

**Vancouver PWA**  
Newsletter  
Issue 44 Jan-Feb 91

## Knowledge:

### Our Best Hope for Control of Our Lives

We have heard complaints from physicians and others in the health care field that coverage in this newsletter of treatment news "...causes confusion in my patients' minds" because "your information is sometimes inaccurate or incomplete" and "now patients waste my time with questions."

**Knowledge ends confusion.** If there seems to be confusion at times, it is because research is at an early stage of investigation and on many vitally important matters, **nobody** can claim to know. We feel obliged to report on controversial matters in a fair and responsible way so the reader can make sense of developments that affect them. We believe that we are doing our best to act for the interests of our members by bringing them the latest information on research and treatments.

Our preparation is painstakingly thorough. We subscribe to more than two dozen AIDS treatment and research periodicals and have access to the medical libraries of the hospitals and universities. It is no easy matter to scan all this, prioritize it, and come up with concise summaries for the newsletter. Our Society's library is expanding its collection of materials in the form of books, treatment bulletins, videos and audio cassettes. Members are encouraged to use this excellent resource to inform themselves.

## Knowledge: *continued from page 1*

Because we have limited space, we cannot print the full text of articles of interest so we are open to the charge that our information may be incomplete. However, we try to address that by preparing comprehensive compilations of the latest research in our "Info-Pak" series. You can obtain your copy from the PWA Society offices, chosen from a wide variety of topics. Our readers are always told where to find more information.

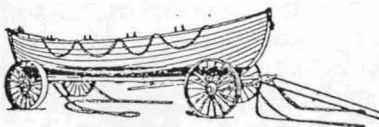
This newsletter is run by a dedicated group of hard-working volunteers. We are committed to getting the latest and best information to our members. If you have skills to offer, please call us and we can talk over how to put those skills to work.

We believe that informed patients are better equipped to be full partners in their own care. Understanding makes compliance with treatment plans much more likely. We need to know the options available in order to make sound decisions for our care, so we are careful to urge our members to discuss treatment options with their physician, to inform themselves and **to ask questions.**

We are keenly aware that we must strive to do the best job possible for our members, and we do take seriously the concerns of our detractors. However, we would find it more helpful if these people came to our aid when we falter, rather than contributing only facile criticism. We could use some help and real support from qualified volunteers in sorting through the mounds of information to find what most affects the lives of our members. It is too easy to sit back and complain. Consider the rewards of making an effort to improve the situation, instead.

**Knowledge empowers us.** We stay in control and we are better equipped to understand what we must do to improve our lives.

Douglas Starratt, Editor



Lifeboat.

## MONTHLY MEDICAL FORUM

Our next Forum is February 6th, 1991, at Gordon Neighbourhood House, 1019 Broughton, 7pm. Featured will be Dr. Connor of the Cancer Control Agency of BC speaking on Lymphoma.

The Monthly Medical Forum for March, 1991, will focus on the blood testing program. It will review the issues of tests, costs, and the value to the individual's well-being.

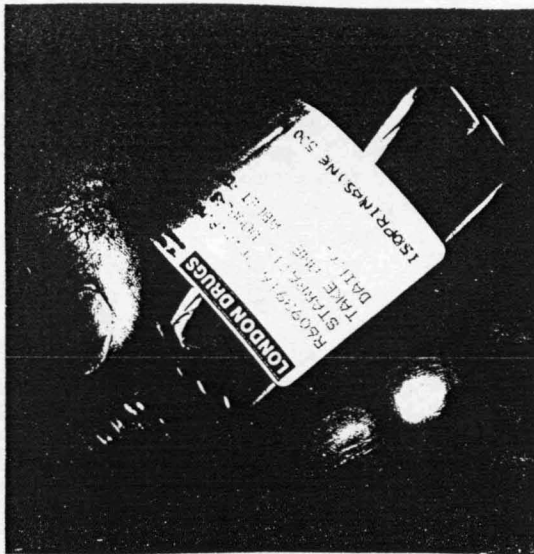
This will be your opportunity to speak about this program, express your opinions and help shape new Society policy. Please watch for further information, and please, let us know your concerns.

## ADOPT THE PWA LIBRARY

Do you have AIDS related books and videos to share with our members? Consider making a gift of them to our library. They will be read eagerly by our members who depend on a well-stocked library for their information needs.

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## ISOPRINOSINE INTERRUPTED

The Canadian distributor for this drug was unable to renew its contract with its supplier and stocks in Canada were depleted. Thanks to the efforts of Arn Schilder and Chuck Philbrick who worked with the distributor and the New York PWA Coalition to find a new supplier, Isoprinosine is once again available through London Drugs.

Isoprinosine is an immunomodulator that appears to boost T-cell response, especially helper T-cell functions. It has been used for about 20 years in the treatment of shingles and herpes, arthritis, cancer, and pancephalitis. No toxic reactions have been seen, even with high doses and prolonged use. Researchers think Isoprinosine may benefit HIV+ persons and those infected with CMV and a recent study with encouraging results was published in the *New England Journal of Medicine* 1990; 322: 1757-1763.

For more information on this drug see the article in issue #42 of this Newsletter, or call during office hours to get our Isoprinosine Info-Pak.

Douglas Starratt

## \$120,000 DEADLINE MARCH 31ST, 1991

Could you have been infected with Human Immunodeficiency Virus from a blood product distributed in Canada between 1978 and 1989?

Some members are exploring the possibility that they may be eligible for the same \$120,000 tax free in extraordinary assistance awarded to Hemophiliacs who were infected with HIV contaminated blood products. Your Society is presently gathering facts and legal opinions with some urgency as we must have all applications in by March 31st, 1991.

Even if you can't prove beyond all doubt you were infected in these ways, you qualify if you received a blood product for treatment of a coagulation disorder, or if you were infected from a blood transfusion, that you received between 1978 and 1989.

We are informing ourselves and preparing to act. Please contact the Treatments Committee for applications and the latest information as we learn more.

Stryker  
Treatments Committee

## ACT UP

Vancouver ACT UP (The AIDS Coalition to Unleash Power) is an organization of AIDS activists independent of either AIDS Vancouver or The Vancouver Persons with AIDS Society.

On November 30, as part of their World AIDS Day actions, ACT UP Vancouver held a rally and occupation at the BC Health Ministry in Vancouver. They demanded, among other things, full funding for AIDS treatments in the light of the impending approval of AZT for distribution through neighbourhood pharmacies and the continuing costs incurred by people with HIV. Seven people had taken over the offices of Ron Zapp, the executive director of the BC Centre for Disease Control, and were later arrested and charged with "assault by trespass," only to be released, without charges being laid, from the Vancouver lock up on Main Street.

John Kozachenko

## POSITIVE ACTION ZAMBIA

In January this year, a couple living with HIV in Lusaka, Zambia, and another colleague began to meet in a secretive manner in the town centre. That was the beginning of what has become to be known as the support group or Positive Action Zambia. Throughout the year, the couple has been working to encourage others living with the virus to come together and to continue living worthy lives and to contribute fully to their communities, while all the time respecting the fact that they should never at any time transmit the virus to another person. Stigmatization is so strong in Zambia that no one has come "very open" to say they carry the virus. This be as it may, the group of positive people meeting weekly has increased and there are now 12 members and at any given meeting about three quarters attend. Failure to attend is because of poor transport system and funds and sometimes illness.

Despite a number of odds, this couple has continued to work hard. They are for example publishing a newspaper under the Family Health Trust. The newspaper is distributed throughout the country. Sixteen thousand copies are printed. Six thousand are given free to selected institutions and professionals while the rest are distributed alongside with the national dailies. An evaluation of the paper which has just been completed shows that the paper is reaching more than 160,000 people per issue since it is generally agreed here that each newspaper bought is read by at least ten people. The newspaper carries and reinforces messages about transmission, international news on treatments, living positively, other health matters, etc. The organization gives talks to church groups, young women and school children.

Mrs. Mary Kanene spoke in Vancouver for World AIDS Day and can be contacted through Barbara Heron, Canadian University Services Overseas director in Lusaka, Zambia.

Mary Kanene

## ADVOCACY COMMITTEE ACTIVE

We can, will and do make a difference with your claims of discrimination. If you have had problems in the areas of

- access to medical treatment
- employment
- insurance
- Doctor problems

We have a good track record and **will** advocate on your behalf.

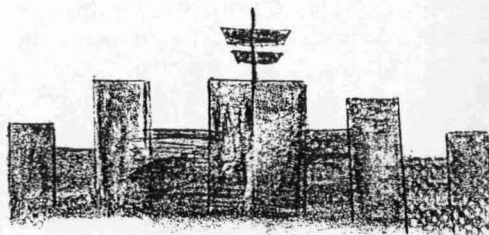
**advocacy** (ad'vo-ka-si), n. the act of pleading for. **advocate** (ad'vo-kat), v.t. to defend; plead for; speak in favour of: one who pleads the cause of another.

Your disclosures help the **entire** HIV/AIDS community hold the establishment accountable. We need your help.

**Rick Waines**

**Advocacy Chair**

**The 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.



## HOUSING UPDATE

We are updating our list of members who are interested in being interviewed for potential suites in Housing Co-operatives in the Lower Mainland. We have successfully placed six members in various co-ops around the city. With Loree Rose of the YWCA Housing Registry, we have sent speakers to acquaint Housing Co-ops with the growing need to make suites available to men and women living with HIV/AIDS. Please contact Jackie.

## HIV+ ENTRY SOON TO USA?

A leaked report suggests that on or near June 1, the US will cease to bar entry of HIV infected persons at its borders. From Canada there is still no indication that we will be soon adopting a similarly humane policy at our borders. We will keep our members posted through these pages.

**Advocacy Committee**

## IT'S INCOME TAX TIME!

Want help with your tax return? Contact Stryker! I will prepare it on my computer at no cost, for full members of the Vancouver PWA Society. Leave your name and telephone number on the sign-up list at the office: first come, first served.

**Stryker**

## 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**

## HOSPITAL VISITS

Would you like a visitor while you are in the hospital? Someone to chat with and do small errands for you? We have members trained as Peer Counsellors who will be glad to drop by and spend some time with you. Ask your social worker in the hospital or contact the office, asking for a Peer Counsellor or Jackie.

## OUTREACH NURSE TO THE GAY COMMUNITY

My name is Patrick Loftus and I am a community health nurse. I have recently started a new program of AIDS Education and Outreach to the Gay Community. I have opened an office/clinic at the Gay & Lesbian Centre, 1170 Bute Street. My hours are: Monday 12 noon to 8 pm, Tuesday and Wednesday 12 noon to 4 pm, Thursday and Friday 12 noon to 6 pm. Out of this clinic I will be offering HIV/STD (Sexually Transmitted Diseases) testing and counselling. I will also be available for counselling regarding risk reduction, condom use, safe sex practices and general health referral. All services are free and confidential. Services are open to both men and women.

On Tuesday evenings between 4 and 8 pm I will be in the PWA offices at 1447 Hornby. I'll be there to offer support services to people and friends/lovers of people who are directly affected by HIV/AIDS. I will be able to provide individual and couple counselling regarding safer sex practices and risk reduction. Supportive counselling for those who desire it will also be available. I will also be able to provide health consultation and referral as needed, plus assistance and referral to MSS&H.

Through the outreach program I will also be able to access, on a limited basis, professional psychological counselling at no cost to the individual.

I am excited about this program and encourage your feedback on what is being offered and what other services I may be able to provide.

I will be starting at PWA Society Offices, 1447 Hornby, on Tuesday, January 8, 1991, 4 to 8 pm, so feel free to drop by. If you wish to contact me at other times my office telephone number is 660 7949. I also carry a pager and the number is 669 6500, extension 4328.

Hope to see you in the New Year!

**Patrick Loftus.**

## AIDS TREATMENT NEWS

### EARLY AZT TREATMENT

AZT, for all its limitations, is still the only licensed drug for the treatment of HIV infection. (In order to qualify for ddI in Canada, you must first have tried and failed on AZT.) What is not clear is when is the best time to initiate AZT treatment.

One leading British HIV specialist, Dr. Brian Gazzard, said in August 1990, "I think we all appreciate that HIV infection is a chronic, persistent virus infection and therefore intrinsically the sooner you treat it the sooner you stop the virus destroying the immune system and the more likely the patient is to stay well."

But some AIDS experts disagree. Rational arguments can be made for starting AZT treatment a) on diagnosis of HIV infection, b) an evidence of low T4 cell counts, or c) on the development of symptomatic illness. In this period of uncertainty, each of us needs to become well informed, and make our own treatment decisions.

Body Positive, London England,  
October 1990

*Comments from Chuck:*

*No one is certain of the best time to start on AZT. But we do know what happens to those who delay starting on AZT until late in the disease process—most die within a short time. We do know that AZT will not restore an immune system once it has been devastated by HIV. We do know that those who procrastinate until their T-cells have dropped precipitously, or who wait until after they have suffered major opportunistic infection, will get far less benefit from AZT than those who start on AZT earlier, while their immune system is still relatively intact and able to fend off opportunistic infection. We do know that the risk of severe side effects from AZT increases greatly with disease progression. Human studies have demonstrated that fewer than 5% of those who commence early AZT treatment will have to discontinue the drug due to severe side effects. But of those who delay starting AZT until late in the disease process, approximately 33% will have to discontinue the drug due to severe side effects.*

*Numerous human studies have established that the*

*earlier you start on AZT, the longer and more effectively the drug will work for you. It frustrates me that so few of our members who qualify for early AZT decide to take advantage of the opportunity. It is your life that is on the line—and your decision to make. Not your doctor's or mine. Yours.*

*People like myself never had an opportunity to commence early AZT treatment. Until recently, a Canadian had to have a T-helper count of less than 300, or have developed full-blown AIDS before they could qualify for AZT. But today anyone who tests positive for HIV and has a T-helper cell count of 500 or less qualifies for AZT—no illness required.*

*To my thinking, the only rational choice is to go on AZT as soon as you qualify for it. But not everyone agrees with my thinking. Read on.*

## AZT: EARLY INTERVENTION IS PROBLEMATIC

The recommendations of the Food and Drug Administration (FDA) and the National Institutes of Allergy and Infectious Disease (NIAID) to use AZT in symptom-free HIV-infected people with CD4+ cell counts less than 500 are based on results obtained for the American trial ACTG019 *American Journal of Medicine* 1990;89:335-344. This trial was a double-blind, placebo-controlled study of AZT with three arms: high-dose (1500 mg/day), low-dose (500 mg/day), and placebo. Statistical analyses were performed on 1338 subjects who, at study entry, had less than 500 CD4+ cells. The reasons why 500 CD4+ cells was chosen as a criteria for entering the trial are unclear. Moreover, subjects were enrolled in the trial on the basis of just one CD4+ cell count.

Subjects were followed for an average of 55 weeks. Eleven subjects in the low-dose group developed AIDS, in comparison to 14 in the high-dose group and 33 in the placebo group. There were some problems with this trial. Nine percent of the subjects in the placebo arm appeared to be using AZT. It can be argued that the trial was not double-blind as clinicians had access to the MCV (mean corpuscular volume) values which are known

to rise with AZT use. Despite these problems, it is likely that for every 100 symptom free patients who take the drug, 4 will not experience disease progression for 44 weeks (the length of this study). For more information on this trial see **Treatment Update #14**.

The assumptions which underpin the NIAID and FDA recommendations on AZT use were recently questioned in an editorial in the journal **Lancet**. 1990;1:821-822. They have been further scrutinized in new research which raises questions about the use of AZT in asymptomatics. Below, we outline the major assumptions and summarize the critical responses which they have received.

It is assumed that the benefit received by 4% of subjects on AZT—delayed progression to AIDS of 1 to 2 years—will be extended to the other 96%, should they continue to take the drug for several years. However, research on “time-to-disease progression” graphs suggests that this is unlikely. What is likely is that AZT delays progression for about 7 months, the limited time a result of the emergence of resistant strains.

It is assumed that the course of the disease is irreversible, so interventions should be made as early as possible. However, AZT, if given after symptoms appear, can in fact reverse the course of disease and thereby render the person symptom-free (for a limited period of time).

It is assumed that in low-dose early intervention, low toxicity of AZT will be maintained. However, the toxicity of AZT may be cumulative.

It is assumed by patients who take AZT during the asymptomatic stage of their infection that, although AZT will not be ultimately sufficient, some other anti-HIV agent will become available later, before their disease progresses. However, this may not necessarily be the case. There is little data on the clinical course of subjects who have experienced disease progression despite use of AZT.

It is assumed that the only way to use AZT is by itself. So the question becomes at which stage of the disease AZT, by itself, is most effective. However, studies of cancer chemotherapy suggest that combination chemotherapy is often more effective than single-agent therapies in dealing with resistant tumours. Subjects who use AZT now may be denying themselves the opportunity of using

other agents, or combinations of AZT and other anti-HIV drugs, later on in their disease. **Lancet** 1990;1:821-822.

Indeed, research presented at the VI International Conference on AIDS, San Francisco, suggests that subjects who previously used AZT did not benefit as much from other therapies, as compared to subjects who had never taken AZT or used it only for a short time. Such therapies include hypericin, ddI and AzdU (Azidouridine). **VI International Conference On AIDS, San Francisco, 1990 publication 2061 (Hypericin), abstracts SB 471 (ddI) and THB 83 (Azidouridine)**.

It is assumed, by among others, Burroughs-Wellcome, the manufacturer of AZT, that resistance to AZT develops slowly in asymptomatic subjects because the virus is thought to replicate at a slower rate than it does in subjects with AIDS/advanced ARC. However, Dr. David Ho has conducted studies which suggest that “resistance develops rapidly, even at lower doses” of AZT. This is something which should be taken into account before people are given AZT, according to Dr. Ho.

On one hand, the NIAID is recommending that AZT be used in early HIV disease because of the apparent short-term benefit seen in the American trials ACTG 016 and 019. On the other hand, the 3-year Canadian study of AZT in early HIV infection has found “no difference in clinical outcome.” According to Dr. Ho, resistance to AZT might explain the different results of the Canadian study and the 1-year American trials. “If you start patients on AZT early, they have its benefit early and you see a slowing of disease progression. But once they progress, they no longer have the benefit of AZT because of resistance, and their course from that point on would be more rapid. Early versus late treatment may be very much the same. We won’t know until we do large studies comparing them.” Dr. Ho does tell his asymptomatic patients about this dilemma. He says that about half of them choose AZT.

At a recent symposium on the use of AZT in early HIV disease, the NIAID refused to hear a preliminary analysis from the large, ongoing Department of Veterans Affairs study on early intervention with AZT. This study, which has been under way for 2 years, has so far found no “statis-

tically significant difference" in progression to AIDS among asymptomatic subjects (who had between 200 to 500 CD4+ cells) on placebo or AZT. The Anglo-French MRC/Concorde 1 study is attempting a similar trial. In October 1990 they will perform an interim statistical analysis to determine if there is any benefit from AZT in early HIV infection. **Journal of the American Medical Association** 1990;263:1605 and 1990;264:670. Indeed, according to Canadian researchers, ACTG 016 and 019 do not provide data indicating if the benefits of AZT are "additive in terms of overall survival and quality of life." **Annals of Internal Medicine** 1990;112(10):721-722.

*Comments from Chuck: There seems to be some tunnel-vision going on here. The majority of the studies done on early AZT—none of which is mentioned above—have concluded that AZT works more effectively and causes fewer side effects if started earlier. For a concise review of the research on early AZT, pick up an AZT Information Pack at our Library.*

## ORAL CANDIDA

**Symptoms:** Difficulty or pain when swallowing. Other symptoms may include burning sensation in chest and throat, nausea, loss of appetite. Sometimes asymptomatic.

**Origins:** Common ubiquitous fungus. Food and dietary sources suggested. Imbalance of intestinal flora caused by medications such as antibiotics.

The least serious, although often uncomfortable manifestation of Candidiasis is oropharyngeal (mouth and throat), which appears as white patches on the tongue, gums or lining of the mouth and throat. More serious forms of the infection include oesophageal and vaginal candidiasis. The skin, gastrointestinal tract, and other organs can be affected as well. Treatments for oropharyngeal infection include Nystatin, which is swished about the mouth and then swallowed, and Clotrimazole, usually in troche form, which is dissolved in the mouth. These treatments generally do not have serious side effects but may, initially or upon recurrent infection, prove ineffective.

Two oral agents (pills or capsules) are approved for the treatment of oropharyngeal candidi-

asis, and oesophageal infection, which manifests itself by pain and/or difficulty in swallowing.

Ketoconazole and Fluconazole have been compared in several clinical studies; while both treatments have shown to have substantial efficacy, fluconazole appears to be effective in a significantly higher percentage of cases. Side effects of ketoconazole may include GI upset, liver toxicity (as measured by elevated enzyme levels), and suppression of adrenal and testicular steroid synthesis. Proper absorption of ketoconazole also requires normal levels of stomach acidity; many PWAs produce low levels of such acids and hence may need to take an acid supplement such as Acidulin with this drug. Interactions between ketoconazole and rifampin, commonly used to treat TB and MAI, oral hypoglycemic drugs, dilantin and cyclosporin A may occur. The side effects of Fluconazole may include rash, GI upset, abdominal pain, headache and liver toxicity.

**CRI Treatment and Research Forum, November 1990**

*Comments from Chuck: Fluconazole was recently approved in Canada for the treatment of persistent candida. One of our members, Chris Marshall, who has suffered recurring candida for several years now, has started on fluconazole and tells me he notices a dramatic improvement in his condition. If you suffer this condition, talk to your doctor about trying fluconazole! Our Newsletter would be interested in hearing your personal experiences with both fluconazole and ketoconazole.*

*Comment from Douglas S.: Users of ddI should consider the possibility that ketoconazole may be incompatible with ddI taken at the same time, since heightened levels of stomach acid may interfere with the body's capacity to absorb ddI.*

## DDI—LOOKING GOOD!

Further reports from the phase I ddI studies suggest that it does at least as well as, if not better than AZT. After 21 months, 51 of 58 people (88%) with AIDS or ARC using ddI were alive. Earlier AZT studies in a similar patient group showed a survival rate of 50% at 21 months, compared to only 25% of untreated patients. The study also reported modest but lasting improvements in CD4 counts. Because of the small study size, these results are not conclusive, but highly promising.



There is other important ddI news as well. Without being able to directly quote our sources, we can confidently pass along the following:

People who experience any kind of ddI side effects should consider lowering the dose used before abandoning the drug. There is good reason to believe that the early dose levels, like those of AZT, are unnecessarily high. A single dose of as little as 200 mg per day may be adequate with many people, and has a much lesser chance of producing side effects. Those who tolerate the higher doses well, or who are in a controlled study, should stick with the original dose assigned. Those who experience neuropathy can often be restarted on the drug, at a lower dose, without further problems. Those who experience pancreatitis, however, might best use a different drug.

Amylase levels, which have been used to predict the likelihood of pancreatitis from ddI, can be misleading, as the standard test combines two different values—amylase levels associated with saliva and another associated with the pancreas. When having an amylase level checked, you can/should request that the test be "fractionated." This separates the two measurements. Some highly placed researchers believe that the amylase level associated with saliva is irrelevant and that only the pancreas related fraction predicts for pancreatitis.

People who have high transaminase levels (greater than 900 to 1000) before beginning ddI should not bother using the drug, as they have a fairly high risk of pancreatitis. However, it is critical that transaminase levels be measured after fasting overnight—testing under other circumstances frequently produces misleadingly high numbers. Likewise, seriously rising transaminase levels—measured after fasting overnight—are a warning sign of potential pancreatitis.

Despite this fine tuning, general results from ddI continue to be positive. Now that the side effects are better understood, thanks to the large expanded access program, the drug can be used more safely. The last, and perhaps most important step, is to make the drug available to people at earlier stages of HIV infection, when all side effects are less likely.

P. I. Perspective, October 1990

# BLOOD TESTING PROGRAM

## Budget Time

The blood testing program was put in place so members could keep track of their condition, monitor therapies, and make informed decisions. This the time of year the Board of Directors examines the books. The program will be under scrutiny, as costs have risen. The following questions will be asked:

What is the value of testing?

What testing is now locally available?

## The Benefit

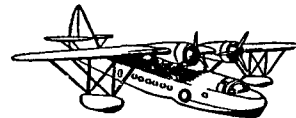
The role of testing for p24 core antigen, Beta<sub>2</sub> Microglobulin, and serum neopterin, in directing therapy or treatment, is not well established. P24 and Beta<sub>2</sub> are not HIV specific. As research tools in clinical trials where drugs are closely controlled and monitored, these tests may one day turn out to be valuable.

Now, while treatment and therapies are quite limited, there would appear to this writer, to be little real benefit in knowing these values.

The value of T-cell counts/ratios has been well shown as a marker to institute AZT therapy, ddI therapy and PCP prophylaxis.

## February Testing Date

Tuesday, February 26, from 11:00 am to 3:00 pm. Register at the PWA offices by 1:00 pm the Friday before.



## OUTSIDE THE LOWER MAINLAND?

### Good News

A transport system has been arranged so that HIV positive individuals outside the lower mainland who need T-cell counts done can have their blood drawn locally and shipped to St. Paul's. Trips to Vancouver just for lab services should no longer be a necessity.

## AEROSOL PENTAMIDINE DOSAGE

### Dr. Lawson's Comments

Dr. Lindsay Lawson was asked to comment on suggestions in issue #43 that the amount of aerosolized Pentamidine might be increased from what is presently given in Vancouver. She said that the US studies use a less effective delivery system and that she was confident that the nebulizers in use here were capable of delivering more of the drug to the lungs. It is possible to deliver an overdose of the drug, leading to irritation of the throat and coughing. The incidence of collapsed lungs as a side effect of aerosol pentamidine administration is increased at higher doses. She urges that persons concerned about dosages and types of nebulizers discuss these matters with their physicians before making any changes in their treatment.

Douglas Starratt

## DENTISTS

We are updating our referral list. Do you know of an AIDS aware dentist you could recommend to our members? Contact Jackie.

## FREE LAW CLASSES

**Settling an Estate** Thursday, February 7, 10:30-12 noon at Barclay Manor, 1447 Barclay Street. Pre-register 689 0571.

**Small Claim Court** Tuesday, February 12, 7-9 pm at People's Law School, #150 - 900 Howe Street. Pre-register 688 2565

**Wills & Estates** Tuesday, February 26, 1:30-3:00 pm at 411 Senior Centre, 411 Dunsmuir Street. Pre-register 684 8171 (local 7)

**What to Do Before You Can No Longer Manage Your Affairs.** Thursday, March 7, 10:30-12:00 noon at Barclay Manor, 1447 Barclay Street. Pre-register 689 0571.

## DIAL-A-LAW LEGAL INFORMATION BY TELEPHONE

Dial-A-Law is a programme which provides a general outline of various areas of the law as it applies in BC. It is not, as is stated both at the beginning and end of the various tapes, legal advice; rather it is general legal information.

The concept is very simple; there is a local number for Vancouver residents: 687-4680, and a toll-free number for all other areas of the province: 1-800-972-0956. From their brochure you may dial in the number of the tape you wish to listen to hear, or if you do not have a tone telephone or a brochure, you may elect to speak to an operator who will assist you. Topics covered include consumer law, family law, ICBC claims procedures, and immigration law to name a few.

Dial-A-Law provides an excellent community service which is free, confidential and informative. Copies of tape transcripts may be ordered for a small fee, and brochures are available through the British Columbia Branch of the Canadian Bar Association at #504 - 1148 Hornby Street, Vancouver, BC V6Z 2C3.

West End Times

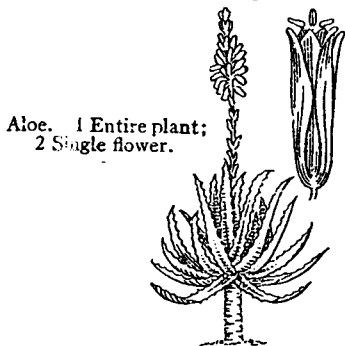


## DOCTORS WITH HIV

San Francisco...In the wake of mounting threats of discrimination against HIV-infected medical professionals, the American Association of Physicians for Human Rights (AAPHR) has announced the creation of a national program to assist doctors with HIV disease. The project, the Medical Expertise Retention Program, will be directed by noted AIDS civil rights attorney Benjamin Schatz. The program will have two primary goals: advocacy of sound, non-hysterical policy, and the provision of counselling, retraining and placement services to physicians who are unable to continue working in their fields of expertise.

"How society deals with infected health care workers has a major impact," emphasized Schatz. "If physicians can lose their jobs by becoming infected, they will have more incentive to shun infected patients. Moreover, if society carelessly sanctions AIDS-related discrimination against health professionals, unreasonable discrimination against other workers is almost certain to increase."

**American Association of Physicians for Human Rights**



Aloe. 1 Entire plant;  
2 Single flower.

## CARRISYN AND IMMUNITY

Some researchers believe that Carrisynt/Acemannan exhibits potential antiviral activity, however the mechanism of immunomodulation in carrisynt is not completely understood. Carrisynt has been shown to induce favourable changes in blood chemistry and microbiology, and has shown some promise.

In a pilot study by H. R. McDaniel, MD, carrisynt was evaluated for the treatment of AIDS. Carrisynt was given, and there was a reduction of symptoms observed in some AIDS patients. Several complications improved in patients within about three or four months. No clinical toxicity was noticed or any serious side effects after hematologic or bio-chemical monitoring. It seems Carrisynt treatment is relatively safe, with some potential to help improve the condition of HIV infected patients. Abstracts on Carrisynt are in the **American Journal of Clinical Pathology** Vol.88, No. 4, Oct '87, p. 534.

A Carrisynt Info Pack is being updated and may be requested at our office, 683 3381.  
M. A. P.

## BC TRIALS RECRUITING

### ACEMANNAN

The first North American efficacy trial of Acemannan begins in January 1991, in Vancouver and Calgary.

Acemannan is a mannose compound and the active component from the leaf of the aloe plant. It is hypothesized to have a dual action as an antiviral agent and as a stimulator of the immune system. A preliminary clinical trial has suggested that Acemannan, used as an adjunct to AZT therapy, maintains lymphocyte counts.

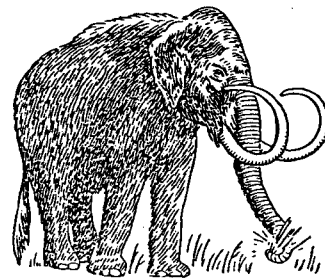
Sixty volunteers, who have already been treated and will continue to be treated with AZT, will enroll in the placebo-controlled trial. The trial duration is one year, with interim analysis at six months.

The trial is sponsored by Carrington Laboratories, in Irving, Texas, and by the Canadian HIV Trials Network.

### DDI VS. AZT

The Canada-wide comparative trial of ddi vs. AZT, announced in August, is now enrolling volunteers. 430 Volunteers will enrol over the next six months. The trial is sponsored by Bristol & Myers-Squibb and by the Canadian HIV Trials Network.

**Network Update**  
**Canadian HIV Trials Network**  
(604) 531-5327



# Calendar

# Ongoing Events

**Feb 6 Chinese Medicine** Consultations begin. Contact Pei Lim at 683 3381 for more information.

**Feb 11 Art Psychotherapy** sessions commence. Contact Noel Silver, 685 5240 to register.

**Feb 12 "Small Claims Court"** free class. Register 688 2565.

**Feb 12 & 13 "The Flirtations" Concert**  
Free Tickets at office.

**Feb 26 "Wills & Estate"** free class. Register 684 8171 Loc 07

**Feb 26 Living With AIDS Therapy Group** starts. To pre-register, contact Jackie at 683 3381.

**Mar 6 Healing Circle** contact Don at 682 2989 or Lela at 689 8476 to register.

**Mar 7 What to do Before You Can no Longer Manage.** Free class, register 689 0571.

## February

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

**Advocacy Committee Meeting:** Meetings 11am. We deal with access to treatments, human rights, political and legal issues. Members are encouraged to attend and get involved. Contact Rick Waines, 683 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. February 11 and 25. 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.

**Board of Directors Meeting:** The Board of the Vancouver Persons with AIDS Society meets every second Tuesday at 7 PM at the Society Offices. 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

**Safe Company:** Patrick Loftus, outreach nurse available for consultation 4 - 8 pm in our offices.

**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** meets every Wednesday in the Comox Building Lounge in St. Paul's. Call the PWA office to register for this program.

### 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

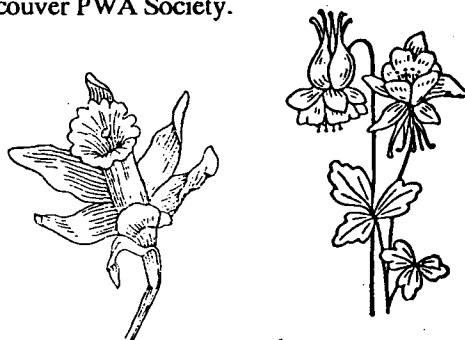
**Coping with Loss and Grief:** Sponsored by AIDS Vancouver Meets the First and Third Thursdays of each month, from 7:30 to 9:30 pm at St. Andrews-Wesley Church Library at Nelson and Burrard. For more info call Joy Moon 299 4828.

### 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

## BEN: A REMEMBRANCE

I'm writing this remembrance of Basil (Ben) Mayhew as I knew him from the time he walked into our offices in January 1988.

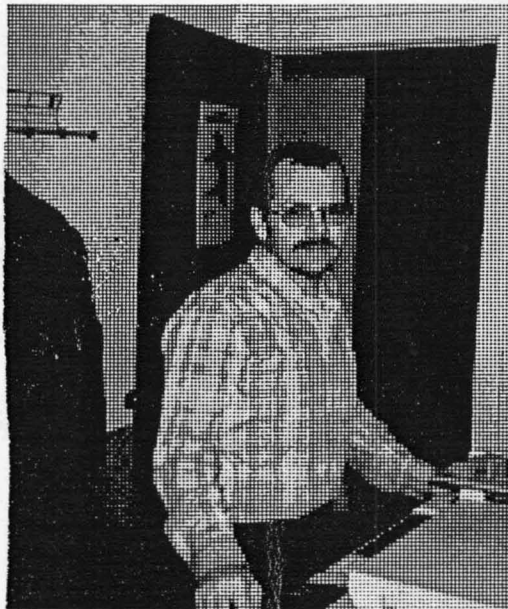
Ben started volunteering almost immediately after joining as a member, setting his limits quite firmly about what he would or could do. "I'm not answering that phone!" Ben would say with a determined grump to his voice. "I've always worked in mills or kitchens and I don't want any part of those phones." As time passed, Ben was not only answering the phones but ran the entire photocopy/production department, which included ordering supplies, processing the mail and attending to repair and carpentry needs. Ben also did peer counselling when he felt a good connection with a member who dropped in and needed someone to talk with. Ben ran his tight ship from behind a desk with an unparalleled view of Davie and Bute streets, sitting in the chair he purchased specifically for 'his' office area. Ben's desk and personal supplies were always kept in tidy order with a place for everything and everything in its place. (And God help those who helped themselves and didn't return things.)

Ben and I worked well together and developed a friendship and a kinship "because we're both parents." There was a time when for months Ben and I were the only full time staff, as Ben would work 5 days a week, 8 hours a day. I would frequently come in the mornings to find the office opened, the mail and coffee waiting.

Ben was a private person who was quiet while he sized up people to see just who they were and how they fit into his way of looking at the world. He was a collector of native art, maintained a beautiful fish tank and loved his plants and vegetable garden, which he tended lovingly in a

plot on the grounds of his apartment building.

When Ben started giving up his usual plaid shirts and blue jeans in favour of sweats with wild colours and prints of animals and tropical birds we thought he was joking or had lost his mind. Neither was the case. Ben took the attention to his vibrant new outfits seriously and continued to expand his wardrobe and we all got used to the new Ben. When he lost his hair due to chemo treatments he donned an African cap which added more colour to his person.

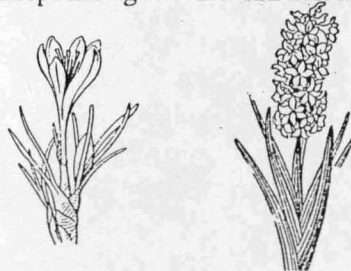


Ben was a spiritual man who talked about "his God" and how his faith helped in times of stress and difficult decisions. Ben had a special place in his heart for the women in the office and would give us small trinkets and offered his brotherly protection when he felt the language was a little too strong or the workload too heavy.

Ben was very pleased when his two sons visited him from Ontario and would bring them into the office busting with pride about his job and his friends at the PWA Coalition. One of my memories is of Ben being pushed in his wheelchair by his young son while he gave orders and pointed with his cane. Another memory brings me back to an especially lively Halloween around the office and a character named Becky, which many of us won't easily forget.

We miss Ben. He was unique and many of us thought he would go on forever. Wherever Ben might be today I hope has a good view of Davie and Bute.

Jackie Hegadorn



# KUDOS OF THE MONTH

Big Ones to Buschlen-Mowatt Fine Arts, Metropolitan Home, Carousel Theatre Co., Contemporary Art Gallery, grunt Gallery, Western Front, Simon Patrich Gallery, North Shore Credit Union Bute and Davie Branch, Aardvark Arts, Scribe & Scholar Stationery, U-Frame-It, and Vixen Inn for letting us place a donation box semi-permanently. Also to Pacific Cinematheque, Cineworks, Firehall Arts Centre Theatre, Touchtone Theatre Co., Artspeak, Vancouver East Cultural Theatre, Pink Ink Theatre Productions, Vancouver Folk Music Society, Atelier Gallery, Charles H. Scott Gallery, Emily Carr College of Art and Design, UBC Museum of Anthropology, John Ramsay Contemporary Art, Arts Club Theatres (2 boxes), and Vancouver Art Gallery (6 boxes, proceeds shared with other organizations) for letting us place a donation box for World AIDS Day and a Day Without Art.

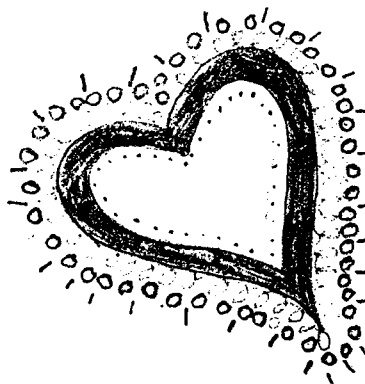
To Bill, nightshift and all other staff at the Esso Station at Burrard and Davie (by Celebration) for asking for, putting out, and polk-a-dot decorating a donation box for us. We've already received \$2,500.

Big ones to Avenue Lounge of the Dufferin Hotel, for decorating and putting out a donation jar for our Christmas Hampers Fund and for letting us place a donation box afterwards.

We appreciate the recent donation of five thousand dollars from the John T. Woods Charitable Trust. Thank you!

Thanks to Squares Across the Border for their donation of dance scholarships for PWA members.

Kudos to the staff at Metropolitan Health Laboratories who draw blood for our testing programs. Let them know we appreciate their work, even if being poked and "punctuated" isn't our favourite pastime. Remember to say "Thank You."



## MORE KUDOS

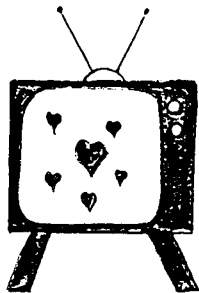
The membership, Board and staff of the Vancouver Persons With AIDS Society would like to thank the merchants, organizations and individuals who contributed to the goodwill and meritment had by all during the holiday season. The Tree Illuminating Party and the Christmas Eve gathering were especially memorable. A gracious thank you to the following:

Easter's Sundays and crew, Max's Bakery & Deli, The Elbow Room, Doll & Penny's, Supervalu, Starbucks-West Pender, Liberty Church, Vancouver Church of Religious Science, Wayne Sober, George Walkey, Mark Redford, AIDS Vancouver volunteer drivers, United Church-East Hastings, David C., Dr. Luc Magne.

A special thank you to Warren Robertson and his team for organizing and distributing 75 beautiful, bountiful Christmas hampers to PWAs. The hampers created by Warren, for the 5th year, brought a lot of joy and comfort to people living with HIV/AIDS and their families.

A jubilant thank you for the very enjoyable, high energy One Starry Night 5, organized and presented by the Arts Club Theatre, with time and talent generously donated by local entertainers, technicians and a team of volunteers. We particularly want to thank David Harrison, Gary Gilbertson and Director Janet Wright. Raffle prizes contributed by artists and merchants added greatly to a successful evening.

# CLEAR AS A BELL



The call came at 3 am. I even managed to get it on the first ring.

"It's begun. He's starting to cycle down. You'd better come."

I had my clothes on and was out the door before I knew that my feet had hit the ground, the brisk five block walk to the Hospital in the frigid morning mist served to awaken me fully. When I arrived Robert's breathing was indeed laboured; I sat on the bed and held him in my arms.

You must understand I am a storyteller, a wordsmith; at such a moment you merely open your heart and let the words pour out.

"Sleep blithe spirit in the arms of Morpheus." I spoke of "going towards the Light," and of "listening to the song of the children of the deep."

I told him that his friends had known the beauty that he had given us, and that we would never forget him. We knew that he had been called, and we wished him well on his journey. Poetry, doggerel, even Shakespeare, anything so long as the last voice that Robert heard was from someone who loved, honoured and respected him.

His spirit left, doing Warp 8, a little after 4 am. He was wrapped in my arms, and I felt the hand of God pass through my body in order to gather Robert's soul home.

I waited the proper length of time before notifying the nurses that Robert was gone. Then I began to make the necessary arrangements, and phone calls that someone must make.

As I sat and watched the sunrise from the waiting room that was next to Robert's room, I found myself looking down at the people all rush-

ing about, off to jobs and careers, and I found myself suddenly angry! I wanted the world to just stop and to realize that a very special person had just passed from this Earth, and that our lives were poorer for it.

I passed through the ordeal of burying another of my friends in a blur, I reached out where I could as a healer, but even I was not immune from grief.

I escaped one day and went to one of my favourite restaurants, D&P's, to have coffee and just be alone with my pain. I sat with my back to the room so that I wouldn't see people talking and laughing with their friends: I felt anger in my heart towards all of them. As I sat there in my self-pity, I did not know that my life was about to be changed.

At the back of D&P's is a large screen projection television. Two of the waiters, Phil and Dex had created a "Christmas Video" for their friends and family with scenes like the two of them in a swimming pool doing a '30s syncro swim in flowered bathing caps while music blares in the background, bushy moustaches and all! And of course, neither one of them could swim worth a damn! Or, as two elves cavorting around their Christmas tree, conducting a show and tell of all the loot that they had gotten from friends and family.

In two minutes I was smiling, in five I was laughing, and that's when it happened. As clear as a bell I could hear Robert laughing right along with me. His laughter, and he had a very distinctive laugh, was one of the things that I treasured most about my friendship with Robert.

Call it wishful thinking, or the answer to a prayer, in that moment Robert was right there beside me, sharing, just as we had always done.

Everyone else in the place was laughing just as hard as I was so no one else looked askance at the tears rolling down my face. I roared until my sides hurt! I broke into a fit of coughing that damn near ended my life from laughing too hard! In that moment I felt at peace with my sorrow.

Ever since I have tried to tip both gentlemen well for the day that they saved my life, a small gesture to say thank you.

Jenny Hanover  
Vancouver BC, October 1990



# MY BEAUTIFUL BUDDYETTE

In January of 1990, I was diagnosed with PCP and prior to this time I was unaware of my health status regarding HIV. It came to me as a blow but right from the start I felt I needed the kindness of a stranger, after my release from St. Paul's I started to look at what AIDS Vancouver has to help me deal with this illness, and what caught my eye was the buddy program.

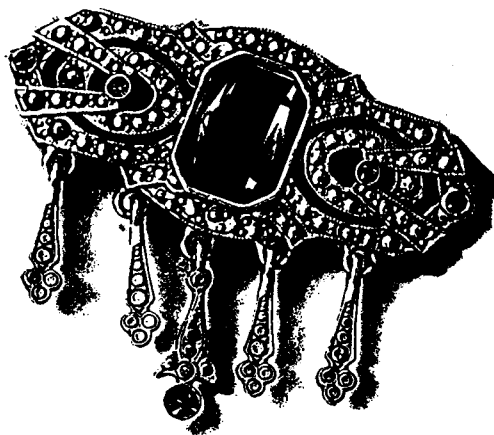
After a couple of phone calls and meetings I was introduced to a wonderful lady. Her name is Nancy, she's thirtysomething, and a beautiful all around human. Well we got together and talked about what our goals were and what our limitations were in regards to our friendship. We opened up to one another and we both agreed honesty was very important. Our relationship started from that.

Although I currently have a lover who through these 10 months has always been there for me and I have no doubt he will continue to be there, I needed someone else to share my happiness and love and problems and I wanted that someone to be a woman.

Nancy and I usually see each other once every 2 weeks and talk to each other on the phone more frequently. She has been there for me to listen to and give support and advice, and it's been top notch at that. Since my family is in Ontario I realized I was missing out on the gentleness of a woman, Nancy has helped in filling that empty space in my life. She in fact has become family. I am so proud to have Nancy as my buddy, we both allowed ourselves to let go and this has made our relationship wonderful. Dealing with AIDS is so much easier with Nancy to talk to.

I would like to say thank you to AIDS Vancouver and to Nancy. If you are going through a problem phase dealing with AIDS my advice to you is to get a buddy, and if you're interested in becoming a buddy, the gratification is there and it really is not too difficult. For more information contact AIDS Vancouver 687 5220.

Paul Filip



## TREVOR WAYNE JOHNSON

August 1948 - January 1991

Survived by his loving parents Mr. and Mrs. John and Audrey Johnson of Denman Island, BC; his sister Tossia and husband, nieces Caerou-Leigh and Culais of Prince George, BC; his sister Wendy and husband, niece Alencia and nephews Davin and Jikle of Courtney, BC. Also many caring friends.

Special thanks to Dr. Robert Voight; to St. Paul's Hospital, especially to the staff of the Palliative Care Ward and to the Staff of the IDC Clinic; his friend and Minister, the Reverend Marilyn Knipp of the Vancouver Church of Religious Science, and to his friend Rodney Heine who nursed Trevor during his illness.

Trevor was an active volunteer with the PWA Society, working on the reception desk. His friendliness helped so many newcomers feel comfortable and at ease in the office. He was also a member of the Programs Committee and was instrumental as our "Rhinstone Santa," in planning and arranging many Christmas activities.

A Memorial Service celebrating the life of Trevor was held at the offices of the Vancouver Church of Religious Science on Saturday, February 9 at 10 am, conducted by the Reverend Marilyn Knipp.

Trevor leaves us a legacy of humour, courage, caring, hope, and love. We are grateful for having Trevor with us and will miss him.

Dejan Wade

# ART PSYCHOTHERAPY

*"Flying Squirrel Takes a Great Leap" watercolour: Douglas Starratt*



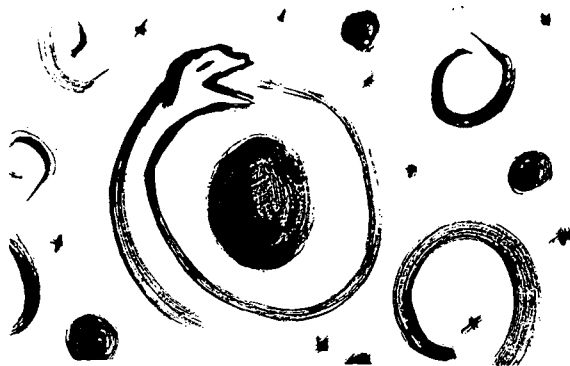
Let's get over the stigma of the word 'psychotherapy', the misconception that if you're in therapy there's something wrong with you. Therapy can be best understood as an 'emotional education.' The basic premise of psychotherapy is that we are more influenced by our unconscious self than we are consciously aware of. And this affects us all very strongly. Everything that happens to us is stored in the unconscious mind, pleasant memories as well as traumas that are often repressed and hidden from conscious thought. That doesn't mean they lose their power to influence our lives. The

process of healing requires emotional balance and this is promoted by learning more about ourselves. Self-deception is normal and resistance to change is massive even when we recognize change is needed. There's an inherent problem with 'talk' therapies: because words are our primary mode of communication, we are highly adept at manipulating them and concealing our thoughts. Dreams and art on the other hand access the unconscious and also the 'superconscious', the spiritual dimensions of creative activity.

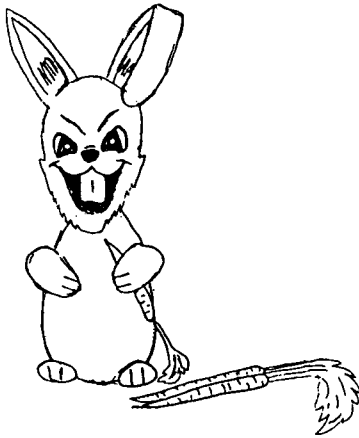
In art therapy we create spontaneous images that can relate directly to the emotional self. You change from week to week and so will your art. You will express what needs to be dealt with for emotional balance. If you feel angry or depressed you will not be able to paint a 'pretty picture' but that's the magic of art, it reflects your true inner feelings even if you feel uncomfortable about that at first. By expressing ourselves we can move out of 'feeling stuck.' On the other hand when you are feeling happy and at peace your art will reflect this and you will find as many others have that you are more creative than you thought. Many men have joined the group who have never drawn or painted since grade school and are surprised to find they can tap into the natural creative process and create images of beauty. This is also a part of you and your self expression.

The PWA Art Therapy group begins anew in January for a three month term commencing Monday January 7. Please contact Noel Silver at 685 5240 if you are willing to risk making a change in your life.

Noel Silver



# CARROTS A-OK



To begin our essays on nutrition, we will start with **Carotene**, the author's favourite medicine. Carotene is the plant form of vitamin A.

Carotene has taken the nutrition world by storm since being linked to cancer prevention several years ago. Studies have shown that carotene is not only a protective agent against lung cancer, but also against stomach, bladder, oesophagus and throat cancer.

Carotene from carrots is one of the most flavourful, economical and widely available sources. Other good sources are apricots, broccoli, asparagus, winter squash and sweet potatoes.

Current recommended dietary allowances (RDAs) for vitamin A don't consider the cancer-prevention properties of carotene. In fact, there is no RDA for carotene itself. The only relevant RDA is for total vitamin A, which is 5,000 IUs daily—whether in the form of carotene from plants or as preformed vitamin A from animal foods or synthetic sources. However cancer research experts feel that an intake of 12,000 IUs of carotene would be desirable for preventing cancer.

If 12,500 IUs daily sounds like a lot, consider how much carotene you can get in a single serving of carrots. A cup of raw, shredded carrots provides 31,000 IUs. Because carrots become denser with cooking, cooked carrots have slightly more vitamin A—38,000 IUs per cup. And the Carotene in cooked carrots is actually better absorbed than that in raw carrots.

## French Carrots

serves 4

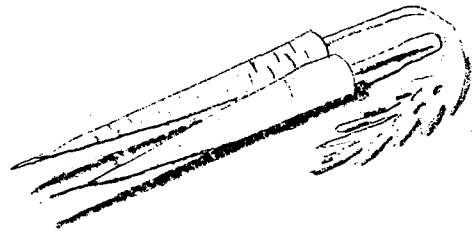
2 lbs carrots  
1/2 inch water  
2 tablespoons corn oil  
1 small handful parsley

Scrub and cut the carrots diagonally into thin slices. Pour 1/2 inch water into a 2 quart pot (the exact quantity of water will vary with the diameter of the pot); add the carrots. Cover and steam over low heat for 8 - 10 minutes or until just soft.

Uncover and drain off excess water. Add the corn oil to the carrots and saute for 4-5 minutes stirring carefully once or twice until the carrots have a rich, sweet fragrance.

While the carrots saute, chop the parsley. When the carrots are done, remove from heat. Add the parsley, toss gently and serve at once.

A.H.H.



## DIAL-A-DIETITIAN

Need to talk to a dietitian?

Free professional advice is only a telephone call away!

Dial-A-Dietitian recently announced an expansion of its service with the installation of a province wide toll free number at 1-800-667-3438. Callers from the Vancouver calling area should telephone 732-9191. Hours are 9 - 4, Monday to Friday.

Wherever you live in BC, you can now talk with a registered dietitian well versed in current nutritional theories and therapeutic diets, with access to the latest technical information.

D.H.

## LOVING IS LIVING ON VALENTINE'S DAY

February is the month of Lovers, of lace-trimmed hearts and red roses. Cupids take aim, to wound with Love's sweet delirium, drawing forth the song of Nature: seductive, rapturous, and divine. Precursor to spring, Love mimics the song of birds, and binds the soul with the colour and fragrance of flowers, which still sleep beneath the Earth.

(Sigh)... Endorphinuous bliss! Oh, be my Valentine! Call him your "Lambie-Pie," and connect with history of the most ancient sort. Call him "Baby," knowing this is the season of Mother Love. Tell him he's your "Sweet Prince," and remember Summer's romance. Tell him he's the "Delight of Your Eye," and feel the fires of Love.

Have you ever wondered what raging hormones have to do with a celibate monk named St. Valentine? Beneath the whitewash lies an ancient tradition which focuses on the birth of fluffy, white lambs, and the worship of the Mother Goddess, Juno (or Jana), whose breast-milk is our Milky Way Galaxy. February 14th is the festival of Lupercalia, and on the old calendar, of Oimele (which means sheep's milk). This is also the traditional birth-time of the Sacred King, conceived during mid-summer frolic. He was sired by God, and born of a Vestal Virgin—princesses through whom the royal line passed. (Sound familiar?) It is also the first of Fire Festivals, sacred to the Goddess Brigid, from whose cauldron life is born. In Her many guises, She says, "No other law, but Love do I know."

Love is always in good tradition. Give your sweetheart a stuffed lamb with a red heart on Valentine's Day. Wear your heart on the sleeve of your virgin-wool sweater if you're still looking. Loving is living, and romance still flourishes when you're living with a.i.d.s.

Stephen McManus

## SUPPORT, LOVE, UNDERSTANDING A STORY OF APPRECIATION

This is a story that many people with HIV or AIDS can relate to. I arrived in Vancouver last September. I had just got off the bus after a four day trip. It was 5:00 am, I was sick and burning up with a fever. That same morning I met a brother who suggested I go to St. Paul's Hospital. I received the correct treatment and was referred to AIDS Vancouver. I decided not to go, I was so scared. I thought all the people from the North West Territories would be sitting there, saying, "So you've got AIDS!" At that point I decided to make it simple and I bought crack to O.D. Just before I took the crack I knew I had to call someone for help. I called AIDS Vancouver and a man by the name of Roy spoke to me. He showed his concerns for my well being. After I got off the phone I sat and thought of all the positive things he had said to me and I ended up going to AIDS Vancouver where I met Bridget and Gordon who sat with me and listened to a lot of pain I had been keeping inside for the last four years of dealing with HIV and not telling a soul. I could not believe there were such people who would listen and understand with so much caring. They referred me to the PWA Society. When I went to the PWA office I was still full of anger, hate and bitterness that this illness had happened to me. When I got there I was greeted with a friendly smile and a hello and was shown to the lounge. I sat there just listening to what was going on around me. I went back the next day and was so surprised that someone spoke to me first. It was a peer counsellor named Richard. He tried to make me feel welcome and so did Bryan Wade. After a while Jackie came over and introduced herself to me with a warm smile. The days passed and I visited the PWA office more often. Jackie asked me to go on a retreat with some of the other members. I went and found it to be a wonderful experience. At the retreat I made two really good friends, Paul and Thane, who I love and care for a lot.

I am very thankful to AIDS Vancouver and PWA for giving me a great Christmas and New Years and making sure I had food to eat over the holidays. PWA delivered a wonderful Christmas hamper. It was the best Christmas and New Years I've had in 15 years.

In the short time I've been here in the city I found that AIDS Vancouver, PWA and all of the staff and volunteers have provided me with support, love, understanding and caring. Thanks to you all.

Kevin Sheldon

## THERAPEUTIC TOUCH AT ST. PAUL'S

Since the inception of Therapeutic Touch sessions at PWA, a number of individuals have inquired if it is available at St. Paul's, should they need to come into hospital. The answer is yes! Once you are admitted to a ward, simply ask the nursing staff to send a Nursing Referral form to Palliative Care, requesting Therapeutic Touch for yourself. One of our Practitioners from the T.T. group will come to see you as soon as possible.

Therapeutic Touch sessions will continue Thursday afternoons at the Vancouver PWA Society offices. Book your appointment now at 683 3381.

## DDI MEDICAL FORUM

Dr. Montaner had some very new information to share with those present, as more and more information is coming in on ddI. The long awaited AZT vs ddI trial is finally starting. This will be an important trial to determine the relative efficacy of ddI against AZT. Those enrolling in the trial will be taking AZT and ddI. One of the drugs will be placebo, so the individual will not be aware of whether he is on placebo AZT or ddI.

The audio recording of this forum is available in the PWA Library.

Al Hawkins

## ESPAÑOL-CASTELLANO HABLADO EN OFICINAS DE PWA

Si necesitas traducciones, interpretaciones o sólo conversar con alguien en español, puedes telefonar a las oficinas de PWA al 683 3381 y preguntar por Harry Mendez-Boyle (Casa: 682 7256) quien habla español. Si necesitas llenar formas para o ayuda con procedimientos para asistencia social (Welfare), inmigración, cortes de leyes o justicia, o simplemente para amistad o compañía, etc., telefonéame o haz que me llamee tu trabajador social, oficial de inmigración - legal o abogado para concertar una cita y darte la ayuda que tu o ellos necesiten. Si la necesitas oficialmente, haz que ellos me llamen directamente en lugar de ti, después podemos conversar como amigos. Tenemos varios trabajadores voluntarios debidamente entrenados a disposición de todos. No estás solo, tienes amigos y ayuda. Búscanos antes de que nos necesites de urgencia, estamos para servir.

Harry

## CHINESE MEDICINE

Starting February 6th, 1991, a practitioner will be available for consultation. For information or to register, contact Pei Lim at the PWA Society Office. There will be an article in the March issue of the Vancouver PWA Newsletter.

Pei Lim

## LORD AND LADY VALENTINE COTILLION

Art and Vana, Lord and Lady to the Greater Vancouver Native Cultural Society have made available free PWA member passes for this event Thursday February 14th at Spats. Admission has been set at \$4 for non-members of the GVNCS and \$2 for members. To get your free PWA member pass, contact the PWA office.

Come out and vote for the candidates of your choice!

# LIBRARY NEWS

We've been shopping! Your library has just purchased over 40 new books. Come into the library and browse through these latest selections. I'm sure that you will find something of interest. Your PWA library has over 900 books, tapes, cassettes and medical/drug reference manuals. You are encouraged to borrow them, but please remember we need them back. We will be featuring some of these new books in Library Reviews on a monthly basis.

Al Hendricks

## BOOK REVIEWS

### Jim: A Life with AIDS

By June Callwood (PWA Library No. 62.1)

This memoir allows the reader to walk hand in hand with one of the first people in Canada who was open about his illness. We witness his struggles and triumphs with acting, his painful association with the Jehovah's Witnesses and his eventual "disfellowship", a brief encounter with marriage and the endless search for a companion and partner. At times you feel so connected with his life that you want to speak to him either a word of caution or encouragement. Yet his journey is a landmark in our history; at one time he was the longest living person with AIDS in Canada. His legacy includes his participation as one of the founders of the Toronto PWA Foundation. The tremendous courage and convictions of Jim leave us with strength and renewed hope.

Through the generosity of a volunteer, this book is also available on audio cassette.

### Borrowed Time

by Paul Monette (PWA Lib no. 98)

The author gives us a deeply moving love story of heroism and sacrifice. Life begins to fragment when illness strikes but somehow we feel energized as the larger community begins to get involved. There are lessons of the highest order in networking to seek out new treatments and insights about the mystery of AIDS. At times I felt overwhelmed with sorrow, yet compelled to read on as the search for extended life widens. Such an eloquently written journey!

### I'm Looking for Mr. Right, but I'll settle for Mr. Right Away

by Gregory Flood

This is a provocative, easy to read, self-help book that focuses on you and what is inside of you. Mr. Flood deals with 'Breeders,' homophobia and gay self-justification in a straight forward manner. You've been afraid of AIDS long enough and that big "fug basher in the sky" has kicked you around long enough. Mr. Flood asks, "If we help someone to die gracefully, are we still not just helping them to die, and perhaps we should help them to live instead?"

This is a powerful book that will keep you talking for years to come and one that you shouldn't miss. I recommend this book to gay men everywhere.

### You Can't Afford the Luxury of a Negative Thought

PWA Library Reference # 910

This book is for people with any life-threatening illness—including life. It is chock-full of advice, quotations and humour, as well as being heartening and sensible. It makes clear the limitations of positive thinking. It advocates instead full acceptance of the current reality before focusing on what is positive.

One interesting quote is from Norman Cousins: "Death is not the greatest loss in life. The greatest loss is what dies inside us while we live."

### Eating Defensively: Food Safety Advice for Persons With AIDS

Video: FDA Office of Public Affairs. 14:30 minutes. Points out how AIDS patients are more susceptible to blood-borne infections. These can cause blood infections as well as intestinal troubles. It explains what you must not eat and why raw, unpasteurized milk and raw poultry and meats are dangerous. These do's and don'ts are shown in group discussions and actual situations. It states precautions needed to insure proper preparation and cooking of your food. Simple precautions to take and to look for when doing your daily shopping are pointed out. Restaurant do's and don'ts are explained. Many simple facts which many people with HIV really do not stop to think about are examined in order to help you "eat defensively."

Library Committee

## LIVING WITH AIDS AN EIGHT WEEK GROUP

You have AIDS. You have been living with opportunistic infections and have gradually integrated your compromised immune system into your everyday life.

In the Living With AIDS group you will have an opportunity to explore your individual reality of having AIDS. Some of the issues that you and others in this group will deal with include: feelings of isolation; unresolved anger and guilt; issues that arise when we face our own mortality; spiritual concerns; self esteem and a sense of pride; and healing emotional wounds.

This is a therapy group lead by an experienced Facilitator.

These issues are addressed in a safe and supportive environment. As a result new options and possibilities for healing occur.

The next Living With AIDS group will commence on Tuesday February 26th at the GLC, 1170 Bute Street. Sessions are held Tuesdays from 1:00 pm to 3:00 pm once a week for 8 weeks. Due to the intense nature of this group, a commitment for the full 8 weeks is requested. The group will be limited to 10 participants.

For more information and to register please contact Jackie at the PWA offices, 683 3381.

## QUILTING BEE

Do you have time on your hands? Are you interested in joining others at quilting bees? Call Kay Holmes at 922 6781. A group at Heritage House has recently completed a gorgeous quilt organized by Kay.

## 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.

## HELPLINE DATA ENTRY PERSON

Knowledgeable with 'RapidFile' computer program. Call Yvonne at the Office.

## DRIVER

Volunteer needed with vehicle to transport newspapers from PWA office to a recycling bin every two weeks. Contact Jackie at 683 3381.

## TRUCK DRIVER

Volunteer needed with truck to help pick up furniture for PWAs.

## LIBRARY PERSON

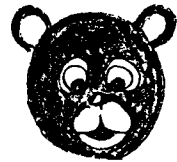
Do you like to meet people, short working hours, no pay, being able to put your feet up and read on the job, no dress code and a stunning view?

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.

## THE LOUNGE IS BARE



Most of the stuffed Teddy Bears which graced our lounge have wandered off to new buddies in the hospital.

If you have a clean, stuffed Teddy in good condition we would be pleased to accept him or her to join us in our lounge and perhaps go on to spend time with a special new friend in the hospital.

## Staff Credits

**Editor:**

Douglas Starratt

**Associate Editor:**

John Liesch

**Art Directors:**

Floyd T.

Douglas Starratt

**Typesetting:**

John Liesch

**Proofreading**

Douglas Starratt

John Kozachenko

**Copy Typists:**

John Liesch

**Production Manager:**

Harry Mendez-Boyle



## NOTICEBOARD

**Victoria HIV+ Heterosexual** male, age 28, wishes to meet HIV+ woman for friendship or possible long term relationship. I am initially interested in a roommate/companion but I would welcome the relationship blossoming from there—call Wally 1-727-9804

**Household items needed:** TVs, vacuums, sewing machines, dishes, pots and pans, tables and chairs, silverware, coffee makers and kettles. Contact Yvonne if you can help out.

**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. A Hydraulic Chair is desperately needed by our friendly hairdresser Finn to use for his complimentary Monday hairstyling sessions.

**Need a haircut and not feeling well enough to come into the office on Mondays?** We now have a member who is volunteering to come to your home or to the hospital to cut your hair. **A Hydraulic Chair** is desperately needed by our friendly hairdresser Finn to use for his complimentary Monday hairstyling sessions. Call Jackie.

**Editor/Collaborator** wanted by first time author to help with a description of her experience of grieving with AIDS, for publication. Doris 873 5623

**Bridge Club** starting up at PWA. Want to join? Leave name and phone # with Jackie.

**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.

**PWAs Needing something specific** such as a sewing machine, vacuum cleaner, appliance, etc.? Consider placing an ad in the Newsletter.

**The Lounge is bare.** Most of the stuffed Teddy Bears which graced our lounge have wandered off to new buddies in the hospital. If you have a clean, stuffed Teddy in good condition we would be pleased to accept him or her, perhaps to spend time with a special new friend in the hospital.

Many thanks to our production and assembly crew for recent issues: Alan, Hans, Erwin, Lloyd, Michael. 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.

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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.