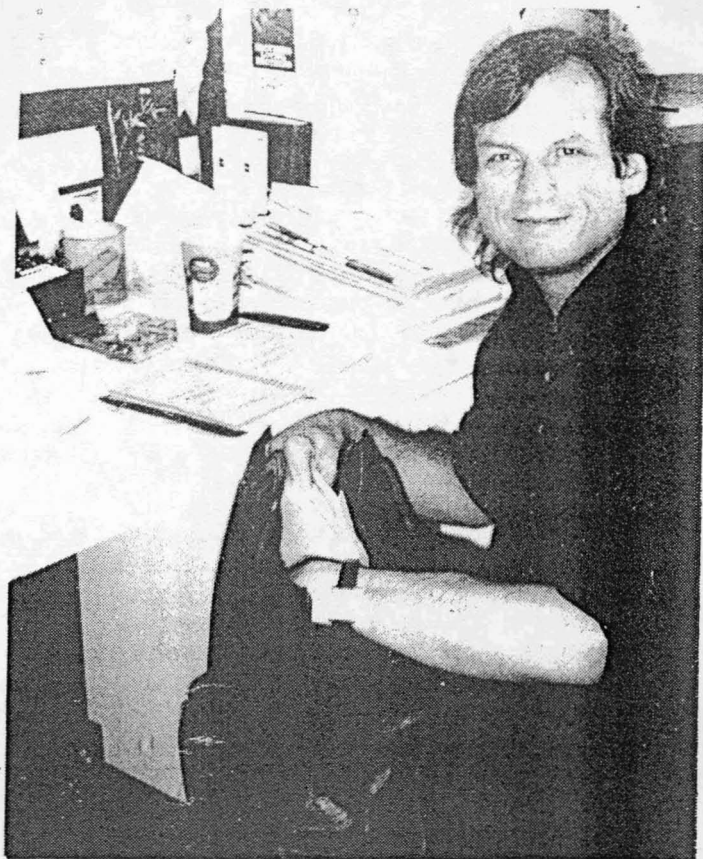




# Vancouver PWA

NEWSLETTER ISSUE 46 APRIL 91

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## Alex Kowalski

November 11, 1953 - March 25, 1991

Alex Kowalski, Chairperson of the Vancouver Persons With AIDS Society for the past two years, died at 6:30 am Monday, March 25, 1991. Alex had been living with AIDS for almost five years at the time of his death. At the Society's Annual General Meeting, which took place the day before, he was elected to the position of Chair Emeritus of the Board in honour of his invaluable contribution to the Society. Alex joined the PWA Society very shortly after it formed in 1987, and became a member of the Board of Directors in September 1988. He was an energetic participant in the Society's activities from the beginning, working always to promote the rights and needs of people living with AIDS and HIV. Alex firmly believed that PWAs must control the decisions affecting their lives and must always be equal partners in their medical care.

Alex was officially elected Chair of the Society in April 1989, following in the footsteps of Society founder Kevin Brown. Alex brought his own vision to this position, overseeing a rapid expansion of the Society's membership to its current level of 738 full members.

During Alex's tenure as Chairperson, the Society was instrumental in founding the **National Network of People Living with HIV** and the **BC AIDS Network**. His personal initiative and commitment were instrumental in gaining acceptance at all levels of government that PWAs must be consulted on policies affecting their lives.

The Society under his leadership became a key contributor to the National AIDS Strategy, increased the influence of PWA/HIVs within the Canadian AIDS Society, and has continued to press for the development of a Provincial AIDS Strategy. Alex became known internationally as an advocate for the rights of PWAs, speaking most recently at the IVth International Conference of PWAs. Alex's work was also instrumental in securing housing subsidies for 25 of our members, enabling them to stay in their homes.

Alex's commitment to the Society is a legacy that will continue in the lives and the work of the Society's members.

His most visible legacy will remain the Society's symbol of outstretched wings, a symbol he designed with Vice Chair P. H. Lim. The description of the symbol in many ways sums up Alex's vision:

*"Wings symbolize the freedom we find in our empowerment, the support we find in caring, the strength we find in our abilities.*

*The spread of the wings suggests power, motion through time and space, bearing news, awareness and hope everywhere.*

*The sky shaded from dark to light represents a new dawn, hope and spirituality.*

*The fallen feather is to honour those who have passed away.*

*It courageously acknowledges death, loss, and grief."*

Judy McGuire

## CONGRATULATIONS!

At the Annual General Meeting of the Vancouver Persons With AIDS Society, the following persons were elected as directors. Rick Waines, President; P. H. Lim, Vice President; John Liesch, Secretary; Harry Mendez-Boyle, Treasurer; Donald deGagne, External Affairs; Chris Duclos, Finance Committee Chair; Joe Ford, Speakers Bureau; Tom Mountford, Program Committee Co-Chair; Douglas Starratt, Newsletter Editor; Bryan Wade, Program Committee Chair.

Recognizing his contributions to our Society Alex Kowalski was elected to the position of Chair Emeritus.



## DEAR EDITOR:

As the Premier's limousine arrived at the U.T.V. Studio on January 29th. ACT UP was present to bear witness to Vander Zalm's continuing inaction on the AIDS crisis. While we struggle for the release of AIDS therapies and for full funding for the therapies already available, his government continues to treat us as the new lepers and to treat AIDS as, in their words, a "self inflicted wound".

I am being charged with "mischief to property, not in excess of \$1,000.00". Appearing in court on April 2nd I will be pleading "not guilty" and will be having my trial date set for sometime this summer. As we continue to speak out around these issues, the stakes are raised. This will be the first case brought against a member of ACT UP Vancouver as the police set a precedent as to how they plan on dealing with ACT UP in future.

John Kozachenko, ACT UP

## BOYCOTT ROCHE. UNTIL THEY SHOW COMPASSION

Thanks to Roche, a lot of people with AIDS don't have it any more. By throwing up bureaucratic barriers and a policy of delay, Roche has limited compassionate access to their important new antiviral drug ddC to only two thousand people. In sharp contrast to Roche, Bristol-Myers has generously and compassionately provided their drug ddI, to over fifteen thousand! Doctors need both these drugs to help their patient with AIDS. The boycott has been endorsed by N.Y. Physicians for Human Rights, Project Inform, G.M.H.C. and Act-up.

SAY NO! TO:	SUBSTITUTE
Valium	Diazepam
Librium	Chlordiazepoxide
Dalmane	Flurazepam
Roferon A	Intron A
Rocephin or	Cefoperazone or
Ceftriaxone	Ceftazidime

For more information call ACT-UP N.Y.  
212-546-AIDS.

## AIDS IN THE ABORIGINAL COMMUNITY

From January 20th through 22nd Vancouver hosted the Second Canadian Conference on AIDS and related issues in the Aboriginal Community, which attracted more than 600 participants in from a variety of health care and community service's professionals.

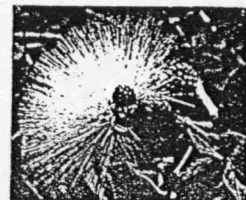
The close of the first day's program saw a performance of Evan Adam's play "Snapshots". It is the story of a young native man living through the loss of his lover and his own diagnosis, while half way across the continent his two sisters deal with their brother's homosexuality and his diagnosis of AIDS.

Over the course of the three days, workshops and panel discussions were held on issues ranging from "condom education for disease prevention" to "AIDS and its threat to Aboriginal peoples".

Several important resolutions were passed including "the incorporation of traditional medicine with that of existing medical care", "that AIDS is a political issue and that the government must deal with land claims as it directly affects the spirit of the nation", "that AIDS education and progressive policies be implemented in prisons" and "that there would be availability of safe sex materials to all in the native communities".

The final address of the conference was by Elijah Harper, MLA for Rupertsland Manitoba who made several pertinent statements. Most notably "that we are aware of how AIDS affects the poor and that the aboriginal peoples are the poorest of the poor" and "that people in the position of power should make every effort to understand the issues of AIDS because part of what it means to be a leader is to listen to the people over these issues".

John Kozachenko



## EASTER'S SUNDAYS

Dear Friends:

Over a year ago, Easter's Sundays began providing a monthly meal to residents of McLaren House. The generosity of many people helped me to make that small endeavor a huge success.

But the need is much greater than this. Providing daily meals for persons affected by AIDS has become my goal and the goal of a dedicated group of people who have helped me begin this project.

I am extremely pleased to tell you that with the help of my volunteer Board of Directors, the Vancouver Meals Society is now a registered non-profit society.

Easter's Sundays will remain as a monthly program for persons with AIDS living together in group home facilities.

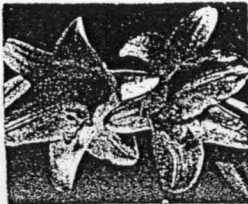
The Daily Meals will provide daily meals for persons affected by AIDS. We have taken many months to plan the daily meals program. We have met with organizations and groups already providing services to PWAs and will work cooperatively with these agencies. We know the need is great but we will be starting our daily meals project with those who are most in need and then will expand as we gain your support and help.

One of our major concerns is raising funds. The Royal Hotel hosted a Bonnet, Brunch, and Basket party on Easter Sunday. The food, bonnets, and baskets were enjoyable and most of all they raised \$800.00 for us. That evening the Denman Station had a Easter Sunday dinner which also raised much needed funds. We are assured that when there is a need we all can work together.

We are planning a 1920s Mobster Extravaganza at "Maz and Me" on Davie Street, on Sunday, May 5, 1991. Tickets are \$52.00, for more information call (604) 687-6261.

Keep the spirit alive,

Easter M. Armas-Mikulik



## AIDS AND DENTAL CARE

Recently there was an unfortunate incident in Florida where a dentist who had AIDS is alleged to have passed on his disease to patients in the course of dental treatment. The Centre for Disease Control in Atlanta has released a number of statements on this issue. These statements have suggested that there is a linkage between the dentist's AIDS and the patient's AIDS. The dentist has since died, and there have been at least two other of his patients who have been discovered to have AIDS of a geno-type related to the virus that the dentist had. The media needless to say has been somewhat sensational in reporting this particular issue and have not considered that, as reported by the CDC the infection control procedures in place in the dentist's office were not at all what they should have been, and this appears to be the most likely reason for the transmission of the HIV, if indeed it did occur.

Issues such as this, I feel, threaten to distort the public's idea of the relative risk factors of acquiring HIV. For example, in a recent questionnaire in 3 schools 70% of students in grades 9 to 11 rated "going to the dentist" a higher risk than "having unsafe sex once in a while".

The Florida case is the ONLY case that we are aware of where there is a suspected transmission between patient and dentist. Three facts of this case should be kept in mind:

1. As far as is known, this was a unique, isolated incident, and does not represent a serious health threat to the public.

2. While CDC is not conclusive about the cause of transmission, it is clear that there were serious compromises in infection control. This finding underscores the need for strict adherence to Infection Control Guidelines.

3. The dentist had developed AIDS and had a high level of HIV infectivity when he was treating patients; other HIV positive health care providers in earlier stages of the disease would not be in this same position.

Dr Luc Magne

## **EXPERIMENTAL PROTOCOLS AND TREATMENT PROGRAMS**

**at the AIDS Research program St.  
Paul's Hospital-University of British  
Columbia Hospital**

*The following is a list of the currently available or soon to be available experimental protocols and/or treatment programs currently underway or planned for the immediate future at the AIDS research program, SPH/UBC as supplied by Dr Julio Montaner.*

### **HIV antivirals**

#### **Comparative ddI vs AZT study**

This protocol compares ddI vs AZT for the treatment of moderately advanced HIV disease (CD4 count 200 to 500). Eligible volunteers are those who have been able to tolerate AZT for a period of 6 months or more and remain relatively stable.

At the present time ddI is available for patients who have failed or cannot tolerate AZT any longer. Among those individuals, there is good evidence supporting ddI's beneficial effects. Since we also know that AZT resistant disease and probably HIV resistance to AZT develops in a rather exponential fashion after 6 months of treatment, it is reasonable to speculate that earlier treatment with ddI will prolong the AZT induced disease free interval. This study is the first nucleoside combination therapy protocol undertaken in Canada, as it compares alternating AZT and ddI vs continuation of AZT therapy.

This is a national cooperative study currently underway which is jointly sponsored by Bristol-Myers-Squibb and the Canadian HIV Trials Network.

#### **ddI Open Treatment Program**

ddI is currently being made available to individuals who have advanced HIV disease and can no longer tolerate AZT or have severe progression of HIV disease despite AZT therapy through this program. This is not an experimental protocol. This is intended to make the drug available in a

supervised fashion under the Emergency Drug Release Program. This National program is sponsored by Bristol-Myers-Squibb.

#### **Open ddC Treatment Program**

As with the above ddI open treatment program, ddC is currently available following the same guidelines and procedures as for the open ddI treatment program.

#### **GRX**

This new nucleoside, a Cytosine analogue, will be tested in Phase I studies starting in the late summer of 1991 at the AIDS research program, SPH/UBC. Further details regarding this compound and the intended protocols will be made known as they become available.

#### **Adjunctive Therapies**

##### **Placebo controlled trial of Acemannan as an adjunctive to AZT therapy.**

Acemannan, a mannose derivative of the Aloe Vera, plant has been attributed some beneficial effect on helper T-cell count in a previous study.

We are currently evaluating its potential effect on advanced HIV disease (helper T-cell count below 300). Eligible volunteers are those who have been able to tolerate AZT at a dose of 300 mg/day or more for a period of at least 6 months. Volunteers are randomly assigned to receive Acemannan or placebo and they will continue to take AZT under the supervision of their treating physician.

The main objective of this study is to assess the effect of Acemannan on CD4 counts. The effect on Acemannan on viral status as well as AZT tolerability and AZT pharmacokinetics will also be assessed.

This trial is being sponsored by Carrington Labs USA and the Canadian HIV Trials Network.

#### **GM/CSF Treatment Program**

Granulocyte macrophage-colony stimulating factor is currently available for the treatment of severe neutropenia in the context of gancyclovir therapy for CMV retinitis or life threatening neutropenia in the context of advanced HIV disease. This is made possible through a limited drug supply made available by Schering Co. under the Emergency Drug Release Program.

All experimental studies involving GM-CSF are now closed for enrollment pending the results of the interim analysis currently underway.

## **HIV Related Diseases**

### **Interferon for KS**

A comparative study of two doses of interferon for the treatment of Kaposi's Sarcoma among AZT treated patients

A total of 16 volunteers are currently enrolled in this protocol. Enrollment in this study is now closed at St Paul's Hospital as we have exceeded the quota originally allocated to our centre. This is sponsored by Schering Co and the Canadian HIV Trials Network.

### **Rifabutin Prophylaxis of MAC**

This is a placebo control study that will be starting within the next few weeks. Rifabutin will be compared with placebo as a preventive for MAC bacteremia in patients with advanced HIV disease (CD4 counts below 200). This study is sponsored by Adria Laboratories and it has been submitted to the Canadian HIV Trials Network for its consideration.

### **566C80 vs Septra for the Treatment of PCP**

A comparative trial of these two agents is currently underway as part of a North American cooperative study sponsored by Burroughs Wellcome Canada/USA.

### **Oral Corticosteroids for Mild PCP**

We have previously shown that oral corticosteroids accelerate recovery and prevent respiratory failure among individuals with moderately severe PCP. This new study will assess the effect of oral corticosteroids among patients with mild PCP. This will be a placebo-controlled study where volunteers with mild PCP being treated with the usual antimicrobials will be randomized to receive oral corticosteroids or placebo. We are assessing the effect of oral corticosteroids on the speed of recovery, as well as its effect on viral replication and exercise testing. This study is currently co-sponsored by the B.C. Health Research Foundation and the UpJohn Co. of Canada. This protocol is currently being considered by the Canadian HIV Trials Network.

For further information requiring any of these trials please contact the research office at the Infectious Disease Clinic at 631-5054 or 631-5060.

## **COOPERATIVE CANADIAN STUDY**

### **A Double Blind Comparison of ddI and Continued AZT in the Treatment of HIV Related Immune Suppression Among Individuals Who Have Received At Least 6 Months of AZT Therapy:**

We know that AZT is effective in increasing survival of patients with AIDS or advanced ARC. We also know that AZT is able to prolong the disease free interval among individuals with asymptomatic HIV disease and helper counts below 500. Unfortunately, we also know that the effect of AZT is only transient and that eventually HIV disease will become resistant to AZT therapy. In these cases, once frank deterioration has occurred, the general practice is to change to ddI as a second alternative. Limited data available to date suggests that ddI is able to improve the condition of such individuals. This being the case we speculate that earlier introduction of ddI treatment can hopefully prolong the disease free interval achieved by AZT and therefore maintain the condition at a more acceptable level.

If the deterioration that we see occurring among AZT treated patients is indeed related to the development of viral resistance to AZT, there is a good chance that changing to ddI before this resistance manifests itself can be a useful strategy. In fact, we know that AZT resistant HIV strains are usually ddI sensitive in the laboratory. Our limited clinical experience among individuals with very advanced disease who are failing AZT therapy seems to further support this notion.

Attractive as this notion might seem, there are some arguments in favour of "using up" the AZT time, prior to changing to a second anti-HIV agent. Also, there are those who argue that it is too much of a risk to change to a second agent, particularly when the data regarding its efficacy is rather limited, when they are stable on AZT.

It is for this reason that we are currently conducting a national comparative study to assess whether HIV infected individuals who have been

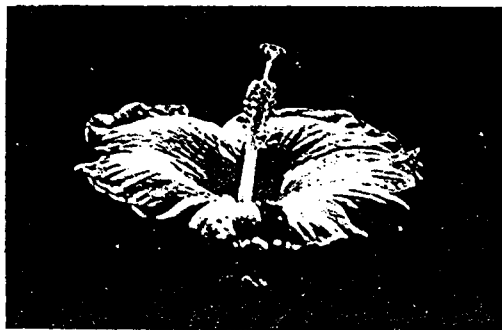
treated with AZT for a minimum of 6 months are better off continuing AZT therapy **until** deterioration occurs or if they should be changed to ddI treatment **before** deterioration occurs, while still stable. This is the first Canadian attempt to enter the field of combination therapy following the antiviral model. This study is jointly sponsored by Bristol-Myers-Squibb and the Canadian HIV Trials Network.

The study is a double blind, randomized comparison of ddI and AZT in the treatment of individuals with CD4 counts between 200 and 500 who have been treated with AZT at a dose of 500 mg or more for at least 6 months. The study is double blind, this means that volunteers will receive either AZT plus a ddI placebo, or ddI plus an AZT placebo. The placebos will look like ddI or AZT respectively but they will not contain any active drug. The allocation of study participants to each treatment will be random, this is to say that allocation to each treatment will be by chance. All of these safeguards are taken so that we prevent our biases from interfering in the ultimate assessment of true efficacy or tolerability of the study drugs.

An independent data and safety monitoring board will review the data at regular intervals during the study and will stop the study as soon as we are able to determine that one treatment is superior to the other. We hope that we will arrive at a definitive answer within a period of approximately 24 months.

If you are interested in finding out more about this study please discuss this with your doctor; further information can be obtained from the Research Office at the Infectious Disease Clinic at 631-5054.-

**Julio S.G. Montaner**  
National HIV Clinical Trials Network



## TREATMENT PROGRAM EXPANDING

We Need You....for the expanding Treatment Information Project to meet the increasing needs of our membership. Our Treatment Project provides vital information that enables and empowers people with HIV to consider all their treatment options and become full partners in their health care. Incoming treatment and research paper flow has expanded to a volume requiring greater volunteer participation in process to spread the workload and expand the quality of the product.

Expert professional backgrounds are not a necessity, but a strong interest in treatment and empowerment is essential. A medical/scientific background would be a great help, however the activities and process is varied and persons with complimentary skills and talents are invited. We need individuals who can: edit and write; research and analyze; coordinate paper flow and take minutes; operate data systems and an assortment of programs; counsel members and peer counsellors.

If you are reliable and dedicated we want to talk to you. Tell us at what level you wish to participate in one of our Society's most important projects and in what role. Let's talk....call Arn at 1-384-7862 or messages to 683-3381.

**Arn Schilder**

## RECYCLE THIS NEWSLETTER!

This issue of the Vancouver PWA Newsletter has been produced using 100% recycled paper. We believe that using recycled paper is a socially responsible choice, one which achieves a reduction of costs while continuing to produce a high quality newsletter. This is the most visible step in the Society's ongoing commitment to using recycled materials wherever possible.

The best way you can support our initiative is by recycling this newsletter: Share it!

**Douglas Starratt**

## AIDS TREATMENT HIGHLIGHTS

### IMUTHIOL LICENSED IN NEW ZEALAND

On October 5, 1990, in a move that took activists and scientists in North America by surprise, New Zealand became the first country to grant regulatory approval for Imuthiol, also known as sodium dithiocarbamate or DTC. Licensing for Imuthiol includes an oral and an intravenous formulation of the drug. Indication is for the treatment of HIV-infected individuals 18 years and older with T4 cell counts below 200 or for symptomatic individuals who cannot tolerate AZT regardless of their T4 level.

While so far defying classification as either an antiviral or an immunomodulator, Imuthiol/DTC has shown promise as an AIDS therapeutic in a number of human and animal studies. The drug's major effect seems to be a reduction in the number of opportunistic infections (OI's) experienced by persons with HIV infection.

Despite the existence of over a thousand scientific papers describing the drug's effects, DTC's mechanism of action is not well understood. Pasteur Merieux scientists believe that Imuthiol works either by protecting cells from oxidation, (in which case it should be considered an immunomodulator), or by bonding with metals necessary for, and thus interfering with, HIV-related processes (in which case it is an antiviral). It may even do both. In any case, Imuthiol is almost certainly safe. Long-term administration of Imuthiol (up to 74 months) so far has not caused any significant toxicity.

The PWA Health Group in New York City (212/532-0280) has made Imuthiol/DTC available for approximately \$30 a month, as have buyers' clubs in other cities, including San Francisco and Washington D.C. A month's supply is twenty 125 mg. enteric-coated capsules, or capsules which allow the drug to bypass the stomach's digestive acids.

Persons wishing to use DTC have two options. One is to obtain the drug in its raw form from a chemical supply house and administer it rectally. A Project Inform (1-800-822-7422) fact sheet con-

tains information on correct procedures. A second alternative is to obtain an anti-alcohol agent called Antabuse. Believed to break down into an imperfect form of DTC in the body, Antabuse is available with prescription from any pharmacist.

The dosage recommendations in New Zealand call for weekly oral Imuthiol administration at 10 mg/kg of body weight. A typical regimen would therefore be five 125 mg capsules on a full stomach once a week for a weekly dose of 625 mg. No products containing alcohol should be consumed during the period 12 hours before administration and 48 hours afterwards. Consumption of alcohol before the drug is fully metabolized can cause nausea, vomiting, accelerated breathing, unusual sensations, blurring vision, vertigo and a host of other very unpleasant temporary side effects. Some people have even reported side effects when using cologne or mouthwash containing alcohol while taking Imuthiol.

GMHC Treatment Issues Volume 4 Number 8

*Comments from Robert:*

*Antabuse as discussed in the article is a form of Imuthiol/DTC and is available in Canada by prescription. Personally I would need to discuss this treatment thoroughly with my doctor. The best we hope for is that Imuthiol will be made available in Canada as a legitimate HIV treatment.*

### FLUCONAZOLE VS. CLOTRIMAZOLE

Fungal infections are a major problem for people with HIV infection, oral infections, particularly candida, being a recurrent complication. Oral candida infections can also spread beyond the mouth into the throat and stomach depending on the level of immune suppression. The standard drugs for oral candida infection are ketoconazole and clotrimazole. Ketoconazole may cause problems for some patients as it can cause liver toxicity. Clotrimazole must be taken several times daily and some patients may find this inconvenient. The newly licensed anti-fungal agent, fluconazole, may offer several advantages over traditional anti-fungal agents because of its low toxicity and the long time it remains in the body.



HIV-infected patients who are successfully treated for oral candida infections (thrush) eventually experience relapses because of their continuous immune suppression. Although effective treatment doses of fluconazole have been found for this condition, the best or optimal dose for maintenance has not yet been determined. Italian researchers have recently conducted a clinical trial to determine the optimal prophylactic regimen for oral candida with fluconazole.

The trial enrolled 60 HIV-infected subjects all of whom were being given AZT. The subjects were classified into 2 groups of 30 subjects based on their stage of HIV disease. The first group were subjects experiencing their initial bout of oral candida while the second group already had candida infections in the past and were classified as having AIDS. All subjects were considered cured of their oral candida infections after getting 100 mg./day fluconazole for 2 weeks. After this treatment phase, all subjects were randomly assigned to 1 of 3 suppressive dose-schedules of fluconazole: 50 mg./day, or 50 mg. every other day, or 150 mg. in a single one-time dose. The subjects were assessed weekly for a 3-month period.

The researchers found that the optimal dose of fluconazole depended on the stage of HIV disease. In subjects with less-advanced HIV disease and in their episode of oral candidiasis, 50 mg./day or every other day resulted in suppression of the fungus. By the first month of prophylaxis with 150 mg./day, 80% of subjects with less advanced disease did not relapse. In contrast, subjects with advanced HIV disease, and who had had prior candidal infections, responded best to 50 mg./day fluconazole as prophylaxis. **AIDS 1990; 4(10):1033-1034.**

Treatment Update 19  
December 1990  
© Sean Hosein



## GAMMA GLOBULIN IN AIDS/ARC

Researchers in Hanover, Germany, enrolled 40 adult subjects with ARC or AIDS into a trial of gamma globulin (IgG) (200 mg per kg of body weight every other week) of placebo. Gamma globulin preparations with high levels of CMV antibodies were used (Intraglobin F, made by Biotest Pharma and Gammagard by Baxter-Travenol). Trial subjects were observed for an average of 13.8 months. Any infections which occurred were treated as necessary. At the time subjects were enrolled (1986 to 1987) AZT was unavailable.

The researchers found that equal numbers of opportunistic infections occurred in the gamma globulin and placebo groups. In those subjects who received gamma globulin, the majority of infections had a "localized character", that is, oral candida and oral herpes. In subjects with advanced HIV disease, the number of deaths was statistically different between the two groups of HIV patients - there were three deaths in the gamma globulin arm and nine in the placebo arm. The average time spent in hospital by subjects on the placebo was significantly longer than that spent by subjects receiving gamma globulin. One subject in the placebo arm with ARC experienced disease progression to AIDS. There were no significant changes between placebo and gamma globulin arms in levels of CD4+ cells (T4+ cells), CD8+ cells (T8+ cells) and CD4/CD8 ratio.

One reason for the reduced death rate in the gamma globulin group may be the direct antimicrobial property of IgG. Use of IgG in other immune-suppressed populations (such as recipients of organ transplants) has shown that intravenous gamma globulin (IVIG) has been of benefit. In subjects with ARC, no benefit was seen as a result of IVIG administration.

Only one subject in the IVIG group experienced a side effect - fever. This resolved when the brand of IVIG was changed. The researchers concluded that further studies of immunoglobulins together with anti-HIV drugs should be conducted. Several brands of gamma globulin are available in Canada (Infection 1990;18(2):86-90).

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# WE'RE OPEN

**Mondays to Fridays 10 am-5 pm,  
Saturdays 11 am-3 pm**

PWA office (except Saturdays), drop-in living lounge, peer counselling and resource library. Juices, freshly-brewed coffee and other goodies when available at PWA Living Room Lounge. Information and resources available, library open, books, periodicals, audio and video cassettes, reference material, treatment/drug info., etc. Peer counselling available. Call PWA office 683-3381 for info.

Requisitions for Complementary Health Fund (CHF) refunds, if proper, and in by 11 a.m., cheques out by 3 p.m. (not available on Saturdays).

## **Other Services/Programs Offered by PWA:**

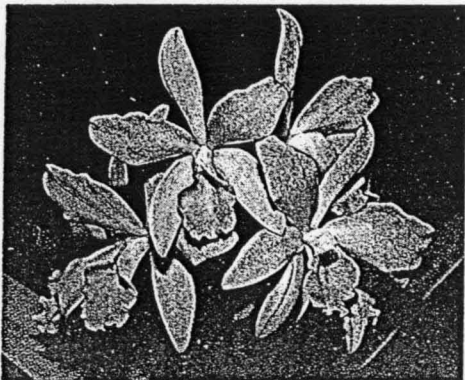
Clothing/furniture exchange. Call Jackie at PWA 683-3381 for info.

Complimentary performance tickets: call Jackie at PWA 68303381 for availability.

Blood testing: Call PWA office 683-3381 for info and pre-testing counselling. Applications at PWA reception desk.

Loan Cupboard: Ambulatory aids available. Manual Wheelchairs, walkers, canes etc. Available at AIDS Vancouver. Sponsored jointly by AIDS Vancouver and PWA. Call PWA office 683-3381, or AIDS Vancouver's Client Services at 687-5220 for info. Housing subsidy: Receiving applications. Forms at PWA reception desk. Call Jackie at PWA 683-3381 for info.

Massage therapy: Free for full members. Call Bart Malone for info.



## M O N D A Y S

**Hairstyling:** Free for all members. PWA offices. Every 2nd Monday, 10 A.M. to 1:30 P.M. Available on April 5 and 22nd. Sign-up sheet on PWA lounge's bulletin board. Facilitated by an experienced hairdresser, Finn Mollerup. Please come with freshly washed hair.

**Advocacy Committee Meeting:** All Society members welcome. PWA boardroom, alternate Mondays, 2 P.M. sharp. Meeting on April 1, 15 and 29, May 13 and 27. For information, call Rick at 683-3381. Deals with access to treatments, human rights, political and legal issues within other matters. Services include external relations, media relations, speakers' bureau, drug treatment/trial info, monthly medical forum, etc.

**Finance Committee meeting:** All Society members welcome. PWA boardroom, alternate Mondays, 2 P.M. sharp. Meetings on April 8 and 22, May 6 and 20. For information call Harry or managing director at 683-3381. Ensures proper financial procedures, recommends funding proposals, etc. Services include business management, office administration, fundraising, walkathon sub-committee, etc.

**Art Therapy Group:** Free for full members. No experience necessary - this is not an ordinary "art class". Facilitated by an experienced art therapist, Noel Silver. Leave message for Noel at 685-5240.

**Therapeutic Touch:** Free for full members. PWA boardroom, 6-8 P.M. Available April 8, 15, 22, 29, May 6, 13, 20, 27. By appointment only. Call PWA for information at 683-3381. Sign-up sheet at PWA reception.

**Buddy Support Group:** For buddies of PWAs. Sponsored and held at AIDS Vancouver, 1272 Richards Street every second Monday 7-9 P.M. Meeting on April 8 and 22, May 6 and 20. Call A/V at 687-5220 for information.

## T U E S D A Y S

**Executive Committee Meeting:** All Society members welcome. PWA boardroom. Alternate Tuesdays on same day as Board of Directors meetings, at 2 P.M. sharp. Meeting on April 9 and 23, May 7 and 21. For information call John or managing director at 683-3381. Co-ordinates the business of the Society, prepares agenda for Society's Board of Directors meeting.

**Board of Directors Meeting:** All Society members welcome. PWA boardroom, 2nd and 4th Tuesdays, 7 P.M. sharp Meeting April 9 and 23, May 7 and 21. For information call Rick, John, or Managing director at 683-3381. Receives reports and advice from managing director and committee chairs on current Society activities, and passes required resolutions.

**"Living with AIDS" Therapy Support Group:** Open to persons with AIDS. Sponsored by PWA. At GLC, 1170 Bute Street, 1-3 P.M. Duration: 8 weeks, next group starts April 23. Due to the intense nature of this group, a commitment for the full 8 weeks is requested. Led by experienced therapy facilitator. Limited to 10 participants. Call Jackie at PWA, 683-3381 to register and for information.

**Woman and AIDS Drop-in Support Group:** For women seeking info and support concerning HIV/AIDS. Sponsored by Vancouver Women's Health Collective, held at #302-1720 Grant Street, 1st and 3rd Tuesdays, 7-8:30 p.m. Call Jackie at PWA, 683-3381, or the Collective at 255-9848 (during drop-ins) for info. Children welcome! Se habla espanol.

**W E D N E S D A Y S Programs Committee Meeting:** All Society members welcome and encouraged to participate. PWA boardroom, 1st and 3rd Wednesdays, 11 a.m. sharp. Meeting on April 3 and 17, May 1, 15 and 29. For info call Bryan or program's manager at 683-3381. Develops and facilitates individual services and programs. Services include retreats, support groups, blood testing, living lounge drop-in, library, switchboard, peer counselling, help-line, reception, etc.

**Healing Circle:** For Society members. Sponsored by PWA, meets evenings. Call Lela at 689-8476 or Don at 682-2989 for registration, location and info. Not a drop-in group.

**Chinese Medicine:** For Society members. Consultations at PWA offices. 2-7 p.m. "Wait listed" sign-up register at PWA reception desk. Call PWA at 683-3381 for info. Facilitated by a professional. By appointment only.

**Partners of Persons with HIV/AIDS and Family; Friends of Persons with HIV/AIDS Support Groups:** All welcome. Sponsored by AIDS Vancouver. Meet separately 7:30-9:30 p.m. at St.

Andrew-Wesley Church - rooms to be posted. Call Bridget at AIDS Vancouver, 687-5220, or Joy Moon at 299-4828 for info.

**T H U R S D A Y S Therapeutic Touch Sessions:** Free for full members. At PWA boardroom, 1-2 p.m. Available April 4, 11, 18 and 25. By appointment only. Call PWA for info at 683-3381. Sign-up sheet at PWA reception.

**"Get Over It":** Drop-in AA meeting: all welcome, 12 step program, at PWA living lounge, 7-8 p.m. Call PWA 683-3381 for info. Of special interest to HIV/AIDS concerned persons.

**"Body Positive"** drop-in support group: all welcome. Sponsored by AIDS Vancouver, at PWA boardroom, 7:30-8:30 p.m. Call Ken Mann at PWA 683-3381 for info. For those testing HIV positive, a confidential discussion group.

**"New Hope"** drop-in meeting: all welcome, 12-step program. At PWA Living Lounge 8:30-10 p.m. Call PWA 683-3381 for info. Of special interest to HIV/AIDS concerned persons. NA 24-hour helpline 873-1018.

**Coping with Loss and Grief"** support group: all welcome. Sponsored by AIDS Vancouver. Alternate Thursdays, 7:30-9:00 p.m. at St. Andrew's Wesley Education Centre. Call Joy Moon at 299-4828 for info.

**F R I D A Y S Movie Night:** Cancelled until further notice due to lack of attendance. If you want it resumed, please call PWA office at 683-3381.

**S A T U R D A Y S Drop-in:** open to all HIV infected members. Ideal for out-of-towners or those working weekdays. Library open, information and resources available. Peer counselling available. Held at PWA living room lounge, 11 a.m.-3 p.m. Call PWA office 683-3381 for info. Juice, fresh-brewed coffee and other goodies when available.

## CLEAN 'EM!

It's April and we all look forward to it so much because it's **DENTAL HEALTH MONTH!**

Rarely has there been more controversy involving dentistry than exists now with Dental Amalgam. There have been many scientific studies by various governments, universities, and bio-material or dental material experts which contradict the one study by Dr Vimy who was presented as the "expert" on the investigative television show "60 Minutes".

The Canadian Dental Association, through its Committee on Dental Materials, continues to monitor scientific studies examining the safety and efficacy of dental materials used in patient care. Dental (silver) amalgam is the compound commonly used in dental restorations because it is extremely durable and economical. Dental Amalgam has been in use for over 150 years and has been the subject of numerous scientific studies.

The material used in dental amalgam contains mercury, which forms compounds with silver, tin and copper to help give the filling the strength to endure the tremendous force which is generated in the human mouth during normal chewing. Currently, there are no dental materials with comparable advantages - with the exception of gold - and gold is an extremely expensive alternative. Materials employing synthetic composites are becoming better and better, but such composite materials are still considerably less strong and durable.

In recent years, scientific studies have suggested that the mercury in dental amalgam fillings is not completely inert and that minute amounts of mercury vapour are released during chewing. This is a matter of serious concern to the dental profession and warrants continuing scientific investigation. There has been no scientific evidence, however, that the amount released constitutes a health hazard for the general population.

Dentists are exposed to mercury vapour to a much larger extent than the general population, and studies to date of the health of dentists have not indicated that dentists suffer from more health problems or different health problems than the general population.

Most recently, the media has drawn attention to studies by Dr Vimy suggesting that mercury from dental amalgam is taken up in various organs of the body. Dr Vimy has advocated a ban on the use of dental amalgam and has drawn considerable publicity by claiming that his studies provide a definitive foundation for such a ban.

The Canadian Dental Health Association's Committee on Dental Materials does not regard studies to date by Dr Vimy and colleagues as a conclusive basis for the rejection of dental amalgam.

This is a topic which I try to stay informed on and I must say that after reviewing the literature from both sides for quite some time now I support the use of dental amalgam. If anyone is interested in finding out more I'd be pleased to provide copies of research papers dealing with this issue.

With all that said, I do believe that the final choice is, as always, the patient's. I rarely advocate the replacement of silver amalgam restorations but clearly respect the patient's right to decide which restorative material will be placed in his or her mouth.

Dr Luc Magne



## KUDOS OF THE MONTH

To Darren Hayles, Katherine Frost, Brian and Lisa Depoe, Sharon Graham, CKWX, JR Country, the Big Wigs, Douglas Miller at U. TV, Kevin Evans at CBC Nightly News, Koala Springs Canada, Benton Skin Products, Raymond's Hair Design Robson location, Joico Hair

Products of Canada, Arts Club Theatre, Larry Lillo, James Barber, Bert Hansen at Gables Guest House, Return To Sender, Little Sister's Book and Art Emporium, Doll and Penny's Cafe, Hamburger Mary's, Scibe and Scholar Stationary, Dogwood Monarchist Society, Eastern and Metropolitan Community Church, Sandy St. Peters, B.C. Country Music Association, Heritage House Hotel, Gary Gilbertson and Joe Ford for their invaluable contribution to a successful "Walk for Life" Walkathon '90 and "Country Night" at Graceland.

To Gourmet Bread Denman and Haro and Starbucks West Pender & Granville for their recurring donation of bread and coffee, respectively, for the PWA Lounge and our members.

To U-Frame-It Robson and Seymour, North Shore Credit Union Davie and Bute, Esso Station Davie and Burrard, Metropolitan Home, Scribe & Scholar Stationary, Contemporary Art Gallery, grunt Gallery, Simon Patrich Gallery, Avenue Lounge of the Dufferin Hotel, Video Inn Homer Street and Maritime Labour Centre for letting us place donation boxes permanently.

To the Vancouver East Cultural Centre, Vancouver Folk Music Festival, and the Flirtations of New York City for their PWA Benefit performances and complimentary tickets.

To the Vancouver Playhouse, Front of the House Staff, Producers and the Actors of "Hosanna" for a wonderful benefir evening and complimentary tickets.

To Mack's Leather, the Royal House Papa's Lounge, the Heritage House Hotel guests, Gala North and others for their collection and fundraising efforts on our behalf.

Too the faboolous Cowbelles for the continuing fundraising efforts for PWA.

To the Vancouver Symphony Orchestra, Arts Club Theatre Seymour Street Stage and Dogwood Monarchist Society's Coronation '91 Ball organizers for their supply of of complimentary tickets.

YA HOO! To the 7th annual Convention of the International Association Gay Square Dance Clubs "NORTH START PROMENADE CONVENTION" fo donating their convention profits to the PWA.

To our Member who asked his birthday guests to donate to the PWA in lieu of presents.

To the numerous members of the community at large for their generous donations and ongoing support.

## TALKING TO THE CHILDREN

Not that long ago I was asked to give a talk about AIDS to some local grade 7 students. This was my first public speaking event in 12 years. I spent 40 minutes going over how AIDS has changed my life, talking about protection and answering questions. I was very impressed with the caliber of questions.

We touched on topics such as death, relationships and the general public attitude towards AIDS. While talking about AIDS I told the students that my relationship with my family and friends had grown closer, showing me the true meanings of love, compassion, and understanding, and most of all the importance of communication.

I must say that it was great therapy for me because I felt I was giving back something to the community. It was very gratifying to see the youth of today being educated on AIDS and I strongly believe that more must be done in this area. The young are our future and we must try our best to make them aware of what is out there and how to take precautions.

Before I know it the 40 minutes was up. I was able to share with the students the ups and downs of AIDS. I felt really good when I left the school. If there are any PWAs out there who are able and willing to talk about living with AIDS, get involved with the Speaker's Bureau.

Paul Filip

## PEARLY WHITES!

We all want whiter teeth and there are now many options available to those of us who do. There are bleaching methods at the dentist, whitening agents you buy through your dentist and take home, or the ones you can simply purchase in the drugstore.

If you'd like my honest opinion, save lots of \$\$ and don't have your dentist do it - at least not at first. This tends to be quite expensive, is not a benefit under any dental plan and the effects tend to be quite temporary.

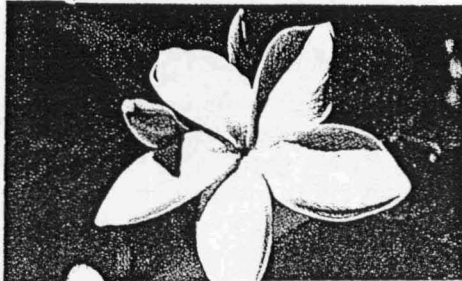
Also, since long term studies have not been done yet on the effects of the bleaching solutions on your gums etc, I'd recommend you stay away from the type of kits that have you wear a tray in your mouth that holds the bleaching agent for several hours a day. In that amount of time there's no telling how much you'll swallow, how it could affect you, and what harm it could do to your gums and other oral tissues.

What I recommend just happens to be the simplest, cheapest and probably the safest. These are the take home kits available at the drugstore. "White Balance" is good (available at London Drugs for \$24.88). This is a "Safe and Simple Three-part Treatment system for a Whiter, Brighter Smile". (No, I don't have shares in this stuff.) Chances are that this type of system will be just as effective as spending zillions on other methods and the effects will last as long. You can even return it if you're not happy with the results - can't lose!

Remember, though that these systems **do not** replace daily brushing, flossing, regular check-ups and cleanings by your dentist as essential requirements of good oral health maintenance.

Wishing you a happy, healthy smile,

Dr Luc Magne



## THIS IS NOT A ONE NIGHT STAND 'ARTISTS AGAINST AIDS' BENEFIT

The Pitt Gallery will be having a benefit on May 1, 1991, with proceeds going to the Vancouver P.W.A. Society. A call for submissions is in effect as of March 11, 1991 for a juried exhibition. 75% of the proceeds from works sold will go to P.W.A. and 25% will be retained by the artist. Deadline for submissions is April 9, 1991. The doors will open at 6:00 p.m. for a preview, by invitation. The gallery will open at 8:00 to the general public. A bar, food and music will be provided by the gallery and by donation. For more information, please contact Julie O'Rourke at the Pitt Gallery, 36 Powell Street, 681-6740. Your time and effort will be greatly appreciated.

## IDENTIFIABLY THE HIT Of The Theatre Season

**Unidentified Human Remains and the True Nature of Love** by Edmonton playwright Brad Fraser has struck a nerve among Vancouver theatre goers. This play became a near obsession in the mind of Bonnie Gibson, interim Artistic Director of Touchstone Theatre, when she saw it produced in Calgary last year. Her staging of the show here has been challenging, (she might even say harrowing), and it resulted in a sold-out show at the Firehall Arts Centre.

**Unidentified Human Remains and the True Nature of Love** is now held over at the Arts Club Seymour Street until April 13, and it continues to provoke discussion on some of urban life's stickier questions...loving, needing, trusting, fearing.

Thank you to the Arts Club Theatre for making free tickets for this play available to PWA's and their guests. Contact Jackie at 683-3381 to reserve.

**WARNING:** This show contains strong language, nudity and violence.

## LIBRARY NEWS:

Due to problems with people not checking out books properly or just not checking out books, it has been found necessary to keep the Library closed on occasion. If no volunteers are available to staff it see reception for help. Remember these books are important to everybody.

Coming soon: Celebration '90 Opening and Closing Ceremonies and "We Are Here To Stay" video tapes. So if you couldn't attend in person you can still experience the excitement generated by the ceremonies and events. Also enjoy the many sights offered by the participants.

## LIBRARY REVIEWS

### Anal Pleasure and Health

2nd Edition; Jack Morin, Ph.D.; Library #1047

This is a guide for both men and women, straight and gay. This book helps remove some of the myths which surround anal sex. It will help to dispel some of the negative feelings about the anus and rectum. It also covers health matters in order that you may receive anal intercourse safely and pleasurable, as well as guidelines for AIDS risk reduction.

### Roger's Recovery from AIDS.

By Bob Owen; Library #1051.

The story of two doctors - one with AIDS - and how they developed a treatment for AIDS. Neither doctor had had any experience with AIDS before Dr. Owen began treating Dr. Bob Smith. This is the story of frustration at arriving at a suitable treatment. They leave it up to the reader to decide if this method of treating an AIDS patient is acceptable for themselves.

Library Committee

### Peter's Story

CBCNewsworld. VHS 55 min. Library #1104

This is a compilation of the reports Peter (a Vancouver doctor) has been doing on the CBC. He tells how he is dealing with his health problems and how he does not allow them to interfere with his life: he uses the example of going skiing on Grouse. In another segment he tells of going blind and getting his seeing eye dog.

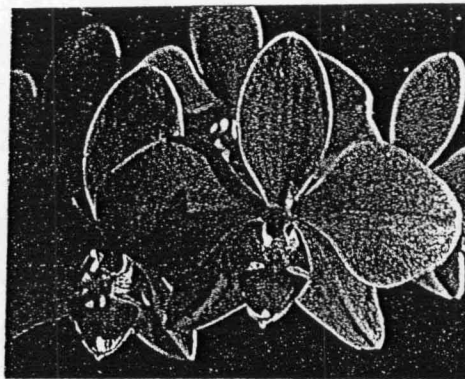
This is a very moving and powerful video that leaves one feeling upbeat and positive.

### We are here to stay!

Scintilla Productions. VHS 112 min. Library #1105

This is an overall view to Celebration '90: Gay Games III and Cultural Festival, featuring an overview of the week's events. Interspersed with the scenes of the various events are interviews with participants, organizers, Svend Robinson, MP, author Jane Rule and more. If you missed the games it is a great compilation of events. Enjoy spotting friends and acquaintances.

Library Committee



## EDMONTON RUNNERS FOR AIDS SERVICES

A team of eleven Edmonton runners has been organized to run in the Vancouver Marathon and have chosen to support the AIDS Network of Alberta with financial pledges obtained through this event. The runners will be donating their time, energy and travel costs.

Perhaps some fit runners in our readership could organize a similar Vancouver team for the benefit of Vancouver PWA Society. We could give 'em a run for the money!

Douglas Starratt

# DOUGLAS WEBB

## 1951-1991

Douglas (do NOT call him Doug!) was born in Tacoma, Washington. After many creative and eventful years living in Marin County California, Douglas came to Canada to live and proudly became a Canadian citizen on June 5, 1989.

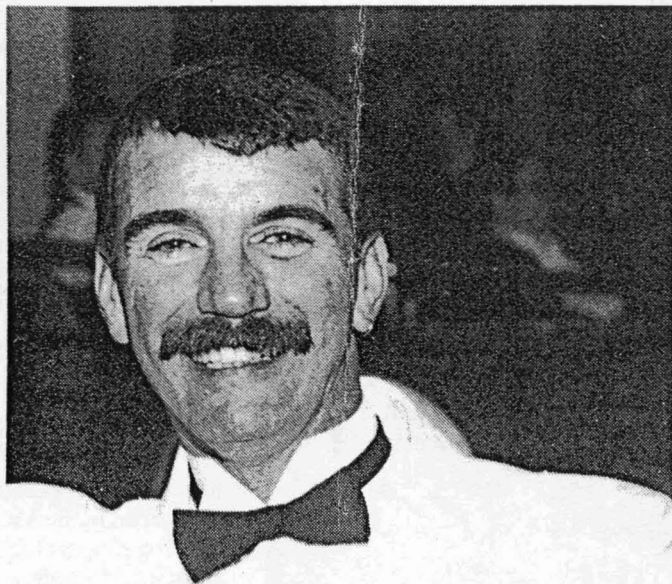
He came into my life when he walked in the door of the PWA offices in October 1988. Douglas had a gift for design, getting things done and little patience. These attributes contributed to the pace which he was appointed Librarian, became a board member and re-designed the front office on Bute Street to accomodate an amazing number of people and their workspace. Douglas prided himself on the way he dressed, his apartment accoutrements, his careful attention to detail and how this disease was not going to get him down.

My daughter and I became close to Douglas and his partner Ross when they moved into a housing co-op in the east side, a few blocks from us. Over time, coffee, desserts from neighbouring Italian bakeries and TV became the social substitute for costume balls and languid West Coast brunches as Douglas became ill and his energy and movement slowed down considerably.

Ross, myself and his parents spent long hours by his side on the Palliative Care ward at St. Paul's Hospital. As weak and emaciated as Douglas became, he still retained his sharp wit and seemed to holding court as we hung on to his every sound and attempted to read his body language. Douglas died on February 10th with his partner and family by his side.

There was no one quite like Douglas Webb and I will miss him as a co-worker, a kindred spirit, a breakfast buddy to dish the details with at Hamburger Mary's and a man who taught me a lot about surviving with pride and dignity.

**Jackie Hegadorn**





## MARCO A. PIRRO - MARCH 1991

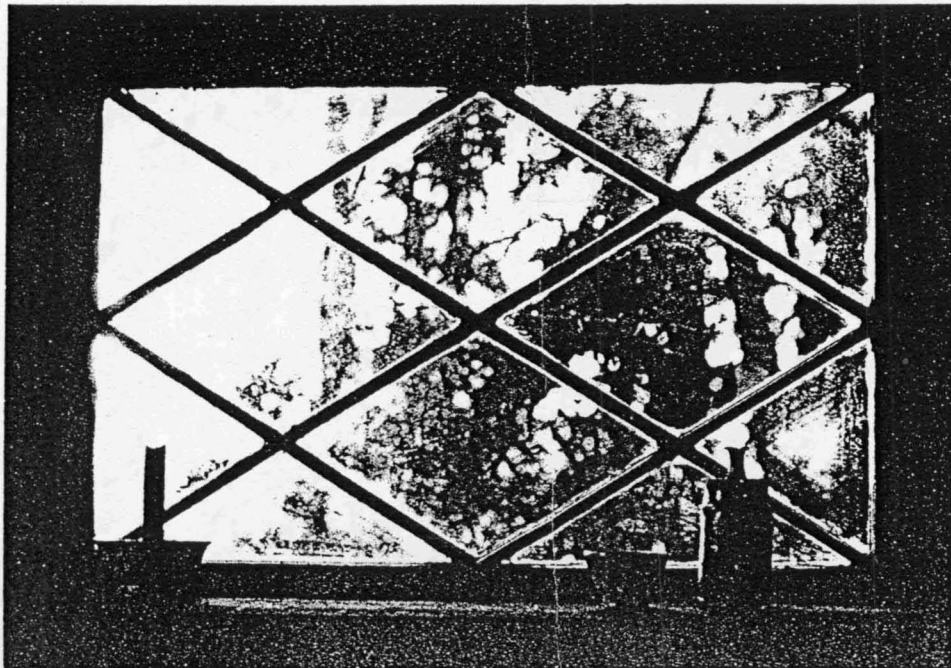
### THOUGHTS ALONG THE WAY

*I praise my dismay  
It tells me I am still here  
I bow before my sorrows  
It lets me know I am still real  
I acknowledge my limitations  
From that comes understanding  
I greet my tears  
They are very healing.  
M.A.P.*

We are saddened to report the death of one of our earliest members, former member of our Board of Directors, Marco Pirro. Marco was curious, relentless, dramatic, spiritual and a long-term survivor. He was instrumental in arranging our participation in the 5th International AIDS conference, researched treatments such as Thalidomide for throat infections which, thanks to his efforts, is providing relief for several members. He regularly wrote articles and poems for the Vancouver PWA newsletter and many of our readers will know him as "M.A.P." or "Mark". He was quick-witted, silver-tongued, and extremely intelligent, a student of Theology at the University of British Columbia. "He told me that I belonged in the universe. He was supportive and caring in helping me deal with the loss of my friend Fausto" says Yvonne Mallard, our office administrator.

Marco touched many lives and will be missed.

Douglas Starratt





## CORONATION BALL "BONGOS IN THE CONGO"

On Saturday, March 16, the Commodore hosted the 20th Coronation Ball, "Bongos in the Congo". The Dogwood Monarchist Society (D.M.S.) is to be congratulated for a fantastic event. The PWA Society toasts the D.M.S. for their never ending contributions (and complimentary tickets for our members). Special thanks to Marilyn O., Polly Ester, Arni, Bernaise, Zola, Easter and technical producers Gary Gilbertson and Darren Hales. Congratulations to Miss Willie and Doug Alexander de Vander Vogue for a great job done, and best wishes to Empress Myria le Noir and Emperor Gil Ferguson. Keep up the wonderful work.

Any members interested in joining the D.M.S. and having a say in the activities are encouraged to attend the Annual General meeting at the Dufferin Hotel, Hospitality Suite, Sunday, April 14, 1991 at 1:00. Again thanks to the D.M.S. for their continuing support.

Joe Ford



## EXPRESS YOURSELF!

The PWA Art Therapy group is meeting again. The focus of the group has shifted to working and experimenting with a variety of art media - i.e. sculpture using plastic and latex molding material, oil paint on canvas and papier mache. If you are interested call Noel at 685-5240. The group meets Monday night at 7:30 at Noel's.

We are also in need of a cheap or free studio space in the West End; if anyone has any ideas, please call Noel.

## HEALING CIRCLE

A new session of the Healing Circle is starting up on April 24th. Call Lela at 689-8476 to register.



## RECREATION PASSES

Vancouver Parks Board have some passes available for the use of their facilities.

For GAIN or HPIA recipients, a 6 month Swim-Skate Pass provides free-of-charge access to indoor pools, outdoor pools, and skating rinks. This is available through your Financial Aid Worker.

For persons with AIDS or symptomatic HIV infection we have forms to apply for a Facility Access Card that gives you half price admission to all Parks Board facilities. For information on Adapted Programs for physically disabled persons, call the Vancouver Parks Board Special Needs Consultant at 643-2874.

Douglas Starratt



## HIGH PRESCRIPTION DRUG COSTS

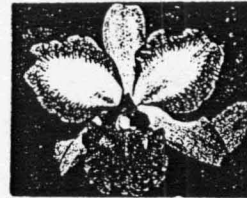
The Treatments Committee is investigating ways of obtaining full government coverage of the costs of perscription drugs for HIV/AIDS related prophylaxis and treatment. If you are in the position of having to consider giving up your job to go on welfare because you cannot pay your bills for drugs, there may be a way in which we can obtain assistance. Please leave a message for Stryker at the PWA office.



## HELPLINE

### Fundraising Volunteers Needed:

Penny Drive: Help us locate community business locations which would accept our placing penny jars within their stores where they can be filled up with the spare pocket change of their customers and patrons. Call Harry at 683-3381 with your scouted locations and also if you want to volunteer to help in this project. We need about 3 volunteers of whom at least one must have transportation.



## JOB POSTING

### Administrative Assistant

**Job Summary:** To provide Administrative Manager with support in clerical, accounting and various other duties.

**Reports to:** Administrative Manager

**Duties and Responsibilities:** Record donations and produce tax receipts and acknowledgement letters; handle approved cheque requisitions; perform bank deposits; maintain data bases for volunteer files, master mailing list, rolodex; perform delegated clerical and typing duties from Administrative Manager; supervise clerical project members with assigned duties; manage office in the absence of Administrative Manager.

**Qualifications:** Solid administrative support background in social service organizations; good working knowledge of RapidFile and WordPerfect 5.0; excellent clerical and data entry skills; good communication, organizational and supervisory skills; ability to work effectively with staff, volunteers and members; eligible for Employment Plus Program, i.e. currently receiving GAIN or HPIA.

Please send or bring in your resumes to Yvonne or the Personnel Committee, deadline is April 30.

## Staff Credits

### Editor:

Douglas Starratt

### Associate Editor:

John Liesch

### Art and Layout:

P. H. Lim  
John Liesch

### Typesetting:

John Liesch

### Proofreading

Douglas Starratt

### Copy Typists:

Nelson L.  
Paul Corbin

### Production Manager:

John Mackay

Many thanks to our production and assembly team for recent issues: Yvonne, Alan, Floyd, 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.

## NOTICEBOARD

**Blood testing date:** Tuesday, April 30. Please arrange for testing by noon, Friday, April 26. Fill in the application at the PWA office and/or leave a message for Stryker. I'm there Fridays, 10:00 to 1:00. Until further notice, blood testing will be done on the last Tuesday of each month.

**PWA bridge club** is meeting regularly Tuesday mornings: new members welcome. We need people who would like to play one evening a week. Lessons for new players arranged. Leave a message for Stryker at the PWA office.

**Rainbow Garden Club:** If you are interested in starting up a garden and could use some advice or if you are needing to have your garden, balcony plants or house plants maintained because you're not feeling quite up to the work right now, call Murray at 469-2531. This social club also enjoys monthly outings to gardens and places of botanical interest. Perhaps you'd like to join in?

**Volunteers requesting lunches:** Please phone in by 10:30 a.m. on the day that you are coming in and let switchboard know that you would like a lunch. We need to know how many lunches to order by that time of day. Thanks.

**Repairs and art work:** Car repairs and electrical - stereo equipment, VCR's, etc. Call Robert at 253-4323. Silkscreening - T-shirts, posters, banners. Call Phillip at 253-4323. Reduced rate for PWA members.

**Walk For Life '90 Walkers:** Please remember your promise. We want to complete the work of the Walkathon, but cannot do it until all the walkers' pledge sheets are in. Please send them to the PWA office at 1447 Hornby Street, Vancouver, V6Z 1W8 as soon as possible.

**Free car:** Two cars, needing work, have been donated to be given away to members. Anyone interested please contact Vancouver PWA Society Managing Director, Chris Sabeau, deadline 29 April 1991.

**Please recycle this  
newsletter. Share  
it!**

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 FAX 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.

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