

VANCOUVER  
PERSONS WITH AIDS  
SOCIETY



# Vancouver PWA

## Newsletter Issue 55 Apr. 1992

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## 129,000 AND COUNTING

On Nov 22, "A Gathering of Remembrance & Renewal" was held in New York. Larry Kramer was a keynote speaker; the following is a condensed version of his remarks.

I've just returned from Washington, where I saw--once again--how little is being done for us. I have no doubt the 40 million of us the World Health Organization says will be infected by 2000--I think 40 million already are infected--are facing death.

I look at the two organizations I helped start, GMHC and ACT UP--my children--and I ask myself: what have we accomplished? And I am forced to answer: very little. And not only my organizations, but AmFAR, AIDS Action, NGLTF, and HRCF, minority task forces, AIDS institutes, presidential AIDS commissions, and on and on across this country and across this globe.

People are still dying like flies. The White House is still as inaccessible as the moon. We have been unable to make the world pay attention, much less care.

I don't believe anymore that education works, and we're putting so much trust in it. Education did not stop Magic Johnson from getting AIDS. Nor Kimberly Bergalis. The World Health Organization says Africans know how AIDS is spread, yet the spread stops not. The figures are marching inexorably faster than we can ever stop them by education.

I believe it's easier to get this disease than we think. I don't believe much of what my government tells us: about AIDS statistics, safe supply, any bureau-crats, how sec-ond-rates many tally, intellectu-ally bankrupt, rienced, naive, in their fields. How could anybody possibly trust a gov-ernment that puts out a defi-nition of AIDS which denies that women get it?



The only thing that is going to make this plague go away is a cure at the most and successful treatments at the least. And research is the one area, in all these 10 years, we have ignored. Because of this, there is not one drug that is any good. Everything we've been waiting for is turning into a dud. Dr. Fauci, the government's great apologist, admitted on *David Brinkley* that AZT and its clones aren't working very well. Merck and Boehringer are retreating from their AZT alternatives.

Did you think a cure was going to appear miraculously, springing full-blown from the head of Zeus Gallo? I tell you research on this plague is still in the Stone Age! You think it's because science has to take its own time? Wrong! It's because nobody is in charge, nobody is watching the pot not boil, nobody is sending the blokes into the lab with a requisition: study this! We know what has to be studied! But it isn't! The pathogenesis of this virus--what's happening inside us that leads to disease--still hasn't been studied. It's usually the first thing studied.

We are in the midst of a huge war and there is no general. I go to the NIH and one office doesn't know what the next office is doing. It is as disorganized as that! I have dinner with Dr. Gallo and he tells me something exciting and when I ask Fauci: did you hear what Bob Gallo told me, Tony says, No, it's all news to him, and this complete and utter lack of communication exists from the highest to the lowest.

I believe the American Foundation for AIDS Research should have been the watchdog. I must finally face up to the fact that someone as clever and well-connected and appealing as Dr. Mathilde Krim, and her partner, Elizabeth, have proved little more than dilettantes. It never occurred to Elizabeth Taylor, who has a daughter-in-law positive for six years and now with AIDS, to request a meeting in the White House with her friend and fellow actor, Ronald Reagan, who got us into this mess.

The board of Gay Men's Health Crisis, like AmFAR's, is composed of well-meaning but utterly misguided healthy people who have no sense of urgency, no sense that tomorrow may not be here. This board, like AmFAR's, has no important player with AIDS on it. No wonder these organizations have no sense of urgency.

Shame on all of you! I don't think any of you want to end this plague. Good fortune has presented you with prominence and power and you refuse to use them.

Everyone will call me nuts--boy this time Larry's really flipped his lid--now he's even biting the hands giving us our only handouts. It's 10 years and everyone still doesn't get it! The fact is that changing diapers, eroticizing safer sex, passing out condoms, endless ads in *The Village Voice* are not stopping people from dying. They just make you, the healthy ones, feel better.

*There's got to be a higher vision for your reason for being. You've got to want to end this!* Instead I see layer upon layer of bureaucracy, hordes of employees and thousands of volunteers spending hours and days at endless, useless meetings just like all the bureaucrats in Washington, plus all those useless board members, who have absolutely no sense of urgency, no sense of urgency, no sense of urgency, no sense of urgency that 40 million people are going to die in a few short year's time.

If we spent half as much time, energy, and money fighting for a cure as we do fighting against testing and for condoms and education and where should the international conference be held and who can legally attend, we would have that cure by now and the science at NIH would be better than the food at Bob's Big Boy. We no longer have *time* to fight all these lesser battles.

Yet no one wants to fight for that science and that research and those treatments and that vaccine and that cure. Because it requires a real shakeup of the political and medical establishment and people don't like to get their hands dirty. They only want to feel good and virtuous, which comes from attending events like this and writing a few small checks.

I don't want your dollars to help me die! Or to build GMHC another building! Or to ensure job security for a bureaucracy growing so huge that I am ashamed I started this damn organization! I want your dollars to help save my life and 40 million other lives and you can do that without buildings and bureaucracies of thousands. You can do it with 10, 20, a hundred important powerful board members who are willing, finally and at last, to open their mouths! And it is up to the rest of us to pressure them to do so!

Well, now you can go home and say I heard Larry go crazy again. And you'll ignore me again until 10 years from now when you gather here for another one of these tender meetings of "Remember, Respond, Resolve", and you'll say, Oh, Larry Kramer, thank God we don't have to listen to him anymore.

Larry Kramer

Reprinted from *The Village Voice*, December 10/91.

# PRESIDENT'S MESSAGE

The major theme for this year is "LEADING THE WAY". Well, if we look back into our Society's history since certification in 1987, we find that we have always led the way. We have been at the forefront of many important initiatives, such as:

- our founders Kevin, Warren, and Taavi, along with caring friends, forming our Society which has now grown to over 1000 full members;
- providing a safe and secure atmosphere where the growth of self-empowerment could take place;
- fighting for the release of AZT and many other drugs to benefit our members
- Kevin Brown's giving a "human face" to AIDS;
- the courageous efforts of Greig Layne, Alex Kowalski, Pei Lim, Joe Ford, Douglas Starratt, Brian Page, and so many others to bring a better quality of life to our members;
- fighting for comprehensive and humane medical care throughout the province;
- lobbying the City, Provincial, and Federal governments to help remove our members from abject poverty through initiatives like subsidized housing;
- lobbying for legislation which would ensure confidentiality and privacy, and full protection of human rights for everyone with AIDS and HIV infection
- providing many volunteer support programmes
- having a Treatment Information project second to none;
- providing advocacy to members having difficulty in many areas.

It takes a tremendous amount of time, energy, and money to accomplish all that we do. We have been so fortunate from the very beginning in having the full support of the gay community. Without that support we would be nowhere. Over the past few years we have been receiving growing support from everywhere: individuals, community groups, and businesses are donating money and volunteer time to our Society. We are very grateful for this and I thank you all very much. I plan to start displaying scrolls of donors in our office and, if you do donate regularly, please give

us written permission to include your name on these scrolls. It is empowering for us to see all the names of the people who support us emotionally and financially.

"PWA - LEADING THE WAY": a new chapter this year. We will be moving to the AIDS Resource Centre and sharing in partnership with AIDS VANCOUVER and the WOMEN AND HIV/AIDS SUPPORT NETWORK. We also hope that other community-based organizations will join us. WE CAN BEAT THIS PANDEMIC--UNITED.

"I can't, but we can, together we can make an enormous difference."

Love and "God Bless..."

Bryan Wade

## REPORT FROM THE 1992 ANNUAL GENERAL MEETING

Building upon the vision of those who have gone before, was the theme of the President's address to the Annual General Meeting held Sunday, March 29, 1992 and attended by 32 voting members and a dozen or so associate members friends and others. An additional 13 members registered proxys.

Particular mention was made of the vision of Alex Kowalski which has led to the development of the AIDS Resource Centre planned to open this summer and the wisdom of Warren Jensen which has enabled us to take on this project. The Auditor's Report for the year ended December 31, 1991 was presented showing the Society to be financially sound.

The Auditor for 1991, Brent Warren, C.A. was re-elected Auditor for 1992.

The meeting considered the issue of changing the name of the Society to Persons with AIDS Society of British Columbia and a lively debate

explored reasons and alternatives before a special resolution was passed to do so. The change of name will take effect when the Registrar of Companies in Victoria agrees to the use of the new name. An official announcement will be made when the name change takes effect.

Bryan Wade was returned as President, Tom Mountford as Vice-President and Harry Mendez as Treasurer as the meeting chose to elect the slate of officers and directors proposed by the outgoing Board. Newcomer, Alan Larocque Kennard, becomes Secretary of the Society as well as the Chair of the Advocacy Committee.

Other Board members returned are Don DeGagne, Chris Duclos, Arn Schilder, Stryker, and Barry Budway. Another newcomer, Brad Dungey, joins the Board having spent several months devoted to the Treatment Information Project. An 11th Board position was left vacant for a subsequent Board appointment as no other persons was ready, willing and able to take on the rigours of a Board position. Ours is a true working Board.

Important concerns regarding the timeliness of information considered at the annual general meeting resulted in a resolution requiring that, in future years, information to be presented to the AGM must be distributed with the Notice of Annual General Meeting, three weeks in advance of the meeting and include biographical information on candidates for the Board.

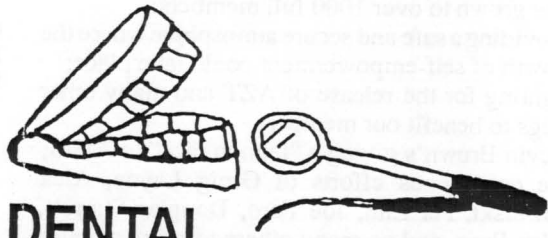
Because all resolutions passed with the overwhelming support of the members present and there were relatively few proxies filed, a polled vote was never required. This led to some questions after the meeting.

Although a General Meeting is completely in control of its own procedures, previously established precedent in the Society is to count all votes, including all proxies, only when a ballot is required or a polled vote is called for from the floor. Otherwise, the obvious majority carries the vote. Similarly, precedent has been established that only another voting member can vote a member's proxy.

The general consensus was that the meeting was a success. With the suggestions from the meeting to improve the next meeting, we expect the next general meeting to be even more successful.

We are grateful to the Vancouver Cultural Alliance for the use of their space for our meeting. However, plans are in the works to hold the next general meeting of the members in the facilities at our new AIDS Resource Centre early in the fall. The new premises will enable us to accommodate even more members and we are looking forward to the greater involvement of many more of our members.

Chris Sabean  
Managing Director



## DENTAL HEALTH MONTH: XEROSTOMIA

It's April already! And we all know why we look forward to and love April so much, and that's because it's DENTAL HEALTH MONTH!

We won't be discussing teeth directly this time but a condition which many have become all too familiar with and that is XEROSTOMIA, which literally means "dry mouth."

First we should understand that saliva plays an essential role in general oral maintenance: it prevents abrasion of teeth and mouth tissues, it has a cleaning and antibacterial effect and it helps remineralize small defects in tooth enamel. When saliva production is diminished gum disease, rampant rapid tooth decay and mucosal, salivary and periodontal infections can result. Also, eating becomes more difficult since food sticks in the mouth and is harder to swallow. Denture wearers also have difficulty, since saliva helps dentures adhere to underlying tissues. Lack of saliva generally impairs the sense of taste as well.

There can be many causes of Xerostomia. The most common cause of acute or chronic reduced salivary flow in our group here is probably

drug therapy. It can, however, also be from mechanical blockage of the salivary ducts which carry saliva from the salivary glands to the inside of the mouth, dehydration, emotional stress, infection of the salivary glands, surgery, vitamin deficiencies, diabetes, anaemia, or radiation therapy.

The treatment of Xerostomia should follow a certain rationale. The most obvious thing is to try first to remove the cause of the dry mouth, if possible. If it is a side effect of a drug you take, your doctor may be able to eliminate or treat the cause and thereby solve the problem. If not, then try to stimulate salivary flow. This can be done mechanically simply by consumption of foods that require vigorous mastication (e.g. raw carrots, celery), the use of materials that require chewing (e.g. SUGARLESS gum or paraffin wax) and by the holding of objects in the mouth (e.g., cherry or olive pits). SUGARLESS lemon drops or other sugarless candies can also be helpful.

Chemical stimulation of the salivary flow is also possible. SIALOR is a drug that can be prescribed to stimulate salivary flow. The usual dose is 1 to 2.25 mg tablets 3 times daily. The most common side effect is that of gastrointestinal upset.

PILOCARPINE, given as ophthalmic drops placed intra-orally is effective in doses of up to 5 mg 3 times daily. Since Pilocarpine has the potential to cause adverse effects on cardiovascular, pulmonary and gastrointestinal functions, not everyone is a good candidate for it, and one should be cautious.

The replacement of saliva with saliva substitutes is often a big help. Your pharmacist usually has a few on hand. "XERO-LUBE" and "MOI-STIR" are a couple. The pharmacist can usually concoct something called "ARTIFICIAL SALIVA" which is pretty good. If these don't do the trick, get a prescription for 5% aqueous solution of SODIUM CARBOXYMETHYL CELLULOSE and this will usually work well if you rinse frequently with it.

The prevention of caries is extremely important when one has a dry mouth. Too many people realize this much too late and suffer miserably as a result. It is really amazing how fast the teeth, especially along the gum line, will decay when there is decreased or no salivary flow. Watch

your diet. Reduce the intake of sugar and be aware of hidden sugars in many foods. Also, your oral hygiene must be METICULOUS! If you have Xerostomia you should brush with a fluoridated toothpaste after eating and especially brush and floss before bed. (Come to think of it, we should ALL be doing this before bed!)

Fluoride gels and rinses reduce caries risk greatly by reducing de-mineralization and increasing mineralization of teeth. The concentration and frequency of fluoride gels and/or rinses depends on just how dry your mouth is but don't leave it out - get your dentist to recommend the right amount.

In a dry environment plaque control becomes more difficult so an anti-plaque agent will most likely be indicated. An antibiotic such as CHLORHEXIDINE will greatly reduce plaque if you rinse with about 1/2 and ounce twice daily for 30 seconds then expectorate (spit out). You do need a prescription for this. Frequent professional cleaning and fluoride treatments are also most important. (No doubt you could tell that was coming!)

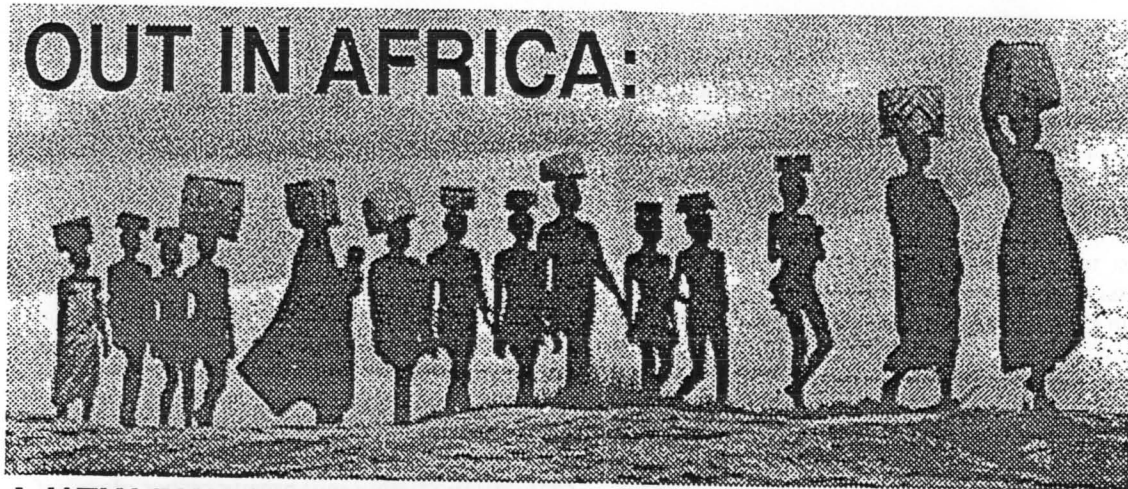
Since Xerostomia provides an excellent environment for the overgrowth of the fungus Candida Albicans, Candidiasis, which is better known as Thrush is also likely to require treatment. The treatment of thrush has been covered a few times in this newsletter and most of us are familiar with a few excellent anti-thrush medications. Certainly your doctor or dentist could prescribe for you one of the many that are available.

General relief from oral dryness and accompanying discomfort can be conservatively achieved by sipping water all day long, letting ice melt in the mouth, restricting caffeine and alcohol intake, and reducing smoking. Humidifying the sleeping area is also a very good idea. Those vaporizers our moms used with that VICKS stuff are great but leave out the VICKS--it's useless. If one's lips become dry, it is preferable to use a lanolin base or, even better, a water-based product (like K-Y) instead of petroleum-derived lubricants (like Vaseline) which may cause more damage to the lips and also encourage the growth of microorganisms.

HAPPY DENTAL HEALTH MONTH TO EVERYONE!

Dr. Luc Magne, D.M.D.

# OUT IN AFRICA:



## A NEW PWA/HIV SUPPORT GROUP IN AFRICA

I have just returned from a trip to Rwanda, Africa, where I was asked by the Rwandan/Norwegian Red Cross to come and investigate the feasibility of starting a PWA/HIV coalition in the capital of Kigali.

This all started last June when, at the International Aids Conference in Florence, the Aids coordinator for the Norwegian Red Cross spoke to me about the possibility of going to Rwanda because there was a need and a desire to create a Rwandan version of our own PWA coalition.

Although I must admit that I was concerned about putting myself at risk of catching some exotic unpleasant 'bug', I felt that this endeavour would certainly be an exciting experience both for me and for the people in Rwanda. I have seen how our coalition, based on the principle of self-help, has changed the lives of many people who are active members, and I kept thinking about how this could work in Rwanda.

Finally, in November, in the midst of a flurry of activity and meetings, I received the fax: "Could you please come to Rwanda as soon as possible?" At that point, the possibility became a reality and I decided that instead of just talking about what we can do with our friends from the southern hemisphere, I should act and go to see for myself.

It is a long and tiring trip to get to Africa. Rwanda is a tiny little country with people living everywhere. It is warm and has beautiful vegetation, flowers, and loads of banana trees. The people are also very warm and welcoming. They are living in a very difficult situation in several ways. At present, Rwanda is in a war with Uganda which means that there is military all over the place and gatherings are considered illegal. Road-blocks are set up all over the capital and if you don't stop...they shoot! There are a lot of casualties because of the fighting (which was happening 2 hours away from the capital) and these have strained an already stressed medical system.

Even though on the surface everything looks lush and the rhythm of life is laid back, it is clear that many people suffer from the poor economic situation. This is even more intensified when we consider it in the context of AIDS. Recent epidemiological surveys indicate that at least one third of the population is infected with HIV and, as you can imagine, this is devastating news for a country which is dealing with malnutrition, tuberculosis and frequent bouts of malaria, which is rampant in the countryside. I even had to be vaccinated for meningitis as there was an outbreak there just before I left Canada.

I had a lot of meetings during the week that I was there but my primary objective was to meet other people with HIV. It was like a week-long counselling session because we certainly do not

say we have HIV unless we enjoy being discriminated against. So people live totally isolated and in fear. Many were suspicious of the white man who says he has AIDS. I think that some of them agreed to meet me just to see what a white person with AIDS looked like! Some of the personal stories were heart-wrenching and I admired their courage. One woman I spoke to was recently diagnosed with HIV; she is 27, has 6 children, and is afraid her youngest child has HIV. Her husband is very sick and can't work--he probably has AIDS also. She sells baskets of tomatoes and supports all these people with this meagre income. How can she survive, I asked myself? She is not afraid for herself but like every family which is dealing with AIDS is worried about the people she may leave behind--her children.

As far as treatments are concerned, we have to forget our western 'rich country' mentality because over there even aspirin is a luxury. I'll be thinking about that every time I pop some new designer antibiotic costing two dollars a shot: they survive on only two dollars a day. This is the scandal that we from the Northern wealthy countries must correct. How can we let this situation continue? What can we do to alleviate the suffering that people with HIV are facing in the Southern hemisphere? These are all questions that I asked myself and I realised that the first step is to listen to their voices.

It became very clear that they all wanted to break the isolation and to connect with other PWAIDS/HIVs. They all wanted to believe that there is hope and were relieved to know that they are not alone and that they have choices, that their lives are valuable and that AIDS doesn't automatically mean death, and that they can lead meaningful and productive lives.

After I met them individually, I invited them to come to a meeting. Almost all of them showed up, to my amazement, and the ones that couldn't come were either in the hospital or sent their regrets. It was awesome to see their reactions and especially the enthusiasm of actually being open about their status for the first time, and for me to witness the birth process of a first meeting of our sister group in Africa. I almost missed my plane because they didn't want to leave!

I've been home for two weeks and I really miss everyone there. I would go back any time and I'd recommend to any PWA/HIV with the opportunity to do the same. Actually, I'm sure Africa gave me a few more T-cells as a bonus. And as a final note, I received a fax yesterday saying that they had held a second meeting and this time not seven but twenty-seven PWA/HIV's had turned up! Now that's empowerment!

Don deGagne

## CAREGIVER TRAINING "COMPASSIONATE CARING IS HEALING"

A course for Caregiver Care Training is being offered for six consecutive Tuesday evenings commencing April 21 to May 26, 1992. Time and place to be arranged.

Topic Range:

Ability to communicate/learning to be a good listener.

Caregiver needs/support/avoiding burnout  
Family issues/involvement - i.e. acceptance, understanding

Fear(s), shame, guilt and abandonment issues

Importance of presence and personal boundaries.

Grieving process for partners, caregivers, family and friends

Course leader is Sister Rita Duncan, S.C.I.C., Pastoral Care St. Vincent's Hospital. Anyone is welcome to participate in this invaluable experience. Class size may be limited, thus commitment is necessary. There is a minimal cost involved, but payment by sliding scale or donation will be acceptable so as not to exclude anyone who may be interested.

For further information call 683-3381 and leave a message for Dave Trudeau. Your inquiry will be answered.

*"Those who can sit in silence with their fellow man, not knowing what to say but knowing that they should be there, can bring new life to a dying heart and break through paralyzing boundaries."*

# IT'S ALL IN THE TOP RIGHTHAND DRAWER

## PART ONE:

This is about control, by you, over what happens if you die. Making plans for death shows that you care about the feelings and needs of those with whom you are close, and putting your decisions in writing will bring peace of mind.

### Power of Attorney:

Your "attorney" is someone you choose to act on your behalf, if necessary, while you are still alive. Your "executor" is a person you choose to act for you after you die. The people you want as attorney and executor should agree to take on the job before you write down who they are. They could both be the same person.

Giving a friend or relative legal "power of attorney" makes him/her able to act for you if something happens so that you can no longer make decisions. You do this by signing a "power of attorney" paper. Your signature must be witnessed by a lawyer or a notary public.

Your attorney will have the right to decide when things have reached the point that power of attorney should be used. From then on, he/she is called your attorney.

There are rules about what he/she can and cannot do. For example, he/she is not allowed to spend your money on him/herself. He/she will deposit your cheques into your bank account, and use the money to pay your bills. You don't have to give full power of attorney if your only need is for someone to write your cheques and do your banking. Your bank or credit union can make this arrangement. You could do this for any reason--for example, to go away on a long trip.

If you have not given someone the right to be your attorney, and the time comes that you need it, your friend would have to go to court to get the right to be your attorney.

Power of attorney stops when you die. If you have written a will, your "executor" takes charge.

Both your attorney and your executor will need to be able to get your keys. Your landlord should have some way of knowing who they are--you don't want them calling the police because one or the other is in your apartment!

### The Living Will:

What do you want to happen if you become very ill and have no hope of recovery? If your mind is clear, you could refuse treatments that would extend your life and insist on pain killers to keep you comfortable--you could put yourself on "palliative care".

If your mind is not clear, the doctors have a legal obligation to keep you alive, even though you are in great pain. A "living will" is a written statement, signed by you and witnessed, that tells your doctor ahead of time that you want to go on palliative care. A living will does not legally bind your health care givers. It does provide a clear statement of intent. Discuss your living will with your doctor and make sure he/she has a copy.

Some living wills name two people to have "medical power of attorney." They would tell the doctors for you to put you in palliative care. If you do this, the attorney who pays your bills is said to have "general power of attorney."

The Society office has a living will that you can have drawn up for you, free of charge.

### The Will:

A will does two things. One, it allows you to make binding decisions about what becomes of the things you own after you die. Two, you use it to name the person who is to be your executor.

Your executor will do the following:

- Arrange your funeral.
- Pay your bills and taxes.
- See to your obligations. For example, he/she might have to make sure that your money is used to look after your child.
- Give away your remaining property and possessions as you decide, after bills, taxes, funeral, and other obligations have been seen to.

Your executor can be someone who is close to you and he/she should have agreed to take on the job. It is all right for your executor to receive gifts



from you, under the terms of your will. It is a good idea to name a second person to be your executor, in case the first one, for any reason, does not serve.

After death, your money and property is called your "estate". Your executor can pay reasonable expenses that arise out of his/her duties out of your estate.

Have your will typed. It must be dated, signed by you, and witnessed by two adults. They must be persons who will not receive any thing under the terms of the will.

- \* They do not need to know what it says.

- \* It must be clear to them that it is your will that you are signing.

- \* It must be clear to them that you know that it is your will that you are signing.

- \* They must sign their names, and write down their addresses, and occupations.

**MAKE SURE THEY WATCH YOU SIGN YOUR WILL!** They must SEE you write your name. Close the door and don't let anyone interrupt. Some people are going as far as having the signing of their will videotaped, as additional proof that the witnesses and you knew exactly what you were doing.

If your will is in any way complicated, it should be drawn up by a lawyer. For example, they might put a clause in the will that leaves \$5.00 to any person who might challenge your will and try to go to court to claim that your money should be given to them. The fee for this will not be large. There is a free legal service at the Society whose members will prepare your will.

Once you have provided for those who are dependent on you for care, such as your child, and for payment of bills, you can leave your money and possessions to whomever you like. Ordinarily, you can leave your personal property to the persons you name even if there is not enough money to pay off all debts. Note that if this happens neither your family nor your executor is required to pay whatever is left owing.

You can write in your will instructions to your executor about your funeral. You need to realize that the person you name as executor in your will have the right to make decisions about what is done with your body. These instructions guide him/her but are not binding. He/she makes all decisions regarding the funeral. It is a good idea to

discuss these arrangements with your executor. You might give him/her a copy of the will, or at least a copy of the instructions.

Where there is no will, the next of kin of the deceased will be appointed by the court as administrator. The administrator is not an executor but he/she has all the powers of one. Agonizing problems have developed in cases in which the family of the deceased has taken charge and ignored the needs and wishes of a lover. Note that the Ministry of Social Services will speak only to the family where no executor was appointed.

You do not need a will if you have no children, have never married or had a common-law spouse, are leaving everything to your parents, and you own no real estate or property, such as a car, that is registered in your name.

In this case, your parents (or parent, if one has died), becomes the "administrator(s)" of your estate, with all the powers of your executor. They also inherit the whole of your estate.

Part Two in the next Issue!

Prepared by Stryker,

## HOME/HOSPITAL VISITING PROJECT

We've been getting a steady flow of volunteers interested in the Home/Hospital Visiting Project. We can never have too many, however, and would like to hear from more of you. If you have past experience, or are just willing to spend some time with members isolated at home through illness or hospitalized, we need people who can effectively offer support and comfort through these visits. An orientation workshop is scheduled for April 8th, 9 AM to 4 PM at St. Paul's Hospital.

If you're interested and feel you could offer something to the project, either fill in the questionnaire at the reception desk of PWA Society Office, or call 683-3381 and leave a message for Robert Fyke.

Llewellyn Woolley  
Project Co-leader

## AIDS TREATMENT HIGHLIGHTS

### KAPOSI'S SARCOMA AND ALPHA INTERFERON

There are several categories of patients with Kaposi's Sarcoma, and treatment options are varied according to severity of the disease and the location of KS lesions. If you have KS, you could discuss with your doctor whether Alpha-Interferon may be a treatment option for the particular stage of KS you are experiencing. It is important to remember that this drug would not be indicated for every patient with KS.

Alpha-Interferon is expensive and not yet paid for by Pharmacare in B.C. To try and change the current government position on Alpha-Interferon, you can write to the following address and please send a copy of your letter to the PWA Society:

The Honourable Elizabeth Cull  
Minister of Health  
Parliament Buildings  
Victoria, B.C., V8V 1X4  
Attention: Marianne Alto,  
Ministerial Assistant

### CLINICAL TRIAL HIGH- LIGHTS

1. For treatment of Herpes Zoster (Shingles):  
Acyclovir vs. BV ara U

This is a double-blind trial at Shaughnessy Hospital with Dr. Burge. For further details and information on enrolment, contact Research Nurse Louise at 451-0979.

2. Rifabutin Open Label Access

Dr. Khan at the Emergency Drug Release Program in Ottawa has informed us of an open-label treatment and observational protocol for RIFABUTIN. This treatment is for prophylaxis

against M.A.C. (Mycobacterium Avium Complex) for those who are under 200 T-Cells. For entry and further details contact 1-800-552-7228,

8 am - 5 pm EST.

3. 566C80

A prophylaxis trial plus expanded access is scheduled to start in the near future.

### ANAL CANCER STUDY IN SAN FRANCISCO

Because immunosuppressed men may be at higher risk for anal cancer than those with intact immune systems, the University of California--San Francisco and the San Francisco Men's Health Study are initiating a study of anal neoplasia (also called dysplasia or precancerous formations) in men with HIV infection. Pap smears will be taken periodically to observe any precancerous changes in anal tissues. The removal of those cells can halt progression to cancer.

The study is now recruiting, and interested persons may call Joel Palefsky, M.D., at 415/476-1574. Men who are sero-negative will also be recruited, as a control group. Dr. Palefsky told us that Pap smears are abnormal in about 40% of HIV+ men, and a high proportion of those may go on to develop cancer if not treated. This study is a good opportunity to be monitored for this potential problem.

A related concern in women with HIV is the increased incidence of neoplasia of the cervix. For that reason, many clinicians recommend six-month, instead of yearly, Pap smears for HIV+ women. Dr. Palefsky noted that women may also want to ask for an anal Pap smear when they get their regular cervical Pap smears.

For both men and women with HIV, regular Pap smears are important for timely diagnosis and treatment of anal or cervical neoplasia.

AIDS Treatment News

## DAPSONE DESENSITIZATION

In the January 1992 issue of the *STEP Perspective* (Seattle Treatment Education Project), we reported on the increasing success of desensitization to TMP/SMX (also called trimethoprim-sulfamethoxazole, Bactrim or Septra) for treatment and/or prophylaxis for pneumocystis carinii pneumonia (PCP). Since that publication, a report of successful desensitization using dapsone was published.

Dapsone is another sulfa drug frequently used successfully for PCP prophylaxis. Studies have shown that dapsone (25 mg, four times daily) is as effective as TMP/SMX in preventing PCP with fewer adverse reactions.

This new procedure of desensitizing individuals to dapsone could prove to be beneficial for those who fail TMP/SMX desensitization. For those who have severe reaction to TMP/SMX, desensitization to TMP/SMX may pose a greater risk than desensitization to Dapsone.

The dapsone desensitization procedure was carried out over a 42 day period on 14 patients who had experience adverse reactions to dapsone as evidenced by fever >39 degrees and diffuse erythematous maculopapular pruritic rash. The procedure was successful on 13 of the 14 patients, with the 14th patient developing a rash on the 42nd day of desensitization. All of the successful desensitizations were followed for up to 7 months at full dosage with no adverse reactions reported.

As with desensitization to TMP/SMX, it is extremely important to attempt dapsone desensitization only under the close supervision of a qualified health care provider.

The authors of this report also suggested that giving dapsone 25 mg four times daily instead of 50 mg twice daily may reduce the number of side effects.

Note: Because dapsone requires an acidic environment in the stomach to be absorbed, it is important to take it at least two hours apart from drugs such as ddI which create an alkaline environment.

Laury McKean, R.N.

## 566C80 PART TWO:

### Toxoplasmosis & Cryptosporidiosis

566c80 is a new oral drug that has been discovered to be potentially effective in treating *Pneumocystis Carinii* (PCP) [see March newsletter], *Toxoplasmosis gondii* (toxoplasmosis), and *Cryptosporidiosis*. Initial results indicate 566c80 has a high degree of efficacy, in which case it would be one of the more important new drugs in treating opportunistic infections (OI). If this oral drug proves to be effective in preventing all 3 opportunistic infections, PWAs using it could avoid hospitalization. It is also well-tolerated with very few side effects.

Toxoplasmosis is the most common of several different kinds of diseases that can affect the brain and nervous system of someone who is HIV+. *Toxoplasmosis Encephalitis* is a brain inflammation; symptoms include headache, fever, confusion, lack of energy. It can cause seizures, convulsions, hydroencephalitis (convulsions caused by "water on the brain"), eye disease, dementia and death. Toxo is one of the most common life-threatening opportunistic infections, occurring in 25% to 30% of PWAs and caused by reactivation of a previous infection. Exposure and re-exposure to *toxoplasmosis gondii*, the parasite which causes the infection (actually a protozoa or one-celled organism), often happens by eating undercooked meat or by coming in contact with cat feces. Always keeping in mind that 10-40% of the general adult population are infected with and consequently develop antibodies against Toxo, it can be avoided.

- Have a toxoplasmosis test done to assess risk. I would recommend having a toxo test done every 6 months if below 20% or 250 T-cells.

- Always clean litter boxes with surgical gloves to prevent infection and/or re-exposure. Test your cat for Toxo and have it treated if seropositive; there is no need to give away your cat. Also if your cat is a house cat and is not outside catching mice or birds and you don't feed it raw/undercooked meat, the cat will not be at risk to Toxo. Keep it away from other cats. My cat is a Persian apartment cat, Toxo negative.

- Avoid undercooked meats.

Some studies have indicated that one-third of AIDS patients who have been exposed previously to Toxo will develop it within two years of their diagnosis. The most important factors in preventing the complications of toxoplasmosis are early recognition of symptoms, prompt initiation of treatment and currently lifelong suppressive therapy to prevent the recurrence of brain abscesses.

At the 7th International Conference on AIDS in Florence, Italy, Dr. Henry Masur presented the results of the first 566C80 study in patients who were intolerant of the failing standard therapy (sulfadiazine/pyrimethamine or clindamycin/pyrimethamine). Of 8 patients treated, four improved. Brain scans showed that one patient remained stable and one deteriorated due to HIV dementia. Only one patient had a recurrence of Toxo, apparently because the drug was not well absorbed in this patient.

Diagnosis of Toxo is often presumptive, with verification by finding positive Toxo antibodies and detection of intracerebral lesions by CT scan and/or MRI. Treatment is commenced and diagnosis is confirmed if there is a response within 14 days.

The present standard therapy is pyrimethin (daraprim) 200 mg. loading dose followed by 75-100 mg combined with sulfadiazine 4-8 g. per day. About 40-60% of patients develop drug reactions requiring discontinuation of this therapy. Sulfadiazine is replaced with clindamycin (300-600 mg, 6-8 h). Toxicities involved with these drugs are neutropenia (low neutrophile count). To help prevent this, folic acid (10-50 mg/day) should be administered concurrently. Clindamycin's most severe toxicities are diarrhea, colitis, abdominal pains and skin rashes. Since relapses of Toxo approach 100% without maintenance therapy, lifelong therapy is indicated. Dosages vary. In one study, 16% of patients died within first week of treatment regardless of the above two treatments. Also, 50% of those who recovered chose not to continue management therapy and relapsed within 12 months. None of the patients on maintenance therapy of pyrimethamin/sulfadiazine relapsed but 40% of patients on pyrimethamine/clindamycin relapsed.

Clarithromycin and azithromycin may be effective in treating toxo. Clinical trials with azithromycin are taking place. 566C80 is available in an open clinical trial or through E.D.R.P. for patients with intolerance or failure of standard Toxo treatments. Studies are being conducted with pyrimethamine at 50 mg three times a week to prevent Toxo in persons with Toxo antibodies. The most urgent need is determining which is the safest and most effective agent to prevent Toxo in HIV+ persons. Bactrim/septria one ds twice daily may be an effective prophylaxis. Other drugs with potential anti-toxoplasmic activity which may be useful in prophylaxis include dapsone, roxithromycin and fansidar, as well as 566C80. It is anticipated that 566C80 may soon be available under expanded access for patients with Toxo.

Currently, depending on who you read, prophylaxis with pyrimethamine, bactrim, 566C80 or pyrimethamine (+leucovorin) is recommended at 250 T4 or below 20% or as low as 100 or below 10%, if you are toxoplasmosis positive.

Cryptosporidiosis (CR), a disease which is often accompanied by intense diarrhea, is caused by a tiny organism which is present in contaminated food and water and can be easily passed from one person to another. It is widely believed to be a common cause of diarrhea in PWAs. CR can cause vomiting, fevers, serious weight loss, stomach pains and cramps. The symptoms of CR usually develop slowly, getting progressively worse. It is important to be tested for the presence of CR. Although there are no standard therapies, humatin has been anecdotally reported to be of benefit. Microsporidiosis is another possible pathogen. During in vivo and in vitro studies, 566C80 has shown efficacy against both. Although there are no clinical trials or studies that I have been able to find dealing with 566C80 and only these organisms, it does appear to have the possibility of treating diarrhea by killing the causative organisms.

Contact: Burroughs Wellcome Inc, 16751 TransCanada Hwy, Kirkland, P.Q. H9H4J4; Linda Hoyle 514-630-7006 or 1-800-361-2356.

Brad D.

Treatment Information Project

# ACCESS TO NON-APPROVED TREATMENTS

The Emergency Drug Release Program (EDRP) should help you and your doctor access new or experimental treatments for HIV/AIDS from anywhere in the world on a humanitarian basis. To request access to such a treatment, your doctor should phone the EDRP at one of the following numbers:

- (613) 993-3105 -all drugs (except central nervous system)
- (613) 993-3203 -central nervous system drugs
- (613) 957-0362 -vaccines
- (613) 991-0213 -after hours (for everything)

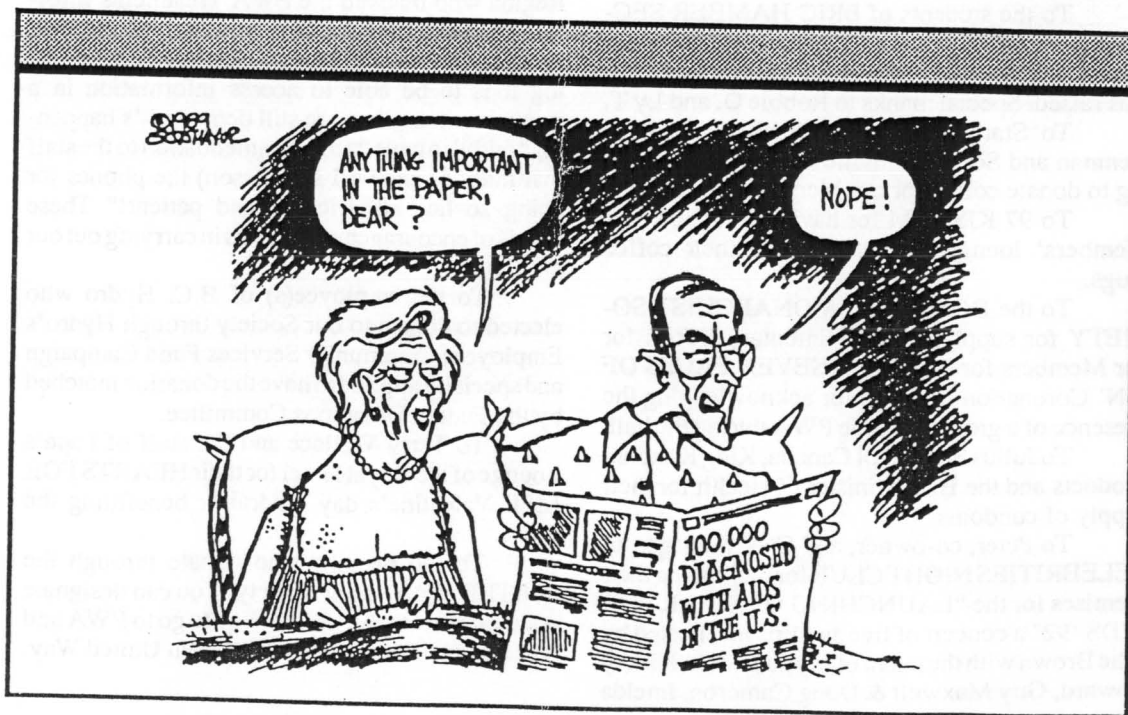
The Treatment Information project would like to know of any problems with this system and will pass the information along to the Community AIDS Treatment Information Exchange (CATIE) and to AIDS ACTION NOW.

# ERRATA

In the last issue of the newsletter, there was an omission in the article "Does HIV Alone Directly Cause AIDS?" We apologize for this. Following are the paragraphs as they should have been presented:

Two pieces of evidence for auto-immunity in AIDS were discussed. One is from Geoffrey Hoffmann and Tracy Kion at UBC which showed that mice not exposed to HIV created antibodies against the virus after injection with white blood cells from other healthy mice. Hoffmann suggests that researchers should be working on ways to suppress specific aspects of the body's immune system, rather than boosting the immune response to the virus.

The other experiment was by E.J. Stott and colleagues in Britain. This team found that monkeys not immunized against SIV were protected from infection by that virus by merely injecting them with foreign T-cells. These monkeys were responding by mounting an immune response not to SIV, but to the presence of foreign lymphocytes.



## KUDOS

To Celebrities Night Club, the Back Alley Tavern of the Dufferin Hotel, Numbers Cabaret and Spats Cabaret, all in Vancouver, for having had break-open lottery machines displayed for their customers in their premises. Proceeds from these machines used to fund the "COMPLEMENTARY HEALTH FUND" (CHF) of our Society, which benefitted our PWA Members directly. Unfortunately, the program has been discontinued by the B.C. Government this month. We will need your help in raising funds to fill in the gap.

To ESSO Station--Burrard & Davie, U-Frame-It--Robson & Seymour, Scribe & Scholar Stationery, Metropolitan Home/HOMEMET, The Video In, Simon Patrich Gallery, Avenue Lounge of the Dufferin Hotel, Metro Broiler, Shoppers Drug Mart--Davie Street, Pastameli--Denman Street, Starlight Cinema and the newly recruited Celebrities Night Club all in Vancouver, for continuing to have PWA donation boxes displayed for their customers.

To the students of ERIC HAMBER SECONDARY SCHOOL who borrowed our donation boxes and displayed them during a play. Over \$100 was raised. Special thanks to Robbie O. and Ly T.

To Starbucks Coffee Company at 1116 Denman and South Granville outlets for continuing to donate coffee for our Members and lounge.

To 97 KISS FM for having 'mugged' our Members' lounge and office with their coffee mugs.

To the DOGWOOD MONARCHIST SOCIETY for supplying complimentary tickets for our Members for their 'THE SEVEN FACES OF SIN' Coronation Ball and for acknowledging the presence of a group from the PWA during the ball.

To Julius Schmid of Canada, King Kondom Products and the B.C. Minister of Health for their supply of condoms.

To Peter, co-owner, and Carl, manager, of CELEBRITIES NIGHT CLUB for facilitating their premises for the "LAUNCHING OF WALK FOR AIDS '92" a concert of live and lipsync, hosted by Julie Brown with the talent of Myria Lenoir, Kirkby Howard, Guy Maxwell & Doug Cameron, Imelda

Mae, Carole Cote & Catherine McNeil, Willy Taylor, Peter Diniz and Amanda Hughes. Special thanks to the technical staff James Brett of Mediacom Systems (equipment), Katherine Frost (lighting), Mike Fricker, David Stigter, Michael Doyle (door) and, of course, its producer Gary Gilbertson and the WALK FOR AIDS '92 project team members. Also to all the staff of CELEBRITIES who are and have been very supportive of our Society. And also to all our supporters who made the evening a great success. A total of \$1,000 was raised.

To the donor who gave us best wishes in our "valuable role of caring for and caring about people who have AIDS." And to the person who donated in lieu of our Library's 'overdue' fees, which do not exist. And to the donor who said for our Society to "Please keep up the wonderful work" that we are doing. And to the donor from Winnipeg who said that "Although we are separated by many miles, by the Newsletter's spirit I feel I am not far away; informed, encouraged and thankful that organizations like PWA Vancouver exist for all of us" and made a donation to "help defray the costs of mailing a regular copy." And to the donor from Regina who thanked the PWA Treatments Information project for the literature and information sent, saying that we "have no idea how empowering it is to be able to access information in a province where they are still denying it's happening" and also gave "a big commendation to the staff that man (or should I say person) the phones for being so helpful, friendly and patient!" These words of encouragement help us in carrying out our mission.

To the employee(s) of B.C. Hydro who elected to donate to our Society through Hydro's Employees Community Services Fund Campaign and specially applied to have the donation matched by the Fund's Donations Committee.

To Terry Wallace and the staff of Papa's Lounge of the Royal Hotel for their HEARTS FOR LIFE Valentine's day fundraiser benefitting the PWA.

To the persons who donate through the UNITED WAY to our Society. You can designate your donation to the United Way to go to PWA and receive a tax-deductible receipt from United Way.

To the producers and entertainers of PINK WITH ACCESSORIES II held at Papa's Lounge of the Royal Hotel, for their fundraising efforts on behalf of our Society.

To the performers of BALL FEVER held at Papa's Lounge of the Royal Hotel for donating their tips to our Society.

To G.A.L.A. North Social Support of Prince George for donating to our Society from the proceeds of their February 1992 dance.

To T'S COUNTRY CLOGGERS, a group of 'country-style' tap dancers or cloggers, for donating to our Society a portion of their "disposable income" to be "put toward a very notable and important cause."

To the local physician who conducted a seminar for the Professional Association of Residents & Interns of British Columbia and asked that his honorarium be donated to our Society.

To Quita L., Darrell L., James M., James N. and Chris D. for having dedicated themselves to the Casino project. They volunteered in a project of huge responsibility and very long hours. It was held at the ROYAL DIAMOND CASINO and about \$8,000 was raised over two evenings.

To the persons responsible for the continuing supply of complimentary tickets to performances by the VANCOUVER SYMPHONY ORCHESTRA. And to the persons responsible for the supply of complimentary tickets to "LIVE COMEDY IMPROV" at the Back Alley Theatre (available for every Wednesday), to performances by the "VANCOUVER LITTLE THEATRE", to "SPRINGRITES 92" by The New Play Centre at the Waterfront Theatre, to performances by the VANCOUVER GOH BALLET at the Massey Theatre and others.

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

To all our Society's Volunteers, Contract and Full-time Staff Members who aid us in carrying out our Society's mission. This includes our 'working' Board Members who are all volunteers.

To all who help us in so many different ways.

Harry - Director

Finance/Fund Development Committees

## WE'RE OPEN

Mondays to Fridays 10 AM to 5 PM, Saturdays 11 AM to 3 PM, Sundays and Holidays closed; PWA Administration Office open Mondays to Fridays only. Drop-in living room lounge: juices, freshly brewed Starbucks' coffee and other goodies when available.

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

**Blood Testing:** For full members only. Call PWA for cost, info. Applications available at PWA reception. Covered by CHF.

**Bridge:** two weekly games running and lessons are starting. New members welcome. Call Stryker at PWA for info.

**Camouflage Therapy:** For full members. By professional therapist. Call Kathie 688-2818 for cost, info. Covered by CHF.

**Comox Valley Support Group:** For HIV+ persons. Call Jack or Jim at 338-1492 for location, times, etc.

**Complementary Health Fund (CHF):** Call or write Support Manager at PWA for eligibility, policies, procedures, etc. The issuance of cheques to Third Parties **MUST** be pre-approved by Jackie or Yvonne.

**Complimentary Performance Tickets:** Reduced cost or free for Volunteers, members and escorts. Call James N. or Support Manager at PWA for availability.

**Cowichan Valley Support Group:** All welcome. Twice monthly meetings for family, friends and PWA/HIV+ in Duncan. Offers support and social events, strictly confidential. Call Colin at 743-9480 or Jackie at 748-1995 for location, times and info.

**Debtors' Assistance:** Offering advice to members on financial responsibilities regarding debts. Presents options available to deal with debt load and will guide people through the process of choice. To access 'phone Bob Turnbull at 660-3552 Monday, Tuesday or Wednesday only. Say that Stryker referred you.

**Food Bank:** Free 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 and Donations:** Good used furniture, household items, etc. accepted, for members' use. Need storage space and Volunteers with moving vehicles. Call Kay H. at PWA for info. See also Moving.

**Helpline:** Call PWA Peer Counselling Helpline 687-4792 to talk to a Peer Counsellor. Collect calls accepted from B.C. only.

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

**Housing Rental Subsidy:** For full members. Application forms available at PWA reception.

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

**Library:** All welcome. Books, periodicals, audio and video cassettes, reference materials, treatment/drug info., women & HIV/AIDS info. Call Ted E. at PWA for info.

**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. Please deliver returning or donated items to A/V directly.

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

**Nanaimo Area:** PWA's in the Nanaimo area interested in getting together for support please call Ron or Lee at 753-6653 or write to S-F, C-8, R.R.#1, Nanaimo, B.C., V9R 5K1.

**Peer Counselling:** Call PWA Peer Counselling Helpline 687-4792 to talk to a Peer Counsellor. Collect calls accepted from, B.C. only. Call PWA for info., to join future orientation sessions, etc.

**Portrait Photography:** Full member will do portrait photography for other full members at a reduced rate. For information call Support Manager at PWA.

**Retreats/Day Trips:** check with PWA switchboard for upcoming outings.

**Speakers' Bureau:** Call 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., Peter D. or Bradley D. at PWA for info. and volunteering.

**Vancouver Meals Society (VMS):** For home-ridden PWA's, delivers meals for persons with AIDS, specially those just out of the hospital. Call A/V Client Services 687-2437 for availability, schedules, etc. Call Easter 682-MEAL (682-6325) to volunteer, join and for info. on VMS a non-profit volunteer-based registered charitable organization.

**Volunteer Intake:** Call Quita, Tom or Robert E. at PWA for volunteer opportunities. Application forms at PWA reception.

**Volunteer Meals:** Supplied at office for all volunteers working 3 hours that day on approved projects. Call PWA before 10:30 AM to be placed on list. Also on Saturdays.

**Walk For AIDS '92:** Sunday, September 27th 1992, Stanley Park. Call Greg D. or Garry G. (voice pager 623-1332) 688-WALK (688-9255) or PWA for info.

## COUNSELLING/ THERAPY

Dear Friends,

Thank you for your work in promoting AIDS education; friends of mine have benefitted from your services.

As a counsellor and healing practitioner, I'm concerned with the struggles--emotional, physical, and spiritual--that HIV+ people face. I'd like to waive my fee and offer my services on a strictly donation basis to your members. I will be able to do monthly sessions consisting of positive imagery, energy healing, and counselling to strengthen the body/mind connection. I have reserved April 26th, May 17th, and June 14th for this purpose.

Please call me at (604)732-9753 to reserve times or to ask questions.

Sincerely,  
Relsa Stone



# ON GOING GOINGS ON

## MONDAYS

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

**Aboriginal Peoples' Support Group:** All welcome. Of special interest to persons concerned with HIV/AIDS issues. Meets 7 - 9 PM at the Vancouver Native Cultural Health Centre, 451 East Hastings Street (254-9949). Call Alan K. or Ken B. at PWA for info. Informal and confidential. Sponsored by the Vancouver Native Health Society and PWA jointly.

**Art Therapy Support Group:** Free for full members. Evenings. Facilitated by a student of the Vancouver Art Therapy Institute. Limited to 8 participants. Call Support Manager at 683-3381 for info. Also available Thursdays.

**Buddy Support:** For buddies of PWA's. Sponsored and held at AIDS Vancouver, 1272 Richards Street, every 2nd Monday, 7 - 9 PM. Call A/V Helpline 687-2437 for info.

**Insight Meditation Group:** Open to people living with HIV, friends and supporters. Not a support group. Meets at 7:30 PM. Contact Kerry at 687-1936 for info. and location.

**Legal Clinic:** Suspended until start of new academic term.

## TUESDAYS

**"Living in Each Moment" Meditation Group:** Open to people living with HIV, friends and supporters. Not a support group. Meets at different West End homes 2 - 4:30 PM. For info. and location call Kristin 872-0431.

**"Living with HIV" Therapy Support Group:** Open to persons living with HIV. Sponsored by AIDS Vancouver. Duration 8 weeks. Call Bridget at A/V Helpline 687-2437.

**Board of Directors Meetings:** All members welcome, 7 PM sharp. Call PWA for location, meets every 2nd Tuesday. Call Bryan or Managing Director for info.

**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 255-9858 (during drop-ins), Bridget at A/V Helpline 687-2437 or Jackie at PWA for info. Children welcome. Sponsored by the Women and HIV/AIDS Support Network.

## WEDNESDAYS

**Support Committee Meetings:** All Society members welcome and encouraged to participate. PWA boardroom, 10:30 AM sharp, meets bi-weekly. For info. call Tom M. or Support Manager. 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 Project/Acupuncture:** For members only. Consultations at PWA boardroom, 1 - 6 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.

**PWA Positive Living Support Group:** Open to all persons with HIV/AIDS. Drop in at the PWA lounge 7:30 - 9:30 PM. For mutual support and empowerment, exchange of information, etc. Informal and confidential, no facilitator. Call Support Manager at PWA for info.

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

**Fund Development Committee Meetings:** All welcome. Meets April 1st, 15th and 29th, 7:30 PM sharp. Call PWA for location. Advises on funding proposals. Projects include Walk for Aids

'92, customer/merchant displayed donation boxes, casino nights, third party and community events, donor recognition, social and event representations, etc. Call Chris D. or Managing Director for info.

**Healing Circle:** Meets Wednesday evenings. Call Lela 689-8476 for info. NOT a drop-in group.

**Kamloops Area "Positive People" Support Group Project:** All welcome. Meets 7:30 PM. Offers self-help and support programs for people with AIDS or HIV infection, their mates, friends and families. Call Don or Michael at 573-4309 or write "Positive People", P.O. Box 992, Kamloops, V2C 6H1 or the Vancouver PWA for info. An outreach project of our Society.

**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 and supporters in informal surroundings. Confidential atmosphere for discussion of related topics, seek mutual support, exchange ideas, make new friends, etc. Call Merv 986-2127 or Quita 926-2633 for info. FAX 926-6751. Transportation can be arranged.

**North Shore Men's Living Positive Support Group:** Men with HIV+/AIDS only. Meets 1st and 3rd Wednesdays. See North Shore Support Group for details. Call Merv at 986-2127 or fax 926-6751.

**Quilting Bee:** All welcome. Helmcken House, 649 Helmcken (at Granville), 6 - 10 PM. Bang on lounge window to gain entrance. Supplies provided by Kay H. Call Brenda 669-4090 for info. Any contributed goodies appreciated. Coffee available.

**Positive Living Group:** Call Support Manager for info.

## THURSDAYS

**Therapeutic Touch Sessions:** Free for full members, PWA boardroom, 1 - 3 PM. By appointment only. Call PWA for info. Sign-up sheet at reception.

**C.M.V. Support Group:** For affected persons. Meets at 2 PM, St. Paul's Hospital, Room 612 or 618 (old building, North wing). One hour meetings providing forum for the exchange of views, experiences and difficulties from C.M.V.

**Advocacy Committee Meetings:** All Society members welcome. PWA Boardroom, 3:00 PM sharp. Meeting on April 2, 16 and 30. 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.

**Art Therapy Support Group:** Free for full members. Facilitated by a student of the Vancouver Art Therapy Institute. Limited to 8 participants. Call Support Manager for info.

**Finance Committee Meetings:** All members welcome. PWA boardroom, 7 PM sharp. Meeting April 9 and 23. Works to ensure proper financial procedures, reporting and monitoring. Advises regarding budgets, controls, accounting, external audit, taxation, etc. Call Harry or Managing Director for info.

**"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.

**White Rock/South Surrey Women and HIV/AIDS Support Group:** For HIV+ women seeking info. and peer support. Drop-in held at Surrey/White Rock Women's Place, 1-1349 Johnston Road, White Rock, 2nd and 4th Thursdays, 7 - 8:30 PM. Sponsored by the Women and HIV/AIDS Support Network.

**"Body Positive" Support Group:** 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.

**"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 Burrard). Call Joy Moon 299-4828  
for info.

## FRIDAYS

### Vancouver Island Support Group Project:

All welcome. Drop-in and meetings at Room F of the YW/YMCA, 880 Courtney (at Quadra), Victoria, 1:30 - 3:30 PM. Call 381-5067 or write P.O. Box 8120, Victoria V8W 3R8 or Vancouver PWA for info. An outreach project of our Society.

**Chinese Herbal Project/Acupuncture:** For members only. Consultations at PWA boardroom, 1 - 6 PM. "Wait listed" sign-up register at PWA reception. Call Stephen M. for info. Sponsored by PWA, facilitated by a professional. By appointment only.

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

## SATURDAYS

**PWA 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. Call Quita 926-2633, FAX 926-6751 or Tom M. at PWA for info. Possibly alternating with Sundays.

## SUNDAYS

**Sundays At Four:** A program of spiritual discovery for those touched in any way by HIV and AIDS. Held at 4 PM in the King Room of St. Paul's Anglican Church, 1130 Jervis Street (at Pendrell) - Church Hall entrance. All welcome; coffee, tea and goodies are provided. Offering support to PWA/HIV+'s, friends, supporters and those who have lost someone to AIDS.

## IF

*If I could but....*

*Turn back the time.*

*Go back when youth, and life*

*Were so sublime.*

*When as lads*

*We made friends across the land*

*Making love man to man*

*Walked, and talked, hand in hand*

*Never a care.*

*Thinking all would be well*

*Future planned*

*What the hell.*

*But fate had more in store*

*A virus came from foreign shore*

*It spread fast with innocence.*

*The love we thought would*

*Always be*

*Turned to killer*

*One, two, three*

*Now maybe even me.*

*I have only one request*

*Do not blame me, or the rest*

*For we were young*

*And innocence blessed.*

*If.....*

*If I could*

*But turn back time*

Gerry B. Collings

## SAME-SEX COUPLES RECOGNIZED

In light of a judgement released September 4, 1991, by Madam Justice Rowles of the British Columbia Supreme Court, MSP now offers joint medical coverage to same-sex couples. The Ministry of Health does not anticipate appealing the judgement and, in fact, expects to change the regulations of the *Medical Service Act*, based on the ruling handed down. Requests to add same-sex spouses should now, in practice, be handled as routine additions of common-law spouses.

From the MSP Newsletter.

## STEP 9

Make direct amends to such people wherever possible, except when to do so would injure them or others.

The best amend to all of the people I have harmed is in the very action of not drinking, along with avoiding any other drug which destroys me and causes problems. When I look over my past, I can see clearly that all of the trouble I've ever gotten into was a direct result of my using and drinking. Even my smoking has been a problem when I really get honest with myself.

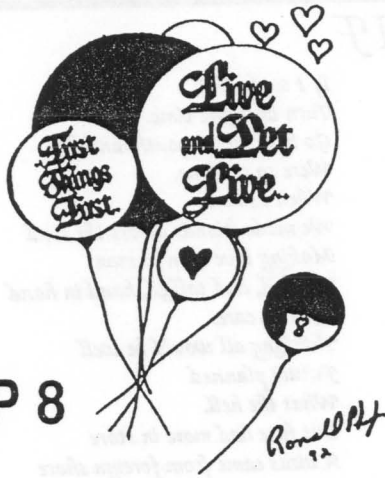
I make amends by doing some volunteer work for A.A. and the PWA Society or else where I can pay back money stolen which can not be paid back due to death or unemployment. I have found freedom by giving my time free to the Vancouver Food Bank along with the places I've mentioned above.

Just letting people know I'm wrong when I am wrong can be a great freeing experience. I have taken my past and tried to help others with it, as I have been doing in the very writing out of the 12-steps of A.A. and my story. This is one of the best amends. There may be some people reading this whom I have hurt in something I have said, carelessly. I'm sorry and apologize for any hurt I have caused you, real or unreal. God bless you for forgiving me.

In A.A., there are 12 promises that come to us as a result of working this step. Here they are:  
**TWELVE PROMISES:**

As a result of having worked in the twelve steps of the Alcoholics Anonymous' program some gifts are given to us. We must work for them or they do not happen.

These are the twelve: (1) if we are painstaking about our development in recovery we will be amazed before we are half way through. (2) We are going to know a new freedom and a new happiness. (3) We will not regret the past nor wish to shut the door on it. (4) We will comprehend the word serenity and we will know peace. (5) No matter how far down the scale we have gone, we will see how our experiences can benefit others. (6) That feeling of uselessness and self-pity will disappear. (7) We will lose interest in selfish things and gain interest in our fellows. (8) Self-seeking will slip



## STEP 8

Make a list of all persons harmed and become willing to make amends to them all.

This step needs only the keys of willingness and action to set down on paper the names of people we have harmed, the ways we have harmed them, and the ways we can amend the harm done. This is the way I have chosen to do it. You can use any way that you are comfortable with.

In my list, I put God and myself first, then all family members next. It is important to put the closest people to us down first. When I stop drinking, using, and other destructive behaviours, I'm setting right a wrong done to myself as well as to others. All of the trouble I've ever gotten myself into was a direct result of my drinking and using drugs. I don't get into as much trouble these days by going to an A.A. meeting and helping others stay sober, or going to a church to pray. Even staying home with myself or a lover and writing this step out for you. Making art or going to the PWA office and lending a hand. There are lots of things I can do today to keep me out of bars if I chose not to go to a bar. I would not change one day sober for a day drinking, most of all for the next day while hung over. I don't really miss throwing up or having headaches. I much prefer being happy, joyous, and free from it all. God can do it. I could not do it, so I think I let him do it. Let's enjoy our lives.

Your A.A. friend,  
Ronald P.

away. (9) Our whole attitude and outlook upon life will change. (10) Fear of people and of economic insecurity will leave us. (11) We will intuitively know how to handle situations which used to baffle us. (12) We will suddenly realize that God is doing for us what we could not do for ourselves.

Each one of these promises have come true for me--you will notice some of them as I tell my own personal story. Enjoy as you read on. I'll be forever grateful to Alcoholics Anonymous for the wonderful tools of the twelve steps, twelve traditions. Because all twelve promises have come true in my life today.

Step 10 coming soon.

Ronald John Edward P.

## RECIPES



### PORRIDGE BURGERS

Sounds like a funny thing to make into a burger, but they are easy and go a long way; delicious cold in a sandwich.

#### INGREDIENTS

-7-grain cereal or Roman meal, available in bulk food stores

-Falafel mix, available in health food stores

-Water to make a thick porridge!

#### METHOD

Falafel mix can be used by itself, soaked in water for 15 minutes, made into patties, and served in pita bread. To make the burgers, you make a thick porridge and, when ready, add about 2-3 tablespoons of falafel mixture, stir well and put into a mould to cool. I cut the ends off soup or bean cans, and grease them well, fill tins and put in fridge to cool. When ready to eat, slide out and cut into patties. Dip them in breadcrumbs and fry in a little oil. Good served with a little honey-mustard.

### VEGETABLE STEW-SOUP

Do you eat it with a fork or a spoon?? This is a very easy stew-type soup that you can make in bulk and freeze.

#### INGREDIENTS

- Your choice of any/or all of the following: potatoes, sweet potatoes, yams, carrots, celery, onions, etc., etc., etc.!!

- Your choice of beans, good with a bulk soup mix available at bulk food stores--it contains a mixture of all kinds of beans, peas, etc., or you can use just black-eyed peas, pinto beans, good with tinned garbanzo or chick peas, or pot barley, lentils, etc. If using uncooked beans, soak the night before and pour off the water. This helps to prevent the "gassy problem."

#### METHOD

In a heavy pan, saute onion in a little olive oil, add beans, chopped fresh vegetables, and a little salt, pepper and, for extra flavour, use a packet of vegetable bovril, or your choice of thyme, fresh parsley, or a spicy mixture like Italian seasoning, or a "bouquet garni", which is a mixture of thyme, marjoram, summer savory, rosemary, etc. Cover with water, and cook slowly, stirring occasionally to prevent burning. Can be pressure-cooked or made in a slow cooker.

This can become your own recipe according to what you have in your fridge--you can use a can of tomatoes or whatever.

Good with a thick slice of bread.

Peggie

## PWA POSITIVE LIVING

A new non-facilitated group has been formed for mutual support and empowerment. It is open to all persons with HIV/AIDS for the exchange of information on any HIV/AIDS issues. It will meet every Wednesday night from 7:30 to 9:30 in the lounge of the PWA Society, 1447 Hornby Street.

For more information, call Jackie at 683-3381.

# WOMEN & CHILDREN WITH HIV NEWSLETTERS

*The Positive Woman* is a national newsletter by and for HIV-positive women and their families and friends. It includes news on standard medical treatments, "alternative" treatments, referral information, and letters from subscribers. Recent issues have included articles on legal matters, sexuality, spirituality, vaccine and drug trials, and a listing of Washington, D.C. area clinics which provide care to persons who are homeless.

*The Positive Woman* is published every other month. Yearly subscriptions are \$12 for individuals, \$40 for non-profit organizations, and \$75 for businesses. For more information call 202/898-0732, or write to *The Positive Woman*, P.O. Box 34372, Washington, DC 20043.

*WORLD* (Women Organized to Respond to Life-Threatening Diseases), a new monthly newsletter in English and in Spanish, is published for women with HIV in Northern California. The first issue includes an article on gynecological manifestations of HIV, listings of support groups, a calendar of events, information on research studies and political groups, and a personal testimonial.

The second issue expanded coverage of events from the San Francisco area to Northern California; coverage will expand beyond Northern California when women in other areas express interest. Future plans include a series of informal surveys to assess the needs, thoughts, and desires of women living with AIDS.

*WORLD* is free, but donations are appreciated. To be included on the mailing list, or for more information, write: *WORLD*, P.O. Box 11535, Oakland, CA 94611; or phone 415/658-6930. Specify whether you want the English or the Spanish edition.

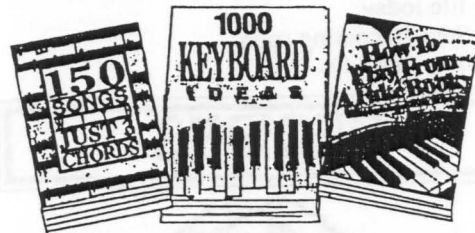
*Children with AIDS*, published every two months, covers medical issues, legal issues, social services, and the needs of drug-exposed and of HIV-positive children and their families. Articles are targeted to professionals working with chil-

dren, family members, policy makers, and the public. Recent issues have included articles on civil rights for children with AIDS or HIV, and reports from the Sixth National Pediatric AIDS Conference and from the First National Conference on AIDS and Homeless Youth.

Annual subscriptions are \$25. For more information, write: *Children with AIDS*, 1800 Columbus Avenue, Roxbury, MA 02119, or phone 617/442-7442. Article submissions also welcome.

Michelle Roland

Reprinted from *AIDS Treatment News* #130



## LIBRARY NEWS

All new books are now in circulation and the catalogue is up-to-date. There are over 1200 books available for use. We want to remind borrowers that when books are taken out, your name, address, and phone number must be recorded in pencil on the book card. There must also be a date due card in the book pocket so that the book card can be matched with the returned material. Because of the limited space, reference books may be used in the office area, but they must be checked out like regular material and returned by 5 PM and are not to be taken from the building.

We would like to thank David Miles for the generous donation of a Sanyo Beta VCR for the Library's/members' use. If you have any beta tapes, we could use them (if they are in good condition) to expand our collection. We would also like to thank C.F. for their donation of audio cassettes. These have been very helpful in expanding our selection of meditation and relaxation materials. They also were very helpful for our successful Walkathon.

Volunteers are needed to make certain that the Library is available at all times the office is open. If you have some spare time, contact Jackie, Tom M., or Ted E.

# NOTICEBOARD

*PLEASE!*

NOTIFY VANCOUVER PWA SWITCH-BOARD 683-3381 OF ANY CHANGE OF ADDRESS, ETC., TO ENSURE RECEIPT OF YOUR NEWSLETTER!

**Art Therapy:** Monday and Thursday evenings. Call Jackie at 683-3381 for info.

**Arts Supplies Required:** Two members need donations of art supplies--all types and media welcome; 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.

**Hospital Visiting:** Interested in visiting PWAs in St. Paul's? We are forming a new hospital visiting team. Contact Robert Fake or Lewellyn 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.

**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. This is done by a PWA for PWA's only. Call Dave at 254-0702.

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

**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 or Jackie at 748-1995.

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

**Kamloops Area Support Group:** "Positive People" Support Group. Call Don or Michael at 573-4309 for info. and location of meeting. Wednesdays at 7:30 p.m.

**Adapted Fitness Classes:** especially designed for people with physical disabilities. West End Community Centre Fridays 11:00 a.m. to 12:00 noon. Call 689-0571 for info.

**Body Positive Support Group:** now meets at Christ Church Cathedral (Burrard and Georgia) on Thursdays at 7:30 to 9:30 p.m.. Wheelchair accessible. Call AIDS Vancouver at 687-5220 for info.

**White Rock/Surrey HIV+ Women:** a new support group for women who are HIV+ facilitated by the Women and HIV/AIDS Support Network at White Rock Women's Place, 1349 Johnson Road, White Rock.

**New Women's Circle:** Manaya Green, with a background of nursing and counselling, is offered by Moon Songs - a healing circle for women inspired by native traditions. Manaya has Blackfoot in her bloodline and has healed herself of lupus, an immune deficiency disease. Offered every Thursday evening starting April 2nd. Phoenix Centre, #803-518 Beatty Street. Call Manaya at 439-0137 for further info.

**PFLAG (Parents and Friends/Family of Lesbians and Gays):** Support group. For info. call 255-4429.

**Portrait Photography:** full member will do portrait photography for other full members at a reduced rate. Call Jackie at 683-3381 for info.

**Professional Counselling Project:** Registered Clinical Counsellors and Social Workers provide free and confidential one hour counselling sessions to clients by appointment. If you need help book an appointment at 684-6869. Gay and Lesbian Centre, 1170 Bute Street.

**Vancouver PWA Society Island Project:** open for business with meetings every Friday from 1:30 to 3:30 p.m. at YW/YMCA (Courtney at Quadra Streets, Victoria) Room F. Call 381-5067 for info. or write P.O. Box 8120, Victoria, B.C. V8W 3R8.

**Bridge:** two weekly games running and lessons are starting. New members welcome. Get in touch with Stryker at 683-3381.

**LIVE ON:** Please note the correct number for information is Randy Levesque 739-9199

### CREDITS

**Acting Editor:**  
Howard Engel

**Associate Editor:**  
Tom Mountford

**Layout:**  
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**Paste-up:**  
Robbie H.

**Typesetting:**  
Robbie H.

**Data Entry:**  
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Harry M.  
Stephen S.  
Margaret G.

**Production Supervisor:**  
David B.

**Project Manager:**  
Mary Bruegeman

Many thanks to our production and assembly team: Ken, Jon, Victor, Erwin, Steven, Rob, Ben, James, Gordon, Billy and Robert and everyone else who pitched in to help us make our deadline! 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

**Hairstylist** needed to do haircuts for members, own transportation helpful.

**Drivers with vehicles:** needed on a check-in or on-call arrangement, usually in the afternoons, to run errands. Also needed are drivers with trucks or vans.

**Switchboard operators:** are needed to answer calls and direct them to the appropriate people, take clear and concise messages and have a general knowledge of AIDS.

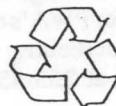
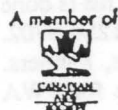
**Receptionists:** are needed to greet visitors and direct them to the appropriate person/area when required. This person would provide information about our organization, its programmes and its services.

**Newsletter Distribution Manager:** is needed to oversee all aspects of newsletter distribution, from collating to post office delivery.

**Newsletter Project Members:** are needed to participate in the editing and production of the Vancouver PWA Society Newsletter.

**Speakers Bureau Project Members:** are needed for public speaking engagements. If you are comfortable speaking out to diverse audiences about living with AIDS/HIV, please call Barry B.

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



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