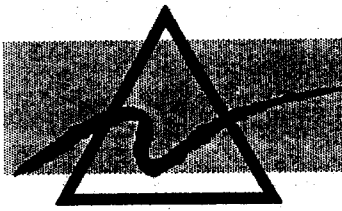


384-1511



The Update

VANCOUVER ISLAND AIDS SOCIETY

APRIL 1992

VOLUME 4, NUMBER 8

Many Words from the President

I apologize to all who read the Update, that I have not been contributing regularly. I hope you will see from this summary the numerous activities the Board and I are conducting.

I would like to share with you a lot of information which I feel is very important for you to know and understand. The Board of AIDS Vancouver Island is a "working" Board. They contribute as many hours as they can as volunteers to an organization composed of over 100 volunteers. Not only do they attend monthly Board meetings (3-4 hours minimum) but they also spend countless hours serving on various committees. Each volunteer of the Board is crucial to helping the organization meet its mandate and express its philosophy. All decisions are made in conjunction with the mandate and philosophy of the Society. This Board spends a lot of time developing policies and guidelines so that our organization can run as smoothly as possible. Certainly we make mistakes - we're only human. But for the most part, we always represents the interests of those infected and affected by HIV disease, as all volunteers have in common at AVI. It has truly been a pleasure to work with each member of the Board, as I have never been told "NO" to any request made of each of them. I have received tremendous support from each one in decisions I have made. Some of the accomplishments of your present Board include the following:

1. Further development of present facilities.
2. Establishment of the HIV/PWA Living Room.
3. Initial support of CVAN (Cowichan Valley AIDS Network) with both financial and support services.
4. The Board supported my position in the case of a woman from Nanaimo who is HIV+ and was charged with aggravated sexual assault. Our support was reported in every major newspaper across Canada which resulted in numerous interviews with various press organizations. As a result of our efforts, the Attorney-General's Department and the Honourable Colin Gableman, Attorney General issued new guidelines involving HIV infected persons. Furthermore, all charges were dropped.
5. Addressed the following issues to develop guidelines and/ or policies to reflect AVI's stance, as well as supported

the following worthwhile projects:

- a. Euthanasia - although we are an organization to provide services to the living, we recognize the individual's right to make his/her own choices. Information on this subject and the book "Final Exit" by Derek Humphrey of the Hemlock Society are available through our support program.
- b. The Seton Report (AIDS issues only) on Provincial Health Care in B.C. (a Royal Commission): at present we are determining our response concerning issues around AIDS. The Seton Report has some very controversial recommendations on mandatory testing, tracing, and so on.
- c. Board Development (a one day facilitated retreat for Board and Staff).
- d. A companion booklet to "Living with AIDS - Four Women Speak Out", called "Living with AIDS - Four Men Speak Out".
- e. Support of the Needle Exchange Project by establishing a Storefront Office called STOP where street people can access health care services, birth control information, and so on.
- f. Support of CVAN (Cowichan Valley AIDS Network) and MIAN (Mid Island AIDS Network in Nanaimo).
- g. Support and Organization of the FIRST Island AIDS Conference to address issues about HIV disease and identify what resources are available in rural communities here on the Island and the Gulf Islands.
- h. Development of the Provincial AIDS Strategy in co-operation with all current community AIDS organizations presently operating in B.C. (A complete document should be available sometime in April.)
- i. Development of a major lobbying strategy aimed at the Federal government to extend their commitment to a Canadian AIDS Strategy past March 1993. Let me assure you that each and every volunteer, member, HIV infected person, and staff member will be "hounded" to participate in this major effort.

(page 6)

Reference Material
NOT FOR LOAN
AVI Resource Centre

HELPLINE : 3 6

Editor's Note

Dear Editor,

As an A.V.I. volunteer I have been instructed in Safer Sex Guidelines. I am therefore confused about the final sentence of your editorial in the March Update: "We can only hope that safe sex is an individual responsibility."

I do not believe that reference was being made to the practices outlined in A.V.I.'s orientation manual for volunteers under the heading "Safe" in the description of sexual practices. I believe you referred to "Possibly Safe" activities, which are popularly called "Safer".

When talking with persons outside A.V.I. I have often heard the criticism that A.V.I. promotes condom use as safe. These people consider such a position to be irresponsible and misleading. I have met such criticism with the information that condom use is possibly safe, or safer, and that this is A.V.I.'s position. Your last sentence confused me.

Sincerely,
Josie Newman

Dear Ms. Newman,

You are quite correct. Two errors were printed in last month's editorial. I should have used "safer sex" in the last line of the article, which was also incorrectly printed. I wrote "We can only hope that somewhere, someone else, perhaps many people, have learned that safe sex is an individual responsibility." Thanks very much for drawing attention to my lack of precision in distinguishing between safe and safer sex, and giving me the opportunity to correct Update's misprint as well. I hope you continue to clarify A.V.I.'s information for others, too.

Ellen Bielawski

R
X

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

Pacific Region Spearheads Patient Registry

Vancouver - Providing a "quick and efficient means of identifying people who are potentially eligible for new clinical trials and treatment programs offered in British Columbia" is the raison d'être of the Pacific Region's new HIV Treatment Registry.

Project Director and Demographer Dr. Robert Hogg explains that the database is "non-normal" meaning the volunteer's name does not appear on the Registry. Rather a code is assigned to each patient by his or her physician to ensure confidentiality.

The principle of the database is simple. When a new trial begins recruiting volunteers, a quick search will pull out those who meet specific eligibility criteria. The physician is then notified as to which of his or her patients is eligible using the ID number only. The physician breaks the code and notifies each person in writing of his or her eligibility. "The decision to enter a trial still rests with the patients," Hogg emphasizes.

To date almost 300 physicians in B.C. have indicated their interest in participating in the Registry. As well, the majority of people with HIV have agreed to be included when asked by their physicians. Since start-up on January 1st more than 10% of the available volunteers have signed up. "It's been my goal to set up a Registry that is self-sustaining and that has the support of both physicians and people with HIV" Hogg says.

Interest in this kind of registry is expressed in other parts of Canada as well. The Canadian HIV Trials Network is already planning similar initiatives in other regions. "This sort of information system is necessary," says the Network's Administrator, Bob O'Neill, "if we are to succeed in making clinical trials more widely and easily accessible."

(from Network Update Jan./Feb. '92 Vol.3 #1)

THE UPDATE

Editor: Ellen Bielawski

Production Editor: Isabella Luke

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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 A.V.I. #304-753 Johnson Street, Victoria, B.C.

CANADIAN
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A United Way Member Agency



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Acyclovir: Maybe Good News-but Press confusion

Confusing and contradictory press reports, starting in London in late December and later picked up by the world press, suggested that adding acyclovir to standard AIDS treatment with AZT could reduce the AIDS death rate by half. We called a number of parties involved, including Burroughs-Wellcome (the owner of both acyclovir and AZT and Michael Youle, M.D., one of the designers of and investigators in the study, for clarification.

Little hard information is yet available--for example, although the trial has been stopped, the physicians running the trial had not been unblinded (told which patients were receiving the placebo) as of the time we went to press. The available information is also hard to interpret because a significant number of patients dropped out of the study. Researchers are working rapidly to analyze the trial, so more should be known before too long.

Dr. Youle designed an acyclovir study after he saw a report at the 1989 International Conference on AIDS, in Montreal, suggesting that high-dose acyclovir might be useful as prophylaxis for CMV (Metroka and Josefberg, 1989). He approached Burroughs-Wellcome and found that they were already planning a larger acyclovir study. The trial which took place, in Europe and Australia, enrolled a total of 280 patients; they had to have T-helper counts under 150 to enter, and most had counts under 100. Patients received either 800mg of acyclovir four times a day or a placebo.

The original endpoint of the trial was development of CMV; later, mortality was added as another endpoint (for purposes of looking for statistically significant difference between treatment and placebo groups). The trial was stopped in December 1991 because, in view of the data gathered to that point, it would have been impossible for the trial to show a statistically significant difference in CMV incidence between treatment and placebo groups. (This does not mean that there was no difference but rather that this particular trial could not determine whether there was a difference or not, which this trial had been designed to do.)

This trial administered only acyclovir or placebo, not AZT. The patients were receiving antiretroviral treatment anyway, however, with most taking AZT, and a few taking ddI. No serious toxicity of acyclovir has been seen.

This study was designed to look closely at viral culture data, including viral resistance (to AZT and perhaps to other drugs). This data, along with the survival results when they are more fully analyzed, should be the most useful results of this study.

(continued on page 7)

Health Update - Smoking and HIV

It has been reported that there is a need to take smoking into account when monitoring HIV infected individuals. More study is needed to confirm what type of relationship exists between smoking and HIV progression. There is mounting evidence that tobacco is an immuno-suppressive. Quitters have been known to have higher levels of immunoglobulin and NK (natural killer cells) cell activity. Second hand smoke and short term smoking among non-smokers does not seem to have the same immuno-suppressive effects as chronic smoking. However the effects of second hand smoke on people with chronic broncho-pulmonary disease and coronary heart disease is great, not to mention the effect of smoke filled rooms on allergic individuals and others hyper sensitive to cigarette smoke. Such rooms can have levels of carbon monoxide greater than air pollution standards.

Smoking also effects the rate of metabolism (accelerated) and the pharmacodynamics (effect within the body) of drugs used in the treatment of various disorders. This could cause toxicity to occur when smoking ceases such as when one is hospitalized or since nicotine can reduce the blood flow to the skin, absorption rates may be slowed, and lead to further complication. Overall, physicians may need to adjust doses or select different medications in patients who are cigarette smokers.

In conclusion, it must be noted that the physiology of the body is not designed to handle tobacco smoke. The effect alone on the lungs is striking. One cigarette will stop the cilia in the lungs for 20 minutes or more from performing the task of keeping the air passages free of foreign material. Cigarette smoking increases the amount of mucus produced in the bronchial tree and interferes with the uptake of oxygen in the respiratory system. This along with a decreased oxygenation in the red blood cells can only further compromise the immuno suppressed individual with HIV.

(by David C. Burke)

This article appeared in AIDS Calgary NEWS, Issue Vol. 5 No. 2, (February, 1991)

LOOK THE OTHER WAY: HETEROSEXUALS AND AIDS

by Michael MacLennan

On January 4, 1983, Don Francis, director of AIDS research at the U.S. Centres of Disease Control, met with the leaders of all American blood banks, including the Red Cross, the National Institute for Health, and the Food and Drug Administration. While 10% of haemophiliacs and many transfusion recipients were suffering AIDS symptoms, the blood bankers refused to believe that anyone could get AIDS from blood.

"How many people have to die?" shouted Francis to the blood bankers. "How many deaths do you need? Give us the threshold of death that you need in order to believe that this is happening, and we'll meet at that time and we can start doing something!"

From 1982-1985, blood bankers practised a kind of negligent homicide by refusing to admit that AIDS could be contracted through blood. Of course, blood bankers argued that screening would double the cost of blood products, and nobody wanted to reduce profits in the American blood business.

In November 1985, universal screening of North American blood products was finally established. In the interval, we lost precious time against the spread of disease. In Canada, over 300 people had contracted AIDS through transfusions; the Canadian Haemophiliac Society reported that 42% of haemophiliacs (and 80% of severe bleeders) had become infected.

Now Michael Fumento in his book The Myth of Heterosexual AIDS threatens to drag us back into the ignorance and complacency which have in the past permitted AIDS to spread. As in the case of the blood-bankers' reckless denial, Fumento believes that the government and media grossly exaggerate the threat of heterosexually transmitted AIDS.

This couldn't be further from the truth. The World Health Organization (WHO) reported November 11 that heterosexual sex has caused infection of 75 per cent of people with AIDS worldwide. The African strain, which generally transmits the heterosexual variety, is in Canada, mostly at present in Montreal. Doubtless, we have reason to fear the continued spread of HIV infection. WHO reports that each

day up to 5,000 people are infected worldwide.

In North America, the heterosexual sector of AIDS may be comparatively small -- but heterosexuals do get AIDS. The New York City Health Commission reports that AIDS is the city's leading cause of death among 25-40 year-old women. Studies conducted and cited by UBC show that in Vancouver and Victoria, 1 in 600 women between 15 - 20 carries the virus. The federal government reports that women are the fastest-growing population of AIDS cases, doubling every 18 months. WHO reports heterosexual intercourse as the fastest-growing means of infection. The numbers may still be small, as they were ten years ago with gay men and haemophiliacs -- but shouldn't we have learned the folly of "it-won't-happen-to-me" delusions by now?

So where (we lucky ones ask) are they all? Why aren't all my friends shrivelling up and dying from this horrible disease? Fumento argues that AIDS is not infecting the "general public" or "wider population" -- words which are supposed to mean you-and-me.

The media has been loath to cover AIDS unless it can discuss a threat to the so-called "general population" which is not gay, not an injected drug user, and not poor. That's why the media has become over-zealous in its portrayal of heterosexual transmission. After a decade of ignoring the disease, it has at last found an angle which isn't located in the dark underbelly of North American society.

While AIDS spreads, it increasingly affects disadvantaged Canadians. UBC's Medicine Division of Epidemiology and Biostatistics reports the following statistics: in Montreal 10-15% of regular injection drug users are HIV+. Six percent of Vancouver's aboriginal population is infected. A study of Quebec prisoners show that 5% of men and 7% of women are infected with HIV. The numbers pile up. And up.

As AIDS entrenches itself among disadvantaged groups, the illicit and the unfamiliar, it is understandable that many people find excuses to look the other way. Fumento, himself a white, middle-class man, provides us with rationalizations to do so.

(continued on page 6)

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 suppling a calendar of events for the Living Room.

Below is a calendar of events for the next month.

Our next Living Room committee meeting will be held Thursday, April 9th 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.

Starting March 31, 1992 the massage therapist will be in the Living Room Tuesday mornings rather than Wednesday.

***HELP!** The massage therapist needs clean sanitary pillows and a blanket in good condition, for use on Tuesday mornings. If you can help, please drop them off at the office. Many thanks.

PWA/HIV+ LIVING ROOM CALENDAR						
APRIL 1992						
S	M	T	W	T	F	S
			1	2 Peer support Drop-in 1-4pm	3	4
5	6 HIV+/PWA Support 5:15 Movie Night 7:30	7 Massage 9:30-12am Joe The Barber 1-4:30 pm	8 40+ Gay Men's support	9 Livingroom Committee Mtg 1 pm all welcome	10	11
12	13 HIV+/PWA Support 5:15 Movie Night 7:30	14 Massage 9:30-12am	15 40+ Gay Men's support	16 Peer support Drop-in 1-4pm	17	18
19	20 HIV+/PWA Support 5:15 No Movie	21 Massage 9:30-12am	22 40+ Gay Men's support	23 Peer support Drop-in 1-4pm	24	25
26	27 HIV+/PWA Support 5:15 Movie Night 7:30	28 Massage 9:30-12am	29 40+ Gay Men's support	30 Peer support Drop-in 1-4pm		

* 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.

(President, continued from page 1)

There are many other initiatives which the Board is considering or working on. As you can see every member of the Board has to work hard to sustain all these efforts. I'm proud of this Board.

VOLUNTEERS - I want every one of you to know I APPRECIATE each of you and your contribution to operating AIDS Vancouver Island. I love coming into the office. All of you have a welcoming smile and an excellent spirit. I know that you give as much time as possible in whatever capacity you can. If it wasn't for you - the dedicated volunteer - many HIV infected individuals wouldn't access our services. You are the front-line people who represent AVI so professionally and with special talents. You work in the office, whether it be on the Helpline or in reception. You staff displays, are buddies, do hospital visits, staff the library, educate others, promote prevention, and work on the Update. To all of you - a big hug. THANK YOU. Also, to those who work on bingos, casinos, and the many fundraising events - my sincere thanks. You have served well. Many more events are coming up and I pray that you will give of your time freely as you have been.

So let me assure all volunteers, staff and my Board members, my first eight months have been very rewarding. Certainly, we have our detractors and those who offer constructive criticism. As well we have those who deliver that "stab in the back". But as long as all of us guide ourselves according to the mandate and philosophy of the Vancouver Island AIDS Society, we are doing the necessary work to confront HIV disease.

In closing, I wish everyone Peace, Love, Health and Happiness. I look forward to the future with a lot of hope and faith that we will overcome. Once again - "THANK YOU" everyone.

Ken Libbey, President

(Michael - continued from page 4)

Nine years ago, the blood industry demanded hard facts before it reluctantly required blood screening. Unfortunately, there are many unknowns with AIDS, and it is difficult to provide solid proof on demand. As some growth curves stabilize, now is not the time to slow education campaigns and research at the same time we demand more hard facts and correct projections. How many women and men need to die from heterosexually transmitted AIDS before it's enough, before we can pay attention and pay dollars?

OF SPECIAL INTEREST TO MEMBERS MEMBERSHIP DRIVE

Our membership drive was a huge success, drawing in many people from all walks of life. Membership is the backbone of our organization, and I extend a big thank-you to everyone who worked hard to bring in a new member. The Membership Committee will be awarding prizes soon.

We are now notifying everyone whose membership has expired or will expire soon. A new system for notifying people is in place so that members will be better served.

WHY BECOME A MEMBER?

AIDS Vancouver Island is expanding in many new directions. In the coming year many changes will occur, and you can make your voice heard about AIDS care on Vancouver Island. The benefits of membership include nominating and electing board members who set policies and guide the activities of A.V.I.; access to our large resource library and services; and 12 issues of the Update.

NOMINATIONS FOR THE BOARD OF DIRECTORS

The current Directors of A.V.I. have moved the Annual General Meeting from May to September 1992, in an effort to get more people involved in the process of recruiting and electing board members. We all know that A.V.I. is only as strong as the board members who direct it. Please offer your time and support as a board member, or encourage a fellow member to run for a position on the Board of Directors. If you are interested in serving on the board, or you can suggest a member who would enrich our board, please contact the Nominations Committee. Please remember, serving on the board involves duties, responsibilities and a certain amount of time.

*Terry Froud
Chair, Membership Committee*

-article originally appeared in *Monday Magazine*
adapted by the author.

(Acyclovir - continued from page 3)

History

The idea of using acyclovir in HIV treatment, other than for its labelled use as an anti-herpes drug, is not new; AIDS TREATMENT NEWS reported on this use in Issue #83, July 14, 1989. Many papers have been published on this use of acyclovir alone, or in combination with AZT, and many physicians have used acyclovir in this way. A number of them have suggested that acyclovir might be beneficial perhaps by suppressing viruses which are harmful in themselves and which might act as cofactors which could speed the progression of HIV disease. Physicians are divided on this use of acyclovir.

What should be done now? One possibility is to use a relatively new statistical method called meta-analysis to synthesize the information from the existing studies of long-term acyclovir use in HIV treatment. The advantage of this approach is that no new study has to be done; therefore the meta-analysis can be completed much more rapidly and less expensively than the large-scale, multicenter trial which would be necessary to obtain similarly definitive results from a single study.

A meta-analysis could be particularly important if (as we suspect may be the case) acyclovir is indeed beneficial in HIV treatment, and has not been given due credit simply because each separate study, seen by itself, is nondefinitive
by John S. James

Editor's Note:

This article appeared in AIDS Treatment News, Issue 143 (January 17, 1992). Included there is a list of technical articles about acyclovir in HIV treatment.

MONTHLY VOLUNTEER MEETING

Next Volunteer Meeting will be held April 14 at 7:30 p.m. Our guest will be Dr. W. G. Ghesquiere of Victoria. The evening will include topics such as current medical issues, an overview of relevant issues and an opportunity to ask questions. Every one welcome. See you there!

Denise

Happy

Easter



On behalf of all of us at AVI, I would like to recognize our volunteers for your tremendous contribution to AIDS Vancouver Island, the services we provide to the community and the people we are all here to support. Each of you, no matter how much or how little time you are able to offer, is a valuable component of a volunteer organization such as this one. Thank you, volunteers!

My commitment to you, in the second quarter of 1992, is to review with as many of you as possible, your work with AVI. Out of necessity, there has been considerable emphasis in the past year on training new volunteers. Now my challenge is to ensure as far as I can, that you are feeling connected to the organization and working in an area you find satisfying.

Volunteer Recognition Week in Canada is April 26th - May 2nd this year. All of AVI's volunteers are invited to the Crystal Gardens on Wednesday, April 29th, 7pm - 10pm for our Volunteer Appreciation Night. Come and join us in beautiful surroundings to renew old friendships and make new friends. We look forward to seeing you there!

JoAnn Reid

VOLUNTEER NEWS & NEEDS

And The Winners are....

Our congratulations to Benoit Fournier and J. Knox who won AVI windbreakers for sending in their volunteer hours sheets for January and February respectively. To all volunteers - as March 31, 1992 marks the close of the 1991-1992 fiscal year, your volunteer hours are vital to my statistics for the year and to the Annual Report to the Membership. Please take a few extra moments and record those valuable hours you have given to AVI. Thanks!

JoAnn Reid

BOOK NOTES

By Joan Shanks, Education coordinator

Library News

We have purchased seven new books for the library dealing primarily with alternative treatments. Two of the books record personal histories and journeys of HIV+ persons. They Conquered AIDS! Time-Life Adventures contains 7 personal stories.

Why I Survive AIDS is one woman's account of alternative treatment and spirituality.

The following new titles are now available in our library:

Conquering AIDS Now With Natural Treatment: A Non-Drug Approach

by Scott Gregory and Bianca Leonardo

Pathways To Wellness - Paul Kent Froman.

The Caregiver's Journey - Mel Pohl, Deniston Kay & Doug Toft.

Alive & Well: A Path For Living Well In A Time of HIV - Peter A. Hendrickson.

AIDS: Passageway To Transformation - C. Norman Shealy & Carolyn Myss.

Hot and Safe

An educational video for deaf gay men, sex educators and counsellors.

It presents clear information about AIDS and HIV and about how the virus is transmitted.

This video is in American Sign Language and is captioned in English.

I recommend this video for hearing gay men too, because it is the best example of safer sex for gay men that I have seen.

The Guide To Living With HIV Infection

developed by Johns Hopkins AIDS Clinic

by John G. Bartlett, M.D. and Ann K. Finkbeiner

This book is written for those living with HIV infection or AIDS, their significant others and their caregivers. Basic information is presented on diagnosis, transmission, effects of HIV on the body, on emotions and on interpersonal relationships. The reader is easily guided through descriptions of opportunistic infections and procedures for diagnosis. A very helpful table lists medications, dosages and side effects.

Frustrations of dealing with the medical system as well as advantages and disadvantages of alternative therapies are also discussed. Recommendations on power of attorney, living wills and other legalities, financial matters and cost of care are very helpful, but the resources mentioned are mainly in the U.S.A.

The glossary facilitates easy understanding of terminology used throughout the book.

I have personally found much of this book worthwhile reading and would like to share a few meaningful thoughts and excerpts: - the importance of sharing ups and downs, joys and sorrows.... "For grief concealed strangles the soul".

- the benefit of relabelling the negative to strengthen positive thinking.
- "I am as happy or unhappy as I decide to be".
- "Expect of yourself only what is reasonable".
- "cut overwhelming problems into manageable solvable ones".
- the need to have a "balance between helplessness, dependency and control.....between sympathy and intrusiveness".

"Strategies for refusing to fret about what will not change, for finding harmless or even helpful ways of discharging anger, for turning despair into some sort of hope for something or someone, for facing down fears, for distracting yourself with pleasure, for accepting yourself with fondness and your condition without self-hatred, guilt, or blame....."

Beth E. Pengelly

CLASSIFIED ADVERTISING

Wanted: For the Street Outreach Store Front (STOP) A wall clock, electric broom, shelves. Contact Isabella @ 384-2366.

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

YO! all HIV+/PWA's - We have a massage therapist donating services Tuesday mornings 9:30-12. These are most beneficial. Come on in & treat yourself - you deserve the therapy!

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 a@ 384-1511.

S	M	T	W	T	F	S
			Family, Friends & Lovers Support Group 7:30 pm 923 Burdett Helpline Mtg. 5:15 pm	2	3	4
5	HIV+/PWA Support 5:15 pm Movie Night 7:30 pm	6 Business Meeting 1:30 pm	7 Family, Friends & Lovers Support Group 7:30 pm 923 Burdett	8	9	10
12	HIV+/PWA Support 5:15 pm Movie Night 7:30 pm	13 Business Meeting 1:30 pm Volunteer Mtg. 7:30 pm	14 Family, Friends & Lovers Support Group 7:30 pm 923 Burdett Education Meeting 5:15 pm	15	16	17 Office closed GOOD FRIDAY
19 EASTER SUNDAY	20 Office closed EASTER MONDAY HIV+/PWA Support 5:15 pm Unfacilitated No Movie	21 Business Meeting 1:30 pm	22 Family, Friends & Lovers Support Group 7:30 pm 923 Burdett	23	24	25
26 National Volunteer Recognition Week April 26 May 2	27 HIV+/PWA Support 5:15 pm Movie Night 7:30 pm	28 Business Meeting 1:30 pm Board Meeting 6:30 pm	29 Family, Friends & Lovers Support Group 7:30 pm 923 Burdett Volunteer Appreciation Night 7-10pm Crystal Gardens	30		

COMING EVENTS

National Volunteer Recognition Week - Volunteer Appreciation Party - April 29
Candlelight Vigil - May 17

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 _____
