

# The Update

VANCOUVER ISLAND AIDS SOCIETY

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## Xtra! Xtra! Xcerpt...

### Whose responsibility is safe sex?

The other day a friend and I were discussing the case of a bisexual HIV carrier who was convicted of public nuisance after having unprotected sex with two women in Calgary without having disclosed his health status. My friend, a woman, wanted him strung up by the balls.

Being somewhat sensitive about how and when disclosure of one's health status should be made (I am HIV-positive), I started to think.

I don't condone the Calgary man's behaviour, but what about the idea that each of us is responsible for our own lives and our health? Couldn't the two women in Calgary have said "no" to unprotected sex? (I assume pregnancy was not the goal to be achieved.) My friend was of the opinion that the message of "safer sex" still has not got through, particularly to straights, even in urban centres like Calgary. I couldn't disagree, given what I've heard about the incidence of unsafe sex in the gay community even.

Since being diagnosed as "positive," I have had sex with men and not disclosed my status. Initially I was comfortable with that situation since I was having what I defined as safe sex and was dealing with a segment of the population that should have assumed I was positive anyway.

Later I became uncomfortable with this. I was empowering myself to make decisions for both of us. I felt I was responsible for drawing the line between safer and unsafe sexual activity. This became clearer when I began to disclose my status when it became obvious that sex was on our minds. It has been my experience that while many men may assume that their partners are infected and act accordingly, their resolve fades when confronted with the stark confirmation. Many, though thankfully not all, choose not to take a chance. Still, it makes me wonder. What are these guys doing with the men who do not disclose their health status?

I would like to leave XTRA! readers with two thoughts. If I choose to have sex with you and disclose my status, remember that this takes guts. I don't have to remind you how we are paralysed by fear of rejection. Also, please respect my confidentiality. If I have a responsibility to

disclose to you, I'd like to think that you have a corresponding duty to respect my confidences. I'm not saying that AIDS/HIV is something to be hushed up, but neither is it meant for the grapevine.

DAR, Toronto

A letter to the editor as printed in XTRA! Summer 1989.

## Workers Against AIDS

People with AIDS who are employed tend to live longer and stay happier; unfortunately, many lose their jobs when they become sick. Multitasking Systems (MTS) of New York City is a small, nonprofit secretarial-services centre, created specifically to employ people with AIDS. Executive director Michael Weisberg is hiring forty people and training them in word processing and related skills. A modest figure, it's true, but MTS-which also does outside job counselling and job referral- is a pioneer, showing ways to allow dignity and livelihood to people faced with discrimination as well as disease.

Taken from Mirabell Magazine/Spring 1989.

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### READ THE FINE PRINT

The Vancouver Update is published monthly by the Vancouver Island AIDS Society, Assistant. For word- Tuesday of each as File in the

Reference Material  
NOT FOR LOAN  
AVI Resource Centre

## Health Notice

If you are HIV+ or a PWA it is suggested by Dr. Tim Johnstone, Deputy Medical Health Officer, that you speak to your physician about getting a flu shot.

## Courage, Hope and Love

The following is the text of Beth Pengelly's speech from the closing ceremonies of the AIDS Memorial Quilt, on December 3.

When Wayne asked me to speak today, I questioned whether I could do this as I have not done any public speaking outside of my nursing involvements. As I thought about it, I knew I could relate to fears, losses and the need for acceptance. Deaths are traumatic losses whether they are related to AIDS or not. Ten years ago when my brother died, I learned that the deaths I had experienced through nursing had not prepared me for this kind of loss. Unfortunately, these lessons continued with the deaths of other special people in our lives, some far too young to die, the youngest being only 6 years old.

In the mid-80's, I came face to face with myths and stereotypes of lifestyles when someone I was working with in Victoria, someone I really respect and care for, "came out of the closet" with his co-workers. I was forced to look at my own prejudices, opinions, morals and ignorance. Perhaps there has been some divine intervention here to prepare me for my work that I am now presently doing.

My work at the Antibody, Testing, Evaluation and Counselling Clinic in Vancouver involves helping people work through their concerns, fears and their desperation when confronted with the possibility or the reality of HIV infection. Sometimes these people are healthy, sometimes not. Most often their fears involve special people in their lives.

Because my influence in their lives is often over a brief period of time, I feel like I'm constantly dealing with unfinished chapters in my patients' lives.

Participating in the Quilt is one of a few things this year that has helped me accept and move beyond these unresolved feelings. I need to reaffirm that people survive this infection to lead quality lives in order to share with my patients the courage I witness from people living with HIV infection and AIDS.

The 3rd International AIDS Symposium was held last week in Vancouver. Glen Murray from Winnipeg's Village Clinic spoke and was, unfortunately, on target when he said that "HIV fits into the North American hatred system as in our treatment of those who are coloured, those who are poor, those who are young, those who are gay. We need to strive for equal value to life, regardless of status." Perhaps we can work towards this equal value to life if we can reasonably allow people to be who they are and accept and work with our differences.

Early the other morning I was quietly working through some thoughts to say today - the words that kept returning to my mind were courage, hope and love. These words that hold so much meaning are demonstrated by those who are living each day with AIDS or HIV infection - courage, hope and love also remain with us from those who have completed their physical life's journey with AIDS but continue to live in the hearts and minds of those they knew.

I was talking to someone whose religion was very important to him but he had to leave a particular church due to the lack of acceptance and the presence of judgements. When confiding in a different member of the ministerial system, this person was told "It is more important that you love than whom you love". His sharing this with me remains vivid in my mind and I have been able to share this statement with others. Hopefully, it has helped them as it helped this particular fellow.

Carol LeFavor also spoke at the AIDS Symposium. Carol is a 41 year old lady, a mom, nurse, native and a person with AIDS. She said over all the treatments she has received, the single most important need for Persons with AIDS is LOVE. Viewing the Names Project Quilt for the first time in July seemed similar to walking through a graveyard. It seemed necessary for me to only allow in as much emotional impact as I could stand, storing the rest to work on for the days ahead. However, returning for a second shift at the Quilt enabled me to move beyond the focus of death, the focus of those possibly close to dying, to focus of LOVE. I was able to move beyond my frustrations, my anger at this disease to an appreciation for the love and caring, the hurt, the anger, the anonymity, the statements of self and creative grief all reaching out to us from these Quilts.

Participating in the Quilt is personally a very learning and meaningful experience. Many of you will agree with me, I'm sure, that it is impossible to take this impact from the heart and mind to the messages, to understand.

Thank-you, AIDS Vancouver Island and the Victoria Host Committee, for including us in Quilts first visit to Victoria.  
- Beth E. Pengelly, R.N.

## Hear Ye! Hear Ye!

On **March 3, 1990**, the **Community Needs Conference** will be happening. A workshop on **Advocacy Skills Training** will be a part of the event. If you are interested in attending the above workshop, please contact Li Decosas, Coordinator of Volunteers as soon as possible.

Thank you.

## Workshop News!

The **Volunteer Leadership Development Program** has the following scheduled workshops:

**Planning/Wednesday, January 24 at 7:00PM.**

**Operational Strategies/Thursday, January 25 at 7:00PM.**

**Public & Community Relations/Wednesday, January 31 at 7:00PM.**

**Essentials of Successful Boards/Tuesday, February 13 at 7:00PM.**

**Marketing/Thursday, February 22 at 7:00PM.**

For further information and registration please contact the United Way of Greater Victoria or Margot Moore at 388-6376.

Thank you

Li

## Confusing Connections!?!

A telephone training session will be announced shortly to facilitate volunteers in using the new phone system.

Please note the direct line to contact either Larry Frost - Acting Executive Director, or Li Decosas - Coordinator of Volunteers services is 384-1511.

## Helpline Coordinator Position

As you know, Margaret Cavin has resigned as Helpline Coordinator effective as and when a replacement can be found. I am pleased to inform you that Einer Maartman, a relatively new Helpline volunteer has accepted the position. Einer is enthusiastically looking forward to this new assignment. A student at the University of Victoria, Einer hopes to be accepted into the School of Social Work next September and feels that this experience will be invaluable for his future career plans. Please welcome Einer and assist him in anyway you can.

Thanks.

## Goodbye Nairn

It is with deep regret that AIDS Vancouver Island has accepted the resignation of Nairn Hollott, Education Coordinator. Nairn has been with A.V.I. since September 1987 and has provided an outstanding service to both the society and the community through education and prevention workshops and public speaks. Nairn, we are going to miss you and your work. We wish you every success in the future.

## Goodbye David

David Swan has resigned from his position as Support Coordinator. Although David has held the position for just a few months, his contribution has far exceeded the boundaries of volunteer expectations. David has contributed hundreds

of hours and developed a quality support program. I am pleased to say that he will continue to co-facilitate the volunteer support group. We wish you all the best David.

## Volunteer Recruitment

Every program needs the recruitment of Volunteers. If anyone is interested in either the Support or Education positions available, please call me A.S.A.P.

Thanks Li Decosas

## Comes the Dawn

After a while you learn the subtle difference between holding hands and chaining a soul,

And you learn that love doesn't mean security and begin to learn that kisses aren't contracts and presents aren't promises.

And you begin to accept your defeats with your head up and your eyes open,

With the grace of a man not the grief of a child.

And you learn to build all your roads on today because tomorrow's ground is too uncertain,

And futures have a way of falling down in mid-flight.

After a while you learn that even sunshine burns if you get too much.

So you plant your garden and decorate you own soul instead of waiting for someone to bring you flowers.

And you learn that you can endure.

That you really are strong.

And you really do have worth.

And you learn and learn.

With every good-bye you learn.

From a quilt in Vancouver/July 1989.

## Tai Chi

The Taoist Tai Chi Society of Canada, Victoria Chapter, has offered to provide free or limited cost sessions and space to AIDS Vancouver Island. The course is offered to P.W.A.'s, persons who are HIV+, staff and volunteers of the Society.

Tai Chi is a centuries old Chinese exercise. It is often described as a "moving meditation" because it relieves stress and improves concentration and perception. For more information on these classes, please contact Li Decosas at 384-1511.

## The Medical Column

The following article is intended for general information only. It is not meant to take the place of a doctor's advice. If you have concerns or need more information about the topics discussed below, please consult your physician.

### CMV - Cytomegalovirus

Almost every person diagnosed with AIDS currently has or has previously had a CMV infection. It is also prevalent in non-AIDS people as well.

#### Signs and Symptoms:

CMV is diagnosed through identifying the presence of the CMV antibody through biopsy and culture of previously uninfected body tissue such as the lung, liver, blood, bowel, brain and eyes.

There may be no signs or symptoms in a healthy person since it may clear up on its' own. It may mimic acute inflammatory bowel disease and abdominal pain, fever and diarrhea, nausea, vomiting and weight loss. When CMV invades the lungs a cough, breathlessness and chest pain will be present, but is rarely the sole cause for pneumonitis in an AIDS patient. It may co-exist though with PCP. Impaired vision through irregularity and narrowing of retinal vessels, a progression to possible occlusion, haemorrhage and blindness will occur if diagnosis of Retinitis (commonly caused by CMV in a person with AIDS) is left untreated.

Other signs and symptoms may be confusion, headache and dementia through infection of the brain. This infection called Encephalitis is less often caused by CMV than by a direct effect of HIV on the brain.

#### Treatment:

##### DHPG

DHPG is undergoing clinical trials and is found to be less effective against CMV in the lung than in the other organs. DHPG is used if CMV is the only pathogen found or when one's condition deteriorates despite adequate medication of other co-pathogens.

DHPG though has been found to be fairly effective in decreasing retinal changes and halting infection. Noticeable improvement often takes two weeks of treatment and follow-up maintenance is required for CMV Retinitis. The disadvantage of this treatment though is its route of administration. This involves I.V. infusion every 8 hours in hospital, up to 3 weeks with maintenance dose infusion once-a-day, 5 times a week to keep the virus in check. This treatment is also irritating to smaller veins. Therapy can be

given through a "central line" catheter that a person learns to look after at home.

##### Foscarnet (Phosphonoformate)

Foscarnet is also an experimental drug administered through I.V. and is irritating to smaller veins. And again is given through a central line catheter. Foscarnet's side effects are Renal impairment and bone accumulation.

##### Ganciclovir

Ganciclovir, another experimental drug, is showing promising results in uncontrolled studies in the treatment of CMV Retinitis and to a lesser extent, Colitis. Patients though with pneumonitis and encephalitis do not respond as well. It is also given through I.V. every 8 hours for 14 to 21 days, followed by an I.V. maintenance dose daily, that goes indefinitely. Ganciclovir causes bone marrow suppression as its side effect.

Taken from: "The AIDS Medical Guide" - San Francisco AIDS Foundation and "The ABCs of AIDS" - Michael D. Adler (British Medical Journal).

## Condom News

A representative from Okamoto U.S.A. Condoms, recently gave A.V.I. a demonstration of their product. This is the information given to us on the condom's attributes (a truly revolutionary new product).





"Silke" is both a nail tough and Fingerprint thin condom. It is created with the highest quality, Japanese-formulated latex. It guards against slipping and tearing and fits snugly without losing its shape. "Silke's" strength provides the best protection against pregnancy and sexually transmitted diseases.

Silke surpasses not only the F.D.A. safety standards but also the much more rigorous requirements of its manufacturer. In fact, each Silke condom is subjected to an electronic pinhole test "twice" to check for microscopic leaks.

And further to this, the Silke condom is almost transparent, natural in color and lacks the unpleasant latex smell. And is so thin in structure that fingerprints can be taken through them. The benefit of this characteristic alone, needs no further explanation.

The dawn of the superior condom is here!

S M T W T F S

	1	2	3	4	5	6
7	8	9  Helpline meeting 6:45 pm	10 Family, Friends & Lovers Support Group 7:30 pm 923 Burdett	11 Business meeting 12:30 pm Women's support group 7:30 pm	12	13
14	15 Support meeting 6:45 pm	16  Board meeting 7:30 pm Begbie Hall, Royal Jubilee Hospital	17 Family, Friends & Lovers Support Group 7:30 pm 923 Burdett	18 Business meeting 12:30 pm Women's support group 7:30 pm	19	20
21	22	23  United Way Workshop on Planning - 7pm Family, Friends & Lovers Support Group 7:30 pm 923 Burdett	24 United Way Workshop on Planning - 7pm Family, Friends & Lovers Support Group 7:30 pm 923 Burdett	25 Strategies Workshop United Way 7pm Business meeting 12:30 pm Women's support group 7:30 pm	26	27
28	29 Office closed	30	31  United Way Public & Community Relations Workshop 7pm			