



PRESIDENT'S MESSAGE



It's the end of the old year and the beginning of a new year. We said goodbye to many friends in 1991. On November 31, 1991, Douglas Starratt, our Editor for the Vancouver PWA Newsletter, died peacefully in St. Paul's Hospital. I was privileged to be there with his mother in her time of grief. We at the PWA Society will miss him. He was devoted to creating the best possible newsletter for all PWAs. For the past few months, Douglas was not well enough to participate in the newsletter but that did not deter him in his concern that we continue to publish for the needs of our readers.

Our "WALK FOR AIDS" was very successful this year because of the determination and devotion of so many. Thank you! Because of the money that was collected, we are able to hold our own and continue with our support programmes, as well as maintain our advocacy function, even in the face of a rapid increase in membership. I am hoping that we will be able to double our efforts and donations for the walk in 1992. Our goal will be \$400,000!

I have held the position of President for two months now. I would not be able to do the job if it were not for tremendous support from the members of the Board, the staff and the volunteers. It would be impossible for me to name all the people who have given so much energy, time and advice to help me. However, I would like to thank Steven for his help in setting up my filing system, Bob, who is able to make sense of my writing and type superb letters for me, and "the nurse from hell" Stephen, who makes sure I meet my acupuncture appointments.

I would like to wish you all a very HAPPY AND HEALTHY NEW YEAR. "I can't, but we can." Together, we can make an enormous difference.

Love and God bless...
Bryan Wade

Vancouver PWA

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1447 Homby Street, Vancouver, BC V6Z 1W8 Tel. (604) 683-3381 Fax (604) 683-3367

LETTER FROM THE VICE PRESIDENT

First off, I would like to wish all our Members, Volunteers and Supporters the Very Best Wishes for the New Year.

With Magic Johnson's announcement, the loss of a very important Board Member, Douglas Starratt, and a dizzying increase in membership, our office is working on constant overload. Our space is much too small, our volunteer involvement is not keeping up with the increase in members, our phones are constantly ringing, and our Board is struggling to meet all of the old and new demands.

In order to maintain our mandate, I appeal to you to consider donating a few hours to your organization. There are many, many different and exciting programs to be involved in. Not only would your help be appreciated, but you can get to know more about your organization and educate yourself about HIV/AIDS. The Vancouver PWA Society is recognized world-wide as a model group! We are striving to keep and improve our good reputation. We need your input and help.

Again, Best Wishes and Have a Happy and Healthy New Year.

Joe Ford
Vice President

LETTER TO THE EDITOR OF THE PROVINCE

November 15, 1991

The Editor,
The Province,
2250 Granville Street,
Vancouver, B.C. V6H 3G2

Dear Sir:

On November 13, 1991, I was interviewed on the telephone by Holly Horwood. A version of the interview appeared in your paper November 14, 1991, Section A26. I would like to draw your attention to a number of inaccuracies.

First, the headline states "Gay Group backs M.D. disciplined over sex". The Vancouver Persons With Aids Society is not a gay group. Quote: "The Vancouver Persons With AIDS Society exists to enable persons living with Acquired Immune Deficiency Syndrome and Human Immunodeficiency Virus to empower themselves through mutual support and collective action". Second, in the first paragraph it states that I am speaking for the gay community and this I did not do. In that statement it says the "gay community supports Dr. Bruce Douglas, disciplined for having sex with a male patient".

My statement was that I support the College of Physicians and Surgeons' decision concerning this matter.

Yours sincerely,

Bryan Wade,
President

AN EPIDEMIC OF A.C.R.O.N.Y.M.S.

There is a separate, specialist language of the AIDS subculture which must be mastered if one wishes to be considered AIDS literate. And this language contains a great deal of shorthand. To the uninitiated, hearing a conversation among urban gay men is like stumbling into a medical convention and being dazzled and dazed by an explosion of acronyms. Here are just a few one must recognize to be included among the AIDS cognoscenti: Ab+; Ab-; ACTG/ATEU; ARC; ASFV; AZT; CBC; CD4; CD8; CDC; CMV; ddA; ddC; ddI; DFMO; DHEA; DHPG; DNCB; DTC; EBV; ELISA; EPO; FDA; GM-CSF; HBLV; HBV; HIV; II, III, and IV, IL-1 and IL-2, IND; IVDAS or IVDUs; KS; LAS; LAV; MAI; NIAID; NIH; NK; OI; PCR; PCP; T4; TB; TNF; and WBC.

We're in the midst of an epidemic of acronyms. Whatever else AIDS may be, it is itself an acronym. When first introduced, AIDS used to be clearly identified as an acronym because it always appeared with dots: A.I.D.S. Then, consistent with the American tendency towards elision, reduction, and (over)simplification, AIDS rapidly dropped the periods and became a thing in and of itself. In Britain, except for the curious initial capital A, AIDS has lost all sense of ever having been an acronym; it is generally referred to as "Aids". (One never sees syphillis or gonorrhoea with an initial capital.)

The acronym epidemic threatens to get out of hand. We even have acronyms within acronyms, as in AIDS-Related Complex--which stands for Acquired Immune Deficiency Syndrome Related Complex. It verges on an infinite regress. ARC-related

symptoms actually translates: Acquired Immune Deficiency Syndrome Related Complex related symptoms. Another redundancy in common usage is HIV virus, which translates into "the Human Immunodeficiency Virus Virus". I propose that we insist on referring to "the human immunodeficiency virus" or "the HI Virus".

Is there anyone who can talk about AIDS and emerge from the battle unscathed? Probably not. We all want to control AIDS somehow, and at time language seems to be our only weapon. But we must not try to master AIDS by crushing its complexities, mysteries and terrors into convenient labels that roll trippingly and with false authority off the tongue. We must always speak fully and carefully about AIDS, even if that often requires a mouthful-cumbersome constructions full of words strung together by hyphens-to say precisely what we mean. The stakes are simply too high to do otherwise.

Michael Callen
PWA Coalition Newsletter #70

FROM THE EDITOR

We have been experiencing a few production problems, which have altered our appearance and delayed distribution. We apologize for any inconvenience. The good news is that by February we will be back on track, bringing you the latest news and info monthly.

Thank you for your patience and, as always, your support.

Howard E.
Acting Editor

PASSIVE EUTHANASIA

On February 4, 1992, Legislative Committee H will resume sitting in Ottawa to hear witnesses and make recommendations concerning placing Bill C-203 on the agenda of the House of Commons in the upcoming session. Bill C-203 is a private member's bill submitted by Robert Wenman, MP, Fraser Valley West. The purpose of this Bill is to protect a physician from criminal liability where the physician does not initiate or continue treatment at the request of the patient or where the physician does not prolong life, except at the patient's request. It is not intended to legalize euthanasia. The Bill would also protect a physician who administers pain killing treatment to a terminally ill patient even though the effect of that treatment will hasten death.

Letters, faxes and/or telephone calls to Committee members are very important at this point. The Committee Members, their parties, and ridings are as follows:

Ms. Kim Campbell (Justice Minister),
P.C., Vancouver Centre
Mr. Gilbert Parent (Chairman), Lib.,
Welland-St. Catharines-Thorold
Mr. Doug Fee, PC, Red Deer
Dr. Stan Wilbee, PC, Delta
Mr. Bob Kilger, Lib, Stormont-Dundas
Mr. Fred Mifflin, Lib, Bonevista-
Trinity-Conception
Mr. Chris Axworthy, NDP, Saskatoon-
Clark's Crossing
Mr. Jim Karpoff, NDP, Surrey North
Mr. Don Boudria, Lib, Glengarry-
Prescott-Russell
Mr. Ross Stevenson, PC, Durham
Mr. Dave Worthy, PC, Caribou-
Chilcotin
Mr. Derek Blackburn, NDP, Brant

Mr. Jim Hawkes, PC, Calgary West
Mr. Rod Murphy, NDP, Churchill
Ms. Nicole Roy-Arcelin, Lib,
Ahuntsic

They can be contacted by writing to them at the House of Commons, Ottawa, Ont. K1A 0A6. No postage is necessary on any correspondence to any member of parliament.

This article does not reflect any position of the Vancouver P.W.A Society on the issue of euthanasia. It is presented for information only.

Tom Mountford
Long Term Care

TAXI SAVER PROGRAM

BC Transit recently introduced its Taxi Saver Program, modeled after those of Seattle and San Francisco. Under the program, any holder of a Handy Pass may purchase up to two books of tickets per month. Tickets come in denominations of \$5, \$2, and \$1. A book valued at \$40 is sold for \$20, and the tickets can be used like regular currency when paying cab fare. The passenger must show his/her Handy Pass to the driver when paying his/her fare with tickets.

AIDS TREATMENT HIGHLIGHTS

NEW TESTING PROCEDURES AT ST. PAUL'S!

We were recently informed of a change in testing procedures which could mean a drop in T-cell counts. It is very curious to this seropositive body that this information was not disseminated widely in advance of the change. T-Cell numbers become very important when trying to decide the time for anti-retroviral therapy.

When researchers want adequate data to assess the usefulness of experimental substances they may look for viral load in the blood or levels of P24 Antigen and levels of Beta-2 Microglobulin, along with the T-cell subsets and others.

For some people this drop in numbers may have carried them over the threshold at which PCP prophylaxis is recommended; or maybe carried them below the threshold of 50 T-cells, when the potential for the development of opportunistic infections is most threatening.

The day a person receives a positive HIV test is usually a day that stands out in stark memory. The first thought is an intense desire and need to know where one is on the HIV continuum. An experienced physician might be able to lead a patient beyond a solitary low T-cell count to realize all the other factors which come into play for HIV disease, but I think it is fair to say that for patient and practitioner alike many therapeutic decisions and, indeed, decisions

about life itself are made on the basis of these T-cell numbers.

The bottom line is that there are lab tests such as quantified P24 Antigen, Beta-2 Microglobulin and Serum Neopterin which are not available to all people with HIV and whose predictive value for disease progression has been confirmed. We need a more defined model for diagnosing the state of a person's HIV infection and a better understanding of the importance of certain numbers to people living with HIV infection. It would seem reasonable to expect a standardized model for testing from physicians and the Provincial Department of Health. This would give people living with HIV a better chance to gauge changes in their health.

Treatment Information Committee

CLINICAL TRIALS:

Canadian HIV Clinical Trials Network
Community Groups Presentation

On October 10/91 in Toronto, the Canadian HIV Clinical Trials Network hosted a workshop of HIV community groups, physicians and researchers. The thrust behind the formation of this workshop was to provide an opportunity for these different players to share ideas and dialogue on the processes by which clinical trials work and how to improve the effectiveness of, and accessibility to clinical trials.

Dr. Reudy provided an update on the activities of the HIV Trials Network during its first year of operation. He feels that we in Canada still have a long way to go in order to

place ourselves at the forefront of clinical research around the world. Dr. Zarowny discussed some of the difficulties involved in negotiations with study sponsors, development of trial protocols, scientific and ethical review, and recruitment into trials.

A representative of the Canadian AIDS Society, representatives of AIDS ACTION NOW and the Vancouver PWA Society made presentations on community-based participation in clinical trials. HIV Community groups across the country can be more involved in the decision-making process through participation on ethical review boards, and by providing consultation in protocol development, participating on the scientific committee of the Canadian HIV Trials Network, and helping to identify new research priorities.

The community directly affected by these decisions, namely those of us living with HIV, can provide valuable input as the research community defines its goals. Some of the ideas put forth by the Vancouver PWA Society centred on the main needs of the people affected by HIV, trying to capture the sense of anger and frustration at national research efforts which fall short of addressing the complications and urgency of HIV infection.

We again pointed out the lack of provincial and national standardization in testing procedures for assessment of an individual's progression on the HIV continuum and the most effective management of opportunistic infections. Especially important to this concept is the CDC classification system for AIDS, which presents problems for women with HIV whose defining symptoms, such as vaginal candidiasis, are not included in the present definition. Also, there can be problems for

individuals with the arbitrary nature of exclusion criteria for clinical trial design that are interwoven with the choice of surrogate markers for disease progression.

It was also pointed out that women are often excluded from trial designs and it is hoped that future protocol designs would be less restrictive to women.

In other ways, as well, more restrictions may be experienced in the Canadian studies when trial designs arrive 'ready-made' from U.S. companies. This could, for instance, limit our ability to ensure the inclusion of open arms in the trials, an issue that could be at least tackled after discussion in which it is understood why these elements in trial design are so important to those in the HIV community.

The next major point put forth was that a better information flow between people with HIV, their community groups and the researchers and drug companies would improve both people's access to new treatments and facilitate recruitment procedures for the researchers.

We need to have on-stream the national information system that will provide new treatment information to the community and to HIV primary care physicians in all areas of the country.

It is encouraging to see that participation by the community in decisions that will direct the research on HIV is being sought by the main players in the medical and research community. The challenge for the future is to see new areas of research explored and to offer greater access to and understanding of the research mechanisms that

bring new and promising treatments into our lives.

BUYER'S CLUBS

Many people have been looking for information on Buyer's Clubs, the system by which individuals combine funds with others to purchase alternative therapies. Below are some addresses for some of the larger Buyer's Clubs in the U.S., for those who would like product lists, prices and membership information.

Note: Not all 800 telephone numbers are accessible from Canada. You may have to go through a long distance operator to find the number.

DALLAS BUYER'S CLUB
2306 North Prairie
Dallas, Texas USA 75204
Phone (214) 826-7455

HEALING ALTERNATIVES FOUNDATION
1748 Market Street
San Francisco, CA USA 94102
Phone (415) 626-4053

PWA HEALTH GROUP
Box 234
70-A Greenwich Avenue
New York City, NY USA 10011
Phone (212) 532-0280

LOS ANGELES BUYER'S CLUB
Phone (213) 748-1143

AIDS Manasota
Sarasota, Florida (813) 954-6011

Alliance 7 Buyers' Club
3115 Gregory St.
San Diego, CA USA 92104
(619) 281-5360

Atlanta Buyer's Club
PO Box 77003
Atlanta, GA USA 30357
(404) 874-4845

Carl Vogel Foundation
Washington, D.C. (202) 293-5153

Healing Alternatives Foundation
San Francisco, CA (415) 626-4053

PWA Health Alliance
Ft. Lauderdale, FL USA
(800) 447-9242

CHINESE HERBS STUDY:

Preliminary Observation on the
Clinical Effects of Chinese Herbs on
ARC* and AIDS

Jianzhong Shen, M.D., Vancouver
Persons with AIDS Society
George Jiaqi Shen, M.D., Shanghai
College of Trad Chinese Medicine

The authors reported the clinical results of the treatment of fifty ARC and AIDS patients with chinese herbal compounds. The patients were categorized into clinical stages according to WHO Staging for HIV Disease (1989), and were also categorized into clinical patterns according to Traditional Chinese Medicine (TCM) theory and with the consideration of AIDS being a serious viral disease. Herbal compounds were designed in accord with the clinical patterns, and were manufactured in refined and concentrated processes from a herbal pharmaceutical factory. The compounds were given in the forms of powders, tablets and capsules.

The PWA society is a people's association organized for helping AIDS persons. Patients participating in the clinical trial paid for their own treatment, since the medical expenses on herbals were not under government medicare. The PWA society covered a part of the expenses for those who were unable

to afford the herbals. Forty-nine male and one female patient entered the trial. The duration of the disease ranged from 2-5 years. Clinical staging showed there were 4 cases in Stage I, 16 in Stage II, 27 in Stage III, and 3 in Stage IV. For TCM Patterns, 11 cases belonged to Pattern I, Spleen Deficiency with Wetness Obstruction (SDWO); 16 cases in Pattern II, QI-YIN Deficiency of Lung and Kidney (LKQYD); 20 cases in Pattern III, Liver & Gallbladder Wetness & Heat (LGWH); 3 cases in Pattern IV, Obstruction of Meridians with Evil Toxicant (OMET).

Symptomatological relief has been remarkable: 56.5% had marked improvement, 36.6% had moderate improvement, and 6.9% failed to have any improvement. Improvement in blood findings in monitored cases were as follows. Ten cases of leukemia and anemia were improved in blood counts after receiving herbal treatment for three to five months, no change in 1 case. Five cases with low CD4 counts were improved, no change in one case, and further decline was noticed in another case.

Analysis of distribution of CD4 values disclosed that among the four TCM patterns, it was clearly shown that Pattern I, supposed to be the relatively early stage, had a normal value (640.0 ± 232.0), the next lower value was seen in Pattern II (410.0 ± 169.41), and Patterns III and IV had a low value below 200 (146.28 ± 75.10 in III, and 196.66 ± 25.16 in IV). Except that between III and IV, the differences in CD4 counts were statistically significant. It disclosed that the clinical patterning we designed was in accord with the course of the disease, thus the patterning system might provide a practical value in the assessment of HIV disease.

The authors concluded that the clinical trial confirmed the real

therapeutic effectiveness of chinese herbals in the treatment of HIV disease, especially for their antiviral and immuno-modulating actions. Current experimental researches on AIDS with chinese herbs will further help to clarify the scientific background of these herbs in the treatment of HIV positive, ARC and AIDS disease.

**The term ARC is not in common use today (1992). Acute HIV Infection is used instead. Prior to 1989, when new parameters were drawn, this term was in common usage and had specific meaning.*

IMMUNE MODULATOR FLOPS!

STATEMENT ON IMUTHIOL BY THE MANUFACTURER

The Pasteur Merieux Pharmaceutical company has issued statements through Connaught Labs, the U.S. representatives for Merieux, that the immune modulator Imuthiol or ditiocarb could not be said to cause any benefit as preliminary data from their trial is examined.

According to Dr. Jean Caraux, a Merieux representative overseeing the large French trial with 1,550 people, serious questions have been raised about Imuthiol's efficacy. Indeed it was suggested that those on the drug may have progressed faster (on the HIV continuum) than those on placebo. Merieux stated that they will encourage regulatory agencies in New Zealand, the only country where the drug has been approved for AIDS, to stop selling the drug for that indication. The drug has been available in the U.S. and elsewhere through Germany and New Zealand and sold by buyer's

clubs. Imuthiol had been receiving much favourable press so this was a surprise. We will be looking for further updates from drug access news.

MEXILETINE:

NEW DRUG FOR SYMPTOMS OF PERIPHERAL NEUROPATHY

Mexiletine, a commonly used anti-arrhythmic (cardiovascular) drug, may show some promise in the treatment of the symptoms of peripheral neuropathy.

Preliminary reports show results of substantial relief from neuropathy symptoms. Another potential treatment for neuropathy symptoms is Capsaicin, which is the component of hot peppers which makes them hot. Capsaicin is applied as a cream and comes in two strengths.

Information from a Phase I trial of Mexiletine was presented at Florence and we will be watching for the results from Phase II trials. If anyone out there has some experience with either Mexiletine or capsaicin we would like to hear from you at the Treatment Information Project.

NAC:

N-ACETYL-L-CYSTEINE

NAC is the N-acetyl-L-cysteine derivative of the naturally occurring amino acid cysteine. Aerosolized NAC is commonly prescribed as a treatment for bronchitis.

NAC, along with beta-carotene and vitamins C and E, is an anti-oxidant. This is a substance which counter-acts the effect of

highly reactive chemicals called free radicals. There is an excessive production of free radicals by body cells when in the presence of viral infection. Researcher M. Roederer reported that NAC blocked the effects of Tumor Necrosis Factor (TNF) in HIV-infected cells. TNF levels are elevated in HIV+ people and have been associated with accelerated HIV replication, as well as the wasting syndrome.

NAC has also been shown to raise intra-cellular glutathione levels, which are often depressed in people with HIV infection. Glutathione is a vital biological oxidation reduction agent necessary for energy generation. Presently, a trial of NAC is being enrolled by NIAID at the National Institutes of Health campus near Washington, D.C. It is sponsored in part by Zambon Corporation of New Jersey, a subsidiary of the Italian pharmaceutical company that is developing NAC as a possible HIV treatment.

NAC is considered a non-toxic treatment with infrequent reports of nausea, fever and vomiting. NAC is available by prescription and is marketed in Canada by Bristol Laboratories in a liquid form called MUCOMYST (30 ml bottle). It is available through buyer's clubs also and may come in capsule form.

We will be following the literature for any new information on NAC.

LYMPHOMA:

NEW AGENT UNDER STUDY

Anti-B4 blocked ricin, or Oncolysin B, is a new drug now entering Phase I and II trials to treat HIV-associated lymphoma. Lymphoma

is usually treated with conventional chemotherapy drugs and radiation.

Oncolysin B was developed by ImmunoGen Inc. of Cambridge, Massachusetts, which already has the drug under study for the treatment of certain leukemias and non-AIDS related lymphoma. In those trials, Oncolysin B has been found not to decrease white blood cell counts, which is one of the serious drawbacks of more established therapies.

From an article by Denny Smith
AIDS Treatment News #136, Oct. 11/91

FOSCARNET:

VS. GANCICLOVIR IN CMV RETINITIS TREATMENT

Results of a 16 month study with 240 patients comparing the two approved drugs for CMV Retinitis showed that Ganciclovir and Foscarnet were equally effective in treating this eye infection. Treatment with Foscarnet, however, seemed to extend survival time. The study was directed by Dr. Douglas Jabs of the Johns Hopkins School of Medicine.

What cannot be answered from this study is whether the survival difference was due to a direct anti-HIV effect of Foscarnet or due to the sub-optimal anti-retroviral therapy of the patients receiving Ganciclovir, who often cannot use AZT.

On Sept. 27, the FDA approved Foscarnet for CMV Retinitis. The approval does not include other important uses of Foscarnet such as treatment of CMV in other organs and

treatment of Acyclovir-resistant herpes.

ACT-UP/New York, in its *Treatment and Data Digest #113* (Oct. 21/91) calls the Foscarnet refrain "your eyesight or your life", in response to the exorbitant cost of the drug of approximately \$30,000 a year.

DHEA:

PROGRESSION TO AIDS ASSOCIATED WITH ADRENAL HORMONE

A study carried out by Mark Jacobson at UCSF has identified low blood levels of the adrenal hormone DHEA (dehydroepiandrosterone) as a predictor in HIV disease progression.

The study found that people with HIV infection who also had low DHEA levels have more than twice the risk of developing AIDS in the next three and a half years. Dr. Jacobson emphasized that this is a preliminary report only and that further research is needed.

In trials of EL-10, which is an analogue of DHEA, a San Francisco cohort of 28 subjects experienced some improvement over baseline in 2 out of 3 immunologic tests (Dyner T. et al., Phase I study).

In a Community Research Initiative Trial in New York, neither side effects nor clinical improvement was observed in 10 patients over a 16-week course. There should be further news on DHEA as the main body of research is slated to be published soon.

HYPERICIN UPDATE

A Phase I trial of Hypericin started in October at New York University with 32 HIV+ participants with less than 300 T-cells. Phase I trials determine toxicity levels and dose range. Similar trials will begin also in Boston and Minneapolis. It is hoped that Phase II studies could begin by early in the New Year.

Hypericin is presently available in health-food stores and from buyers' clubs in a form called St. John's Wort. We do not know if this form delivers an effective antiviral dose but anecdotal reports suggest benefits such as increases in energy levels, decreased depression, and some increases in T-cell counts.

NOTICE TO MEMBERS

It would be helpful if any members who have had problems accessing drugs, or a problem with Pharmacare paying for certain drugs, would write down the particulars of their experience for the Treatment Information Project. For those wanting some general information on the current status of drugs listed with the Emergency Drug Release Program, there is a handout file available at the office.

A DROP IN HELPER CELL COUNT!

Please don't be discouraged. Dr. Lawrence Halsey, immunologist at St. Paul's Hospital, has explained that

St. Paul's Hospital recently changed its method of counting helper/suppressor cells. Apparently, this new method is more specific and meets necessary standards across Canada and the United States. So, EXPECT a drop in helper cell (T4; CD4) count of at least 17%. This new method went into effect just after Thanksgiving (October 14, 1991). The higher the count, the more dramatic will be the drop in absolute count. Previously reported normal range of helper cells was 430 - 1360. The new normal range is 360 - 1360.

What does this mean? Does it mean that as of October 14, 1991, you are actually sicker than you really thought you were, based on a lower T4 count? Clearly, IT DOES NOT!

At the recent 5thth AIDS Conference I learned that a single specimen of blood, sent to three different hospitals in San Francisco, had reported helper cell counts of 200, 400, and 700! Putting all this information together, the helper cell count is a somewhat arbitrary value. The concept that if one has a count greater than 500, one is healthy, and if the count is below 500, one is sick and must go on treatment (i.e. anti-retroviral therapy) MUST be abandoned. The helper cell count is only one parameter of assessing progression of HIV disease.

Many doctors in BC may not be aware of the recent changes for counting helper cells at St. Paul's Hospital. It may take several months for physicians and those who are HIV+ to gain experience in interpreting these "new" helper cell counts.

Dr. Richard W. Taylor, M.D.

HELP! WHAT HAPPENED TO MY HELPERS?

Dr. Richard Taylor has kindly written us a letter concerning new standardized T-4 cell testing at St. Paul's Hospital. The change put me through the roof. It took Peter from the PWA Treatment Information Project twenty minutes to calm me down. Let me share.

My T-4 count on Sept. 30 was 110; 17% lower. That might not make me any sicker, but it puts me one third closer to the "50 marker gate of hell", beyond which "everyone knows" people get sick and die.

FACTS:

1. It means that we have to get used to a new system.
2. It could mean that our T-4 counts have been exaggerated.
3. It could mean that the markers have been set too high.
4. The change might not necessarily mean that you or I are any closer than we thought we were to getting sick. It's probably like going from pounds to kilograms and getting better scales, both at once.

The lab results and the markers used in other parts of the world can't be directly applied here, anyway. The progress of this disease is different here than it is in San Francisco or New York or Uganda. We have Medicare and we have the BC medical community and we have the PWA. BC experience with HIV is based on BC patients. We can expect changes in the markers, such as the one for starting antivirals. It may one day be as soon as one tests positive. Nobody wants to go back

to, "Come and see me when you get sick".

IF YOUR NEXT T-4 COUNT HAS DROPPED BY LESS THAN 17%, IT COULD BE AN IMPROVEMENT. IF IT'S DROPPED BY MORE, IT MAY BE AN ACTUAL CHANGE OR A TEST COUNT DEVIATION.

We'll keep you posted, as we get more information. But, if you're worried, phone or come and talk to someone from the Treatment Info Project: Arn, Brad, Doug, Gordon, Peter, Robert or Steve.

Love, Stryker

VIDEX (ddI) AVAILABILITY

In the early part of November, Bristol-Myers Squibb notified all concerned parties that the Videx (ddI) Compassionate Use Program would come to an end as of December 10, 1991. At that time, Videx would no longer be provided free-of-charge and would have to be obtained through normal distribution channels. The unit cost of the medication, when purchased directly from the manufacturer, is as follows:

Videx 150 mg	\$2.250
Videx 100 mg	1.500
Videx 50 mg	.750
Videx 25 mg	.375

Videx has been added as a Pharmacare benefit, to be handled in the same manner as AZT, through St. Paul's Hospital. Patients would be subject to screening and satisfying the protocol established by the Centre of Excellence. Videx should be available through any community pharmacy that chooses to order the drug. Any medication obtained through a community pharmacy,

however, would be subject to the usual Pharmacare eligibility requirements.

Paul Harris. Ministry of Health. Pharmacare

NOTE: In other words, for those not on social assistance, let your pharmacist know to order through St. Paul's. Cost to you will only be 20% of the normal amount. There is a \$375.00 deductible so keep all receipts. You will be reimbursed for 80% of anything over \$375.00.

ddI/DAPSONE ABSORPTION NOTICE

Now that ddI has been licensed and more people are taking this drug, the Treatment Information Project would like to repeat the following warning:

Some people taking Dapsone and ddI simultaneously have developed PCP. If they are swallowed at the same time, the Dapsone may not be properly absorbed. Drugs such as Dapsone require an acidic environment to be properly absorbed; the alkaline buffer in ddI might neutralize the natural acid in the stomach.

Jacobus Pharmaceutical has issued a letter recommending that Dapsone be taken 2 hours before taking ddI or 2 hours after taking ddI. Under these circumstances, Dapsone should work as well as it usually does.

COMBINATION THERAPY

Confused? Well, join the club. But for new information on combination trials and their results, just ask for the new treatment handout at the office.

LIVING WITH HIV:
Call for Submissions

Are you HIV positive? Got something to say about it?

FUSE wants to hear from you!

FUSE is a non-profit alternative arts magazine that has published for fifteen years. We have consistently covered events and issues from feminist, lesbian and gay, labour, and people of color communities. We are planning a special issue for late spring of 1992. All contributions will be from people living with HIV.

We are looking for personal essays, critical pieces, non-fiction, illustrations, photo-collages, pictures, snap-shots, etc. The only thing we don't publish is fiction and poetry.

Submissions can be made anonymously.
Deadline is March 2, 1992.

FUSE MAGAZINE, 183 Bathurst St.,
Toronto, ON M5T 2R7 (416) 367-0159

ANGIOGENESIS INHIBITORS:

New Approach to Cancer, K.S.
Treatment

An entirely new kind of cancer treatment has been successful in animal tests and is now being prepared for human trials. This new class of drugs works by blocking angiogenesis--the growth of blood vessels which tumours need to nourish themselves. These drugs may be useful against most if not all solid tumours, whether AIDS-related or not, and also against KS.

The two leading drugs of this class are: (1) AGM--1470, being developed at Harvard Medical School, in cooperation with scientists at Takeda Chemical Industries in Osaka, Japan, and (2) SP--PG, developed by Daiichi Pharmaceutical Co. Ltd. in Tokyo, and tested on KS in animals by Robert Gallo and others at the U.S. National Cancer Institute.

NOTICE TO WOMEN MEMBERS

If you have any specific questions on clinical manifestations of HIV in women or would like up-to-date treatment and drug trial information, please contact Jackie, Support Manger, or Brad with the Treatment Information Project.

3TC QUESTIONS

If you need further information regarding the new anti-retroviral 3TC, which is being studied at St. Paul's Hospital, the complete 81 page protocol is available at the PWA office from the Treatment Information Project.

HEPATITIS-A UPDATE:

DOUBLED HEPATITIS-A INFECTIONS
REPORTED IN TORONTO

In the "Medical News" column of Xtra Magazine, Sept. 27, 1991, Dr. Jamie Uhrig says that about 100 men were infected with the Hepatitis-A virus in the first seven months of 1991--more than double the number of cases during the same period last year.

Other cities such as New York and Denver are experiencing the same increase in infections with this virus.

Prevention includes careful sex with no fecal-oral contact and good personal hygiene. Symptoms of Hepatitis-A infection may include nausea, vomiting, appetite loss, muscle pains and jaundice (yellowing of the skin and eyes; also, urine becomes darker and stools become lighter in colour).

An injection called immune globulin may curb infection if it is given early enough, or at least lighten the infection.

WE'RE OPEN:

Mondays to Fridays 10 AM to 5 PM, Saturdays 11 AM to 3 PM, closed Sundays and Holidays; Admin. Office open weekdays only. Drop-in lounge: juices, freshly brewed Starbucks' coffee and other goodies when available. Library: books, periodicals, audio and video cassettes, reference material, treatment/drug info, women & HIV/AIDS info, etc. Peer counselling: no appointment necessary, call the Peer Counselling Helpline 687-4792 for info, to talk to a Peer Counsellor; collect calls accepted from BC only. Complementary Health Fund (CHF) reimbursements: if requisitions are in by 11 AM, cheques will be ready by 3 PM; call the Administrative Manager for info.

OTHER PROGRAMS/SUPPORT PROJECTS OFFERED BY PWA AND OTHERS: (call PWA at 683-3381, Fax 683-3367, unless other number(s) noted):

Blood Testing: For Members only. Call PWA for info. Applications available at PWA reception.

Complementary Health Fund: Call or write Support Manager at PWA for eligibility, policies, procedures.

Complimentary Performance Tickets: Call James N. or Support Manager at PWA for availability.

Debtors' Assistance: Free for full Members, debt counselling by appointment only, 1st Thursdays of each month 6:30-9:30 PM. Leave message for Bob, the Debt Counsellor, at PWA switchboard.

Food Bank: For PWA/HIV+'s. Sponsored by AIDS Vancouver. Call A/V Client Services 687-2437 for info on pick-up. Home delivery based on need.

Furniture/Clothing Exchange: Call Harry at PWA for info. or leave message for Kay H. or Brian S. at PWA. We can no longer assist in moving. Need Volunteers with moving

vehicles. Also household items and clothing accepted.

Helpline: Call 687-4792 to talk to a Peer Counsellor. Collect calls accepted from BC only.

Home Visits: Call Peer Counselling Helpline 687-4792 for home visits/counselling.

Hospital Visits: Call Peer Counselling Helpline 687-4792 for hospital visits/counselling.

Housing Rental Subsidy: Application forms available at PWA reception. Leave message for Phillip C. at PWA for info. Cheques ready for pick-up after 3 PM on the 3rd last working day of the month. Available 1991: December 20, 23 and 24 (cheques dated December 27); 1992: January 29, February 26.

Income Tax Preparation Assistance: Free for full Members. Call Stryker at PWA for info. and appointment.

Library: Call Ted E. at PWA for info., to join, etc.

Loan Cupboard: Ambulatory aids available. Wheelchairs, walkers, canes, etc. Also limited medical supplies. Stored at AIDS Vancouver, 1272 Richards. Sponsored jointly by AIDS Vancouver and PWA. Call A/V Client Services 687-2437, Fax: 687-4587 for info. Please return items to A/V directly.

Massage Therapy: Free for full Members. Call Bart Malone 872-4323 for info and location.

Meals-On-Wheels: For home-ridden PWA's. Call A/V Client Services 687-2437 for info, availability, etc. Sponsored by the Vancouver Meals Society and Easter's Sundays. Call Easter 682-MEAL (682-6325) to join, volunteer, etc.

Medical Forums: Call Arn S. at PWA for info, time, location, etc.

Peer Counselling: Call Michael D. or Xavier at PWA for info, to join future orientation sessions, etc.

Retreats/Day Trips: Check with PWA switchboard for any upcoming outings. Watch for MURDER NIGHTS!

Speakers' Bureau: Call Joe F. or Barry B. at PWA for info. to join or to arrange for PWA speakers.

Switchboard/Reception: Call Quita at PWA to volunteer.

Treatments' Information: Call Arn S. at PWA for info. and volunteering.

Volunteer Intake: Call Tom M. at PWA for volunteer info. Application forms at PWA reception.

Volunteer Meals: Supplied at office for all Volunteers working 3 hours or more on approved projects. Call PWA switchboard before 10:30 AM to order. Also on Saturdays.

Walk For AIDS '92: Sunday, September 27th 1992, Stanley Park. Call Greg or Garry at 688-WALK (688-9255) (FAX 683-3367) for info.

ONGOING EVENTS

MONDAYS

Hairstyling: Free for full Members, PWA boardroom, 10 AM to 2 PM. Sign-up sheet on PWA lounge bulletin board. Facilitated by professional hairdressers. Please come with freshly washed hair. By appointment only.

Acupuncture (non-invasive): Free for full Members at PWA boardroom, 2-4 PM. Sign-up sheet at PWA reception. Call Steve M. at PWA for info. Available January 6, 13, 20 and 27, February 3, 10, 17 and 24. By appointment only.

Aboriginal Peoples' Support Group: All welcome. Of special interest to persons concerned with HIV/AIDS issues. PWA lounge 5-7 PM. Call Alan K. at 1-800-395-1257 or James L. at PWA for info. Informal and confidential. Available January 6, 13, 20 and 27, February 3, 10, 17 and 24.

Legal Clinic: Free for full Members at PWA offices, 7-9 PM. Call Jackie at PWA for appointment. Available January 20 and 27, February 3, 10, 17 and 24. Operated by the Greater Vancouver Legal Advice Society. Provides law students supervised by practicing lawyers. Advising on wills, powers of attorney, GAIN, CPP, pension appeals, civil rights, family and criminal law, etc.

Buddy Support: For Buddies of PWA's. Sponsored and held at AIDS Vancouver, 1272 Richards, every second Monday, 7-9 PM. Meeting January 6 and 20. Call A/V 687-5220 for info.

TUESDAYS

Touch for Health: Free for full Members, PWA boardroom, 10 AM to 3 PM. Facilitated by Certified Instructor. Sign-up sheet at PWA reception desk. Available January 7, 14, 21 and 28, February 4, 11, 18 and 25. One hour sessions. By appointment only.

"Living in Each Moment" Meditation Group: Open to people living with HIV, friends and supporters. For info., time and location call Kristin 872-0431.

"Living with AIDS" Therapy Support Group: Open to persons with AIDS diagnosis. Sponsored by PWA. Duration: 8 weeks. Call Jackie at PWA for info. on next group, location and registration.

Women and HIV/AIDS Support Group: For HIV+ women seeking info. and peer support. Drop-in held at #302-1720 Grant Street (at Commercial Drive), 1st and 3rd Tuesdays, 7-8:30 PM. Call 255-9848 (during drop-ins) or Jackie at PWA for info. Children welcome. Se habla espanol! Por favor, llama por adelantado si necesitas que hablen espanol contigo.

WEDNESDAYS

Support Committee Meetings: All Society Members welcome and encouraged to participate. PWA boardroom, 11 AM sharp. Meeting January 8 and 22, February 5 and 19. For info. call Tom M. or Support Manager at PWA. Develops and facilitates support services. Projects include retreats, outreach and support groups, blood testing, drop-in lounge, library resource centre, peer counselling, helpline and many others.

Chinese Herbal Medicine: For Members only. Consultations at PWA boardroom, 2-7 PM. "Wait listed" sign-up register at PWA reception. Call Stephen M. at PWA for info. Sponsored by PWA, facilitated by a professional. By appointment only. Available January 8, 15, 22 and 29, February 5, 12, 19 and 26.

Partners and Friends of Persons with HIV/AIDS; Family and Friends of Persons with HIV/AIDS Support Groups: All welcome. Sponsored by AIDS Vancouver. Groups meet separately at St. Andrew's-Wesley Church Education Centre, 1020 Nelson (at Burrard) - rooms to be posted - 7:30-9:30 PM. Call A/V Helpline 687-2437 or Joy Moon 299-4828 for info.

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

North Shore Support Group: All welcome, not limited to North Shore residents. Meets 2nd and 4th Wednesdays in a North Shore home, drop in, voluntary assistance. Open to those who are HIV+ or have AIDS, their family, friends, supporters in informal surroundings. Confidential atmosphere for discussion of related topics, seek mutual support, exchange ideas, make new friends, etc. Call Merv 986-2127, Quita 926-2633 for info., times,

locations, etc. FAX 926-6751. Transportation can be arranged. North Shore Men's Living Positive Support Group: HIV+/AIDS infected men only, not limited to North Shore residents. Meets 1st and 3rd Wednesdays in a North Shore home, drop in, voluntary assistance. Informal surroundings. Confidential atmosphere for discussion of related topics, seek mutual support, exchange ideas, make new friends, etc. Call Merv at 986-2127 for info., times, locations, etc. Fax 926-6751. Transportation can be arranged.

THURSDAYS

Therapeutic Touch Sessions: Free for full Members, PWA boardroom, 1-3 PM. Available January 9, 16, 23 and 30, February 6, 13, 20 and 27. By appointment only. Call PWA for info. Sign-up sheet at PWA reception. Art Therapy Support Group: Free for full Members, 7-9 PM. Facilitated by a student of the Vancouver Art Therapy Institute. Limited to 8 participants. Call Jackie at PWA for info. and location.

"Get Over It" Alcoholics Anonymous Meeting: All welcome. Drop-in, 12-step program, PWA lounge, 7-8 PM. Call PWA for info. Of special interest to HIV/AIDS concerned persons.

"Body Positive" Support Group: All welcome. Sponsored by AIDS Vancouver. Drop-in at Christ Church Cathedral, 690 Burrard (at Georgia), 7:30-9:30 PM. Leave message for Ken Mann at AIDS Vancouver 687-5220 for info. For those testing HIV+ a confidential discussion group. PLEASE NOTE NEW LOCATION.

"New Hope" Narcotics Anonymous Meeting: All welcome. Drop in, 12-step program, PWA lounge, 8:30-10 PM. Call PWA 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. 1st and 3rd Thursdays 7:30-9 PM at St. Andrew's - Wesley Church's Education Centre 1020 Nelson (at Nelson). Call Joy Moon 299-4828 for info.

FRIDAYS

Advocacy Committee Meeting: All Society Members welcome. PWA Boardroom, 11 AM sharp. Meeting on January 10 and 24, February 7 and 21. Call Alan K. or Advocacy Manager for info. Deals with access to treatments, human rights, political and legal issues, etc. Issues include external and media relations, speakers' bureau, drug treatment/trial info., medical forums, etc.

Acupuncture (non-invasive)/Chinese Herbal Medicine: 2-7 PM, PWA boardroom. See Mondays and Wednesdays for info.

Qi Gong: Free for Members. Traditional Chinese Medicine exercises. From 7 PM at St. Paul's Anglican Church, 1130 Jervis (at Pendrell). Facilitated by a professional. Call Steve M. at PWA for info.

SATURDAYS

PWA Body Positive Drop-In: Open to all Members. Ideal for out-of-towners or those working weekdays. Library resource centre open. Peer counselling available, no appointment necessary. Drop in held in PWA lounge, 11 AM - 3 PM, no facilitator on duty. Call PWA for info. Juices, freshly-brewed Starbucks' coffee and other goodies when available.

"Friends For Life" Heterosexual Support Group: All welcome. Meets at a North Shore home, 7 PM. Not limited to HIV+/AIDS infected. Call Quita 926-2633, Fax 926-6751 or Tom M. at PWA for info., location, etc.

SUNDAYS

Surrey Living with HIV Support Group: Not meeting until further notice. Leave message for James L. at PWA for info.

KUDOS

To Maria Chu and Chris Wong of AIDS Vancouver for their invaluable contribution and personal effort beyond the call of duty searching for volunteers for the WALK FOR AIDS '91.

To Terry Wallace, the staff and all others involved at Papa's Lounge of the Royal Hotel for donating a portion of each beverage sold the day of the WALK FOR AIDS '91. Thank you very much.

Special ones to Roy and staff of Pastameli's at Denman Street for donating food for "A Night to Remember II: A Fiesta" held at the Vancouver Art Gallery as part of the events surrounding WORLD AIDS DAY and DAY WITHOUT ART.

To the donor who works "for Health & Welfare Canada in the Income Security Programs section ... We're just a small unit & recently we had a bake sale. We raised \$100 & would like to give this to you to help (in a small way, I know) in the fight against AIDS." And to the donor who said "Thanking you for all the good work that your organization does,". Also to the donor who stated that the donation was "intended to provide a small amount of cheer or comfort to some of your members at Christmas." And to the donor who said "Please accept this donation to help with the very wonderful work you are doing in alleviating the emotional pain and fear in those with this disease." We at the PWA

thank you all for your words which give us encouragement to continue our difficult mission.

To the Members of the First United Church for their donation of afghans for our Members. Greatly appreciated for the cold weather.

To David Harrison and Gary Gilbertson, producers, and Janet Wright, director, of "ONE STARRY NIGHT 6" and to all the volunteers, staff, crew, band players, accompanists and performers, as well as benefactors, and corporate and personal suppliers. All performers appeared courtesy of Equity in connection with Equity Fights AIDS. A special thanks to Bill Millerd and The Arts Club Theatre for their donation of the theatre for the evening. Also for facilitating complimentary tickets for our Members. Approximately \$8,500 was raised.

To the persons responsible for facilitating complementary tickets to their events for our Members, to the George Michael concert by Perryscope Productions, to the "Cost of Living" play by the Green Thumb Theatre, to the Vancouver Canucks, to Cineplex Odeon theatres, to the Planetarium by B.C. Space Sciences Society, to "To Cry is Not So" play, to the Vancouver Symphony Orchestra's "Masterworks", to the "The Maids" play at Studio J produced by Real People (especially to Kenny), to the Flirtations' concert, to the Vancouver Theatre Sports League presentation of "NUTCRACKER'D A Christmas Show", to Ticketmaster, to the Royal Winnipeg Ballet's presentation of "NUTCRACKER" and many, many others.

Special ones to the Vancouver East Cultural Centre for providing complimentary tickets to many of their events, some already mentioned.

To Allan Barton, general manager, Pierre Barbey, manager of

Byron's restaurant, and all staff at the Park Hill Hotel (on Davie Street) for providing service for the budget meetings beyond the call of duty.

To the Elbow Room for their fundraising efforts on our behalf.

To the Members of the COWBELLES for their fundraising efforts on our behalf by organizing "THE COWBELLES CANTEEN", their 2nd Annual PWA fundraiser. Also to Moolena, Paul Raskin, Wella Balsam, T's Country Cloggers, AYA, Bev Elliott and Richard Richards, who helped make the evening a great success.

To Scribe & Scholar Stationery Ltd. for donating to our Society \$1.00 on every box of Xmas cards sold until Christmas. Now you know where to shop for Xmas cards!

To Ms. Vancouver Leather 1991 for donating a portion of the door proceeds during "FETISH NIGHT" held at the Talk of The Town.

To the ESSO Station - Burrard & Davie, U-Frame-It - Robson & Seymour, Scribe & Scholar Stationery, Metropolitan Home/HOME MET, The Video In, Simon Patrich Gallery, Avenue Lounge of the Dufferin Hotel, Metro Broiler, Shoppers Drug Mart - Davie Street, Pastameli - Denman Street, all of Vancouver, for continuing to have our donation boxes displayed permanently for their customers.

To Celebrities Night Club, Back Alley Tavern of the Dufferin Hotel, Numbers Cabaret, and Spats Cabaret, all of Vancouver, for continuing to have breakopen lottery machines funding the "COMPLEMENTARY HEALTH FUND" (CHF) of our Society, which benefits our Members directly. Now you know where to buy your breakopen tickets.

To Celebrities Night Club for donating a portion of the revenue of their video games. Now you know where to play your games.

To Starbuck's Coffee Company

outlets at 2690 Granville, 1116 Denman, Robson I 1100 Robson (at Thurlow), 2270 West 4th and 700 West Pender (At Granville), for their continuing donations of coffee and supplies for our Members and lounge.

To the donors, volunteers, staff, directors and all others involved at the Vancouver Food Bank and AIDS Vancouver for supplying some of our members with badly needed groceries.

To our Member, Chris B., for continuing to supply chocolate cakes for our Volunteers and Members. Thanks from the chocaholics at the PWA.

To the owners, management and staff of the numerous local businesses who allow concerned citizens to hold fundraising events on behalf of our Society, without expected recognition or remuneration.

To our numerous supporters, personal and corporate donors, concerned citizens, educational institutions, members of the community at large and public in general for their continuing donation, contributions and ongoing support.

To all our Society's Volunteers and Staff Members who aid us in carrying out our Society's mission.

Harry
Finance/Fund Development Committees

BOARD ACTIVE!

Since the Board was elected during the Annual General Meeting last March, its members have been very active. As you know, we are a "working" board. Some of the things we have done or are in the process

of doing, are:

Budget Task Force: The Board and Staff have been holding meetings to prepare the Society's 1992 budget. It will be a "zero" budget, that is, prepared by actually looking at each project and item, especially monetary costs associated to it. Also taken into account is the quality of the project and the usage of it by our members. The Support (ex-Programs), Advocacy and Personnel functions' budgets have been drafted, and the Support Committee has struck a sub-committee to review its draft budget. In the near future, the Budget task force, composed of the President, Treasurer, Managing Director and, correspondingly, Support, Advocacy and Administrative Managers, will tackle the Fund Development and Finance functions. After the draft budgets have been thoroughly reviewed by each Committee, a master draft Budget will be presented to the Board by the Managing Director. We will complete it before the end of the year.

5th Annual U.B.C. AIDS 1991 Conference "Sharing the Challenge": Members staffed an information table during the "Provincial" AIDS Conference. It was organized by the Division of Continuing Education in the Health Sciences of U.B.C., and was held at the beginning of November at the Westin Bayshore Hotel in Vancouver. Our banner was prominently displayed and numerous copies of the PWA Overview and Peer Counselling pamphlets, and other publications were taken by the participants representing all areas in British Columbia. Our Members answered many questions by the participants. Members of the Board and Staff attended a reception, followed by a dinner hosted by the organizers of the Conference the opening Sunday evening. Board Meetings changed: The Board

Meetings have been changed. Call Bryan W. or the Managing Director for location, time, information, etc. All Members welcome.

Board Development: All Members of the Board and Staff have been sacrificing their "free" weekends, as we have been meeting Saturdays and Sundays for Board Development. Some of the issues that have come out of these meetings have been the preparation of the Policies and Procedures Manual, the Mission Statement, Strategic Planning, allocation of Portfolios, Board Projects, conflict resolution, etc.

Portfolios: Each Board Member has taken responsibility for monitoring part of the activities of the PWA, by choosing projects for their "portfolios" according to their interests. The Director then becomes the "troubleshooter" for that project. A list has been prepared and is available at the switchboard. If you have questions, problems, or need information regarding any project, look for the Director under whose "portfolio" the project falls.

Publication Project: Expedites and coordinates the publication of all advertisements, brochures, posters, overviews, public service announcements, etc. Deliver your material to the Managing Director, who will deal with it as quickly as possible.

WALK FOR AIDS '91: A great success. A song was written and published. A music video was taped and released. The media was deeply involved. The project members are completing the work. It was enhanced by the participation of about 4,000 walkers, 45,000 pledgers and the dedication of 325 volunteers, plus the contribution of numerous personal and corporate donors and benefactors, as well as the contribution of AIDS Vancouver. The AIDS Awareness Tent was well-frequented by the participants and

attended by members of the Peer Counselling project. Approximately \$280,000 was raised. The Board thanks all for everything.

WALK FOR AIDS '92: Jot down in your 1992 diary, that Sunday, September 27th, 1992, has been chosen to be the day of the PWA Walk For AIDS. The 1991 project members have prepared the WALK FOR AIDS '92 Strategic Plan, now under consideration by the Board.

Capital Campaign: We are considering a 3-year capital development campaign to raise money for the anticipated leasehold improvements of the new offices. The Fund Development Committee needs everybody's help. Staff and board members will be working together with professionals and representatives of the other tenants. The future quality of programs depends on this effort.

AIDS Resource Centre: Including offices of our Society and other related services, will be ready sometime next summer. We should be fully installed as soon as possible.

Staff Commendations: To Gary Gilbertson and Greg Douglas, Walk for AIDS '91 project leader and publicist, respectively, and staff for a job well done. To Yvonne Mallard, the Administrative Manager "... for her outstanding work in helping organize the London (England) Conference.

Harry
Board of Directors



Original Designs by Jane Shepherd

STEP 4

Hello again from Ronald P!

We are now going to start working on Step 4, which means that we are going to make a searching and fearless moral inventory of ourselves. In this step we need to follow the guidelines in the Alcoholics Anonymous Big Book.

It shows us that we must write down, on paper, our resentments, fears, worries, and guilts and look at them with honesty. This is one of my resentments that I have come to terms with through writing it down.

When I was about 5 years old, I asked my dad to show me how to get to my grandmother's house from ours. Dad sat me on his lap and drew me a map. I looked at the map once, and he tore it up. The next day when I got up, I ate breakfast and started out for Grandmother's place. I must mention here that the route my father drew was along the side of a canal.

When I arrived at my grandmother's, she opened the door and reacted like grandmothers do. She hugged and kissed me and showed her happiness and joy to see me. She was a bit concerned that my parents would be missing me, so she called them to let them know I was safe and with her. I was so proud of myself on having accomplished my journey safely, for I had only looked at the map once and followed it by memory.

Well, when Dad arrived, instead of reacting like a normal father would by being glad I was safe and happy for my showing intelligence and

hugging me for having accomplished a big task for a five year old, he slapped me and punished me for it.

My resentment grew right there. Fear of showing intelligence also was planted at that moment. He taught me if I show it, I would get hurt or something bad would happen to me. I would be punished for it as well. So, I failed my next three grades in school out of revenge. Blocks towards learning anything, out of fear of being punished for succeeding got worse as I grew older.

When I arrived in Alcoholics Anonymous and was asked to read "How It Works" to the group, I read it quite painfully and stumbled over every word of it. I often wonder today why no one stopped me. I could not stop because my pride would not let me. Being 25 years of age and not knowing how to read or write was nothing to be proud of, in fact I felt ashamed of it.

Having written it out, I got to see that my father was afraid that I could have fallen into the canal or gotten hit by a car, and so, reacted badly towards me. What he did was wrong. I forgive him because of his own sickness of alcoholism which I understand today because of my own.

I read and write today because of Alcoholics Anonymous saying if I don't write out my resentments and fears, I'll get drunk and to drink is to die or go insane, and live in hell again. Only a drinker and drug user would understand the hell I'm talking about; the dark hole, the shame, guilt and emptiness inside. By drinking and using drugs, even smoking, I destroy my immune system which leads to illness that could take my life prematurely.

I want to live today, more, since confronted with my own mortality in the face of being diagnosed as HIV positive. In order to find spiritual freedom, I needed to accept my past resentments, fears, worries and shameful feelings, as well as forgive any hurts real or unreal. May God bless you and set you free, as he has done for me.

Your friend,
Ronald P.

BELATED THANKS...

The Vancouver Persons With AIDS Society would like to belatedly thank Gary Gilbertson and his great crew of volunteers for the excellent work they did during the Walk for AIDS '91.

A big THANKS to all who participated in this great event.

Unfortunately, we cannot list all of the people who gave of their time and energy to help pull the Walk together this year.

No one would have believed that the people involved, up front as well as the many who worked in the background, could give so much of their time and energy.

Here is a list of just a few of the people that the PWA Society would like to extend a big THANK YOU to at this time.

Gary Gilbertson
Greg Douglas
Mary McIlwraith
David Stigter
Ben Mojelski

Bob Stott
Robert Benoit
David Clifford
Lynne Kenward
Marilyn Hoolihan
Quita Longmore
Kay Holmes
Kim Kraus
Michael Bates
Brendon McCabe
Tony Bosley
Mary Bruegeman
Tom Jefferies
Jackie Hegadorn
Yvonne Mallard
Chris Sabeau
Robert Ellenberger

Love and "God Bless..."

Brian Wade

CHRISTMAS THANKS

Thanks to:

- the English Bay Bowling League for generous Christmas Hampers.
- Easter and the Vancouver Meals Society for the fabulous Christmas Eve dinner and gifts from the Body Shop
- Liberty Church for Christmas baskets

We are pleased to announce that PWA was able to distribute one hundred \$50 Safeway gift certificates to our members who were in need. Forty poinsettia plants were delivered to hospital staff and others in the community who have helped us out over the year.

Our sincere thanks to all who contributed to our holiday goodwill.



OBITUARY: DOUGLAS STARRATT, 1946 - 1991

It is with great sadness that we report that our longtime Newsletter editor and Board member, Douglas Starratt, passed away with peace and dignity on November 30, 1991 after a three year battle with AIDS. He was a remarkable human being who mustered all his brilliance, exuberant energy and generosity of spirit to promote the health and defend the rights of people living with AIDS and HIV infection.

Douglas was an activist who fought for his beliefs. He was in the forefront of protesting BC Government policies against providing adequate financial support for AZT and other AIDS-related drugs and therapies. He was equally committed in his drive to see PWAs provided with housing to suit their

needs, whether hospice or home support, and was one of the founders of the Society's housing subsidy project. He believed firmly that all people living with AIDS and HIV infection should be fully supported by the social service medical systems and had little patience with the bureaucracy which controls that support. He was also a strong proponent of gay/lesbian rights and was particularly active in opposing homophobia within organized religion.

His accomplishments were many. During his years with the Society, he was an active member of the Board, making strong contributions to the 1990 Evaluation of the Society and to ongoing strategic planning. Douglas built and maintained contacts with many other organizations, including serving for a time as the Society's representative to the Board of Directors of the BC Coalition of People with Disabilities. He was particularly active with The NAMES Project AIDS Memorial Quilt, contributing in many key ways to the 1989 Vancouver display. Douglas was particularly proud to have been part of the Vancouver delegation to the October 1989 Quilt display in Washington DC, reading names with pride in front of the White House and joining hundreds of other AIDS activists in a moving candlelight vigil in downtown Washington.

Douglas' pride and joy was the Society's Newsletter and his contribution was invaluable. His editorial idealism and standards were always high and he insisted on producing a first-rate publication. Under his editorship, circulation increased to 3500 per issue with distribution around the world. The Newsletter became well known for its readability, accuracy of information

and pioneering content. Douglas' force of will and love for his work were key to this singular accomplishment.

Douglas was an accomplished musician, a master of the recorder and a collector of ethnic wind and percussion instruments. He was well known as an expressive first tenor with the Vancouver Men's Chorus, an organization he deeply loved. His talents extended to the arts, sciences and mathematics and, as befits an editor, he had a great love for words and word games. Those who knew Douglas personally and socially encountered a brilliant man full of fun. He was interested in everything. He never lost that sense of wonder and passed it on in inspired glimpses.

Douglas was predeceased by his father, Stanley, on Christmas Day, 1984 and is survived by his loving mother Martha Starratt and four sisters: Carolyn, Jeanne, Lorraine and Arlene and their respective families including 11 beloved nieces and nephews. He will be remembered fondly by his many friends and colleagues, his former companion Russell, and his special friend David in Montreal.



OBITUARY GREIG LAYNE

Greig Christie Layne, former Chair of the Advocacy Committee and member of the Board of Directors of the Vancouver Persons With AIDS Society passed away suddenly, and accidentally, on August 21, 1991 in Vancouver. He is survived by his lover of 4 years, Don Spence, as well as his parents and two sisters and their families.

Greig lived most of his life in British Columbia and was a skilled carpenter. He was a man of complexity and depth. He had a near-genius IQ, a photographic memory, and the ability to retain and understand fine details. He was also ambitious, and persistent -traits which were both an inspiration for those fighting for their lives against AIDS and HIV infection, and an irritant to those resistant to his goals.

Prepared by Carolyn Willmore and Judy McGuire



Original Designs by Jane Shepherd

Greig's life changed dramatically in 1986 with his diagnosis of AIDS. After an initial involvement with AIDS Vancouver, Greig joined the Board of Directors of the PWA Society in 1987 and became Chair of Advocacy (his real love) in 1988.

Greig became a nationally recognized spokesperson for persons with AIDS, always focused and articulate. Among his many accomplishments were:

- Development of the NDP Federal Policy position on AIDS during the 1988 Federal Election;

- Development of the Provincial NDP Policy on AIDS in March 1990, which is now official party policy;

- After the death of Kevin Brown, Greig became the person to testify in the legal action against the Government of BC over the funding of AZT. This was the second case in Canada to find that sexual orientation is protected under the Charter of Rights, and resulted in a moral and ethical victory;

- Greig was passionate in his opposition to placebo trials of experimental drugs and was instrumental in the development of alternative models for drug testing;

- Greig was instrumental in the development of the ethical concept of "Catastrophic Rights," now articulated in a book written by John Dixon of the Civil Liberties Association which is dedicated to Greig;

- Organization of the Fantasy Gardens rally in September 1989, which generated great publicity and became the standard for organizing political protests against the Government;

- Greig was a leader in the discussions about the effect of HIV disease on changing the nature of the doctor/patient relationship, encouraging PWAs to have input into medical decisions at all levels of

care;

- Greig became an expert concerning experimental drugs and therapies;

- Greig was a leader in education, and took great pleasure in speaking to junior and senior high school students. He spoke passionately at the 1989 Montreal International AIDS conference.

Greig was an extremely important figure in giving a "human face to AIDS." What the general public would not have seen, however, is the amount of time Greig devoted to helping individuals cope with AIDS and HIV infection. Greig was a very spiritual person who was also strongly involved in his own therapy and treatment. He felt that you should not deny the disease, but neither should you be overwhelmed by it.

In the last 18 months of his life, Greig shared the love and joy of a second home on Denman Island with Don. Greig was tremendously happy there and took great pride in showing people the eagle tree on their land and the great variety of plants and animals on the island. I was constantly amazed by him; we spent a great many hours talking about politics and life, and I learned a great deal about both from him. He was a wonderful friend. I loved him, and I'll miss him.

Dennis Dahl



Original Designs by Jane Shepherd

AIDS, WOMEN AND SOUTH AFRICA

I work in Phiri location, one of the poorest areas of Soweto, a city where 75,000 people are homeless and where thousands live in over-crowded small houses, tents and shacks. There are approximately 10 people per dwelling in Soweto and at least 25,000 families living illegally in the area.

For many, HIV/AIDS is seen as yet another developmental concern. HIV/AIDS is also seen, by some, as a political issue which needs political answers. In South Africa, there are centuries-old myths about African people coupled with barriers that have been built over the years because of the political situation in South Africa. Black people are said to be promiscuous, lazy and dirty. We are not considered equal, and do not have equal access to facilities because of our colour. Despite the fact that there are enough resources for all South Africans, lack of health care, poverty, unemployment, and inadequate education for black people means that when we contract AIDS, we will die more quickly with no medical support which could ease our suffering.

I became involved in AIDS education for many reasons. As a black person, I am already "diseased" as far as people who are not black are concerned. As a woman, I am at a disadvantage as treatment for HIV's effect on women is not yet well investigated. Also, as a mother, a spouse, a friend, a relative, a human being, I am affected when anybody is infected.

In 1985, I started the Christian Women's Enrichment Programme and later on, in 1989, the Soweto Concerned Youth "AIDS Awareness" Project which is the very first community-based AIDS Project. Our main goal in both organizations was to do the most with the very limited resources at our disposal, to continue empowering our own people.

The Christian Women's Enrichment Programme first started raising awareness through workshops and conferences on cancer and first aid.

We started working with Mother's Unions, organizations within the church through which women do pastoral work and visit the sick. We provide information on AIDS to women in Mother's Unions who counsel sick people and their families; they are also the care-givers, the strongest support of any home, which makes them key players in AIDS education. When a mother is infected with the AIDS virus the effects can be devastating to the whole family. Therefore, when women are infected, whole communities or nations can be wiped out.

In the Soweto Concerned Youth "AIDS Awareness" Project, we tailored our AIDS education approach to South African youth. The youth in nearly all black townships in South Africa are disillusioned with life. They lack recreational and health care facilities. The educational system leaves a lot to be desired. Homes are too small and over-crowded. Parents lack the time and energy to attend to the needs of their families as they fight for their own and their family's survival. We fear the results AIDS will have in the community.

We have trained 10 young male and female high school students in peer

education. We train students to plan, organize and run workshops and conferences. We also train them in communication skills, leadership and self respect. If there is a good workshop or seminar, the whole community will hear about it before the end of the day.

The result of our work is that over 10,000 young people have received education about sexually transmitted diseases, HIV and AIDS through monthly workshops which 200-300 young people would attend.

It is especially important for young women to educate themselves about AIDS. If young women learn early enough about AIDS, they can be strong enough to control their own bodies, and decide whether they want to be sexually involved or not.

Sex for money is often part of survival for poor women. They sometimes have to sell their body for such basic things as employment or housing. They are not educated as to how they could contract AIDS.

The only thing women have is their intelligence. If they are aware, they can take control of the sexual relationship by asking their partner to use a condom or get medical advice more quickly if they are ill.

Our Soweto men do not easily accept that they are or could be infected. There are ways for women to find out if their partners do carry the HIV virus. For example, a woman can encourage her husband, lover or boyfriend to give blood with her and see if his blood is accepted after testing. But without education and information, she will not have the strength of conviction to do that.

We know our communities, we know

what is needed, we know how to approach our neighbours. But I am very discouraged because each time we present our research documents, there seems to be a barrier. Funding agencies seem to be more interested in getting information for their dossiers and not in funding programmes that come from the communities. The price is too great to continue with this paternalistic attitude.

Difficult as it may be for people in rich countries to understand what happens in our countries, they should stop for a little and consider how our countries became poor, why we are oppressed. Better still, people in rich countries should begin to listen and trust us, and our efforts and determination to remain steadfast, to resist injustice and discrimination and to address the problem of AIDS.

Fikile Mlotshava
Fikile Mlotshava has been involved in AIDS education since 1985. She worked with the Vancouver Persons With AIDS Society as a training participant in the Sisonke ("In this we are together") AIDS Education Project of the Southern African Education Trust Fund



Original Designs by Jane Shepherd

LITTLE SISTERS BOMBED

At approximately 10:20 p.m. on Tuesday, January 7, 1992, an explosive device was thrown into the stairwell of Little Sister's Book and Art Emporium (1221 Thurlow Street in Vancouver) while the store was open for business. Luckily, no one was within close proximity of the explosion and only minor structural damage occurred. This is the third incident of a similar nature since the store opened in 1983.

There is no doubt that homophobia was the motivation behind this violent act. Violence is no stranger to gays and lesbians. With the support of our community, Little Sister's will continue to fight this oppression by providing a safe place where we can gain knowledge and learn to celebrate our differences.

If you wish more details about the incident, feel free to call the store.

Little Sister's phone number is (604) 669-1753 and Fax number is (604) 685-0252.

HEALTHY LIFESTYLES

This eight week session presents a positive approach in dealing with AIDS. This open forum welcomes PWAS,

families/friends of PWAS or anyone with a genuine interest in enhancing the lives of persons with AIDS. Discover what is disease, what is the disease of AIDS, how to find help, and how to heal.

Instructor: Debora Peters

Time: Saturday 2:00-4:00

Date: January 4-February 22

Place: Barclay Manor

1447 Barclay St., Van.

Register by phone: Westend Community Center 689-0573

General Info: 689-0571

Programmer: Heather Casper

ART THERAPY GROUP

I always look forward to Monday evenings. That is the night that our PWA Art Therapy group meets at St. John's United Church in the West End.

As we arrive we are greeted by our coordinator, Tatyana, with her gentle manner, gracious smile and boundless encouragement. To create a relaxed atmosphere, Tatyana has coffee, various kinds of tea, and cookies for those who would like them.

The room is equipped with supplies of paper, poster paints, chalk, crayons, oil pastels and modelling clay. The routine is that for the first hour we create our "works of art" however we like and then, during the second hour, those of us who wish display whatever we have done and talk about it.

The group usually consists of 5 or 6 would-be artists of varying skill levels--some have experience and expertise, while others, like myself, have not done anything like this in nearly 40 years. The

important thing is that it does not matter what we do as long as we express ourselves in art and enjoy ourselves while doing it. I have had great fun trying all the media, including modelling clay. Some of our art is representational, some is impressionistic, and some is abstract. We have even had finger painting. As we paint and model, we listen to nice music and chat.

The second half of the evening is very interesting. We each display one work for discussion if we want to, and Tatyana skillfully leads the discussion. Nobody is critical of anyone else; in fact, they are usually complimentary. We discuss such things as why someone has chosen that particular subject or that particular colour, and the meaning of it to them and to others. Discussions range far and wide and can be very interesting.

The members of the group are now getting to know each other well, and we are very comfortable in expressing ourselves, both artistically and verbally. We have become a support group that has fun and enjoys evenings together.

NOTE: THIS IS NOT A DROP IN GROUP. CALL THE SUPPORT MANAGER FOR INFO ON UPCOMING ART THERAPY GROUPS.

Stuart

MEN IN TOUCH WITH SEQUOIA

Last month I was asked by the Society to participate in a weekend workshop called "Men In Touch". The workshop comprised simple yoga stretching, breathing, guided meditation, visualization, and full

body massage.

It was wonderful! I learned to nurture myself and embrace my vitality. I left feeling more energetic, and closer to myself and other men.

The next workshops will run four (4) consecutive Thursdays, January 16 to February 6 and February 13 to March 5. Call Sequoia at 1-800-800-8486 or 683-7471

Gordon W.
Treatment Project

AIDS VANCOUVER LIBRARY INVITES YOU

If you are a member or an associate member of the Vancouver PWA Society you are welcome to borrow material from the AIDS Vancouver Library. Our collection consists of books, videos, journals, articles and newspaper clippings.

If you have any questions, please call Megan at 687-5220.

SUNDAYS AT FOUR

A program of spiritual discovery for those touched in any way by HIV and AIDS.

Held every Sunday at 4:00 pm in the King Room of St. Paul's Anglican Church, 1130 Jervis St. (Church Hall entrance). All are welcome. Coffee, tea and goodies provided.

NOTICEBOARD

Arts Supplies Required: Two members need donations of art supplies--all types and media welcome but oil based and acrylic paints, oil pastel crayons, conte, charcoal, brushes, canvas and frames would be most appreciated. Leave a message with Jackie at 683-3381.

Wills and Legal Advice: Thinking about making a will? Register for our free legal advice clinic on Monday evenings at the PWA offices. Call the switchboard for an appointment and take advantage of this complimentary service for full members. Note: this service will not be available until January 20th as our legal advice volunteers will be on their semester break.

Peer Counsellors: Now available from 11:00 P.M. to 3:00 P.M. on Saturdays.

Hospital Visiting: Interested in visiting PWAs in St. Paul's? We are forming a new hospital visiting team. Contact Michael or Xavier at the office to apply. PWAs often experience isolation and boredom, especially those that come in from out of town and have no local support people.

Haircuts are available most Mondays. Phone in or sign up in the lounge for an appointment.

HIV+ Women: There is a monthly HIV+ women's informal gathering on the third Wednesday of the month at 5:30 P.M. in the PWA lounge. Call Jackie if you have childcare or transportation difficulties.

Comox Valley Support Group: anyone interested in attending a support group for HIV+ persons in the Comox Valley area, contact Jack or Jim at 338-1492.

TV Repairs: also VCRs and stereo equipment, free of charge except for parts. Call Dave at 254-0702.

Repair and Art Work: Car repairs and electrical-stereo equipment, VCRs, etc. Call Robert at 253-4323.

Silk-screening T-shirts, posters, banners. Call Philip at 253-4323; reduced rate for PWA members.

KS Lesions in Mouth: West End PWA would like to hear from other PWAs who have KS in their mouth, to discuss treatments, side effects, etc. I need advice. Please call between 10:00 a.m. and 1:00 p.m. or 7:00 - 8:30 p.m. Paul 669-6694.

Cowichan Valley Support Group: family, friends and those living with HIV and AIDS in the Cowichan Valley. Twice monthly meetings in Duncan. Support and social; strictly confidential. Call Colin at 743-9480.

Art Therapy: groups and one-on-one available, call Jackie at 683-3381.

Camouflage Therapy: available through CHF funds, for info call Kathie Giasson, therapist, at 688-2818.

Moving & Touch for Men: weekly class nurturing ourselves and each other through guided stretching, breathing, meditation and heartfelt touch with Sequoia Thom Lundy, MA; can be reimbursed through CHF for qualifying members. Call 1-800-800-8486 to register.

STAFF CREDITS

Acting Editor:
Howard Engel

Associate Editor:
Tom Mountford

Layout:
Robbie H.

Paste-up:
John Kozachenko

Photo Credit:
John Kozachenko

Typesetting:
Robbie H.

Data Entry:
Domenic I.
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Production:

Many thanks to our production and assembly team: David, Ken, Jon, Victor, Erwin, Steven, Rob. Apologies if we have left your name off the list! If you want a volunteer assignment that's fun and rewarding, come join us on the Newsletter team.

HELPLINE

Switchboard operators are needed to answer calls and direct them to the appropriate people, take clear and concise messages, have a general knowledge of AIDS, and track updates for referral manual. This person should be able to remain calm under pressure, have good telephone manners, and behave in a polite, professional manner at all times.*

Receptionists are needed to greet visitors, and direct them to the appropriate person/area. This person also checks library books in and out when the librarian is not in, and provides info about our organization, programmes and services. You must enjoy dealing with people and have good communication skills.*

*The above positions are for one or two 3 1/2 hour shifts weekly. These positions must be filled every day, as they are absolutely necessary to the smooth functioning of the office. Total commitment in these positions is a must.

Newsletter Production Manager: is needed to oversee all aspects of newsletter production, including copying, collating, folding and mailing out. The main function of the manager is to arrange for volunteers to perform the above tasks. This position will require good organizational and people skills, and a flexible schedule, as production varies from month to month.

Newsletter Project Members: are needed to participate in the editing and production of the Vancouver PWA Society Newsletter. There are many varied tasks to be performed and everyone is welcome. Particularly needed are those with experience in editing, proofreading and layout. Knowledge of PageMaker 4.0 running in a PC environment and/or experience with MSWord or WordPerfect would be extremely useful. Newsletter schedules vary, with periods of heavy time commitment usually on a monthly basis. The ability to work well as part of a team is required.

For more information about these and other volunteer opportunities, call Tom M. at 683-3381.



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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