Neopterin. None of them say for sure that you will get sick soon, or within two years, or never. They are just signs that something is going on. Because blood varies from day to day, one test doesn't provide much information. You need a series of tests and to establish trends.

Neither you nor I, without medical training, are capable of interpreting what the test results mean. For that, you must consult with your doctor. You need to realize that medical science has not been able to provide your doctor with much information of what these tests mean, either.

In short: None of the tests tell you straight out the condition of your immune system. Guys have kept healthy in spite of awful test results. It can be done!

You may want to have your blood tested soon after you know you are HIV positive, so your base line can be established. After that, your doctor will probably want to monitor your blood at regular intervals to see to it that you stay healthy.

THE HOW TALK TO YOUR DOCTOR!

To be tested, you should ordinarily first see your doctor. They can order T-4 cell counts, P24 tests, and Beta₂ M tests, at St. Paul's Hospital. The neopterin test is not available in British Columbia.

Depending on your overall health, your doctor may order the tests every six or three months, and even more frequently if circumstances warrant. Tests ordered by your doctor are paid for by the BC Medical Services Plan.

You may want tests which have not been ordered by your doctor. Keep in mind that you will need your doctor to interpret the results. Occasionally, a doctor will ask you to arrange to be tested through the PWA. All four tests are available to you through the Society. We arrange for blood samples to be drawn in Vancouver, and send them to Seattle for processing. Expenses for the tests we arrange are not eligible for reimbursement under MSP. Current prices, in \$US, follow.

P24 Core Antigen:	34.00
Beta ₂ Microglobulin:	19.25
Neopterin:	90.00
T4 or Helper Cell Count:	80.75
Profile 2847: P24, Beta ₂ , and T4:	95.50

In addition, there is a flat \$10(Cdn) charge for drawing blood. The PWA Society picks up the costs of picking up, freezing, and shipping the blood, and will arrange for you to pick up or to mail you the results.

You may apply Complementary Health Fund assistance (up to \$75.00 per month for full members) for the cost of testing.

To be tested by PWA, come in to the office and sign up. If you have been asked by your doctor to be tested by us, we need that information. Cut-off time is 1:00 pm of the Friday before testing date.

Members who have not been tested before should consult with me, Stryker, before signing up. I am in the office Friday mornings, 10 am to 1 pm. For other times, leave your phone number so we can set an appointment. I can't practice medicine. I can act as a peer counsellor and provide you with the support you need to make your own decisions.

Arrange for a quiet day the day before your

test. Your results will be more accurate if you are rested, not under stress, not suffering from any kind of hangover and not fighting some kind of an infection, like a cold. Test results are most consistent if always done at the same time of day, by the same lab.

THE TESTS

T4 or Helper Cell Count: A measure of a vital part of your immune system. A normal count is 440 - 1800. A count of under 500 is accepted in BC for a prescription of AZT. A count of 250 or less is an indication that you should be on prophylaxis for PCP pneumonia - Septra, Dapsone, or Pentamidine.

P24 Core Antigen: A protein from the HIV virus, that sometimes shows up if the virus is reproducing faster than your body's antibodies are destroying it. A positive test means the antigen was detected in your blood. A negative test, however, is not all that reassuring. The problem is that the virus could be spreading without leaving tell tale P24 antigen tracks.

The British Columbia version of this test is not quantified: the result is reported as positive or negative. There appears to be not much known about the meaning of the difference between a large or a small positive result. The test we get from Seattle is quantified. Some doctors are sending members to us, apparently to obtain the quantified test.

Beta₂ Microglobulin: A tiny protein, found in most body cells, that is released into the bloodstream when cells die. Normal levels of Beta₂ are between 1 and 2.6 for most, 3 for older members. Levels of 3.0 or more indicate disease progression.

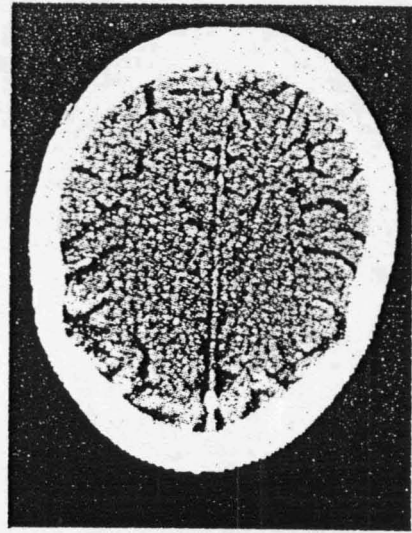
Neopterin: A substance produced by immune system cells during an inflammatory disorder. Normal is 5.4. Levels above 8 indicate risk of disease progression.

Stryker

THANKS, CHUCK

Chuck P. will no longer be handling the blood testing program. He did a fantastic job. He inspired hundreds of our members to take charge of our HIV infections, and he cheered us up. We owe him great appreciation. His responsibilities for testing have been passed on to me. Chuck is going to be a "tough act to follow".

Stryker



NEUROLOGICAL COMPLICATIONS AND AIDS

Of the many complications involved with AIDS one the most disturbing and puzzling is that of neurological disorders involving the brain, spinal cord, and nervous system. As PCP becomes more and more preventable, more advanced complications appear to be arising as people live with AIDS longer.

Little is known about the progression of people who have neurological complications. It seems different patterns of disease occur in different people so the mechanisms of infection are not very well understood. Some of the first symptoms can be pain or loss of sensation in fingers and feet caused by degeneration of the nerves. Several studies are underway in the United States, one of which is an important investigation conducted by John Hopkins Medical Centre to determine how the immune system responds to an infected nervous system and other neurological issues. Neuropathy itself is one of the most under-reported problems in HIV disease so if you are experiencing unusual sensations, it is prudent to check out your situation with your doctor as soon as possible.

M. A. P.

Calendar

o n g o i n g
e v e n t s

M O N D A Y S

Nov 30 Open House, Vancouver PWA Society, 3-7 pm.

Nov 20 Open House at AIDS Vancouver

Dec 1 World AIDS Day; see separate calendar below

Dec 10 Strip-A-Thon PWA Fundraiser at Celebrities, 11 pm.

Dec 12 DDI Research Update with Dr. Julio Montaner and Bristol-Meyers, 7 pm at Gordon House, 1019 Broughton.

Dec 15 Potluck Christmas Dinner at McLaren House, call 683 3381 for details.

Dec 18 Lesbian and Gay Disabled Drop-In, Hastings at Gore, call Dan at 875 0188.

Dec 19 Tree Trimming Party, 6 - 9 pm PWA Living Room Lounge. Bring an elf or an ornament!

Dec 24 Christmas Eve Party, 4 - 9 pm Living Room Lounge.

Jan 1 "Hosanna" PWA Benefit Performance; Vancouver Playhouse, \$15.

Jan 16 Healing Circle resumes. For information call Donald at 682 2989.

World AIDS Day Events & Exhibitions

Nov 30 Night to Remember: Dance & Reception, Vancouver Art Gallery

MCC's AIDS Vigil of Prayer, 7:30 pm, St. Paul's Church, Chapel; to Dec 2.

Dec 1 Vancouver Men's Chorus, 2pm Vancouver Art Gallery

AIDS "Demo"graphics; Western Front, 303 E. 8th; to Dec 7

"Strange Ways, Here We Come", UBC Fine Arts Gallery; to Dec 22

"Too Close For Comfort", Film Premiere, 4 pm, Cinematheque, 1131 Howe

NAMES Project Quilt, selected panels, Museum of Anthropology, UBC, 11 am - 5 pm

Advocacy Committee Meeting: Meetings to be announced. We deal with access to treatments, human rights, political and legal issues. Members are encouraged to attend and get involved. Contact Rick Waines, 688 3381.

Art Therapy Group Use the visual arts to explore personal issues and concerns. No experience necessary -this is not an ordinary 'Art Class'. Facilitated by an experienced Art Therapist, Noel Silver. Call the PWA 683 3381 for more information.

Buddy Support Group: For buddies, sponsored by AIDS Vancouver. Meets every second Monday at 7:00 pm at AIDS Vancouver, 1272 Richards Street. Call 687 5220 for information

Personnel Committee Meeting: Meetings every second Monday at 4pm, at the Society's Offices - works to provide policy and assistance in organizing human resources (volunteers and paid staff). You may have a talent or experience that would help. Contact John Liesch 683 3381.

T U E S D A Y S

Executive Committee: Meets 2pm alternate Tuesdays to coordinate the business of the Society and to prepare for Board Meetings. Meetings are December 4 and 18.

Board of Directors Meeting: The Board of the Vancouver Persons with AIDS Society meets every second Tuesday at 7 PM at the Society Offices. Meeting will be December 18. Open to all interested members. This your opportunity to stay abreast of Society activities, and have a voice in our future.

Meditation Class "Living in Each Moment" From 2 pm - 4 pm This class is open to people living with HIV, friends and supporters. For more information and location, please contact Kristin at 872 0431



PWA Support Meetings: 7:30 - 8:30 pm, at the PWA Society Living Room Lounge. These meetings are open to PWAs 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.

Women and AIDS Drop-in 7:00 to 8:30 pm For women to seek out information and support concerning AIDS/HIV First and third Tuesdays of each month at Vancouver Women's Health Collective, No. 302, 1720 Grant Street. Call Jackie at 683 3381 for details or call us at 255 9848 during drop-in hours.

W E D N E S D A Y S

Program Committee Meeting: Meets at 11 am every second Wednesday to develop and facilitate individual programs such as Retreats, Support Groups etc. Members are welcome and encouraged to participate. Contact Bryan Wade

Partners of Persons with HIV/AIDS and Family and Friends of persons with HIV/AIDS. Both groups will meet every Wednesday 7:30-9:30 pm at St. Andrews-Wesley Church. Rooms to be posted. Call Bridget MacKenzie at 687 5220 or Joy Moon at 299 4828 for more information.

Finance Committee: Meets in January. Works to ensure proper financial procedures and puts forward funding proposals. Anyone interested is requested to contact the General Manager, Chris Sabean or the chair, Alex Kowalski.

Healing Circle: discontinued until January 16th as format of the evening is being revised and new healers will be involved. The Healing Circle will no longer be a drop-in. Please call Donald at 682 2989 to be find out how to be a part of this ongoing new group.

T H U R S D A Y S

Get Over It: AA Meeting of special interest to HIV concerned persons. 7 pm in PWA Society's Living Room Lounge.



Narcotics Anonymous: New Hope. Open to HIV positive or negative. Meets every Thursday, 8:30 to 10 pm, in the PWA Society's Living Room Lounge. Narcotics Anonymous 24 hour Helpline, 873 1018.

Body Positive Support Group: For those testing HIV positive. Confidential Discussion Group meets Thursday evenings at 7:30 pm in PWA offices. For more information contact Kenn Mann at 683-3381

Coping with Loss and Grief: Sponsored by AIDS Vancouver Meets the First and Third Thursdays of each month, from 7:30 to 9:30 pm at St. Andrews-Wesley Church Library at Nelson and Burrard. For more info call Joy Moon 299 4828.

F R I D A Y S

Movie Night: get together at 7:30 pm in the Living Room Lounge, video screening at 8 pm. See poster in the lounge for this week's attraction. Munchies provided.

S A T U R D A Y S

Drop-in: Open to all HIV infected persons. An ideal time for people living in outlying areas or working during the week to meet others for support and to seek out information and resources. The Library is open and peer counselling is available. Held in the PWA Society's Living Room Lounge Saturdays from 11 am until 3 pm. For info call the Vancouver PWA Society.

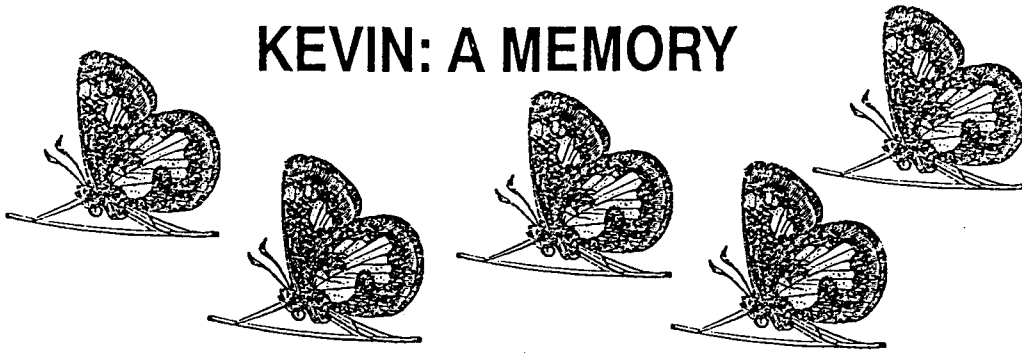


E V E R Y D A Y

Living Room Lounge our relaxed drop-in centre is open weekdays 10 until 5 and Saturdays 11 to 3. Juice and fresh-brewed coffee.

Referral Information available in our Library weekdays 10 to 5 and Saturdays 11 to 3. For people looking for medical information, alternative therapy, and other services

KEVIN: A MEMORY



I found out about his death in a gay newsletter a friend of mine had brought back with him from a trip to Vancouver, my hometown. I was actually looking for some mention of him, not as another statistic but because I knew he had a particularly high profile on the local scene as an activist, and was often quoted in articles concerning the struggle of PWAs in getting government funding and legalization of AIDS medication. Kevin was in his thirties, extremely handsome and intelligent, and, as I recall, had a way of speaking bluntly and without hesitation, all attributes which helped to make him an ideal spokesman. Did I mention that he was also unconditionally committed to any number of social and political causes? He was, on all counts, an exceptional person.

Perhaps these are all things that anybody who knew him even superficially could tell you. Certainly these are the points most people acquainted with Kevin will remember long after their own personal memories of him have dimmed. Before that happens to me, I want to recount and preserve my memory of Kevin, however trivial and insignificant it may seem to someone who knew him well. For I cannot say I know him well, only that I wanted to, and for one stupid reason or another, never had the chance to follow up on this impulse. Bitterness is sweetened by the thanks that in my heart I have something of Kevin which will never grow old or lose its beauty.

I met Kevin in the spring of 1983. My close friend, Mike brought him along on the annual 'fairy camp-out.' A group of five or six of us would bring whoever it was we were seeing at the time, on a 'real man's' trek into the wilderness. Mike, the ever-popular extrovert, was never without a

camp-fire date. Once upon a time I'd been one of them, but that phase of our relationship had given way to close friendship. So there we were, setting up camp by a secluded stretch of beach on the West coast of Vancouver Island, while I wondered how I could allow myself such indecent thoughts about a boyfriend of his. The minute I saw Kevin all sense of loyalty to friends went flying out the window. I had the hots for Kevin.

What attracted me to him (beside the fact he emanated pure, raw sensuality and seemed physically designed to wear tight, faded jeans and lumberjack shirts), was that he didn't just seem to be along as 'Mike's latest.' Kevin was a definite unique entity, unfazed my Mike's outrageous sense of humour and irresistible charisma. It had intimidated more than one person before, and ever when it hadn't, Mike possessed the kind of personality that tended to overwhelm almost anyone he shared a room with. Kevin could easily match him when he felt like it, but just as happily went along on his own inner path experiencing life. In retrospect I think that, more than anything, gets to the essence of what Kevin was all about: the passion to experience as much as possible. All I could think about was experiencing Kevin.

And glory be! The sentiment seemed to be mutual. Our eyes made contact, silently conveying the pertinent information. Between us we reached an unspoken understanding. I hoped it wasn't all in my imagination.

On the third day everyone drifted off to do their own thing, luxuriating in the peace and tranquillity of our private oceanside paradise. The others had gone for a little nature hike. I was poking in the embers of the dying breakfast fire

when Kevin surprised me.

"I was thinking of going for a walk along the beach. Feel Like coming?"

We strolled along the sand to a huge out-cropping of barnacle-covered rocks. We climbed to the top and discovered a deep crevasse filled with starfish of different colours, sparkling like strange jewels, exposed to the air by the ebbing tide. Kevin had a camera, and we took each other's picture, crouched atop this living wall, and then continued walking.

On the horizon a small island lay beached by the receding waters. We crossed the bridge of wet sand and climbed up its steep side. A grove of wind-blown pine trees, scraggly bushes and long grass crowned it. We lay down in the shelter of the bent trees and in a moment were in each other's arms.

As guilty as I later felt about fooling around with Mike's 'date,' I couldn't say I regretted it.

Anyways, I did call Kevin a few weeks after our return to the city, and he invited me over to the house he shared on the East side with a roommate. The photos of the trip had since been developed, and he gave me copies of the two we'd taken on our 'walk.'

Mike was seeing someone different by the end of the summer, and I considered calling Kevin up again, now that I could enjoy him guilt-free, but for some forgotten reason, didn't. Months went by, then years. I moved to Montreal, started university. Mike and I lost contact, but the odd bit of news still trickled through from mutual friends. Once in a while I'd get my hands on a copy of the *Georgia Straight*, the popular Vancouver entertainment weekly, or *Angles*, and be able to catch up on home-town developments. That's how I found out Kevin had become a PWA, and one of the most vocal protesters of government underfunding to AIDS research and discrimination. I was deeply saddened, but at the same time thrilled that he had taken such a brave stand in the community. I looked at the grainy black-and-white photo of him

standing on the steps of the Parliament Buildings in Victoria, holding a sign saying 'Red Tape is Killing Us,' and then rushed to my photo album to compare it to the one he'd given me so long ago. There was nothing to hint of his condition, no sign of drastic weight loss or anything to suggest he wasn't in perfect health. If anything, the beard he'd grown made him look even more sexy. I heaved a sigh. Then, for a while I forgot about him. Until the day my friend handed me the latest copy of 'Angles.'

"I know someone in Vancouver who's really involved in the gay scene. I wonder if they mention him in here," I said, flipping through. Then I stopped, my fingers, my heart, my mind frozen. Kevin's face, smiling, clean-shaven, glowing with the same passion for life that had first attracted me to him, was spread across a quarter of a page, enclosed in a box with the heading *Obituary*. Below it was a paragraph that talked about his accomplishments, his many contributions to the gay community and how

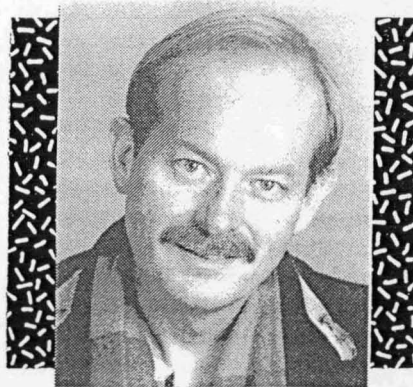
much he'd be missed.

"This is him," I mumbled, giving the paper to my friend. "He's dead."

"Shit. He's cute."

I asked him if I could cut out the article, for personal reasons. He got me some scissors. When I returned home, I ceremoniously placed it in my album, next to the camping photos. It's all there now, on one page. As if it was tied up and complete, the whole extent of our brief connection. And all I can think is, how unfair. How for someone like Kevin, life should have granted so much more time, been so much more generous. And yet I cannot feel sorry for him, because, unlike so many of us, I believe he accomplished what he set out to do, despite the short amount of time he was given. I think, besides two photographs and a handful of precious hours, Kevin taught me something about life that I can't place a value on. Kevin lives.

Antony Laird, excerpted from *One Voice*, Anglophone Newsletter of Comite SIDA Aide Montreal



THETIS ISLAND RETREAT

On October 22 to 26, 1990, 17 members of Vancouver PWA and 4 members of Victoria PWA joined together and ventured to Camp Columbia on Thetis Island. This was a retreat that many of us needed, an escape from the hectic pace of the city, time to meet people and share happiness, sorrows and, most importantly, love.

Most of us did not know any of the other participants prior to these four days, but upon completion a close family was born. It was wonderful to see and experience. After a tasty bowl of soup we had a short orientation regarding the grounds and meal times. And then it was go do your own thing.

The staff at Camp Columbia were wonderful, they opened virtually everything to us. They were truly country folks, a quality which was wonderful to see.

There was no structure set out, just meal times, which most of us liked. The favourite spot at the lodge was the sitting room with the fireplace. In this room people came to talk, read, play the piano, sing, play games, watch Gina and relax. The view of the grounds and water was so mind settling. The weather was not at its best, but it didn't stop people from hiking, wild life scouting and venturing out to the local pub.

In a short time people were coming together as all barriers were let down. We were all on retreat because of HIV/AIDS but from the positive energy and love filling Camp Columbia you could tell there were spiritually strong people in your presence. Oh, what a great feeling!

A few of the highlights were spotting a family of wild otters and a flock of wild turkeys, having a rainbow come and go, viewing a bald eagle, Hazel's home baking from the kitchen, and, I can't forget, the campfire and marshmallow roast: it was great to be a kid again.

Retreaters' health needs were respected, and when someone wasn't doing well, the others were there to comfort and give strength: a truly heart touching experience to watch.

We did have a few lowlights, one being if

you weren't up early you learned to wait in line for a cold shower. It would have been great if one needed to sober up, but this was not the case. The theft of the kitchen's cash float made many of us sick to our stomachs. We have learned from this and for the next retreat it was recommended that a little talk be given, I know it may sound simple, on "respect for other people's property."

The retreat was a smashing success. We all shared and gained valuable knowledge. We thank the PWA Societies of Vancouver and Victoria for this experience. Thanks go to Robert, Max, David, Don, Kevin, and my roomie, Thayne, for taking time to share their experience and to all who attended.

Fond memories.

Paul Filip

BRUSH UP!

Waiting until a toothbrush is worn out before replacing it may affect the health of the entire body. The well used toothbrush may harbour bacteria and yeast associated with pneumonia, stomach ulcers, strep throat, sinus disease, upset stomach and diarrhoea. Studies show that a herpes virus could live up to 48 hours on a wet toothbrush and up to 7 days when the brush is wet.

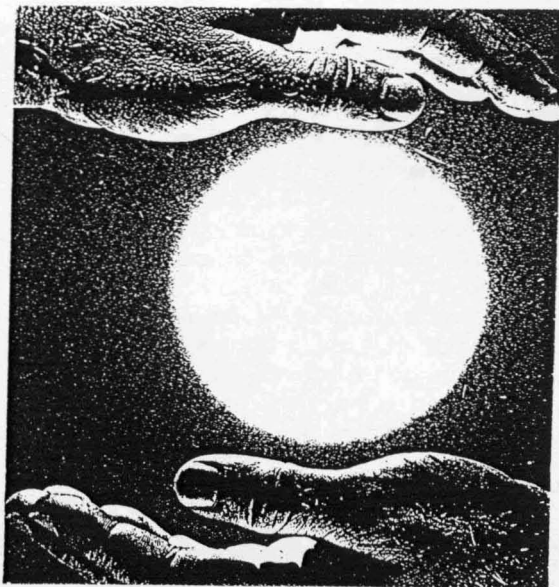
Bacteria and viruses thrive where there is food and water, and when present, all that is needed is a point of entry—a slight scratch by a toothbrush may be all it takes. The bacteria that cause illnesses aren't necessarily on a toothbrush because the user contaminates his own brush.

"When someone flushes the toilet," says Tom Glass, professor of Oral Pathology at the University of Oklahoma, "those germs aerate over the bathroom."

As well, family sharing of toothpaste is not healthy. When one person strikes his brush to the pump or tube, it can leave germs behind for the next user.

Healthy people should switch toothbrushes about once a month, while people with immune disorders, heart disease, diabetes or other serious medical conditions, should do so much more frequently. Cold sufferers should change brushes at the first sign of recovery to avoid reinfection.

Lisa Messinger. *Health and Fitness News Service, Readers Digest, January, 1990.*



THERAPEUTIC TOUCH

Therapeutic Touch, derived from ancient healing methods, is based on the fundamental assumption that there is a universal life energy that sustains all living organisms, and that this universal life/energy field has order and balance as its base.

"In a state of health, the life energy flows freely in, through and out of the organism in a balanced manner, nourishing all the organs of the body. In disease, the flow of energy is obstructed, disordered, or depleted. Therapeutic Touch practitioners having learned to attune to the universal field through a conscious intent, direct the life energy in the patients to enhance their vitality. The practitioners also help the patients assimilate the energy by releasing congestion and balancing areas where flow has become disordered. Drawing upon the universal field, the practitioners do not become drained of their own energy but, on the contrary, are continually replenished. Since the localized field of the patient penetrates and extends beyond the body, actual physical contact is not necessary for Therapeutic Touch."

The benefits of Therapeutic Touch include a marked relaxation response, decreased pain, de-

creased stress, acceleration of the client's own natural healing process, an increased sense of self responsibility for one's own health and an increased sense of well being, to name a few.

It does not involve chants, crystals, or have any religious affiliations. It is simply a caring, gentle therapy that is often used as an adjunct to medical treatment.

Currently, there is a small practising group of "TTers" at St. Paul's Hospital. The group was started by Susan Mayer, RN, in February, 1990. Susan has had extensive experience in Therapeutic Touch, a student of Dolores Krieger, RN, PhD., who developed this therapy in the early 1970s. Susan has worked with PWAs in Toronto using Therapeutic Touch. The majority of practitioners are RNs, but that is not a prerequisite. Anyone can learn this technique. The criteria are: compassion, intent and the willingness to confront oneself.

What can you expect from a Therapeutic Touch session? First, the practitioners will usually talk with the client explaining about Therapeutic Touch if they are having it for the first time or if there are any questions from the client. The client's shoulders may be gently massaged to help relax him or her prior to the onset of assessment. Then the client will be asked to sit sideways on a chair, the practitioners will then "centre" or "focus", and then do their assessment. This is done by slowly passing their hands approximately 4 inches away from the client's body, starting at the head and moving downward to the feet, to detect any areas requiring attention. The client is not required to try to meditate, believe in T. T., or "centre" themselves. All that is needed is the client's presence and permission. Following the assessment the client will lie down on the massage table and the practitioners continue with the treatment, directing and modulating energy from the universal field to the client.

After the session is completed, the client is asked to relax by remaining on the table or sitting quietly for at least 10 minutes. It is believed that the therapeutic effect continues well after the treatment is completed.

Therapeutic Touch sessions are offered at the PWA offices on Thursdays, between 1 and 3 pm. Sign up at the reception desk.
Kathy Rayher, RN, and Mark Turris, RN



CHRISTMAS COMFORT

In our lives, there are many holidays or "special days", such as birthdays, anniversaries, graduation, weddings and Easter to name a few. These are all difficult days for the bereaved, but for many, the most difficult holiday of the year is Christmas. This day more than any other means "family together." They are synonymous and it is at this time we are so acutely aware of the void in our life. For many, the wish is to simply get through December 24 to December 26. We continually hear Christmas Carols; people wishing everyone "Merry Christmas"; see the perfect gift for our dead child, spouse or relative; and suddenly realize they will not be here. Listed below are some ideas and suggestions that others have found helpful in coping with the Holiday Season. Choose the one that will help you.

Family-Get-Together may be extremely difficult. Be honest with each other about your feelings. Sit down with your family and decide what you want to do for the holiday season. Don't set expectations too high for yourself or of the day. If you wish things to be the same, you are going to be disappointed. Do things a little differently. Undertake only what each family member can

handle comfortably. There is no right or wrong way to handle the day. Some may wish to follow family traditions, while others may choose to change. Keep in mind the feelings of your children or family members. Try to make the holiday season as joyous as possible for them.

Be careful of "shoulds" - it is better to do what is most helpful for you and your family. If a situation looks especially difficult over the holidays, don't get involved if possible. Set limitations. Realize that it isn't going to be easy. Do the things that are very special and/or important to you. Do the best that you can. Once you have made the decision on the role you and your family will play during the holidays, let relatives and friends know.

Take care of yourself baking and cleaning the house can get out of proportion. If these chores are enjoyable, go ahead, but not to the point that it is tiring. Either buy baked goods, or go without this year. If you used to cut down your own tree, consider buying it already cut this year. Let your children, other family members, neighbouring teens, friends, or people from your church help you with the decorating of the tree and house. If you choose not to have a tree this year, perhaps you could make a centrepiece from the lower branches of a tree, get a ceramic tree, or a small table top tree. Emotionally, physically and psychologically it is draining. You need every bit of strength. Try to get enough rest. What you choose to do the first year, you don't have to do the next. One possibility for the first year may be to visit relatives, friends, or even go away on a vacation. Planning, packing, etc., keeps your mind somewhat off the holiday and you share the time in a different and hopefully less painful setting.

Some people pretend November 25th is Christmas and try to get whatever shopping, card writing, etc., done by that date. This way you can avoid to some degree the carols and wishes from clerks and strangers of a "Merry Christmas."

How do we answer "Happy Holidays?" You may say, "I'll try" or "Best Wishes to you." You think of many answers that you don't say.

If shopping seems to be too much, have your spouse, relative or close friend help you. Consider shopping through a catalogue.

If you are accustomed to having Christmas

dinner at your home, change and go to relatives; or change the time (instead of 2 pm, make it 4 pm). Some find it helpful to be involved in the activity of preparing a large meal. Serving buffet style and/or eating in a different room may help.

Try attending Christmas services at a different time and/or church.

Some people fear crying in public, especially at the church service. It is usually better not to push the tears down at any time. You should be gentle with yourself and not expect so much of yourself. Worrying about crying is an additional burden. If you let go and cry, you probably will feel better. It should not ruin the day for other family members, but will provide them with the same freedom.

Cut back on your card sending. It is not necessary to send cards, especially to those people we will see over the holidays.

Do something for someone else, such as volunteer work at Unity Kitchens, or visit the lonely and shut-ins. Ask someone who is alone to share the day with your family. Provide help for a needy family. Donate a gift or money in your loved one's name.

Share your concerns, feelings, apprehensions, etc., as the holiday approaches, with a relative or friend. Tell them that this is a difficult time for you. Accept their help. You will appreciate their love and support at this time. Holidays often magnify feelings of loss of a loved one. It is important and natural to experience the sadness that comes. To block such feelings is unhealthy. Keep the positive memory of the loved one alive. Don't Forget: "Anticipation of any holiday is so much more worse than the actual holiday."

Often after the first year, the people in your life may expect you to be "over it." We are never "over it" but the experience of many bereaved is that eventually they enjoy the holidays again. Hold on to **Hope**.

*Although you and your loved one will be apart
May the sprit of Christmas comfort your heart
And may its message of peace be with you each day
To help and guide you along life's way*

The Compassionate Friends of Bereaved Parents Newsletter



KUDOS OF THE MONTH

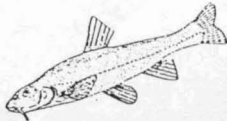
We are happy to report that an ad placed in the Newsletter asking for canvases for two of our members who are artists, resulted in a half a dozen canvases being donated. Keep those canvases coming in, these guys are really enjoying doing their art.

Art supplies are always needed by the Art Therapy Group on Monday nights, please keep them in mind when you clean out your storage lockers.

Special Thanks go to the knitters at the First United Church for the wonderful afghans.



ALGAE: A POWERFUL IMMUNE SYSTEM ENHANCER



Staying healthy is the number one objective of anyone who is HIV+ or dealing with ARC or AIDS. Many tout the importance of nutrition and a healthy, balanced diet to ensure that health is maintained. Of course, moderate exercise, a positive attitude and sufficient rest are also key.

However, the error that many people (especially nutritionists) make is that eating conventional healthy foods from each of the four food groups, will maintain that health.

Such proponents don't seem to be aware that the soil and therefore the food we eat is severely deficient in minerals and other nutrients. The following example is provided from the Firman Bear study published by the University of Oklahoma Press (1986). The study showed that the parts per million of IRON in vegetables had seriously dropped over a 15 year period

ppm Iron	1948		1963
	High	Low	Average
Beans	227	10	8
Cabbage	94	20	4
Lettuce	516	9	14
Tomatoes	1938	1	5
Spinach	1548	19	31

With air pollution, the use of pesticides and herbicides, cash crop farming and the control of farms by large conglomerates, the quality of our food has dropped dramatically. The most threatening is the destruction of minerals in our soils and therefore in the vegetables and animal foods we eat.

The above study shows a 15 year drop from 1948 to 1963. Imagine what has happened to our food quality since 1963! This information alone should be enough to convince people that it is critical to find a potent and economical source of minerals and other nutrients. That source is found in blue green algae, a foundational, whole food derived from nature.

Having the necessary nutrients along with other components of algae is a real plus for anyone

who needs an immune system boost. To date, blue green algae has been used by several HIV+ and AIDS persons and has provided some significant benefits. In particular, two HIV+ "algae eaters" have reported reductions in the swelling of their lymph nodes, part of a system connected to the immune system.

Some research done by medical doctors in the summer of 1989 reported that "several chemicals derived from blue green algae have been found to be remarkably active against the AIDS virus in test tube experiments." It should be noted that blue green algae has **not** been proven to be a cure for AIDS. Furthermore, the algae used was a salt water species, extracts of sulfolipids were used for testing, and the National Cancer Institute tests were done in test tubes, not in humans.

In a May 1988 article in Discovery magazine entitled "Drugs From The Sea", it was reported that "an algae extract stimulates animals' immune systems by 225 per cent and cells in culture by 2,000 per cent." Stimulation of the human immune system is witnessed by the numerous reports of algae eaters on the reduction in colds and flu they have experienced since starting the algae.

Interest in blue green algae has continued in Canada with a Toronto-based study soon to begin with persons on AZT. The algae and placebos have been donated for a study to be carried out within a few months. The results will be provided for publishing in this newsletter, when they become available. It is hoped that PWAs in Vancouver will be willing to participate in a monitoring study which is tied to the formal study in Toronto. More information will be posted on the bulletin boards when available.

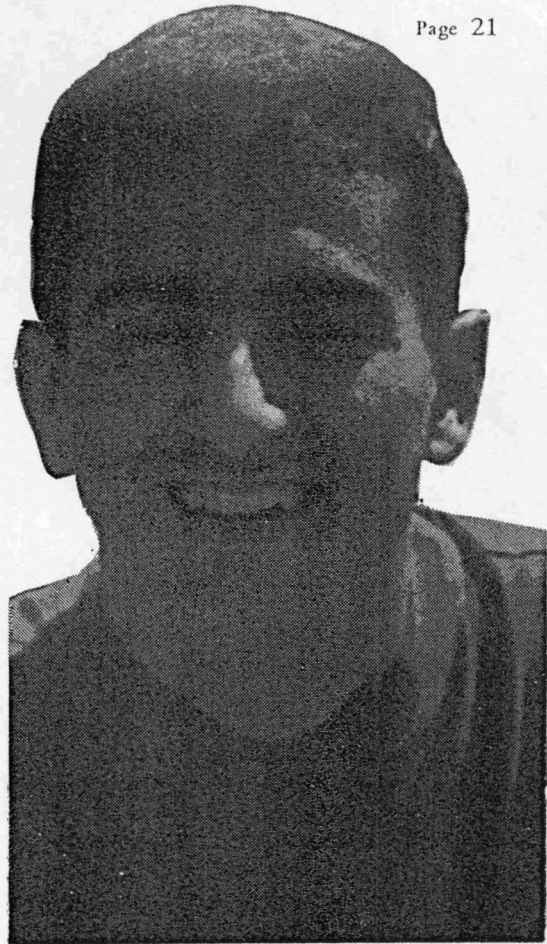
Blue green algae is a food—not a drug. No one can say it cures anything. But, blue green algae still has its place as a food which can assist the healing process. All disease comes from a condition of being out of balance. Blue green algae can help a person regain that balance and assist the natural capabilities of the body and brain to heal themselves. This applies to all and is in my opinion, especially important to people with degenerative conditions like AIDS and who often don't have a long time to make a difference in their nutritional habits and health.

Aphanizomenon flos-aquae is preferred over other blue green algae because of its rich source of natural nutrition. Aphanizomenon flos-aquae contains no toxic chemicals or heavy metals and is 95% assimilable in the digestive system due to the nature of the glycogen cell wall and its subsequent rupturing during the freezing process, instantly releasing the nutrients. Further Aphanizomenon flos-aquae is frozen within minutes of harvesting and maintained at zero degrees Celsius until it can be freeze-dried. This freeze-dried pharmaceutical grade algae retains all of its heat sensitive vitamins, enzymes and proteins.

It is important for people dealing with AIDS, who have tested HIV+ or who are ill with any degenerative disease to understand that proper nutrition is critical to the body and mind to enable it to heal itself as best it can. Don't let another day pass without obtaining more information about blue green algae. It may be the one healing food that can power up your immune system to help counteract disease.

It is hoped that a special information meeting will be set up at the PWA office in the next few months to provide members with complete information about the algae. Blue green algae is currently available from several sources and is covered by the CHF. For more information, please consult the bulletin board in the PWA office.

John Carswell



ALESSANDRO CASULA

Our international friend and brother, Alessandro Casula, passed away peacefully November 13, 1990 in his native Sardinia in Italy. Alessandro was one of the founders of ASA (Associazione Solidarieta AIDS), a community AIDS group in Milan.

Alessandro will be remembered by us through the links he formed with our Society in trying to bring much needed support to his members in a country that does not support AIDS community groups. His valiant fight to ensure respect and dignity for people living with HIV in Italy as well as worldwide will be remembered.

Don DeGagne



THE Cowbelles



MOO!

The Cowbelles have been serving the PWA community for over a year now and the momentum has really increased in the last four months. As a group we all have square dancing in common and so our efforts have been more countrified, you might say. And don't you know country people sure know how to put effort into their causes and have fun doing it!

In September, we walked in the PWA Walk For Life '90—well, maybe we rode since by then we had our famous hobby cows. We attracted media attention with the West Ender, Vancouver Sun and a TV Station. (We don't remember which, since we were getting ready for the Dot Party, another PWA Fundraiser.)

All through October moo-ved around rehearsing, sewing and otherwise putting together our first Cowbelles hosted show. We had all sorts of entertainment, both live and drag. Thanks go to Guy Maxwell, Sheryl Rae, Mickey Clark, Michael Marsland, Wella Balsam, Sandy St. Peters, Moolena and Richard Richards, all of whom donated their time towards our efforts at PWA Fun and Fundraising.

Look for us on Monday December 10th at Celebrities for the Strip-A-Thon for PWA.
The Cowbelles

IN HOSPITAL? WANT SOME VISITORS?

We have a Hospital Visiting Team made up of volunteers who are very interested in visiting members in hospital. Give us a call when you know you are going into the hospital or ask one of hospital's social workers to call for you. We need your permission to come to see you. We have bathrobes, teddy bears, and a budget for sundry personal items you may need. Give us a call and we will do our best to visit you as soon as possible.

We would like to reach out to people in hospitals everywhere in the Lower Mainland. Call us...we'll be there!

HEY! NEED A BUDDY?

AIDS Vancouver has a group of interesting, caring people who are ready to be matched up with a PWA. Are you interested? Call Martha, Buddy Program Co-Ordinator at 687 5220.

GIVE US A CALL ON OUR HELPLINE

We have a HelpLine staffed by our peer counsellors available from 10 am to 4 pm Monday through Friday and 11 am to 3 pm on Saturdays. If you are calling long distance, call collect: we want to hear from PWAs outside of Vancouver. Call 687-4PWA.

HEALING CIRCLE

The Wednesday evening program is being discontinued until December 12th as some changes are taking place in the format of the evening and new healers are being involved. The Healing Circle will no longer be a drop-in. Please call Donald to be considered for the ongoing new group. Donald 682 2989. This is a very popular Program and we are looking forward to the new changes and energy being put into it.

NEW HOPE

New Hope (HIV+/-) Group of Narcotics Anonymous has been meeting every Thursday at 8:30 pm at the PWA Society, 1447 Hornby Street since April 19, 1990.

Narcotics Anonymous is a non-profit Fellowship or society of men and women for whom drugs had become a major problem. We are recovering addicts who meet regularly to help each other stay clean.

There are no strings attached to Narcotics Anonymous. We are not affiliated with any other organizations, we have no initiation fees or dues, no pledges to sign, no promises to make to anyone. We are not connected with any political, religious or law enforcement groups and are under no surveillance at any time. Anyone may join us, regardless of age, race, sexual identity, creed, religion or lack of religion.

We have learned from our group experience that those who keep coming to our meetings regularly stay clean.

If you have a drug problem and think Narcotics Anonymous can help, phone the 24 Hour Helpline at 873 1018 for the times and places of Narcotics Anonymous meetings and other information. Or write PO Box 1695, Station "A", Vancouver BC V6C 2P7.

Narcotics Anonymous

90/91 GST CREDIT

If you haven't applied for your Good and Services Tax Credit, don't know how, need help in doing so or want some information in this regard only, please call Harry Mendez-Boyle at the PWA office, 683 3381 or at home, 682 7256, or leave a message at either place. You can also read page 2, paragraph 4, and page 3, bottom section, specially paragraph 7, of the 1989 General Tax Guide and Return for BC residents (found at Post Offices), for more details. Do not forget that the refund is **Not** deductible from your GAIN payments. The credit or refund is extra wind-fall money.

Harry, Finance Committee

HELPLINE VOLUNTEERS NEEDED!

Do you like to meet people, short working hours, no pay, being able to put your feet up and read on the job, no dress code and a stunning view?

Then you would be perfect to work in the library at 1447 Hornby. We can accommodate people who can only work in the evenings or on Saturdays. We're a friendly bunch of 8 part-time volunteers and would love to have you on our team. Call and leave a message for Ted, the Librarian.

LIKE TO READ NEWSPAPERS

We need a volunteer or two (or three) to maintain our newspaper clipping files. Reading through the newspapers, clipping all appropriate articles, filing, copying and distributing are all jobs that need to be done. Call or leave a message with Doug H.

REPLACEMENT(S) NEEDED FOR CHUCK

Chuck has moved far away from the West End, and is cutting back on his work with the PWA to take a well-earned rest. He has informed us that he will not be continuing his Newsletter contributions beyond the end of 1990. We are seeking someone to take over the preparation of the "AIDS Treatment Highlights" column. Are you interested in and well-informed on AIDS treatments? If so, we need your contribution for our Newsletter. Contact Douglas Starratt at 683 3381 for details.

MAILING LIST UPDATE

Are you getting more than one Newsletter? Is the Newsletter coming to the right address? Have you moved recently or planning to move soon?

We want to keep our mailing list current for all our members and subscribers, so please let us know if we need to change your address. To change your information, please call Yvonne at the office, 683 3381, or send us the label along with any changes that need to be made.

Staff Credits

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Douglas Starratt

Associate Editor:

John Liesch

Art Directors:

Pier Langelier

Pei-Hsien Lim

Typesetting:

John Liesch

Proofreading

Douglas Starratt

Copy Typists:

John Liesch

Production Manager:

John Mackay



Many thanks to our production and assembly crew for recent issues: Grant Ito, Joanne Power, John Merritt, Robbie, Hans. If you want a volunteer assignment that's fun and rewarding, come join us on the lively Newsletter team!

A member of



United Way
Affiliate Agency.

THE VANCOUVER PERSONS WITH AIDS SOCIETY NEWSLETTER IS PUBLISHED BY THE VANCOUVER PERSONS WITH AIDS SOCIETY. OUR OFFICE IS AT 1447 HORNBY STREET, VANCOUVER, B.C. V6Z 1W8 PHONE (604) 683-3381 FACSIMILE 683-3367. THE VANCOUVER PERSONS WITH AIDS SOCIETY IS A REGISTERED CHARITABLE ORGANIZATION (REVENUE CANADA REG. #0760124-11-27)

THIS 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.

NoticeBoard



Haircuts, Styles, Etc. Hairdresser Finn Mollerup will be available every second Monday from 10 am to 2 pm at the PWA Offices. Free for full members. Sign up in the Living Room Lounge. Please come with freshly washed hair.

PWA Artist Needs Supplies PWA needs donations of stretched canvasses and oil paints. He is an artist who plans a show in the spring and is in need of supplies to accomplish this goal. Please bring materials to the office and leave with Jackie.

Wake Up Calls—Any Hour. Member Starting New Business. Can we remind you of an appointment? can we wake you up to catch a flight or put the cat out? Call Jim at 688 8445 for information.

Ensure needed. We would appreciate donations of the canned protein supplements frequently used by PWAs in order to keep a supply of donated Ensure on hand at the office. If you have a few cases that you will not be using, we will be pleased to pick them up. Call Jackie at the office.

Comfortable sleeping space needed twice a month. Member in good health travelling from Victoria every two weeks while working on a PWA project requires a place to stay overnight. Hotels are too expensive and never quite like 'home'. Contact Jackie if you can help.

Require assistance with Housing? We are taking names for a waiting list for members who are interested in subsidized housing projects, such as Housing Co-ops. Please call Jackie and let us know your need and requirements.

Need furnishings and clothing? We receive donations of furniture and assorted household items which could be yours if you let us know what you could use. Contact Jackie or Yvonne to put on a wish list.

Need something specific such as a sewing machine, vacuum cleaner, appliance, etc.? Consider placing an ad in the Newsletter. We have a readership of 2,000. Contact Jackie who will present it to the Editors for consideration.

Member needs a Television. Call Yvonne.

Advocacy Committee is now ready for action. If you have an interest or would like to know what the Advocacy committee is all about, call Rick at the office.