



The Update

VANCOUVER ISLAND AIDS SOCIETY

JUNE 1990

VOLUME 3, NUMBER 6

A.V.I.'s Annual General Meeting

Don't forget to attend our annual general meeting Monday, June 25, 1990 in the Unitarian Church at 106 Superior Street at 7:00pm. All are welcome!

Nomination Forms

Please look for your copy of the Nominations form for Directors of the Board, with your Update this month. After making your selections, submit your nominations to:

Arnold Clark (Secretary)
222 - 1175 Cook Street
Victoria, B.C. (V8V 4A1)

Volunteer of the Year

Members and volunteers can nominate a person they feel is deserving of recognition as an extraordinary volunteer. Look for nomination form in this issue. Important that it be returned to David Swan by June 8, 1990.

Volunteer Support Meeting

The next volunteer support meeting will be held Tuesday, June 12, 1990. at 6:30pm.

Helpline Meeting

The next Helpline Meeting will be held Tuesday, June 26, 1990 at 6:30pm. All Helpline volunteers both new and old are asked to attend.

Presenting...our new Director!

The president and Board are pleased to announce the appointment of Li Decosas to the position of Executive Director. We feel confident that her fine skills and personality will guide AIDS Vancouver Island competently and that under her leadership we will continue to grow and provide services to this community. Thank you Li!

Presenting...our new Education Coordinator!

AIDS Vancouver Island is delighted to announce the appointment of Nairn Hollott to half-time Education Coordinator. Nairn has provided outstanding volunteer services for the past three years. Her dedication, commitment and work in the field of education and prevention of HIV have provided Vancouver Island with an invaluable service. Welcome Nairn!

Party Pleasers

Great thanks go to Labatt's Breweries of B.C., Molson Brewery B.C. Ltd., Hiram Walker & Sons Ltd., Meagher's Distillery Ltd., Potter Distilling Co., Mark Anthony Wine Merchants Ltd., Andres Wines (B.C.) Ltd., Okanagan Estate Wine Cellar, Calona Wines Ltd. and Thrifty Foods Fairfield for making our "Volunteer Appreciation" get together such a success. Their donations of food and drink were highly acknowledged and greatly consumed.

And special thanks to Terry Froud for welcoming us so warmly to Rumors Cabaret where the space, entertainment and the volunteer support of the function by his own staff were joyously received.

Thanks again from all of us here at
AIDS Vancouver Island

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A.V.I. Speaks to Vancouver Island

The following are the scheduled speaking engagements for the month of June by A.V.I.'s Education department.

June 1 - The Drug and Alcohol Rehabilitation Service (DARS) (Victoria).

June 3 - Courtenay workshop for foster parents, foster children, MSSH staff and the general public.

June 4 - Courtenay area schools (am & pm sessions).

June 5 - Courtenay area schools (am sessions).

June 6 - Willows Elementary School (Oak Bay) and Malaspina College nursing students.

June 8 - The Drug and Alcohol Rehabilitation Service (DARS) (Victoria).

June 14 - McKenzie Elementary School teacher's inservice.

June 15 - The Drug and Alcohol Rehabilitation Service (DARS) (Victoria).

June 20 - Duncan MSSH staff.

June 22 - The Drug and Alcohol Rehabilitation Service (DARS) (Victoria).

June 27 - Royal Roads Cadets (Victoria).

June 29 - The Drug and Alcohol Rehabilitation Service (DARS) (Victoria).

...also, tentative dates for Spencer School grade 10 students, Oak Bay High School (Family Life class) and a presentation to Federal Civil Servants.

Robbie Rubber says:

"If you're not going to sack it, go home and wack it!"

A Bizarre Bazaar

Haul out those white elephants, flotsam and jetsam for a giant garage sale. ...You know the stuff. "Those" boxes down in the basement or up in the attic that hasn't been opened in the last two moves you've made. That stuff that grandma loved and you loved to hate.

You fight with your conscience at even the thought of "considering" its' exit from its' dusty old confine. Want some advice?

GET RID OF THAT CRAP!!

Put aside those dust collectors for the A.V.I. sales event, **Saturday, July 21, 1990**. Also needed are five to seven "Bizarre Bazaar Brainstormers" to help plan, organize and set its' wheels in motion. For more information, call Suzanne Sutton at 595-8695.

Extra! Extra! Boycott in effect

News Release: May 21, 1990.

The Vancouver Island AIDS Society announced today a boycott of White Spot and Kentucky Fried Chicken restaurants. The boycott is in support of Benoit Fournier, a former employee who was fired after he told White Spot that he was HIV+.

There is no medical evidence that the Human Immunodeficiency virus (HIV) is transmitted through casual contact in the workplace. Nor is there any evidence that HIV is transmitted through food handling. Firing Mr. Fournier after he disclosed his HIV status is discriminatory and violates his basic right to work.

Discrimination against those infected will continue to be challenged by the Vancouver Island AIDS Society.

For further information, contact Larry Frost (President), AIDS Vancouver Island at 384-2366.

Housing Approved for People with AIDS

On April 23, the Windsor Housing Authority approved and application from the AIDS Committee of Windsor for a designated unit for people living with AIDS/HIV.

The application was supported by The Hospice of Windsor, and was developed by the Co-ordinated AIDS Strategy Steering Committee with the involvement of the Windsor Association for Community Living, the Victorian Order of Nurses, and the Windsor-Essex Health Unit.

The ACW (AIDS Committee of Windsor) presently has 19 people with AIDS whose incomes qualify them for placement in this three bedroom unit, while Hospice has 4. The need for housing where some support services are provided has been growing and this proposal is meant to fill the gap between isolated accommodation and a nursing home. The participating agencies and a doctor have agreed to provide services to people living there, so that efficient service delivery with a maximum volunteer component can be given. This project is another step in the ACW's mandate "to mobilize the communities...to respond to the AIDS crisis." The Windsor Housing Authority is a provincially funded agency that provides geared-to-income housing.

From the ACW Newsletter

May 1990 (Volume 4, Number 3)

Attention all Stamp Collectors!

A recent letter to AIDS Vancouver Island inviting our reading region's involvement in a charitable funding drive by a Vancouver area PWA is here for your perusal. The letter is as follows:

Dear Sir:

I am a PWA with 24 years experience collecting, trading, and auctioning stamp collections. As I have become more confined over the past few years I have wanted to do something meaningful and productive for other less fortunate PWAs. A friend of mine at the PWA Society suggested I catalogue stamps to help raise funds for the organization since it wouldn't interfere with all the doctors appointments one has to deal with. I have put together the Notice below and hope that you can run the ad in your Newsletter or bulletin board to reach out to the public to make this charity work successful.

Give purpose to your older stamp collections

PWA is willing to catalogue and auction off older stamp collections and accumulations. I will do all the research and donate 75% of proceeds to the Persons with AIDS Society (Vancouver). You will be helping me to keep busy and feeling useful while helping to support the most needy in our community. Collections can be dropped off at the PWA offices to Jackie in reception at 1447 Hornby Street, Vancouver, or you can call me at home to make arrangements at 733-5439 anytime during the day.

Thank you for your time and effort and if you have any ideas to help "get the word out" I would be very appreciative. I would like to make this charity work as successful as possible.

Thanks again,
Bradley Hawbolt

The Medical Column Compound Q

It's been around for twenty years, but it has only recently appeared on the horizons of hope for people with HIV infection. It's known as Compound Q, or in the traditional Chinese form, Shosaiko-to (SST). It is a mixture of herbs that has been found to improve immune system functioning and selectively kill HIV-infected cells. Compound Q works by attacking infected macrophages, which often act as virus factories in the body.

Drugs like AZT, DDC and DDI, on the other hand, do not penetrate macrophages. Research is continuing in

Japan, New York and Paris with people who are infected with the HIV virus.

While some people who have used the drug report strong and lasting improvements, researchers caution against using the Chinese version of the drug without waiting for further testing. The herbal form of Compound Q is available from Chinese medicinists but the side effects can be serious and users should be monitored by a physician.

-Caeri Bertrand

From the ACW (AIDS Committee of Windsor) Newsletter May 1990 (Volume 4, Number 3)

The Quotation Corner

"Be gentle with yourself. Learn to acknowledge and accept your limits and don't beat yourself up with feelings of guilt. Be true to yourself in finding a path through this journey of life that will lead where you choose to go."

- Bobby Reynolds

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.

New Compounds Slow AIDS Virus

A new class of chemical compounds labeled TIBO appear to be the most potent warriors yet in the battle against HIV.

The British science journal "Nature" recently reported that in tests on six HIV-positive men who showed no outward symptoms of immune system dysfunction, TIBO was a significant impediment to the replication of the AIDS virus. As an added -- and important -- bonus, TIBO has so far proved to cause far fewer toxic side effects than the most widely used AIDS drug, AZT. Researchers are continuing their study with a larger subject group.

From MEN'S FITNESS magazine/June 1990.

Fore-skinned is Forearmed

Recent studies conducted in Africa suggest that having a foreskin increases your chances of getting AIDS. Men who were treated for STDs at a Nairobi clinic were "five to eight times" more likely to be infected with the AIDS virus if they were uncircumcised.

Scientists from the universities of Manitoba and Nairobi discovered that men with genital ulcers also were more likely to contract AIDS. The increased risk was a four to fivefold one. "The two risk factors unexpectedly turned out

to be independent of one of the researchers.

In other parts of Africa, researchers have found a correlation between AIDS prevalence and circumcision practices. Why did we have to go to Africa to turn up this information? Because circumcision is virtually universal among male Caucasians in the U.S., where 85 percent have had the operation. In Africa, it's a matter of local custom.

There is another important difference between the African population and our own. Most of the African men studied caught the disease through heterosexual intercourse. (In some parts of Africa, as many as 80 percent of prostitutes are AIDS carriers.) In the U.S., 75 percent of AIDS cases are still gay males, with intravenous drug users a large percentage of the remaining cases. The circumcision status of I.V. drug users is presumably irrelevant, since the HIV virus enters their blood directly from dirty needles.

No one yet understands the role that the foreskin (or lack thereof) plays in the battle against AIDS. One possibility is that it provides a warm, wet environment in which the HIV virus survives longer. Another is that the circumcised penis head gets tougher with no foreskin to protect it, and becomes more resistant to small wounds through which the virus enters the bloodstream. Whatever the explanation, being uncircumcised has been correlated to STDs other than AIDS.

(Science, Volume 245, Page 471)

From MEN'S FITNESS magazine/December 1989.

Women and AIDS The Invisible Epidemic

Since the beginning of the epidemic, women have been affected by both HIV and AIDS, although it has only been recently that they have been acknowledged to be at risk. In the United States, women now account for 10% of all reported AIDS cases; in Canada 6.2%; worldwide, nearly half, since outside North America the heterosexual spread of AIDS is common. Particularly in North America, women living with AIDS are a virtually invisible aspect of the epidemic. In the U.S., 75% of the women with AIDS are black and Hispanic, and over half of them are injection drug users; in Canada however, women with AIDS tend to be white and middle-class.

Women with AIDS are likely to be diagnosed later in their illness than men with AIDS, and in fact, most women with AIDS die within six months of diagnosis (Most men with AIDS live six times longer than that). Injection drug users typically lack access to the health care system, which accounts for part of the problem. But health care workers

may misinterpret signs of HIV infection and AIDS simply because they do not expect women to be at risk. HIV infection may manifest itself differently in women; women rarely develop Kaposi's Sarcoma, and one of the first signs of infection is frequently vaginal thrush, an infection many gynaecologists are slow to connect with HIV. Most of what we know about HIV infection is based on studies of men; further research should focus on women's health needs. The range of desirable T cell counts, for instance, is based on tests on men; the desirable range for women's T cell counts may be different.

Most studies of women and AIDS consider women as vectors, not receivers, of infection. Perinatal transmission and transmission via sex workers are the two areas of AIDS research that concern women; neither area of research has at its center a concern for women's own health needs. Sex workers are repeatedly singled out as a risk group despite their statistically low rates of all sexually transmitted diseases and despite their work at the forefront of AIDS education (sex workers' risk of HIV infection derives from their statistically higher rate of intravenous drug use, a fact ignored by researchers).

At the fifth International Conference on AIDS last year in Montreal, only two papers addressed the course of HIV infection in women, and only one considered HIV among lesbians. While only two cases of woman to woman transmission (of over 100 lesbian PWAs) have been reported in the United States, it is important to recognize possible connections between lesbian sexuality and HIV transmission. Last year a Centres for Disease Control official explained that the CDC did not record data on women's sexual orientation (as it does for men) simply because "lesbians don't have much sex." The AIDS research agenda must change to accommodate the needs of women with AIDS, regardless of sexual orientation, race or class.

In addition to more sensitive research agenda, more AIDS education needs to be directed at women. The focus on sex workers as women at risk reinforces the notion that only women who get paid for sex can get AIDS. Meanwhile other women will continue to be infected by their partners.

Women are not traditionally encouraged to control their own sexuality. Contraception is usually considered a woman's responsibility, and it is often invisible to the man; a pill taken every morning, or a diaphragm discreetly inserted while he is out of the room. Given the imbalance of power that exists in many heterosexual relationships, merely telling women to use condoms is not enough. We must learn to reconceptualize sexuality; we especially need negotiating skills that will make safer sex possible. Few discussions of

safer sex treat the political and social dimensions of sexuality, and few are aimed specifically at women. And lesbians, too, must be included in these discussions. Although the incidence of HIV infection appears to be lower than in other groups, many lesbians use (or have used) injection drugs, and some lesbians have had sexual practices that all women, gay or straight, may engage in, and must gear materials accordingly.

Civil and reproductive rights are a final area of concern. Some U.S. states already require mandatory HIV testing for convicted sex workers; others are considering it. Politicians repeatedly seize on AIDS as an excuse for cracking down on the sex trades, which does little to slow the epidemic. Education and health care are needed instead. Women of childbearing age are also in danger of losing civil rights. They must be protected against those who would force an HIV-positive woman to terminate a pregnancy, undergo sterilization, or use forced contraception. Some drug trials require that women use some form of contraception other than condoms in order to participate. All women, regardless of antibody status, must retain the right to exercise reproductive freedom.

Many groups formed initially to reach out to gay men and drug users have extended support to women. But more educational and support services geared to women must be developed to address women's particular health needs. The health care system needs to be made more responsive to the needs of marginalized groups; the AIDS research agenda must also be changed to define more clearly what those needs are. Finally, we must see the epidemic as a political and social crisis as well as a medical one. With increased support services and more sensitive medical attention, women will be empowered to change the social structures which render women perhaps the most invisible of all people living with AIDS.

*Susanmarie Harrington
From the ACW (AIDS Committee of Windsor) Newsletter
May 1990 (Volume 4, Number 3)*

*Robbie Rubber says:
"Don't be silly, cover that willy!"*

Designer Condoms

The following is an article from the June 1990 issue of "Men's Fitness" magazine (an American publication). These products are sold "as described" (to the best of our knowledge) in Canadian pharmacies. The only difference to keep in mind though, when shopping, are the "brand names" which may vary across the border. If you can't find what you're looking for now they will surely be

in this country in the near future.

Ten years ago, no one could have predicted that by 1990 prophylactics would be the birth control device of choice among most sexually active singles. Yet condoms have become so chic that women now show up at nightclubs wearing them in earrings or carrying them in lockets worn around their necks. Upscale gift boutiques are even selling condom-toting key chain fobs!

The sudden fascination with prophylactics has injected new life into what had been a stagnant industry. In particular, it's led to the development of several high tech, designer condoms - called ultrathins - which are heads above the cumbersome skins your fath use to wear.

Ultrathin and ultrasensitive

A leader in the field of designer condoms is Mayer Laboratories, which distributes the ultrathin Maxx and Kimono condoms. The latex in those prophylactics is 20 percent thinner than in most brands. Yet FDA tests have shown them to be among the most reliable on the market.

"Our condoms are made of extremely high-grade latex which is quality-controlled from the tree to the end product," boasts company president David Mayer. "Most manufacturers buy their latex through middlemen like Firestone. We control ours from the source - which allows us to produce a thinner yet more durable condom."

Kimono is a formfitting condom which, because of its anatomical design, allows increased blood flow to the head of the penis, giving it a higher degree of sensitivity. Says Mayer, "It's more bulbous at the head, then becomes tapered below the glans, so it almost acts like a cock ring."

Competing with Mayer Labs for a share of the ultrathin market are National Sanitary's Protex and Lady Protex lines and the Okamoto Skinless Skin line.

Okamoto's Harmony and Flancy condoms are also contoured, non-spermicidal ultrathins. They have latex thickness of only .045 mm. "Ours is one of the thinnest," claims Okamoto's Ann McTaggart. "We're as thin as U.S. government standards allow." These condoms even come imbued with rose and mesh designer patterns.

Protex offers two lines of designer condoms: one for men and one for women. "We were the first company to distribute a separate line of condoms specifically aimed at the female market," explains Sam Dlugatch, executive VP of sales. "It's called Lady Protex. It comes in three varieties: ultrathin, spermicidal and ribbed."

Protex scores high both in terms of reliability and sensitivity. Even its non-ultrathin, spermicidal prophylactics feel surprisingly natural.

Ultralarge Ultrathins

No discussion of designer condoms would be complete without mention of Mayer Lab's unique Maxx condom. Maxx is the first ultrathin prophylactic designed specifically for men who find standard condoms either too short or too tight. The Maxx is 25 percent larger than other condoms, yet it's as thin as the Kimono.

"Maxx has the same thinness and quality as the Kimono, but it's shaped larger from the glans up," explains Mayer. "We've given the tip 25 percent more 'head room,' if you will. Below the glans, the shaft is only 10 percent wider than normal, but it's also longer, so in all it provides 25 percent more total volume."

The most obvious tip-off that you need to step up in size is if a standard condom doesn't completely cover the length of your shaft. Similarly, if you're unusually thick you may be experiencing a subtle discomfort. In either case, you might want to give the Maxx a try.

Another sure sign that you'd benefit from a larger sleeve is if prophylactics always seem to break during intercourse. Condoms, no matter what brand or thickness, are extremely reliable. If they break it's almost always either from misuse, from the application of an improper lubricant - the most common cause - or because they're too small.

Ultra Cautious

Since thinner condoms break more easily, you need to be extremely careful not to use any lubricant that damages the latex. "If you apply an oil-based lubricant to even a thick condom, it can break within half a minute," David Mayer explains. "with ultrathin condoms it happens even faster. The latex virtually disintegrates!"

Among the most destructive lubricants are vegetable (cooking) oils, cold cream, massage oils, baby oils and petroleum jelly (for example, Vaseline). "One of the worst products to apply to a condom is Vaseline Intensive Care," warns Mayer. "It's full of mineral oils. Yet it's the most commonly used sex lubricant in North America -- which is one of the reasons there's a higher degree of breakage here than in a country like Japan, where consumers are more knowledgeable."

If you do need additional lubricant, there are several water-based products -- such as Prepair, Astro-Glide and ForPlay -- that are safe to use and are carried by many drugstores. You can also use K-Y Jelly, or you can choose from among the many spermicidal gels and foams that are available, all of which are quite safe.

Ultra Tasty

Although still in development, industry insiders report

that it won't be long before flavoured condoms begin appearing on the shelves. We've already seen the introduction of a scented sleeve called "Kiss of Mint." Can a fruit-flavoured, "Bananarama" brand be far behind?

Most men don't realize that for a woman who desires safe sex but enjoys oral foreplay, taste and smell are important considerations when choosing a condom. Most standard prophylactics both smell and taste like Michelins: Tear open a Trojan and you know the stuff of which it's made. In response, distributors of designer condoms now offer at least one product in each line that is inoffensive to both nose and palate.

Okamoto's full line is tasteless and odorless, and according to David Mayer so are Kimono and Maxx. "We use an inert silicone lubricant called Dimethylsiloxane," he explains. "It has no taste and no smell. So it's appropriate for both oral and vaginal intercourse."

Yet should you purchase condoms which are coated with and unpleasant tasting spermicide -- oral six won't be as enjoyable for your partner. The spermicide most often used is nonoxynol-9, which is basically a soap.

However, condoms with nonoxynol-9 continue to grow in popularity. "When we introduced spermicidal condoms in 1986, our nonspermicidal products were capturing 70 percent of our sales," Sam Dlugatch says. "Now it's running about 50-50, because more people are aware of what nonoxynol-9 is and the advantages of using it as protection against sexually transmitted disease."

Of course, you can always don a non-spermicidal condom for foreplay, then switch to the other kind before intercourse when you want the added protection of a spermicide.

Ultra Ultrathins

If you think ultrathins are innovative, wait until the ultra-ultrathin "plastic" condom hits the market. "In a few years you'll be able to buy condoms that are as thin as Saran Wrap," predicts Mayer. "everybody and their brother is working to develop them. It's just a matter of time."

Tomorrow's plastic condoms will offer tremendous advantages over even the most sophisticated latex prophylactic. They'll be superthin and unbelievably sensitive. Their heat transfer properties will be far superior, and they'll be manufactured through a process that effectively will eliminate product defects.

According to Mayer, the plastic condom is at least five years away. "First we have to figure out how to mass-produce them," he says. "they'll require an entirely new manufacturing technology. Then we'll have to prove their efficacy and reliability to the FDA."

Food for Thought

"You do not need to be loved, not at the cost of yourself. The single relationship truly central and crucial in a life is the relationship to the self. It is rewarding to find someone whom you like, but it is essential to like yourself. It is quickening to recognize that someone is a good and decent human being, but it is indispensable to view yourself as acceptable. It is a delight to discover people who are worthy of respect and admiration and love, but it is vital to believe yourself worthy of these things. For, you cannot find yourself in someone else. You cannot be given a life by someone else. Of all the people you will know in a life-time, you are the only one you will never leave or lose. To the question of your life, you are the only answer. To the problems of your life, you are the only solution."

-Jo Coudert

"Advice from a Failure"

From the Sunday bulletin of St. Elizabeth's Catholic Church, Sidney, B.C.

Library News

We have added a couple of new books again this month as a result of requests coming in. Don't forget if YOU have read a review or heard of a special book or video/audio tape that you would like to see in the library -- tell us about it! We'll do what we can to track it down.

We have added Paul Monette's book "Borrowed Time, an AIDS Memoir," to our shelves. If though you're one that's on the go-go-go, we also have this very personal story on audio tape so you can listen to it in the car, riding your bike or doing the commute.

Good News for all of you in the A.V.I. Support program, we now have a second copy of "The AIDS Caregiver's Handbook." As you all know, this is indispensable reading to the support system. So now the wait to get a hold of it won't be so gruelling (hopefully).

Also of interest to those of you who have been requesting "Goodbye, I Love You," by Pearson, has now been replaced after it went missing awhile ago.

Now for the bad news!

To those that seek research or reading benefit from the resource material of the A.V.I. library, we are saddened to say that our "Return it in a reasonable period of time" policy has been misunderstood by some. We currently have a "large" number of books that have been out on loan for extended periods. We appreciate your interest in AIDS, but with the ever increasing demand being made on our library, some people don't appreciate "their" anxious need for

reading material being delayed by the tardiness of others.

...If you think there is a possibility that hidden on the bookshelf, in the bathroom, or even under the bed, is a forgotten "must read" that hasn't been read, or read and forgotten about -- please allow someone else the opportunity to enjoy it by putting in the returns drawer of the library.

Thanks so much.

"One good thing about having a bad memory is enjoying something again for the first time."

- Nietzsche

Volunteer Chatter

Which are You?

*Are you an active member, the kind that would be missed?
Or are you just contented that your name is on the list?
Do you attend the meetings and mingle with the flock?
Or do you stay at home and criticize and knock?
Do you take an active part to help the work along?
Or are you satisfied to be the kind that just belong?
Do you ever voluntarily help the guiding stick?
Or leave the work to just a few and talk about the
"clique?"*

*Come to meetings often and help with hand and heart,
Don't just be a member - but take the active part.
Think this over, member, you know right from wrong.
Are you an active member, or do you "Just belong?"
by Ginny Dowdle*

From AIDS Calgary News

Thaw out that meat!

Suzanne Sutton is hosting a Barbecue Party for volunteers, staff and members, Saturday, June 23, 1990 at 7:00pm (2773 Somass (in Oak Bay)). B.Y.O.B./B.Y.O.M.

News Flash!

Funding surprise for A.V.I.!

AIDS Vancouver Island is pleased to announce that the Ministry of Health of British Columbia has funded a full time education position. Full details on this exciting news will be in the July Update.

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3	4 HIV & PWA Support Group 7:30pm	5	6 Family, Friends & Lovers Support Group 7:30 pm 923 Burdett	7 Women's Support Group 7:30 pm	8 Business Meeting 3:00pm	9
10	11 HIV & PWA Support Group 7:30pm Support Volunteer meeting 6:30pm	12 Volunteer Support Meeting 6:30pm	13 Family, Friends & Lovers Support Group 7:30 pm 923 Burdett	14 Women's Support Group 7:30 pm	15 Business Meeting 3:00pm	16
17	18 HIV & PWA Support Group 7:30pm	19	20 Family, Friends & Lovers Support Group 7:30 pm 923 Burdett	21 Women's Support Group 7:30 pm	22 Business Meeting 3:00pm	23
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