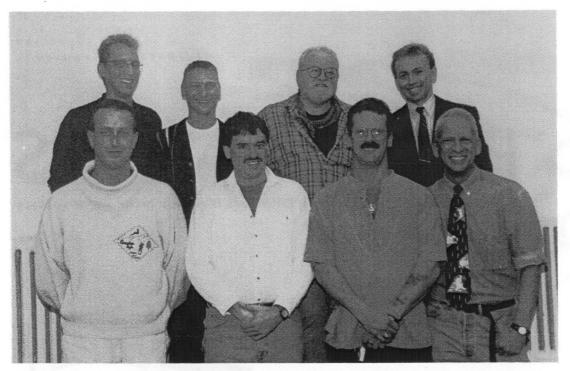
BCPWA NEWS

A Publication of the British Columbia Persons with AIDS Society





BCPWA's new Board of Directors, as of Oct. 9/97. Back Row (l to r): Gary Jackson, Tom McAuley, Bo LeDrew, David Parent. Front row: Brian Thomas, Mark Schnell, Monty O'Toole, Gil Ferguson. (Absent: David McMillan, Doug Perry, Malsah.)

The British Columbia Persons with AIDS Society is dedicated to empowering persons living with HIV disease and AIDS through mutual support and collective action.

BCPWA is Western Canada's largest AIDS organization with a membership of over 3100 individuals.



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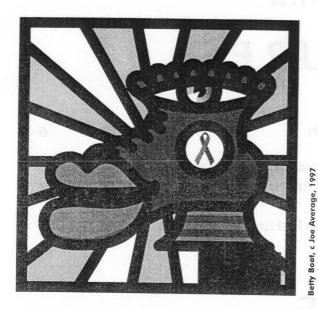
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On behalf of the BC Persons with AIDS Society

THANK YOU!

To all the volunteers, walkers, sponsors and event suppliers who helped make the **AIDSWALK97** a great success.

The BCPWA Christmas Dinner & Show

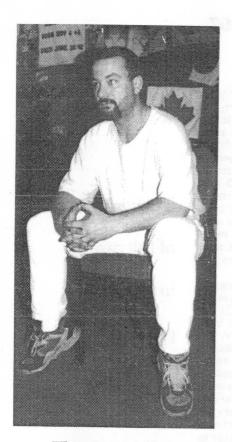
Sunday, December 14, 1997 The Coast Plaza Hotel at Stanley Park 5:30pm

Registration Begins November 15th Sign up at the Info Desk

BCPWA Members and their Children only Guests - \$15

(CORRECTION)

The "Martha Stuart" article in our last issue was reprinted with permission from the Victoria Persons with AIDS Society/Victoria Respite Care Society.



Theatre Positive at the Conference

Nick Tatersall in "A Poster of the Cosmos" by Lanford Wilson, performed at the 10th BC Conference on AIDS at the Westin Bayshore. Watch for Theatre Positive performing this and other 1 act plays under the title "Night Cafe" sometime this winter. Anyone wishing to become involved in Theatre Positive should call Jake Thomas @ 450-0370.

We're 100 issues old!

The end of 1997 brings BCPWA and the BCPWA Newsletter to its one-hundredth issue. From a very humble beginning as a photocopied single sheet (we believe) to its present form and size, the changes in the Newsletter reflect the changes in our community. We can be proud of what we have done as a community, and what the many volunteers at the Newsletter have accomplished during the lifetime of this publication.

Looking back through old issues in preparation for this anniversary, it is interested to see how dramatically things have changed in the past decade, but it is also heartwarming to see the continuity. Some of the people who were with BCPWA in its early days are still here and still working as hard as ever for the Society.

Of course, it is a sobering experience to look through these same issues, remembering how many people are no longer with us. Their names and pictures are written in the history of the publication; our memories of them remain alive today.

We hope you enjoy this look back through the archives of the Newsletter. A selection of covers illustrates the changes, in name and in style, that we have gone through. Articles gleaned from a few representative issues show both the changes and the continuity in the BCPWA community through the years.

A very large thank you to those many volunteers, past and present, who have contributed enormous amounts of time and energy into the creation of the Newsletter. You should all be proud of what the Newsletter has become. It is entirely due to your efforts.

THE EDITOR

Prisoners' Justice Day Rally, August 9, 1997

From a speech by Stuart Folland, BCPWA Advocacy Volunteer

Many of our prisoners in Canada are being devastated by HIV and AIDS infection. According to a report by the Canadian AIDS Society and the Canadian HIV/AIDS Legal Network, the number of HIV cases in federal penitentiaries has increased by 46 per cent in the past two years. While official statistics from the Correctional Service of Canada claim a 10 per cent higher rate of infection for inmates than for the general population, caregivers and advocates in direct contact with infected inmates claim the real statistics are much higher. Prisoners living with AIDS have a much lower life expectancy than PWAs who are not incarcerated. As advocates for British Columbia Persons with AIDS Society, we insist that Canadian penal institutions not only have a legal obligation to allow inmates to protect themselves from contracting HIV, but also a moral obligation. It is our belief that Federal and Provincial governments must intervene to provide compassionate and effective care for inmates currently living with HIV illness.

One of our main concerns is the number of inmates who become infected during incarceration. Although no actual statistics exist for exposure to HIV after imprisonment, a recent U.S. study found a 21 per cent rate of infection in a control group of prisoners who had been incarcerated since 1977, before the first documented cases of HIV. The lack of information on HIV infection, as well as inadequate resources available to provide protection, ensure that currently all inmates are at risk of infection. There is an urgent need for sterile needles. Inmates should have ready access to methadone treatment programs as an AIDS prevention strategy. Methadone is taken orally, thereby reducing the risk of infection through needle use. There needs to be consistent and confidential access to condoms and dental dams without any restrictions. Psychiatric and peer support services must be made readily available in Canadian institutions to help stem the rate of infection as well as provide assistance to those currently affected.

Another concern we have is the lack of a proper diet in our penal institutions. A healthy and enhanced diet has long been proven to benefit a person living with a compromised immune system. However, the diet of a person currently serving time in a Canadian penal institution falls far short of this. Also, the generally poor living conditions, and often, the enforced isolation of an infected prisoner ensures that a rapid deterioration of health will ensue. Another contributing factor to declining health is that the quality of life is much more psychologically stressful and physically detrimental for a person serving a sentence and living with a fatal illness than one who is not incarcerated. The life span of an infected prisoner can often be as low as five years. For this reason we believe it imperative for compassionate release of HIV+ prisoners.

We are also worried about the inmates' lack of access to qualified doctors. Prisoners have a right to maintain their health and to protect themselves against infection, yet they are rarely able to gain medical attention specific to their illness. And even if they are successful in obtaining proper attention, treatments and alternative therapies are consistently unavailable or simply denied to them. Judges have also viewed HIV+ status as a reason to lengthen terms and often use it as a reason to

The number of HIV cases in federal penitentiaries has increased by 46% in the past two years

impose isolation, effectively worsening an already fragile immune system. Yet HIV/AIDS infection is a legal disability and human rights codes protect one from discrimination even while a prisoner.

The stigma attached to HIV/AIDS is still rampant in the general prison population. Given the betrayal of confidentiality in prison, infected inmates are completely denied a supportive and safe environment. Infected prisoners are being maltreated and isolated by inmates and authorities alike. Since living with AIDS requires a positive and safe healing space, we feel that an end to punishment, violence and powerlessness is a moral obligation of society. Compassionate release or a system of medical parole or probation must be developed. We do not further the cause of protecting the health of the public by isolating HIV+ people or keeping them in jail. If anything, we are contributing to a catastrophic illness by continuing their imprisonment.

To this end:

· We demand that government take action on a comprehensive HIV/AIDS policy.

· We demand that government develop programs of education and prevention and that they include medical, psychiatric and peer support services.

· We demand that government take aim at reducing HIV transmission in Canadian prisons by making condoms, bleach, methadone and sterile injection equipment readily available.

· We demand that penal institutions make safe consensual sex a

non-offense for inmate populations.

· And finally, we demand "dignity during the last days."

Join Us for World AIDS Day

at the Carnegie Centre Theatre

401 Main Street Monday, December 1, 1997 9:00 AM - 10:00 PM

Theatre Performance, World AIDS Group

- Native Indian Cultural Sharing
 - 25 AIDS Organizations
 - Candlelight Ceremony
 - Coffee and Refreshments

Everyone Welcome

DMP-266 and Adefovir Dipivoxii: 2 New AIDS Drugs Available to Patients Without Treatment Options

By Ronald Baker, PhD

DuPont Merck and Gilead Sciences are in the final stages of discussions with the US Food and Drug Administration (FDA) to make their new, experimental anti-HIV drugs available free to several thousand people with AIDS who have exhausted the benefit from most commercially available agents. The Adefovir program is expected to begin sometime in October. For information, investigator registration and patient enrollment in the DMP-266 expanded access program, physicians and patients may call 1-800-998-6854. For updates on the status of the Adefovir expanded access program, physicians and patients may call 1-800-GILEAD-5.

Expanded access to DMP-266 and Adefovir is an important achievement, because thousands of people with AIDS are desperately awaiting access to new anti-HIV treatment options. AIDS advocates nationwide praised the two companies for their willingness to work cooperatively and quickly with them to design and implement expanded access programs for DMP-266 and Adefovir.

Community advocates participated as full partners with the two companies to plan these programs and to ensure that each program meets the immediate needs of people with AIDS who have only limited treatment options. These two independently planned and operated expanded access programs should serve as models of how AIDS drug manufacturers and community representatives can work in partnership to make promising experimental drugs available early to those in greatest need.

Expanded access programs make it possible for patients with advanced AIDS who have few or no treatment options to receive experimental AIDS drugs from the manufacturer prior to FDA approval. The timely start of the DMP-266 and the Adefovir expanded access programs will allow patients with few or no treatment options to adhere to the US Department of Health and Human Services (DHHS) treatment guidelines which recommend adding at least two, and preferably three, new anti-HIV drugs not previously used when changing treatment regimens.

During the first three months of the DMP-266 expanded access program, enrollment will be restricted to 2,000 people, due to limited drug supply. Entry will be limited to people with advanced AIDS and fewer than 50 CD4 cells/mm' who are failing or intolerant to their current treatment regimen. As drug supply increases by January 1998, both the entry criteria and the number of people enrolled will expand, according to DuPont Merck representatives.

Entry criteria for the Adefovir expanded access program are expected to include people with AIDS who have fewer than 50 CD4cells/mm' and who are unable to construct a viable combination treatment regimen based on the DHHS treatment guidelines. In addition, participants must not qualify for any Adefovir clinical trials, and

must have HIV viral load levels greater than 30,000 copies/mL (by RT-PCR) or greater than 15,000 copies/mL (by BDNA). Gilead Sciences expects to have adequate drug supply to accommodate 1,000 people.

NOTE: Qualified individuals may enroll simultaneously in both the DMP-266 and the Adefovir expanded access programs if they require access to two new drugs in order to construct a viable treatment regimen.

The Early Promise of DMP-266

DMP-266 (generic name efavirenz; trade name Sustiva) belongs to the class of anti-HIV drugs known as non-nucleoside reverse transcriptase inhibitors (NNRTI). Forty-eight-week data from an ongoing study of 59 individuals taking DMP-266 in a double combination with the protease inhibitor indinavir (Crixivan) show that 88 per cent achieved undetectable HIV viral load (less than 400 copies/mL). In addition, CD4 cell counts rose an average of 240 cells/mm' in these study participants. In the control arm of the study, 42 participants took indinavir alone for 12 weeks, then added DMP-266 and d4T (Zerit). Of these individuals, 68 per cent achieved undetectable HIV viral load and an average increase of 150 CD4 cells/mm'. These findings were presented at the 35th annual meeting of the Infectious Diseases Society of America held in San Francisco, September 13-16, 1997. Below are examples of 3- and 4-drug combinations containing DMP-266 that are now under study:

- · DMP-266 plus nelfinavir plus 2 nucleoside analogs
- · DMP-266 plus indinavir plus 2 nucleoside analogs
- · DMP-266 plus indinavir plus 1592
- · DMP-266 plus 1592 plus Adefovir plus GW 14 1

(GW 14 1 is an experimental protease inhibitor from Glaxo Wellcome)

Two Phase III studies of DMP-266 are now actively recruiting. The first is a 24-week, randomized, open-label study (#006) for individuals with no prior treatment with DMP-266, nevirapine (Viramune), delavirdine (Rescriptor), 3TC (Epivir) or any protease inhibitor drug. The second is a 24-week, randomized, double-blind study (#020) for individuals with no prior treatment with DMP-266, nevirapine, delavirdine or any protease inhibitor drug (prior 3TC use is permitted). Results of these 2 studies, expected in March 1998, will be included in the application to FDA for accelerated approval for DMP-266. For more information about these studies, including the location of study sites, call 1-800-870-8899 or 1-800-TRIALS-A, or consult http://www.dupontmerck.com on the web.

The most frequently reported adverse side effects of DMP266 are headache, dizziness, nausea and vomiting. About 24 per cent of individuals on the DMP-266/indinavir combination have experienced headache, rash, diarrhea, dizziness, sinusitis, nausea and flu-like symptoms. The intensity of these side effects appears to diminish over a 2-week period.

Like other NNRTI and some of the protease inhibitor drugs, DMP-266 is an inducer of the cytochrome P450 enzyme system. This results in interactions with other commonly used HIV/AIDS medications. For example, DMP-266 decreases blood levels of indinavir by 35 per cent. To achieve best results when using DMP-266 in combination with indinavir, DuPont Merck advises increasing the standard indinavir dose (800 mg every 8 hours) to 1,000 mg every 8 hours.

Co-administration of DMP-266 with clarithromycin (Biaxin) reduces blood levels of the latter drug by 30 per cent. DuPont Merck says that DMP-266 does not affect blood levels of AZT, 3TC or fluconazole (Diflucan). DMP-266 also does not appear to significantly affect blood concentrations of the protease inhibitor nelfinavir (Viracept). Interaction studies of DMP-266 with the new, improved formulation of saquinavir (Fortovase) and other drugs are ongoing.

In addition to its potent anti-HIV activity, DMP-266 possesses another distinct advantage: once daily dosing is sufficient to maintain adequate blood concentrations of the drug. DMP-266 at 600 mg daily appears to be the optimal dose.

Adefovir Dipivoxil: A Little Known Drug Makes its Debut

Adefovir dipivoxil (also known as GS 840 or bis-POM PMEA) belongs to the nucleotide analog reverse transcriptase inhibitor class of drugs, which differs only slightly from the nucleoside analog class. Adefovir is an oral drug administered in tablet form that is currently under study for the treatment of HIV and hepatitis B virus (HBV), and as a preventive treatment for cytomegalovirus (CMV) disease.

Adefovir is now in pivotal Phase III studies for HIV. Study 407, conducted by the Terry Beim Community Programs for Clinical Research on AIDS (CPCRA), is actively recruiting and seeks to enroll over 2,000 participants with fewer than 100 CD4 cells/mm' in the U.S. A similar trial, known as Adefovir Dipovoxil for HIV or CMV (ADHOC), has begun enrolling patients in Australia and Europe. The CPCRA-sponsored study will evaluate the effect of Adefovir on survival and the drug's ability to prevent CMV disease. Patients will be randomized to Adefovir or placebo, plus current anti-HIV therapy. For more information about inclusion and exclusion criteria, call 1-800TRIALS-A. Study 408, the Adefovir surrogate marker study at 35 U.S. sites, has already completed enrollment (442 patients). Study participants receive either Adefovir (120 mg daily) or placebo, plus current anti-HIV therapy.

In early studies, Adefovir produced about a 70 per cent reduction in HIV RNA levels among individuals who had previously used anti-HIV drugs. Although certainly not as powerful as the protease

inhibitors, and perhaps not as potent as 3TC, Adefovir is probably as active against HIV as most of the other nucleoside analogs. In addition, Adefovir possesses two major advantages that potentially render the drug a very useful component of a combination anti-HIV regimen. First, Adefovir is taken orally once daily, compared to most other anti-HIV agents which require two to three doses daily. Secondly, Adefovir has a unique resistance profile. Even when used as monotherapy (not recommended), resistance to the drug develops very slowly. There is little to no cross-resistance with other anti-HIV drugs, and strains of HIV that are resistant to almost all nucleoside analogs and NNRTI remain susceptible to Adefovir.

The main adverse side effects of Adefovir are nausea and diarrhea. Some patients on Adefovir have experienced elevated creatinine and ALT liver enzyme levels. Although creatinine levels have returned to normal in these individuals, Gilead Sciences urges close monitoring to prevent kidney toxicity. Adefovir dose reductions may be necessary in some cases.

The metabolism of Adefovir depletes L-camitine levels in the body. For this reason, Gilead Sciences recommends daily supplementation with 500 mg oral L-camitine. Once FDA-approved for commercial marketing, Adefovir will be dispensed with a supply of L-camitine to be taken with the drug.

Gilead Sciences is testing Adefovir at two dose levels: 60 mg and 120 mg. Most studies of the drug are using the 120 mg dose. Below is a sampling of the many combination regimens under study that include Adefovir:

- · Adefovir plus indinavir plus AZT plus 3TC
- · Adefovir plus indinavir plus d4T
- · Adefovir plus nelfinavir plus saquinavir
- \cdot Adefovir plus saquinavir soft-gel capsule (Fortovase) plus ritonavir plus delavirdine
- · Adefovir plus nelfinavir plus saquinavir soft-gel capsule plus nevirapine

Expanded access program announced for DMP-266

Dupont Pharma has launched an expanded access program for its product DMP-266 (efavirenz, Sustiva), a non-nucleoside reverse transcriptase inhibitor currently available in two clinical trials in Canada. Enrolment for the program, which will likely make efavirenz available to 2000 people in Canada and the United States, began October 1, and will continue to December 31.

During the first three months of the program, the drug will be made available to patients with advanced HIV disease that have CD4+ counts equal to or less than 50. As the program evolves and the drug becomes available in greater supply, the inclusion criteria will be expanded. The drug will only be provided to people who are taking at least one other antiretroviral that they have not used before.

Interested physicians and patients should call (800) 998-6854 for more information.

VISION

a safe place to mourn and remember, with comfort and hope

MISSION STATEMENT

The process of building the Memorial provides opportunities for community involvement by which all members of the human family affected by this disease – men, women and children – can work together and collectively:

- · erect a memorial to honour and celebrate the lives of those lost to AIDS
- · provide a welcoming haven of solace and healing
- · educate and heighten awareness
- · enrich the human spirit, and
- · endow a fund for its maintenance and care

HISTORY OF THE MEMORIAL

The memorial project began in 1995, with establishment of the Vancouver AIDS Memorial Committee. After discussions with numerous private and public individuals and groups, it was decided to hold a public art competition to select a proposed design for the Memorial.

A public call for proposals resulted in seventy-six submissions. The jury reviewing the initial submissions consisted of six members – Arthur Erickson, Joe Average, Anne Rosenberg, Easter Armas-Mikiluk, Leslie Poole and Joss De wet. After reviewing the submissions, the jury selected the design proposals of four finalists and provided them with an honorarium to assist in the further development of their submissions.

The four winning design proposals and selected other submissions were displayed at the Central Branch of the Vancouver Public Library during the 11th International Conference on AIDS. The jury selected the submissions of Bruce Wilson, Susanna Barrett and Marc Tessler. A consensus, regarding the final design and the setting in which it will be placed, is essential to the spiritual and emotional origins of this project.

THE WINNING DESIGN

The most important element of the Vancouver AIDS Memorial is the names that are laser cut in the metal panels. The names become the design of the memorial creating a lacy and light texture contrasting with the strength and rigidity of the metal. The metaphor of the memorial emphasizes the presence of absence since the names create the negative space of the memorial. Along the top of the metal ribbon, the following poem by George Santayana is etched above the names.

With you a part of me hath passed away
For in the people forest of my mind
A tree made leafless by the wintry wind
Shall never don again its green array.
Another, if I would, I could not find.
And I am grown much older in a day.
But yet I treasure in my memory
Your gift of charity, and young heart's ease,
And the dear honour of your family:
For those once mine, my life is rich with these.
And I scarce know which part may greater be,
What I keep of; you, or you rob from me.

If you would like to work with the Vancouver AIDS Memorial Committee, please call Dr. Joss DeWet.

Treatment Update

The material in this publication is for information purposes only. It does not endorse any particular treatment program or strategy; neither is it intended as medical advice or as a replacement for medical advice.

Serum Triglycerides and the Fat that we Eat

By Chester Myers, Ph.D.

An important part of looking after our health when we have HIV is becoming familiar with some of the things that are measured in our blood tests. Our serum triglycerides tell us how much fat is in our blood.

With HIV infection there is often a tendency for serum triglycerides to increase. This can be a signal that our body no longer uses fat in the way it should. If we have not already done so, it is especially important then for us to be careful of what types of fat we eat. While the scientific literature indicates that high levels of most fats, especially if above 20 per cent of the calories of our food, are immune suppressive, other research indicates high levels of some fats may suitable, or even recommended.

"Good" fats for people with HIV may be different from those that are "good" in the absence of HIV. This is controversial because there is now some indication that perhaps the fats that are good for HIV may also be good in the absence of HIV.

What types of fat are there?

Fats are made up of fatty acids attached to a backbone. There are a variety of fats based on their types of fatty acids. These fatty acids may be saturated or unsaturated. The length of the fatty acid molecule (often called a fatty acid chain) also varies. For example, there are 'medium' chain and 'long' chain fatty acids in the fats we eat. Triglycerides that contain medium chain fatty acids are called medium chain triglycerides, or simply MCTS. These are saturated fats.

Why is fat important for us?

During digestion, the fats in our food get broken down to their individual fatty acids, and then these fatty acids or compounds produced from them in our bodies are used to give us energy, to help control many processes in the body such as blood flow, breathing, digestion and immunity, and if converted back to fat, to store energy for later use.

Fats have more energy (called calories) stored in them than do the same amounts of protein or carbohydrate. In the absence of HIV, they help people put on weight. However, in the presence of HIV this is not necessarily so.

When we have HIV, fats may not get fully broken down into their individual fatty acids, and can become a source of diarrhea and fatty stools. If fats do get broken down to their individual fatty acids, these should go into certain little compartments (think of them as furnaces) inside our bodies where they are converted to energy. In order for the acids to get into these furnaces, the long chain types need a compound called carnitine, which transports them into the furnaces. With HIV, carnitine tends to become low and the fatty acids don't get into the furnaces to be burned for energy. Instead, too many of these fatty acids get converted back to fat in a process called futile cycling. This causes serum triglycerides to become high.

Since too many fatty acids get converted back to fat, and too few get converted to energy, this futile cycling wastes energy that then must come from protein or carbohydrate in our diet. You can see from this that sometimes fat may contribute to weight loss instead of weight gain. Even when there is weight gain, this futile cycling can result in weight gain that is mostly fat and of no use to our immune systems.

An Italian research group has shown that supplementation with carnitine may help, but that high levels may be needed. It is also likely that those who started supplementing with NAC early enough have less of a tendency to become deficient in carnitine.

Medium chain triglycerides don't need carnitine to get into the furnaces to provide energy. In our food, coconut and palm kernel fats have high levels, and butter has a moderate amount, of medium chain saturated fatty acids. There are no other common food sources of these.

Our bodies use fat to make materials that help control our immune system. Some of these materials decrease, and others boost, immunity. Long chain polyunsaturated fats from corn, soy, sunflower and safflower have been shown to be most immune suppressive. Oils from corn and soy are considered the worst of all. These fats tend to suppress especially that part of the immune system (called cell-mediated immunity) already damaged by HIV. Corn and soy oils are common in many mayonnaise products, several liquid food supplements such as Ensure, Boost, Resource and Sustecal, some peanut butter and even some canned tuna and sardines. They are also used to make many margarine.

Long chain polyunsaturated fats from fish and flax have been shown to be good for the immune system. So, provided serum triglycerides are not elevated above your baseline value (generally, a number less than about two), fish and flax oils should be used when we have HIV.

Another Important Consideration

One of the fatty acids that is found in only a few fats has been shown to kill HIV and herpes types of viruses. The best source of this particular fatty acid is coconut fat, which is easy to digest, and can be used in cooking as either coconut fat or coconut cream. [Therefore, there are two good reasons to use coconut fat: an excellent source of MCTs for energy, and perhaps some antiviral activity.]

A few tips when shopping:

· It is likely best to buy varieties of peanut butter that are made with only peanuts. To make sure good cleanliness standards have been practiced, it is best to stick with mainstream brands such as Kraft or President's Choice.

· If you like sardines, some are packed in soy or corn oils. The best are likely those in their own (sardine) oil, or olive oil. Next best would be those in spring water.

Use a "light" variety of mayonnaise which has less oil, or a variety with canola or olive oil.

· Avoid margarine made from corn or soy oils. Olivina, made from olive oil and palm kernel fat is probably the best choice. But butter may be better. · Avoid Ensure, Boost, Resource, Sustecal and other food supplements that have bad types of oil as their fat source. Find those with MCTS, and

monounsaturated fats. (HI-V and Liquid Food Supplements, available from CATIE, discusses this in more detail).

published in CATIE's "The Positive Side" Fall 1996

Ginger For Folliculitus and Nausea

by Tom Mountford

Recently I had an outbreak of folliculitis, which got progressively worse. It had started with small, red, very itchy bumps on my hands. The bumps then started appearing almost everywhere on my body. The palms of my hands were swelling up, and the itching (especially at night) was beginning to seriously effect my quality of life. I would wake up in the night with intense itching coming from deep inside my hands.

I was using betamethasone cream on the affected areas. It helped to relieve the itch a little, though the infections would heal slowly, often leaving a scar. I needed to treat the infection systematically. An antibiotic, Flagyl, would be used initially and if it failed then another antibiotic, Cipro would then be used.

Because of the increasing evidence of over-use of antibiotic drugs causing mutated drug-resistant strains of bacteria, whenever possible I look for an alternative to them. In this instance my traditional Chinese medicine practitioner suggested that I try ginger powder. I put 1/2 tsp. in my juice the first evening followed by another 1/2 tsp. in my juice the next morning. By noon the next day the itching had stopped. I continued the twice a day dose of ginger powder. In three days the swelling had gone down in my hands, the bumps had stopped appearing and in less than a week the problem was resolved.

As ginger can also used as a treatment for nausea, the ginger not only cleared up the folliculitis, but at the same time greatly reduced the nausea I had been experiencing from the anti-viral drug combination which I am on. I am now taking 1/2 tsp. per day for maintenance, at a cost of less than \$1.00 a month.

As with all drugs, herbs and many types of supplements; something which works for one person may not benefit another person in the same way. Always consult an accredited, HIV-knowledgeable professional if your problem persists.

A Look Back: Articles from Past Issues of BCPWA NEWS

From Issue 25

FUNDING DENIED - FUNDING APPROVED!

PWA Society's request for City of Vancouver funding was approved by City Council at their meeting October 4th. The original request of \$23,000 (for staff, rent, and telephone) was halved by the Finance and Priorities Committee to \$11,750. This amount was defeated by City Council on August 23rd. Thanks to the efforts of Alderman Gordon Price and the support of Mayor Gordon Campbell, the request was reintroduced and approved on October 4th. Alderman Price put forward a motion and spoke in favour of it. Alderman Libby Davies spoke in support and moved the full amount of \$23,500, which was again defeated. The lesser amount of \$11,750 was then approved with Aldermen Puil and Caravetta opposed. There has been discussion at council to request that the PWA Coalition and AIDS Vancouver amalgamate some activities to help cut costs. Aldermen Davies and Price said that the two organizations have separate mandates and programs and that since council does not order other community organizations to establish affiliations, these should not be so ordered either.

It is a great relief for this organization to receive this core funding. A second staff person and a proper phone system will help us cope with the increasing demand for information and programs.

Our thanks go out to Alderman Gordon Price, Mayor Gordon Campbell, and all the other

council members who supported us.

A thank you also goes to our City Medical Health Officer, Dr. John Blatherwick and his assistant, Ms. Sandy James for their recognition and encouragement as we prepared our original proposal. And our appreciation is expressed to our readers who responded to the last Newsletter's call for help. Your letters and phone calls to the City made clear the role of the Coalition in the battle against AIDS in Vancouver.

From Issue 50

 $V^{ ext{TH}}$ INTERNATIONAL CONFERENCE FOR PERSONS WITH HIV/AIDS "HIV AND HUMAN RIGHTS: FROM VICTIM TO VICTOR"

The upcoming international conference for PWAs is less than a month away. Don deGagne, chair of the External Relations sub-committee and a member of the International Steering Committee for the conference, left for London on August 1st to work on securing sponsorship funding and other arrangements for delegates attending from developing countries. Yvonne Mallard, administrative manager, joined Don on August 13th to work with him and the steering committee for five weeks offering administrative support. The Vancouver PWA Society will be represented by delegates Tony Carter, Lim, Tom Mountford and Bryan Wade. Other members planning to attend include Barry Budway and Rick Waines.

Over 600 delegates are expected to attend and a broad cross-section of countries will be represented to share and to grapple with essential human rights issues and problems. Each day, working groups will focus on a specific theme, such as "Understanding Human Rights", "Developing Skills in Human Rights" and "Solutions to Violations". Drama/Theatre sessions, holistic therapies/teaching sessions, graffiti wall, market exchange area, photo exhibitions, info stall and a "Positive Café" are also planned.

A new International Steering Committee will be elected during the conference which will be responsible for organizing the $VI^{\tiny{TM}}$ International Conference for PWHIV/AIDS, to be held in 1992. Three representatives will be elected for our region (North America) and elected representatives will be introduced to delegates on the closing day of the conference.

Conference information, including papers, abstracts and reports will be made available as soon as completed after the conference. The final report from the $IV^{\tiny{TH}}$ International Conference held in Madrid in 1990 is available now in the Vancouver PWA library.

Mary Bruegeman

PRESIDENT AND ADVOCACY UPDATE

It has occurred to me that most of my business as President doubles as my business as chair of advocacy. With this in mind, I will update you on both accounts in one article. So here is what is new.

New Home: As you may already know, PWA, AIDS Vancouver, The Women and AIDS Support Network, and other interested groups are working together to develop what will be a Resource Centre for the Persons with AIDS and/or HIV, and for the community at large. The rationale for such a move would be to make all organizations involved more efficient and in turn improve the support provided to you and me. People in Govt. that are responsible, in part, for funding aspects of our organization like the idea as well because it is a better use of funds and it improves support at the same time. There has been some concern that because we are sharing space with these groups there is a giant merger/conglomerate/save-on of AIDS in the not too distant future. This is not the case. PWA will and always will be PWA. Right now, we are waiting to have a meeting with Mayor Gordon Campbell to obtain the support of City Council as the space we plan to use is City owned property. The building is being built on the comer of Helmcken and Richards. We also have a preliminary floor plan to work from. This floor plan was developed by our design team from various organizations and brought to fruition by John Ashley Price. We expect to be in our new home within a year's time.

New Money: The Open learning network of British Columbia, which is channel 5 in Vancouver has just negotiated and bought the rights of our video: "Working Together A Profile of Kevin Brown". The Network plans to run this video six times in the next five years so watch for it.

New Partners: Starting with a group that has been around for a while, McLaren Housing Society and the P.W.A. have developed a new working relationship that enables our members and their tenants to voice concerns about each organization in a healthy constructive manner. We are also in regular communication with McLaren Housing Society with regards to the management of both their facilities and the concerns of our membership. We are off to a great and co-operative start with our new partner McLaren Housing Society.

Our last new partner is one that will be very important and long overdue for you and me. The clinical research team and other AIDS specialists from St. Paul's Hospital will be meeting with P.WA. and other interested groups to discuss concerns we have with the new Centre of Excellence planned for St. Paul's, the research agenda for the chair for AIDS research being proposed by U.B.C. and St. Paul's, and many other issues that will arise. It seems that as Pei Lim our Vice President mentioned at the beginning of this year at P.W.A., 1991 is a year for partner-ships.

On that same note there is always room for self-starting thoughtful volunteers with the Advocacy Committee so call P.W.A., ask for Rick and get involved if you are interested in understanding what advocacy at PWA is about these days. You might be surprised.

Yours at Peace Rick Waines President

From Issue 76

YOUNG GAY MEN NOT HEEDING AIDS MESSAGE - RATES OF INFECTION REMAIN HIGH

The failure of gay men younger than 30 to protect themselves against HIV – particularly during anal intercourse – has led to an infection rate of 17.4 %, according to data collected in San Francisco. While this rate is substantially lower than rates first seen in young gay men in the early 1980s, the percentage is unacceptably high, according to findings of the NAIAD supported in San Francisco Young Men's Health Study (SFYMHS). In 1992, the investigators screened for HIV among 425 gay and bisexual men aged 18 to 29 randomly selected using sampling methods from 21 census tracts in San Francisco. Overall, 74 men or 17.4% tested positive. By age group, the infection rates climbed from 4.5% among men aged 18 to 23 to 10.7% among the 23 to 26 year olds and to 28.4% among those aged 27 to 29.

"Most of the men aged 26 or younger have been sexually active since 1985 or later – after awareness of AIDS had become widespread in the homosexual community of San Francisco," reported Dennis Osmond, Ph.D., an investigator at the University of California, at the IXth International Conference on AIDS in Berlin. "Although these young gay men have grown up during a decade in increased public awareness of how the AIDS virus is transmitted, they have not fully adopted behaviors that would lower their risk," he explained. For example, Dr. Osmond reported that the number of sexual partners the SFYMHS participants had during the previous 12 months related to their risk of infection: a 2.4% infection rate among those without partners and 30.8% of those with 10 or more partners.

Specifically, the association between HIV and the number of partners during the past year was even stronger among men who acted as the receptive partner during anal intercourse (RAIs), a behaviour that puts one at very high risk for becoming HIV+, explains Warren Winkelstein, Jr., M. D., M.P.H., principal investigator of SFYMHS, and professor of epidemiology at the University of California at Berkeley. While the 151 men who were not RAIs had an infection rate of 8.6%, RAIs who had one partner had a rate of 16.7, those with two to four partners, 14%, five to nine partners, 34.5% and those with 10 or more partners, 55.9%.

"These alarmingly high rates of high risk activities show that these men, unlike older gay men, have failed to take preventative messages to heart" says Leg K. Straggler, MD, SFYMHS project officer and chief of the Clinical Epidemiology Section of the Vaccine Trails and Epidemiology Branch in NIAID's Division of AIDS.

By analyzing the study data, the SFYMHS investigators estimate an annual rate of new infections at 2.9% overall among gay men aged 18 to 29 in the city. While men aged 27 to 29 had the highest estimated annual rates of new infections, 3.6%, the researchers calculated lower rates for younger men: a 1.5% rate among those aged 18 to 23 and 1.9% rate for those aged 24 to 26. Other studies have estimated infections of 0.8 to 0.9% among gay men older than 30 in the San Francisco area.

These findings suggest, Dr. Winkelstein explains, that as the young men begin sexual activity, they do not strongly identity with the epidemic nor do they personalize the sense of risk of their activities. "Because of their youth and the long disease free period before full blown AIDS occurs, these younger people have not yet gone through the loss to AIDS of friends and loved ones that older gay men have experienced."

Help Us Complete our Archives

While researching this anniversary issue, we discovered that our archives go back no further than issue 15. Earlier issued have disappeared from our files, or were not ever archived. We would like to have a complete set of the Newsletter, and we hope you can help. If anyone has kept copies of the Newsletter from issue number 1 to 14, we would be most appreciative if you would consider donating them to the Newsletter archive. You would be sure that they will be maintained permanently, AND your pile of junk in the closet or under the bed will be lessened slightly! That way we both win.

You can drop of any copies you might have at the Communications Office at PARC-Thanks.

Radio Free P.W.A.

One World...False Hope?

by Douglas R. McKay

In 1958 representatives of the Soviet Union appeared before the World Health Assembly (the legislative body of the World Health Organisation) to request an international campaign for the global elimination of smallpox. At that time smallpox was killing two million people a year, with cases found in 33 nations around the planet. It was not until 1967, when smallpox was well on the way to being eliminated in the industrialised West, that such a global campaign was mounted in the rest of the world. On May 8, 1980, the World Health Assembly declared that smallpox had been eradicated from the planet Earth. In the latter half of 1980, the first cases of what is now known as AIDS were being identified in the U.S. The first official indication of the new disease appeared in the Centre for Disease Control's Morbidity and Mortality Weekly Report on June 5, 1981. In the latter half of 1997 it is estimated that over 21 million people are infected with HIV, with infections reported in virtually every country on the planet.

"There is no good news, there is no bad news, when it comes to treatment of HIV and AIDS." - Julio Montaner, MD (interview on The National Magazine, CBC Television, November 4, 1997)

For years now, we have been bombarded with enthusiastic pronouncements about AIDS treatments and "the end of AIDS", right from the advent of AZT (a recycled chemotherapy failure) through to the official advent of the protease inhibitors in 1996. It was not uncommon during the 1996 International Conference on AIDS to see banner headlines in newspapers and magazines announcing "THE END OF AIDS". Indeed, the current "correct" attitude in the powers-that-be of the AIDS industry is that AIDS will shortly become a "chronic, manageable illness".

"...we now think about HIV and AIDS as possibly a long-term manageable condition and, in fact, we're starting to talk about whether or not we can eradicate the virus."

- Julio Montaner, (The National Magazine, November 4, 1997)

We are all in deep, deep trouble.

At an immunology conference in Toronto this fall it was announced that the failure rate of the new drug regimens was anywhere from 35 to 50 per cent. Blame for this has generally been placed, by medical professionals, upon the patient, usually under the term "non-compliance". The problem with the new drugs tends to be that the treatment regimen is so rigid and complex that, for most PWAs, compliance is virtually beyond reach. Ultimately blame for the long-term failure and disappointment surrounding AIDS treatments lies with both the AIDS research establishment and the AIDS activists. AIDS activists early on in the epidemic pushed for "fast tracking" of the testing process, using the argument that faster availability of new treatments would save countless lives. Medical research is ultimately driven by results; promising, and quick, results lead to further research and further research grants and, possibly, to great profits down the road for some pharmaceutical company. The AIDS research establishment embraced the activists position with open arms, and this has resulted in many treatments being approved well before the long-term effects of the treatments were known, and may well have contributed to many premature deaths of people with AIDS owing to unforeseen (or discounted) drug failures.

members are invited to...

-uletown

'a celebration of the festive season'

December 22 & 23, 1997 11:00 AM to 4:00 PM in the BCPWA Lounge

Featuring Crafts, Movies, Refreshments and Gifts in a festive holiday atmosphere.

Brought to you by AIDS Vancouver, BCPWA, Friends for Life and the Dr. Peter Centre.

Given the possible failure rates of the new drugs, and the limited amount of information about the long-term effects of the newer drugs in the pipeline, I don't think that we, as PWAs, have any cause to become complacent or even cautiously optimistic about our collective future. The recent medical emergency in Vancouver's downtown East side and the recently released study concerning the rising new infection rate in young gay males considerably dims our future prospects.

There have been individuals in the AIDS community (your humble scribe among them) who have been warning about these things for a good many years. Unfortunately our voices have been outweighed by the relative ineffectiveness of our own AIDS organisations (in recent years at least) and by positive pronouncements in the media by the AIDS research professionals. Even more unfortunately, our political monsters at all three levels of government have listened more to the pronouncements of the press than the realistic advice of the people (including a large segment of the public health service) on the front lines of the epidemic.

I have been positive for almost eight years now, and I have been a member of BCPWA for just over six of those eight years. When I first tested positive my ultimate goal was to live to see forty (I'm almost there); my current goal is to make it to age fifty. Almost eighty per cent of the PWAs I came to know in my first year of membership are dead. I often wonder what they might have to say about our politicians and the AIDS research establishment...

"I can state, positively, that we have no tools today to proclaim the end of AIDS."

- Julio Montaner, (The National Magazine, November 4, 1997)

"AIDS isn't over."

 Steffanie Strathdee, BC Centre for Excellence in HIV/AIDS (The National Magazine, November 4, 1997)

In the spring of 1997, world health officials quietly announced that Malaysia and Thailand, in 1996, reported 37 cases...of smallpox.

And the band still plays on...

December 1997 at bepna

		28			21	at the Coast Plaza Hotel Register at Info Desk	BCPWA Dinner 5:30pm	14	Sunday
	Friends for Life noon to 6pm	29		Yuletown at the BCPWA Lounge 11am to 4pm	22		AV Food Bank Distribution	55	e Monday
PARC closes at 3pm	Friends for Life noon to 6pm	30		Yuletown at the BCPWA Lounge 11am to 4pm	23	AV Food Bank Distribution	PWN Winter Lunch 12 to 2pm	16	Tonesday
0,	Lunch club at Mars	January 1		PARC closes at 3pm	24			17	Mednesday
Happy New Year!			Dr. Peter Centre Open	at Mars Dinner at Friends for Life	25			18	Thuisday
= New			H	Friends for Life Open House noon to 6pm	26			19	Friday
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Positively

Calling the Pacific AIDS Resource Centre:

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Mission Statement

It is the mission of the Positively Happening section of BCPWA NEWS to provide a complete and comprehensive listing of groups, societies, programs and institutions in British Columbia that serve persons touched by HIV disease and AIDS.

To this end, if anyone knows of any B.C.-based organization that is not currently listed in these pages, we request that we be contacted so that they may be included, without cost.

Although we strive to have correct, up-to-date listings, it is not always possible. For corrections and/or new listings:

Call us at:

681-2122 ext. 209,

Fax us at:

893-2251

E-mail us at:

pwanews@parc.org

Visit our Website: www.bcpwa.org

or write to: Positively Happening, BCPWA NEWS,

1107 Seymour Street, Vancouver, BC, V6B 5S8.

	AIDS Vancouver	(Halplings are open	Monday to Thur	sday: 10 a.m. to 9 p.m
	AIDS Valicouver			ay: 11 a.m. to 3 p.m.
More	Help Line:	M OT EAST		687-243
822				893-221 687-343
				1-800-665-243
Places				872-665
1 14000				1-800-972-243
	Clinical Trials Info	rmation		631-532 1-800-665-434
	Ministry of Health	Information		1-800-665-434
	Sexually Transmit	ted Diseases Clinic		660-616
То	St. Paul'sHospita	l:oute stacil		
	Infectious Disease	e Clinic		631-506
	Patient Informatio	on		631-501
Call	Social Work Depa	ertment		631-506



FOOD & DRINK

AIDS VANCOUVER GROCERY: Every

Tuesday and Wednesday from 11:30 a. m. to 2:30 p. m. except for the last Wednesday of every month. Free for PWA/HIV+'s living in the greater Vancouver region, conditionally, according to income. Call AIDS Vancouver Support Services at 681-2122 ext. 270.

A LOVING SPOONFUL: Delivers free nutritious meals to Persons diagnosed HIV+/AIDS, who because of medical reasons require our assistance. Call 682-Meal (6325) for further information.

BCPWA'S WATER PROGRAM: This program offers purified water at a discounted rate to members. Please note "NEW-HOURS". Danny will be available for sign ups on Mondays from 1:30 p.m. to 4 p.m. For further information phone 681-2122 ext. 326.

LOW COST MEALS: St. Paul's Hospital is offering healthy meals to those on reduced incomes. Individual meals are \$4, with books of 10 coupons \$40. Meals are nutritionally balanced. There are monthly specials. The program operates from the Crest Club Cafeteria at St. Paul's, 1081 Burrard Street. Meals are served evenings from 4 to 6 p.m. and weekends 11 a.m. to 1:30 p.m. Call 682-2344 for more information.

THE LUNCH CLUB: From 11:30 a.m. to 1 p.m. On Wednesdays at MARS, 1320 Richards Street, and other weekdays at the Sandwich Club in Blood Alley. For information call: 899-3663.

VANCOUVER NATIVE HEALTH SOCIETY HIV OUTREACH FOOD BANK: Tuesdays 1:00 - 3:00 p.m. except cheque issue week. For more information call 604-254-9949.

VOLUNTEER RECOGNITION LUNCHES:

Supplied at Human Resources office for all volunteers working two and a half hours that day on approved projects.

HEALTH

DOWNTOWN SOUTH COMMUNITY

HEALTH CENTRE: Offering full medical care on a drop-in basis, alcohol and drug counselling, mental health care, and community referrals. Open from noon to 7:30 p.m. Tuesday to Friday and Saturday from 10 a.m. to 5:50 p.m. 1065 Seymour Street, Vancouver, B.C. V6B 3M3. Phone: 606-2640. Fax: 606-2666. **YOUTH EVENING CLINIC** (formerly the Drake Street Youth Clinic) operates Monday to Friday from 8 to 11 p.m. All youth under 26 are welcome to attend.

GASTOWN MEDICAL CLINIC: specializing in treatment of Addiction and HIV. BCPWA Peer Counsellor on duty from 1:30 to 4 p.m. every day except Thursday. Thursday is Treatment information day. Located at 30 Blood Alley Square. Phone: 669-9181.

GAY AND LESBIAN CENTRE NURSE:

available Monday, Tuesday and Wednesday from 10-6:30 and Thursday from 10-5:30 to deal with sexually transmitted diseases and HIV issues. At the Gay and Lesbian Centre, 1170 Bute Street. Call 660-7949.

MEDICAL EQUIPMENT LOAN PROGRAM:

Is a service for clients of AIDS Vancouver who require Medical equipment and health care products which might not otherwise be available to them. The program has items such as: wheelchairs, canes, IV poles, bathroom aids, etc. To make a loan from the program call AIDS Vancouver Support Services at 681-2122 ext. 270.

OAKTREE CLINIC: Provides care at a single site to HIV infected women, children, and youth. The clinic offers comprehensive consultative care, education, health promotion and access to clinical research. A joint venture of B. C. Children's Hospital and the Women's Health Centre. For information and referrals call 875-2212 or fax: 875-3063. A dietician is available at the downtown clinic on Cordova Street for MHR nutritional assessment reports for "Ensure." Fridays 10 to 1:30 p.m. Drop-in only. No appointments - first come - first served.

Positively HAPPENING

PINE FREE CLINIC: Provides free and confidential medical care for youth and anyone without medical insurance. HIV/STD testing available. Drop-in hours are 9 a.m. to noon & 2 p.m. to 5 p.m. Monday, Tuesday, Thursday and Friday and 9 a.m. to noon & 2:30 to 7:30 p.m. Wednesday. Occasional Wednesday afternoon closures. Open Saturday 1 to 4 p.m. for youth only. 1985 West 4th Avenue, Vancouver, BC VOJ 1M7. Phone: 736-2391.

REIKI SUPPORT GROUP: Farren Gillaspie, a Reiki Master, offers a small support group for people who wish to be initiated into level 1 Reiki. No charges for joining. Costs involve your portion of shared food supplies. Contact Farren at 1-604-990-9685. Complementary Health Fund subsidies available.

STREET HEALTH OUTREACH PROGRAM:

Provides free general health services to the disadvantaged street population, including testing and counselling for sexually transmitted diseases, pregnancy, hepatitis and HIV/AIDS and an on-site needle exchange. Doctor/Nurse: 583-5666, Needle Exchange: 583-5999. Surrey Family Services Society #100 - 10664 135A-Street, Surrey, B. C. V3T 4E2

TRADITIONAL CHINESE ACUPUNCTURE:

Dr. Sunny Lee, professional service. Reduced rates in effect: regular \$38 plus GST. Only \$15 for BCPWAs. Call Tom at 681-2122 ext. 206.

TRADITIONAL THAI MASSAGE: Steven Lee volunteers his professional therapy skills, offering traditional Thai Massage, free to BCPWA members, at his studio. Two, 1½-hour sessions every Tuesday. Make appointment through the Information Centre at 681-2122 ext. 295.

TREATMENT INFORMATION: The Treatment Information Program supports people living with HIV/AIDS in making informed decisions about their health and health care. We provide information, support and peer counselling to individuals, over the phone, one on one, or by e-mail. We have information about a wide variety of subjects, including antiretrovirals and other conventional treatments, altervative and complementary therapies, vitamins, nutrition, and blood work. Drop by or give us a call at 681-2122 Ext. 243, between 10 a. m. and 5 p.m., Monday to Friday.

VANCOUVER NATIVE HEALTH SOCIETY:

Medical outreach program and health care worker program. For more information call 254-9937. New address is 441 Hastings Street, Vancouver. Office hours are from 8:30 a.m. to 4:30 p.m. Monday to Friday.

HOUSING

WINGS HOUSING SOCIETY: (VANCOUVER)

Administers portable rental housing subsidies for HIV+ people. Waiting list at this time. Pick up applications at 1107 Seymour Street, in PARC reception (downstairs). Leave message at 681-2122 ext. 274.

WINGS HOUSING SOCIETY: (VANCOUVER ISLAND) Contact representatives, Mike or George at: 1-604-383-7494 (Victoria).

VANCOUVER NATIVE HEALTH SOCIETY HOUSING SUBSIDY PROGRAM: Administers portable housing subsidies for HIV+ people. Waiting list at this time. Call 254-9937 for information.

LEGAL & FINANCIAL

FREE LEGAL ADVICE: The Law Students Legal Advice Program (LSLAP) will be offering a wide range of legal services at BCPWA. Law students under the supervision of a practicing lawyer will draft wills, living wills and health care directives. LSLAP also assists in landlord/tenant disputes, small claims, criminal matters and general legal advice. Call BCPWA Information Centre at 681-2122 ext. 295.

FOUR CORNERS COMMUNITY SAVINGS:

Financial services with **No Service Charges** to low-income individuals. Savings accounts, picture identification, cheques, money orders and direct deposit are free. Wheelchair accessible with public washroom, phone and free coffee. Monday to Friday 9:30 a.m. to 4:00 p.m. 309 Main Street (at Hastings). Call 606-0133.

PETS

BOSLEY'S PET FOOD MART: 1630 Davie Street. Call 688-4233 and they will provide free delivery of pet food to BCPWAs.



Monday		TUESDAY	Wednesday	Thursday	FRIDAY	
PM		Comedy Movie Noon - 2:00	Time Out for Arts 2:00 - 4:00	Treatment Information see schedule 2:00 - 4:00	New Release Movie Noon - 2:00	
Evening	Monday Night Support Group 7:00		Body Positive Support Group 7:30			

PET PAL PROGRAM: Volunteers are available to help people living with HIV/AIDS care for their pets when, due to illness, they are unable to provide it themselves. Contact AIDS Vancouver Support Services: 681-2122 ext. 270.

PWA COMMITEES

BOARD OF DIRECTORS MEETINGS: Board meetings are open and members are welcome to attend. For times, dates and locations call 681-2122 ext. 292.

HUMAN RESOURCES COMMITTEE

MEETINGS: are held on the first Wednesday of each month from 11 a.m. to 1 p.m. The human resources desk will be closed during meeting times. If you would like to attend, call BCPWA Human Resources at 681-2122 ext. 247.

SUPPORT COMMITTEE MEETINGS: All society members welcome and encouraged to participate, from 1 to 3 p.m., on the second Thursday of each month. For information call Support Manager, Jackie, at 681-2122 ext. 259. The

support committee develops and facilitates support services including retreats, support groups, drop-in lounge and peer counselling.

SUPPLEMENTARY BENEFITS

ANGLES MAGAZINE: "Memorials" section invites submissions up to 100 words with photo. Free, donations accepted. For information call 688-0265. Also, free personal ads (up to 40 words) every month.

COMPLEMENTARY HEALTH FUND (CHF):

For full members entitled to benefits only. Call the CHF Project Team at 681-2122 ext. 321. for eligibility, policies, procedures, etc.

COMPLIMENTARY TICKET PROGRAM:

From time-to-time, sponsors in the community make available to BCPWA, complimentary tickets to various events. Past events have included: concerts, classical music, sports events, planetarium/IMAX, etc... To participate you must complete an application form so that we have data on how to contact you and your areas of entertainment preference. You must be accessible

Positively HAPPENING

HIV+ and Want to talk?

BC Persons With AIDS offer trained **Peer and Support Counsellors** available 10 -4 Monday through Friday in the Support Office area (off the Lounge).

Peer Counsellors are HIV+ members of the society, while Support Counsellors are HIV- long-standing, dedicated volunteers who complete the same professional training and ongoing educational workshops that Peer Counsellors attend. Cousellors see people in a comfortable private, confidential space. We'll provide the coffee and the listening. Our counsellors come in many sizes, ages, cultural heritages, sexual orientations, and offer diverse life experiences. Come by and check us out!

Counsellors see people on a drop-in or appointment basis. Call 681-2122, ext. 326 or come by 1107 Seymour Street. We're upstairs.

by phone. If you have questions, Greg in Support Services would be happy to help. For an application form, please stop by the info-centre desk or call the Support Services office at 681-2122, ext. 322. If you are outside the Vancouver area call toll free: 1-800-994-2437.

HAIR STYLING: Professional hairdressers are available by appointment. Please call the Information Centre at 681-2122 ext. 295.

POLLI AND ESTHER'S CLOSET: Clothes and small household items are available free to HIV+ individuals who are members of PWA. "Polli's" is open for business two days per week. Tuesdays from 11:30 to 2:30, Wednesdays from 11:30 to 2:30 (except for the last Wednesday of each month). The store is located at 1107 Seymour Street, downstairs, near the PARC Avenue Grocery. People wishing to donate are encouraged to drop off items on Thursdays.

PWA RETREATS: For BCPWA members to 'get away from it all' for contemplation, healing and recreation. New retreats tentatively planned for Fall 1997. This program is very popular, space is

limited. Please call the Information Centre at 681-2122 ext. 295 for more information. If out of town, reach us at 1-800-994-2137 ext 295.

XTRA WEST: offers free listing space (up to 50 words) in its "**PROUD LIVES**" Section. This can also be used for "In Memoriam" notices. If a photo is to be used there is a charge of \$20.00. For more information call Michelle at XTRA West at 684-9696.

RESOURCES

PACIFIC AIDS RESOURCE CENTRE

LIBRARY: Located at 1107 Seymour Street (main Floor). The library hours are Monday through Friday from 9 a.m. to 5 p.m. Wednesday from 7 to 10 p.m. and Saturday from 11 a.m. to 3 p.m. Questions can be answered by calling 681-2122 ext. 248 or 294.

SUPPORT

CARE TEAM PROGRAM: Small teams of trained volunteers can supplement the services of professional home care or friends & family for people experiencing HIV/AIDS related illnesses. Care teams can provide companionship, in-home cleaning, meal preparation, some personal care, etc., for people who are in immediate need of support. Please call AIDS Vancouver Support Services at 681-2122 ext. 270 for more information.

HIGH RISK PROJECT: 449 East Hastings Street - enter via back alley. Peer and direct support and services to the transgendered. Drop-in is open Monday, Wednesday, Thursday and Friday from 10 a.m. to 5 p.m. Some weekend hours in summer. Lunch, laundry and shower facilities, activities and outings. Confidential Talking Circle every Wednesday, (except IA cheque issue day) 1:30 to 3 p.m. - topics open. Referrals and advocacy. For more information, please call 255-6143.

HIV-T SUPPORT GROUP: (affiliated with the Canadian Hemophilia Society). Our group is open for anyone either hemophiliac or blood transfused and living with HIV/AIDS. We meet regularly every six weeks in a private home and also have an "all expenses paid" retreat once a year.

Teleconferences, info-sharing also funded by the



C. H. S. and sponsered by the B. C. chapter of C. H. S. We are dedicated to supporting each other in many ways. Should you need more information, please give us a call and join our positively motivated group. Call Doreen: (604) 929-3862 or Clare or Robert: 1-800-668-2686.

HOME AND HOSPITAL VISITATION

PROGRAM: People living with HIV/AIDS who are in hospital or have recently been released can request visits or phone contact from trained, caring volunteer visitors. Call AIDS Vancouver Support Services at 681-2122 ext. 270.

MASK THERAPY: Explore your creativity through Mask-making, color, sound and movement. Guided by PWA Ian Wallace. Drop-in sessions every Friday 1 to 4 p.m. St. John's church. 1401 Comox Street. All welcome, no experience or registration necessary.

P.O.P. PRISON OUTREACH PROGRAM: is

dedicated to providing ongoing support for HIV+ inmates and to meeting the needs of our members in the correctional system. DIRECT LINE PHONE NUMBER FOR INMATES WITH HIV/AIDS. 604-527-8605. WEDNESDAY THROUGH SUNDAYS FROM 4 P.M. TO 10 P.M. Collect calls will be accepted and forwarded, in confidence, to the

PRISONERS OF HIV/AIDS

Health Awareness and Support Group

"For the prisoners - By the Prisoners"

Mission Institution

P.O. Box 60, Mission, B.C. V2V 4L8

Matsqui Institution

P.O. Box 4000, Abbotsford, B.C. V2S 4P3

Kent Institution

P.O. Box 2000, Agassiz, B.C. V0M 1A0

POP/Peer Counsellor on shift. The POP committee meets the first Wednesday of every month. For more information call the Prison Liaison voice mail at 681-2122 ext. 204.

PROFESSIONAL COUNSELLING AND

THERAPY PROGRAM: Need professional support to deal with an HIV diagnosis or other life concerns? Professional counsellors and therapists are available to provide on-going therapy to people with HIV/AIDS. Free of charge. Please call Aids

Join A Great Team Volunteer as a Peer or Support Counsellor

Sign up now for our highly regarded, professionally facilitated

Peer Counselling Training Session February 6, 7, 9, 10, 1998

People interested in being interviewed to attend the training must complete a volunteer application obtained at the Human Resources desk (located off the Lounge). You will be contacted for an interview. Participation in the Training is subject to a successful interview.

Vancouver Support Services at 681-2122 ext. 270.

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

THEATRE ARTS PROGRAM: Directed by Jake Thomas. Join a group of people living with HIV/AIDS interested in exploring various aspects of theatre arts. The program will feature acting, improv and mime, led by volunteer professional actors and directors. No experience necessary; only an interest in having fun and developing skills. Register at the Information Centre, 681-2122 ext. 295.

YOUTHCO'S POSITIVE-YOUTH

OUTREACH PROGRAM: A first step and ongoing support program for HIV+ youth (ages 15-29). POP conducts outreach throughout the Downtown Eastside and South communities and provides: one-on-one support, a support group, educational workshops, support dinners, retreats, social opportunities, referrals, accompaniments, and skills building opportunities. By HIV+ youth for HIV+ youth. Confidential pager: 650-2649. Office: 688-1441.

Sharing Our Skills

Volunteering Oppor

ADMINISTRATIVE ASSISTANTS for the EXECUTIVE OFFICE & TREATMENT INFORMATION

These departments are looking for reliable individuals to write routine correspondence, word process, retrieve and direct e-mail inquiries, co-ordinate mail outs, etc. Must be able to work on a flexible schedule.

TREATMENT COUNSELLORS

Provide treatment information and support people to make their own decisions. Must be reliable, possess good communications skills and be committed to an on-going learning process. Time commitment is a minimum of one four hour shift per week, and attend bi-monthly team meetings.

MEETING RECORDERS

This volunteer will take minutes during Treatment information meetings and other formal functions. Must have word processing skills and be able to complete other related tasks.

HAIRDRESSERS

Hairdressers are needed to provide this valuable service to our diverse membership. You must be certified and be available a minimum of 4 hours per month.

HUMAN RESOURCES ASSISTANTS

Working at the Human Resources counter requires interpersonal and problem solving skills. Some filing and data entry. Familiarity with Microsoft Access is an asset but can be learned. Availability for a minimum of 4 hours per week is a requirement.

DATABASE MANAGEMENT AS

This volunteer will assist implementation of the data reference throughout the pr Society's effectiveness. Thi Word 6 and Access.

VOLUNTEER COORDIN

A person is required to ass Coordinator in the recruiting placement of volunteers we Other duties include ongoing planning and execution of You must be organized, en excellent interpersonal skill

STATISTICS CONSULTANT

This consultant will review databases in Human Reso statistics and trends are useful development. At the same time maintaining statistics and intentry. Determine your own available for a couple of volunteers.

HOW TO VOLUNT

Obtain a volunteer application from 1107 Seymour Street, or by pland leave on voice mail: your name, add

rtunities at BCPWA

SSISTANT

in the development and abases that will be used as rogram areas to increase the is person will need to know

NATOR

sist the Volunteer Program ng, interviewing and rithin BCPWA departments. Ing recognition event a large recognition event. Rergetic, and possess lls.

w all existing statistics and ources and determine what all for funding and programme me they will create a system in astruct others on how to do on time but you should be hours per month to teach

GRAPHIC ARTIST WITH ELECTRONIC PUBLISHING

Use your skills to fine tune our Web Site. You must be self directed and yet able to work well as a team player. Only 1 position is available.

THE BCPWA WEBTEAM

This is a technical position and you must have a good basic knowledge of web-page construction and html coding. Candidates with Microsoft Frontpage experience preferred. A working knowledge of CGI scripting is an extra asset. Team members must be dedicated and commit to meeting strict deadlines.

WATER PROJECT WORKER

Must be available two Monday afternoons for training, and then be available one or two shifts per week.

XMAS VOLUNTEER COORDINATOR

A short term Volunteer needed to quickly see what is needed for the two Support Christmas Events and coordinate all volunteer activities.

FILING ASSISTANT

The filing assistant will work with the Executive Assistant and the Corporate Record Cataloger. Must be willing to learn Word e-mail and Microsoft Access.

ARTS ADMINISTRATOR

This person will work with BCPWA's Theatre Positive during their production of "Night Café" in an administrative capacity.

m BCPWA'S Human Resources whoning 681-2122 ext. 298 ldress, phone and position of interest.



MONDAY

regularly. For more information call 589-8678

HIV/AIDS SUPPORT GROUP REVIVED:

New Westminster -- For People living with HIV/AIDS and for friends and family members. The group will be held Monday evenings at 7:30 p.m. in the room beside the kitchen at the St. Barnabas Community Hall, 1002 - 5th Avenue, New Westminster. For information call Joanne Keelan at 526-2030.

PINK SHEEP: Gay, Lesbian and Bisexual support group for Adult Children of Alcoholics and Dysfunctional Families. Meets every Monday at 7 p.m., at Gordon Neighborhood house, room 5, 1019 Broughton Street. For information call 681-9180.

TUESDAY

DROP-IN LUNCH FOR POSITIVE

WOMEN: In the Positive Women's Network kitchen. Every Tuesday from Noon to 1:30 p.m. Meet with other positive women. Hot lunch provided. Call Bronwyn for more information or to become a PWN member at 681-2122 ext. 276.

GRIEF GROUP: For people who have lost someone to AIDS. Meets at St. Paul's Hospital from 3 to 4 p.m. Ward 8D, room 8043 (Providence wing). For more information call Judy Krueckl at 631-5072 or Harvey Bosma at 631-5223

PARTNERS SUPPORT GROUP: Meets at St. Paul's Hospital from 4 to 5 p.m. Ward 8D, room 8043 (Providence wing). For more information call Judy Krueckl at 631-5072 or Harvey Bosma at 631-5223.

RICHMOND HIV/AIDS SUPPORT GROUP:

Run by the Heart of Richmond AIDS Society. For persons living with HIV/AIDs and their families, friends and caregivers. Confidential. Every Tuesday, 7 to 9 p.m., at Richmond Youth Service Agency, 8191 St. Alban's Road. For information call John at 274-8122 or Joanna at 275-9564.

SURREY HIV/AIDS SUPPORT NETWORK:

A network for people living with HIV/AIDS, providing support, advocacy, counselling, education and referrals. Support group meets

WEDNESDAY

BODY POSITIVE SUPPORT GROUP: Open to all persons with HIV/AIDS. Meetings are in the PWA lounge (upstairs at 1107 Seymour Street) from 7:30 p.m. to 9:30 p.m. For mutual support and empowerment, exchange of information, etc. Informal, confidential and self-facilitated. For information call 681-2122 ext. 295.

HIV/AIDS SUPPORT GROUP: For people living in the Downtown Eastside area. From 4 to 6 p.m. Location: 441 East Hastings street. For Information call 254-9937.

FAMILY, FRIENDS AND CAREGIVERS

SUPPORT GROUP: Meets at St. Paul's Hospital from 1 to 2 p.m. Ward 8D, room 8043 (Providence wing). For more information call Judy Krueckl at 631-5072 or Harvey Bosma at 631-5223.

TIME OUT FOR ART: Starting April 9th, from 2 to 4 p.m. in the BCPWA lounge. Local artist Gordon Waselnuk will help you explore and unleash your creative potential. The group will use various mediums in an unstructured and fun environment. All supplies provided. No previous experience necessary. This is not a therapy group. Come draw, paint or sculpt with Gordon.

THURSDAY

CMV (CYTOMEGALOVIRUS) SUPPORT

GROUP: Meets Thursday at St. Paul's Hospital, Eye Clinic lounge. From 11 a.m. to noon. For information call 682-2344.

HIV/AIDS MEETING: Open to anyone. Pottery Room, Carnegie Centre Basement. Thursday from 6 to 8 p.m. For Information phone 665-2220.

"NEW HOPE" NARCOTICS

ANONYMOUS MEETING: All welcome! Drop-in 12-step program. PARC Library, downstairs at 1107 Seymour St., from 8:30 to 10:00 p.m. Call BCPWA at 681-2122 for information. Of special



interest to HIV/AIDS concerned persons. Narcotics Anonymous 24 hour help line: 873-1018.

PARTNERS, FAMILY AND FRIENDS:

Ongoing drop-in group meet at Pacific AIDS Resource Centre. Contact Support Services at 681-2122 ext. 270.

PICKING UP THE PIECES: A support group for HIV+ Persons. Meets at St. Paul's Hospital from 2:30 to 4 p.m. Ward 8D, room 8043 (Providence wing). For more information call Judy Krueckl at 631-5072 or Harvey Bosma at 631-5223.

SATURDAY

KEEP COMING BACK NARCOTICS

ANONYMOUS: All welcome! 12-step program, at the Gay and Lesbian Community Centre, room 1-G, 1170 Bute Street, Vancouver B. C. V6E 1Z6. 7:30 to 9:30 p.m. Of special interest to PWA/HIV's, Lesbians and Gays.

BCPWA

is on the Web set your browser to

www.bcpwa.org

bcpwa advocacy treatment communications resources links

CLASSIFIEDS

SHARED ACCOMODATION:

1 bedroom in 3-bedroom house available in Port Coquitlam. \$375.00 per month. Includes utilities, washer/dryer, cable etc. Quiet country setting. Call Bertram at 944-8651.

British Columbia Persons With AIDS Society

ADVOCACY Information Line 878-8705

For Information regarding:

- ☑ Canada Pension Plan
- ☑ The BC Benefits Income Assistance Appeal Board (IAAB)
- ☑ GAIN Schedule "C"
- ☑ Iudicial Reviews

The Next "BCPWA NEWS"
Submission Deadline is:

Monday, November 3rd

12 AIDS GROUPS AND PROGRAMS THROUGHOUT BRITISH COLUMBIA

AIDS CONSULTATION AND EDUCATION

SERVICES: 219 Main Street, Vancouver, B. C., V6A 2S7. Phone: 669-2205

AIDS PRINCE GEORGE: For PWA/HIV, partners, family, friends, and the Community. Support groups, education seminars, resource materials. #1 - 1563 - 2nd Avenue, Prince George, B. C., V2L 3B8. Phone: 1-250-562-1172. Fax: 1-250-562-3317.

AIDS PRINCE RUPERT SOCIETY: Provides support for PWA/HIVs, partners, family and friends. Group meetings held twice monthly. Risk reduction program includes needle exchange, HIV testing (including pre/post counselling), and education within the Prince Rupert area. Please contact Ramona at 1-250-627-8823 or by fax at 1-250-624-4329.

AIDS SOCIETY OF KAMLOOPS (ASK): 523 Victoria Street, Kamloops, B. C., V2C 2B1. Phone: 1-250-372-7585. Fax: 1-250-372-1147

AIDS VANCOUVER ISLAND (AVI): A partner in the new Victoria HIV/AIDS Centre. AVI offers a variety of services and programs, including: support to persons living with HIV/AIDS and family/friends/lovers; speakers bureau; resource centre; street outreach services; AIDS helpline. Office hours are Monday to Thursday 9 a.m. to 6 p.m. and Friday from 9 a.m. to 5 p.m. #304 - 733 Johnson Street, Victoria, B. C., V8W 3C7. Phone: 1-250-384-2366. Fax: 1-250-380-9411

AIDS VANCOUVER ISLAND - NANAIMO:

Provides support to PWAs and family/friends/lovers. Financial assistance for PWAs, as well as education and information. Mobile support services and education available to mid and north Island communities. Hours are Monday to Thursday 9 a.m. to 5 p.m. Nanaimo support groups available including PWA support group and art therapy sessions. Confidential groups and services. Call for more information. #201 - 55 Victoria Road, Nanaimo, B. C., V9R 5N9. Phone: 1-250-753-2437. Fax: 1-250-753-4595. Collect calls accepted

AIDS VANCOUVER: PARC, 1107 Seymour Street, Vancouver, B. C., V6B 5S8. Phone: 681-2122. Fax: 893-2211.

A LOVING SPOONFUL: "No one living with AIDS should live with hunger." #100 -1300 Richards Street, Vancouver, B. C., V6B 3G6. Phone: 682-6325. Fax: 682-6327.

ASIAN SOCIETY FOR THE INTERVENTION

OF AIDS (ASIA): Suite 507-1033 Davie Street, Vancouver, B. C., V6E 1M7. Phone: 604-669-5567. Fax: 604-669-7756.

ATISH NETWORK SOCIETY: South Asian and Iranian HIV/AIDS Project. Bilingual and bicultural counselling services, public education and health promotion. Box 107 - 680 East Broadway, Vancouver, B. C., V5T 1X7. Phone: 604-709-0411.

B. C. CENTRE FOR EXCELLENCE IN HIV/

AIDS: Focus areas: HIV/AIDS drug distribution and evaluation system, ongoing formulation of quidelines for the management and treatment of HIV/AIDS, management of occupational exposure to HIV/AIDS, community-based research and clinical studies, and health personnel education. 608 - 1081 Burrard Street. Vancouver, B. C., V6Z 1Y6. Phone: 604-631-5515. Fax: 631-5464. Internet address: http://cfeweb.hivnet.ubc.ca/

AIDS AND DISABILITY ACTION PROGRAM AND RESOURCE CENTRE: B. C.

Coalition of People with Disabilities. ADAP provides and produces educational workshops and materials for disabled persons. Our resource centre has over 250 items available at no charge or on loan. #204 - 456 West Broadway, Vancouver, B. C., V5Y 1R3. Phone: 875-0188. Fax: 875-9227. TDD: 875-8835. Email: bccpd@istar.ca

B. C. NATIVE AIDS AWARENESS

PROGRAM: To share information and build skills around the subject of AIDS and other sexually transmitted diseases (STDs). To help participants explore their lives and lifestyles in a way that encourages spiritual, mental, emotional and physical health. To reach us: In Vancouver, Nadine Caplette, #100-828 West 10th, Vancouver B. C., V5Z 1L8. Phone: 660-2088 or Fax 775-0808; In Victoria, Mary Brown, 5th Floor, 1515 Blanshard Street, Victoria, B. C., V8W 3C8. Phone: 952-1901 or Fax: 952-1883.



CAMPBELL RIVER AIDS PROJECT (CRAP):

Only community based PWA service organization serving Courtney, Campbell River and points north. We offer 1) Peer counselling, 2)Advocacy with professional and government agencies, 3) Referrals to compassionate local professionals and support organizations 4) Phone support for persons living with HIV/AIDS. Strictly Confidential. Not affiliated with NIAC member PAN and VIAN. Phone/fax: 1-250-285-3386.

CAMPBELL RIVER SUPPORT GROUPS: Art therapy and yoga/meditation sessions. See listing under AIDS Vancouver Island - Nanaimo. Phone: 1-250-335-1171 for more information. Collect calls accepted.

CANADIAN HEMOPHILIA SOCIETY - B. C.

CHAPTER: Many services for Hemophiliac or Blood Transfused HIV+ individuals. See HIV-T Support Group listing on page 6. Address: 150 Glacier Street. Coquitlam, B. C. V3K 5Z6. Voice mail at 688-8186.

CARIBOO AIDS INFORMATION AND SUPPORT SOCIETY (CAIS): For PWAs and those close to them living in Williams Lake, Hundred

Mile House and surrounding area. c/o Cariboo
Health Unit. 3rd Floor - 540 Borland Street, Williams
Lake, B. C., V2G 1R8. For information call Gerry or
Bev at 1-250-398-4600

CHILLIWACK CONNECTION - NEEDLE

EXCHANGE PROGRAM: Needle exchange, HIV/AIDS, STD education, prevention, referral hook-up. Counsellor for HIV/AIDS.#2 - 46010 Princess Avenue, Chilliwack, B. C., V2P 2A3. Storefront hours: Wednesday and Friday 1 to 7 p.m. Saturday 12 to 6 p.m. Phone: 795-3757. Fax: 795-8222.

COMOX VALLEY SUPPORT GROUP: See

listing under North Island AIDS Coalition, Comox Valley. Phone: 250-338-7400 for more information.

CRANBROOK AIDS SOCIETY: Provides support for persons living with HIV/AIDS, their partners, families and friends. Education

presentations/workshops and a resource/lending library available to the public. Strictly confidential. Office hours Monday through Friday, 10 a.m. to 2 p.m. Contact Evelyne at: Suite #104, 32 - 9th Avenue South, Cranbrook, BC. V1C 2L8. Phone: 250-489-4995. Fax: 250-489-4463. E-mail: ckas@cyberlink.bc.ca

DAWSON CREEK REGIONAL AIDS

SOCIETY: P. O. Box 513, Dawson Creek, B. C. V1G 4H4. Phone: 1-250-782-5709.

DEYAS, NEEDLE EXCHANGE: (Downtown Eastside Youth Activities Society). 223 Main Street, Vancouver, B. C., V6A 2S7. Phone: 685-6561. Fax:: 685-7117

FRIENDS FOR LIFE SOCIETY: The Vancouver Friends for Life Society is a privately funded non-profit organization. It's mission is to offer services to people with life threatening illnesses and support their families, friends and caregivers. Some of the programs offered are: HIV+ support groups, Counselling Massage and Bodywork, Meditation, Yoga, Tai Chi...Call us at 682-5992 or drop by 1459 Barclay Street for more information.

GRAND FORKS MASSAGE THERAPY:

Mathew Shumaker is an RMT at 125 Market Avenue in Grand Forks. 1-250-442-3125. Opted in to the BC Medical Plan.

HEALING OUR SPIRIT B. C. FIRST NATIONS AIDS SOCIETY: "Working in partnership to reduce the spread of HIV and AIDS, and supporting those affected, in aboriginal communities." Weekly Healing Circle conducted, Thursdays at 7 p.m., for people affected by HIV and AIDS. 319 Seymour Boulevard, North Vancouver. Mailing address: 415B West Esplanade, North Vancouver, B. C., V7M 1A6. Phone: 604-983-8774. Fax: 604-983-2667.

HEALING OUR SPIRIT OUREACH OFFICE:

Offering confidential personal service & support to First Nations, Inuit & Métis people living with HIV/AIDS. Located at #212 - 96 East Broadway, Vancouver, B. C. V5T 4N9. Phone: 604-879-8884. Fax: 604-879-9926.

Positively HAPPENING

2G7

KELOWNA AIDS RESOURCES, EDUCATION AND SUPPORT SERVICES

(KARES): Provides information and peer support to communities of the Okanagan Valley. A new social group has been formed and starting in Sept. ongoing support group meetings will be held. Please call the office for details. Volunteers also needed in the office and speakers bureau. Phone: 1-800-616-2437 or Fax: 1-250-868-8662 or write to #3 - 1404 Hunter Court, Kelowna, B. C., V1X 6E6. Also we can now be reached by e-mail at kares@silk.net

OUTREACH HEALTH SERVICES: This program of the Central Okanagan Boys and Girls club provides:

- · Full STD/HIV testing and counselling
- Confidential health care and pregnancy and contraception counselling
- On site and mobile harm reduction needle exchange service
- Care provided by Registered Nurses and volunteer Physicians.

Suite 102, 1610 Bertram Street, Kelowna, B. C. Phone: 205-868-2230. Fax: 250-868-2841.

LANGLEY HOSPICE SOCIETY: Offers

support to dying and/or bereaved people while also providing education about death and dying to the community. Support is provided by specially trained volunteers, grief recovery programs and drop-in grief groups. All groups are confidential and offered at no charge. Loss Support Program for Adults, Teens and Children and their parents. Call to register. For more information please call (604)-530-1115. Fax: 530-8851.

LIVING THROUGH LOSS SOCIETY:

Nonprofit society providing professional grief counselling to people who have experienced a traumatic loss such as the death of a partner, child, friend, parent, break up of a relationship, or loss of health (including AIDS/HIV). 101-395 West Broadway, Vancouver, B. C., V5Y 1A7. Phone: 873-5013. Fax: 873-5002.

MCLAREN HOUSING SOCIETY: A non-profit organization that provides affordable housing to men, women and couples who:

- · Live with HIV and AIDS
- · Are able to live independently.

· Who are in financial need. #200 - 649 Helmcken Street, Vancouver, B. C., V6B 5R1. Phone: 669-4090. Fax: 669-4090.

MID ISLAND AIDS SOCIETY: For PWA/HIVs, partners, family, friends, and the community. Education, resource materials, & monthly newsletter available. Bi-weekly support group. Confidential. Office Hours 9:30-3:00, Mon. - Fri. Call 1-250-248-1171. P. O. Box 686, Parksville, B. C., V9P

MOUNT WADDINGTON HARM

REDUCTION PROGRAM: Offering HIV and Hepatitis B & C testing, Hepatitis B vaccines, Health care information and a needle exchange. This mobile exchange and harm reduction program will be in Port Hardy on Tuesdays and in Port McNeill and Alert Bay on Wednesdays. Watch for the red 'Tracker' jeep in the parking lot of the Health Unit. For times call 250-949-0432.

MULTIPLE DIAGNOSIS COMMITTEE: c/o Department of Psychiatry, St. Paul's Hospital, 1081 Burrard Street, Vancouver, B. C., V6Z 1Y6. Phone: 682-2344 Ext. 2454.

THE NAMES PROJECT (AIDS MEMORIAL

QUILT): The Quilt, made of panels designed by friends and loved ones for those who have passed on due to AIDS, is a way of sharing the grief of losing someone you care about, as well as a way of remembering his or her gifts to life. 5561 Bruce Street, Vancouver, B. C., V5P 3M4. Phone: 604-322-2156. Fax: 604-879-8884.

NANAIMO SUPPORT GROUPS: See listing under AIDS Vancouver Island - Nanaimo. Phone: 1-250-753-2437 for more information.

NANAIMO AND AREA RESOURCE SERVICES FOR FAMILIES, STREET OUTREACH AND NEEDLE EXCHANGE: 2-

41 Commercial Street, Nanaimo, B. C., V9R 5G3. Phone: 1-250-754-2773. Fax: 1-250-754-1605

NORTH ISLAND AIDS COALITION, COMOX VALLEY (NIAC): For PWA/HIV, partners, families, friends and the community. We



provide education, resource library, newsletter, weekly support group for PWA, individual counselling and volunteer support. Strictly confidential. We accept collect calls. #205 - 576 England Avenue, Courtenay, B. C., V9N 5M7. Phone/Fax: (250)-338-7400. E-mail: niac1@mars.ark.com. Open: Monday to Thursday from 9 a.m. to 4 p.m.

NORTH ISLAND AIDS COALITION, CAMPBELL RIVER (NIAC): FOR PWA/HIV,

partners, families, friends and the community. Plus Needle exchange. 1195 A Elm Street, Campbell River, B. C., V9W 3A3. Phone: 250-286-9757. Fax: 250-830-0787. Open Mondays and Wednesdays from 9 a.m. to Noon.

PELVIC INFLAMMATORY DISEASE

SOCIETY (PID): Pelvic inflammatory disease is an infection of a woman's reproductive organs; HIV positive women have a higher risk and different treatment for PID. The PID Society provides free telephone and written information: 604-684-5704 or PID Society, PO Box 33804, Station D, Vancouver BC. V6J 4L6.

PENTICTON AIDS SUPPORT GROUP: For

PWAs, family and friends. Meets once per month on Wednesdays. Contact Sandi Detjen at 1-250-490-0909 or Dale McKinnon at 1-250-492-4000.

PFAME GAY AND LESBIAN CENTRE: 1170 Bute Street, Vancouver, B. C., V6E 1Z6. Phone: 684-5307.

PORT ALBERNI SUPPORT TEAM ASSOCIATION (PASTA) ON HIV/AIDS:

Support, education and information in the Port Alberni Area. Phone: 1-250-723-2437. P. O. Box 66, Port Alberni, B. C., V9Y 7M6.

POSITIVE WOMEN'S NETWORK: The

Positive Women's Network is a non-profit organization which provides support and advocacy for women living with HIV/AIDS. "Working from a life-affirming perspective, we facilitate positive women's access to a broad range of services." PWN is a partner in the Pacific AIDS Resource Centre. Located on the main floor of 1170 Seymour Street, Vancouver, B. C., V6B 5S8. Phone: 681-2122 ext.

200. Fax 893-2211.

PRINCE GEORGE NATIVE FRIENDSHIP CENTRE, NEEDLE EXCHANGE: 144 George Street, Prince George, B. C., V2M 4N7. Phone: 1-250-

564-3568. Fax: 1-250-563-0924.

PRINCE GEORGE: NORTHERN INTERIOR

HEALTH UNIT: We offer a STD clinic, HIV-antibody pre-test and post-test counselling, and an HIV+follow-up program. 1444 Edmonton Street, Prince George, BC. V2M 6W5. Phone: 250-565-7311. Fax: 250-565-6674.

QUESNEL SUPPORT GROUP: For PWA/HIV and their families; Strictly confidential. Meetings held twice monthly. for information call Jill at 1-250-992-4366

RIGHT TO DIE SOCIETY OF CANADA: A

non-profit organization dedicated to the legalization of voluntary euthanasia and offering counselling to members concerning suicide. P. O. Box 39018, Victoria, B. C., V8V 4X8. Phone: 1-250-380-1112 or Fax 1-250-386-3800. email: rights@islandnet.com. Also checkout DeathNET on the World wide Web at: http://www.islandnet.com/~deathnet.

THE SOCIETY FOR THERAPUETIC ALTERNATIVES USING NATURAL CHINESE HERBS (S.T.A.U.N.C.H.) AIDS TREATMENT /COMMUNITY SERVICE PROJECT:

TRADITIONAL CHINESE MEDICINE PROJECT: Dr. Jason Shen. Immune Support/Anti-Viral Herbal-Extract medications, Electric acupuncture (modern, needle-free, effective), Energy Work. Medications are free of side-effects, natural, concentrated, and affordable. Covered by Complementary Health Fund. Persons in all stages (HIV+ asymptomatic to fully-defined AIDS) are welcome. Addictions Treated. Clinic: 535 West 10th Avenue. Phone: 872-3789 or cell 551-0896. A S.T.A.U.N.C.H. foundation AIDS treatment/Community Service Project.

STOREFRONT ORIENTATION SERVICES LATIN AMERICAN AIDS PROJECT (SOS):

360 Jackson Avenue, Vancouver, B. C., V6A 3B4. Phone: 255-7273. Fax 255-7293.

Positively HAPPENING

SURREY FAMILY SERVICES SOCIETY STREET HEALTH OUTREACH PROGRAM:

provides free general health services to the disadvantaged street population. Generalized medical assessment, treatment and referrals are made by an on-site physician and nurse. Services include testing and counselling for sexually transmitted diseases, pregnancy, hepatitis and HIV/AIDS and an on-site needle exchange. Referrals also made to Drug and Alcohol and Mental Health programs. Doctor/Nurse: 583-5666. Needle exchange: 583-5999. #100-10664 135A Street, Surrey, B. C., V3T 4E2.

SURREY HIV/AIDS SUPPORT NETWORK: A network for people living with HIV/AIDS, providing support, advocacy, counselling, education and

referrals. Support group meets regularly. For more information call 589-8678.

URBAN REPRESENTATIVE BODY OF ABORIGINAL NATIONS SOCIETY: #209 - 96 East Broadway, Vancouver, B. C., V5T 1V6, Phone:

873-4283. Fax: 873-2785.

VALLEY AIDS NETWORK: c/o Mary Grace Grant. University College of the Fraser Valley. 33844 King Road, Abbotsford, B. C., V2S 4N2. Phone: 1-604-853-7441. Fax: 1-604-853-8055

VANCOUVER NATIVE HEALTH SOCIETY HOME OUTREACH PROJECT: 449 East Hastings Street, Vancouver, B. C., V6A 1P5. Phone: 254-9949. Fax: 254-9948.

VERNON - NORTH OKANAGAN YOUTH AND FAMILY SERVICES OUTREACH HEALTH AND NEEDLE EXCHANGE: Street

Nurse Cammy is working towards harm reduction in the community by reducing the spread of HIV, AIDS and other sexually transmitted diseases. Confidential information and support available to individuals affected by HIV and AIDS. Clinic hours: Monday, Wednesday and Friday from 2 to 5 p.m. and Tuesdays and Thursdays from 4 to 7 p.m. Located at 2900 - 32nd Street, Vernon, B. C., V1T 2L5. Phone: 1-250-545-3572. Fax: 1-250-545-1510.

VICTORIA AIDS RESPITE CARE SOCIETY:

A partner in the new Victoria HIV/AIDS Centre. #304 - 733 Johnson Street, Victoria, B. C., V8W 3C7. Phone: 1-250-388-6220. Fax: 1-250-388-0711. E-mail: varcs@islandnet.com. Home Page: http://www.islandnet.com/~varcs/homepage.htm.

VICTORIA PERSONS WITH AIDS

SOCIETY: Peer support, comprehensive treatment information, food bank, newsletter. A partner in the Victoria HIV/AIDS Centre. #304 - 733 Johnson Street, Victoria, B. C., V8W 3C7. Phone: 250-384-2366 or 1-800-665-2437. Fax 250-385-5016. E-mail: vpwas@direct.ca. Homepage: http://www.geocities.com/HotSprings/8792/index.html.

WEST KOOTENAY/BOUNDARY AIDS NETWORK OUTREACH SOCIETY

(ANKORS): Regional Office at 903 - 4th Street, Castlegar, B. C., V1N 3P3. Phone: 1-250-365-2437 or 1-800-421-2437. Fax: 250-304-2437.

WINGS HOUSING SOCIETY: PARC, 1107 Seymour Street, Vancouver, B. C., V6B 5S8. Phone: 681-2122 ext. 274. Fax: 893-2251.

WORLD AIDS GROUP OF B.C: #4 - 1086 West 10th Avenue, Vancouver, B. C., V6H 1H8. Phone: 730-1787. Fax: 730-2646.

YOUTH COMMUNITY OUTREACH AIDS SOCIETY (YOUTHCO): A youth for youth

member driven agency, YouthCO offers prevention education services as well as outreach and support to HIV+ youth from all communities. Contact us at 688-1441 Fax: 688-4932, e-mail: information@youthco.org, outreach/support worker confidential pager: 650-2649.

BCPWA-News can be reached by E-mail

pwanews@parc.org

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Updates

Changes

Corrections