



The Update

VANCOUVER ISLAND AIDS SOCIETY

APRIL 1990

VOLUME 3, NUMBER 4

Help!

Come one! Come all!

The coordinating committee for World AIDS Day - December 1, 1990 needs volunteers to organize the event Women and AIDS which is this years' theme.

Our first meeting will be held Thursday, May 3, 1990 in the A.V.I. office at 6:00pm (Suite 106, 1175 Cook Street). If you have any questions, please contact David Swan

Remember please, that this or any event A.V.I. creates and erects cannot support itself without it's designers and foundation footings. ...You.

"Attention Everybody!"

Blockout Sunday May 27, 1990 on your calendar for another A.V.I. happening. The event, in conjunction with International AIDS Candlelight Memorial, will be announced in the May issue of the Update.

...Stay tuned.

Annual General Meeting

AIDS Vancouver Islands' general meeting will be held at the Sarah Spencer House, 1947 Cook Street on June 12th, 1990, at 7:00pm.

By-laws Committee wants to hear from you!

Our fourth Annual General Meeting is not far away now. Among the preparations for that meeting a review of the society's Constitution & By-laws is taking place. The committee preparing proposals for ammendments to the rules governing A.V.I. would like to hear from any member who has ideas for changes in the rules. If you have concerns about our current By-laws or ideas for improvement, please leave a note for Robin in the office by April 10.

"If you don't know where you're going, you'll probably end up somewhere else."

New A.V.I. Support Groups!

AIDS Vancouver Island is pleased to announce two new support groups. We have started up a facilitated HIV+/PWA support group and an unfacilitated HIV+/PWA support group.

These groups will run on alternate Monday nights at 7:30pm in our main office.

These groups are open to anyone HIV+ or is a person with AIDS on a drop in basis.

The unfacilitated group will meet Monday, March 12, 1990 and Monday, March 26, 1990.

Stress Conference: A Woman's Guide

The National Businesswomen's Leadership Association is presenting the original How to Win Against Stress: A Woman's Guide. The one day seminar will be held in Vancouver at the Holiday Inn Vancouver Centre/Thursday, April 12, 1990 and in Victoria at the Victoria Conference Centre/Monday, April 23, 1990.

The course fee is \$125.00 and those wishing to attend or would like more information, please contact Li Decosas, here at A.V.I. at 384-2366.

CONTENTS

OFFICE NEWS.....	1
SEMINARS AND CONFERENCES.....	2
A.V.I. SPEAKING ENGAGEMENTS.....	2
THE MEDICAL COLUMN.....	4,5,6
VACCINE RESEARCH.....	6
VOLUNTEER NEWS.....	7
CALENDAR OF EVENTS.....	8

READ THE FINE PRINT

Reference Material
NOT FOR LOAN
AVI Resource Centre

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AIDS Vancouver Island Reminder

The Spring Conference sponsored by the Island Gay Society and the Lambda Club, will be held April 13 - 15, 1990. Opening day Friday, April 13 will feature a two hour workshop entitled "When a Friend has AIDS" from 2:00pm - 4:00pm. For more information, please contact Sam Archer at 389-1964.

Louise Hay Workshop

Louise Hay will be in Victoria Saturday, May 5, 1990 and Sunday, May 6, 1990 conducting her workshop titled *Love Yourself/Heal your Life* at the Victoria Conference Centre. The fee for the seminar is \$175.00. Those that wish to attend may pick up registration forms at the A.V.I. office.

Warm Offerings

AIDS Vancouver Island is pleased to announce our new clothing collection for needy people with AIDS. This is a critical situation that needs to be addressed by all concerned individuals.

Jaine Mullally (A.V.I.'s street outreach worker) has managed to have three boxes of clothes donated from Sears and we are in good shape at the moment. We are in desperate need of bed linens though (due to night sweats) and shoes.

Once the problem of where we are going to locate our offices has been solved, hopefully we will have more room and can actively solicit (through the Update) more clothes from our volunteers.

Thanks

Lou Zornes

AIDS firing ruled illegal

On October 26, 1989, a landmark ruling by the Canadian Human Rights Commission awarded \$23,160 in lost wages, \$2,000 for hurt feelings and a letter of apology to a man fired from his job as a cook because he had AIDS. This precedent-setting ruling finally established policy in writing. The policy is that no one who with two exceptions - should be discriminated against. The two exceptions are those whose job requires them to handle blood, blood products or semen, and those for whom it is legal to discriminate against.

Discrimination can be legal if an employee consents to specific conditions of employment on being hired (i.e. disclosure of medical records on the written understanding

that if certain tests have certain results the employee is not eligible for that job). For instance, since the U.S. government bars HIV infected persons from entering their country, a company could legally discriminate against hiring an infected person but only if, in the original application, medical consent for disclosure was signed and clearly stated that certain results were a pre-requisite for the job.

Reprinted from the AIDS Committee of Windsor Newsletter/ Volume 3, Number 7, November 1989.

AIDS Vancouver Islands' speaking engagements

AVIs' education programs cover a wide range of groups in its ongoing speaking engagements. Here are the twenty four on the April schedule:

April 3 - Pacific Advent School (Royal Oak)

April 3 - Camosun College: English as a Second Language Class

April 4 - Victoria School District: Workplace Policy Planning Committee

April 4 - Royal Jubilee Hospital: Nursing Staff

April 6 - The Drug and Alcohol Rehabilitation Centre (Victoria)

April 6 - The Cowichan Native Youth Conference on AIDS (Cowichan)

April 10- Two High School presentations in Nanaimo.

April 12- Native Friendship Centre/Life Skills class (rescheduled from March 29, 1990) in Duncan.

April 13- The Drug and Alcohol Rehabilitation Society (Victoria)

April 14- Island Gay Society Spring Conference: "When a Friend has AIDS" (a two hour workshop)

April 17- Two High School presentations in Nanaimo.

April 19- Victoria School District: "AIDS and the Workplace" for staff.

April 19- Saanich School District: "AIDS publicity" workshop for staff and parents.

April 20- Drug and Alcohol Rehabilitation Society/ Mount Douglas High presentation (Victoria)

April 20- Victoria School District: "AIDS and the Workplace" for staff.

April 23- Victoria Parents Support Group (Tough Love)

April 24- Federal Government Staff: 1) Observatory, 2) Department of Agriculture, Research Station.

April 26- Two High School presentations in Nanaimo.

April 27- The Drug and Alcohol Rehabilitation Society (Victoria)

KCTSeattle 9

Public broadcasting for the Pacific Northwest will be airing

A Frontline/AIDS Quarterly Special Edition - BORN IN AFRICA (90 minutes), Tuesday, April 3, 1990 at 8:00pm and Friday, April 6, 1990 at 2:00am.

This FRONTLINE/AIDS QUARTERLY collaboration chronicles the remarkable last months in the life of Philly Bongoley Lutaaya, the first prominent Ugandan to publicly acknowledge that he had the disease. Until Philly's declaration, AIDS was a shameful secret - a taboo few would discuss publicly, despite the fact that out of a population of sixteen million, it is estimated that 800,000 Ugandans have the virus. Under President Yoweri Museveni, however, Uganda became one of the first African nations to begin an open campaign against AIDS - Philly became its leader. He wrote "Alone," a powerful and universal song about AIDS which echoed through the land, and he toured the continent in a crusade to stop the spread of the disease. One of his last wishes was to do this documentary. He died in December 1989.

Taken from the Dolly Rosen KCTS/Channel 9 Community Relations correspondence sent to AIDS Vancouver Island - March 28, 1990.

AIDS Watch

This column is for the sole purpose of extended reading material only. AVI does not endorse its content. The material is based on current research and findings taken from various publications on a month to month basis.

The Story So Far

Since 1981, more than 100,000 Americans have been diagnosed as having AIDS. About 60 percent of them have died. The number of people who are HIV-positive but who have not yet developed AIDS is thought to be 10 to 15 times this amount. U.S. government estimates put the number of HIV-positive cases at 1 to 1.5 million. By 1987, more than 10 percent of the population of New York City was HIV-positive. If the number of people infected continues to double each year, in four or five years, this 10 percent figure will hold true for the entire United States. (*Morbidity and Mortality Weekly Report*, 38:561, 1989). *Men's Fitness Magazine/April 1990*

The first law of holes is, "If you're in one, stop digging!"

Casino Night!! ...a good gamble

AIDS Vancouver Island is pleased to announce that we are hosting two casino nights, Thursday April 19 and Friday April 20, at the Red Lion Inn.

Come to gamble or just visit with our dedicated volunteers who will be working from 5:00pm and going 'til the wee hours of the morning.

See you there!

Glitch Itch

Update Correction

As some of you had noticed in last month's issue, a paragraph ended without ending. The haunting evidence that there in fact "is" a ghost in the machine became screamingly clear as I had the faux pas pointed out to me. The missing passage that left everyone hanging was only in fact one word but, the impact of that one word missing, threw the passages' conveyance out the window. The correction is in the HIV passage of "My Life Stalking AIDS"

(the column written by the man who discovered the cause of AIDS (Robert C. Gallo)).

The position of the correction is the last word of the last paragraph. It should read:

Only a few months ago it was shown that if a person infected with HIV is also infected with human Leukemia virus, the development of AIDS is strictly enhanced. The two viruses can infect a single T cell. To my knowledge this is the first clear evidence of a cofactor in AIDS: the disease will certainly develop with HIV alone, but the additional presence of HTLV-1 speeds up the process.

Next month: Vaccine Research.

Food for Thought

Most of what I really needed to know about how to live and what to do; and how to be, I learned not at graduate school; but in Kindergarten, in the sandbox.

"Sandbox Ethics" in Action

Share everything

Play fair

Don't hit people

Put things back where you found them

Clean up your own mess

Don't take things that aren't yours

*Say you're sorry when you hurt somebody
Wash your hands before you eat
Learn some and think some
and draw and sing and dance and play
and work some every day.
When you go out into the world,
watch for traffic,
hold hands, and stick together.
Everything you need to know
is there somewhere.
The Golden Rule, love,
basic sanitation, ecology, politics,
and sane living.*

*From the book ALL I EVER REALLY NEED TO KNOW I
LEARNED IN KINDERGARTEN by Robert L. Fulghum.*

The Medical Column

Through permission from the Vancouver P.W.A. (People with AIDS) Coalition, the following article was taken from their January 1990 newsletter. The information it offers is of monumental interest to all who are HIV+ and to those who concern themselves with the fight against AIDS. The piece itself is of the greatest interest to doctors and health care workers to better inform themselves and their colleagues on new testing procedures. It also serves as an introductory announcement to the family practice conference titled "From the cell to the Soul" being held May 16 - 18, 1990 at the Victoria Conference Centre sponsored by the Victoria Medical Society, Victoria health services and the University Extension Programs of the University of Victoria. The conference itself will be a prospective look at future challenges facing the medical community.

"A Note to our readers"

We at AIDS Vancouver Island encourage all of our readers to approach your own family physicians and urge them to attend this very important symposium to both better improve their awareness through updated information and testing and to enrich the care our clients receive in the AIDS Vancouver Island mailing region.

Tracking the Virus...

Tests for monitoring HIV disease progression and the effectiveness of treatment(s)

It would be overly lengthy for me to attempt to explain

all the blood tests you might possibly take due to HIV infection. However, there are four particular tests that you should familiarize yourself with if you want to be better able to assess risks of HIV disease progression and/or the effectiveness of treatments.

The tests (T4 or T-Helper Test, Beta 2 microglobulin, p24 antigen and Neopterin) are most helpful when done regularly, say every two months, and over an extended period of time, say a year or longer. When evaluated together, as a group, these four tests can give you a clearer and fuller picture of what is going on with HIV infection in your own body.

T4 or t - Helper Test

T4 or T - Helper cells are a crucial part of the immune system.

The normal range for T4 cells is from 500 to 1500 per millilitre of blood. Gradual depletion of T4 cells is typical in HIV infection, but no reliable correlation between the number of T4's and stage of disease has been established. Generally, symptoms (other than swollen lymph nodes, which are common in infected persons at any stage) may begin to appear when the T4 count drops below about 400.

But there are many exceptions to the general rules. I personally know one person who has developed both severe K.S. and P.C.P. with T4 counts above 500, and another who has developed no major infection to date, despite his T4 count repeatedly tests less than 50.

Researchers have recently established that T4 counts fluctuate daily, even in healthy sero-negative persons. T4 counts fluctuate in response to a variety of physical states and influences. Alcohol, drugs, stress, caffeine, exercise, time of day, colds and allergies, all are suspected to influence T4 counts. It makes sense to have repeated testing performed by the same lab under similar conditions, for most accurate comparative value. But any single count, or a single aberrant count in a series, cannot be weighed too heavily as evidence of improvement or of decline (unless the count is very low, in which case it might be better to err on the side of safety). Changes in T4 counts of 20% or so may well reflect normal variations.

At present in B.C. anyone infected with HIV who has a T4 count of 500 or less is eligible for treatment with AZT. Persons who have not yet commenced AZT therapy are entitled to have T-cell tests done every three months. If your doctor is not monitoring your T-cell counts periodically, mention this test availability. The important thing to monitor

with T-cell counts is the trend over a period of time, say one to three years.

When evaluated together, as a group, these four tests can give you a clearer and fuller picture of what is going on with HIV infection in your own body.

Many doctors (and patients) rely too heavily on T4 counts in monitoring disease progression and the effectiveness of treatments. T4 counts cannot tell you whether HIV is actively replicating in your blood, or whether a particular treatment regimen is helping or not. At best, T4 counts are a vague and general marker of progression towards AIDS. But, by combining T4 testing with p24 antigen, beta 2 microglobulin, and serum neopterin testing, you can more accurately assess either the effectiveness of treatment(s), or your chances of progressing towards symptoms of you are positive and healthy.

p24 Antigen Test

This test detects the presence in your blood of p24 antigen, a core protein of the AIDS virus. Since p24 antigen is present in the core of the virus, it is only produced, and only detectable, when HIV is actively replicating in the blood.

The presence of viral antigen in your blood, a condition called "antigenemia", has clinical importance. Typically, "antigenemia" (indicated by detectable levels of p24 antigen) follows initial infection. p24 then falls and becomes undetectable as your immune system commences producing antibodies to HIV>

...if there are detectable levels of p24 antigen in your blood, this is highly predictive of disease progression.

Researchers have noted that the reappearance of detectable levels of p24 antigen in sero-positive but healthy persons indicates an greatly increased probability of disease progression. Thus the p24 test can be very useful for deciding when to begin aggressive treatment, as well as for monitoring the effectiveness of particular treatment(s).

The p24 antigen test can only detect "free" antigen. A positive test indicates the amount of p24 that has not been bound up or cleared by anti-p24 antibodies. A negative test, then, merely indicates that p24 is not "free" - that it is not in excess of anti - p24 antibodies circulating in your blood.

If you are positive but healthy, and are undecided as to whether you should commence early anti-viral therapy, the research indicates that, if there are detectable levels of p24

antigen in you blood, this is highly predictive of disease progression. If this should turn out to be your situation, do not wait until you get sick to commence treatment. If you risk of progression towards AIDS is very high, the sooner you commence effective anti - HIV treatment the better.

Beta 2 Microglobulin Test (B2M)

B2M is a substance produced in small amounts by the body under normal circumstances, as a result of cell breakdown. In healthy, sero-negative persons, B2M will measure less than 2.4 mg per litre of serum. Studies have shown that B2M rises above 2.5 mg per litre in HIV infection and in other chronic infections such as CMV (cytomegalovirus). The further above 2.5 mg/l your B2M count rises, the more rapid the rate of disease progression in your blood.

Dr. Andrew Moss (VCSF) and other researchers have found B2M to be superior to p24 antigen or T4 counts as a single predictor of progression towards AIDS. Dr. Moss estimates that B2M concentration between 3mg/l and 5mg/l indicate as great a risk of developing AIDS as do T4 counts of 200 or below.

B2M levels fluctuate, depending upon whether or not your body is fighting an active infection. Regular B2M testing can help you better assess either the effectiveness of treatment(s) or your chances of progressing towards AIDS if you are positive and healthy.

Neopterin

Neopterin is a substance produced by cells of the immune system during inflammatory disorders including viral and parasitic infections, as well as cancer. Researchers have noticed a correlation between neopterin levels and the condition of the immune system during HIV infection. Generally speaking, the farther above normal (less than 8nmol/l) neopterin levels rise, the greater the risk of HIV disease progression.

Around the time of seroconversion (when previous HIV antibody negative people begin to produce HIV antibodies, ie: test "positive") a person often has high neopterin levels without low levels of T4 cells. However, neopterin levels drop quickly once the body commences producing antibodies to combat HIV infection. Then the pattern is for neopterin levels to gradually increase while T4 counts fall.

In a study (#W.B.P.79) presented at the 5th International AIDS Conference in Montreal (June 1989), researchers tested 68 sero-positive males for neopterin and T-cell levels in 1982/83. Five years later, 30.9% had progressed to AIDS and the researchers concluded, "Neopterin predicts better

than T-cell subsets the AIDS outcome in HIV - seropositives during our study period of five years. The combination of neopterin with T4 counts further improved the predictive value."

In a study of 799 HIV infected men, published in the *Journal of Acquired Immune Deficiency Syndromes* (1989, 2:70-76), researchers were able to predict which people had a high chance of developing AIDS based on their levels of neopterin. As neopterin levels increased, the probability of developing AIDS was shown to rise significantly. A person with a T4 count of less than 250 and a neopterin level of less than 20 nmo/l had a 58% chance of developing AIDS within three years. Persons with a similar T4 count and neopterin levels greater than 20 nmo/l had a 90% chance of developing AIDS within three years.

According to the above researchers, measuring the blood levels of neopterin may be a quick way to assess the effectiveness of antiviral HIV treatments such as AZT and DDI. If the treatment is helping, your neopterin levels should fall from pre-treatment levels.

How to obtain p24 Antigen (p24), Beta 2 Microglobulin (B2M) and Neopterin Testing in Vancouver.

These three helpful blood tests are not yet available in B.C., however, we (Vancouver PWA Coalition) have negotiated low prices for these tests at National Health Laboratories in Tukwila, Washington - (206) 329-5310. The prices are:

Quantified p24 Antigen - \$32.00 U.S.

Beta 2 Microglobulin - \$18.00 U.S.

T-cell Subset - \$50.00 U.S.

p24, B2M, T-cell Subset - \$90.00 U.S.

Neopterin - \$35.00 U.S.

We have an arrangement with Metropolitan Laboratories, 1200 Burrard St. (at Davie), suite #208, whereby for a flat fee of \$10.00 per person, they will draw your blood and prepare it for shipment to National Health on two days each month. Serum that requires freezing will be packed in dry ice. We have been using this system for about 6 months now, and more than 100 people have participated. This system works well and National Health Labs has provided accurate and quick test results.

To sign up for any of the above tests, drop by the Vancouver PWA Society offices at # 1 - 1170 Bute St. or phone us at 683-3381. We do testing on the second and fourth Tuesday of every month.

In conclusion:

If you want to learn a lot more about why these tests are so helpful, a comprehensive p24/B2M Neopterin Information Pack, including medical research, is available at the Vancouver PWA Library or phone and we'll mail it out.

The Library of AIDS Vancouver Island now also has this helpful information pack.

Come in, have a coffee and take the tour through it!

Vaccine Research

The following is a supplement to the article being featured in the past two issues of the Update - "My Life Stalking AIDS". Taken from Discover magazine - October 1989 and written by the man who discovered the cause of AIDS (Robert C. Gallo); he shares his experience and explains the research approach and blockades of this elusive disease.

Suppose the AIDS epidemic had occurred, say, in the 1960s. We might still have been looking for the cause ten years later. Even if we had known the cause, we'd have been in the infancy of understanding how the virus works: how it infects a cell, reproduces, and causes disease. Certainly we wouldn't have had a blood test so soon. Without the tools of molecular biology, we could never have moved so fast.

And if a test to detect the virus hadn't been developed in 1984, where would the virus be now? The blood supply was already contaminated. There would have been nothing to stop the virus from establishing itself in the general population. It can take the virus ten years to announce its presence in a given person. People infected by blood transfusions, not knowing they were carrying the virus, would have spread it to their sexual partners, mothers would have spread it to their children, and those people in turn could have been blood donors themselves.

When I reflect on all the things said about the competition between the Pasteur Institute and the National Cancer Institute, the thing that offends me most is the allegation that it slowed down the research. On the contrary, the competition accelerated the pace enormously - the conflict arose, in a sense, because of the pace. Without the blood test that resulted from the work done in our laboratories, many additional lives might have been lost.

Since those early discoveries, advances have come at a slower, though steady, pace. Within the past year we've made progress on Kaposi's sarcoma, a common tumor in homosexual men with AIDS. We think that the purplish lesions of Kaposi's could be reversible, at least in the initial stages, and that early Kaposi's is not yet a full-blown malignancy in which the cells are reproducing autonomously. Rather the cells are still responding to external signals, to a

series of growth factors initially released by T cells infected with HIV. If the tumor is dependent on growth factors, it could potentially be interrupted by a drug.

The greatest part of my time now is spent on vaccines. And this work is progressing slowly, for a number of reasons. The first is that this virus is extremely complicated, much more so than, say, the poliovirus. Once you're vaccinated against polio, you can still get infected by the virus, but its ability to replicate is limited, and any virus that escapes the antibodies stimulated by the vaccine eventually dies out. The poliovirus is nonintegrating. But an integrating virus like HIV installs its genes right into the genes of our cells. To be successful, an AIDS vaccine may have to block every last virus particle. And that's never been achieved. That's the first problem.

Second, we have our hands tied behind our back because the animal models we can use are extremely limited. Only one, the chimp, can be infected with HIV, and it's on the endangered species list. Other monkey models, with simian viruses related to HIV, and maybe the mouse with a human immune system will help, but they are still being developed.

Vaccine design is yet another problem. The majority of vaccines today use whole, killed viruses to stimulate antibodies to the real thing. But we probably will never be able to use whole, killed viruses for an AIDS vaccine because you'd have to be damn well sure you'd killed every last virus, and you probably never will be. So a vaccine will have to be made of small portions of the virus that are harmless yet still capable of stimulating immunity. Finally, to complicate matters, the virus mutates, which makes it an especially elusive target.

What lies ahead? I'm not one who believes that the answer to AIDS will come from behaviour modification and education. That's a necessity, but it's insufficient. Too many drug addicts are already infected; the epidemic in Central Africa is too far along. I think an AIDS vaccine will be possible but not immediately. I believe in rational antiviral therapy, that is, drugs especially designed to disrupt the virus's life cycle. AZT, for example, inhibits and enzyme crucial for viral replication. It works, though it's not the answer, and better things are coming.

I'm cautiously hopeful about CD4, which prevents the virus from binding to and entering cells. I'm hopeful about developing drugs that block enzymes needed for the final shaping of new virus proteins. Further down the road will be other drugs that inhibit virus enzymes and maybe, in time, their genes.

Human retroviruses will certainly be among us for some time. HIV, of course, is by far the most dramatic and

visible, but other retroviruses are spreading, too, though rather more quietly. These unusual new viruses pose enormous challenges - not only scientific and medical challenges, but social, political and moral ones. Will we meet them? I certainly think so. And I hope we won't have to wait another ten years to find out.

Poetry Corner

Friendship

*Friendship
is the comfort, the inexpressible comfort
of feeling safe with a person;
having neither to weigh thoughts
nor measure words
but pouring all right out just as they are,
chaff and grain together,
certain that a faithful friendly hand
will take and sift them,
keep what is worth keeping
and with a breath of comfort
blow the rest away.
by George Eliot*

Volunteer Reminder

A reminder for all A.V.I. volunteers that on completion of 50 volunteer hours, plus \$1.00, you are eligible for membership in A.V.I.

Volunteer Alert!!

Volunteer hours for the fiscal 1989 - 1990 fiscal year (April - March 30) are due now. Please submit them as soon as possible.

Did you know?

Your Board of Directors meets every third Tuesday of the month at 7:30pm, at the Royal Jubilee Hospital in room A002 (basement) of Begbie Hall.

All volunteers are encouraged to attend.

For further information contact Christie O'Connell (Membership Director), at 595-4027.

Helpline Volunteers

There is a meeting planned (tentatively) for all new and old Helpline people, Wednesday, April 25, 1990. Contact Einar to confirm the date and time for this meeting.



April 1990

S M T W T F S

1	2 HIV & PWA Support Group 7:30pm (unfacilitated)	3 KCTS 9 AIDS Quarterly Special "Born in Africa" 8:00pm	4 Family, Friends & Lovers Support Group 7:30pm 923 Burdett	5 Business meeting 12:30 pm Women's support group 7:30 pm	6 KCTS 9 AIDS Quarterly Special "Born in Africa" 2:00am	7
8	9 HIV & PWA Support Group 7:30pm (facilitated)	10 Deadline for By-law changes and new ideas for By-laws Committee. Leave note for Robin at A.V.I. office.	11 Family, Friends & Lovers Support Group 7:30 pm 923 Burdett	12 Business meeting 12:30 pm Women's support group 7:30 pm	13 Spring Conference "When a Friend has AIDS" (2:00-4:00pm) Workshop	14 Spring Conference
15 Spring Conference	16 HIV & PWA Support Group 7:30pm (unfacilitated)	17 Board meeting 7:30 pm Begie Hall, Royal Jubilee Hospital	18 Family, Friends & Lovers Support Group 7:30 pm 923 Burdett	19 Business meeting 12:30 pm Women's support group 7:30 pm	20	21
22	23 HIV & PWA Support Group 7:30pm (facilitated)	24	25 Helpline meeting 6:45 pm Family, Friends & Lovers Support Group 7:30 pm 923 Burdett	26 Business Meeting 12:30pm Women's support group 7:30pm	27	28
29	30					