

# The Update

VANCOUVER ISLAND AIDS SOCIETY

MARCH 1992

VOLUME 4, NUMBER 7

## HAVE WE LEARNED FROM THE NINA MILLER CASE?

Aggravated sexual assault charges against Nina Miller of Nanaimo were dropped on February 19. Two men alleged that Miller, who is HIV+, had unprotected sex with them and that her behavior constituted sexual assault against them. AVI was one of many agencies that protested effectively against the charges; President Ken Libbey stated "as far as we are concerned, this woman's human rights have been trampled."

At the same time the charges were dropped, B.C.'s Attorney General's Ministry announced a new policy for such cases. They will be primarily dealt with under the Health Act, rather than under the Criminal Code. Health agencies and AIDS organizations support this.

Cases like this illustrate, sadly, how unaware some of the population still is about personal responsibility in sexual acts, and how easily some people proceed to harm and degrade a person who is HIV+. Although the charges against Nina Miller have been stayed, she has still suffered three months of publicity, intermittent imprisonment, and uncertainty if not fear. This because two individuals sought to blame her for their own irresponsibility.

Health officials say that staying the charges against Miller, and the government's newly stated policy, will encourage more people to be tested for HIV infection and to act responsibly. This effect of Nina Miller's case may be positive.

The most important point, however, is that all of us are responsible for our behavior and how it affects our health. What happened to Nina Miller was despicable, and should not have happened. We can only hope that safe sex is an individual responsibility.

*Ellen Bielawski*

## AVI Street Outreach

The new "home" of AVI's Street Outreach Program is a storefront office just around the corner from Rumors in what was formerly Bill's Smoke Shop at 609 Johnson Street.

Representation from other agencies such as the Birth Control Clinic and the Sexually Transmitted Disease Clinic is anticipated in a combined effort to reach as many people as possible with information relating to HIV/AIDS prevention, birth control and sexually transmitted disease as well as referrals to other agencies.

Privacy is long overdue and necessary for needle exchange contacts, and for opportunities to discuss safer sex, changing high risk behaviour, and referrals to other agencies. All of that has been difficult on the street where interruptions and distractions are frequent in the ever-changing Street scene.

Unlike AVI's other programs, the Outreach Program has not previously utilized the valuable help of volunteers. This will now be possible. Keeping in mind the differences between the two offices, training for volunteers will be varied accordingly. The Street Outreach clients have shown great interest and enthusiasm. We would like to thank Derek & Steve for their time and energy during the wee hours of Feb. 5 (Wednesday morning), helping us move the furniture from the main A.V.I. office to the new Outreach location. Thanks again guys (especially from yours truly).

*Jaine Mullally*  
Coordinator Street Outreach  
AIDS Vancouver Island

Reference Material  
NOT FOR LOAN  
AVI Resource Centre

**HELPLINE : 3 8 4 - 4 5 5 4**

## HIV+/PWA VOICE

Part I & II of the Foibles of Freddy & Reggie ran in the January and February issues of the Update. The Update will publish HIV+/PWA accounts and interpretations of their lives & experiences with HIV infection in their own words. We encourage your submissions. The views expressed in HIV+/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 III- continued from last month)

- (1) Attitude. I am going to live to be 92. Period. No arguments.
- (2) Complete change of lifestyle. My working hours are now 4 am to 10 pm. At 4 am I pray, reflect, meditate, read, perhaps write, chant, do tai chi, yoga, (when I want) physiotherapy exercises and calisthenics, I then take chinese herbs, a light breakfast, and take a ton of minerals and vitamins. Some days, I only meditate, just to be difficult.
- (3) Changes in diet: no meat, and only occasionally chicken (preferably free-range) and fish (preferably deep-sea). No sugar at all for first three years (highly immune suppressive), but now the occasional piece of Belgian chocolate! A glass or two of wine a month, but no more. Cigarettes make me want to barf. Lots of whole grains, especially organic brown rice, wholewheat bread and pasta. (Not good if you have digestive problems.) Tofu and beans, seaweed, (the last remaining unpolluted and most potent source of many minerals.) No drugs, including aspirin, unless necessary. It sounds all very joyless, but I can't stand food that is not healthy now. God has better tastebuds than Mr. Kraft did.
- (4) My treatment plan has varied. I started off with homeopathy and macrobiotics. Now I'm on traditional Chinese Herbs (the most powerful and effective thing I've tried so far except meditation) and orthomolecular medicine. Currently, my daily vitamin C dose is about 20,000 mg. If anyone is interested in my full program, I would be very pleased to provide it. It's lengthy. (Just write to "Dear Freddy", AVI Update. I also answer questions about your relationship, unexpected pregnancy, planter's, etc., etc.)
- (5) Weekly B-12 shots. Many long-term HIV patients have a B-12 deficiency and don't know it. The tests are unreliable. Symptoms are nervous system pain, difficulty walking, fatigue, personality changes and AIDS - usually increased aggression and anger. The only way to know is to get shots.
- (6) Psychotherapy. Give your immune system a break by giving your heart and mind a chance to unload on someone for whom you care. This doesn't need to be a professional, but there are advantages to using someone who has experience.
- (7) Meditation and Prayer. I meditate twice a day and hope next year to train as a meditation teacher with a view to helping people with AIDS. The physiological and psychological benefits of prayer and meditation for me have been remarkable. From having been incontinent at one point my digestion is now perfect. My thrush has cleared up entirely. Nothing else has changed in my programme and so the only thing I can credit is meditation. Many people are afraid of the word prayer. Yogananda said to think of it like

(continued on page 4)

### THE UPDATE

Editor: Ellen Bielawski

Production Editor: Isabella Luke

Editorial Committee: Terry Froud, John Hodder.

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.



## LIVING ROOM WITH A VIEW

This is a new column that will appear monthly, outlining news from the Living Room Project (The HIV+/PWA Lounge) and supplying a calendar of events for the Living Room.

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The Living Room Committee held its first meeting Friday, Feb. 7th. The group discussed current and future calendar events for our HIV+ community. The first agenda items reviewed the list of diverse services presently offered in the Living Room.

After brainstorming we realized there are a lot of great events that are possible but we need your help to make them happen. Below is a calendar of events for the next month. We have starred the new items on the calendar.

Our next Living Room committee meeting will be held Thursday, March 5th at 1:30 pm. Come and join your peers in running our Living Room.

The red binder located on the Living Room desk contains detailed schedules and services provided in the Living Room. Sign up sheets and events are listed inside. Please take a moment to review it.

PWA/HIV+ LIVINGROOM CALENDAR						
MARCH 1992						
S	M	T	W	T	F	S
1	2 HIV+/PWA Support 5:15 Movie Night 7:30	3	4 Massage 9:30-12pm	5 Peer support Drop-in 1-4pm	6	7
8	9 HIV+/PWA Support 5:15 Movie Night 7:30	10 Joe The Barber 2-5 pm	11 Massage 9:30-12pm	12 Peer support Drop-in 1-4pm	13	14
15	16 HIV+/PWA Support 5:15 Movie Night 7:30	17	18 Massage 9:30-12pm	19 Peer support Drop-in 1-4pm	20	21
22	23 HIV+/PWA Support 5:15 Movie Night 7:30	24	25 Massage 9:30-12pm	26 Peer support Drop-in 1-4pm	27	28
29	30 HIV+/PWA Support 5:15 Movie Night 7:30	31				

\* Note the change in day for haircuts - now the 2nd Tuesday of the month

\* Potential new groups. See sign up sheets in Living Room

\* Reiki - by appointment

\* Acupuncture - by appointment

\* Healing circle

(continued from page 2)

talking to your father intimately and honestly. For me, prayer is simply a moment of awareness, and acceptance that I am not self-created, and also it is an expression of thanksgiving and joy. It certainly doesn't need to be done in a church or a temple. A wood grove or a beach is probably better for us. But do it with love and sincerity, and wait. It never has failed me.

- (8) Write down on a piece of paper the following words: "anger, guilt, self-pity, why me?, hatred, and righteous indignation." Reflect upon the health-giving attributes of each one separately, and then flush the paper down the toilet. (Burn them first if you're in a septic tank.) Love heals. Helping other people heals. Self-awareness heals. Compassion and caring heal. If you don't believe it, try it. All you have to lose is your misery and suffering.
- (9) Self-Love. This continues to be a hard one for me and a definite impediment to my healing. Knowing I was gay at age three began an "us" versus "them" mindset where "us" were wrong. AIDS made it worse. You can't heal if you don't deeply love yourself and believe you are worthy of vibrant health. (This is beginning to sound like Louise Hay. Sorry.) I find hug therapy very effective.
- (10) Avoid violence in the media and in films. Ignore anything negative about AIDS. The ignorance of the media and public about AIDS is still overwhelming. Recently, a chat show aired in Hamilton and repeated on Vision TV had someone saying seriously that if someone with AIDS spit on you, you would be justified in killing him. Personally, I find this depressing and can't do anything about it - unless I ever run into this guy. In which case, I'll spit on him and run like hell.
- (11) Exercise. Do something which is not a chore. I used to work out. Now I do tai chi and yoga intermittently. Walking I find better than jogging.
- (12) Spend time in nature. Climb a mountain. In fact, sing "Climb Every Mountain." Look around at the overwhelming beauty of Creation and give thanks for the moment, because it is the only one you have. Alternatively, you could make yourself miserable by focusing on the fact that it will soon be over.
- (13) Doctors and therapists. Well, what can one say. (Look at the number I've given them!) I look at them as court advisors in Versailles. If they give me good

advice, I listen and then take other advice. If I find they've given me bad advice, (like trying to put me on AZT) well, there's always the Bastille.

- (14) AZT. Take it, of course, if you believe in it. I believed it would make me sick, and so undoubtedly it would have. Many people do well now on lower doses of AZT. Soon there will be other drugs available. For me, the bottom line is the T-cell theory that a low T-cell count means declining health leading to death. AZT increases the number of T-cells, but at what cost. As Norman Cousins put it, "the human body is the world's greatest healing machine." And I and others who have gone the drug-free route have shown this to be so. HIV+ for ten years, I have never been hospitalized and have saved BC Medical a fortune by paying for all my own medical costs. No one has thanked me. (I did get something in the mail from Rita, it was nice to have a chance to thank her.) Many of my friends are HIV+ and, like you, I have lost too many. All have struggled hard and died with dignity and grace of a disease which is so undignified. There is no reason why I should assume that I will not follow them shortly. However, I intend to continue to use as much self-discipline as I can muster to continue a programme which is working so well for me.

Love Freddy.





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.

## A DROP IN HELPER CELL COUNT!

Please don't be discouraged. Dr. Lawrence Halsey, immunologist at St. Paul's Hospital, has explained that St. Paul's Hospital recently changed its method of counting helper/suppressor cells. Apparently, this new method is more specific and meets necessary standards across Canada and the United States. So, EXPECT a drop in helper cell (T4;CD4) count of at least 17%. This new method went into effect just after Thanksgiving (October 14, 1991). The higher the count, the more dramatic will be the drop in absolute count. Previously reported normal range of helper cells was 430-1360. The new normal range is 360-1360.

What does this mean? Does it mean that as of October 14, 1991, you are actually sicker than you really thought you were, based on a lower T4 count? Clearly, IT DOES NOT!

At the recent 5th AIDS Conference I learned that a single specimen of blood, sent to the three different hospitals in San Francisco, had reported helper cell counts of 200, 400, and 700! Putting all this information together yields the obvious conclusion that the helper cell count is a somewhat arbitrary value. The concept that a count greater than 500 means health, and a count below 500 means sickness and treatment such as anti-retroviral therapy MUST be abandoned. The helper cell count is only one parameter for assessing HIV disease progression.

Many doctors in B.C. may not be aware of the recent changes for counting helper cells at St. Paul's Hospital. It may take several months for physicians and those who are HIV+ to gain experience in interpreting these "new" helper cell counts.

Richard W. Taylor M.D.

(from PWA Vancouver Newsletter Issue 52 Dec/Jan '92)



## HELPI WHAT HAPPENED TO MY HELPERS?

Dr. Richard Taylor has kindly written us a letter concerning new standardized T-4 cell testing at St. Paul's Hospital. The change put me through the roof. It took Peter from PWA Treatment Information Project twenty minutes to calm me down. Let me share.

My T-4 count on Sept. 30 was 110; 17% lower than my last count. That might not make me any sicker, but it puts me one third closer to the "50 marker gate of hell", beyond which "everyone knows" people get sick and die.

### FACTS:

1. It means that we have to get used to a new system.
2. It could mean that our T-4 counts have been exaggerated.
3. It could mean that the markers have been set too high.
4. The change might not necessarily mean that you and I are any closer than we thought we were to getting sick. It's probably like going from pounds to kilograms and getting better scales, both at once.

The lab results and the marker used in other parts of the world can't be directly applied here, anyway. The progress of this disease is different here than it is in San Francisco or New York or Uganda. We have Medicare and we have the B.C. medical community. B.C. experience with HIV is based on B.C. patients. We can expect changes in the markers, such as the one for starting antivirals. It may one day be as soon as one tests positive. Nobody wants to go back to, "Come and see me when you get sick".

If your next T-4 count has dropped by less than 17%, it could be an improvement. If it's dropped by more, it may be an actual change or a test count deviation.

We'll keep you posted, as we get more information. But, if you're worried, phone or come and talk to someone from the Treatment Info Project: Arn, Brad, Doug, Gordon, Peter, Robert or Steve.

Love, Stryker

(from PWA Vancouver Newsletter issue 52 Dec/Jan '92)

## THE PINK TRIANGLE

The Pink Triangle is the symbol which was used by Nazi Germany to identify the gay people in its concentration camps. Tens of thousands of homosexuals wore this symbol to their deaths in the gas chambers. It remains the symbol of one of history's most extreme examples of homophobia and a reminder of the need to undertake a struggle against homophobia in all its forms.

"THE RELEVANT QUESTION IS NOT WHAT MAKES HOMOSEXUALS, OR WHAT TO DO WITH THEM, BUT RATHER WHAT MAKES SOCIETY PERSECUTE THEM."<sup>1</sup>

### What is homophobia?

For too long homosexuality has been thought of as the central problem of gay men and women. In fact, the real issue for gay people is not homosexuality, but homophobia, society's fear and persecution of us:

"Homophobia is a pervasive, irrational fear of homosexuality. Homophobia includes the fear heterosexuals have of any homosexual feelings within themselves, any overt mannerisms or actions that would suggest homosexuality, and the resulting desires to suppress or stamp out homosexuality. And it also includes the self-hatred and self-denial of homosexuals who know what they are but have been taught all their lives by a heterosexual society that people like themselves are sick, sinful and criminal."<sup>2</sup>

Up until now gay people have been too apologetic in trying to establish the legitimacy of our sexuality, legitimacy on other peoples' terms. In fact homosexuality is as valid a lifestyle as any other. We see no reason to apologize for ourselves and reject the condescending pathological approach implicit in the usual questions asked about homosexuality, questions like:

What are the causes of homosexuality?

How can you tell if you are a homosexual?

Can homosexuality be cured?

The questions that really need to be asked are:

What are the causes of homophobia?

How can you tell if you are a homophobe?

Can homophobia be cured?

### What are the causes of homophobia?

Homosexuality has been practised in all societies throughout history and has been openly accepted in many cultures. The taboo on homosexuality in Western civilization has largely been the result of the wide-spread acceptance of the Judaeo-Christian ethic with its general repression of any

form of sexuality unrelated to childbearing.

Today the repression of gay sexuality is enforced through the life patterns and institutions that make up our society: family, educational system, church, government, business, media, legal, medical and psychiatric professions, all effectively combine to enforce the heterosexual model with its rigid role structures. Male supremacy, sexism, and homophobia are society's reactions to those women and men whose lifestyles challenge its confining aggressive male/passive female sex roles. Gay women challenge male supremacy in our society: by choosing to love and devote most of their energy to other women, lesbians are refusing to feed into a system where power and prestige are based on gender, and where a woman takes her status from the man she is attached to. Similarly gay men, through their disdain for the usual requirements of manhood and through their integration of attributes like warmth and emotionality that have traditionally been considered "female characteristics", belie the importance of the "masculine identity" others struggle so hard to achieve.

### How can you tell if you are a homophobe?

Homophobia like other kinds of prejudice - racism, sexism - manifests itself in many ways. Historically the routing out and murder of homosexuals during the Inquisition and in Nazi Germany have been among the most extreme forms of anti-homosexual oppression. Today there is a whole gamut of homophobic reactions - outright queer-bashing, psychiatry's attempts to "cure" the homosexual, discriminatory laws and employment practices, inability on the part of social service agencies to deal with the homosexual, the media demeaning and stereotypical images of the homosexual, pseudo-liberalism's tolerance of the homosexual so long as she or he remains invisible - all reactions from a combination of ignorance and fear.

In the face of these pervasive homophobic pressures, a gay person experiences a split between his or her natural sexual preference and what is socially acceptable. And all too often, homosexuals themselves, conditioned to think of themselves as inferior, have internalized this homophobia to the point where even self-acceptance is difficult. They accept the stigma attached by others to them without realizing they are oppressed and often see society as justified in keeping them down. This is borne out by the great numbers of gays who carefully conceal their identity and by many

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<sup>1</sup>Seidenberg, R. "The Accursed Race".

Ruitenbeck, H., ed. *Going Crazy*, p.270.

<sup>2</sup>Weinberg, G. *Society and the Healthy Homosexual*, p.5.

(continued from page 6)

others who actively seek psychiatric help to be "cured" of their homosexuality. In turn psychiatrists largely reinforce this self-oppression by treating each homosexual as a neurotic rather than as a victim of an impossible social structure.

### Can homophobia be cured?

"Homosexuality is not the disease to be studied, homophobia is, because it victimizes, twists and distorts the mental health of homosexuals and heterosexuals alike."<sup>3</sup>

As gays we are naturally concerned with combating homophobia both amongst ourselves and in the world at large. Within our own community many gays are working with each other to overcome our own homophobic history by fostering a positive self-image and by living openly as gays.

Beyond ourselves we are also trying to educate and encourage people in the community at large to recognize their own homophobia and to take some responsibility for combatting the anti-gay bias that runs through our culture and institutions. In particular social workers, psychologists and doctors, lawyers, teachers, and the clergy must examine their own conceptions of homosexuality in order to be effective in dealing with the gay people they are all in a position to come into contact with. Self-education on the part of these individuals through reading and discussion with gays, as well as improved co-operation between their services and gay organizations in matters of counselling and referral, are essential to combatting homophobia in these services. A healthy community requires an end to the conspiracy of silence about homosexuality through open discussion and confrontation of homophobia wherever it appears by gays and straights alike.

As gays our goal cannot be tolerance from straight society, tolerance as inferiors. It is a question, not of the homosexual adjusting to society's hostility, but of society learning to accept the homosexual as an equal.

<sup>3</sup>Shoemaker, E. "The homosexual in the new therapies", in *Myth of Madness*, a special issue of *Long Time Coming*, Jan./75, p.40.

(from Project Community Outreach)

I do think that spring was given to us as the time to reflect on old actions and consider new ones.

Together let's let spring be the start of the way we will be.

## VOLUNTEER NEWS & NEEDS

### MORE NEW VOLUNTEERS

January and February have been busy months for training new volunteers. Twenty-seven men and women ranging in age from 17 to the 60's completed Basic Orientation on February 16th. Helpline and Education training will be completed by March 5th. Why so many new volunteers? Well, glad you asked! We have an on-going need for people interested in joining the Education Program at AVI. The number of speaking engagements continues to grow and we cannot meet these requests unless we have more well-trained and effective volunteer speakers. Our newly organized library, with new titles arriving daily, is being utilized by the general public much more than ever before. The library is run totally by volunteers, and we need a few more to provide adequate coverage. The Helpline continually requires new volunteers who are available for 4-hour shifts during the day Monday to Friday. For those of you who would be available for evening or weekend shifts, we are hoping to expand our Helpline hours at our new Street Outreach location. Which brings us to the next area of opportunity for AVI volunteers-the Street Outreach office (see below under volunteers required.)

### Volunteers Required

Training will start soon for volunteers interested in working with street oriented youth and adults in a storefront location. All volunteers who are interested are encouraged to call JoAnn at 384-2368 as soon as possible.

### Monthly Volunteer Meeting

In February, Joan Shanks, our entertaining Education Coordinator, offered AIDS202 - Beyond the Basics! Thanks Joan for a thought provoking talk! The next meeting will be on Tuesday, March 10 at 7:30pm. We will show some new videos, including AIDS, Ethics, & Law, which showcases the acting talents of some of our volunteers. On April 14, Dr. W.G. Ghesquiere will be our guest speaker at 7:30 pm. All volunteers are welcome. Coffee, juice, and goodies, of course.

### Bouquets to our volunteers

Many thanks to the eight volunteers who staffed the table at the Volunteer Fair held on February 15, 1992 at Hillside Mall. This enabled various staff members to participate in the training sessions, which were happening simultaneously! Our sincere appreciation to those volunteers who donated their precious evening and weekend hours to put on workshops for the new volunteers. We are grateful for your time and skills!

JoAnn Reid

## BOOK NOTES

by Joan Shanks, Education Coordinator

### The Fourth Horseman

by Andrew Nikiforuk

The author provides a historical review of epidemics and plagues such as malaria, leprosy, syphilis and tuberculosis. As the title suggests these "scourges" are presented as one of the four forces which mold history; the four horsemen of the Apocalypse in the Bible's book of Revelations. The author presents the results of a good deal of research in a very readable style. The reader comes away with a new perspective of the AIDS "scourge" which is beyond the day to day struggle that many of us are caught up in.

For history buffs and those looking for a new perspective regarding the AIDS epidemic this book is an easy read.

*(contains 181 pages, cost \$25.99)*

### Book Report on "Surviving Aids"

by Michael Callen

Through his personal story and the testimonials of several long time survivors, Michael Callen confronts the pessimism that often goes hand in hand with a diagnosis of HIV infection or AIDS.

These long time survivors share their struggles and successes, and clearly demonstrate the value of taking control of one's life.

Through researching medical, holistic, spiritual, physical and psychological options then applying this knowledge to one's personal belief system, people are empowered and do live healthier, and often longer, lives.

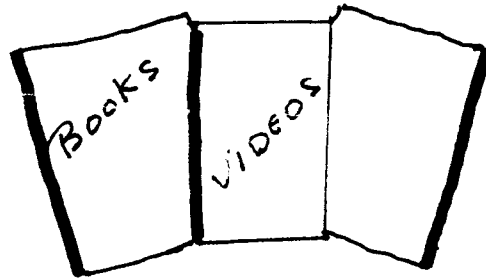
One survivor writes "I have railed against, and cursed, and challenged hopelessness wherever I have encountered it."

This book speaks of the courage that we all need to address each new day.

This book discusses macrobiotics, yoga, meditation, philosophy, religion, atheism, experimental drugs, medical limitations, a positive attitude, especially since HIV infection has become part of our lives, feelings of self worth and so much more. This book is worth reading.

Submitted by Beth E. Pengelly

*(contains 243 pages, cost \$13.50)*



### CLASSIFIED ADVERTISING

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

**Living Room Drop-in** - 9 am - 5 pm, Monday - Friday for HIV+/PWAs drop-in.

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

**YO! all HIV+/PWAs** - We have a massage therapist donating services Wednesday mornings 9:30 am - 12 pm. These are most beneficial. Come on in & treat yourself - you deserve the therapy!

**Wanted:** Golden retriever puppy for good home and companionship. Contact Raymond @ 642-2062.

**Ozone therapy** now available thru rectal insufflation. Respond to : P. O. Box 8148, Victoria, B.C., V8W 3R8 for printed material.

**REIKI:** The 2nd annual Reiki Day of Service in January was a success under the co-ordination of Leslie Wallace. Many thanks to the practitioners who have given freely of their time and skills, and to Leslie for organizing it. Special thanks to Dan for preparing and donating the yummy snacks.

We have been offered the services of a Reiki practitioner for one day a month. We need a minimum of 4 people to make this program worthwhile. If you are interested contact David Swan at 384-1511.

**WANTED:** Gay man with wide circle of friends to host a rubber wear party.

Expert entertainer from abroad (Vancouver) coming to Victoria in April to present a workshop for gay/bisexual men about eroticizing safer sex. All we need is your pad and a guest list. AVI will look after the rest.



**SOHO'S BISTRO BENEFIT**

**for**

**AIDS VANCOUVER ISLAND**

**MARCH 30, 1992**

**\$50.00 PER TICKET**

**TICKETS AVAILABLE  
AIDS VANCOUVER ISLAND**

**COCKTAILS: 6:00 PM  
DINNER: 7:15 PM  
LIVE ENTERTAINMENT**

**ART AUCTION: 9:00 PM**

**SMALL COVER CHARGE FOR AUCTION ONLY**

## STAFF

### Executive Director

*Li Decosas*

**384-2366**

### Administrative Services

*James Austin*

**384-2366**

### Program Clerk

*Isabella Luke*

**384-2366**

### Support Services

*David Swan*

**384-1511**

### Psychotherapist

*Claudia Mimick*

**384-1511**

### Street Outreach

*Jaine & Norman Mullally*

**388-6275**

**Pager#1542**

### Volunteers

*JoAnn Reid*

**384-2368**

### Education

*Joan Shanks*

**384-2368**

## AVI EXECUTIVE DIRECTORS

### PRESIDENT

*Ken Libbey*

### VICE-PRESIDENT

*Christine Morissette*

### TREASURER

*Bart Wittke*

### SECRETARY

*Gordon Comer*

## COMMITTEE CHAIRS

### *Constitution & Bylaws*

*Alison Campbell*

### *Emergency Assistance & Finance*

*Bart Wittke*

### *Inter-agency Relations*

*Ron Gent/Li Decosas*

### *Membership/Donor Services*

*Terry Froud*

### *Nominations & Personnel*

*Christine Morissette*

### *Planning & Programs*

*Andy Farquharson*

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 \_\_\_\_\_

\_\_\_\_\_



S	M	T	W	T	F	S
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