

The Update

VANCOUVER ISLAND AIDS SOCIETY

February 1992

VOLUME 4, NUMBER 6

Poem Written by a Person with AIDS

Songs of Hope

by Michael Calvert

*I sing my songs of hope,
Songs offered up in praise,
to rid me of my sorrow
over long lost better days.*

*I sing a song of patience,
for it seems to ease the fears
of not knowing what tomorrow brings,
or how to stop the tears.*

*I sing a song of silent joy
for I've come to know my heart,
and let that show in all I do
and believe it is the start*

*Of special songs as yet unsung,
to days still far away,
of dreams I never dreamed I'd have,
of games I want to play.*

*I sing a song of loving trust
for deep inside of me,
I know there is a will to live
that since eternally...*

Reference Material
NOT FOR LOAN
AVI Resource Centre

VOLUNTEER NEWS & NEEDS NEW VOLUNTEERS

The new volunteers who finished their training in October are very welcome! The group finished training just in time for one of our busiest months on record.

In November AVI did 33 education talks for 657 people and answered 144 Helpline calls. There were also 800 business calls recorded. I think Helpline volunteers would agree we can add 10-20% on to the business calls as it's hard to record them all when things are jumping.

It's great to be part of such a vital organization and its our volunteers who make it run.

Joan Shanks

Monthly Volunteer Meeting

The first meeting of the new year saw the largest turnout yet. Our speaker was Jaine Mullally who provided us with both an educational and entertaining look at the Street Outreach program. The next meeting will be held Feb. 11 at 7:30. The guest speaker will be Joan Shanks from AVI's Education Department. She will present an update on current issues. All volunteers are welcome!

VOLUNTEERS REQUIRED

Victoria Volunteer Bureau is sponsoring their annual Volunteer Fair on Saturday, February 15, 1992. It will be held at Hillside Mall from 9:30 am - 5:30 pm. Eight volunteers are required to staff the booth in 2 hour shifts. If you are comfortable answering questions about AVI and promoting volunteerism, please call JoAnn at 384-2368 as soon as possible.

AND THE WINNERS ARE....

For submitting her time sheet for November, Clarice Rummel wins an AVI Windbreaker.

Two double passes to the Caprice Showcase Theatre in Langford go to Paul Leger, for sending in his December time sheet.

Congratulations to both of these volunteers who are graduates of the fall 1991 training session. Keep those time sheets rolling in please!

HELPLINE : 3 8 4 - 4 5 5 4

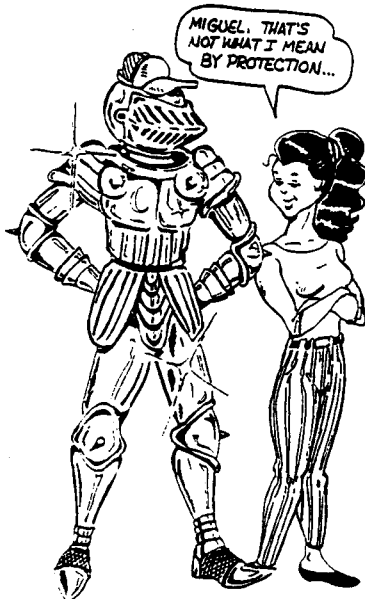
Nonoxinol-9

It has come to our attention that many people are allergic or sensitive to this drug. AVI has always promoted its use as further protection from HIV infection, because it acts anti-virally in the laboratory setting. We have always recognized that rectal membranes are sensitive to this drug but it appears vaginal tissues and skin can also be sensitive.

In fact, it is easier for HIV to enter the body through skin or membranes irritated by nonoxinol-9 than through healthy tissues.

People can test for sensitivity to this drug by placing some of a product (eg. lubricant) containing nonoxinol-9 on the inside of the wrist or elbow and leave it for 2 hours. If there is no reaction, you can use products containing nonoxinol-9 to reduce the risk of acquiring HIV infection - except on rectal membranes.

Joan Shanks, Education Coordinator



The opinion expressed in the treatment columns of the Update are not necessarily those of AIDS Vancouver Island. For more information refer to a source cited at article end.

"Foscarnet may be the treatment of choice for CMV Retinitis."

Foscarnet, a less toxic antiviral drug than ganciclovir, also has been used to treat CMV retinitis, both as initial and as maintenance therapy (Th.B. 434). Foscarnet may be effective for people who develop ganciclovir-resistant strains of CMV (Th.B. 437).

An NIH research team that evaluated foscarnet in people with non sight-threatening CMV retinitis determined that early use of the drug is more effective than delayed treatment in postponing progression of the disease (Th.B. 438). Because of its potent anti-CMV and anti-HIV activity, foscarnet may be the treatment of choice for CMV retinitis (Th.B. 438).

One small study suggests that high-dose I.V. acyclovir in combination with AZT may effectively suppress CMV retinitis in people who have already been treated successfully with ganciclovir (Th.B. 443).

(Beta Bulletin, Aug/90)



HAPPY

VALENTINES



THE UPDATE

Editor: Ellen Bielawski

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The Update is published monthly by the Vancouver Island AIDS Society. Submissions and letters to the editor are very welcome, and can be left with any staff member at AVI. #304-733 Johnson Street, Victoria, BC, V8W 3C7

Deadline is the 2nd Tuesday of each month.

Managing Your Doctor - by Michelle Roland

Introduction

Many patients find themselves dissatisfied with one or more aspects of their relationships with their health care providers. For some, the problem is the amount of time and attention they receive during office appointments or in-patient hospital visits; for others, philosophical differences in treatment approaches leave them feeling misunderstood or unsupported in their decision-making process. Still others find their symptoms undiagnosed and/or untreated for long periods of time.

In this article, I will present some suggestions about how to develop a constructive working relationship between patients and their physicians. In order to do this, I will attempt to explain how doctors are trained to think and how you, as a patient, can assist them in their thought process while having your questions answered to your satisfaction.

What Kind of Patient Are You?

The first step in a good relationship with your doctor is to identify the role you wish to play in this relationship. The next step is to find a doctor who feels comfortable working with patients in this way. In order to find such a doctor, you must know what you are looking for.

Many people with HIV infection want to work as full partners with their doctors in managing their health. For such people, frank discussions of diagnostic and treatment possibilities are very important. Others would rather have the doctor do most of the thinking about what could be included in this thought process. They would rather play a more passive role and accept the doctor's suggestions without a great deal of interaction.

This distinction is most often not as clear cut as it may sound. Many people fall somewhere in the middle, wanting to be included in the decision-making process, but not really wanting to know all of the details along the way. For these patients, brief explanations about what the doctor is looking for will suffice, followed with a more in-depth discussion of treatment options once a diagnosis has been made.

Determining which role you want to play does not mean that you need to be bound to that role irreversibly. There will be times when you want to know more or less than usual; the challenge will be in identifying those times and being able to communicate your needs to your doctor as they change. Most people, no matter how large a part they want to play in managing their health care, will at times find this role, and the

information that comes with it, very scary and threatening. The emotional impact of such information should never be minimized, no matter how active you are in your health care.

Finding the Right Doctor for You

In addition to determining how active you want to be in your health care relationship, you need to decide the general philosophical approach you think you will want to take in terms of treatments. Some people feel most comfortable following the standard of care in the medical community. At this time, that would include such suggestions as starting AZT when your T-helper cell count has fallen below 500, and prophylaxis for pneumocystis pneumonia if the count falls below 200. Most often, the standard of care includes FDA approved drugs or treatments for which there is much data supporting safety and effectiveness.

Other people want to try new treatment approaches which have not yet been proven to be effective. Some recent examples of drugs which fall into this category include compound Q and oral alpha interferon. Some patients want to try new drugs in the context of a clinical trial; others prefer to use them with only their physicians' monitoring and advice. Finding a doctor who is already participating in clinical trials or who is willing to refer you to local trials will be important for patients who want to try potentially effective new treatments in this way. Finding a doctor who is willing to either provide you with largely untested compounds, or monitor you if you get them through another source, will be important if you want to try this approach. Not all doctors feel comfortable participating in the use of unproven drugs with their patients. It is a good idea to determine your doctor's willingness to monitor and support you in this area if you think you may want to try such a drug now or in the future.

Many people may want to add non-traditional (in the Western medical model) approaches like acupuncture, Chinese herbs, homeopathy, relaxation/visualization, vitamin therapy, etc., to their health care program. Finding a doctor who is supportive of your total health care approach is important in this case. If you want to use both unproven drugs and non-traditional therapies, you should find out how your doctor feels about each of these.

Once you have determined the elements you are looking for in a doctor, you will have to talk about these issues with

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your current doctor or any new doctor you may be considering. You do have a right to have these conversations with your doctor. Realize, however, that your doctor may not be used to having this kind of discussion with his or her patients. Before launching in the details of the discussion, your doctor might be more open if you tell him or her that you want to talk about philosophy and style and arrange a time to have this discussion; this approach will allow the doctor to schedule the necessary time and prepare to switch gears from the purely medical issues with which she or he may be more comfortable to a frank discussion of partnership.

[Note that this article assumes that the patient has a high degree of privilege and accessibility to a variety of doctors from which to choose. The unfortunate reality is that in many of the public health systems and Health Maintenance Organizations (HMO), and in many geographical locations, the patient's ability to choose doctors is very limited. In such cases some of the later suggestions in this article may still be useful, although more difficult to implement.]

Time

There almost never seems to be enough time in any health care setting, whether private, clinic, HMO, or public hospital, although some of these settings are certainly worse than others. This problem will probably never be solved, but it may be helpful to think about a few of the reasons that time always seems unnecessarily limited.

In some settings, for example, in many HMOs, the doctor essentially has no control over the length of each appointment. You will often find yourself waiting for long periods of time, and feeling very frustrated. Keep in mind, however, that you are most likely waiting because the doctor spent more than the allotted time with other patients. The doctor in this situation is constantly battling conflicting needs; the need to stay on schedule so you don't have to wait too long and the need to spend "extra" time with patients who need medical or emotional attention.

A simple solution may seem to be to schedule few patients each day. While it is certainly true that some physicians have large practices for financial reasons, more often the physician is again confronted with conflicting needs: to take patients who need a doctor (good HIV doctors are in high demand), to see patients on short notice (how often do you feel frustrated by having to wait days or weeks for an appointment?) and to schedule sufficient time with each patient. In this difficult equation, appointment time is often the loser.

In spite of this pessimistic assessment of time, some physicians and offices are better than others about staying on schedule and spending sufficient time with each patient for the patient to feel that his or her needs are being met. When possible, talking to other patients who see a particular doctor is probably the best way to determine how much of a problem scheduling will be.

A final comment on time: often, a fair amount of time is spent thinking about each patient when the patient is not there. A responsible doctor reviews the chart before going in to see the patient, to refresh his or her memory about that patient's history, and then spends some time thinking about what the symptoms mean and how to approach them when they write the chart note after the patient leave. This fact may not make you feel any better cared for when the doctor seems to be rushed and not giving you the attention you want and need, but it's good to keep it in mind when you are assessing the care you are receiving. Is the care good, even if you don't feel like you are getting enough time? If so, the doctor is probably doing a good job "behind your back." If not, you may need to talk to your doctor about the time issue and other reasons you may not be getting the care you need.

How Do Doctors Think?

Doctors are trained to think in four main steps. Understanding this thought process can help you learn how to ask questions in a way that will help your doctor think better and provide you with answers to your questions.

First, the doctor takes a history, or asks questions about your current complaint and pertinent aspects of your past medical history. At this time, the doctor tends not to examine you, but rather just to talk. This may seem a little awkward, as you may want to show the doctor what it is you are describing. He or she will probably ask you to show where your discomfort is, but will not focus on the physical exam until after asking you as many questions as he or she can think of.

This may be an area where people feel cut short or ignored. The doctor is again working with conflicting needs: the need to listen to you and let you talk and the need to keep on schedule. You can help by trying to answer the doctor's questions completely but to the point, and the doctor can help by being attentive to you. Doctors are told all throughout their training that the majority of information they need to make a diagnosis will come from the history, so they should listen well.

You can also help in this area by reminding the doctor
(continued page 5)

important facts of which they may have lost track, like weight loss over an extended period of time, recent and past medication changes, adverse reactions to medications, visits to other doctors, recent lab tests or x-rays that have been ordered, etc.

Next, the doctor does a physical exam based on the information from the history. Again, this may seem awkward, because the doctor's thought process has shifted; he or she may not want to talk much while examining you. Some doctors will be able to put you more at ease during the physical by keeping up the conversation. Others may concentrate intently on the exam.

Once the doctor has collected the data from the history and physical, he or she makes an assessment, which should take the form of a differential diagnosis. This is the stage where he or she considers all the possible causes for your symptoms and physical signs found during the physical exam.

Finally, the doctor decides on a plan to determine which of the possible diagnoses is the correct one and how you should be treated.

You can play a crucial role in the last two stages: trying to figure out what is causing the problem and deciding how to treat the problem. This is the thinking that the doctor usually does in his or her own head, or while writing in your chart. If you want to be involved in the process, these are the kinds of questions you can ask: What are the possible diagnoses you are considering to explain my symptoms and physical findings? What makes you consider each of these possibilities? Is there anything else we should be considering? How will we figure out which of these possible diagnoses is the correct one? What test should be run? How invasive is each test? How expensive? How accurate? Are there some tests we should run more than once (stool samples for ova and parasites, for example)? What are the risks and benefits of each test? In what order should we do these tests? What treatments should I consider at each stage - before we have a diagnosis, and after we have it figured out?

The most important thing you can do to help your doctor think through the problem and to help you feel assured that you are getting the best possible care is to map out a plan with the doctor. What will you do first? If you cannot make a diagnosis after doing that, then what will you do? Then what? Then what? You can go through the same process with treatment possibilities once a diagnosis has been made. What are my treatment options? If I try this and it doesn't work, or the side effects are too bad, then what could I try?

Then what? Are there any other medications I can take with the treatment that might make the side effects more tolerable? What side effects should I expect?

Following Up

Chances are that you will still have questions when you leave the doctor's office or later as you think about all the information you have received. Write your questions and concerns down and bring them with you to your next appointment.

Working with an assertive patient can be threatening to even the most enlightened doctor. To soften the "threat", try to validate your doctor and to take his or her needs into considerations. Find something you like about what the doctor is doing before you jump into all your questions and concerns. Tell him or her that you'd like to talk about several issues and that you are aware there may not be time to cover all of them during this appointment. Ask how much time you do have, and if you can schedule another appointment soon to discuss the issues which are not highest priority. Make sure you know what your priorities are so you can have as many of your needs met as possible during each appointment.

Finally, ask yourself what questions you always seem to have after an appointment. What consistently frustrates you? Try to take those questions and frustrations and figure out how to talk to your doctor about them so that you can decide together how best to take care of all the parts of you.



Nina Millar Defense Fund - by Ken Libbey

Last month in the Update, I released abbreviated press releases supporting this young woman against criminal charges of aggravated sexual assault, which carry a maximum sentence of life imprisonment. When this came across on a CBC news broadcast, I became outraged! It's the second time on Vancouver Island that we have the police and society singling out a woman and blaming HER for the spread of HIV disease. Let me reiterate what I told the media - "We do not

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CONDONE anyone who knowingly spreads this disease.” However, let’s be realistic. A lot of individuals who have been tested DID NOT receive any pre or post test counselling with their diagnosis. When that happens and you are not showing any symptoms and, if you haven’t plugged into the education about this disease, you can easily think that you might not be infectious. The statistics of passing this disease from female to male is approximately 1.6% according to recent statistics of a study of 379 couples in the U.S.

But this is beside the point! What we have here are consenting adults having UNPROTECTED sex. In this AIDS epidemic (10 years later) you accept the RISKS! For 50 cents or less you buy close to 97% protection with a condom. What a small price to pay to stay alive. I certainly didn’t know about HIV when I contracted the disease probably in the early ‘70’s. Today, the media is filled with stories about HIV/AIDS (a lot sensationalized - but still providing awareness, education and lots of misinformation)!

Here we had two men obviously coerced into laying ridiculous charges of aggravated sexual assault. I say “coerced” because it is the Crown Prosecutor who ultimately determines the charge to be laid. This further supports those women who claim they live in a ‘male-dominated society’. Men, who have been charged in various parts of Canada for the same activity, have been charged with “public mischief” or for being a “public nuisance”. Where’s the justice?

I attended two preliminary court appearances in this case. I saw a very lonely, solitary woman standing in a box, having been in custody at the Burnaby Women’s Correctional facility, without any family or friends (except a boyfriend) to support her. After two preliminary hearings, this young woman has been turned down by different lawyers from taking her case. My personal observation at both preliminary hearings was that this young woman neither understood what was taking place nor did she know what her absolute rights were. She was thoroughly intimidated by the entire “so called” justice system. She was denied bail on three occasions. Finally, before Christmas a judge (an enlightened one at that) granted bail. Unfortunately, she broke bail conditions and was brought back before the judge who ruled - “She doesn’t pose any threat to the public” but she must abide by the original bail conditions. In other words, she was not put back in custody in Burnaby.

Now let’s look at the entire case and its implications for all of us who are infected by HIV disease. What would the ramifications be for each of us if she is convicted:

a. HIV/PWA’s would have to disclose status whether you

were having protected or un-protected sex with any partner. (Personally, at first I didn’t disclose because I have always practised safer sex. However, I started to feel dishonest and disclosed to partners. Disclosure meant “goodbye” mostly. Also, when you have shelves of pills, vitamins, minerals, etc. in your room, partners (to whom you haven’t disclosed) conclude you are ill and they seem to know by what!) There isn’t any such thing as SAFE SEX only SAFER SEX - think about it.

- b. Your name surely would be published in every major newspaper across Canada. Only you, the defendant, would have such an illustrious accreditation to the story. Your accuser(s) would be spared the embarrassment of being identified.
- c. Unless you have a lawyer and money, you would not get bail (depending on which judge you appeared before). Locked up and quite often in solitary confinement or isolation! How do you feel now??
- d. Could you find a lawyer who would defend you and protect your rights as a HIV/PWA?

Finally, I have had three phone calls from men indicating that if they run into this woman in a bar or on the street - they would harm/kill her without any problem! What does this tell you? The majority of responses to AVI’s stance has been supportive. However, there are still a few individuals in society who must blame everyone else for their misfortune even if they put themselves at RISK. I received a bit of criticism from HIV/PWA’s for the stance I took in this matter. I hope you understand now the consequences if these charges are upheld.

Let’s not forget that HIV disease is a health issue. It is not an issue that should be considered by the judicial system. Our Medical Health Officers have all the power they need to apprehend an individual who knowingly spreads a sexually transmitted disease. However, I do not agree with this method either! Because HIV is mainly transmitted sexually or through blood/blood products it isn’t transmitted casually. Isolation/quarantine is a power a government can easily abuse.

In closing I saw a young woman’s rights taken away by a crown prosecutor, who had very little understanding or education about HIV disease. Since we are seeing so many cases of this nature appearing before the courts, it’s essential the justice system receive education about HIV disease. Ignorance isn’t an excuse any more for anybody to infringe on the RIGHTS of a HIV/PWA man or woman.

PWA VOICES

In the last issue, Part I of the Foibles of Freddy & Reggie introduced this series. The Update will publish PWA accounts and interpretations of their lives & experiences with HIV infection in their own words. We encourage your submissions. The views expressed in PWA VOICES are those of the individual authors, NOT necessarily those of AIDS Vancouver Island.

THE FOIBLES OF FREDDY AND REGGIE:

Fred's Story and The Tyranny of the T-Cell Theory (Part 2 - continued from last month)

After four months, we got bored and cold (the mistral had begun) and we trained at the Kushi Institute as macrobiotic counsellors, returning to Toronto to manage a health food store. This was unspeakably boring and a futile lesson in humility. I got a bad case of candida, largely so that I could get out of lugging around 40lb bags of brown rice. Reggie decided to come to Lotusland to study and I, of course, joined him. Within a day I became an insomniac, panicked about the possibility of finding work with three degrees in the humanities and resurrected years of unresolved sexual guilt. In two months I was in a psychiatric hospital and was told I was psychotic (my mother could have told me that for much less than \$75,000 a year). It was a hellish experience, far more painful for all of us than AIDS. It is over, but I'm still disappointed that I'm not likely to become Pope, or even a Roman Catholic, for that matter. I left my job in April to pursue other interests and dump a heartless employer I'll call Lucretia. Since then I have exhausted myself as a volunteer with the elderly, terminally-ill and handicapped, and consequently have had PCP eight times in three months, all episodes caught early because of daily medication. (Stupidly I'd gone off my Chinese anti-bacterial herbs.) Now the theory. I have never considered AIDS to be a terminal illness but a life-long chronic disability, and ten years after infection and still writing, I hope I have some credibility with you. I do, however, consider allopathic treatments of AIDS to be lethal. AIDS is a disease of the immune system and so I do all I can to boost the immune system naturally - pharmaceuticals are unnatural and depress immunity. Although useful when necessary, but not as a daily habit.

Two years ago my T-cell count dropped to 10 and the AZT two-step started all over again. My prognosis was less than a year. One year ago, my T-cell count dropped to four and my prognosis was less than a year. At that time, I asked the specialist to give me a physical. He did, and couldn't find anything wrong with me - not even an odd swollen lymph node. He looked upset and said he saw no point in seeing me again until I was in hospital. (Quite apart from their optimism, has anyone else ever noticed how well-dressed AIDS specialists are? Reflect upon that, please.) My last

two T-cell counts have been lost - a good example of the interest BC Health has in AIDS patients. But the real problem for us is that we have bought into the shoddy bill of goods that a declining T-cell count means declining health. This is poppycock. I feel healthier now than I did four years ago when I was diagnosed because I spent the interim nurturing my body, mind and spirit. Even my general practitioner has had to accept that something other than T-cells are operating as my immune system - presumably other white blood cells, the count of which for me is normal now, after having been a bit low. I have heard of several people in North America who have T-cell counts of 0 and lead full productive lives. One even works full-time as a hairdresser in Toronto. (I added that true account to give authenticity to my thesis.)

My honest advice is not to have your T-cell count done. My experience is that when it goes up people become complacent, and when it goes down, they start making funeral arrangements. Having had two test results lost, I'll leave it at that. I don't believe in tempting fate. And why would I make major medical decisions on the basis of the count of a cell I didn't even know existed before? When I was a child, my mother never said, "Now eat your spinach, dear, you must think about your little T-cells."

So why have I been so well? I am not saying that the HIV virus does not impair the immune system. I am simply saying that it does not destroy it. (In thirty years, I may feel differently, of course.) The key to my success has been research into alternative therapies, self-discipline in following them, the love and support of Reginald and my friends and family, and a radical change in my lifestyle. I have worked harder than anyone I've ever met because I find sickness bothersome and inconvenient - except as an excuse to read and watch reruns of "Golden Girls". Watch the next issue where I will list the factors which I believe have been most important for me.

THE AIDS MEMORIAL QUILT - Vancouver 1992

It is quite likely that the AIDS Memorial Quilt will come to Vancouver later this year. In preparation for this event, I would like to start a quilting bee. Therefore I would like to extend an invitation to everybody involved with AVI who would like to help in sewing, cutting, stitching and in the making of a good cup of coffee to contact me.

Also if there is anyone who would like to have a quilt made or who would need help in making a quilt please let me know.

If anyone has fabrics, buttons, laces, threads, or other things that could be used on the quilts please don't throw them out. We might be able to use them.

Anyone wanting more information, wanting to make a quilt or wanting to help give me a call, at 727-7228 (ask for Paul or leave a message). I'm normally home in the evenings after 5 or during weekends.

Paul Leger

BAD NEWS

AIDS Vancouver Island unfortunately experienced a theft of some of its equipment. On the afternoon of Friday, January 10th, a CD player and a radio/cassette player disappeared. The CD player was a black Samsung portable model PD810 with the serial number 10800311. The cassette player was a black Sharp twincam double cassette model WQ-T222 with the serial number 906078761. Anyone with information about this disappearance is asked to notify the Victoria City Police who are working on the case. It would be opportune to remind staff and volunteers that although the offices of AIDS Vancouver Island are a secure space, certain areas are open for public use during the day. It is recommended that staff and volunteers, whilst working in the office, bear this in mind in regards to their belongings and those of AVI.

If the individual responsible for this incident has had a change of heart, the return of the items will be greatly appreciated and no further questions will be asked.

*James Austin,
Administration Coordinator*

BOOKS FROM THE LIBRARY

Joan Shanks, Education Coordinator

The Myth of Heterosexual AIDS by Michael Fremento

A critique of the politics of the AIDS epidemic. The author's effort to be scientific leads to a dry, statistical approach but makes some good arguments for changes in present initiatives. Using questionable statistics to create hysteria may lead to misdirected funding and education efforts. For readers wanting a perspective on politics and health, this book is a must read.

Poison By Prescription: The AZT Story by John Lauritsen. Forward by Peter Duesbey.

Appears to be a collection of articles, thus there is a fair amount of repetition.

Addresses the issues around fraudulent research incorporated in the "selling" of AZT as a treatment for HIV/AIDS.

It raises these questions: does HIV cause AIDS? Does AZT have any therapeutic action?

CLASSIFIED ADVERTISING

For Sale: Single boxspring/mattress/frame & Maple headboard. Good condition. Phone Ken @ 592-5586.

Living room Drop-in - 9:00 - 5:00, Mon. -- Fri. for PWA's only.

Wanted: Unemployed HIV+ person is looking for reasonably priced used automatic camera. Contact David Swan @ 384-1511.

AA/NA meetings to begin soon - contact David Swan @ 384-1511.

Healing Circle: Contact David Swan @ 384-1511

YO! all HIV+/PWAs - We have a massage therapist donating services Wednesday mornings, these are most beneficial. Come on in treat yourself - you deserve the therapy.

Wanted: Unemployed HIV+ person is looking for reasonably priced - used Automatic Camera. Contact David Swan.

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AIDS Vancouver Island is a not-for-profit community based group which provides AIDS education, support and advocacy services to Vancouver Island and the Gulf Islands. A small staff and over 100 volunteers offer the following services:

- * *trained speakers to talk to interested community groups*
- * *resource library - books, reference materials and audio/videos*
- * *Helpline - supportive, trained volunteers will listen to concerns & answer questions about AIDS & transmission of HIV; the antibody (HIV) test, safer sex; caring for people living with AIDS; referral & resource information.*
- * *Support - individual counselling by trained staff, for anyone infected or affected by HIV/AIDS; support groups; emergency financial assistance.*
- * *Advocacy*
- * *Street Outreach - AIDS/HIV prevention information; anonymous & confidential needle exchange for IV drug users; condom distribution & safer sex information for street oriented youth, adults and the agencies serving them.*

If you would like to become a member of AIDS Vancouver Island and/or if you are interested in joining our dedicated group of volunteers, please complete the form below and return it to:

AIDS Vancouver Island
#304-733 Johnson St.
Victoria, BC V8W 3C7

Yes, I am interested in becoming a member of AIDS Vancouver Island and receiving the monthly "Update" newsletter.

Membership Fee \$15.00 enclosed. Please send me more information.

Yes, I am interested in applying to volunteer with AIDS Vancouver Island. Please send me an application form.

Name _____

Address _____



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						1
2	3 HIV & PWA Support Group 7:30pm	4 Business Meeting 1:30 pm Volunteer Orientation 7:00pm - 10:00pm	5 Family, Friends & Lovers Support Group 7:30 pm 923 Burdett Helpline Meeting 5:15 pm	6	7 Living Room Committee Mtg. 1:00 pm	8
9	10 HIV & PWA Support Group 7:30pm	11 Business Meeting 1:30 pm Volunteer Meeting 7:30pm	12 Family, Friends & Lovers Support Group 7:30 pm 923 Burdett Volunteer Orientation 7:00pm - 10pm	13	 14 Valentine's Day	15 Volunteer Orientation 9:30 am - 4:00pm Volunteer Fair Hillside Mall 9:30am - 5:30pm
16 Volunteer Orientation 10am - 4pm	17 HIV & PWA Support Group 7:30pm	18 Business Meeting 1:30pm	19 Family, Friends & Lovers Support Group 7:30 pm 923 Burdett Education Meeting 5:15pm	20	21	22
23	24 HIV & PWA Support Group 7:30pm	25 Business Meeting 1:30pm Board Meeting 7:30pm	26 Family, Friends & Lovers Support Group 7:30 pm 923 Burdett	27	28	29