

The Update

VANCOUVER ISLAND AIDS SOCIETY

AUGUST 1990

VOLUME 3, NUMBER 8

Bizarre Bazaar News

Much thanks to those who donated their time, effort and "Junque" to A.V.I.'s "Bizarre Bazaar," held July 21, 1990. It was a huge success and netted the society over \$1600.00!

Special thanks go to Suzanne Sutton, Bruce Barnard (who donated his lawn), Don Mathewson and Ron Gent. And to those fine entrepreneurs, Denise Nelson and Carol Mowat, who raised over \$500.00 from selling their lemonade and baked goodies.

And a big hug to all those "sensible" shoppers who took the time to drop by and purchase those hard to find items, rare collectibles and treasures at the bazaar.

Your patronage was hugely appreciated.

Artistic Alms

A million thanks to Grant Leier for his magnificent donation to AIDS Vancouver Island. Grant, one of the artists participating in the "Moss Street Paint-In" and creating his work just across the street from A.V.I.'s "Bizarre Bazaar" last Saturday (July 21, 1990), donated his finished work to the society. With great appreciation the A.V.I. office will now be graced by this lovely original to be enjoyed by all that visit and work with AIDS Vancouver Island.

Thank you Grant for your extraordinarily generous donation and support.

A.V.I. Board Meeting

The next meeting of the board will be Tuesday, August 21, 1990 at 7:30pm in Begbie Hall, Royal Jubilee Hospital, Room A002 (basement).

Calgary Conference

"Disrupting Complacency, The Challenge for the 90's," a conference for AIDS educators and workers, teachers, social workers and health care providers will be held at the Calgary Convention Centre, Monday, October 29 - Tuesday, October 30, 1990.

The conference workshop topics are:

- Research and Programming implications
- Strategies for Teaching about Safer Sex: Young Adults
- Exploring Sexuality
- Making Sex Safe for Women

- Mobilizing the Community
 - Making the Media Work for You
 - Successful Street Outreach Programs
 - The Cleansing Feast
 - Hey Men: Facilitating Safer Sexual Behaviour with Heterosexual Men
 - Evaluating AIDS Interventions
- For more information on the workshops, registration and accommodations, see Nairn in Suite 106.

Notice!

Women's Support Group

Please note! For the summer the Women's Support Group will meet every third Thursday in our office at 7:30pm. The dates will be: July 19, August 9 and August 30, 1990.

The regular weekly meetings will resume in September.

Women needing support between meetings can contact David Swan, Sandy Stewart or Claudia Mimick at 384-2366.

Volunteer News

Speaking Out: Some Guidelines

There is a difference between speaking as representative of AIDS Vancouver Island and referring to our association with A.V.I. Here are some guidelines for members and volunteers to help avoid confusion in this area.

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READ THE FINE PRINT

The Vancouver Island AIDS Society
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Reference Material
NOT FOR LOAN
AVI Resource Centre

Only the President or the Executive Director may appoint spokespersons for the organization. No one may speak or make representations on behalf of A.V.I. -- including using the A.V.I. stationery or logo -- without their explicit permission. Staff, members and volunteers are always free to declare their status with the Committee. No one needs permission to describe themselves as an employee, member, volunteer, officer or director. This applies to things such as resumes, job interviews and everyday conversation.

We should all be careful when making statements in public that reflect upon A.V.I. Do not imply that you speak for the organization unless you have permission to do so. Be sure that your audience understands that you are speaking for yourself if that is the case.

Here are some examples of how to handle this issue if you are not a spokesperson:

1. You are calling a radio show which is discussing AIDS.

You may introduce yourself as a volunteer with the society as long as you also state that you are speaking for yourself and not as a representative of A.V.I.

2. You are writing a letter to complain about poor service from a social service organization or the government. In this case, it is more effective for you not to mention your association with A.V.I., because letters from private citizens are more impressive than letters from special interest groups. It would help if you indicate that you are sending as copy of your letter to A.V.I., so the Committee can advocate on your behalf. If you do mention that you are a member of A.V.I., clearly state that you are not speaking for the organization.

3. You are writing a letter to the local newspaper. Again, mention your involvement with A.V.I. only if it has a bearing on your message. Be clear that you are not an official spokesperson. It is okay to say you learned something because of your participation in A.V.I. activity, for example: "Having served as a director of AIDS Vancouver Island I am aware of the need for more funding for experimental drug trials in our area. Personally I am greatly distressed that people with AIDS on Victoria and Vancouver Island are unable to participate in ethical research. (Notice the use of the pronoun "I" not "We," and the adverb "personally"). While you do not need permission to write such a letter it is a good idea to review it with A.V.I. staff before hand, checking for possible inaccuracies or other political pitfalls. There are too many different possibilities to list here. If you have any doubts or questions, please discuss them with Nairn Hollott, our Education Co-ordinator.

Poetry Pause

*AIDS is among us ...it's a very big wave.
Intimate sanity, assuredly, is hard to behave.
Whatever your bent, whatever the trend,
keep yourself covered from beginning to end.
-Anonymous*

Call for Submissions: Canadian Women and AIDS

Les Editions Communiqu'Elles, a Montreal-based feminist publishing house, is now seeking submissions for an anthology to be entitled "Canadian Women and AIDS: Beyond the Statistics."

We will consider scholarly articles, research papers, fiction, poetry, personal testimonies and interviews from HIV-positive women and women with AIDS, caregivers, relatives, lovers and relatives of HIV-positive women and women with AIDS, researchers, social scientists, sex workers and activists. The book will be divided into sections on research, reflection and action.

Topics can include but are not limited to:

The politics of women and AIDS -- Differences between AIDS in women and in men -- Women, AIDS and IV drug use -- Living with AIDS -- Ethical issues involving AIDS in women -- Poetry: the economic effects of AIDS -- Safe sex for heterosexual and bisexual women and lesbians -- Caregiving -- Feminist issues -- Sex Workers and the AIDS epidemic -- The epidemiology of women and AIDS in Canada and elsewhere -- Social and psychological issues -- Sex education -- Violence against women and power dimensions in relationships between the sexes in the battle against AIDS in women -- Young women and AIDS.

The deadline for all submissions is September 1, 1990, but potential contributors are strongly advised to send material before that date. Contributions can be in either English or French; articles will be printed in their original language with a summary provided in the other language. Depending on funding, contributors will be paid. A national advisory committee will oversee the selection process.

The intended schedule will see the book launched on December 1, 1990, to coincide with International AIDS Day, which this year will focus on Women and AIDS.

Please forward submissions to Jacquie Manthorne, Editor, Les Editions Communiqu'elles, 3585 St-Urbain, Montreal, Quebec, H2X 2N6, or FAX them to (514) 844-1761.

The Oral Alpha-Interferon Trials

As promised last month in the Update the results of the first clinical trials in New York of the controversial lozenge/wafer treatment were to be covered. Those results were not published as yet at press-time. They are expected in the July journal we are seeking for reference from the 'Anti-HIV Testing, Evaluation and Counselling Clinic' (ATEC)/Division of STD Control/Vancouver.

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AIDS in Argentina

UFMCC (The Universal Fellowship of Metropolitan Community Churches) Founder and Moderator, Rev. Elder Troy D. Perry, visited MCC in Buenos Aires, Argentina, May 4 -14, and returned with a passionate concern for the plight of people with AIDS in Argentina.

HIV is spreading at an alarming rate. Women are becoming infected through unsterilized instruments during gynaecological exams. Education to prevent the spread of HIV is practically nonexistent. Needles and medical instruments are routinely used over and over without sterilization.

HIV infection is rampant among the poor; tuberculosis is epidemic, as well as an insect bite fever. The needles for treatment of these and other illnesses are used repeatedly, and thus, HIV is spread through the treatment of other diseases.

During his visit, Rev. Perry met with the President of the Human Rights Organization, a Disciples of Christ Pastor. The organization persuaded the police to test juvenile delinquents age 8 - 14 for HIV infection. Fifty-two percent tested positive.

The government-run hospitals do not screen blood. Argentina has socialized medicine, and with the government bankrupt, AIDS treatment is not funded. There are only three hospitals in Argentina with AIDS wards, and they are all in Buenos Aires. Anyone who is HIV+ is not admitted to any other hospital in the country.

AIDS wards typically have trash all over them, because hospital personnel won't go in the wards. Most doctors and nurses are even afraid of entering the AIDS wards. No surgeon in the country will operate on a person with HIV. Only one hospital will remove teeth for HIV+ people. The government will not pay for AZT or aerosolized pentamidine. As a result of all of these problems, life expectancy for the HIV population is extremely short.

Prisoners who test HIV+ are kept in jail, even if they are due for parole, until they die. Anyone arrested who is HIV+ is never tried, for the trial is put off until after their death. These methods provide the government with an unofficial quarantine procedure.

The pastor of MCC, Robert Gonzales, is the first spiritual leader known to be gay in Argentina. Besides serving on the Board of the only AIDS agency not run by the government, he is chaplain in a private hospital which treats people with AIDS. Perry reports, "Roberto provides the only positive spiritual approach available."

The impact of HIV on MCC Buenos Aires has been enormous. One member told Rev. Perry that most of his friends are among "The Disappeared." Lesbian and Gay men were among the first to "disappear" in an earlier regime. Now many others are disappearing because of AIDS.

One member of MCC who volunteered to work in a hospital AIDS ward was sent to a psychiatrist for being suicidal.

Another member, the pastor's roommate, was the first person on Argentinian TV to be openly identified as a person with AIDS. While Roberto was at General Conference, this roommate was tied to a chair in their apartment and murdered, his throat cut and his body stabbed repeatedly.

Reprint from UFMCC's JULY 1990 "ALERT."



Mayor will investigate AIDS-list complaints

VANCOUVER - Mayor Gordon Campbell says he will investigate complaints that Vancouver police are collecting information about street people suspected of carrying the AIDS virus.

"If it is going on, I don't think it should be going on, but I'll ask the chief about it," Campbell said. He said he would raise the issue at the police board meeting this week.

In letters sent to Campbell and federal Privacy Commissioner Alan Leadbetter, the B.C. AIDS Network asks for an explanation of reports that photographs of people suspected of being HIV positive are kept on a bulletin board in the squad room at the downtown police station.

The letters also say the network has learned the identities of AIDS virus carriers and those names are being sent out nationally via the Canadian Police Information Centre, a computer network accessible to police and other agencies. A Vancouver police spokesman said police have no knowledge of the letters and declined to comment.

"I'm not aware of any letter to the mayor of the police collecting information on people with AIDS," said Constable

Bob Cooper.

David Lewis of the Vancouver Persons with AIDS Coalition said his organization has received information about the police collecting data and keeping track of suspected AIDS carriers.

"To me it shows that there is this warped priority," Lewis said. "People with AIDS are not being sought out to be given help, assistance or moral support but for a completely different agenda. I don't think the government or police have any place doing this."

Both the New Democratic Party health critic and the B.C. Civil Liberties Association said they wanted the matter investigated.

"What we would like to know is whether it's true and what the police rationale is behind it," association vice-president Phil Bryden said. "On the face of it, it seems like it would be confidential medical information."

NDP health critic Tom Perry said he was not aware of the letters being sent, but said he would like a full report on the allegations.

He said the public will be more reluctant to get tested if people fear being reported.

Reprint from the July 25, 1990 TIMES-COLONIST and THE CANADIAN PRESS.

Boyle's Truism

"One who has a clear conscience has a foggy memory."

"Look 'em up and Lock 'em up"

Quarantine still on Government Agendas

It's been some time since we last heard from Ontario's chief medical officer of health (MOH) and his proposal to quarantine people accused of wilfully spreading HIV infection (the virus believed to cause AIDS). Dr. Richard Schabas has called for the reclassification of HIV infection as a virulent disease, which would give himself and other MOHs enormous powers.

Schabas's plan surfaced last January when he presented it to provincial health minister Elinor Caplan. She referred it to the Ontario AIDS Advisory Committee for a recommendation. The scheme has since been endorsed by Toronto MOH Dr. Perry Kendall. Now Kendall is looking for support from City Hall. With Toronto's backing, the quarantine proposal would have an easier time at the provincial level.

But before it can receive Toronto's blessing, its supporters will have to manoeuvre it through the city's bureaucracy. The first opportunity for public input was to come April 9, 1991 at a meeting of the Toronto Board of Health. AIDS Action Now, The AIDS Committee of Toronto, Hassle Free Clinic and Casey House have prepared a joint submission to the subcommittee. It outlines the many problems and

Charter-of-Rights violations represented in the grab for power by the MOH. The submission also points out that powers already exist to allow the effective handling of a person who might purposely spread HIV infection.

Under the Schabas proposal, any MOH could bring an HIV-positive person accused of having unsafe sex to trial in a provincial offenses court, where the requirements of proof are less stringent than in a regular criminal court. If convicted, the accused could be detained for up to four months in a hospital. The four-month sentence could be renewed indefinitely.

One of the dangers in the quarantine proposal is that the definition of unsafe sex is left to MOHs. In January, Schabas went on record as regarding fucking, even with a condom, as unsafe.

If enacted, this proposal would discourage people from taking the HIV antibody test, since it would subject those known to be HIV-positive to the whims of MOHs.

If the AIDS Subcommittee approves the Schabas proposal, the next opportunity to stop it will be the next Board of Health meeting, set for April 19, 1991 at City Hall. After that, depending on the outcome, the whole thing could be dumped in the lap of City Council before the end of the month.

Meanwhile, at the provincial level, the Ontario AIDS Advisory Committee will discuss HIV reclassification on April 26, 1991. The MOHs hope that, armed with the endorsements of the Toronto Board of Health and the Ontario AIDS Advisory Committee, they will be able to persuade health minister Caplan to reclassify HIV infection and open the door to quarantine in Ontario.

AIDS Action Now plans to respond to these meetings, depending on their outcomes. Stay tuned.

Reprinted from AIDS Reginal/Summer 1990 (Volume 5:5)

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.

Oral Alpha-Interferon Update

Over 300 people are now taking liquid oral alpha-interferon in Florida, according to Lenny Kaplan of the PWA Health Alliance in Fort Lauderdale. Kaplan told the Native (NY Native) that he expected that, within the next few months, a thousand patients would be taking the drug, which has been touted by Kenyan researchers as a veritable cure for AIDS. Some of the Florida patients have been on oral interferon for five weeks. Kaplan said that preliminary anecdotes were very promising, but not quite as dramatic as the Kenyan results. He told the Native that "KS dropped off one patient," and that another patient's T-cells rose from 200 to

900 in the course of the treatment. Kaplan also told the Native that some patients report that both thrush and hairy leucoplakia have vanished.

Kaplan told the Native that information on the changes in the immune systems of 50 of the patients will be available within two weeks.

Kaplan refused to tell the Native where the group obtained the oral alpha interferon.

-Reprint from the NY Native/June 1990.

AIDS Drug linked to Deaths

Is a drug designed to stem the ravages of AIDS actually doing the opposite and leading to patients' deaths? Scientists are investigating. Dideoxyinosine (DDI), which is being used in experimental programs, is suspected of causing a pancreas ailment that is killing AIDS patients.

Of the nearly 8,000 AIDS patients involved in a federally approved DDI program, five have died from pancreatitis, an inflammation of the pancreas. One other patient, who was participating in a separate trial of DDI, has also died from the disease.

Scientists are investigating the link between the deaths and DDI. But Bristol-Myers Squibb Co., the drug's manufacturer, points out that the 8,000 subjects were already in the advanced stages of AIDS when they entered the program and of those 290 have died.

From MEN'S FITNESS magazine/July 1990

HIV and UV

The following were selected and edited by Chuck, who assumes sole responsibility for their accuracy.

The 'guerilla clinic' movement, best known for its interest in DNCB as a possible AIDS treatment, has collected and distributed evidence that sunlight or other ultraviolet light might stimulate the growth of HIV and be harmful to persons with HIV infection. Now a laboratory study, published May 5, 1988 in NATURE, greatly increases the concern.

It has long been known that ultraviolet light can damage or suppress the Langerhans cells of the skin. These cells are an important part of the immune system, and have recently become a focus for intensive research on AIDS.

Researchers at the Centres for Disease Control have found the onset of AIDS, as well as almost all opportunistic infections, peak in the summer, when ultraviolet exposure from sunlight is highest.

The recent article in NATURE reported that ultraviolet light increased the activity of HIV genes as much as 150 times in laboratory tests (an unrelated virus, tested as a control, showed little or no such effect). Exposure to half an hour of direct sunlight increased the HIV activity 12 times. HIV is known to infect Langerhans cells in the skin, which are exposed to ultraviolet light from the sun and other sources. We asked two AIDS-knowledgeable physicians what they knew about the dangers of sunlight to persons with AIDS,

ARC, or asymptomatic HIV infection. Neither had seen the NATURE article; both urged normal caution. One warned especially that a number of drugs used by persons with AIDS make the skin much more sensitive to the sun than usual. Comments from Chuck: Recently researchers have established that excessive sunlight can both activate HIV and cause the rate of HIV-replication in your blood to increase as much as 100-fold. Sun-lovers beware!

Reprint from the Vancouver PWA Coalition newsletter - April/May 1989 and AIDS Treatment News - June 1988.

Quotation Corner

*"People travel to wonder at the
height of the mountains...
the long courses of rivers...
the huge waves of the sea...
the vast compass of the ocean...
and the circular motion of the
stars...*

*and they pass by themselves
without wondering."*

St. Augustine

354 A.D. - 430 A.D.

Treatment News

The Power of Mega - C

The following is an article from the April 1990 (Issue #35) Vancouver PWA Society newsletter, written by Roderick P. (one of it's members)

I am now 5 years officially, and 7 years unofficially, asymptomatic HIV+. People often say I've never looked better. I haven't ever felt better. This is not to boast, but to underline the major credit that goes to megadoses of vitamin C in a holistic program emphasizing nutrition and healing. HIV is a vibration of fear, ignorance and especially deficiency, particularly in the body. It must be addressed by the converse: love, knowledge and superior nutritional awareness. Vitamin C has a very low toxicity factor on the one hand, and is one of the most potent anti-viral agents known to man on the other. It's completely natural. It's cheap. It works for as long as it's taken (indefinitely). It's the perfect answer to expensive toxic drugs of questionably therapeutic value and limited duration.

Vitamin C is also one of the most effective anti-oxidants available in the arsenal of nutritional supplementation. Vitamin C, and also E, neutralize oxygen singlets, of free radicals. All degenerative diseases, and the aging process itself, are accompanied by the destructive action of free radical oxygen molecules in the system. Their elimination is a key factor to health and longevity, especially in today's world.

Perhaps in a pollution free environment man's early diet may have afforded 250mg per day and been sufficient. However, Vitamin C is used by the body liberally in its fight to purify the body of deliberate, careless or inadvertent exposure to immune-suppressive domestic and industrial toxins including: exhaust gases, chlorine in the water, smoking anything, drugs (prescription or non-prescription), alcohol and caffeine, to name a few. In general our bodies need for vitamin C has climbed dramatically because of life style changes since the beginning of the century. It's consumed very rapidly in the case of shock, injury, or just ordinary, everyday stress. In light of modern factors, four grams (4000mg) of C a day, or just one teaspoon of calcium ascorbate powder, would be considered as just a maintenance dosage for the average person. Nothing special. Dosages have been given orally up to 100 grams a day.

Vitamin C is water soluble and stays in the system for four to six hours only. To maintain a constant supply to the bloodstream one would have a teaspoon every six hours or more. Side effects can include gas (a positive sign of detoxication) and eventually the vitamin C 'flush,' or diarrhea at high levels. It's the body's way of eliminating excess vitamin C it cannot use. The vitamin C flush, or burn, is harmless.

Vitamin C can buy the most valuable thing of all -- time. It is a potent immune enhancer. It has been used to treat a long list of ailments including: alcoholism, high cholesterol, diabetes, hypertension, hypoglycemia, varicose veins, colitis, insomnia, schizophrenia, shingles (herpes zoster), vision and focus disorders, adrenal exhaustion, swollen lymph glands, headache, cirrhosis of the liver, the common cold, arthritis and rheumatism, peptic ulcers, cancer and stroke (pp. 48 - 49, Nutrition Almanac). I am cured myself of a lifelong bout with depression that no doctor was able to alleviate or even diagnose, and no drug was able to address. Vitamin C has that power. By itself it can carry a mighty burden of toxicity in the body, purify the blood and help to quell viral activity. It helps to have also a non-self-destructive life style, other important nutritional supplements, knowledge and love, especially for yourself.

Dr. Ian Brighthope's work with his AIDS patients in Australia has been documented in his book "The AIDS Fighter." He uses nutritional supplementation. Vitamin C always comes first with his approach. Also, Jason Serinus, editor of "Psycho-Immunity and the Healing Process" mentions vitamin C as the one factor that he thinks definitely changed the course of his health. HIV+ persons who take their health seriously should be aware of these wonderful books.

I have talked to people who have discontinued vitamin C because "It didn't do anything." With C it's not always what you feel, but what you don't feel - symptoms - that count. Vitamin C therapy should be given a six month minimum trial run. In that six months your body is making all sorts of changes and adjustments with the muscle and benign protection of C. Just as it takes time to lay the foundations for the destruction of the immune system, it

takes time to reconstruct and fortify a compromised system. Vitamin C can buy you that time. It's a shame to go off it for its slightly bitter taste or because of gas. Genuine sensitivity to vitamin C can be overcome by increasing doses from a low amount.

If you have not been as aware as you should about the power of C, or in general what a nutritional supplementation program can do for you - get crackin'. Reading is your best and biggest ally. But not everyone likes reading, so let me add that saying here, "Without zinc and selenium you don't have an immune system." Those minerals in a package deal with vitamins B complex, C and E form the nucleus of a nutritional supplementation program that can put you in the driver's seat of stable health and wellness. It follows that one can live peaceably with HIV, and not trigger or invite the downward spiral of immune self-destruction. There is so much that can be done.



Support: "When a Lover has AIDS"

The following is a new feature of "The Update" beginning this month. It is based on excerpts from "Counselling in HIV Infection and AIDS" by Kubler-Ross, and is presented to offer assistance in understanding, and guidance in coping, to those that find a need for it.

At no time has our ability to pull together as a community been tested so severely as in response to the AIDS epidemic. Far from allowing this crisis to divide us, we've provided one another with both emotional and practical support. Gay men, lesbians, and people with AIDS have lobbied for funding, pressed for an acceleration of drug testing, sensitized the medical profession, volunteered for research studies,

and countered AIDS-related discrimination. We've developed a model for education that other communities at risk have adopted to combat the spread of this syndrome.

Response to Life-Threatening Illness

Kubler-Ross identifies five stages that people often experience in response to life-threatening illness, which can help us understand a loved one's reaction to HIV infection.

1. Denial (or what may be seen as "selective attention")
2. Bargaining
3. Depression
4. Anger
5. Acceptance

It is important to see these reactions as descriptive of how people often respond, and not as a prescription for what you're supposed to experience at any particular moment. But it can be reassuring to know that others have similar feelings and you're not alone in your response. With this in mind, let's look at these stages and see how they fit your own experience.

1. Denial, or Selective Attention

The concept of denial describes the difficulty we have comprehending the implications of life-threatening illness and imagining nonexistence. Though many men suspect they've been infected with HIV for a long time, it can still be quite a shock to have this confirmed through a positive antibody test or the diagnosis of an opportunistic infection. Denial refers to the sense of unreality that many people respond with sorrow, and reach out to others immediately. But you may feel numb, as though nothing has really happened. You think you should be feeling more than you actually are, but the enormity of this revelation hasn't really sunk in.

The word "denial" has a negative connotation, as if we weren't facing up to reality. Certainly there are forms of denial that can be destructive, such as the denial of alcoholics. Gay men who continue with high-risk sexual behaviour are probably in denial about their vulnerability to AIDS. But in response to a life-threatening illness, this initial reaction enables you to continue functioning and take care of yourself as the news gradually filters through.

Denial can also be seen as selective attention. Men who are antibody positive often live for years without symptoms. There are men with HIV infection who continue to work and whose condition has stabilized. Some men choose not to dwell on the possibility of worsening illness, and instead see themselves as "living with AIDS" as long and as well as they can. This determination to get on with life has been linked with improved immune functioning in the early stages of HIV infection.

2. Bargaining

The notion behind bargaining is that you want to make some sort of deal (with fate, God, or the universe) to stave off the implications of a serious illness. You hope that by getting some exercise, eating better, and cutting out cigarettes and alcohol you'll build up your immune system. Aside from the obvious benefits of a healthier lifestyle, there is some

evidence to suggest that exercise can stimulate immune functioning.

3. Depression

A loved one with AIDS may become withdrawn and apathetic. He may wonder what's the point in trying anything when nothing he does seems to make any difference in his health or how he feels. The loss of familiar roles, such as being able to work or seeing oneself as young, strong, and physically attractive, can also lead to depression. Fatigue from the illness and from reactions to medication may contribute to social isolation.

4. Anger

A person with AIDS may get in touch with intense feelings of bitterness toward the unfairness and devastation of coming down with a life-threatening illness in the prime of his life. He may be angry at others who are well, enraged at whoever exposed him to this disease, and despise the government for doing so little. Internalized homophobia may resurface in the form of guilt and anger toward himself over past sexual behaviour. Yet anger may also help bring him out of depression. Many persons with AIDS have been able to mobilize their anger to challenge the slow pace of research, inadequate drug trials, and lack of funding.

5. Acceptance

Acceptance can refer to a number of aspects: someone can accept that he actually has AIDS (or is antibody positive) while still doing whatever he can to maintain his health. If he develops AIDS and over time his condition worsens, he may also acknowledge the possibility of dying. For some men, being able to talk about dying is a relief -- they're no longer trying to protect loved ones from their own thoughts or fears. Others prefer to focus on what they've always enjoyed doing with friends, and don't want to dwell on the possibility of dying. There's no reason to push anyone toward acceptance as some final stage.

Many men have found a great deal of meaning in their lives during the course of their illness, and a lot of this has to do with the quality of their relationships. They've inspired many of us to examine our own priorities and appreciate each day of our lives.

Next Month: "Reactions of the Partner"

Helpline Queries

Concerns to our Helpline are numerous and far ranging. The most commonly asked questions are now answered for you here each month in the UPDATE.

If I use a condom does that mean I'll never get AIDS?

Using a condom during anal sex, vaginal sex and oral sex greatly reduces your risk of HIV infection, other STDs and pregnancy! It is important that you learn how to use a condom properly, as condom failure is usually due to improper use. Condoms rarely fail because of manufacturers defects. Check out "Consumer Reports" article on Condoms - March 1989 (available from the Public Library). Or drop into our office to view our reports on file in the A.V.I.

library, Suite 106, 1175 Cook Street.

"Condom Tips"...

1. Only use latex condoms - natural skin condoms don't prevent HIV transmission.
2. Check the date on the condom package. Latex is a synthetic material, it usually has about a 3 to 4 year shelf life.
3. Be careful when you open the package and put it on. It's fragile, so watch rings, fingernails, etc.
4. Pinch the reservoir tip or top half inch of the condom before rolling it on an erect penis. This provides space for the semen after ejaculation.
5. Roll on and lubricate using a water based lube like K-Y Gel. Don't use oil based products like vaseline or margarine, as they weaken the latex and may cause it to break.
6. After ejaculation, hold onto the rim at the base of the penis and pull out.
7. Take the condom off and throw it away. Don't reuse a condom.

NOTE:

Also remember that practice makes perfect, so try them alone before you try them with a partner. Try different brands until you find one that "YOU" like. For those that aren't aware, condoms are all different and just until recently (this year) the condom industry is launching the new "designer condoms" (thin, tasteless and odorless (and available in new larger formats by some companies)). Under various names these condoms are amazingly comfortable.

You owe it to yourself to go for a "test ride." I guarantee you'll be pleasantly surprised!

For more answers to questions that concern you, contact the AIDS Vancouver Island Helpline at 384-4554.

Volunteer Leadership Development Program

The VLDP is a series of five workshop modules to help make the board of any non-profit organization the best it can be. The VLDP is a flexible, comprehensive program designed to help non-profit organizations work more effectively. It is designed to help community leaders better assume their roles as board members, to clarify volunteer and staff roles, and to pave the way for better partnership within the organization.

There are three programs for these workshops:

1. "NEEDS SURVEY" is an "appetizer" program to assist your staff and board members analyze the efficiency of your operation, identify problem areas within your organization and decide which VLDP workshops would best benefit your organization.

COST: \$25.00 per organization.

2. "CLOSED WORKSHOPS" are customized solely for

your organization and concentrate on specific areas to help ensure a more efficient operation and allows your staff and board members to work as a team toward a mutual goal.

COST: \$100.00 for the first 10 people (\$5.00 for each additional person).

3. "OPEN WORKSHOPS" are open to staff and board members of 'all' non-profit organizations in the community and offer a chance to network with other non-profit organizations and enables participants the chance to acquire and share valuable information with his/her organization.

COST: \$10.00 per person.

The Workshops:

ESSENTIALS OF SUCCESSFUL BOARDS:

Identifies the core responsibilities of a volunteer policy-making board and prepares the board and its individual members to develop the organizational skills necessary to carry out their organization's mission.

PLANNING:

Emphasizes how the planning process is critical to ensuring a non-profit organization's short and long range viability. This workshop explores the importance and usefulness of evaluation as part of the planning process.

OPERATIONAL STRATEGIES:

For Boards, builds understanding of activities that enable boards to fulfil their functions. Such activities include managing meetings and creating a climate in which board and staff members can work effectively.

MARKETING:

Marketing presents an overview of the field of marketing, defining the marketing mix and illustrating how board, staff and program volunteers can develop and implement a marketing plan for their non-profit organization.

PUBLIC AND COMMUNITY RELATIONS:

Provides a framework for action through which an organization can communicate effectively with the community. The workshop examines how to use advertising, advocacy, networking and recognition techniques more effectively.

FINANCIAL DECISION MAKING:

Defines the financial responsibilities of a non-profit organization's board of directors and outlines ways that members can fulfil their fiduciary duties. This workshop emphasizes the principles and mechanics of financial planning and evaluation.

FUNDRAISING:

Discusses the role of philanthropy in non-profit organizations; the importance of diversified funding bases; fundraising options; strategies and techniques; board and staff roles in regard to fundraising; and, how to develop written resource development plans.

Scheduled dates and times for these workshops will be printed in future A.V.I. UPDATES. If you would like to pre-register for a workshop, contact THE UNITED WAY at 385-6708.

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5	6 HIV & PWA Support Group 7:30pm 	7	8 Family, Friends & Lovers Support Group 7:30 pm 923 Burdett	9	10 Business Meeting 3:00pm	11
12	13 HIV & PWA Support Group 7:30pm 	14	15 Family, Friends & Lovers Support Group 7:30 pm 923 Burdett	16	17 Business Meeting 3:00pm	18
19	20 HIV & PWA Support Group 7:30pm 	21 Board Meeting 7:30pm	22 Family, Friends & Lovers Support Group 7:30 pm 923 Burdett	23	24 Business Meeting 3:00pm	25
26	27 HIV & PWA Support Group 7:30pm	28 	29 Family, Friends & Lovers Support Group 7:30 pm 923 Burdett	30 Women's Support Group 7:30pm	31 Business Meeting 3:00pm	