VANCOUVER PERSONS WITH AIDS SOCIETY

Vancouver PWA Newsletter Issue 67 MAY 1993

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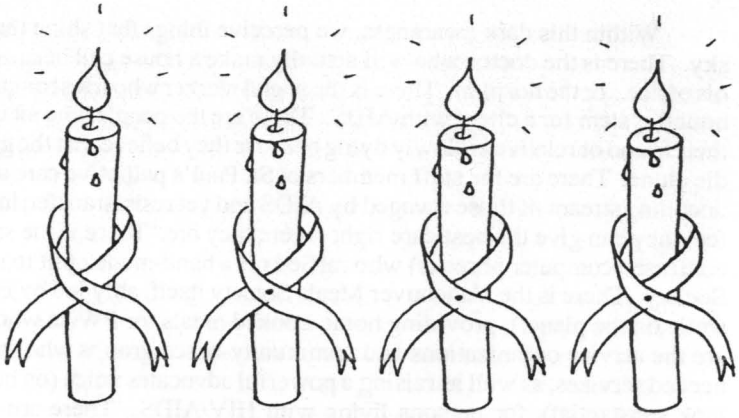

AWAKE, O SPIRIT OF THE WATCHMEN

Dedicated, in loving memory, to David Pond.

The month of May is when we who are still living with HIV/AIDS and the families and friends of those who have passed on gather together in solemn ceremony. We gather to hold our annual candlelight vigil where we honour and cherish the memory of those who are no longer with us. Whether we have lost one friend or loved one to AIDS, or whether we have lost many, we are united in our experience. The vigil is not only a ceremony of rememberance; it is in and of itself a grim warning and call to arms to those of us who must carry on.

As we stand and look at the names written on the scrolls, and as we listen to the reading of the names of those who have passed on since the last vigil, we are once again made aware of the many tragedies that lie nested within this epidemic.

We are aware of the prejudices that still exist in our "civilized" society. We are aware of the fear and hatred that arises out of ignorance. We are aware of the painful slowness of a monolithic government bureaucracy that persists in labelling us "victims of choice." We are aware of a medical system that, in concert with the pharmaceutical industry, is increasingly driven by profits rather than a desire to heal the sick. We are aware that each year AIDS moves further up the list of leading causes of death for 18-25 year olds and that a generation is being decimated. In some areas AIDS kills more young people than accident or urban violence. We are aware that AIDS is one of the top five causes of death among women. We are aware of the false attitudes: "only gays get AIDS" or "only drug users get AIDS" or "only Haitians get AIDS". We look around us and we are aware that *anyone* can get AIDS. Those of us who are living with HIV/AIDS also become aware, if only briefly, of the deep, silent, hidden fear that whispers the question "Will *my* name be on next year's list?"

Within this dark awareness, we perceive things that shine through like fireworks in a night-time sky. There is the doctor who will actually make a house call because a patient with AIDS cannot get to his office...or the hospital. There is the social worker who tries to squeeze every last benefit out of a hide-bound system for a client with AIDS. There are the people who sit up all night in a hospital room where their friend or relative is slowly dying because they believe that the greatest tragedy is that anyone should die alone. There are the staff members at St. Paul's palliative care and at Normandy House who see the unending stream of those ravaged by AIDS and yet resist transferring to other departments because they feel they can give the best care right where they are. There is the small band of BBS sysops (and self-confessed computer phreaks) who raffled off a hand-made quilt to raise funds for the Vancouver Meals Society. There is the Vancouver Meals Society itself, ably led by Easter (who has, I think, the warmest smile on the planet), providing home-cooked meals for PWAs who can't manage on their own. There are the service organizations and community-based groups who individually and collectively provide needed services, as well as raising a powerful advocates voice (on budgets that make a frayed shoestring look substantial), for persons living with HIV/AIDS. There are the volunteers, many of whom are themselves living with HIV/AIDS, who freely give of their time, abilities and energy (often to the point of endangering their own health) to keep the organizations functioning and help better the lives of people living with HIV/AIDS.

These people, and many others as well, make us aware that within the darkness there is always hope. They prove to us that ignorance can be banished. They prove to us that insensitivity can be changed to compassion.

The title of this essay is taken from the opening line of an old Lutheran hymn written by Karl H. von Bogatzky. The full line is: "Awake, O Spirit of the watchmen who never held their peace by day or night." *We* are the watchmen: all of us who do what we can to fight AIDS. We exemplify the twofold meaning of the word "vigil". We hold our quiet vigil to remember those who are at rest. We also reaffirm our commitment to act with vigilance and unity in the ongoing fight against AIDS.

Later this month, as we gather together at Alexandra Park, let us hear with our hearts the final words of the Buddha, words which contain both a warning and an admonition: *"Decay is inherent in all compounded things. Strive on with diligence."*

Until we defeat this disease we cannot hold our peace. We must "strive on with diligence" and speak out with one mighty voice, for there is great truth in the slogan "Silence equals Death". We must speak for those who can not.

Here endeth the lesson.

The above sermon is solely the opinion of the author, Doug M. It does not officially represent the opinion/position of the Vancouver PWA Society or the *Vancouver PWA Newsletter*.

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AIDS TREATMENT HIGHLIGHTS

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OPTIMAL ACCELERATED CARE MODEL

Editor's Note: The Optimal Accelerated Care Model which follows can be used as a guide and/or reference for you and your Doctor. If your Doctor does not have many HIV/AIDS patients, it is hoped that this could be of great assistance.

The primary goal of the optimal accelerated care model is to provide, compassionate, effective, cost sensitive optimal care and prevent further transmission of the disease.

The other goals of this model are:

1. Intervene with antiviral medication at the appropriate time;
2. Offer prophylaxis against certain opportunistic infections especially Pneumocystis Carinii pneumonia (PCP) at correct times;
3. Early diagnosis and offer of treatment as quickly as possible;
4. Offer new experimental antiviral medications, immune system modulators, or experimental prophylactic medications at the appropriate points; and
5. Finally offer appropriate palliative care for untreatable disease.

Asymptomatic HIV Patients

Asymptomatic HIV patients should visit a physician very three to six months. As the patient becomes symptomatic or a helper count falls more frequent examinations are required. Patients taking anti-virals (AZT, ddI or DDC) should be seen at least monthly.

Early to Moderate HIV Disease

Numerous clues are to be found in the regular history, medical exam and laboratory evaluation which will alert the clinician to the need for closer scrutiny follow-up.

Some of the symptoms may include:

- mild on-going malaise;
- some anorexia and mild weight loss;
- sense of easy fatigability;
- development of new dermatology disease such as psoriasis, recurrent folliculitis, seborrhoeic dermatitis;
- recurrent Herpes Simplex disease;
- outbreak of Herpes Zoster;
- respiratory disease such as recurrent sinusitis or development of lobar pneumonia;
- gastrointestinal disease might include occasional diarrhoea with bacterial parasitic organisms found as the cause;
- non-specific muscle and joint pain transient in nature;
- decreasing absolute helper count;
- decreasing fraction of helper cells;
- increased IgA
- increased Beta2 microglobulin and increased immune complexes.

Moderate to Severe HIV Disease

Some of the symptoms may include:

- worsening constitutional symptoms as fevers, night sweats, weight loss;
- worsening seborrhoeic dermatitis or psoriasis;
- development of facial warts or molluscum contagiosum;
- severe recurrent Herpes Simplex;
- progressive periodontitis, gingivitis, or hairy leucoplakia;
- severe persistent sinusitis;
- Mycobacterium TB disease of the chest may be reactivated;
- diarrhoea often accompanied by considerable fluid depletion and weight loss;
- peripheral sensory neuropathies;
- subtle decrease in cognitive function and memory may be sen;
- sense of fatigue and malaise frequently worsens.

The following laboratory results are possible:

-Anaemia;
-Leucopenia;
-Neutropenia;

- non-specific changes in liver function studies;
- decreased absolute helper counts;
- increased elevation of Beta2 microglobulin;
- positive P24 antigen test.

Severe HIV Disease

Severe HIV disease is heralded by the onset of all AIDS defining opportunities, diseases and malignancies.

The following laboratory results are likely:

- Anaemia;
- Leucopenia;
- Neuturopenia;
- depressed absolute helper counts;
- depressed fraction of helper cells;
- increased Beta2 microglobulin.

The presenting illness in 90% of HIV+ patients in B.C. who go on to a diagnosis of AIDS are:

- PCP;
- KS;
- Esophageal Candidiasis;
- MAI;
- Toxoplasmosis of the brain;
- Cryptococcal Meningitis;
- primary Lymphoma of the brain;
- HIV Encephalopathy;
- wasting syndrome due to HIV;
- Immunoblastic Lymphoma;
- CMV disease especially of the retina, adrenal glands, digestive tract or spinal cord;
- chronic intestinal Cryptosporidiosis;
- chronic Herpes Simplex Disease.

Early Intervention Diagnostics:

1. Complete blood count
    a. RBC - red blood cell count
    b. WBC - white blood cell count
    c. MCV - mean corpuscular volume
    d. platelet count
    e. hemoglobin
2. Biochemistry
    a. liver function
    b. kidney function
    c. Amylase
    d. Triglycerides
3. Immunologic follow-up
    a. CD4+ and CD8+
    b. CD4/CD8 ratio
    c. % CD4
    d. CD8+ (T suppressor cells)
    e. Beta2 microglobulin
    f. P24 antibody
    g. Neopterin
    h. P24 antigen
4. Gynaecologic diagnostics:
    a. Pap smear
    b. Colonoscopy
    c. Routine STD cultures

The following prophylaxis may be utilized for early intervention patients:

a. Pneumovax vaccine
b. flu shot vaccine
c. Hemophilus Influenza B
d. Hepatitis B
e. TB
f. Herpes Simplex
g. PCP

Later Intervention Diagnostics:

1. More frequent bloodwork
2. More frequent immunologic follow-up
3. Medical history
4. Physical examination:
    a. Lymph nodes
    b. Oropharynx
    c. Weight
    d. Skin
    e. Rectal exam
    f. Pap smear (women)

Prophylaxis for Interventions

1. Toxoplasmosis
2. CMV
3. EBV
4. MAI
5. TB
6. Hepatitis A & B
7. PCP
8. Candida

Aggressive Treatment of OIs (Opportunistic Infections)

1. PCP

a. Septra/Bactrim
b. Intravenous Pentamidine
c. Clindamycin and Primaquine
d. Dapsone & TMP
e. Dapsone & Pyrimethamine

f. 566C80
g. Other antibiotics

2. CMV/Herpes
a. Acyclovir
b. Ganccyclovir
c. Foscarnet
d. New agents (oral)
e. Green Algae (chorella)
f. Monolaurin

3. Toxo
a. Pyrimethamine & sulphur
b. Pyrimethamine & Clindamycin
c. 566C80
d. Dapsone
e. Chinese herbs

4. MAI/MAC
a. Cipro + Rifampin + Amikacin + Clofaxmine + Ethambintol
b. Clarithromycin
c. Liposomal Gentamicin
d. Rifabutin
e. Dapsone + Minocycline
f. Azthromycin

5. Cryptococcal Meningitis
a. Amphotericin B
b. Liposomal Amphotericin B
c. Fluconazole
d. Hraconazole
e. New Antifungals

6. Candida
a. Ketoconozole
b. Fluconozole
c. Echinacea

7. Diarrhoea
a. Imodium
b. Narcotics
c. Beta Carotene
d. Sandostatin
e. Erythromycin and immune booster
f. Spiramycin
g. Colostrum
h. Diclazuril

8. KS Standard
a. Radiation
b. Liquid nitrogen
c. Chemotherapy
d. Interferon - alpha
e. Interferon - alpha and AZT
f. Prosorba Column
g. Retin-A

Combination Therapies

1. Combinations of Anti Retrovirals
2. Combination of:
   a. Anti Retrovirals
   b. Immune Boosters
   c. Prophylaxis for OIs
   d. Nutritional program

Promising Therapies:

- Cimetidine (Tagamet)
- Clarithromycin
- TAT gene inhibitor
- Hyperiein (Planz)

HIV Positive Work Up was presented at the recent B.C.AIDS Conference by Dr. Sestak with contributions from Gordon Waselnuk & Sean Hosein.

ANTI-INFLAMMATORY DRUGS IN AIDS

AIDS is a disease involving chronic inflammation. The inflammatory process is part of the body's normal response to infection, but when triggered inappropriately, or for too long, it can result in disease. The most obvious examples of such chronic inflammation in AIDS are joint pains and fevers. Although the reasons for this chronic inflammation are not well understood, the elevated number of immune complexes seen in HIV infected people may play a role.

Immune complexes are clumps of antibodies and antigen. Normally, they are cleared away by the body, but if they accumulate too rapidly, or are not cleared fast enough, they can settle on tissue and trigger off inflammatory responses, or interfere with the functioning of a variety of immune system cells.

Anti-inflammatory drugs should prove useful in treating fevers and some auto-immune conditions such as arthritis, which affect PWAs.

Marcus Boon, Issue #84 *PWA Coalition Newsletter*, Jan/Feb. 1993.

"DOES THE CONCORDE FLY?"

You betcha...or: "Whither AZT?"

The April 3 *Lancet* contains a letter from the investigators who conducted a joint Anglo-French study (the Concorde trial) assessing the benefits of AZT in asymptomatic HIV+ individuals.

Their preliminary finding: "In conlusion, Concorde has not shown any significant benefit from the immediate use of zidovudine compared with deferred therapy in symptom-free individuals in terms of survival or disease progression, irrespective of their initial CD4 count."

Translated: Early intervention with AZT probably isn't going to make you live any longer.

Of course, Burroughs Wellcome fired out damage control pieces citing apparent flaws in the study but also stating that Wellcome "believes the Concorde results are consitent with data from other studies which demonstrate the value of zidovudine in the management of HIV infection." I don't know about you, but I have a slight problem with this...it's looking like BW is getting desperate enough over AZT that they are willing to use a study that they regard as "flawed" in defense of their product. It either supports you, or it doesn't...you can't have it both ways.

In defense of their product, BW (not to mention CAS and a prominent local researcher) have been citing the NIAID-sponsored ACTG 019 study which reported that AZT delayed the onset of advanced AIDS for people who entered the study with CD4 counts of 500 or less. The Concorde investigators report that their findings are "not inconsistent" with previous studies, but the delay in progression reported in previous studies "was not seen over the longer follow-up period." It should be pointed out that the follow-up period for ACTG 019 was approximately one year and the follow-up period for Concorde was three years.

Just as a final twist, I'll leave you with a quote from Paul Volberding, M.D. Dr. Volberding, in addition to being the director of the AIDS Program at San Francisco General Hospital, was also *the principal investigator of ACTG 019*: "It is increasingly apparent AZT is a drug with benefits that are limited in duration, particularly in patients with more advanced disease. While we know that AZT can help patients in the short term, the real focus of AIDS clinical research today is on developing other treatment strategies, such as sequential or combination therapies, that are effective and well-tolerated over extended periods of time." (*NIAID Update*, April 1, 1993).

It's your choice...

Yet another opinion piece by Doug M.

CORE NUTRIENTS

The following list includes the nutrients that should probably be taken daily by virtually all those living with HIV infection, regardless of disease stage. The list is based on the nutrients that have most often been found to be deficient, even when T-4 cell counts are still high.

- Multiple vitamin/mineral with B vitamins (B-6 in the form of pyridoxal phosphate rather than pyridoxine). Taken with 3 meals a day.
- Antioxidant Formula - multiple antioxidants such as beta-carotene, selenium, tocopherol, glutathione, etc. Therapeutic range for selenium is 400-800 mcg/day. More than 1000 mcg from all sources can be toxic. May be in multiples, check total dose.
- Ascorbic acid/Ascorbate (vitamin C) - 6-20 g/day with meals. Generally non-toxic although diarrhea may occur and urinary oxalate stone formation in those suspectable to forming such stones--a very small percentage of people.
- Vitamin A - Possibly toxic at more than 25,000 i.u/day long-term.
- Vitamin B12: 1000 mcg in form of nasal gel, 2-7 times per week; critical to prevent/eliminate fatigue and some forms of cognitive dysfunction and neuropathy.
- Coenzyme Q-10 - 30-180 mg/day. Critical for immune function and heart muscle; levels decline as HIV progresses.
- Vitamin E: 80-1600 i.u./day. Critical antioxidant; especially important if on AZT. Multiple and antioxidant formulas will contain number; check totals.
- Essential fatty acids - Omega-6 and Omega-3 fatty acids such as GLA (found in evening primrose oil or borage oil). Deficiencies occur very early and can cause skin problems and fatigue.

- Glutathione - 300-1200 mg/day. Powerful antioxidant; levels decline as HIV progresses.
- Zinc: 25-50 mg/day. (Long term use should be balanced with copper, 2-4 mg taken at a different meal than zinc.)

If on AZT, take vitamins E (may prevent bone marrow suppression), vitamin C (helps detox all drugs), B6, B12, folic acid, magnesium and coenzyme Q-10.

If on ddI, take vitamin C and molybdenum.

Editor's note: A request was made by the Positive Women's Network to rerun this article. The above-named supplements may not be available at the usual outlets. If not, they can be obtained by contacting Mega-Vitamin Products Ltd., 994 Granville St., Vancouver, B.C., V6Z 1L2 (phone 685-9721).

SINUSITIS & HIV

Sinusitis is a common problem affecting many people with HIV. It can affect individuals at any CD4 count, but tends to be more severe and difficult to treat in individuals with CD4 counts of less than 200. Sinuses are hollow spaces in the bones of the skull which contain air and communicate with the nostrils. There are four types of paranasal sinuses: the frontal, sphenoidal, ethmoidal, and maxillary. The frontal sinuses are located just above the eyebrows. The maxillary sinuses are located towards the base of the skull. The ethmoidal sinuses are located just below and directly in front of the sphenoidal sinuses. Sinusitis occur when the mucosal lining of one or more of these sinuses becomes inflamed and/or infected.

The most common symptoms of sinusitis include fever, nasal congestion or discharge, and pain. The location of the pain can often indicate which sinuses are infected. Frontal sinusitis often causes pain and tenderness over the lower forehead. Maxillary sinusitis can produce pain and tenderness over the checks, and can also involve pain in the teeth. Individuals with ethmoidal sinusitis may have pain behind the eyes accompanied by redness and pain on the sides of the nose. The pain associated with sphenoidal sinusitis is more general and may be located in any of the areas mentioned above. Tearing of the eyes, and sensitivity to light has also been associated with sphenoidal sinusitis. Maxillary involvement appears to be the most common site in individuals with HIV, followed by ethmoidal sinusitis. Often both of these sinuses are involved at the same time. Frontal and sphenoidal sinusitis occur less frequently.

In some cases fever and/or headaches are the only symptoms, therefore sinusitis needs to be considered in the differential diagnosis of unexplained fever or headache, especially in individuals with low CD4 counts.

The diagnosis of sinusitis is usually based on the individual's medical history, the presence of sinus tenderness and other symptoms, and sometimes on transillumination and sinus-film findings. It is difficult to pinpoint the type of bacteria that is causing the infection. Nasal cultures are unreliable because they often contain different pathogens than the actual fluid in the sinuses.

The treatment of sinusitis in people with HIV has not been well studied. For acute, sinusitis, the first step often includes the use of aspirin or Tylenol and the application of heat for comfort. Decongestants such as Sudafed can be particularly helpful. These can be taken either orally or by nasal spray. The danger of rebound after short-term use of nasal sprays has probably been exaggerated. Antihistamines are not usually helpful because they cause the secretions to thicken and prevent drainage. Antibiotics are commonly used with differing results. Although no studies have been done, anecdotal reports suggest that individuals taking Bactrim or Septra have a reduced incidence of sinusitis.

One controversial therapy is the use of nasal steroids for chronic sinusitis. Although this is an effective therapy for many individuals, some physicians are concerned about their use because steroids are locally immunosuppressive. This suppression could theoretically allow other organisms to grow, especially funguses.

Another possible therapy for chronic sinusitis is the administration of intravenous gamma globulin. The use of this therapy stems from the theory that defective humoral immunity causes sinusitis. The theory is that the individual is not able to produce effective antibodies to the bacteria because of damage to the immune system.

If these therapies fail, some individuals resort to surgery. This procedure physically widens the sinus passages to allow for better drainage and is often effective.

Extracted from L. McKean, Sinusitis & HIV as printed in *Step Perspective*.

RIFABUTIN APPROVAL

On March 23, the Health Protection Branch approved rifabutin (the trade name is **Mycobutin**) for prophylaxis of MAC. The B.C. Center for Excellence will be making the drug available, but they may not have it in stock for 5 to 6 weeks. In the meantime, rifabutin may be obtained on a compassionate release basis directly from Adria Pharmaceuticals by having your physician call Adria at **1-800-268-5463**, although sources have informed us that Adria's responses to these calls has been "less than prompt".

If you are intending to take rifabutin, there are a few things you should be aware of: 1) Your doctor should be doing regular blood work to monitor for signs of neutropenia or thrombocytopenia; 2) A major side effect of the drug is discolouration of urine and eye fluids, therefore you should **NOT** be wearing contact lenses when taking this drug--your lenses will probably permanently discolour; 3) Phase I studies indicated that there is a possibility of rifabutin interfering with the absorption of AZT, although this result was not confirmed in the larger Phase II. This means that you might wish to discuss with your doctor the possibility of slightly increasing your dosage of AZT. There are also indications that rifabutin decreases the activity of a whole great list of drugs (including dapsone, ketaconazole, analgesics...and oral contraceptives); 4) Rifabutin should not be taken if you have active tuberculosis.

The current dosage level of rifabutin is one 150mg tablet twice per day (morning and night). The current cost of the drug is **$3.75 per tablet** (or $225.00 per month).

Please contact the Treatment Information Project if you wish to have a complete copy of the product monograph.

Doug McK

TREATMENT INFORMATION PROJECT

ARTICLES

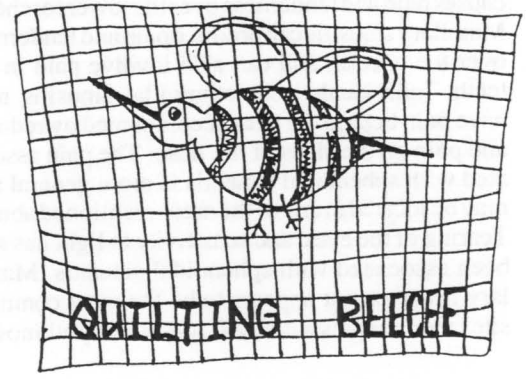
THE AZT MONOPOLY SAGA CONTINUES

Burroughs Wellcome has filed a complaint against Novopharm Inc., the Illinois based company planning to market generic AZT in the US. The complaint was filed on the heels of Novopharm's announcement that it had filed an abbreviated new drug approval for generic AZT with the FDA. Apparently, Novopharm expected the National Institutes of Health (NIH) to supply a patent license for the generic product, since it was widely believed that AZT was discovered and tested against HIV at the Institutes.

Some believe that NIH has no claim as the coinventor of AZT and as a result cannot impinge on the Wellcome patent.

On the one hand it would be a shame if NIH had a decisive role inventing this expensive drug. On the other hand, if Burroughs Wellcome lost the patent on AZT they could just up the price on Zovirax (acyclovir) as they have done each time the price of AZT was lowered.

Based on and excerpted from Wellcome Fights to Keep AZT Monopoly, Issue #84, *PWA Coalition Newsline*, Jan/Feb. 1993.



THINK GLOBALLY- ACT LOCALLY

NEWS FROM THE GLOBAL NETWORK OF PEOPLE LIVING WITH HIV/AIDS AND ANNOUNCEMENT OF THE VTH INTERNATIONAL CONFERENCE FOR PWA/HIV, SEPTEMBER 23-28, 1993 ACAPULCO, MEXICO.

The Global Network of People Living with HIV/AIDS (GNP+) is the new name of what was formerly the International Steering Committee of PWA/HIV (ISC). We are an elected body of 15 PWA/HIV--3 from each region of the world (Asia, Africa, North America, South America and Europe). We organise international conferences for PWA/HIV and it is there that the elections take place. The last conference was held in London, England in September of 1991 bringing in 500 delegates from 55 countries of the world and the theme was HIV and Human Rights: From Victim to Victor.

Since then a lot of work has been done to keep up with our growth and the ever increasing need to bring a voice to people with HIV/AIDS at a global level and a lot of work is being done to develop in a way that keeps up with the expectations of such a network. You can imagine that it is very difficult to do this in the face of severe recession and economic problems that really hamper our work. Often we hear: "why should we fund a group of people that are just going to die anyways" or "how can a group of people with HIV/AIDS expect to be included in high level international discussions and policy making"!

Well the GNP+ can and is bringing a voice to PWA/HIV and we are not going away. Since the Amsterdam conference on AIDS, we are really getting our act together and this is due to a lot of very hard work and to the fact that we now have an executive director/fundraiser and believe it or not...we didn't have to pay for him! We are extremely appreciative to the Stichting AIDS Fonds in the Netherlands for seconding their founder Pascal Van den Noort and to the HIV association for supporting our proposal. Many many thanks!!!

Since September, we participated in an International Ethics and AIDS conference in Bonn, Germany. We also have been involved in development work with the United Nations Development Programme. We have been working on our structure and communication and we are now co-sponsors of the Berlin International AIDS Conference to be held in June. We are also on a task force with the World Health Organization's Global Programme on AIDS which is looking at enhancing their coordination at a global level.

At the last meeting of the board we spent seven days together and came up with our mission statement: The GNP+ exists to promote the self-empowerment of people living with HIV/AIDS and it does this through advocacy of issues at a regional and global level. We are not the problem but part of the solution.

Philosophy Statement:

GNP+ aims to provide the opportunity for people with HIV/AIDS to network and meet regularly:

* to exchange personal experiences, information, skills and resources, essential to establish, maintain and improve the quality of life of PWA/HIV;
* to give visibility to PWA/HIV in order to counter the fear, ignorance and prejudice that they face;
* to empower people affected by HIV/AIDS to campaign vigorously for the respect of their human rights;
* to support the formation of self-help groups of PWA/HIV throughout the world;
* to take any appropriate and necessary actions to meet our goals; and
* to provide opportunities for the voices of PWA/HIV worldwide to be heard in unison.

Programmes:

We are involved in 5 specific streams: Human Rights, Skills-Building, Health, Identities, and Communication

We are also in the preparation phases for the next International AIDS Conference to be held in Japan in 1994 to ensure that it will fully address issues of concern for PWA/HIV and communities affected. This also includes being involved in the decision-making process.

Finally, we are planning the next international conference for PWA/HIV, which occurs September 23-28th, 1993, in Acapulco, Mexico. The theme of the conference is Solidarity and Communication. We are expecting 600 delegates from around the world and we are actively

fundraising for sponsorships for developing country delegates as we want to bring in as many PWA/HIV from the developing world who face the most serious forms of abuse and isolation. So if your group has contacts or can spare some funds for getting people with HIV/AIDS from developing countries to the conference (maybe even adopt a PWA/HIV), please contact us at the address below.

For information and a registration form please contact:

Mr. Rodney S. Jones
PPS Europe Ltd.
Wickerhouse
High Street Worthing
BNI IID
West Sussex United Kingdom
Tel: 44.903.205 884
FAX: 44.903.234 862

This internationally known conference organizing company has volunteered its services to the GNP+ for logistics and is following our policy on confidentiality. As things evolve I'll keep you informed so keep an eye on the *PWA Newsletter*!

Don de Gagne, GNP+ North America

VOICE OF PEOPLE LIVING WITH HIV/AIDS IN CANADA

A series of meetings were held in Toronto on March 26 to 28 to discuss the voice of people living with HIV/AIDS in Canada. This discussion was necessary due to the fact that the federal government had decided that they would not fund two organizations basically doing the same work; the two organizations in question being the Canadian Network of Organizations of People Living with AIDS and HIV (The Network) and The Canadian AIDS Society People Living with HIV/AIDS Committee (CAS).

The Network meeting held on March 26, 1993 determined:

1. The Network is a legitimate voice of PWAs;
2. The Network can exist with some functional ties to CAS;
3. In terms of priorities:
   (a) the Network is a political voice;
   (b) accountable representation from the Network is necessary on CAS committees;
   (c) CAS is to support the Network's funding requirements; and
   (d) information exchange between the two organizations.

The joint meeting of CAS and the Network was held on March 27, 1993, and after much discussion the following consensus was reached:

1. The Network and CAS support the principles of the autonomous Network as the national voice of PLWHIV/AIDS as established at the Vancouver and Montreal meetings;
2. CAS should actively support the Network by:
   (a) support and realize the complementary nature of CAS and the Network;
   (b) CAS supports funding requests of the Network; and
   (c) CAS supports the Network with service in kind until funding is put in place.

The discussion continued on March 28, 1993 and the following recommendations were adopted:

1. The PLWHIV/AIDS Committee of the CAS Board of Directors be expanded to include an Alternate PLWHIV/AIDS Representative for each region;
2. The PLWHIV/AIDS National Forum remain an integral annual event, held just prior to the CAS AGM. (As an interesting aside it was also decided that only one vote would be awarded to each Society at the forum as opposed to an individual vote.);
3. CAS seeks funding for a full time PLWHIV/AIDS Issues Manager;
4. The Chair of the PLWHIV/AIDS Committee be named Co-Chair of the Canadian AIDS Society Board of Directors; and
5. The CAS Nominations Committee be encouraged to seek candidates from diverse backgrounds.

The Network representatives stressed that although these recommendations formed part of the CAS discussion paper "The Voice of People Living with HIV/AIDS within the Canadian AIDS Society" their adoption is independent of the balance of the discussion paper.

In light of the above discussions one would assume that:

1) The Network would be the acceptable forum for the voice of PWAs in Canada; and

MIGRATION SURVEY

Thanks to our full members that responded to the Migration Survey. We now have some preliminary feedback. This survey was a joint project of the Vancouver PWA Society the B.C. Centre for Excellence in HIV and AIDS.

The Migration Survey was mailed with the December 1992 issue of the Newsletter. If you still have the survey kicking around, fill it out and send it in as every return adds to the results.

The kind of information and data we collected was on current and pre-HIV diagnosis such as: socio-demographic characteristics, current social support and care, current health care, current health status, and a migration history.

Migration of PWAs had not been included in consideration of seroprevalence in certain areas. As a result, HIV prevalence and related health care needs may be further underestimated in areas experiencing net increases due to migration. An example would be the strain on available beds at St. Paul's Hospital and the demands being made on social services in urban Vancouver.

The objective of the study was to understand how the need for social support, treatment and care affects where persons with HIV choose to live. We long suspected that people were moving into Vancouver and Victoria often for lack of treatment, care and support. When we have lobbied with the government for better programs and budgets for our social support, treatment care and housing needs, we have always had to argue from a position of guessing or anecdotal experience. Our position changes with this data and we are now in a better position to challenge the system.

It would appear that for many of our members a large proportion of moves are made solely for health reasons after diagnosis. For those that made moves on this basis the greatest amount were made to Vancouver followed by Victoria. Access to care from St. Paul's Hospital appears the motivator for many PWAs to relocate.

The majority of the respondents were men, aged 30-54 and 50% had more than a high school diploma. Most members rated themselves on a Karnofsky scale (gives an indication of how HIV is affecting a person physically) at 60 and above. From this we can assume that many of our members are coping well but the disease is already affecting the quality of their daily life.

The survey showed, it is more likely we are not working or working part time, with the majority on GAIN for the Handicapped. What a surprise! We documented dramatic drops in gross annual income since diagnosis, seems like restating the obvious, but now we have the data. This information will give a valuable lobby tool to Advocacy to argue for changes in services from the Ministries of Social Services, Health, Housing as well as the various health care institutions.

The research is still being examined and we hope to have a better understanding on the social support issues in a short time. Further analysis will give us an overall visual picture of where we live. We will also be able to examine where those who are most ill reside and where the services from them will have to be developed.

What we are finding in B.C., like other provinces, HIV/AIDS treatment, care and support are mainly available in large urban centres. The results demonstrate that accessibility to these services may influence where persons living with HIV may choose to live.

Arn S.

MY DECISION

Back in 1987 my decision was clear--I wanted to go for a blood test to see if I had come in contact with the AIDS virus. Well the results were positive; not surprising in that I had used drugs for many years with sexual partners.

I then felt that since I was HIV+ I would keep using drugs until the time of my death. Well I was wrong. A short time later I developed symptoms from the use of alcohol, cocaine, grass and other street drugs. These symptoms were shortness of breath, heart and liver damage, severe depression, impaired shortterm memory, unpredictable behaviour, emotional instability, and violent behaviour.

The truth is users have high levels of cortisol in the blood, and cortisol acts as an immunosuppressor, thus further diminishing the body's ability to react against HIV. Users have the ability to increase the rate of progression of HIV disease. Those who do not use will show less symptoms or none at all, than those who do use.

AIDS will develop into an explosion of new cases by those who use drugs. AIDS and bacterial pneumonia are now the major killers among drugs users.

Once I stopped using those symptoms which I had went away. Now my breathing is easier and my outlook on life is a lot more positive.

All I can say is life must be cared for and I am alive. Thank God.

Floyd

"CRIMES AGAINST NATURE"

In this age of Medical Deities (M.D.'s for short), Health and Warfare...sorry, that should be Welfare...has decided that there are 64 herbs and herbal preparations that they consider to be "food adulterants". These include such things as comfrey, goldenseal, and St. John's Wort. Accordingly, H&WC is proposing amendments to the Food and Drug Act which would require companies and suppliers of herbs and herbal preparations to apply for drug identification numbers and prove that these preparations are safe.

As more people become disheartened with (and disenfranchised by) the medical system, they turn to alternative therapies, which tend to be a) cheaper, and b) less toxic than a lot of "standard" therapies. Naturally, the medical system doesn't want people to flee the "benefits" of modern science. As an experiment...sound out your personal physician for his opinions on herbal treatments (or any alternative therapy for that matter).

The federal government's concern for our well-being is touching, but somewhat misplaced. If they were *really* concerned about what we're putting into our faces...would we still be able to buy blood sausage at the local deli?

If you wish to register your displeasure at these proposed changes you can send letters to: Barry Smith, International and Inter-Agency Affairs Division, Food Directorate, Health and Welfare Canada, Room 200, HPB Building, Tunney's Pasture, Ottawa, K1A 0L2.

Doug McK.

EAT, EAT, ALREADY

PORK CHOPS WITH CREAM OF MUSHROOM SOUP

4 pork chops
1 can Cream of mushroom soup
8 oz. can evaporated milk
4 or 5 actual mushrooms, sliced

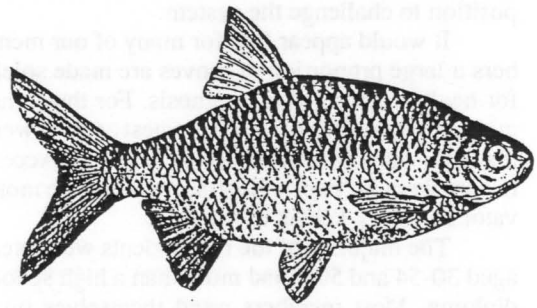
Lightly brown the pork chops. Arrange the chops and mushrooms in a 2" deep oven pan. Stir together the cream of mushroom soup and evaporated milk, and pour it over the chops. Bake uncovered for 45 minutes at 350 degrees F, or until brown and bubbly.

CHICKEN WITH CREAM OF MUSHROOM SOUP

Basically the same as the above pork chop recipe except season, flour, and butter the chicken, and bake in a greased pan at 350 degrees F for 45 minutes. Take out of oven and scrape the bottom on the pan to loosen the little brown bits. Pour over soup and mushrooms and bake as indicated above.

HALF-NUKED POTATOES

Prick your potato and microwave it on HIGH for 3 minutes. Wrap in foil, shiny side touching the potato, and bake in a preheted, 400 degree F oven for 30 minutes. Garnish with sour cream, butter, etc.



LETTERS TO THE EDITOR

C.A.I.S. UNDERWAY

Dear Editor,

We held the second meeting of the Cariboo AIDS Information and Support Group (CAIS) on April 6, 1993. The meetings have been a great success, with one possible shortcoming; we know that there are more PWAs living out here then those who are showing up. We are looking forward to meeting more of you in the future. We hope to be a source of encouragement and support for PWAs and those close to them living in Williams Lake, One Hundred Mile House and surrounding area.

Any one interested in the group's next meeting or for more information on our group please contact Gerry or Bev at the Cariboo Health Unit in Williams Lake, 398-4600 or call Paul or Michael at 296-3387.

We would like to express our appreciation to the Vancouver Persons with AIDS Society and AIDS Vancouver for your help in getting our group off the ground.

Paul L.

LAURELS FOR LAURO

Dear Editor,

I am writing to express my appreciation for the effect one of your speakers had on my son. The speaker was a young man named Lauro, who met with a class at Richmond Senior Secondary School this spring.

I recognize how difficult it must be for speakers to enter the often homophobic environment found in many secondary classrooms. This situation, combined with the emotional issues surrounding serious illness and impending death, calls for tremendous sensitivity and courage on the part of the presenter.

The fact that Lauro met these challenges in such an outstanding manner is evidenced by the article my son wrote for the school newspaper. The paper has not chosen to publish it, but I, and others with whom I shared it, found it moving.

"Lauro"

When I first heard that we were to have a Vancouver Persons with AIDS Society representative come into our class I thought, "Oh goody, some skinny, sickly guy on his death bed is going to preach to us about AIDS." And besides, I've seen the TV shows and reach the books. I know everything, right?

Wrong.

I walked into the class and took my seat, looking around for our speaker. I noticed a man standing by the overhead shuffling some papers. He looked to be in his mid-twenties, with a medium build. I thought, "Well, that couldn't possibly be him, he looks way too healthy".

Wrong again.

The class started and he took a seat facing us. He then introduced himself. His name was Lauro, he was twenty-eight, had grown up in the Vancouver-Victoria area and he has AIDS. He was infected ten years ago, but only discovered it in 1989. He continued to give us a brief background of his life, during which I took time to look closely at him.

Here, before my eyes, was a bright, intelligent, handsome man with a warm smile on his lips and a twinkle in his eyes. This was not what I had expected.

He opened the floor to questions. At first, they were simple, general questions about the Vancouver Persons with AIDS Society and his family.

"They've been very supportive," he said.

Then, as the initial nervousness passed, more personal questions were posed. One person innocently referred to Lauro as "an AIDS victim". His face took on a patient look as he explained that "... the term 'victim' implies defeat. I am simply a person with AIDS."

I then asked him how he copes.

"I cry lot", he said in a matter-of-fact tone. "It's a great emotional release. There's no one right way to deal with it. I've seen a lot of fear and hate over the past ten years."

Fortunately, he channels his energy positively. "I square dance, and I love it". Sadly, the original group of sixteen dancers has been reduced to four over the past six years. So many funerals. So much grief.

As he made jokes and answered questions, I found myself forgetting that this man was ill. I found myself forgetting that this man was dying. He does more in a day than most of us do in three. For him, the idea of living every day to the fullest isn't just a cliche. He has the patience to accept things other people wouldn't. I found myself wondering who the sick people really are.

When he was asked about his work habits he said, "I used to be the world's biggest procrastinator, now I have a big reason not to put anything off". He laughed. I couldn't.

When he was asked about the future he said be believes that more hands-on education must happen. The government must keep the funding up. "We can stop this disease, period," he said in a serious tone.

The class was nearly over. I asked him if he was afraid of death. "Only if it hurts," was his reply.

Excerpted from correspondence to PWA from the Don B. and an article by his son, Matthew B.

FLESH AND BLOOD

Dear Editor,

I attended the play "Flesh and Blood" at the East Cultural Centre. I think the play was trying to help the general public on understanding the relationship between homosexuals and AIDS and it wasn't any different from heterosexuals and AIDS.

But if you want to educate the public in this area please do not take cheap shots for "theatrical laughs" about mental institution and manic depressive illness. Educate yourselves also; manic depressive illness and schizophrenia are presently thought of as illnesses from a genetic base or a virus etc. I attended the play with a person affected by schizophrenia and felt most uncomfortable.

Please pass this letter on to the playwright, Colin Thomas.

Yours sincerely, LCN

THE NAT FOUNDATION

Dear Editor,

In May of 1988, three weeks after we brought him home from the hospital for the last time, my son, Nat, died from AIDS. After realizing I was having difficulty coming to terms with his death I wrote a poem to him entitled "I Never Said Goodbye to Nat," which has now inspired me to compile a book with the same title.

It was a wonderful outlet for me to put my thoughts and emotions down on paper, and I began to think of other people who might be having similar feelings. I am asking for people to write about friends or family members who have died form AIDS (or are HIV+).

The NAT Foundation is a non-profit organization which will administer any profits from the book towards helping AIDS organizations in the fight against AIDS. We hope the book will be a beacon of comfort to the many people who have lost someone to AIDS, and that it will help put an end to AIDS discrimination and bigotry.

Thank you for your consideration.

Mary R. Sanders, Executive Director

[Ed. note: See Classifieds for address.]

STEPPING OUT

FORBIDDEN LOVE

NFB Documentary opening at Starlight April 30.

Celebrated as the first NFB "queer" film, "Forbidden Love" gives voice to the senior progenitors of today's visible Lesbian nation. Part eulogizing, part revelatory, mostly outrageous, some of the lesbians in the film offer auto-critiques of their former selves, revealing astute insights into the socio-cultural factors that shaped these women's lives and desires. Some bravely comment on oversights dictated by constraints of the era, critiquing how they too easily adapted to circumscribed butch/femme roles or limited their circle to their own kind--thus practising what now appears like watered-down racism and sexism.

Forbidden Love is an inside job and it shows magnificently. Aerlyn Weissman and Lynne Fernie's lesbian historiography is film-making at its best. Lynne Adams and Stephanie Morgenstern are perfect as the re-enacted, re-constituted lesbian lovers in the scenes from the lesbian pulp novels.

So if you dare, if you are brave enough to think you could, or would, or should look at a lesbian documentary film, don't drive, don't walk, don't stroll, but run right down to the Starlight on April 30th.

Frank F.

SOCIETY BIZ

AGM - THE MARATHON

The Vancouver Persons with AIDS Society held on Sunday April 18th was fairly well attended with approximately 150 members represented in person or by proxy. Registration started at 1:00 pm and the meeting finished around 7:30 pm.

The attendees voted to change the name of the Society to Persons with AIDS Society of B.C.

The following bylaw changes were passed:

A) Motion that Section 26(3)ii of the bylaws of the Society be replaced with the following:

26(3)ii The term of a director elected at an annual general meting shall be for one year and such a director shall retire at the next annual general meeting.

New Board of Directors: Chris Sabean, Arn S., Michael Eaton, Lauro de Haan, Bill Woodfine, Howard Engle, Josh Austin, Barry Budway, Micheal Doyle, Ben Mojelski. Not shown Don deGagne and Stryker. Photo by II Kozachenko.

B) Motion that Section 29 of the bylaws of the Society be amended as follows:

29(1) The members may by special resolution at a duly constituted general meeting of the membership of the Society remove a director before the expiration of his term of office and may elect a successor to serve to the next annual general meeting.

(2)(i) The directors of the Society may remove a director before the expiration of his term of office for the following reasons:

a) the director misses three (3) consecutive meetings of the Board of Directors without good and sufficient reason;

b) the director, by word or deed, violates the objectives, Constitution, or bylaws of the Society;

c) the director is convicted during his term of office within or without the Province of an indictable offence in conflict with the business of the Society and the other directors resolve to remove him.

(ii) The director thus removed from office shall have the right-of-appeal at the next duly constituted general meeting of the membership at which time the Motion of Removal shall be put to the general membership.

From the Membership Survey the following resolutions were passed:

1. BE IT RESOLVED that Vancouver PWA Society be permitted to accept monies from pharmaceutical companies with the following provisions:

a) that no obligation, promotion, advertisment, endorsement or logo of any kind be given in exchange;

b) that funds received must be directed to extraordinary and non-routine activities that cannot otherwise be funded outside the core budget;

2. BE IT RESOLVED that negotiations with the pharmaceutical companies shall be conducted only by person or persons appointed by the Board;

3. BE IT RESOLVED that full membership in the Society shall include proof of positive HIV status;

4. BE IT RESOLVED that where confidentiality has been breached the Board shall investigate and the Board may decide to forgive the breach of confidentiality; and

5. BE IT RESOLVED that when a member or volunteer is unable or unwilling to perform his/her functions of a Society appointment, he/she may be removed from the position. Adequate support and compassion shall be exercised in all situations.

Stryker, Josh Austin, Bill Woodfine, Lauro de Haan, Ben Mojelski, Arn Schilder, Howard Engle, Michael Doyle, Michael Easton, Barry Budway, and Don De Gagne were elected to the Board of Directors of the Society.

The new officers of the Society are: Lauro De Haan, President; Josh Austin, Vice President; Arn Schilder, Secretary; Bill Woodfine, Treasurer.

Bill W.

AN OPEN LETTER TO THE VICTORIA MEMBERS

First of all as we approach our second anniversary in Victoria and our first anniversary at the PWA Wellness Centre we would like to thank the staff and Board of Directors for all their support and assistance in getting us established.

We have come a long way since our Friday afternoon meetings at the YMCA two years ago. We had a vision at that time which is gradually coming into being: to create a centre for the exclusive use of the HIV infected community where one could get reliable treatment information, health management education, peer support and a variety of complementary services. To this end we have created a very comprehensive and up-to-date treatment information library covering standard therapies, promising complementary therapies, even information on worthless therapies; we have initiated a PWA Health Education series which has included lectures on the Amsterdam Conference, nutritional complications associated with HIV, health care services in Victoria for PWAs, AIDS quackery, and what you need to know in order to live healthy with the virus. Dr. Bernard Bihari's innovative approach to AIDS management was a highlight of this ongoing series.

We have started a food bank and a clothing and furniture exchange for members in tight circumstances and we have a financial aid worker who consults monthly with members having difficulties with the system.

In April we expanded the operations by taking over the upper floor of our building to meet the ever increasing demand for more services. We now have two massage therapists, a shiatsu therapist, and an acupuncture clinic and we will soon be negotiating for a physician consultant on a part-time basis to discuss medical issues and concerns of our members.

All of this has taken a considerable amount of time and energy from a small but dedicated group of individuals who are all volunteers, all HIV+, in various states of health or illness and with limited degrees of energy available. Nevertheless, or in spite of this, we have succeeded in establishing the PWA Wellness Centre. However, we have now reached the point where we need more participation from the membership if we are to sustain this level of activity. Many members have asked recently if they could volunteer and the answer is YES. The most important and significant contribution you can make to the Group is to spend two hours a week attending the Friday business meeting. This is where the major work takes place; this is where we discuss the direction in which the Capital Region Group is moving and this is where we need the in-put of the local membership. This is also where the work load is distributed. We have discovered over the year that each member has an unique set of talents and abilities which has contributed so greatly to the success of the Capital Region Group. We often have big ideas but simply not enough bodies to carry out the plans.

We operate as a collective, with one elected position of liaison officer with the Vancouver office (George K., if you know him), so that all members stand on an equal footing. Any member may add items to the business agenda between Monday and Thursday during office hours (phone calls ok) and only items on the agenda will be discussed at the Friday business meeting. We only ask that any member initiating an item on the agenda attend the meeting to make their presentation.

We look forward to meeting more of our local membership who want to contribute to the goals of the Society.

P.S. We also ask associate members (HIV-) who wish to volunteer some time to call us during office hours; we have some small jobs lined up for you too.

"You call yourself 'early man'! You're three hours late!"

REVENUE CANADA AUDIT

Editor's note: The following is being included in the Newsletter so that the members can be made aware of the various issues that came to light as a consequence of the recently completed audit.

...the audit did reveal that the Charity has not complied with certain aspects of the requirements of the *Income Tax Act* and regulations relative to registered charities as described below.

Official Receipts

The audit indicates that the donation receipts issued by the Charity did not comply with the requirements of Section 3501 and IT-110R2 of the *Income Tax Act* as follows:

- The temporary donation receipts issued included the Charity's registration number. However they did not include the statement: "This copy is for your information only and is not an official receipt for income tax purposes";
- Receipts for the walkathon did not include the date of issue; and
- Copies of receipts were not retained by the Charity. Subsection 230(2) of the Act requires charities to retain duplicate copies of all official receipts issued. Such duplicates are required to contain all prescribed information.

Information Return

The audit results indicate that the Charity is improperly completing the Information Return in that many of the items reported were incorrectly identified or omitted. Specifically the Charity has not reported all amounts paid to other charities in part G, Summary of Gifts to Qualified Donees.

Books and Records

The Charity's books and records and the internal accounting controls supporting them are considered to be inadequate. The auditor was unable to confirm amounts receipted, to deposits for the walkathon. Also some information sheets prepared by the Charity in lieu of official receipt copies, could not be located.

Pursuant to subsection 230(4) of the Act, every registered charity shall keep proper records and books of account and have available for inspection sufficient records to allow for the verification of the donation receipts issued, income received, and disbursements made.

Statements of Remuneration

Audit results indicate that the Charity has not prepared a form T4A for persons working under contract to the Charity. Income Tax Regulations state that any amount or benefit required by paragraph 6(1)(a) of the Act be included in computing a taxpayer's income for a taxation year from an office or employment.

It was also noted that the Charity has failed to forward revisions to its constitution and by-laws to Revenue Canada in the year the change is made.

Excerpted from Revenue Canada audit report.

Peer Counsellors Corner--
WE'RE ON TRACK!

Peer counsellors training and core training have been completed. After attending these programs, I can honestly say I have met a fine group of guys available to assist you.

At our last counsellors' meeting held on Monday April 5 the agenda included a varied list of topics--one being discussed was the pros and cons of offering an evening peer counselling session Monday to Friday attended by a Peer Counsellor. We feel this would be of enormous value, especially for those unable to drop in during the day. We have a few kinks to iron out, but all feel an evening session is on the horizon.

Let's Talk ... Come in, have a coffee or juice, talk (we are here to listen). Get if off your chest--let us assist you in finding a solution. You can feel relaxed realizing you are talking to people who "are also there."

Want to participate? Another peer counsellor training program should be starting in the summer. If you feel like you have "gotten it together" about living with HIV/AIDS and want to offer your support, watch your newsletter or call us at 893-2250 for more information.

Salute to a member: May's salute goes to Michael E., peer counsellor project leader. As a result of his relentless and tireless efforts, he has succeeded in getting the rest of us working and involved. Michael is about to step down after a six month commitment and I think he deserve a pat on the back. Well done Michael.

In closing I'll leave you with my personal message. I love living life! Think about it...Til next newsletter.

Ted D.

LIBRARY NEWS

P.A.R.C. Bench Gossip

We would like to thank all those individuals who made donations to create the Wayne Church Memorial Collection. These materials will help bring a lot of laughter into the lives of those who have HIV/AIDS. The collection is made up of VHS videos, books of humour, and talking books. We have been able to make most of the books and videos available for circulation. Again many thanks for this wonderful donation.

Gwen has begun the transferring of records to the new Inmagic programme. She will be giving lessons on how to use the system so that we can get volunteers who will be able to enter and edit the two libraries thereby enabling better control and circulation of materials. Anyone interested in learning the programme please contact Gwen.

Due to losses we have had to place the *Advocate Classified* out of general circulation. If you would like to see them, please ask a Library staff member.

We would like to thank the "Anonymous" donor of the VHS videos. This donation will now enable us to have available numerous general entertainment videos for members. We hope to have them on the shelves and ready for borrowing in mid-May.

NEW BOOKS

Wellness Shakes and Juice Bar Drinks - BA-U58 - of great interest to those who are into making their own shakes and juice drinks.

Wellness Encyclopedia of Food & Nutrition - BA-M328 - if you are wanting to check out your diet this will give you a helping hand.

Garfield Treasury - L-D240 - need a good laugh and chuckle this is your book.

Calvin and Hobbs - L-W344 - the adventures of Calvin and his stuffed tiger.

Ted E.

SUMMER RETREAT--

OUT OF HERE!!!!!!!!!!

Hey,Hey! Believe it or not there WILL be a 1993 Summer Retreat. A Vancouver PWA Society Retreat?! WOW!!!!!!!!!!

Wow indeed and, even better, at Whistler July 10-13th. All you'll need to bring is your sleeping bag, pillow, toiletries, medications and if you want bring things to keep you occupied like board games, sports equipment, etc. Of course, if the only thing you want to do is relax and unwind you'll have that option too.

We'll supply accommodation, transportation and meals. This retreat is available to full Society members only and space is limited, so don't delay. You can pick up your application form from the Reception at the PWA Society office. For those members living out of town just call the PWA Helpline (893-2253) collect and we'll happily mail or FAX one to you.

All applications **MUST** be received by Tuesday, June 15, 1993 to be considered. **NO LATER.**

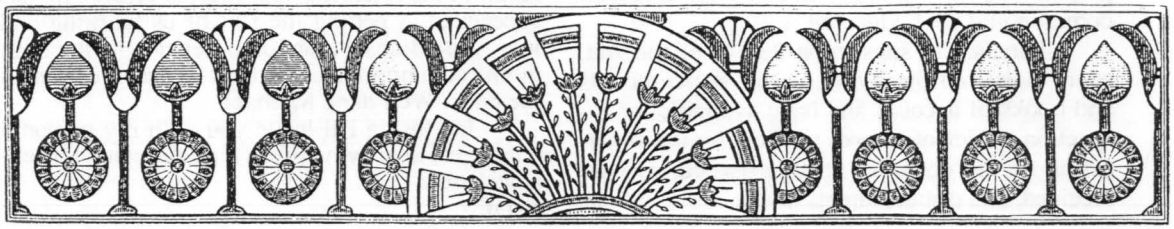
Application forms will have all details to make things easier. Should you have any questions just contact any of the Project members. We'll do our best to clarify things for you.

The Retreat Project Team would like to thank both the Support Committee and the Board of Directors for helping to make this happen for our members.

Remember, we **MUST** receive your application at the office no later than Tuesday, June 15, 1993.

Get packing.....!!!

Michael D., Bleu, Peter V., Robert F.
Retreat Project Team Members



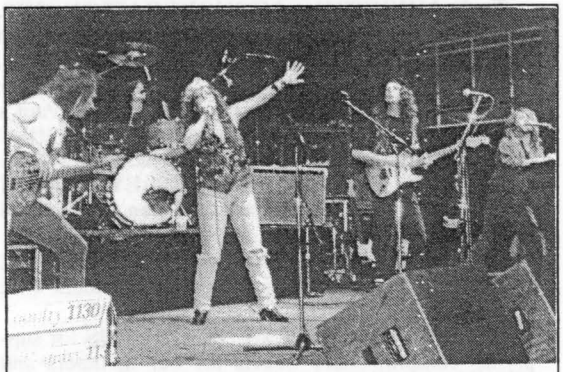
VOLUNTEERS FOR VISION

Volunteers with interest or experience in the field of vision impairment are required to work with PWAs who are losing, or have lost, their sight.

Volunteers will receive extensive training from the Canadian National Institute for the Blind.

If you are interested in finding out more about this program, please contact Arn S. at PWA Society, 893-2250, or Andrea Wadman at AIDS Vancouver, 893-2270.

Emery Barnes MLA, Betty Baxter, NDP Centre candidate and Bryan Wade, past PWA president, at BC AIDS Network Conference, April 2-4. Photo by II Kozachenko.



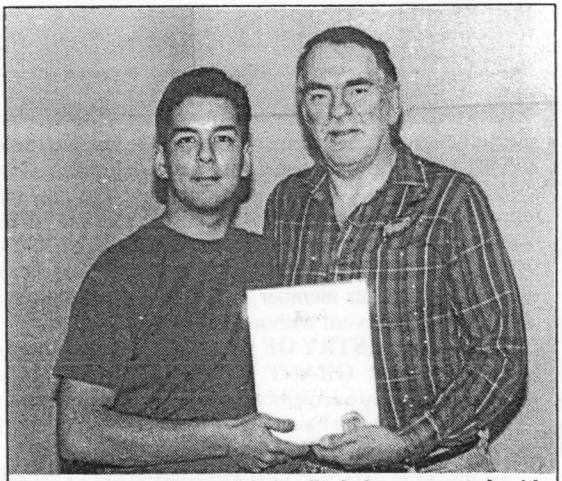
Country Cares: Performers at the PWA Society fundraiser, held at 86 Street Music Hall.
Photo by II Kozachenko.

POSITIVE WOMEN'S SUPPORT GROUP

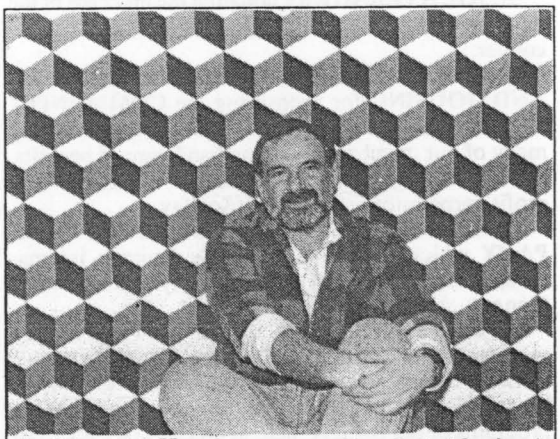
The Positive Women's Network is hosting a support group for HIV positive women twice monthly. The group is held on alternate Wednesday evenings from 6:30 to 8:30 pm. Monies are available to pay for childcare and transportation for women who attend.

The support groups are peer led and peer based. They are facilitated by HIV positive women for HIV positive women.

For more information contact Evelyn Hildebrandt at the Positive Women's Network, 893-2200.



Past president Bryan Wade (R) being presented with Certificat of Appreciation by incumbent president, Lauro de Haan (L). Photo by II Kozachenko.



Quilting with Kay: Thursdays at 11 am in the Members' Lounge. Shown is Lionel with his handmade quilt in background. Photo by II Kozachenko.

KUDOS

To the **AIDS CARE TEAM OF ST. PAUL'S HOSPITAL** for providing our members and all AIDS patients health care and compassion well beyond the call of duty.

To the **OWNERS, STAFF** and **CUSTOMERS** of **ESSO SERVICE STATION** at Davie & Burrard, **U-FRAME-IT** at Robson & Seymour, **SCRIBE & SCHOLAR STATIONERY, METROPOLITAN HOME/HOME MET, THE VIDEO IN, SIMON PATRICH GALLERY, AVENUE LOUNGE OF THE DUFFERIN HOTEL, PASTAMELI OF NEW YORK** on Denman, **STARLIGHT CINEMA, PARK THEATRE, WEST ENDER EAST ENDER NEWSPAPERS, CELEBRITIES NIGHT CLUB, PICATTA'S THE BEST DRESSED CHICKEN IN TOWN, D & R CLOTHING, GRACELAND** and the newly recruited **ODYSSEY NIGHT CLUB** and **ROCKS' CAFE** for having PWA donation boxes displayed for their customers and specially to all their **CUSTOMERS** who deposit their spare change in them.

To **BILLY LENNOX**, Office Security Project Leader, for having re-structured the security system in place at the offices of our Society including a security manual. A job well done.

To the **EMPLOYEES OF THE CORPORATE DONOR FROM TORONTO** who designated their **1992 UNITED WAY** contribution for the benefit of our members. Their long distance effort is laudable.

To **TRACEY INDRA OF BAR NONE**, of Yaletown for donating a **BUNN POUR-OMATIC** double burner coffee maker for the PWA offices.

To **JOE AVERAGE** for donating the proceeds of the **"JOE AVERAGE JACKET RAFFLE"** to AIDS Vancouver.

To the **B.C. MINISTRY OF SOCIAL SERVICES AND HOUSING** for sponsoring the **COMMUNITY VOLUNTEER PROGRAM** financially benefiting many of our members receiving handicapped benefits, by encouraging them doing volunteer work with non-profit corporations such as our Society.

To the outlets of **STARBUCKS COFFEE COMPANY** which continuously supply gourmet international coffees and blends for our Society's members and lounges.

To **GARY GILBERTSON, volunteer producer emeritus** for organizing **COUNTRY CARES ABOUT AIDS**, a country music evening with all proceeds designated for the benefit of our members through the programs of our Society, held at **86TH STREET MUSIC HALL**. To the live performers **ONE HORSE BLUE, BEVERLY ELLIOTT, THE DOTS, CORI BREWSTER, UNDERGROUND OUTLAWS, THE LYNDA SCOTT BAND, QUICK SILVER CLOGGERS AND OTHERS**. To the sponsors **J R COUNTRY 93.7 FM STEREO AND VANCOUVER'S COUNTRY 1130 CKWX**. To the ticket distributors **COMMUNITY BOX OFFICE 280-2801, THE LOTUS, LITTLE SISTERS BOOK EMPORIUM, SUBURBAN GARAGE, JOSEPHINE'S AND CHUTNEY'S.**

To the over **TWO HUNDRED FIFTY MEMBERS** who took the time to complete and return to our Society the **MEMBERSHIP SURVEY.**

To the **MINISTRY** and **CONGREGATION** of **ST. ANDREW'S--WESLEY CHURCH** for opening up **THE HAVEN**, a place when you need a place to rest ... to have a cup of tea or coffee ... conversation ... for people visiting patients with HIV/AIDS in St. Paul's Hospital. What a great idea. The support that all HIV / AIDS sufferers and their helpers have received and are receiving from **ST. ANDREW'S-WESLEY CHURCH** goes well beyond the call of Christian charity and compassion.

To **AEGIS INTERNATIONAL HEALTHCARE CORPORATION** for supplying our members with condoms.

To the **VANCOUVER MENS' CHORUS** for supplying complimentary tickets for our members and escorts to their **SONGART** production.

To the **DOGWOOD MONARCHIST SOCIETY** for supplying complimentary tickets for our members and escorts to their **CORONATION BALL "THE EMPEROR AND I".**

To **PETER A.** and **BILLY V.** owners, **PAUL M.** manager, **WILLY T. entertainer emeritus**, the **STAFF** and all **OTHERS INVOLVED** at the **ODYSSEY NIGHT CLUB** for staging and organizing a fundraiser for the benefit of our members and Society. Special ones to **WILLY T.** for giving-up his lucrative bartending job that evening and M.C.'d the show with the help of **JOANNIE (a.k.a. Melina Mercouri)**. . Also to **ACE ENTERTAINMENT** and its **FABULOUS STRIPPERS** who gave a comand performance. Also very special ones to our member **BRUCE** who worked the door during the event without any break.

To **B.C. MINISTRY OF HEALTH** for providing a very substantial **GRANT** for 'sustaining' support projects benefiting our members and fundraising projects.

Thanks to all who have sent in funds to help us with our mailing costs for the *PWA Newsletter*.

To the **TEACHING AND OTHER INSTITUTES** which use our **'SPEAKERS BUREAU'** and to the **MEMBERS OF THE PWA SPEAKERS' BUREAU** who appear on behalf of our Society.

Thanks to the **HIV-T SUPPORT AND INFORMATION SERVICES** for their kind words of encouragement, especially its **COORDINATOR ROBERT St-PIERRE**.

To the **PERSONS** who become **ASSOCIATE AND GROUP MEMBERS**, from time to time, of our Society and contributed their membership dues.

To the **EMPLOYEES of VANCITY** who designated their annual donation for the benefit of our members. Also similarly done by the **STAFF CHARITABLE FUND OF THE FRASER-BURRARD HOSPITAL SOCIETY**. Thanks a million.

To the **KNIGHTS OF MALTA** for their donation and fundraising efforts for the benefit of our members.

To the **ORGANIZERS** of the **GLEN DAVIS SHOW** for their fundraising efforts for the benefit of our members.

To the **MEMBERS** of the **CLEF SOCIETY OF BURNABY** for their donating for the benefit of our members a portion of the proceeds from the **HAROLD ZABRACK'S CONCERT**.

To the **B. C. MINISTRY OF HEALTH** for providing a grant for our Society to complete the POSITIVE LIVING MANUAL.

To the **ORGANIZERS** of **'THEATRE CARES WEEK'** for donating a portion of the funds raised during that event for the benefit of our members and to the **MEMBERS OF THE VANCOUVER THEATRE COMMUNITY, THE LOCAL BUSINESS COMMUNITY, AND THE AUDIENCES** 'who gave generously of their time, their goods and their services, and their cash donations." They said that they "look forward to a day when these efforts are no longer necessary." Thanks for hoping for **A DAY WITHOUT AIDS**.

To **JACQUELINE VEIPANS OF VERNON** and the **PERSONS WHO BOUGHT RAFFLE TICKETS** of 2 paintings by **JACQUES VEIPANS** for donating a portion of the proceeds for the benefit of our members.

To **THE STUDENTS OF THE FRENCH IMMERSION FOODS AND NUTRITION CLASS OF THE SENTINEL SECONDARY SCHOOL** for participating "in a fundraising event by providing refreshments at a recent Drama Department production of "The Importance of Being Ernest" for having "chosen the Persons With Aids Society to receive part of the proceeds from this event." Many, many thanks to all.

To **DAVID DIAMOND ARTISTIC DIRECTOR, JACKIE CROSSLAND GENERAL MANAGER** and all **OTHERS INVOLVED** with the **HEADLINES THEATRE CO.** production of **FLESH AND BLOOD**, specially to all the **PATRONS** for responding tremendously well to this production.

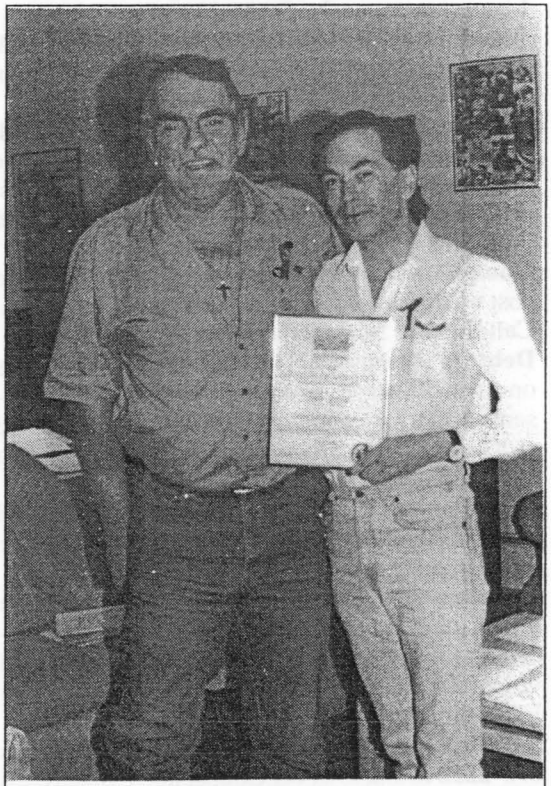
To the **OWNERS, MANAGEMENT, STAFF** and **CUSTOMERS** of **CELEBRITIES NIGHTCLUB** for allowing **STOODEO HAIR DESIGN** to hold a fundraising event for the benefit of our members.

To our society's dedicated **STAFF** and unpaid **VOLUNTEERS** who help in carrying out our Society's mission. This includes our unpaid **VOLUNTEER BOARD OF DIRECTORS**. Congratulations to the newly elected members of the Board.

TO ALL WHO HELP US IN SO MANY DIFFERENT WAYS, INCLUDING SOME UNKNOWN TO US AND SOME WHO WISH TO REMAIN ANONYMOUS.

We at the PWA thank you all for your comments and support. Your words and actions give us much needed encouragement to continue our ardous and unfortunately growing enterprise. The support of **INDIVIDUALS, GROUPS, GAY & LESBIAN COMMUNITY, BUSINESSES, CORPORATIONS AND THE COMMUNITY IN GENERAL** is invaluable to our members and Society.

Harry Mendez-Boyle, Advisory Board
Finance and Fund Development Committees



Bryan Wade, past president of the Society, presents a Certificate of Appreciation to Billy Lennox, past Director.

Photo by II Kozachenko.

WE'RE OPEN

Monday to Friday 10 am to 5 pm; Saturday 11am to 3 pm; Sundays and Holidays closed; PWA Administration Office open Monday to Friday only. Drop-in living room lounge: juices, fresh Starbucks' coffee & other goodies when available.

OTHER PROGRAMS/SUPPORT PROJECTS OFFERED BY PWA AND OTHERS (call PWA 893-2250 FAX 893-2251, unless number(s) noted):

Bridge: Several weekly games running. We organize the occasional game in the lounge on Monday evening for members who are looking for others to join them in a regular game. Beginners welcome. Leave a message for Stryker 893-2250.

Blood Testing: If you need blood tests for HIV disease progression which are not available to you, see or write to Stryker at PWA Society.

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 Support Manager at PWA for availability.

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 660-3552.

Food Pantry: Free for PWA/HIV+'s. Sponsored by AIDS Vancouver. Call A/V Intake 893-2210 for info. on pick-up. Home delivery if needed.

Furniture/Clothing Exchange and Donations: Good used furniture, household items, etc., accepted for members' use. Need storage space and volunteers with moving vehicles. Call John W. at PWA for info.

Helpline: Call PWA Peer Counselling Helpline 893-2253 to talk to a Peer Counsellor. Collect calls accepted from B.C. only.

Home/Hospital Visits: Call PWA Peer Counselling Helpline 893-2253 for home/hospital visits and/or counselling.

Housing Rental Subsidy: For full members. Application forms available at PWA reception. Call for cheque issue date at month end.

Income Tax Preparation Assistance: Free for full members. Call Billy to arrange appointment with Stryker, 893-2250.

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.

Medical Equipment: Ambulatory aids available. Wheelchairs, walkers, canes, etc. Also limited medical supplies. Sponsored jointly by AIDS Vancouver and PWA. Call A/V Intake 893-2210. Please deliver items to A/V directly.

Peer Counselling: Call PWA Peer Counselling Helpline 893-2253 to talk to a Peer Counsellor. Collect calls accepted from B.C. only. Call PWA for info, to join future orientation sessions, etc.

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

Speakers' Bureau: Call Barry B. or Advocacy Manager at 893-2250 for information, to join, or to arrange for PWA speakers.

Switchboard/Reception: Call Quita or Ray at PWA to volunteer, 893-2250.

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

Vancouver Meals Society (VMS): Delivers meals for home-ridden PWAs, especially those just out of hospital. Call A/V Client Services 687-2437 for availability, schedules. Call Easter 682-MEAL (682-6325) to volunteer, join and for info on VMS.

Volunteer Intake: Call Quita or Ray 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.

VPWAS Capital Region: PWA Wellness Centre is open 6 days per week, Monday to Saturday, 12 noon to 4 pm, at 613 Superior St., Victoria. Call 383-7494 for info. or write P.O. Box 8120, Victoria, B.C. V8W 3R8.

ONGOING GOINGS ON

MONDAYS

Hairstyling: Free for full members, 10 AM to 2 PM. Professional hairdressers. Please come with freshly washed hair. By appointment only. Call reception at 893-2250.

Art Therapy Group: Call Support Manager at PWA for information.

Nutrition Counselling: Dietician/nutritionist Diane Peabody is available Mon. evenings. By appointment only. Call 893-2250 to book.

Legal Clinic: offered by UBC law students. Wills, power of attorney, landlord/tenant problems. By appointment only 7:00-9:00 pm at PWA offices; sign-up sheet at reception.

"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

Poly & Esther's Closet: Free clean used clothes and small household items, 12:30-2:30, enter off Helmcken.

Financial Coaching Project: Free and confidential service available Tues. afternoons by appt; contact PWA reception at 893-2250.

Acupuncture: (Meridian Therapy) 2-4 pm, PWA treatment room, 2nd fl. Available Fri. also.

Advocacy Committee Meetings: All Society members welcome. PWA Boardroom, 2-4 pm. Meeting bi-weekly--call Lauro or Advocacy Manager for info. Deals with access to treatments, human rights, political and legal issues, etc. Projects include external and media relations, speakers' bureau, treatment info.

Board of Directors Meetings: All members welcome, 7 p.m. in the PARC Boardroom, meets every 2nd Tuesday. Call for info.

Women and HIV/AIDS Support Group: For HIV+ women seeking info. and peer support. Call the Positive Women's Network for time and place at 893-2200.

WEDNESDAYS

Chinese Herbs: Consultations with Dr. Shen by appointment only. Appointments can be made at PWA reception, or leave message at 893-2250. Consultations are now at VGLCC, 1170 Bute St. (at Davie), Room D. Cost is $20, covered under CHF. DO NOT CALL VGLCC for info or appts!

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

Poly & Esther's Closet: Free clean used clothes and small household items, 12:30-2:30, enter off Helmcken.

Families, Parents & Friends Support Group: 1-2 pm, St. Paul's 6th Fl, Providence Conference Rm (between Wards A & B). Call Judy K., 631-5072 or Cheryl J., 631-5068.

Meridian Therapy: 2-4 pm at PWA office. Appointments can be made at PWA reception. Free to members. Also available Fridays.

Housing Assistance: Experiencing housing crises or difficulties? Meet with housing advocate and counsellor Judy Graves to discuss and explore housing options for PWAs. By appointment only, 7-9 pm. Call 893-2250 to book.

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.

Fund Development Committee Meetings: All welcome. Meets bi-weekly at 7:30 PM sharp. Advises on funding proposals. Projects include Walk for Aids '92, donation boxes, casino nights, third party and community events, donor recognition, social and event representations. Call Barry B. or Managing Director for info.

Healing Circle: Meets Wednesday evenings. Six weeks, cost covered by CHF. Call Lela 689-8476 or Carol 683-8043 for info. NOT a drop-in.

North Shore Support Group: All welcome, not limited to North Shore residents. Meets 2nd and 4th Wed., drop in. Open to those who are HIV+ or have AIDS, their family, friends, supporters in informal surroundings. 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. Merv 986-2127 FAX 926-6751.

Family, Friends and Partners Support Group: Thursday 7:30-9:30 pm. Room 203, St. Andrews Wesley Church, 1020 Nelson (at Burrard). Free underground parking. For further info call AIDS Vancouver Helpline at 687-2437.

THURSDAYS

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

Support Committee Meetings: All Society members welcome and encouraged to participate. PWA boardroom, 1-3 pm, meets bi-weekly. For info. call Arn S. or Support Manager. Develops and facilitates support services. Projects include retreats, support groups, drop-in lounge, library, peer counselling, helpline, home/hospital visits.

Finance Committee Meetings: All members welcome. Meeting monthly. Works to ensure proper financial procedures, reporting and monitoring. Advises regarding budgets, controls, accounting, external audit, taxation, etc. Call Bill W. 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.

Library PWA: Open 7:00-10:00 pm.

VPWAS-Capital Region Support Group Project (Victoria): All welcome. Drop-in, 613 Superior St. Call 383-7494 or write P.O. Box 8120, Victoria V8W 3R8 for info. An outreach project of PWA.

"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.

Quilting with Kay: main PWA lounge, Thursday at 11:00 am.

FRIDAYS

Chinese Herbs: See Wednesday for info.

Meridian Therapy: 2-4 pm at PWA office. Appointments can be made at PWA reception. Free to members. Also available Wednesdays.

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: 11 am - 3 pm, no facilitator on duty. Open to all members. Ideal for out-of-towners or those working weekdays. Library resource centre open. Peer counselling available, no appointment necessary. Call reception for info. 893-2250. Juices, Starbucks' coffee and other goodies when available.

Library PWA: Open 11 am to 3 pm.

Hairstyling: Free for full members, 11-3. Sign-up on lounge bulletin board. Please come with freshly washed hair. Call reception at 893-2250.

Keep Coming Back NA: All welcome, 12-step. Rm 1-G, 1170 Bute St, 7:30-9:30 pm. Of special interest to PWA/HIV, lesbians & gays.

Movie Night: Call reception for info, 893-2250.

SUNDAYS

Sundays At Four: A program of spiritual discovery for those touched in any way by HIV and AIDS. 4 pm, King Room of St. Paul's Anglican Church, 1130 Jervis St.--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.

CLASSIFIEDS

PLEASE NOTE: Ads are placed free of charge by interested parties. Answer at your own risk--the Society does not take responsiblity for verity of information provided.

Needed: **VHS or Beta movies** in good condition for the library to lend them to members and for Saturday Night at the Movies.

Have season's **tickets to the Opera or the Symphony**? If you're unable to attend occasionally, we have members who would enjoy an evening out! Call Jackie at 893-2250.

Responsible **roommate** wanted to share 2 BD furnished comfortable house w/ yard Vcr east side. Rent $375 plus utilities; call Phil 253-4323.

Needed: **All sorts of people to write to incarcerated persons with HIV/AIDS**. They really need to hear from you! Tell them what's going on, keep them informed and in touch, and help them cope with the double burden of HIV and prison. Write to PWAC Prison Pen Pals, Attn: Nick Glaviano, PWA Coalition, 31 West 26th St, New York, NY 10010, (212)532-0290.

Wanted: donation of **silk-screen supplies and white T-shirts**; also **oil pastels, chalk, conte, paint brushes, sketchbooks, canvasses or other art supplies**. Leave message for Bleu, Peer Counsellor, at 893-2250.

GWM 43, HIV+, healthy, 6', slim, avge looks, employed, varied interests, seeks same to 38 for **companionship**, maybe more. Discretion assured and expected. Please write to Wayne, c/o Jackie at PWA office, 1107 Seymour St., Vancouver BC V6B 5S8.

Bicycle needed--mountain or road, medium to large frame. I can afford low price or do housework, painting, misc. labour in exchange. Call Joe at 683-4623.

Seeking submissions of **poetry, letters, prose,** etc., written to or for those who have died from AIDS (or are HIV+) for a book to be published, called I Never Said Goodbye to Nat. Profits will go to AIDS organizations. Send to : Mary R. Sanders, The Nat Foundation, P.O. Box 308, Briarcliff NY USA 10510.

Member who needs lots of bedrest requires **double bed** in good condition. Delivery can be arranged. Call Jackie, 893-2250, & leave message.

"Imprisoned", a new play about women and AIDS. Would like to **interview women** (both privately and in group setting) to talk about your experiences with HIV. Call Richard H. at 253-4417 or Elaine S. (work) 689-1103.

Homebound PWA requires loan of **typewriter** in good working condition. Please call Rob at 255-1180.

Mountain living: Want to live away from the city? 20 minutes from Chilliwack General. Available immediately, one furnished bedroom--room, board and laundry included. Owners are smokers and social drinkers who enjoy company. The house is a two bedroom, 2 bath, with spacious living room, dining area, kitchen and sundeck. Fee negotiable. Call Jackie for more information, 893-2250.

Creatively stifled PWA requests donations of **art supplies, especially paint**, to assist in unleashing artistic demons. Contact thru Jackie 893-2250.

For sale, brand new wheelchair--$500; and hospital bed tray--$100. Contact Jackie at 893-2250 for further information.

GWM 43 HIV+ healthy, quiet, easygoing, active, is looking for a **mature, stable person to share** a sunny modern 2BD apartment in West End, with ensuite W/D and DW. Big bedroom, available June 1, has 1/2 bath attached. $525/mo plus 1/2 utilities. Phone Joe or Garry at 669-3077.

Member needs **drafting table and art supplies/paints**. Contact Yvonne at PWA.

Man 26 HIV+ looking for **woman HIV+** for sharing outdoor recreational activities. Backpacking, canoeing, long walks, etc. Call Brad at 739-3149, 9-11 pm.

Wanted **responsible roommate** to share 1BD apartment in West End area. Smoker OK, N/D N/A. Rent $330 + utilities. Call 683-0574.

WHO YOU GONNA CALL?
FREQUENTLY CALLED NUMBERS

PACIFIC AIDS RESOURCE CENTRE:

Vancouver PWA Society	893-2250
Ver PWA Society **HELPLINE**	**893-2253**
Ver PWA Society FAX	893-2251
VPWAS: Capital Region	1-383-7494
Positive Women's Network	893-2200
AIDS Vancouver	893-2210
A/V **HELPLINE** (to 9 pm)	**687-2437**
VIDA Latin American **Helpline**	**687-3433**
Vancouver Crisis Line	733-4111

AIDS INFORMATION:

BC AIDS Line--Vancouver	872-6652
BC AIDS Line--Other	1-800-972-2437
Ministry of Health Info	1-800-665-4347
STD Clinic, 828 West 10th Ave.	660-6161

(For numbers & locations of other clinics, call STD Clinic.)

Clinical Trials Information	631-5327
VPWAS Treatment Info Proj.	893-2265

ST. PAUL'S HOSPITAL:

Patient Information	631-5011
Infectious Disease Clinic	631-5060
Social Work Dept. (Cheryl J.)	631-5068

OTHER HIV/AIDS-RELATED SERVICES:

Aboriginal AIDS Aware. Proj.	685-7733
BC Coalition People/Disabilities	875-0188
DEYAS/Needle Exchange	685-6561
Healing Our Spirit	879-0906
Latin American AIDS Project	685-7733
Legal Clinic (Gay & Lesbian Ctr)	684-6869
Living Through Loss Society	873-5013
Narcotics Anonymous Helpline	873-1018
Street Youth Services	662-8822
Vancouver Meals Society	682-6325
Vancouver Native Health Society	254-9949
AIDS Vancouver Island (AVI)	1-384-2366
AVI toll-free **HELPLINE**	**1-800-665-AIDS**

NOTICEBOARD

PLEASE call us at 893-2250 to notify us of any change of address to ensure that YOU RECEIVE YOUR NEWSLETTER!

Aboriginal Peoples' Support Group: Of special interest to persons concerned with HIV/AIDS issues. 7-9 pm at Vancouver Native Cultural Health Centre, 451 East Hastings St. 254-9949. Sponsored by Ver. Native Health

Adapted Fitness Classes: Especially designed for people with physical disabilities. West End Community Centre, Fridays 11:00 a.m. to 12:00 noon. Dropin fee $2. Call 689-0571 for info.

ATISH: HIV/AIDS Awareness Project: To provide culturally sensitive and linguistically appropriate information and services on HIV/AIDS to the South Asian (Indo-Pakistani) and Iranian communities. Languages spoken: Punjabi, Hindi, Urdu. For info, write to ATISH Network, Box 345-1027 Davie St., Vancouver V6E 4L2. Phone or Fax through AIDS Vancouver, attn: al-Qamar Sangha.

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

Cariboo AIDS Information & Support Group (CAIS): For PWAs and those close to them living in Williams Lake, One Hundred Mile House and surrounding area. For info, call Gerry or Bev at the Cariboo Health Unit in Williams Lake, 398-4600, or Paul or Michael at 296-3387.

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.

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 Darlene at 748-9738.

Families, Parents, Friends Support Group For people living with HIV disease. Wednesdays 1-2 pm. St. Paul's Hospital, 6th Floor, Providence Conference Room. For info call Judy Kreukl MSW 631-5072 or Cheryl Jolliffe MSW 631-5068.

Gay & Lesbian Centre Nurse: Male nurse available Tues-Thurs. 10-6, female nurse in Mon. 10-3; dealing with STD & HIV issues; at GLC, 1170 Bute St.

Grand Forks Massage Therapy: Matthew Shumaker is an RMT at 125 Market Ave. in Grand Forks, 442-2761. His services are covered by MSP with a doctor's referral.

The Haven: Mon. to Wed., 2-5 pm. For parents, family, friends visiting HIV/AIDS patients at St. Paul's Hospital, a quiet place to relax and have a cup of tea or coffee. St. Andrews Wesley United Church, 1020 Nelson St. (at Burrard).

Healing Circle: Wednesday evenings, St. Paul's Hospital, Comox Building. 6 week commitment, $50 cost (CHF will cover). For info call Lela Billows 689-8476 or Carol Chapman 683-8043.

High Tech "Bodysage": Free to ALL PWA members. As well as traditional techniques I optionally use a small light sound computer that entrains brainwaves to sense of well-being. Roedy Green 684-6529.

Hospital Visiting: Interested in visiting PWAs in St. Paul's? PWAs often experience isolation and boredom, especially those that come in from out of town and have no local support people. Call Support Manager at 893-2250.

Housing Project: Resource person available for consultation Wednesday evening 7-9 pm at the PWA offices. Make a appointment with our volunteer housing resource person Judy Graves. Book with the PWA reception. You must bring verification of income and a recent rent receipt .

Meditation: Wednesdays 8:15-9:00 am, PARC Boardroom. Questions? Call Pam Weeks 224-7157 or 224-4083.

New Women's Circle: Healing circle for women inspired by native traditions. Offered every Thursday evening, Phoenix Centre, 803 - 518 Beatty Street. Call Manaya at 439-0137.

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

Partners Support Group: For lovers living with HIV disease.Thursdays 1-2 pm. St. Paul's Hospital, 6th Floor, Providence Conference Room. For info call Judy Kreukl MSW 631-5072 or Cheryl Jolliffe MSW 631-5068.

Portable Sewing Machine: Available for loan to members. Call Jackie at 893-2250.

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.

Quesnel Support Group: For PWA/HIV and their families; strictly confidential. Meetings held twice monthly. Call Jill at 992-4366 for info.

The Quilt--Panel Making Classes: If you would like to create a panel, call Michel 685-9194, Easter 622-6325 or Karen 524-9200. For information on volunteering or donating for the upcoming display of the Canadian AIDS Memorial Quilt, call Judy W. at 689-9709.

Right to Die Society of Canada: A non-profit organization dedicated to legalizing voluntary euthanasia and offering counselling to members concerning suicide. P.O. Box 39018, Victoria, BC V8V 4X8 380-1112; FAX 386-3800.

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

VIDA Latin American Helpline: 687-3433. To obtain further information, write to Grupo Vida, c/o AIDS Vancouver, 1107 Seymour St. Vancouver V6B 5S8. Hablamos espanol.

Visitors wanted? If you land in the hospital and want a visitor or want your name placed on our visitor list posted in our office pleas let us know. If you know of HIV+ people who are in need of a visitor - please contact the peer counselling division at the PWA office. Contact Quita or Jackie.

VPWAS Capital Region: PWA Wellness Centre is open 6 days per week, Monday to Saturday, 12 noon to 4 pm, at 613 Superior St., Victoria. Call 383-7494 for info. or write P.O. Box 8120, Victoria, B.C. V8W 3R8.

West Kootenay/Boundry AIDS Network Outreach Support Society (ANKORS). Wrtie to ANKORS at P.O. Box 1721, Grand Forks, BC V0H 1H0, or contact Linda (Grand Forks 442-5470), Cindy (Castlegar 365-4300), Mary (Nelson 354-6300) or Heather (Trail 364-0511).

CREDITS:
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Many thanks to our production and assembly team For April: Sasha, Don, Billy L., Steve W., David, Alex, John K., Bill, Peter & John C. Special thanks to Evelyn and John W. Apologies if we have left your name off the list! Come join us on the Newsletter team! Call Bruce A. at 893-2250 if you would like to volunteer.

This newsletter is printed on 50% recycled paper stock.

A member of CANADIAN AIDS SOCIETY

United Way Affiliate Agency

HELPLINE:

VOLUNTEER OPPORTUNITIES:

Advocacy Project Team: are you interested in helping individuals with a wide variety of problems and discrimination issues related to living with HIV/AIDS? New Project forming--call Josh or Advocacy Manager.

Drivers with vehicles: needed on a check-in or on-call arrangement, usually in the afternoons, to run errands.

Library Volunteers: are needed for the PARC Library. No experience required!

Calling all musicians: New Project. We are looking for musicians interested in coordinating jam sessions in the lounge.

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

Treatment Information Project: help needed with filing. New project members welcome also!

Truck or van: needed to pick up donated furniture and clothing. Even a few hours a week would be helpful. We can reimburse for mileage and parking (NOT repairs, insurance, gas or fines).

For more information about these and other volunteer opportunities, call Peter T., Quita, Ray or Sally at 893-2250.

COMMUNITY VOLUNTEER PROGRAM

To all members on GAIN for Handicapped or classed Unemployable, a new programme has begun which will enable you to earn an extra $100.00 per month for volunteering. To apply, talk to one of the Volunteer Coordinators. They will provide the appropriate forms for you to take to the Rehabilitation Worker in your Social Services Office. You must be willing to do ten hours of volunteer work per month.

THE VANCOUVER PERSONS WITH AIDS SOCIETY NEWSLETTER IS PUBLISHED BY THE VANCOUVER PERSONS WITH AIDS SOCIETY. OUR OFFICE IS AT 1107 SEYMOUR STREET, VANCOUVER, B.C. V6B 5S8, PHONE (604) 893-2250 FAX (604)893-2251. THE VANCOUVER PERSONS WITH AIDS SOCIETY IS A REGISTERED CHARITABLE ORGANIZATION (REVENUE CANADA REG. #0760124-11-27)

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

OPINIONS EXPRESSED ARE THOSE OF THE INDIVIDUAL AUTHORS AND NOT NECESSARILY THOSE OF THE BOARD OF DIRECTORS OR THE VANCOUVER PERSONS WITH AIDS SOCIETY.