



Vancouver PWA

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GRAPHIC BY P.H. LIM

EMPOWERMENT

Knowledge and information - Support and solidarity - a sense of control over the decisions that affect our lives and the organizations that serve our needs; this is what empowerment means.

PLWHIV empowerment is at the heart of community action tradition and principles. This central idea is best understood by examining the unique challenges faced by those diagnosed with HIV/AIDS.

Bodies that were healthy and strong are challenged by infections that are often difficult to identify and treat; illness often means loss of job and income which in turn, leads to lifestyle reduction, even poverty and lack of appropriate housing.

Sadly, many of us experience discrimination and rejection by society and even by family members and friends as fear and ignorance about AIDS persists in a plaque mentality; casting blame by identifying risk groups, rather than risk behaviours. Many people affected by HIV concede that even self-acceptance can be a challenge when confronted by the negative images which abound in our daily experience.

Because of the magnitude of these challenges, people diagnosed with HIV often have felt that they have nowhere to turn.

And that is where the PWA Society comes in - providing a model of self-help/self-care of which we can all be proud. The principle of empowerment has been the sustaining philosophy of the Vancouver PWA Society since its inception and members acknowledge that the Society has played an important role in their lives - sometimes a life-saving role. Results of last year's Membership Survey showed that members feel that real and critical needs are being met in creating positive attitudes and feelings of hope; ending isolation through peer support and social events; providing crucial information channels; and hands-on support through the complementary health fund, housing program, and advocacy efforts.

It is important to remember that people do not empower others, they empower themselves. However organizations all have a share of responsibility, and can either create an environment that removes barriers to empowerment or place obstacles in its path. Attitudes and the processes of the organization act as either an incentive or a disincentive for people living with HIV to get involved. To ensure that all members have the means for active input in the policy decisions and direction we take as a Society is yet another challenge that the front-line volunteers and staff face in fulfilling the Society's Constitutional Mandate.

The challenge open to all members is to get to know your Society - volunteer some time if you are able; support the work of the Board of Directors by letting them know your view of the issues; come to a meeting of a committee that interests you. They are open to all members; write a letter or an article for the newsletter; let the organization know your needs.

Most of all learn how the Society can enable and empower your life. AIDS does not have to be so much about dying as about learning to live.



PRESIDENT'S MESSAGE

PARTNERSHIP - The time is fast approaching when AIDS Vancouver, Vancouver Persons with AIDS Society, and Positive Women's Network will be moving to our new premises at 1107 Seymour Street. Many committees from each organization are working together, to help facilitate and co-ordinate areas in which we will be working together to help benefit PLWA'S and those who are HIV infected. It is planned that the main floor will be the main service area for the three organizations. This area will also have an impressive library, for the benefit of all who are infected or affected by AIDS/HIV infection. Although partnership is the key to the successful operation of what will be called "Pacific Aids Resource Centre Inc." (PARCI), each organization will retain its own identity. In fact, I can see that individual identities of the organizations will be strengthened. Our office areas are specifically defined, therefore the sense of family we have now will be further strengthened. As in any family, there are both strengths and diversities, but if we remember our common goal, **EMPOWERMENT**, and strive to work as a team, we will be able to overcome any problem or obstacle in our path.

We have been fortunate in having many people who wish to volunteer their expertise and skills at our present location. But unfortunately, we have not been able to take advantage of this because of lack of space and facilities. However, in the new location there will be much more room. I am looking forward to having new volunteers joining us.

I wish to extend my heartfelt thanks to the Board, the Staff, Contract workers, and volunteers for the wonderful support they give me. I will continue to offer my support to you. We are all very important in continuing to devote our time, energy, and expertise to our Society. My grateful thanks to so many people in our community who have always been there for us, in a multitude of fundraising activities. Without your financial and emotional support, we could not exist.

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

Love and "GOD BLESS..."

Bryan Wade

HOW YOUR SOCIETY WORKS: THE ORGANIZATION'S STRUCTURE

The Vancouver Persons with AIDS Society, has a governing board of twelve, eleven full voting members elected by the general membership, plus the managing director who has a voice in board business but no vote. The system used by the Society separates planning functions from implementation functions (activities). Planning is the responsibility of the standing committees--advocacy, support, finance, fund development and personnel--with a coordinating executive committee.

Activities of the Society are carried out as projects supervised by individual board members. Staff members monitor and facilitate the work of project teams. Each board member assumes responsibility for supervising a "portfolio", a grouping of projects, which fall under that member's direction. The actual work on each project is done by volunteers who serve as project leaders and members.

The committees develop and recommend operational policy in their respective areas, for approval by the board. Board members ensure those policies are carried out by project teams for projects within their portfolios. Committee chairs are appointed by the board of directors, and must be voting members of the board. A committee chair may also request that the board appoint an associate chair. The position of associate chair is subordinate to that of the chair, and may be filled by any full member of the Society. New committee members are nominated by the existing committee, and appointed by the board. The committee chairs and the chair of the board form the executive committee.

THE PROJECT SYSTEM

All activities of the Society operate as "projects" of the board. For ease of administration, projects are divided into six functions, five of which correspond to the standing committees, complemented by a sixth administrative function.

It is intended that each function have a manager to coordinate and serve as a resource person for specific projects within that function. Individual projects are managed by project leaders, who are responsible for the implementation and documentation of the project's activities, and the supervision of project members.

The board approves projects and directs the management of the Society. The chair, as spokesperson for the board, delivers directions to the managing director who acts as chief of staff. Management authority is then delegated among the managers.

Managers report to the managing director, and consult with the responsible board member on the status and implementation of projects. Board members report and make recommendations, on projects within their portfolio to the appropriate standing committee. Committee chairs in turn, make appropriate recommendations to the board.

In essence, the committees do the planning, the managers coordinate and serve as resources. Board members supervise projects within their portfolios, and the project leaders, and project members do the tasks. Managers have individual responsibility, and positions are generally paid at this level.

A project may be proposed by any member of the Society through the appropriate standing committee. The committee considers the project in principle, and request a written proposal if members wish to pursue the project. Once the committee has approved the proposal, the document is circulated to other standing committees as necessary for input and approval. For example, the finance committee will consider the financial implications of proposals. Only when a proposal has been approved by all appropriate standing committees will it be forwarded to the board for final approval.

Once the board has approved it, the proposal plan becomes the project criteria, with the budget approved and the project leader mandated with responsibility for that project. The project will become part of the portfolio of one board member who will supervise the project in consultation with the project leader and the function manager. Although possessing approval authority delegated

from the board, board members do not otherwise direct the administration of projects within their portfolio.

The authority to approve nomination of members to the project teams is delegated by the board to the appropriate function committee, and the personnel committee. Project team members are nominated by the project leader.



CERTIFICATE OF APPRECIATION BEING PRESENTED BY BRYAN WADE, PRESIDENT, TO REPRESENTATIVES OF THE DOGWOOD MONARCHIST SOCIETY BENNETT WILLIAMS AND IMELDA MAY.

PHOTO BY IVAN I. KOZACHENKO

STRYKER NEWS

CORRECTIONAL CENTRE SUPPORT PROGRAM

Think back to how you felt when you first discovered you were HIV positive. Your initial reaction may well have been one of shock, followed by a period of denial. Then somehow, you learned to live with AIDS, through the support of loved ones around you and of organizations such as ours.

Now think what it would be like to find this out while you are in jail - alone, in fear of the illness, afraid that you will be found out, perhaps terrified by some of the other inmates or some of the guards. Your need for swift, powerful and effective personal support in coming to grips with the horror is overwhelming. You need a counsellor.

The Society has identified and recognized this need and has established a support program to send peer counsellors to correctional centres on request.

WE BELIEVE:

- That persons with AIDS/HIV infection need strong personal support and self - esteem to survive their illness.

- That peer counselling amongst AIDS and HIV infected persons is a singularly effective method of promoting survival.

- That peer counselling of an AIDS OR HIV infected inmate can be the spark which ignites the rehabilitation of the inmate.

What we seek are volunteers to fill this unique peer counselling role. This isn't ordinary counselling. We need people who can work behind locked doors, and see the person rather than the reason he or she is there. The only people you will see will be those who have asked you to see them. They may be reaching out for help for the first time in their lives. Your role may be nothing less than helping them to rebuild themselves.

You will be trained. You will be accompanied on your first visits so you are not alone. Your travel costs will be covered - it helps if you have

your own vehicle. Some of the institutions can be reached by public transportation. You will need to be able to obtain police clearance to enter the jails.

To those of you who have a job - this is a way you can become really involved in the work of the Society on weekends.

Apply to me Stryker--leader, Prison Support Program. Call me now at 683-3381.

INCOME TAX

See Barry, Tuesday, Thursday, and Saturday, or Stryker, Monday, Tuesday, Wednesday, and Friday. If you can no longer hold a job - you should be considering the disability amount of \$4118.00

This is on the application, approved by your doctor. It can reduce your tax - and increase your refund - by nearly \$1100.00.

And if you do not need this exemption, it can be transferred to a parent or spouse, regardless of whether they share your dwelling.

No matter what your circumstances, you will probably discover that you should file. For one thing, you must file to get the GST refund. Revenue Canada already has copies of any T5 and T4 slips that you may have received. By the way, we can now file - or ask for re-assessment - for up to the past eight years. It used to be three years.

Love, Stryker



CATASTROPHIC RIGHTS

Catastrophic rights are a particular form of patients rights, relating to the claim of Persons with AIDS to acquire and use experimental drugs.

These rights have been advanced by the B.C. Civil Liberties Association as a result of their investigation of a complaint laid by Kevin Brown and Greg Laine of the Vancouver PWA Society in 1989.

Catastrophic rights are not absolute, and they don't sweep all regulatory restrictions aside, but their recognition would entail a thorough liberalization of government policy. A book on this issue, *Catastrophic Rights* by John Dixon, is available in the Society's Library.

The argument of the book is that the "politics of compassion" (whereby government has released experimental drugs outside of formal trials as a kindness to the catastrophically ill) must now give way to a politics of rights.

A firmly established patient's right in Canada is the right to refuse treatment. But there may often be conflict between an individual patient's vision of what is best for him/herself and Society's vision of what is best for everyone.

In both the case of the refusing patient and the catastrophic patient, the appeal is to the special importance we attach to and the special rights we provide for the self-determination of individuals in that which affects them most personally and profoundly. No human crisis more powerfully concentrates a claim to self-determination in the hands of an individual than does their impending death.

But what about the possibility of other people getting hurt? What about the rights of others? As a society, Canada has an obligation to provide for the health and safety of not only those patients who stand before us now, but the very many more who will follow. Scientific progress calls for controlled experimentation, and if we let everybody take whatever they want, we could possibly produce a form of therapeutic anarchy, which would make it impossible--or at least significantly more difficult--to figure out which drugs work.

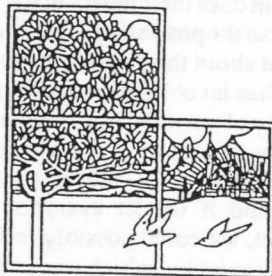
The conflict between catastrophic rights and vital public health interests is far from simple. We know how to adjudicate this kind of rights conflict, because our courts do it on an almost daily basis.

And the first thing a Court would do is ask the question: What's to prevent providing for the vital public interest in finding effective treatments for AIDS while recognizing the rights of individual PWAs? The argument continues with Grieg Layne's contention that the next step should be the offering of an "open arm" whenever there is a formal experimental trial of a catastrophic therapy. The argument against the open arm centres on the possibility - likelihood, on some accounts - that making trials genuinely voluntary would doom controlled experimentation.

Our response to this objection to catastrophic rights is that if subjects can be recruited on a "take it or leave it" basis, there is less incentive to design lean, smart experiments that make personal sense for patients, while yielding real scientific answers. There is only one way to find out if controlled experimentation on catastrophic drugs can go forward under conditions of complete voluntarism, and that is to give it an earnest try. We need coordination of our scientific agenda with the demands placed upon us by our respect for the rights of individuals.

In the next issue of the newsletter we will provide more detailed accounts from the presentation against catastrophic rights.

Extracted from a brief on JOIN DIXON'S book CATASTROPHIC RIGHTS written by the B.C. Civil Liberties Association.



CANDLELIGHT VIGIL

Speech at the May 24th Candlelight Vigil:

We are each of us here tonight for specific reasons. Some of us to honour and weep for lost friends, some of us to honour and weep for lost family, some of us to honour and weep for lost loved ones, some of us to honour and weep for complete strangers.

But I am not here this evening to weep for all those whom we have lost, for they are at peace. I am here tonight to weep for all those whom we have not yet saved!

I weep for those men and women whose battles are still before them. I weep for those men and women who believe that AIDS is a dirty four letter word, representative of nothing whatsoever that will ever affect their worlds.

As a father, I weep for those wonderful full-of-life teenagers for whom there was never a time before AIDS and who still believe they are immortal and untouchable by this pandemic.

I weep for all these and I believe it is my obligation as an HIV+ person to honour the phantom tears of my lost friends, and to do everything in my power to save those lives.

I have added to my personal agenda in life the task of raising the awareness of the HIV+/AIDS pandemic in any forum I might find, for this is a decisive disease of the human race. And as members of this human race we must save each other - we must emotionally engage people so that they will do something about AIDS before, not after, they lose someone they care about. There is nothing more tragic than the loss of someone you love to AIDS.

The greatest honour we survivors can pay to those whom we have lost is to make certain that such a loss was not in vain. Wear your red ribbons proudly and provoke thought in all with whom you come in contact. This is my challenge to you.

God Bless, Good Night.

Barry Budway

AIDS TREATMENT HIGHLIGHTS

CANDIDA (THRUSH)

The fungus *Candida albicans* is one of the normal organisms found in the mouth, gastrointestinal tract (throat, esophagus, stomach, and bowel) vagina and skin of healthy individuals. It produces infection only when a particular change in the body's immune system occurs. Infections due to candida have been found in people with uncontrolled diabetes, cancer patients, IV drug users, and people with lowered immune resistance, from from such things as radiation therapy, immunosuppressive drugs, and aging. Such infections, are also common in people taking broad-spectrum antibiotics such as tetracycline, which kill the other normal organisms in the body that keep candida from causing infection.

In people with HIV, *Candida* infections are a common problem especially in the mouth although the esophagus, skin, rectum or vagina, can also be sites where the fungus is found. The oral candida infection, is called thrush and appears as white or cream-coloured patches on the tongue, lips, gums, or lining of the mouth. There can be a different type of presentation with candida in the mouth, which is characterized by a reddish rippled area, or by cracks at the corners of the mouth. It may cause swelling, painful or burning sensations, and changes in taste.

It is usually diagnosed by its characteristic appearance. In women, *Candida* may first appear as a vaginal infection which does not respond to standard treatment. The symptoms are severe vaginal itching, and thick curd-like discharge. If needed, the diagnosis can be confirmed by taking a scraping of these areas and examining it under a microscope.

Treatments for oral candida infection include Nystatin, which is swished about in the mouth and swallowed, and Clotrimazole usually in lozenge form, which is dissolved in the mouth. These treatments generally do not have serious side effects but may initially, or upon recurrent infection, prove ineffective.

The next line of treatment if the infection persists, may be Ketoconazole, or Fluconazole. Side effects of Ketoconazole, may include gastro-

intestinal upset, liver toxicity, and suppression of adrenal and testicular steroid synthesis. Proper absorption of Ketoconazole, also requires normal levels of stomach acidity; many PWA's produce low levels of such acid so you may want to ask your doctor about acidic supplements.

Interactions, between Ketoconazole and Rifampin, commonly used to treat TB and MAI, oral hypoglycemic drugs, dilantin and cyclosporin A may occur. As always, make sure your doctor knows all the medications you take. Ketoconazole is not recommended in pregnant women. The side effects of Fluconazole, may include rash, gastrointestinal upset, abdominal pain, and liver toxicity. Fluconazole may cause fluctuations on hormone levels in women, and is not recommended in pregnant women, unless the potential benefit outweighs the potential risk to mother and fetus.

Another consideration, in the treatment of candida is the effect of food choices. According to the American College of Allergy and Immunology's Practical Standards Committee, the theory behind yeast-free diets, is "speculative and unproven". But it is often suggested that caffeine, beer, breads with yeast, and high-carbohydrate foods contribute to candida.

There are many books on diet and nutrition available in the PWA Society Library which deal with the topic. If thrush is a continuing problem, it would be wise to investigate these books.

SOME SUGGESTED HOLISTIC TREATMENTS FOR THRUSH

1. Aloe Vera Juice: Use as a gargle.
2. Camomile Tea, Chaparral Tea.
3. Sodium Bicarbonate and water.
Make a mixture of the ingredients and rinse mouth thoroughly after a meal. Do this 3 - 4 additional times throughout the day. Do not rinse the mouth with anything else immediately afterwards.
4. Garlic: either in its natural form or in tablet supplement.

5. Pau D'Arco Tea.

Use enough to make a dark tea. Boil 20 minutes and then steep 20 minutes. Do not store in the refrigerator for longer than 48 hours but one should try to drink about 1 quart per day.

6. Caprystatin and Kaprycidin.

Available through some health food shops.

KNOW YOUR STUFF

The Treatment Information Project has put together a vertical filing system that is catalogued for your reference. The files cover over 1200 subjects with about 100,000 documents filed under subject headings.

You can research clinical trials, trial design, vitamins, diet, the history of HIV, DDI, DDC, fraudulent treatments, drugs and drug interactions. The information has been gathered from a variety of journals, both in our library and from outside sources. The information is current and specific in nature, and emphasizes HIV-related treatment issues. You can access this information just by speaking to a member of the Treatment Information Project.

Remember: the original must always remain on file! Copies may be made on request.

CD4 COUNTS AND TIME-FRAMES

A declining number of the CD4 (T4) cells in a person's blood is considered a marker of the patient's failing immune system and of the severity of immune deficiency. But Penn State researcher Dr. W. Christopher Ehmann said the time-frame given AIDS patients with very low CD4 counts may have to be expanded.

In a recent study of 106 Hershey Medical Center hemophiliac patients with AIDS, Ehmann and his colleagues found that patients survived an average of three years after their CD4 count fell below 50. Several patients lived more than 6 years.

The findings are surprising because a recent National Cancer Institute study reported that AIDS patients with CD4 counts below 50 lived an average of only 12 months, Ehmann said. He said the difference between the institute's study and the Hershey review may be a result of the length of time patients were followed.

(Cont'd p.9)

KAPOSI'S SARCOMA (KS)

Kaposi's Sarcoma is a relatively common cancer in people with AIDS. The changing incidence of KS and the fact that it affects gay and bisexual men more than women or IV drug users, suggests that distinct, probably sexually-transmitted co-factors are involved in the development of this tumour.

KS may not in fact be a true sarcoma, but rather a disorder in the formation of blood vessels. KS lesions mainly affect the skin, the mouth, and the lymph nodes but can also involve internal organs such as the bowels or lungs. On the skin, KS can usually be felt as a nodule or a fleshy collection of tissue. KS lesions are usually painless; in light-skinned people, they are usually red-purple or purple; and in dark skin people, they are very dark - brown or black. Early on, these growths cause no major problems except for concern about their appearance. Cosmetic problems can often simply be covered with opaque make - up.

The pace of Kaposi's Sarcoma varies from person to person - in some, tumour growth is slow with little change from month to month. In other people, growth may be rapid with new spots occurring each month. The treatment of KS is controversial since the lesions may not be posing a life-threatening problem, and treatments may be ineffective and cause serious side effects. Treatment can be considered necessary if tumours are obstructing lymph channels, and causing swelling of the legs, abdomen or face; if KS has spread to internal organs and causing pneumonia or problems in the stomach or bowel.

Usual treatments for skin lesions may be radiation, or freezing with liquid nitrogen, and injections into the lesions, with drugs such as, vinblastine or alpha-interferon. The success of treatments generally depends on T4 cell levels, and the issue of whether or not you have other opportunistic infections.

Radiation therapy may achieve substantial regression of oral KS; however, side effects such as mucous membrane inflammation can be severe.

For rapidly progressive disease chemotherapy may include the following drugs: bleomycin, etoposide, doxorubin, vinblastine, and vincristine.

A new compound which shows promise in treating KS is called, SP-PG, which was first discussed by Robert Gallo and Shuji Nakamura, at the 7th International Conference on AIDS in Florence last year. In the March 13, 1992 edition of "SCIENCE" it was reported that SP-PG controls the growth of KS-derived cells in the test tube at nontoxic concentrations and blocks the growth of KS tumours in mice without toxicity. SP-PG seems to work by suppressing new vessel formation.

Other agents under consideration for investigational use are: platelet factor 4 (PF4) and AGM-1470. We will report on these new drugs as soon as more information is available. In the meantime you may want to check the Treatment Information Committee File on KS and to check on the availability of camouflaged therapy for skin lesions that you would like to cover, through Kathie Giasson therapist, at 688-2818.

NALTREXONE (TREXAN)

Naltrexone was approved in Nov/85 (U.S.) for use as a narcotic antagonist.

Naltrexone causes an increase in opiate receptors and stimulates beta-endorphin production. It is possible that these endorphins

provide a link between the immune system and the central nervous system. In AIDS, endorphin receptors are down-regulated, possibly contributing to the immune deficiency.

At small doses (1.75 to 2.75 mg/day) Naltrexone can, in some people, trigger an increased level of circulating endorphins from the pituitary gland.

Dr. Bernard Bihari at St. Luke's Roosevelt Hospital is one doctor who has reported favourable response in some of the 38 people studied. AIDS patients given Naltrexone fall into either "responder" or "non-responder" categories. In people who do respond to this drug, it can lower alpha interferon levels; the level of alpha interferon affects the endorphin receptors which help to regulate the immune system.

Bihari concluded that low-dose Naltrexone may be a useful immunomodulating agent.

(Cont'd from p.8)

"A study like this really underscores the guiding principle that you shouldn't treat patients based on laboratory results alone," said Dr. Susan Zolla-Pazner, a pathologist at New York University Medical School. "So many people who are HIV-infected are tyrannized by this number," she said. "A study like this hopefully will help them not focus so much on the numbers. While low numbers are not good, it does not necessarily sound a death note." The researchers plan to follow up their study with a larger group of patients enrolled in the MultiCenter Hemophilia Cohort Study.

Reported at a Dec. 9/91 meeting of the American Society of Hematology and in the journal *Blood*.

DISCOVERER REWORKING VIEW OF AIDS

The French researcher who co-discovered HIV now believes the disease may have other causes, and indicates that the development of a vaccine could be ineffective, reported *The Sunday Times*.

Professor Luc Montagnier said he thinks HIV might not even be linked in some AIDS cases, whereas with other cases people with HIV might never develop AIDS, said the newspaper. Montagnier said "HIV infection doesn't necessarily lead to AIDS. There are some people who could escape that. It may be a minority, but we can hope by treatments to increase this number." The newspaper also reported that experts who agree with Montagnier's beliefs say an HIV vaccine is unlikely to work, and that popular treatments such as AZT actually could speed up the onset of AIDS. The report said HIV, instead of actually causing AIDS, might be only an agent that stimulates other microbes pre-existing in humans that cause AIDS-related illnesses. Montagnier said that HIV is not unassociated with AIDS, but the disease could possibly be treated with antibiotics and vitamins.

United Press International, 92.04.26

RESEARCH STUDY WITH HERPES ZOSTERS/ SHINGLES

This is a research study of herpes zoster/shingles in HIV-infected individuals and/or immuno-compromised individuals. It is a double-blind study comparing 2 antiviral medicines (acyclovir vs. BV-ara U) where all patients who are eligible will receive free treatment. Individuals will be closely monitored by a doctor and a nurse during the study interval.

If you have recently developed lesions LESS THAN 72 hours old and have not yet been started on any antiviral medication, please call research nurse Louise at Pager# 451-0979.

Potentially, BV-ara U is much more effective than the standard treatment (acyclovir) but it is important to remember that all participants will receive antiviral medicine for this condition.

This trial is being conducted through the Faculty of Medicine, University Hospital--Shaughnessy Site, 4500 Oak Street, Vancouver. Copies of the Protocol and Informed Consent Form are available through the Treatment Information Project or through Louise at the pager number listed above.

ADVISERS CONSIDER NEW AIDS COCKTAIL

A Food and Drug Administration panel of advisers has recommended rejecting approval of a new anti-viral drug, DDC, but will consider the drug as a possible AIDS treatment when used in combination with AZT. On Tuesday, the committee said it was not certain that DDC has been proven effective when used alone to treat AIDS. Committee members cited conflicting opinions over whether DDC would be given the same early approval that another anti-viral drug, DDI, received. Bristol-Myers Squibb Co. demonstrated to the panel that its DDI was clinically effective in tests conducted after approval.

Journal of Commerce, 92.04.23

RIFABUTIN

OPEN LABEL TREATMENT PROTOCOL APPROVED: Adria Laboratories of Canada Ltd. announced that the Health Protection Branch (HPB) has approved an open label treatment/observation protocol for Rifabutin.

Clinical trials have been conducted with Rifabutin for prevention of Mycobacterium Avium Complex (MAC, previously called MAI), a life-threatening opportunistic infection common among people with AIDS. MAC is suspected to be a major cause of the "wasting syndrome" observed in many AIDS patients. Adria has submitted a New Drug Submission for Rifabutin and is awaiting approval for marketing from the HPB.

To be eligible for Rifabutin under the open label treatment protocol, a person must have a diagnosis of AIDS as defined by the Centres for Disease Control, no history of MAC infection, and a CD4 count of 200 or less. Physicians who have patients they believe might benefit from the Rifabutin open label treatment study can receive more information by calling the Study Centre at 1-800-552-7228 between 8 a.m. and 5 p.m. Eastern Standard Time.

CHOOSING A PERSONAL PHYSICIAN

The College of Physicians and Surgeons, the doctors' licensing body, keeps a list of doctors accepting new patients. It includes location and sex of the doctor. Call 733-7758.

The Yellow Pages contain listings of doctors as well; a doctor's name without a "specialty" beside it would be a general practitioner.

After you have met your doctor, you should be comfortable with your choice. If you are not comfortable, it is permissible to change.

If you are visiting B.C. or don't presently have medical insurance, there are alternate free clinics where you can be seen. Outpatient departments of Vancouver General and St. Paul's Hospitals see patients without insurance, but they may assess income and charge a fee.

For further info:

B.C. Centre for Disease Control, 660-6161

STORING MEDICINE

Traditionally, the medicine cabinet is found in the bathroom. However, the bathroom is the worst place to store medicine. Bathrooms can be humid and damp, and drugs deteriorate more rapidly under these conditions.

Items such as bandaids, gauze, cotton swabs and hot water bottles can remain in the bathroom. However, medications and creams should be moved to a dry, cool place. If you choose a cupboard or a drawer in the kitchen, be sure it isn't too near the sink, dishwasher or stove. And it's very important to keep medication out of the reach of children!

If you are unsure whether to keep a medication, check with your doctor.

Head to Toe Wellness Newsletter, B.C. Medical Association
NOTICE! Check to see that your prescriptions are properly filled and are the correct dosage that your doctor ordered.

KEEPING FOOD SAFE

1. Rinse meat and poultry with plenty of cold water before cooking.
2. Cook meat and poultry until there is no pink meat.
3. Utensils and cutting boards used to prepare meat and poultry should be kept separate from those used to prepare fruit or vegetables, because of the risk of bacterial contamination from the uncooked meat or poultry.
4. Keep wood cutting boards clean by washing them every few days with a diluted bleach and water solution.
5. Thaw frozen foods in the refrigerator, not on the counter.
6. Refrigerate left-overs as soon as possible.
7. Avoid raw foods like sushi and steak tartar.
8. Wash hands between handling different types of foods.
9. When travelling, avoid raw fruits and vegetables unless they can be peeled before eating. Use caution in using ice-cubes unless you have made them from bottled water. Limit caffeine and alcohol which can bring on diarrhea. Avoid highly spiced foods, as the spices may mask spoilage.

WOMEN AND AIDS

In an editorial entitled "Avoiding Women", Robert Marks, editor of *Focus*, writes that women are still not recognized as the fastest growing group of HIV cases.

He suggests that tens of thousands of women would be alive if there was foresight in the epidemic's early years. If all those with the virus were equally recognized, we would have a better chance of increasing resources and maintaining critical exchanges of scientific information. The cause of the vast increase of AIDS cases among women is that, "we shy away from the awesome tasks of addressing the societal problems women face when they attempt to access health care and protect themselves from HIV infection".

Currently women are twice as likely as men to have opportunistic infections, which are missed or misdiagnosed because HIV infection is not suspected. When detection does occur a woman may progress from an AIDS diagnosis to death twice as fast as a man. In July 1990 the CDC published a study stating that 65% of HIV-infected women died without filling the CDC definition of AIDS. The ramifications of such under-representation are enormous: women are denied disability benefits; their illness may go untreated; and research efforts are skewed, distorting general knowledge of AIDS and its treatments.

The classic early manifestations of AIDS in women are usually gynaecological complications such as chronic vaginal yeast infection, anal or genital warts and ulcers, herpes simplex virus, and pelvic inflammatory disease (PID). The situation for women is improving slowly and the scheduled change in the CDC classification system for AIDS should address some of the unique problems facing women living with HIV. Women's issues in HIV are addressed in a collection of files of the Treatment Info. Committee or contact the Women and HIV/AIDS Support Group. (Contacts listed in Ongoing Goings-On.)

1. NAPWA LINK AIDS BULLETIN BOARD
2. Mary Beth Caschetta in Treatment issues
Vol.5, # 1.

TREATMENT INFORMATION PROJECT

LETTERS TO THE EDITOR

Dear friends,

For a long time the HIV Vereniging Nederland (HIV Association Netherlands) and I personally have received copies of the Newsletter of your organization. With this letter (or rather: fax) I want to thank you for sending us the Newsletter which contains much useful information. Every time I read the Newsletter I am impressed by the amount of community support your organization can rely on.

By sending us your Newsletter, we, a thousand miles away, know what is going on in Vancouver. Although we would like to share our experiences with you, and send you our newsletter, the problem is that it is - maybe not surprisingly - written in Dutch, a language probably not very well read by most Canadians. If however, you want to receive our newsletter, we will put you on our mailing list. This year the International AIDS Conference will be held in Amsterdam; maybe some of your members will be able to attend it. If they do please do not hesitate to contact our organization: we will be happy to receive them!

In solidarity, kind regards,

Johan W. Westenberg (Chairperson)

To Whom it May Concern;

It seems astounding to me that as little as one week ago, my life was essentially untouched by AIDS. As a heterosexual woman living in Vancouver, I had been exposed to coverage in the news media about the epidemic, but it never became my problem or my concern. Now it has touched my family directly, and I have realized that it is my problem and my concern, and there is no further excuse for pleading ignorance.

A man whom I loved dearly and who contributed so much to my life in so many ways has just recently passed from this earth due to AIDS related illness. He never confided in his family the nature of his illness, nor the seriousness - he always wanted people to be happy around him. He will be greatly missed, but as a family, we are finding that

his spirit is living on through all of us in various ways, providing unusual opportunities for personal growth and strength.

The greatest opportunity that his death has provided us with is the ability to make a difference. By educating ourselves about HIV and AIDS we have taken the first steps. But we realize that it is only through the education of others like ourselves, people previously ignorant and untouched by the disease, that we can begin to really change the attitudes and perceptions towards PWA's and create an environment of open understanding and caring. Until a successful treatment can be found, our greatest capacity for change exists through the logical and timely education of others, and in varying ways, we as a family are all becoming involved.

My purpose in writing to you today is to thank you. Thank you for standing strong against public prejudice. Thank you for creating an environment of empowerment for so many, myself included. Thank you for being there when I needed someone to talk to about my ignorance, and for not judging me for it. And thank you for allowing me the opportunity to become educated, and in turn, educate others. Nothing I can do will ever bring back my darling Uncle Joe, but as a disease like this should not be allowed to continue taking others.

Best personal regards,

Sandra R.

Dear Sirs,

It is with my concern that I take it upon myself to write this letter to you expressing my opinion, on the editorial (or should I say lack of) guidelines pertaining to a series that has been appearing in the PWA's Newsletter, over the past several issues. I believe the article that led me to bring this matter to your attention, was the most recent one found in issue 56 May, 1992. newsletter entitled STEP 10.

The defamatory attack upon an individual under the guise of another self-help group or fellowship (AA) through the vehicle of another self

- help group (the PWA Society) should not and can not be tolerated by the members of either group concerned. And what is most appalling in this particular instance is that the individual under attack is deceased! Upon reading this latest article, my concern is threefold:

- 1) What impression of AA comes across to the reader?
- 2) What impression of PWA comes across to the reader?
- 3) How are friends/relatives of the victim protected?

Rather than give opportunity to have any self-help group's image or reputation tainted, I suggest it would be to the benefit of the PWA Newsletter to take a closer and in depth look at its editorial practices.

Yours Truly,
Blair H.

Dear Editor,

I just wanted to thank you for being open-minded enough to include the articles featuring the 12 STEPS of A.A. in the Vancouver PWA Newsletter.

As an HIV+ alcoholic and addict in recovery, I am fully aware of how compulsive behaviour and HIV go hand in hand. It's very comforting to be reminded by your newsletter that there is support available for people with my specific combination of challenges.

I find it very empowering to read about how Ron P. utilizes the A.A. program and I hope that he will continue to submit his letters to the newsletter.

Thanks again for helping me in my recovery.

Sincerely,
Dean R.

To Our Readers,
On behalf of the Vancouver Persons With AIDS Society, I would like to express our sincere apologies for the content in the article "Step 10" in the May 1991 Newsletter. An oversight in editing this article caused anguish to a number of our readers, and for this we are truly sorry. We also wish to emphasize that the article expressed strictly the personal opinion of the author.

We sincerely regret any distress produced by this article.
Bryan Wade, President

THE TWELVE STEPS OF ALCOHOLICS ANONYMOUS

1. We admitted we were powerless over alcohol--that our lives had become unmanageable.
2. Came to believe that a power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God *as we understood Him*.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

THE TWELVE TRADITIONS OF ALCOHOLICS ANONYMOUS

1. Our common welfare should come first; personal recovery depends upon A.A. unity.
2. For our group purpose, there is but one ultimate authority--a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.
3. The only requirement for A.A. membership is a desire to stop drinking.
4. Each group should be autonomous except in matters affecting other groups or A.A. as a whole.
5. Each group has but one primary purpose--to carry its message to the alcoholic who still suffers.
6. An A.A. group ought never endorse, finance, or lend the A.A. name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.
7. Every A.A. group ought to be fully self-supporting, declining outside contributions.
8. Alcoholics Anonymous should remain forever non-professional, but our service centres may employ special workers.
9. A.A., as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.
10. Alcoholics Anonymous has no opinion on outside issues; hence the A.A. name ought never be drawn into public controversy.
11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, and films.
12. Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities.

The Twelve Steps and the Twelve Traditions are reprinted with permission of Alcoholics Anonymous World Services, Inc. Permission to reprint the Twelve Steps and the Twelve Traditions does not mean that A.A. has reviewed or approved the contents of this publication, nor that A.A. agrees with the views expressed herein. A.A. is a program of recovery from Alcoholism--use of this material in connection with programs and activities which are patterned after A.A., but which address other problems, does not imply otherwise.

*God grant me
the Serenity to accept
the things I cannot change,
Courage to change
the things I can and
Wisdom to know
the difference.*

*
* 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 info. Applications available at PWA reception. Covered by CHF. NOT IN SERVICE until further notice.

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): For full members entitled to benefits only. 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.

Complimentary Performance Tickets: Reduced cost or free for Volunteers, members and escorts. Call Rex 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.

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. Available June 26.

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.

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.

S.A.G.A. (Surrey AIDS Group Assoc.): The next meetings will resume in September. For more info. call 574-9569.

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

Switchboard/Reception: Call Quita, Roger or Robert E. at PWA to volunteer, 683-3381.

Treatments Information: Call project members at PWA for info and to volunteer.

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, Roger 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 Gary G. (voice pager 623-1332) 688-WALK (688-9255) or PWA for info.

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 Tuesdays.

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.

"Living in Each Moment" Meditation Group: Open to persons living with HIV, friends and supporters. Not a support group. Meets at 7:30 PM. Contact Kerry at 687-1936 for info. and location.

TUESDAYS

Hairstyling: See Monday for details.

Art Therapy Group: See Mondays for details.

"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, home/hospital visits, 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. Cancellations must be made no later than noon the day of the appointment--NO EXCEPTIONS. Also available Fridays.

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. Free underground parking.

Fund Development Committee Meetings: All welcome. Meets May 13th and 27th, 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.

THURSDAYS

Legal Clinic: offered by UBC law students, every Thurs, 10 - 3 PM at PWA office. Wills, power of attorney, landlord/tenant problems. By appointment only; sign-up sheet at reception.

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 May 14th and 28th. 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.

Finance Committee Meetings: All members welcome. PWA boardroom, 7 PM sharp. Meeting May 7th and 21st. 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.

"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.

OBITUARIES

FRIDAYS

Vancouver Island Support Group Project: All welcome. Drop-in and meetings in Victoria, 1:30 - 3:30 PM, call for location. 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. Cancellations must be made no later than noon the day of appointment--NO EXCEPTIONS. Also available Wed.

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.

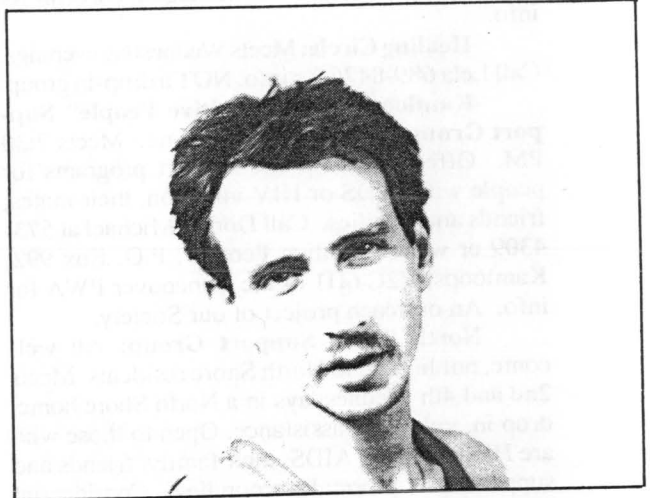
SATURDAYS

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.



WARREN ROBERTSON 1952-1992

Warren was enigmatic and passionate, and was blessed with that spontaneous, shockingly funny sense of humour that kept us all on our toes. He brought us a lot of joy. Warren's joy came from giving--he was compassion in action; whether in the community, organizing and distributing the Christmas hampers, or with his friends, he was generous and warm-hearted and very easy to love. He inspired us to experience life as the adventure that it is: sensual and unpredictable...a jazz performance. Though our sense of loss is profound, our memories of Warren's strength, independence and love for life surely will bring healing, in and of themselves.

KM

PROJECT TO REVIEW ADULT GUARDIANSHIP

The British Columbia Association for community living started the Guardianship Committee two and a half years ago. The Committee wanted to change out-dated laws. The Committee got some money from the Law Foundation to start a project to review adult guardianship. Everyone who might be affected by these Guardianship Laws can be on the Committee. There are about 3000 people in British Columbia who are members of the Committee. All members are on the Board. This is a power reversal from the grassroots.

The Self Advocates Working Group is part of the Committee. The Self Advocates explain their problems, and explain how they would like to see the laws change. There is a discussion paper written by this group, which is available now, upon request from the Advocacy Committee at the PWA Society.

The project to review adult Guardianship is presenting a series of forums. The latest recommendations will be presented with an opportunity to give your input. Your comments and suggestions, are valued. The forums, will be:

- 1) NORTH VANCOUVER JUNE 8, 1992.
- 2) MISSION ON JUNE 19, 1992.
- 3) LANGLEY ON JUNE 25, 1992.
- 4) COQUITLAM JUNE 26, 1992.
- 5) VANCOUVER ON JUNE 30, 1992.

All forums are from 10:00 A.M. - 4:00 P.M. lunch will be provided and a contribution of \$15.00 would be appreciated. The Vancouver Forum on June 30, 1992, will be at the Croatian Cultural Centre, 3250 Commercial Dr. Anyone willing to drive or anyone needing transportation, call Tom at the PWA office at 683-3381. For more information on the forums call the switch board at 683-3381. To RSVP for all forums, call Kelly Weilbacher at 685-3425.

NORMANDY HOSPITAL

Members of the Rainbow Garden Club met with Pat Horsfield, Director of Normandy's special unit for patients with AIDS-related blindness or dementia. The object of the meeting was to discuss the club's involvement with redesigning and implementing a new garden plan for the current (and rather sterile) interior courtyard. An interesting design proposal was made which involves the removal of some large pavers in the courtyard and the planting of materials that would be both visually pleasing to the sighted, as well as fragrant for the blind.

Colors Newsletter
Apr/92

WOMEN AND HIV/AIDS SUPPORT NETWORK COORDINATOR

On behalf of the Board of the Woman and HIV/AIDS Support Network I am pleased to introduce our first staff member Karen Gallagher.

Karen has been chosen as the new Coordinator and begins her position on March 30, 1992. To her new position Karen brings over fifteen years of social services experience. She has extensive experience in the area of women's issues, and most recently in the housing field. Karen developed the Vancouver Housing Registry which has been successful in accessing housing for PWAs. She is leaving the position of Executive Director of the Red Door Housing Society to come to the Network. Karen was on the planning committee for the Names Project to bring the AIDS Quilt to Vancouver.

As President of the Society of Transition Houses (BC/Yukon) and as housing advocate, she has been a consultant to the Canadian Council of Social Development as well as Federal Provincial and local levels of government. She brings to the position a commitment to justice, and the empowerment of people to control their lives.

Jackie Hegadorn

A LESSON IN DYING

It is funny
The thought came to me
While I sat on the toilet

I am really living
Cherishing living
Fully in each moment
For the first time in my life

Everything flows with amazing grace and ease
Every moment is so fine
And I do not need anything
Love, Peace, and Joy
They're all here

Yes, there are times of suffering
Such as fever at 40°C
It comes nightly like malaria
3 a.m. trembling and shivering
Dragging myself to Emergency
To have my blood drawn
And pray that the blood culture will show up
Positive for MAI (MAC)
So that I can qualify for Clarithromycin

Yes, there are also times of suffering
A few mornings ago
I was awakened by the sound of planes
Doing aerial spraying
And I thought of all those butterflies dying
I cried and cried and cried
Feeling the choices people made and the sorrow in the world

And I felt the grief
Of all those flowers
How much they'll miss their friends

And the flowers asked with their broken hearts
Don't they understand
All life is sacred

Yet the flowers
While shedding silent tears
Continue to bloom for love

What were all those past struggles about
Control that made me mean and hard

And so serious I seldom cried or laughed
Oh it was all so unnecessary

The only work to do
Is to touch someone else's heart
With ours
So that they will wake up
Free of the prisons
They created with their pain and fear
And walk into the light
There is another path

Living is about loving
That's all
And dying teaches me that
P.H. Lim
May 1, 1992

DEDICATED TO C.C.

There were two boys who fared so fine
Thought: Love around their hearts entwined
The fool--his soul he dared to spare
For a love so strong he couldn't bear
He did not slow, not once, to feel
The breaking of his sorrow's seal
The wise hah! he knew much better
Than getting caught in love's fine fetter
His feelings kept locked somewhere inside
By love's cruel game he wouldn't abide
He knew this love--infatuation
And left no room for saturation
Now the fool wrapped in painful despair
Acknowledged a touch "the wise cannot care"
He searched and he begged--with ebbing
energy he fought

The wise couldn't see the fool's distraught
Now the fool--his search--it never ends
But he laughs--he cries--he learns to bend
His pains--his sorrows--leave him not alone
They offer him shelter--a guide to lead him
on

The wise--he pushes on ahead
He cannot see--his soul is dead
He's wise, ah yes--this we know
But what is an arrow--without its bow?
There were two boys who fared so fine
Thought: Love around their hearts entwined.
Gary B.R.

UPCOMING FUNDRAISING EVENTS:

June 4, 1992: O.T.T. with D & R Fashions Extravaganza at CELEBRITIES, 10 pm.

June 6, 1992: MISTY DAWN & CANDY FLOSS present: OFF,OFF,OFF BROADWAY, a night of Broadway & movie musicals. Come out and perform your favorite show tune.

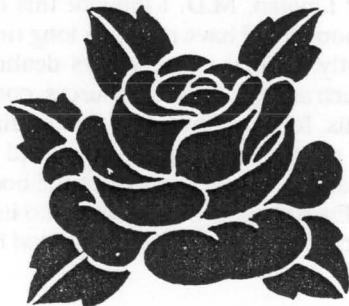
June 18-27, 1992: SHARED ACCOMMODATION, a play by Alan MacInroy.

A comedy of Prejudice. Previews June 16 & 17th. All performances at 8 pm, with a benefit matinee for PWA Society at 2:30 p.m. on June 21, 1992. For information & tickets please call Linda Freer at 876-4165.

July 11, 1992: OCTOPUSSY DANCE PARTY, Vancouver Aquarium. Tickets \$10.00--please call 681-0737.

July 12, 1992: CHARITY CUT-A-THON, Strutters Hair Studio, 1226 Davie Street, Vancouver, B.C. All proceeds donated to PWA Society--\$16.00 per cut. All hairdressers have been working in the field for years.

September 12, 1992: CELEBRITY LOOK-A-LIKE COMPETITION & DANCE PARTY, Commodore Ballroom, 870 Granville Street, Adm. \$ 10.00.



THE BIG MOVE

We will be moving into the new Pacific AIDS Resource Centre on July 2nd. Each committee and project has been requested to take responsibility for packing their own files, desk contents, etc. If there is a committee or project you would like to be part of and work on, this would be a good chance to meet other members with similar interests. If you would like to help with the packing and unpacking, call a volunteer coordinator for information at 683-3381.



PACIFIC AIDS RESOURCE CENTRE

Mark July 10 on your calendars: the new Pacific AIDS Resource Centre is hosting a "Demolition Party" that night for all volunteers. More party details will be in the next newsletter or you can call the office for more information as the date draws near. For now, we are looking for the following volunteers and equipment for the evening:

- A sound system for loan
- A DJ
- A truck with or without driver for help with pick-ups
- Ice coolers for cooling beer and wine
- Bartenders
- Clean-up squad
- Security personnel

If you have any of the above to donate or you would like to volunteer, please contact Quita at 683-3381.

PEER COUNSELLORS NEEDED!

Do you consider yourself to be a compassionate person?

Are you a good listener? Are you willing to support others?

If you feel that you are, then we need you.

The Society is in need of more Peer Counsellors to help cope with the rise in membership. This is very rewarding support function for the right people, and a very necessary one for those seeking help, feeling alone or grieving.

Please contact the P.C. Project Team, Barry or Michel L., for an application and for information on our next training session to be held in July 1992.

NOMINATIONS FOR OMBUDSMAN

Notice of Vacancy:

The Personnel Committee is accepting applications for the volunteer position of Ombudsman. This position is open to all full and associate members of the Society. The proposed duties of the Ombudsman are:

- 1) To investigate complaints made against the Society by members;
- 2) To mediate disputes between members of the Society;
- 3) To make recommendations to the Board for resolution of complaints and disputes.

This position is in the process of being defined. Your applications will guide the Personnel Committee in this process. Candidates should submit a resume detailing applicable experience to Stryker before June 30, 1992.

LIBRARY NEWS

If you'd like a "Talking Book" to help you pass the time while waiting for treatment or now find it hard to read, we are pleased to say that we have managed to tape over fifteen titles. At this time the selection is rather limited but we hope to add more to the collection. We are also hoping that we will be able to have our newsletter on cassette for members.

We would like to thank Terry W. and another donor for their kindness in giving us fifteen Beta tapes. This will enable us to enlarge our video collection. The library was also extremely pleased to receive the donation of an Epson Printer for the computer from Doug McKay. This has enabled us to get material onto the shelves so that members can have access to it much faster.

TALKING BOOKS

Star Trek IV - The Voyage Home (90 minutes). Has sound effects and theme music. The Enterprise heads home--to the past--to help save the earth from an alien space probe by finding an extinct species.

Lauren Bacall by Myself: Lauren Bacall reads from her autobiography, telling her own story about her beginnings in Hollywood, marriage to Bogart and his tragic death.

Night Over Water (read by Tim Curry). A World War II tale of romance, revenge and tension on board the thirty hour flight on a luxurious Pan Am Flying Clipper.

BOOK REVIEW

No Time For Nonsense: Self-Help for the Seriously Ill, by Ronna Fay Jevne, Ph.D., and Alexander Levitan, M.D. I thought this the best self-help book that I have read in a long time. It is conveniently divided into chapters dealing with subjects such as perspective, resources, communication skills, feelings, the body, and finding self-help. The chapters are brief, upbeat and written with a sense of humour that makes the book very readable. Each chapter is complete unto itself and therefore can be read separately. A good book.

Stuart

NOTICEBOARD

PLEASE!

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

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 have formed a new hospital visiting team. Contact Robert Fyke or Llewellyn 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.

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.

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. 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: 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.

Portable Sewing Machine: available for loan to members. Call Jackie at 683-3381.

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.



A New Spirit of Giving
La Générosité réinventée

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Many thanks to our production and assembly team: John, Jon, Victor, Erwin, Rob, Roger, Brian, Billy and Robert. 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

VOLUNTEER OPPORTUNITIES:

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. 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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THIS NEWSLETTER MAY REPORT ON EXPERIMENTAL AND ALTERNATIVE THERAPIES BUT THE COALITION/SOCIETY DOES NOT RECOMMEND PARTICULAR THERAPY. PLEASE CONTACT YOUR PHYSICIAN BEFORE TRYING ANY NEW TREATMENT.

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