The Update

VANCOUVER ISLAND AIDS SOCIETY

OCTOBER 1990 VOLUME 3, NUMBER 10

The AIDS Vancouver Island Position

AIDS Vancouver Island's services to people affected by and infected with HIV or AIDS are continuing to expand. To meet the needs of our community, for your reference, here is an abbreviated overview of the services A.V.I. provides.

A.V.I. still and always will be a volunteer organization, where our most precious resources are our volunteers. We want to continue this precedent and we encourage and support any person who wants to contribute in any capacity to fight AIDS to call our coordinator of volunteers, Joanne Reid at 384-1511.

Education and Prevention:

- Trained speakers are available for any interested groups in the community (i.e. schools, professional groups, health care providers, church groups, gay groups, institutions, ministries, military service bases).

- Our resource library has available Audio and Video tapes, audiovisual equipment, books, research articles, media articles and treatment studies and reports.

- Street Outreach provides AIDS education, condoms, needle exchange and bleach and counselling.

- The Helpline provides information concerning HIV transmission, AIDS, the antibody test, safer sex info, safer IV drug use info, referrals to support, medical, legal and financial services.

Support and Advocacy:

- Trained volunteers provide peer counselling, emotional and practical support and one-to-one buddy support.

- There are support groups available for Family, Friends and Lovers; HIV+/Persons with AIDS, Women with HIV/AIDS and Volunteer training and support programs.

- Financial assistance fund to provide emergency financial assistance, and we have a client financial counselling service.

- Professional Psychotherapeutic counselling.

- Advocacy assistance is available for housing, income assistance appeals, and human rights violations.

New Blood for A.V.I.

AIDS Vancouver Island is pleased to announce the addition of two new staff members to it's service team.

Claudia Mimick, M. Ed. comes to us with an extensive background in all aspects of counselling. While her experience ranges from counselling personal concerns such as anxiety, depression and sexuality; her particular interest lies with death and dying issues. Claudia has volunteered her services with the society since February of this year and we are now delighted to announce her as a staff member.

I would also like to welcome and reintroduce you to Joanne Reid. Joanne commences working with A.V.I. as our Coordinator of Volunteers on Monday, October 1, 1990. Again, bringing an extensive background in coordinating and supervising, Joanne brings a wealth of skills and experience to A.V.I.

To both of you welcome, we look forward to working with you.

A.V.I. Press Release September 27, 1990.

The president of the Vancouver Island AIDS Society today stated that AIDS Vancouver Island (A.V.I.) does not condone unsafe activity which endangers the public health.

Mr. Frost further emphasized that the HIV status of any individual does not absolve that person of responsibility, nor

CONTENTS

READ THE FINE PRINT

The Volunteer Update is published monthly by the Vancouver Island

ssistant.

s or word-

dnesday of each

ons File in the

should it jeopardize their human rights.

In the case of the alleged unsafe sexual practices of a Victoria prostitute, Mr. Frost stated that A.V.I. supports the endeavours of the Capital Regional District Medical Health Officer, Dr. Shaun Peck, in his efforts to protect the health of the community.

AIDS Vancouver Island continues to confront Acquired Immune Deficiency Syndrome (AIDS), prevent its spread through education, support all those affected by the disease and advocate on their behalf.

The Fourth Annual AIDS Conference

Vancouver will be hosting the **4th Annual AIDS Conference** at the Hyatt Regency Hotel -- **November 4, 5 and 6, 1990.**

The program is designed for:

1) Health professionals concerned about AIDS and issues related to AIDS.

2)Educators and counsellors working with people who have AIDS, those at risk for AIDS, and their families or significant others.

The program was planned by a committee made up of each of the target professional groups. The faculty includes an extensive number of local, national and international guest speakers.

Pre-registration is required prior to October 15, 1990. Course materials cannot be guaranteed for registrations received after that date. You may register for the full program (2 1/2 days), for single days, or for half-day sessions (on Monday, November 5 or Tuesday, November 6, 1990).

For further information on the conference and workshops, contact AIDS Vancouver Island at 384-2366.

The Law and HIV/AIDS

AIDS Vancouver Island has received a grant from the Legal Services Society of B.C. to produce some informational materials on the legal aspects of AIDS and HIV. We are currently researching several topics:

-Wills, Living Wills and Power of Attorney
-Discrimination (in housing and services)
-Parents Rights and Responsibilities
-Employment and Benefits
-Welfare Rights/MSSH
-Prisoners' Rights
-Privacy Rights

If you have any questions about these topics (or other legal matters) we need to hear form you. If you have not yet seen the brief questionnaire on this issue, see David Swan in A.V.I.'s Reception Office, Suite 106 - 1175 Cook St. Please leave completed questionnaires in my file in A.V.I.'s Business Office, Suite 222 - 1175 Cook Street. If you would like to talk more about any problems or concerns you have, feel free to call me at 382-9219.

A.V.I. Speaks to Vancouver Island

The following are the 13 scheduled speaking engagements for the month of October by A.V.I.'s Education Department.

October 2 - Malaspina College: AIDS Awareness Week/Nanaimo

October 3 - Alcohol Rehabilitation Centre

October 5 - The Drug and Alcohol Rehabilitation Service (DARS)

October 10- Revenue Canada: Fundraising for the United Way

October 12- The Drug and Alcohol Rehabilitation Service (DARS)

- Sooke School District Teacher's Inservice
- The H.M.C.S. McKenzie crew members

October 16- Malaspina College: Cowichan Valley Campus/Duncan (in public forum and panel)

October 17- University of Victoria "Health Fair"

October 19- The Drug and Alcohol Rehabilitation Service (DARS)

October 20- The YW/YMCA "Health Fair"

October 25- Workshop for Parents: Dockyard

October 26- The Drug and Alcohol Rehabilitation Service (DARS)

A Letter to the Premier

The following is a communique from A.V.I. to the Premier of British Columbia, Friday, August 31, 1990.

Dear Mr. Premier

The recent incident in Vancouver involving yourself and family has caused AIDS Vancouver Island great concern. We do not condone the actions of members of the AIDS Coalition to Unleash Power (ACT-UP) last Friday evening. We do recognize the frustration experienced by those infected with Human Immuno-deficiency Virus (HIV), however, this kind of civil disobedience can only alienate the public further from issues surrounding AIDS. Public understanding

and compassion can only be achieved through positive and creative actions.

On behalf of the Board of Directors, members, staff and volunteers of AIDS Vancouver Island, I appreciate your wisdom in the manner in which you handled this unfortunate situation and sincerely regret this incident.

Yours sincerely,
VANCOUVER ISLAND AIDS SOCIETY
Li Decosas (Ms)
Executive Director

A Gracious Gift

The following is a letter to the Vancouver Men's Chorus from A.V.I., Friday, August 31, 1990.

Dear Vancouver Men's Chorus members,

Receipt of your most generous donation of $1400.00 is acknowledged, with genuine gratitude from Board of Directors and Staff of the Vancouver Island AIDS Society.

What a coincidence that this gift equals the amount our Society paid to help offset the expense the Chorus incurred when they travelled to Victoria to perform at our Benefit Concert supporting World AIDS Day, 1989. On behalf of the membership, a recommendation will be made to our Board of Directors that this gift be deposited directly to our Emergency Assistance Fund, to ensure provision of the most direct service to benefit Persons Living With HIV/AIDS.

This most charitable contribution and your continuing support of our community-based AIDS organizations is cherished by everyone associated in our common goal. The joy experienced, and gift given, at your concerts is accentuated by the awareness of the many other benefits to be harvested from your performances.

Thank you, one and all.

Yours sincerely,
VANCOUVER ISLAND AIDS SOCIETY
Arnold W. Clark, Secretary-treasurer
and the Board of Directors of A.V.I.

The United Way Campaign Kicks-off!

The 1990 United Way campaign of Greater Victoria is under way. More than 2,000 volunteers have joined the team to help the United Way meet its' goal of $3.2 million by November 16, 1990.

AIDS Vancouver Island is one of the 36 local funding recipients of the United Way. Staff, members and volunteers in all organizations are encouraged to make this the best year for the United Way by getting involved.

Let's get out there and support the United Way in any way we can!

The United Way is for all of us.

Flu Season Nears

The Capital Regional District will be having "free" Flu vaccinations in the next few weeks at 10 clinics.

The vaccine is free to seniors, residents of nursing homes and long-term care facilities, and to people with certain medical disorders, such as chronic lung or heart disease, immune-system deficiencies and kidney or metabolic disorders.

Flu shots must be taken before the flu season sets in, to allow immunity levels to build up before the virus arrives.

People who aren't eligible for free vaccination can arrange through their doctors to pay for the injection.

For information on times and locations of clinics, call the CRD office at 388-4421.

Thanksgiving Potluck

All people HIV+ and PWAs are invited to a potluck dinner, **Monday, October 8, 1990** at **4:00pm** at **Kobe's house, 990 Snowdrop Avenue.** This get together is in lieu of the regular Monday support group meeting and is hoped to be a very satisfying social gathering. A call to Kobe at 727-9985 to indicate whether you'll be in attendance would be appreciated and assist in arrangements being made for transportation. Please bring musical instruments or games to add to the festivities.

A Frank Film Presentation

A benefit showing of **"Common Threads"** will be at the Roxy Theatre, **Sunday, December 2, 1990** at **2:00pm.** Further details will be available in the November 1990 Update.

The Quilt

How much cloth does it take to hold a human soul?

A quilt is a type of blanket much loved by those of us who live in cold Northern climates. It should be large enough to cover a sleeper's bed. It should protect against the cold and drafts of a winter night, and give shelter for a long and restful sleep. When it is made by hand in the traditional

way, it should have even more significance. The pieces of cloth are often taken from old clothes and such that the maker, and often the eventual user, already knows from years of use. It is then passed down as a metaphor of the maker's caring for future users. The best quilts have history. Their warmth comes from continuity and caring and love.

The Names Project Quilt is the same in a different setting. Designs made of cloth, drawn or painted panels, and written words are sewn together with the name of a person who has died of AIDS. The choice is limited only by the maker's imagination, and the need for durability. Sometimes humorous, always moving, each panel reflects both the maker and the memory of the loved one.

Together, they make a powerful emotional statement, a visible reminder of those we loved and who are now gone.

In looking at a war memorial, we remember all those who were sacrificed in defending our land, and hope that such bloodshed will not be necessary in future. In viewing the quilt, we think of all the lives lost in battling HIV. We must continue to care and love. We must continue to struggle to find a cure.

Reprint from the AIDS Committee of London, Ontario/ July-August 1990

Video Value

The Oscar award winning **"Common Threads"** will be on sale at all "Pic-a-Flic" locations and at Rumours for $35.00, the proceeds of which will be donated to AIDS Vancouver Island. The sale will happen through "World AIDS Day" and continue for as long as demand requires.

This wonderfully moving production about **"The Quilt Project"** has come to be on sale through the thoughtfulness of Ian Abbott of "Pic-a-Fic" at the Tillicum outlet location.

Thanks go out to Ian, from all of us here at A.V.I., for the wonderful offering to everyone.

Condom Consciousness

Plans to install condom-dispensing machines in Greater Victoria's 13 secondary schools have been met with yawns from the public, according to school officials.

The overwhelming majority of teaching staff, parents and the 600-plus students at Victoria senior secondary school support the move, school trustee Peter Yorke said Wednesday.

Vic High will be the first school in the district to install condom machines in its washrooms, Yorke said.

All others are expected to follow suit by November.

The Greater Victoria school board has decided that machines will be placed in all secondary schools, provided public meetings are held beforehand to discuss the move.

"I would imagine the only way the decision would change is if there's a major negative reaction," said Yorke. "And so far that hasn't happened."

A meeting for Vic High parents drew only 20 people, which suggests either it's a non-issue or its widely supported, he said.

However, at least one resident feels condoms in schools have been dealt with in a hush-hush manner.

Saanich resident Haji Charania said a meeting to get parents' views on condoms in Mount Douglas senior secondary school was held with little notice or publicity.

As a result, only 45 people turned up, although there are 1,000 students at the school.

If more people knew about it, there might be more opposition, said Charania. He is concerned that making condoms so freely available might be interpreted as giving school-age sexual activity a blessing.

Mount Douglas principal Don Neumann said the school is doing extensive canvassing of parents through ballots that were sent out last week.

Students and teachers recently voted overwhelmingly in favor of them.

Trustee Paul MsKivett said some parents are "slightly uncomfortable at what the school is doing" and they made it clear education must accompany the vending of condoms.

Reprint from The Times Colonist/Thursday, September 27, 1990.

Refining Safer Sex

In 1983 the American Association of Physicians for Human Rights (AAPHR) developed HIV risk reduction guidelines designed to explain safe sex and to encourage people to practice it. The original guidelines, now famous for defining sexual practices as "safe", "possibly safe" and "unsafe" have undergone little formal change over the years. But new data, particularly regarding oral sex, and the public's increased sophistication requires redefinition of the guidelines' concepts of risk and sexual practice.

Several influences affected the development of the original guidelines. Researchers at the time were uncertain whether a virus caused AIDS and even less certain which "body fluids" were most likely to transmit the virus if it existed. Because of the immediate crisis, it was necessary to consider as safe only those behaviours that did not transmit any potentially infectious fluids. Thus, the guidelines were conservative, appropriately reflecting knowledge at the time

and in fact have been an effective educational and public health tool. Studies of HIV transmission have increased this knowledge and allowed for a refinement of the guidelines.

Within the categories of "no risk", "some risk" and "high risk", updated guidelines can help people decide which risks they are prepared to take and how to minimize those risks. For example, oral sex with men, without "pre-cum" or ejaculation, now seems to offer no realistic risk of HIV transmission. This article reflects further changes in the state of the knowledge of HIV transmission and offers consumers an approach that allows them to minimize risk while deciding to participate in activities not considered safe. It may help define acceptable levels of risk and suggest ways to maximize safety.

Safe Sex

Many people have decided that, because of the severity of HIV disease, there is no risk of exposure to the virus that is acceptable, and some of these individuals have chosen celibacy as a way to avoid any risk. However, risk-free sexual behaviour - that is, behaviour that may not be guaranteed safe but whose likelihood of causing transmission is on the order of being struck by lightening - is possible. Among these activities are hugging, massaging, and dry kissing. Mutual masturbation should pose no risk for people who have no significant skin rashes in places that may be exposed to their partner's semen or cervical secretions. People with conditions in which the skin is open, especially on the hands, should seek counsel from a knowledgeable physician.

Oral Sex

There continues to be concern surrounding oral sex, and a recent San Francisco AIDS Foundation survey showed a rise in the rate of oral sex since 1987 at the same time as there has been a decrease in the rate of unprotected anal sex. It has been documented that oral sex with ejaculation can result in HIV infection. While people often assume that transmission requires cuts in the mouth there is no proof that cuts are prerequisite. Although the mouth is a better barrier to infection than other membranes, HIV can be transmitted via the vagina, the male urethra, and the anus even in the absence of visible cuts to these membranes.

To reduce to the lowest possible level the risk of infection from oral sex, partners should avoid ejaculation and exposure to seminal fluid or pre-cum, although pre-cum would appear to represent a lower risk than ejaculate. New sexual partners should practice mutual masturbation to see if male partners secrete pre-cum prior to ejaculation. If pre-cum is present or if ejaculation might occur, partners should use condoms. During oral sex with women, partners may come into contact with cervical secretions and possibly blood. Therefore, it appears that this presents a greater risk than oral sex with men who do not ejaculate or secrete pre-cum. To decrease the risk of HIV transmission, partners should use a dental dam (a thin layer of latex) as a barrier.

Anal and Vaginal Intercourse

There is no way to make anal or vaginal intercourse absolutely safe, but partners can minimize the risk of transmission by correctly and consistently using latex condoms and spermicide containing nonoxynol-9. The risk to receptive partners is further lowered if insertive partners do not ejaculate and do not secrete pre-cum. Insertive partners who do not use condoms are at risk of transmission because bleeding may occur in the anus or vagina during intercourse. HIV has been transmitted to the insertive male during vaginal and anal intercourse.

Condoms are effective only if they are worn properly. They must be used from the beginning of intercourse and removed while the penis is still erect immediately after ejaculation.

Conclusion

Approaches to risk reduction may vary depending on whether partners know if they are HIV-infected or not. Uninfected monogamous partners may feel it appropriate to engage in riskier sex, but this decision should be mitigated by factors such as a potential lag in antibody development, and the possibility of dishonesty about test results or outside relationships. In cases where both partners are infected, the decision to have risky sex should be mitigated by concerns about reinfection and infection by other viruses, for example cytomegalovirus (CMV) and hepatitis B. It seems inappropriate for any risky behaviour to occur between an infected partner and an uninfected partner.

It is important that any two partners are honest with each other about their health status and that each is given an equal opportunity to participate in the decision about how much risk the couple will take. Using this standard, risk is increased when partners are intoxicated during negotiation or sexual behaviour and when one partner pressures another. There is no evidence that it is riskier to engage in truly safe sex with multiple partners than with one partner. It is clear that developing a regular relationship with one partner eliminates the need for repeated negotiations and may make continued negotiations easier.

The most important tenet is that each individual should decide his or her own limits before meeting a partner, and then discuss and stick to those limits. When this happens, people maintain control over the risks they take, and it is in this atmosphere that sexual contact may occur with no, or minimal, risk of infection.

Reprint from AIDS Regina newsletter - September 1990

Support: "When a Lover has AIDS"

The following is a new feature of "The Update" which began in our August issue with "Response to Life Threatening Illness," followed in September by "Reactions of the Partner," "Effects on you Relationship," and "Withdrawal and Contact." 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.

Conflict over Treatment

Your lover has the right to make informed decisions about his illness. At the same time, he may feel frightened and overwhelmed by the onslaught of decisions that need to be made and the invasiveness of medical procedures. If his condition worsens, he may need to be hospitalized. If he's too sick to continue working, he may be laid off, lose his health insurance, and have to apply for disability. He may want to provide himself with as much self-care as possible, and resist help even when it's needed. You might want to break through what you see as denial because of your concern. But it's important for the person who is ill to retain as much control over treatment as possible. In the following example we'll look at how Doug and Stan deal with a conflict over treatment options.

Stan was diagnosed with pneumocystis a few months ago. He was treated on an outpatient basis, and returned to work shortly after. He receives pentamidine aerosol treatments to prevent a recurrence of pneumocystis, and for the most part he has done well since then. Just lately he has had a recurrence of candida, and a skin rash.

He's been following the research on AZT and other medications, but hasn't wanted to try them, preferring to investigate alternative healing practices. At first Doug supported Stan in whatever he wanted to do, but with Stan's recent symptoms, Doug has felt increasingly anxious.

Doug: I think you'd better get on AZT.

Stan: I'm going to acupuncture this week, and I'm starting a new diet.

Doug: I don't think that's enough. Why can't you do both?

Stan: I already told you, I'm taking care of it.

Doug: You're not doing anything but going to a bunch of quacks!

Stan: Just bug off, Doug.

Stan resents Doug's judgments about alternative treatments, while Doug feels shut out. Doug realizes they're at an impasse. He backs off and acknowledges his part in escalating the argument.

Doug: All right. I shouldn't put down alternative treatments. But I'm really worried.

Stan: Well I am too. But we always end up arguing whenever we talk about treatment.

Doug: That's true. Why don't we try using those steps for resolving conflicts so we can figure out how to deal with this.

Step 1: Clarify the Conflict

1a. Say what you'd like.

Doug: I think you should go to the doctor and get evaluated for AZT.

Stan: I'd rather try alternative treatments.

1b. Distinguish desires from potential solutions

Rather than arguing, they try to identify their underlying desires. First Stan listens to Doug.

Stan: You're worried about this rash aren't you?

Doug: Yes! You hide it from me when you're not feeling well.

Stan: You don't want to be shut out.

Doug: No, I want to be included in what's happening to you.

Then Doug listens to Stan.

Stan: Everytime I say how I feel, you start in on me about AZT.

Doug: You're tired of me bugging you about AZT.

Stan: So I figure why say anything; you're only going to worry and start giving me advice.

Doug: You wish I'd just listen to how you feel, and not get on your case.

Stan: Yes! It's up to me what I want to do about it.

Doug: You want control over your own treatment.

Stan: Of course. And I don't want to be a guinea pig for some AIDS researcher.

By listening and reflecting each other's concerns, they're able to identify their underlying desires.

1c. Identify behaviours and feelings; listen and reflect.

They describe how they've each been affected by this pattern.

Doug: You want my support, which I'm willing to give, but what you do also affects me. It's hard for me to just sit by and say "Fine, whatever" when I think you're being unrealistic about your care.

Stan: I'd like to include you, but you get so upset that it's easier not to say anything.

Doug: I get more upset when you withdraw and stop talking to me.

Stan: I'd be more willing to tell you how I feel if you stopped pressuring me.

Doug: You feel pressured when I suggest other treatments? I'm just trying to express my concern.

Stan: Don't you think I'm just as concerned as you are?

It may be that Doug has been carrying the concern for both of them. But Doug's suggestions felt intrusive, so Stan would withdraw, which left Doug feeling shut out. If Doug can listen without giving advice, Stan will feel less pressured. He'll be more open to discussing treatment options with Doug. When Doug feels included in Stan's care, he's able to identify his true fears.

Doug: I'm sure diet and acupuncture can't hurt, but it makes me really nervous you're not doing anything else, especially since the candida came back.

Stan: [looking at Doug and touching his arm]: You wish you could keep me well don't you?

Doug: [choking up]: Yes. I'm so worried about what's going to happen.

Stan: [putting his arm around him}: I am too, hon. [They hold onto each other for a long while.]

Behind much of their irritation with each other is sorrow and fear at the possibility of worsening illness. The decision over treatment options may still be difficult, but because they've acknowledged their mutual concern over Stan's health, they'll be more likely to provide each other the support they need to deal with whatever complications arise in the future.

Family Involvement

Informing your family is a major decision, and it's difficult to predict their reactions. Some are immediately supportive; some are openly hostile and rejecting, associating AIDS with a lifestyle they disapprove of; and many parents are so overwhelmed that they're really incapable of responding. You may actually end up having to support them.

If they find out you're gay at the same time they learn you've been diagnosed with AIDS, they may be so devastated that it will take some time for them to comprehend what this means for their son. They may be reluctant to discuss your illness with friends or relatives, and not know where to turn for accurate information.

It helps if you've already had time to sort through your own reactions before you tell them about your diagnosis. You'll be able to inform them about the nature of the syndrome and your course of treatment, allay fears about contagion, and let them know how they can be helpful.

Some gay men are alienated from their families and don't expect much help from them. They may even prefer no to inform them of their diagnosis. You really need to gauge for yourself how much support you can expect and whether you feel ready to deal with their reactions. You may have some idea how they'll react from their response to finding out you're gay. When confronted by the seriousness of their son's illness, some parents are able to move beyond

their previous reservations about homosexuality and provide a great deal of support.

Dealing with family members who descend from all parts of the country can be stressful, both for the one who is ill and for his lover and friends. A parent who is insensitive to your relationship may attempt to take over decisions regarding care without consulting either you or your lover. Rather than seeing you partner or friends as a resource, some parents bar "nonfamily" visitors from the hospital.

Some hospitals will allow you to designate certain visitors, overruling your family's request. A "durable power of attorney for health care" is one method for designating your partner to assume medical decisions. Though no one likes to consider the possibility of your condition worsening, this is something to anticipate before you become incapacitated. This will help ensure that your wishes are respected even if your parents attempt to take over.

Your family and partner may take out their frustrations on each other, and you can end up in the middle, trying to take care of everyone else. You, your partner, or a family therapist may be able to help you and you family recognize your common concerns. Despite initial reservations, and even open hostility, many family members and partners are able to include one another in their loved one's care.

Attitudes and Beliefs

A study of long-term AIDS survivors indicates that they have dealt with the syndrome in similar ways: they accept the diagnosis and are able to talk about it, while still fighting the illness; they assert their needs and get out of stressful or unproductive situations; they take personal responsibility for their health and see their physicians as a collaborator; and they have helped others who have AIDS. Studies of other illnesses, such as cancer, also indicate that a sense of hopefulness and active participation in your own care may increase your resistance to worsening illness.

While it's tempting to conclude that anyone with AIDS should try to develop a "fighting spirit" in order to increase his chances for survival, it's useful to distinguish between correlations and causality. Though attitudes and beliefs can significantly affect one's quality of life, it may also be that long-term survivors are able to develop such a positive spirit because they have lived and dealt with AIDS over an extended period of time.

Some men respond to an AIDS diagnosis with a determination to fight the disease, while others are emotionally devastated. It takes a great deal of support to mobilize oneself to the extent outlined above. A person with AIDS need our attention and love, whether he feels optimistic or despondent. To imply that his illness is the result of a negative attitude or a failure of will can be pretty demoralizing. He's more likely to feel cared for when we're able to listen to him, without discounting either his doubts or his hopefulness.

Even the health of someone who has a positive outlook and has participated in his own care may deteriorate. Acknowledging this possibility to himself or to others won't undermine his determination to stay as well as he can; rather, it can help him avoid blaming himself if his condition worsens.

Life-threatening illness touches on our most profound beliefs about the nature of existence. Whenever a disease of mysterious origin strikes a community, all sorts of ideas spring up about what it means and how to protect ourselves. Having particular attitude or belief can help us make sense of what's happening to us and give us hope. You can support your partner's enthusiasm in fighting his illness and still be able to listen to his concerns if he feels discouraged.

Next month: "Being with a Lover While he's Dying" and "Grieving."

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.

Are oral sex and deep kissing ways of transmitting HIV?

There is no evidence to suggest that oral sex is a high risk behaviour for transmitting HIV.

However, it is advisable to avoid ejaculation into the mouth and to avoid oral sex when lesions such as herpes and ulcers are present.

Because of the very small amount of HIV found in saliva, very large amounts of saliva would need to get into the bloodstream for infection to occur. Therefore, deep kissing is thought to be a low risk behaviour for transmitting HIV.

Can I catch AIDS from donating blood?

No. You can't catch AIDS - or anything else, for that matter - from donating blood. Needles, packs, swabs, finger-pricking lancets etc. are never re-used.

For more answers to questions that concern you, contact the AIDS Vancouver Island Helpline at 384-4554, or drop into our office to view our reports, books and audio and video tape in the A.V.I. library, Suite 106-1175 Cook Street.

AIDS Vancouver Island

October 1990

S	M	T	W	T	F	S
	1 HIV & PWA Support Group 7:30pm	2	3 Family, Friends &Lovers Support Group 7:30pm 923 Burdett	4 Women's Support Group 7:30pm	5 Business Meeting 3:30pm	6
7	8 HIV & PWA Thanksgiving Potluck 4:00pm at Kobe's house 990 Snowdrop Avenue	9	10 Family, Friends & Lovers Support Group 7:30 pm 923 Burdett	11 Women's support group 7:30 pm	12 Business Meeting 3:30pm	13
14	15 HIV & PWA Support Group 7:30pm	16 Board Meeting 7:30pm	17 Family, Friends & Lovers Support Group 7:30 pm 923 Burdett	18 Women's support group 7:30 pm	19 Business Meeting 3:30pm	20
21	22 HIV & PWA Support Group 7:30pm	23	24 Family, Friends & Lovers Support Group 7:30 pm 923 Burdett	25 Women's support group 7:30 pm	26 Business Meeting 3:30pm	27
28	29 HIV & PWA Support Group 7:30pm	30	31 Family, Friends & Lovers Support Group 7:30 pm 923 Burdett			