

# The Update

VANCOUVER ISLAND AIDS SOCIETY

MAY 1992

VOLUME 4, NUMBER 9



## STOP (Street Outreach Project)

STOP is in its third month of operation, and we are busy, busy, busy. There have been record numbers of new clients for the Needle Exchange Program. I think this is primarily due to the privacy and anonymity for needle exchanges done at the office in comparison to the lack of it on the street. In February, our first month of operation, a total of 468 people visited STOP and in March, 554. These statistics reflect both our clients and walk-ins (people we have had no previous contact with). Try as we might our hours of operation have not yet been firmly established. We have attempted, but like all matters on the street, the need for flexibility is foremost. Please bear with us, we are here - somewhere - on the stroll, at STOP or mobile in outlying areas, but definitely we are here, and can be reached by pager. We'll get the schedule "down pat", I promise.

The UBC Survey is moving along like "wildfire". To date, Glen has interviewed more than 40 people. He is doing fantastically, some nights we actually have a waiting line to see Glen. No, its not always the \$20.00 calling. Glen tells me on several occasions people have refused the \$20.00 (payment to each person participating in the survey) suggesting it be given to someone more needy. We would like to thank the people who have donated clothing or bedding. It has been very much appreciated, not to mention put to good use. We still accept items such as clothing, bedding and especially sleeping bags as we have several clients "camping out" in the park. Stay at the five Hostels is limited to a set number of nights - leaving about 23 nights to brave the elements. If you have other unmentioned household items, we can probably match them up with a new home! Call us.

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**HELPLINE : 3 8 4**

Reference Material  
NOT FOR LOAN  
AVI Resource Centre

for

## EMPOWERMENT?

In the past four years, I have observed the changing face of PLWHIV involvement in the activities of this agency. AIDS Calgary began, as many social service agencies have, observing needs and providing services and programs to fill those needs. Despite the fact that AIDS Calgary was born from the community concern of HIV-affected individuals themselves, persons living with HIV and AIDS somehow came to be regarded as passive recipients of programs and services. PLWHIV's lost their identity as people and simply became clients; their personal experiences discounted.

In many cities this search for roles and identity became interpreted in terms of power and control. Too often, one group's need for power diminishes that of another group.

Power does not equal empowerment. There are richer and more productive means to PLWHIV empowerment, in which both sides are nurtured. Clearly the ownership of HIV is not limited to those with HIV/AIDS. This territoriality threatens the ability of the various players to work together, to make the most effective use of limited resources, and to deliver vital services and programs.

Today, a more dynamic relationship is growing between those who operate the agency and its HIV+ members.

The question then remains, what is it we are asking for when we seek empowerment? If you are living with HIV/AIDS, nobody can hand you empowerment. It is not like a grocery voucher in an envelope. The Board of Directors can't give it to you, your doctor can't give it to you, your counsellor can't give it to you, even other PLWHIV/AIDS can't give it to you.

Taking personal control over decisions which affect your life as a person living with HIV can only come from

within you! Making choices which are life-giving can only be done by you! Learning to nurture your creative and cooperative spirit can only come from you!

A virus in itself is not enough to build a self-empowered political will. We are not just talking about the results of a blood test, but about the inescapable personal experiences which lead us to regard HIV infection not just as a personal problem, but a political issue. We are not just talking about the need for particular treatments or support programs, but about coming to see that these are needs shared by entire HIV community - and that this social context will determine how (or whether) these needs get met. We are not just talking about being aware of all of this, but about knowing we have the personal power to do something about it!

AIDS Calgary has always expressed a willingness to support the initiatives of the HIV community which it serves. It is up to PLWHIV/AIDS to act for their own empowerment. It is up to us to determine how we want to position ourselves within AIDS Calgary to play a significant role in the decisions made which affect our very lives.

Several months ago approximately 150 copies of a draft mandate for an AIDS Calgary HIV Caucus were distributed to all PLWHIV members, for comments and feedback. None were returned. The last two PLWHIV Member Forums were cancelled due to lack of interest. Does this mean that there is no concern for the PLWHIV voice at AIDS Calgary, even among its PLWHIV members? Yet I still hear concerns (and outright complaints) that an HIV Caucus remains unformed. Who then is to take responsibility for its formation? Only the HIV community within AIDS Calgary can! This does not mean one or two outspoken individuals, but all PLWHIV/AIDS.

Granted, it is difficult to take on these concerns when our bodies are weak and fighting infections, when our AISH cheque hasn't arrived and the fridge is nearly empty, and our families have withdrawn support. But being political and having one's voice heard is also as simple as writing your concerns in a letter to the Board or the Executive Director, or giving verbal support to those PLWHIV members who are trying to make a difference.

I extend a challenge to all, to ask ourselves how we can best contribute to AIDS Calgary and address our own needs. It is one thing to stand around with our hands out to receive, and quite another to raise our hands to ask "How can we help?"

*Drew Ferrari*  
Canadian AIDS Society Prairie HIV Representative

### 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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 Notice of next Living Room Committee meeting will be held on May 14 @ 1 pm. Topic of discussion will be the Canadian AIDS Society - PWA Caucus meeting on the East Coast in June. We have a representative attending; please come out & participate in your Living Room.

Wayne

The red binder located in 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.

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

Accupuncturist can take 2 more PWA's. Just pay for needles (\$2.00) and herbs. Confidential. Let Leanne know if you are interested.

Ozone therapy is available on request. Leave message with Leanne.

### PWA/HIV+ LIVING ROOM CALENDAR

**MAY 1992**

S	M	T	W	T	F	S
					1	2
3	4 <i>HIV+/PWA Support 5:15pm Movie 7:30 pm</i>	5 <i>Massage 9:30-12:00 am</i>	6 <i>40+ Gay Men's Support</i>	7 <i>Peer Support 1:00-4:00 pm</i>	8	9
10	11 <i>HIV+/PWA Support 5:15pm Movie 7:30 pm</i>	12 <i>Massage 9:30-12:00 am Haircuts 1:30-4:30 pm</i>	13 <i>40+ Gay Men's Support</i>	14 <i>Living Room Committee mtg. 1:00 pm All welcome</i>	15	16
17 <i>Candlelight Vigil- 8:00pm</i>	18 <i>HIV+/PWA Support 5:15pm Movie 7:30 pm</i>	19 <i>Massage 9:30-12:00 am</i>	20 <i>40+ Gay Men's Support</i>	21 <i>Peer Support 1:00-4:00 pm</i>	22	23
24	25 <i>HIV+/PWA Support 5:15pm</i>	26 <i>Massage 9:30-12:00 am</i>	27 <i>40+ Gay Men's Support</i>	28 <i>Peer Support 1:00-4:00 pm</i>	29	30 <i>Fund raising auction @ Rumors for Gay Pride 92</i>
31 <i>Movie 7:30 pm</i>						



The opinions 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.

## Passive Hyperimmune Therapy (Passive Immunotherapy): New Data Released, California Approval Possible

At a press conference on March 23, HemaCare Corporation, a small blood-products company in southern California, released preliminary six-month results from its one-year clinical trial of passive hyperimmune therapy (also called passive immunotherapy) in persons with AIDS. Because the company had to be conservative in its interpretation, and because it did not release supporting details at this time, the importance of the report has not been widely understood. The HemaCare results, which are consistent with those of other studies, confirm once again that this treatment is highly beneficial for some patients, and almost certainly should be available as a treatment option.

This article examines the new report in the context of previous published studies of passive hyperimmune therapy, and also examines related treatments to see where this therapeutic approach may lead in the future.

### Background: What is Passive Hyperimmune Therapy?

In passive hyperimmune therapy (PHT, also called passive immunotherapy, or PATH), blood plasma is taken from donors who are HIV-positive but unusually healthy, and whose plasma has been found to have high levels of neutralizing antibodies (those which prevent the growth of HIV in laboratory tests). The Plasma is usually pooled from several such donors, so that it is likely to contain antibodies effective against many strains of the virus. The pooled plasma is sterilized chemically to kill HIV and any other disease-causing organisms. The treated plasma is then infused into persons with AIDS who have lost their own ability to produce protective antibodies. In the recipient, these antibodies can last for several weeks; the current HemaCare study gives the infusion treatment once per month.

Donating the plasma is not believed to cause any harm, as the effective antibodies are quickly replaced; donation, in fact, often appears to be beneficial, as the body is stimulated to produce more antibodies and the levels rise to be higher than they were originally. Only blood plasma is donated; the blood cells are separated by a process called plasmapheresis and returned immediately to the donor, allowing the plasma

collection to be done more frequently than regular blood donations.

The most challenging steps in passive hyperimmune therapy are:

(1) Identifying the best plasma donors: This step is partly an art as well as a science, since at this time there are still many unknowns about which antibodies are most important in controlling HIV infection.

(2) Sterilizing the plasma: It is important to be sure that HIV in the donor's plasma is killed, to avoid re-infection with a different strain of the virus. But this must be done in a way that does not destroy the useful antibodies. As a safety check, every lot should be cultured to confirm that the virus has been killed and the plasma should be processed in facilities meeting the standards of good manufacturing practices for pharmaceuticals.

(3) Setting up and administering the process. Regulations require that dedicated equipment and facilities be used to process HIV positive blood, to avoid any chance of accidental contamination of other blood. If the treatment comes into wider use, community support will be needed to help find donors. Also, the treatment is inherently expensive, because it is labor-intensive and requires skilled medical specialists.

### Passive Hyperimmune Therapy: The HemaCare Study.

HemaCare Corporation had not previously run clinical trials, but it did have experience well-suited for a study of passive hyperimmune therapy. The company specializes in therapeutic hemapheresis, a process of "separating the blood into its components, removing unwanted substances, and returning the other components to the patients." This therapy is used in a least 30 different diseases. HemaCare provides mobile units which travel to hospitals and administer the treatment at the patient's bedside. The company also sells platelet concentrates and other blood products from healthy donors--as well as plasma which contains rare antibodies. It had this experience before becoming involved with AIDS.

The current placebo-controlled study has 219 volunteers with ARC or AIDS. They are randomized into three groups; full-dose (500cc of plasma once a month), half dose, and placebo. Although six-month interim data was reported, the trial is still continuing.

The most important result so far is that there were only a third of the deaths in the full-dose group as in the placebo

*(continued on page 6)*

### Volunteer Survey

During the month of May, AVI will be mailing out a survey to all of our volunteers. We would really appreciate your cooperation in completing this survey to assess our volunteer training programs and the level of volunteers satisfaction pre/post-training. Please return the survey in the enclosed self addressed envelope by June 1st. The results will form a basis for future planning so we need to hear from you!

### Volunteer Opportunities

\*Do you have a green thumb? One of our volunteers has a vision for the patio. If you are interested in creating an oasis of colourful flowers and can help with obtaining or building planters, planting & maintaining them, we need you.

\*We need someone with computer skills (WORDPERFECT/DBASE) to help in the office on Wednesday mornings.

\*Interested in working in the library? Our resource library is maintained solely by volunteers and could use your help.

Please call JoAnn at 384-2368 if you can help.

### Volunteer Meeting

In April our guest speaker was Dr. Wayne Ghesquiere. The doctor provided the group with updated information on HIV infection and treatments. We would like to take this time to thank volunteers for attending and a big thanks to Dr. Ghesquiere.

The next meeting is scheduled for May 12 at 7:30 p.m. This will be a very informal meeting focusing on planning for upcoming meetings, and a chance to socialize and speak your mind. See you there. Denise

### I'M LATE! I'M LATE!

There is no need to be late again. AVI is taking orders for men's and women's watches with the AVI logo on the face. These watches have genuine brown leather straps and are only \$34.95. Fill out the order form below and send it in today!



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ORDER FORM

NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_

TEL#: \_\_\_\_\_  
(incl. Postal Code) \_\_\_\_\_

ITEM	MEN'S	WOMEN'S	COST	QUANTITY	
WATCH (BROWN LEATHER BAND)			\$34.95 EA X		
SUB-TOTAL					
SHIPPING: \$2.50 PER ITEM. OVER 3 ITEMS \$5.00 ONLY					
TOTAL					

Cheques or Money-Orders only. No C.O.D.'s please  
Please make payable to AIDS Vancouver Island  
and allow 3-4 weeks for delivery. Send to:

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



(continued from page 4)

group. However, there have not been enough deaths in the study for this result to reach the level of statistical proof; it only reached the statistical significance level of  $p=0.1276$  (meaning that if the treatment were useless, the odds would be one in eight that a result this good or better could have occurred by chance alone). In most medical research, the statistical significance must be  $p<.05$  (meaning that the odds are less than one in 20 that the result could occur by chance alone) for a finding to be taken seriously. As a result, the company could not emphasize this survival difference, and its significance has been underreported and underrated.

What is widely overlooked is that the value of  $p<.05$  is an arbitrary level which has become customary, not a gold standard of truth. A result which fails to reach that level because there were too few volunteers (or too few deaths) in a trial should not be ignored as if it did not exist. Instead, it should be considered together with other information which is available from the same or other trials. When the available information on passive hyperimmune therapy is considered together--not broken up into pieces which are each thrown away because no piece by itself is conclusive--it provides considerable confidence that this treatment can provide substantial benefit to person with AIDS, including survival benefit.

The six-month data did show statistically significant changes in T-helper counts, and levels of beta-2 microglobulin, in those receiving full dose compared to placebo. There were also fewer opportunistic infections with full dose than with placebo, although this change was not statistically significant at this time. The treatment may have worked best in patients who started with T-helper counts over 50. The trial is continuing, so more results should be available in about six months.

Side effects were minor. Over 1300 infusions have been given (counting treatment and placebo groups together); and none of the more than 200 volunteers has had to discontinue treatment due to toxicity.

There was also a large drop in p24 antigen in the full-dose group. But this measurement may be hard to interpret in studies of passive hyperimmune therapy, since the infused antibodies may simply combine with the p24 antigen, directly affecting what is being measured without necessarily helping the patient.

John S. James

(excerpt from AIDS Treatment News, Issue #148, April 3, 1992)


For more information see the library treatment News Letter files



## Pride Festival

The Victoria Gay and Lesbian Pride Festival will be hosting Pride 92 - a celebration of Gay Pride on July 9-10-11-12, 1992.

A number of activities are planned during this weekend which includes a welcoming cocktail party on Saturday the 11th and culminating in a family picnic at Beacon Hill Park on Sunday July 12th. There will be a fund raising auction at Rumors on May 30th. Over a hundred merchants and groups have made donations to make this an interesting event. Louise Rose, the well know entertainer, will be guest auctioneer for the evening. Pride 92 T-shirts and buttons will also be available. An information brochure will be distributed to a number of locations in Victoria and around the Island or you can call Rumors at 385-0566 or the Pride Festival Office at 382-0837 for details.



**9th**  
**International AIDS**  
**Candlelight Memorial**  
**and Mobilization**

Please join us  
on  
Sunday, May 17, 1992  
8:00 pm

Christ Church Cathedral  
Quadra St. at Courtney  
Victoria

The ceremonies will include speakers and music to honour those who have died and to support those living with the day to day realities of AIDS.

### HELP LIGHT THE WAY

.....

### ELEMENTS OF HEALING

1. Try to remember, try not to forget.
2. Good memories (I remember when...stories) are important.
3. You may need support from both inside and outside your family.
4. Faith - Beliefs.
5. Learning about the experience of others can give insight into your own story.
6. Assume whatever you are going through is normal.
7. Share the pain of your darkness.
8. Be sensitive to the fact that people grieve differently.
9. Sharing with those who have been there may have a special meaning.
10. Feel free to protest the "why" of death.
11. Take time and space for your self and work through your guilt over doing so.
12. Take time to laugh and to cry.
13. Take the initiative and make things happen for yourself; work, activity, exercise.
14. Life will never be like it was. You will need to create a new life, make new choices, develop new friendships.
15. Confront guilt by realizing you did the best you could. ("All things considered, with no rehearsal for what you went through, you did the best you could.")
16. You must let go of your loved one(s).
17. There is nothing wrong with talking to the dead.
18. Persons who have been down the road before you can sometimes be symbols of hope.
19. Your experience of death may be significant in other aspects of your life.

Permission to reprint granted by Rev. Czillinger

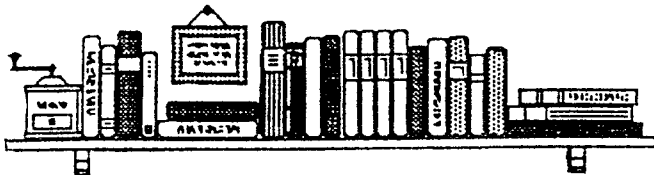
### REMEMBER...

*Grieving is a healthy response to the loss of a person, place or thing.  
Everyone grieves differently; there is no "instant cure" for grief.  
Grief takes time and each person's time frame is different.  
Experiences of loss feel like a wound; it will heal, but there will be a scar.  
When we are emotionally overloaded the body protects itself by "numbing out" in order to cope with the pain.  
Recognizing previous losses where you have coped can be a source of strength for future losses.  
Setting time aside to grieve your losses is an important part of the healing process. You may need time alone or you may need time with friends for this grieving.  
Feeling misunderstood and confused can be a part of the grieving process.  
The grieving process often seems like a roller coaster ride; there are lots of emotional ups and downs.  
A death in your life involves changes. Many other losses will happen at the same time and afterwards.*

Hospice Victoria

## BOOK NOTES

By Joan Shanks, Education Coordinator



### My Son Eric by Mary V. Borhek

This is the story of a woman with strong religious values coming to grips with her son's homosexuality. The book was written in 1979 and so precedes the AIDS epidemic.

The story includes a lot of scriptural quotations to document this mother's struggle with what she initially calls her son's "chosen sinful lifestyle".

This book would appeal to very few, but would be of interest to those with a strong religious background. It may help ease the way to more conventional literature on the subject.

*(Pilgram Press, 160 pgs.)*

### The AIDS Challenge: Prevention Education for Young People edited by Marcia Quackerbush et al.

The science of the disease is covered well, and written in easily understood language. This book also covers the issues most likely to come up in North American schools. Resources to the issues are suggested, along with rationale.

The most valuable part of this book is the recommendations regarding how to mobilize a community response in order to avoid any backlash to AIDS education initiatives.

*(Network Publications)*

### What is Empowerment?

"Empowerment is an intentional, on-going process centred in the local community, involving mutual respect, critical reflection, caring and group participation, through which people lacking an equal share of valued resources gain greater access to and control over those resources."

*(Quote from Dr. Moncrieff Cochrane of Cornell Univ.)*

CANADIAN  
AIDS  
SOCIETY



SOCIÉTÉ  
CANADIENNE  
DU SIDA



A United Way Member Agency

## HIV RISK BEHAVIOURS AMONG ADDICTED AADAC CLIENTS

### AADAC Research Results

During 1990, injection drug users entering treatment at AADAC were surveyed to determine the clients' level of knowledge about AIDS; clients' needle sharing and sexual behaviour related to viral transmission, and client response to the threat of AIDS. The following are highlights from this study:

\* Injection drug users exhibited a high level of knowledge concerning basic AIDS facts.

\* Despite high levels of knowledge among clients, 60% reported injecting with equipment used by someone else and a sizeable number engaged in sexual behaviour which put them at risk for infection.

\* This is not to say injection drug users failed to respond to the threat of AIDS; many had undergone HIV testing (57%), 66% had adopted safer drug use practices, and 40% said they were more careful in choosing sexual partners and using condoms.

\* Findings demonstrate the variability among injection drug users and suggest that unsafe injection practices and risky sexual contact can be seen as a continuum of activity. At one end, there is a relatively large number of individuals who engage in few activities which put them or their partners at risk for infection. At the other extreme are a small but significant number of individuals who engage in multiple high risk activities which put them and others at risk of infection.

*(Reprinted from "Developments", AADAC, Vol.11, Issue 10)*

### 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 reasonably priced used automatic camera. Contact Support Coordinator @ 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 Support Coordinator @ 384-1511.



## STAFF

### Executive Director

*Bart Wittke (Acting)*

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

*Robin Thompson*

### SECRETARY

*Gordon Comer*

## COMMITTEE CHAIRS

### Constitution & Bylaws

*Alison Campbell*

### Emergency Assistance & Finance

*Robin Thompson*

### Inter-agency Relations

*Ron Gent*

### 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**

						1	2
3	4 HIV+/PWA Support 5:15pm Movie Night 7:30 pm	5 Business Meeting 1:30 pm	6 Helpline Mtg. 5:15 pm Family, Friends & Lovers Support Group 7:30 pm 923 Burdett	7	8	9	
10	11 HIV+/PWA Support 5:15pm Movie Night 7:30 pm	12 Joe the Barber 1 - 4:30 Business Meeting 1:30 pm Volunteer Meeting 7:30 pm	13 Family, Friends & Lovers Support Group 7:30 pm 923 Burdett	14	15	16	
17 Candlelight Vigil	18 Victoria Day.	19 Business Meeting 1:30 pm	20 Education Meeting 5:15 pm Family, Friends & Lovers Support Group 7:30 pm 923 Burdett	21	22	23	
24	25 HIV+/PWA Support 5:15pm Movie Night 7:30 pm	26 Business Meeting 1:30 pm Board Meeting 6:30pm	27 Family, Friends & Lovers Support Group 7:30 pm 923 Burdett	28	29	30	
31							Fund raising auction for Gay Pride 92 @ Rumors

**COMING EVENTS**

Candlelight Vigil - May 17, 8:00 pm - Christ Church Cathedral  
 Fund raising auction for Gay Pride 92 at Rumors May 30  
 Bizarre Bazaar (Moss St. Paint-in) - July 18



**9th  
International AIDS  
Candlelight Memorial  
and Mobilization**



Commemoration et Mobilization Internationale pour une Solidarité avec les Malades du SIDA  
Vigilia y Mobilización Mundial en Solidaridad con las Víctimas del SIDA  
Vigília e Mobilização Mundial em Solidariedade aos Portadores da AIDS

April 10, 1992

Dear Friends,

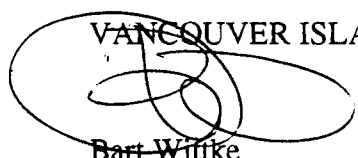
Please join us for the 9th Annual AIDS Candlelight Memorial, to be held from 8:00 - 9:30 P.M. on May 17, 1992 at Christ Church Cathedral at the corner of Quadra and Courtney streets. The vigil will remember those who have died of AIDS and offer support and encouragement to those living with the disease. Ours is just one of over 220 memorials being held in communities around the world during the last two weeks of May. While your attendance is most important, you can help support the on-going activities of AIDS Vancouver Island (AVI) another way. With a minimum \$10.00 donation to AIDS Vancouver Island, you can sponsor one of the candles we will light during the vigil. Your donation will ensure that AVI carries on its work in assisting the over 1000 HIV+ persons living within the Capital Regional District who continue their personal fight against AIDS. Tax receipts will be sent out for all donations of \$10.00 or more.

We hope that you will join us on May 17th at Christ Church Cathedral and help us light the way.

If you have supported AIDS Vancouver Island through a donation to the United Way, please accept our thanks.

Sincerely,

VANCOUVER ISLAND AIDS SOCIETY



Bart Wittke  
Acting Executive Director



Send to: AIDS Vancouver Island  
304-733 Johnson Street  
Victoria, BC  
V8W 3C7

Charitable Organization  
Reg. No. 0756957-11-28

Yes, I would like to sponsor a candle at the AIDS Candlelight Memorial on Sunday, May 17th, 1992

Please find enclosed my donation of \$\_\_\_\_\_. (cheques should be made payable to AIDS Vancouver Island)

Please mail my receipt to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I would like additional information about AIDS Vancouver Island.