

The Update

a publication of AIDS Vancouver Island

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SUSANNE IN NAMIBIA

This month the Update features an interview with Susanne Klausen, who recently travelled to Namibia to attend a conference and participate in some workshops on AIDS Education.

Robert: Susanne, you have been up to some incredible things lately. Where have you been?

Susanne: I was in Namibia for five weeks. I spent three of those weeks in Windhoek which is the capital and the last two weeks I spent travelling in the North East. I spent most of that time in a place called Katima Mulilo which is the largest town in that area.

Robert: Why did you leave Windhoek?

Susanne: I wanted to see rural Namibia and educate myself about the effects of HIV/AIDS in other parts of the country. In Katima Mulilo I had the opportunity to talk with Health Care workers, which is what I wanted to do in those last two weeks: learn about AIDS from a different perspective. As one example of how differently HIV/AIDS is perceived in the rural areas, the disease is often perceived as a curse, or the product of witchcraft.

Robert: Was AIDS very common there?

Susanne: It is hard to tell because testing is still sporadic and many people don't volunteer for it. It's definitely worse in some nations than others and so far Namibia appears less affected by the virus than, say, Uganda or Ruanda. But I caution people against jumping to conclusions about HIV/AIDS in African countries. The World Health Organisation (WHO) defines AIDS as having two different patterns: Western Europe and North America are considered Pattern One because it was primarily transmitted by IV Drug users and homosexuals; Pattern Two countries, including African nations, is the category in which the principle mode of transmission is through heterosexual sexual contact. By distinguishing the patterns in this way they set up an us/them dichotomy. If you are a heterosexual North American male you could unconsciously use this to believe you are safe from the virus. Just ask yourself how the way we construct "African AIDS" is letting many of us here off the hook.

Robert: So what were you up to for your first three weeks?

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ALPHABET SOUP

In this age of acronyms, try working your way through this alphabet soup: in May, AVI attended the CAS AGM of ASOs, and the CAS Forum for PLWHIV/AIDS. Translation please!

AIDS Vancouver Island (AVI) is a member of the Canadian AIDS Society (CAS), a national voice and forum for AIDS-Service Organizations (ASOs). Their recent Annual General Meeting (AGM) was held in Montreal, and included a forum for Persons Living With HIV and AIDS (PLWHIV/AIDS).

Luckily, the meetings were not as confusing as the acronyms. Besides the required business agenda, there were numerous forums, workshops and meetings to choose from: Federal Election Lobbying Strategies, Housing, Poverty, Health Promotion, the Role of PLWHIV/AIDS Within CAS, and caucus meetings for People of Colour, Women, and PLWHIV/AIDS. The AGM package is in the office if you want more details.

What stood out, for me, was the palpable strength I felt in the conference hall, coming together with members of over 80 organizations who attempt to do very similar work, but often under very different circumstances. How do we do our work against so many odds, not the least of which is our diversity? How can we agree on a national strategy when we don't agree that all our voices are heard? We represent communities that are culturally and geographically distinct and separate, and work on a wide range of concerns related to HIV/AIDS. In Montreal, homelessness is a key issue; in Whitehorse, it is geographical isolation. Effective education strategies differ from city to countryside, from aboriginal groups to "traditional" white, middle-class populations. Yet the strength and the belief in this work are evident and growing.

At the International Conference on AIDS in Berlin last month, delegates admitted there is no cure for HIV/AIDS on the horizon, and so prevention must be the focus. Our challenge - nationally and regionally - will be the recognition of more and different definitions of prevention wherever HIV/AIDS work is.

*Christine Morissette
President*

**HELPLINE:
HELPLINE:**

Reference Material
NOT FOR LOAN
AVI Resource Centre

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THE UPDATE

The Update is published monthly as a service to members. One-year subscriptions are available for \$15.00. Typed submissions and letters to the Editor are welcome, c/o AVI #304-733 Johnson Street, Victoria, BC, V8W 3C7. The Update will print no sexist, racist or homophobic copy and will cover issues and events from perspectives which will initiate positive change in the work done by and for AIDS Vancouver Island. The appearance of any advertisements, treatment information or letters to the editor, do not imply endorsement by AIDS Vancouver Island. Submissions may be edited for conciseness and grammatical correctness. AIDS Vancouver Island will not be responsible for errors or omissions.

CONTRIBUTORS

Editor.....Robert Gray

Thanks to: Barbara M., Christine M., Bart W, Doug S, Frances H, Melanie C, Didi M, Holly N.

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Susanne: The Canadian Council of Churches chose me to be the Canadian delegate to an International conference on Youth and AIDS!!! in Windhoek. There were 30 delegates from around the world. Each delegate had to be under thirty years of age and active in the field of AIDS Education. The conference was held from May 5th-13th. Half of the 30 delegates were from other African countries, so Africa was well represented.

Robert: Where were the other delegates from?

Susanne: I was the only North American delegate and there were no European delegates. There were representatives from the Carribean, the South Pacific, Asia, and South America. AIDS has become a crisis for a lot of countries where they have relatively fewer funds to fight the spread. We have to realize how lucky we are in comparison, though we also have a long way to go in addressing the issue of HIV/AIDS.

Robert: What were the main issues at the conference?

Susanne: The main topic areas were the Anthropology of AIDS, AIDS Education methodologies, Theology and AIDS,

and Sexuality. In the discussion of the Anthropology of AIDS we looked at how the disease manifests itself differently in different cultures, physically and socially. When we discussed Education we shared, as educators, experiences we had found effective in our respective communities. My input there was a condom demonstration. For some people that was the first time they had seen a condom. The Theology and AIDs discussions were to do with the barriers that prevent dealing with AIDS constructively within the church communities as well as the success stories. Sexuality was, as always, a complicated issue.

Robert: In what way?

Susanne: The faciliator of the sexuality workshops was homosexual and a lot of his approach involved the issue of homosexuality and AIDS. Yet, a lot of countries said that it was a non-issue for them. They said "We have no gay people" or else they thought it was such a minor mode of transmission it was of little interest. I think the thing I learned from this was how sexuality and AIDs are constructed differently in each culture. I often tried to raise the issue of homophobia as a barrier to AIDS Education in the discussions but it just didn't catch on.

Robert: Did this show you something about our work in Canada as well?

Susanne: Yes: the work we do has to be relevant to local experience. AIDS Education has to be really specific to communities we are trying to reach. I really realized that there is no one perfect solution. It sounds simple but it was the result of a lot of input from the many different cultural experiences represented.

Robert: Were there other significant results from the conference?

Susanne: Yes we worked really hard. We produced a manual and a pamphlet about the things that we as delegates put forward. These will be made into final copies and then distributed to member churches around the world that have youth programs.

Robert: Will it also be distributed to other agencies such as AVI?

Susanne: I hope so. The material transcended any religious



STUDENT'S CENTRE



Susanne K. (far right) with the Oxfam group and NANSO representatives outside the NANSO student 's centre.

messages and could be useful for many AIDS service organizations.

Specifically the sections on education techniques and AIDS as a development issue.

Robert: I understand that you also participated in another event while you were in Namibia.

Susanne: Yes. After I found out I was going, I learned that Oxfam Canada would also be there to conduct workshops on AIDS Education. These workshops were first developed and used on Vancouver Island and then taken to Namibia under the invitation of the Namibian National Students' Organization (NANSO). This student organization wanted to do more for its constituency - young adults.

When I found this out I contacted them and they invited me to take part in teaching the workshops here in Victoria so I could also take part in Namibia.

Robert: What was involved with these workshops in Namibia?

Susanne: There were two workshops that took two days each and also meetings around the workshops to get feedback and build a stronger relationship with people there. It was all very successful.

Robert: What did you learn most from your work with Oxfam?

Susanne: Well, a number of people were very interested in what AVI has done. In Namibia they have only been dealing with AIDS in a pro-active manner since independence (1990). Currently, all programs there are directed through the government, the Ministry of Health and the National AIDS Control Program (NACP). There are no community-based AIDS organisations. My experience with AVI really excited some people who wanted to start one. I think we ended up being a catalyst for some people there. We had meetings to discuss AVI's mandate of Education, Advocacy, and Support.

By the time I left Namibia these people had put together a draft of a constitution for their own community-based AIDS organisation, which is very exciting.

Robert: When you travelled after the conference and the workshops, did you get a sense of what AIDS Education means in Namibia?

Susanne: Yes. The history of Namibia has a lot to do with the type of education required there. Namibia used to be called South West Africa and was colonized by South Africa. They had apartheid and the same laws segregating people by colour. It was a policy to increase the white population and decrease the black population and because of this, history becomes a barrier to AIDS Education. For example, if Western organisations hand out condoms in Namibia it has a real double meaning for some black Namibians who link whites and the West with population control.

Building communication links and improving our inter-cultural understanding is really necessary to improve AIDS prevention globally. Ties like these can facilitate it.

*Robert Gray
Editor*

CLUB 1325 A CROWD-PLEASER!

Many thanks to the producers of Club 1325, David Tillson and Brent Carmichael for their series of six shows in support of AIDS Vancouver Island's Emergency Assistance Fund.

The shows, ranging from a talk show spoof to a fashion show, drew large crowds and raised \$1370!

VOLUNTEER NEWS

ARE YOU LIABLE?

On April 30th, I attended a seminar at Camosun College entitled Volunteers and the Law sponsored by the Victoria Volunteer Bureau. I would like to pass on some information to the volunteers at AVI.

Volunteers have certain legal rights and responsibilities in their role at AVI. They are liable and are personally responsible for their own acts even though they are carrying out volunteer duties for AVI. Volunteers are not protected from lawsuits, just because they are volunteers. For this reason it is important for volunteers to know their legal responsibilities and the areas in which they may become liable for another's injury or loss. The following is a list of helpful questions for volunteers.

* Are volunteers included in the organization's insurance policy? What types of liability does the policy cover?

* If the organization offers advice or counselling services, does it have insurance coverage for negligent statements or advice? Does the plan include coverage for defamation?

* If volunteers use their cars to transport clients, does the insurance plan protect volunteer drivers?

* Do volunteers have to pay anything in order to be included under the organization's insurance plan?

To minimize the risk of liability, volunteers should:

- a) Ask for a complete list of responsibilities;
- b) Ask the volunteer organization to explain the type of insurance it carries and whether the policy covers volunteers;
- c) Ask for an explanation of who has authority over your volunteer tasks, and where the line of authority goes after that;
- d) If you are asked to do any tasks outside of your list of responsibilities, be certain that the request is coming from the person in authority;
- e) Avoid revealing private or confidential information learned through volunteer activities;
- f) Check work areas for any potential risks before starting the volunteer activity. For example, check a work table for sharp scissors, pins or other dangerous objects;
- g) Keep a detailed personal record of any incidents of loss or injury to clients or to the organization. Keep notes on details of the incident, who was present and witnessed the accident, weather conditions, and a description of the area where the incident took place. Make sure to keep a copy of this record for yourself;
- h) As long as the organization controls and directs the actions of its employees or volunteers, and the negligent act was with the authorized duties of the volunteer, the organization may be

held liable to compensate the injured person. Therefore, if the act of negligence by a volunteer occurs under the direct control of the agency, the agency can be held liable;

i) To reduce the risk of being sued, a volunteer driver should ensure that all passengers have their seatbelts fastened before driving away and the volunteer should also drive cautiously and follow the rules of the road. Finally a volunteer should check the vehicle's insurance to see whether it will protect the driver if an injured client makes a claim for compensation;

j) The relationship of confidentiality between people must also be one which the law should protect. For example, if a volunteer tells the police of a client's plans to do something illegal, a lawsuit against the volunteer for breach of confidence would not be successful because this is not the sort of confidentiality which should be legally protected;

k) Confidentiality problems occur in situations where the volunteer counsels people or does volunteer work in hospitals, corrections institutions, or private homes. If the volunteer receives information that is private and confidential, he or she should be careful to avoid ever revealing this information to other people.

*James Austin
Coordinator of Administrative Services*

HOLLY'S REPORT

Incredibly, my first month at AVI has come and gone like a blustery sea gale. What a busy yet exciting month! The film **From Township to Tundra** was presented by Oxfam and AVI on June 12 at the Roxy Theatre, and was very well received. Chris Morry, Oxfam's Project Coordinator, Michelle Buck, also with Oxfam, and Susanne Klausen, a volunteer and Board Member with AVI, presented an extremely interesting collection of their experiences in Namibia with the **Puppets Against AIDS** project.

June 16 was the night of **A Dance of Fashion** in support of AVI. Choreographed and coordinated by Trisha Archer, it was presented at Kaktus Bird Kabaret and featured fashions from Mayfair Mall. The event was extremely well organized and attended, and brought in \$425.00. Thank you Trisha and Kaktus Bird Kabaret!

Finally, don't forget about **Bizarre Bazaar, July 24, at Sir James Douglas School**. If you have any ideas, funky items, spare time, or a flare for baking, come on down! (Or just give me a call at 384-5595 -- it promises to be a great day in a bizarre way).

*Holly Nelson
Special Events and Communication*

VOLUNTEER TRAINING

Our Spring/Summer Orientation for Volunteers began June 16th and was completed by June 29th. Our thanks to the newcomers for hanging in there during the long (for some) wait for training. Just goes to show how committed you are!

We have some dates established for further training:

Helpline:

Sunday July 11 10am-4 pm

Wednesday July 14 7-10 pm

contact Aaron

Speakers' Bureau:

Saturday Aug. 7 9am-5 pm

Sunday Aug. 8 9am-5 pm

contact Barb

Basic Orientation: (Victoria)

Wednesday Oct. 6 7-10 pm

Wednesday Oct. 13 7-10 pm

Saturday Oct. 15 9-5 pm

Sunday Oct. 16 9-5 pm

Wednesday Oct. 20 7-10 pm

contact JoAnn

If you have completed AVI's Orientation for Volunteers and would like to work on the Helpline or as a speaker--ACT NOW.

Thinking about becoming a volunteer? Phone or drop in for an application so we can get things rolling for the fall.

TWO THUMBS UP FOR BEING ALIVE

On June 15, Kaleidoscope Playhouse's presentation of **Being Alive**, performed by Edmonton's Talented Unlimited, was a real treat. The series of song, dance and theatre sketches provided some extremely funny and moving moments. A panel discussion followed the performance, featuring speaks by Darold Roles, Director and Choreographer; Ron Schuster, Co-producer; Bart Wittke, Vice President on AVI's Board of Directors; and Hannah Cowen, a volunteer speaker with AVI and part of the Women and AIDS project. This panel discussion was the perfect ending to the evening. It bridged the gap between performance, entertainment and the reality of HIV and AIDS in our community. The interaction between speakers and audience brought up some very interesting topics.

LETTERS TO THE EDITOR

Dear Members:

I would like to request for AIDS Vancouver Island's Board of Directors to consider and develop a consensus on the very important issue of bio-genetically altered food/produce and it's sale on the open market. Bio-genetically altered food is a product that combines the genes or traits of any animal or plant with the total DNA make-up of another plant (ex. tomatoes can have the genes of a pig that would allow the tomatoes to stay riper longer). The good news about this new product is that it can, potentially, protect crops from pests and disease and prolong shelf life. The *bad news* is that these foods can be toxic or mutagenic and cause allergies (ex. putting peanut genes into apples can still cause an allergic reaction in someone who is allergic to peanuts). I think bio-genetically altered products have far-reaching effects on the health on PWAs and non-PWAs alike. I encourage AVI to call for a ban on these products by lobbying the following:

Associated Boards of Health of B.C.

2565 Penrhyn, Victoria, BC V8N 1G2 (604) 477-4877

Canadian Council of Grocery Distributors

#306-4445 Calgary Trail Southbound NW

Edmonton, Alberta T6H 5R7 (403) 435-8823

Restaurant & Food Services Assn. of BC

#1-665 Queens, Victoria, BC V8T 1L9 386-6368

Let's ask these organizations to develop (and publicize) a consensus on this important issue. Hopefully they will ban or at least demand a satisfactory policy on the proper labelling of these products so the public can be aware of and have a choice about what we eat and serve to eat.

Thank you for your time.

Sincerely,

J. Knox

Victoria, BC

SUPPORT

SUPPORT VOLUNTEER MEETING

Our next monthly Support Meeting will be held on Tuesday July 20 at 5:00 p.m. in the Living Room. All Support Volunteers are encouraged to attend.

WOMEN'S GROUP

The HIV-Positive Women's Support Group takes place the first, third and fifth Wednesday of every month from 5:00 to 7:00 p.m. in the Living Room. All Positive Women are invited to attend. Dinner is provided. For more information, call 384-1511.

BART QUESTIONS FORUM

fo-rum place of, or, meeting for public discussion, giving opportunity for debate.

The two days prior to the Annual General Meeting of the Canadian AIDS Society (CAS) were billed as the "People Living With HIV/AIDS Forum." By using the definition of forum above, I can conclude that these two days were definitely not a forum.

I had anticipated a true forum, where issues held in common could be discussed, information exchanged and lastly to provide direction and focus to the Board of Directors of CAS.

What was provided was a series of "lectures" or "workshops" in which "presenters" gave their view(s) on whatever topic they were responsible for. For my part, I found the presentations geared for an audience of low sophistication, knowledge and expertise - few of which had very little or no relevance to the daily experience of PLWHIV/AIDS.

The showpiece of the Board was a document entitled "The Voice Of PLWHIV/AIDS Within CAS". God only knows the dollar cost of this document, but in terms of providing new data or information, very little was realized.

I hope that the committee responsible for planning the '94 annual meeting will develop a forum that is useful and relevant to PWAs across Canada.

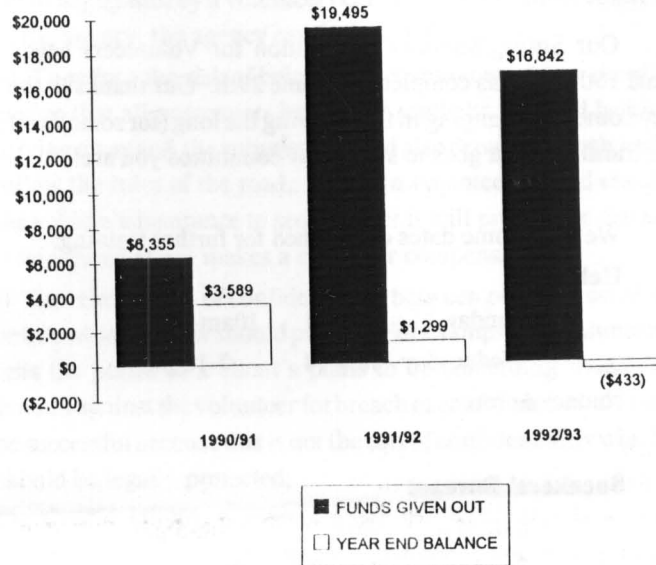
The new Pacific HIV rep to the CAS Board is Ron P. I hope Ron will be able to make his way to Vancouver Island in order to share the work of CAS as well as **listen** to the voices of PLWHIV/AIDS who do not live in the Vancouver area.

*Bart Wittke
Vice-President*

Bart Wittke, winner of the Michael Redfern Memorial 'Speaker of the Year' Award with Michael's parents and grandparents.



EMERGENCY ASSISTANCE FUND



The Emergency Assistance Fund was established to meet the extraordinary needs of people living with HIV/AIDS, who are experiencing financial hardship. AVI's Emergency Assistance Fund now needs your help! Because of events such as AIDS Awareness Week and the AIDS Candlelight Vigil, awareness about AVI, and the Emergency Assistance Fund has grown. The last two years have seen a dramatic increase in the number of EAF applications.

Although the EAF is sustained by such fundraising efforts as the Bizarre Bazaar, the Fund is currently at a deficit position of \$433. If you have planned to make any type of donation, and you should choose to direct it toward the EAF, we would be most appreciative! Call James Austin at 384-2366.

EDUCATION

NEAT HAPPENINGS

There were two "neat happenings" that occurred during May and June in the education department.

Four students and their Family Life teacher from the Quamichan Middle School (Duncan) came down to see and find out for themselves what we do at AVI. I realised very quickly that Carrie Stark, Kelsey Duclos, Louis Gundmundseth (Glenny Cook was unable to attend unfortunately) and Kathleen Erikson their teacher were a special group of visitors. Not only did they each have a list of well thought-out questions, they were so keen, excited and challenged to gain some knowledge about AIDS and the surrounding issues. Between us, after they had returned to school, we communicated by FAX and below are a few brief paragraphs from these four students (permission granted to reprint).

"We are grade 9 students from Quamichan Middle School and are either 14 or 15 years old. We are in an advanced English class and have chosen concerns around AIDS as our year end project. We chose this to study because so many people aren't educated enough about AIDS. It's a subject that young people today need to be informed about. Our goals are to help people understand about the disease and to let kids know that they have a choice.

We want to get our message out by writing, producing and performing in a play which we hope to present to students and parents of our school and by making a newspaper or newsletter for the school.

To gather information we have done research in the library, visited AIDS Vancouver Island and are going to contact our local AIDS Network.

Thank-you for allowing us to visit and giving us so much of time."

We are hoping very much the students will share their work and maybe participate during World AIDS Day.

The second positive "happening" was one of the counselors from the Addiction Rehabilitation programme in Esquimalt calling to advise that from July '93 the programme will include the partners/spouses of the patients as they feel EVERYONE should be aware of what AIDS is all about and what services we have to offer at AVI.

An on-going thank-you goes out to all the Education Speakers. You are such a great group to work with--either by phone or in the office. Fortunately, holidays and schedules so far have not clashed too badly, which is good, because although requests are slowing down due to school holidays, there was one

time recently we had five speaks in 2 days.

Aaron and I have just ordered over 15 pamphlet titles plus 10 new posters which have not arrived yet, so there will be more choices for groups who are requesting "speaks".

Cannot close without sharing with everyone: Paul, you are right again! Shepherd's Pie is OK with corn included.....

Barb Chester
Education Assistant

STREET OUTREACH

NEW WORKER

Street Outreach staff are pleased to welcome John Cooke, the new part-time Outreach Worker.

John brings to this position his extensive experience working with youth at risk: both youth in care and those through probation and the correctional system. More recently John has been the person behind the camera, photographing members of the street communities in Victoria and Vancouver, in collaboration with Swan's Restaurant and the Victoria Street Community Association.

Renovations are underway at 609 Johnson. Two offices and a separate area for the outreach nurse will be constructed. An office for outreach staff, one for Glen and the survey and the nurse's examining area, will afford work space and privacy at the same time. 609 Johnson is now open seven nights a week and Friday afternoons.

Jaine Mullally
Coordinator of Street Outreach



FEEL LIKE CONQUERING A MOUNTAIN?

It's about getting together for a day cycle ride to Mount Douglas, Sunday, July 25 at 10:00 am.

All you need to bring is your own lunch in a backpack and your mountain bike.

Is this appealing to you? YES! Call Bill at the PWA Wellness Centre, 383-7494, and leave a message.

VANCOUVER PERSONS WITH AIDS SOCIETY - CAPITAL REGION

Office and Library: 613 Superior Street. Open 12:00 to 4:00 p.m. Monday through Saturday. Phone 383-7494

Support Meetings: Thursdays at 7:00 p.m. for all HIV positive persons and their partner or primary support person. We share information and experiences related to our common condition.

Shiatsu: by Frank, on Thursdays, by appointment. A small donation to the practitioner, if possible, would be appreciated.

Massage: by Frank, on Saturdays, by appointment. A small donation to the practitioner, if possible, would be appreciated.

Acupuncture Clinic: by Dore Vanden Heuvel, Doctor of Traditional Chinese Medicine, on Thursdays and Tuesdays by appointment. Thursday slots are permanently booked; a few positions remain for Tuesdays. The Society will absorb the cost of materials (needles and moxa). Members are asked to make a donation, if possible, to the practitioner.

Entertainment: we now have a limited number of free tickets for PWAs to local theatre productions. Enquire during office hours for details.

Clothing: lots of clean useable clothing available free.

Welfare Problems: our financial aid consultant, Bernice W. will discuss problems and possible solutions for PWA's having difficulty with the system. She will be in the first Wednesday each month from 12:00 to 2:00. Private consultations are possible but should be arranged ahead of time.

Hair Cuts: Joe the Barber will be in Tuesday, July 22 for those having a bad hair day. By appointment. Joe has requested that anyone moved to give a donation - please give it to the Society instead.

Movies: Tuesdays in July will be movie night @ 7:00 p.m. We will provide the goodies and the video.

Bike Hike: Sunday, July 25. Meet at the Wellness Centre at 10:00 a.m. Bring your lunch and mountain bike. You're going to Mount Doug Park!

PWA Health Education Series #14: WOMEN AND HIV - a video presentation by Dr. Karen Gelmon, Hematologist from the Cancer Control Agency of BC and Dr. Penny Ballem, Oncologist and Director of the Women's Health Centre, University Hospital, Vancouver. July 22 @ 7:00 p.m.

PWA Health Education Series #15: Dore Vanden Heuvel who runs the Acupuncture Clinic at the PWA Wellness Centre will present highlights from the HIV, AIDS, and CHINESE MEDICINE Conference held in San Francisco in

June. Thursday, July 29 @ 7:00 p.m.

STAYING HEALTHY WITH HIV: the workshop was an overwhelming success and such interest has been generated in the manual that went with it that we are ordering more copies in bulk and will sell them at cost to all who missed this very informative presentation.

WE ALWAYS WELCOME DONATIONS OF NON-PERISHABLE FOOD ITEMS AND CLEAN RE-USABLE CLOTHING AND HOUSEHOLD ITEMS. WE ALSO WELCOME VOLUNTEERS OF ANY HIV STATUS.

WEDNESDAY NIGHT GROUP

The Wednesday Night Group has been around for almost five years. We are a group of people who have, in one way or another, been affected by HIV. Some of the participants are HIV+, some have lost a loved one, and some are dealing with the emotional ordeal of anticipating the death of someone. Still others are dealing with the initial shock and horror of just finding out someone is HIV positive.

We have no rules, other than the obvious duty of confidentiality. We make no claims of being professional counsellors or therapists. We are just people who have HIV to deal with in our lives, and we offer a safe place to share emotions. It's not all grim pessimism and horror. We share hope and courage, and we help each other to endure and to survive.

Some people have been coming for years, some use the group for a short time, and others "check in" every few weeks or months.

Our commitment is that, unfailingly, someone will be at 923 Burdett every Wednesday. Even though the Sisters of St. Ann have for many years made their parlour available to the group, we do not have a religious agenda or orientation in the group.

We welcome new participants and referrals from any AVI volunteers.

*Doug Stephen
Co-Facilitator*

TOLL FREE NUMBER FOR CLINICAL TRIALS INFORMATION

The Clinical Trials Network has recently installed a 1-800 number for use by all Canadians seeking information about HIV clinical trials or the services of the Network. Call toll free: 1-800-661-4664. The switchboard will direct you to the appropriate individual.

LESBIAN AND GAY HEALTH CONFERENCE

Washington, DC—More than 900 Lesbian and Gay health care providers will discuss strategies for including Lesbian and Gay issues in the emerging national health care agenda on July 21-25, 1993, at the 15th National Lesbian and Gay Health Conference and 11th Annual AIDS/HIV Forum to be held at the Hyatt Regency in downtown Houston, Texas.

“We’ve seen tremendous positive changes in the Lesbian and Gay movement since it began at Stonewall in the 60s. But, one recurring problem that has impeded our progress is our community’s tendency to splinter over very specific issues and to create hostile ‘camps,’” said Joyce Hunter, president of the National Lesbian and Gay Health Foundation (NLGHF), and 1993 conference program co-chair. “By addressing this issue at the opening plenary session on ‘Horizontal Hostility,’ we hope to create an environment which will unite the efforts of our health care community in one forward direction,” she added.

Other plenary sessions which will address the current state of Lesbian and Gay health care include: “The Politics of the Lesbian and Feminist Cancer Movement,” “Perspectives on Future AIDS Policy,” “Gay Positive School Curricula,” and “Is Our Community Under Siege?”

“The greater our social strides, the louder the voices of opposition become,” said Richard Isay, MD, vice president of NLGHF and 1993 program co-chair, “which is why now—more than ever—we need to develop and maintain strong support networks, both as individuals and organizations. Participating in this annual conference is one way of working toward that goal.”

Preceding the opening session, 11 full-day pre-conference institutes will explore health topics such as sexual abuse, internalized oppression, and special health care concerns for people of color. Following the opening, more than 220 workshops will be presented in five educational tracks including AIDS/HIV Forum, Lesbian and Gay Health, Mental Health, Substance Abuse, and Strategies for Inclusion. A special evening workshop track on rejuvenation is designed to help veteran health care providers regain their life focus, and “recharge.”

The Health conference is sponsored by the National Lesbian and Gay Health Foundation and The George Washington University Medical Center. For registration information and a program brochure call 202-994-4285.

Our outdoor living room is once again being transformed into a wonderful oasis in the city. Not only do we have colourful hanging baskets and pots, but we’ve now started growing herbs and veggies! Later in the season there will be tomatoes, garlic, beans, squash, carrots, beets, radishes, and peppers for all to sample. Drop in and enjoy the handiwork of the following volunteers -- Glen P, Bob K, Bill D, Rick D, Kari H and her brother, Shalia E, and Angelika L who worked with our summer student Bryan Young on this labour of love.

We would like to acknowledge the following businesses for their generous support of our Patio Project:

Art Knapp's Plantland
Beaver Lumber
Big Barn Garden Centre
Can West Building Materials
Capital Iron and Metals
Cordova Bay Hardware
Cubbon Home Building Centre
Dig This
Knapps' Gardenworks
Oak Bay Hardware
Royal Oak Garden Centre
Snapdragon Nurseries
Victoria Garden Centre

Our thanks to all who contributed to this worthwhile project. The free gardening advice is great, too!

NEW VOLUNTEER

Katherine Elizabeth Loomer joined the AVI membership on Tuesday, June 22, in Victoria. Weighing in at 6lbs 12 ounces, she was an early surprise for her parents Frank Loomer and Linda Graham, as well as her older brother Michael. Linda is a former Board Member and World AIDS Day Coordinator. Everyone at AVI welcomes the new committee member and wishes her well in the days to come.



A United Way Member Agency

ONE WOMAN'S THOUGHTS

The bandaid on my arm pulled sharply at my skin as I ripped it off in the shower this morning. It left a low welt - and the nearly invisible bruise left from the needle used in my AIDS blood test. The mark is to become visible again on December 7th (Pearl Harbour Day, my friend Michael pointed out) when I go back to my doctor to hear the results of the test.

I chose to go to my doctor's office. If the results are positive I want to be somewhere where I know the people. I apologized to my doctor for that decision because she's an Ob/Gyn by trade and doesn't have that many GP patients and doesn't do that many AIDS tests. I'm an infrequent patient, only coming in when I must or for a semi-regular check-up; I feel that it's only fair since she keeps me on as a favour, and anyway, I'm a healthy, strong woman, I think. I feel that I can accept the burden of knowing that I am HIV+ if that is the case; more easily anyway than discovering that I might have passed the disease on to someone else. But I want to be somewhere familiar when the results come in, somewhere a little warm and nice; I thought about the Red Cross - giving blood and letting them test it - but it seemed an unfair burden to place on them on the off chance that one bottle was the bottle that missed the inspection procedure, or that mistakenly showed nothing wrong when something was.

My doctor nonchalantly explained the test and explained about the false positives. She's always offhand - she's had three children and she's seen a lot come and go and anyway my incidental illnesses are always easily manageable. The test has three steps; in case at the first two stages you read positive, stage three - a second blood test - will produce the final results. For low risk, safe-sex practising people one stage is usually enough. Anything after that is up for further analysis.

I chose not to be anonymously tested, acknowledging my acceptance of the requirement for my doctor to report me to health authorities if the results are positive, thinking that if I am HIV+, I ought to have nothing to hide. We went through the checklist together and reviewed my sexual history. I'm optimistic in the case of most people, but there is one, a former lover, now an old and good friend, who in his perplexed twenties passionately set about discovering his true sexual nature. We didn't think about those things then, and it all happened before I came along, but one of those with whom he experimented has recently succumbed to AIDS. As my doctor hovered over the appropriate box, the one that said "Exposure to persons who might have been exposed to persons positively affected", my friend and his friends were brought sharply into focus. It hadn't seemed

polite at the time, in the interests of freedom and tolerance, to question him that carefully. We didn't. Boundaries were different then. But in this case I nod my head, and she, without speaking, marks an X on the "yes" side. My test will automatically go to the second stage, to make doubly certain that a negative result is true.

I thought of getting the test a long time ago. Years ago, shockingly naive, I discussed it with another woman friend and we didn't, feeling at the time that we were probably okay. We weren't all that active and anyway we felt safe. Essentially well-intentioned, nice-girls-from-good-homes, who chose their partners, most of the time, on the basis of a true emotional connection, we accepted that as a kind of immunity from the virus.

Now I'm in my thirties and have just ended a long-term relationship. I'm in a time when relationships are begun more carefully and for more reasons don't last, and when occasionally sex is offered with the affection of a cup of hot chocolate proffered on a cold windy day and accepted in the same spirit. Accepting the responsibility this implied, I armed myself with a variety of festive condoms and began to entertain comfortable adult sex. For the most part, I've discovered, the same kind of gentleman's and gentlewoman's agreement exists about the questions asked and not asked as existed in our youth when we didn't talk about birth control: it was assumed that it was taken care of unless someone said otherwise, which in some cases was true, and in others meant a certain amount of roulette was taking place. It seemed an innocent white lie of omission; an acceptable risk, especially given the option of actually having to speak up at that moment and ask each other the difficult questions. We didn't all listen up in health class. As adults, our discussions about condoms are tentative, silly and still as embarrassing as ever, though better humoured than I remember them. But our conversations about AIDS are largely academic, and in spite of all we know, having established a level of trust based on feeling rather than fact, we occasionally play the same roulette and take the condom off.

I hadn't thought about it beyond that until someone who was probably one of those rare boys who did ask about birth control asked point blank if I'd been tested for AIDS. A condom wasn't enough for him, accidents can happen.

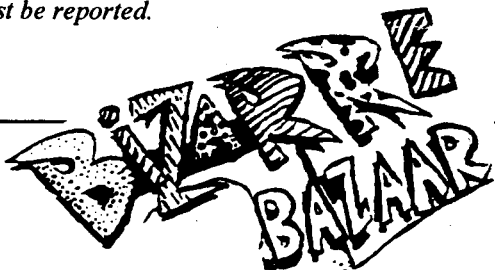
After the awkward silence which ensued, I wretchedly shook my head no. I felt like a creature emerged from a cess pool. My friend tenderly kissed my forehead goodnight and I passed a sleepless night wondering where my values had gone. The next morning I made the appointment.

It's three weeks until December 7th. I take responsibility for my actions and regardless of the results, the lesson brought about by the dread I am now experiencing will form my life. Three weeks won't seem that long if the results are negative, but

they will seem horrendously short if positive. I can comfort myself with my low statistical placement, but I cannot be perfectly sure. I observe that it takes life-or-death to force me, an average middle-class white girl with an averagely speckled past (more lovers than my mother; fewer than some of my friends) to take charge on this issue, but life-or-death it is, and then some. If the results are negative, I am going to go my happy way, paying far greater attention to any prospective partner's dimly lit pasts or presents, and making full use of the condom adventures offered by places like Epoch Condoms, a condom specialty store that offers a "feelie" rack to enable their customers to make a better-informed selection. If the results are positive, I'll write again.

by Barbara Mainguy

***Barbara lives in Toronto where HIV positive status must be reported.*



July 24th at Sir James Douglas School
 We need your funky items, baked goods, or
 "moving muscle!"
 Donations can be dropped off to the AVI
 office:
 #304 - 733 Johnson Street.
 Don't miss the greatest day of the summer.
 For more information, call Holly at 384-5595.

TO PAUL:

*This friend we have at AVI
 He really is a special guy.
 On the Board he has served
 Helpline calls have not unnerved,
 For Education he has spoken well,
 And many stories has to tell.
 Bizarre Bazaar, Special Events too,
 These are his talents to name a few.
 With hammer and crow bar he can be found,
 To make more space to go around.
 As handyman, and cook excels,
 Banana Bread, Shepherd's Pie and Jam as well,
 What a fellow, what a guy,
 Only to be found at AVI.
 On a personal note Paul, if I dare,
 To me you're known as "Huggy Bear."
 We'll miss you Paul, this is true,
 For everyone, because you're you,
 You know we'll miss you very much.
 One last request: let's keep in touch!!*

VANCOUVER ISLAND AIDS SOCIETY

(NON-PROFIT REGISTRATION # 0756957-11-28)

MANDATE

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

BOARD OF DIRECTORS

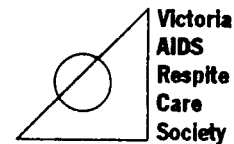
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A Non-Profit Agency

Ste. 609 - 620 View St., Victoria, B. C., V8W 1J6
 Phone: (604) 388-6220 Facsimile: (604) 388-0711

Monday -- Friday: 9.00 -- 5.00

- Advocacy
- Personal Care Training
- Respite Care
- Home Care



AIDS Vancouver Island

July 1993

DIRECTORY

**AIDS INFO LINE
(VICTORIA)
384-4554**

**TOLL-FREE INFO LINE
1-800-665-2437**

**ADMINISTRATION
384-2366**

**EDUCATION
384-2368**

**FACSIMILE MACHINE
380-9411**

**ISLAND OUTREACH
PROJECT (COURTENAY)
335-1171**

**ISLAND OUTREACH
PROJECT (FAX)
335-1178**

**SPECIAL EVENTS
384-5595**

**SUPPORT
384-1511**

**STREET OUTREACH
(OFFICE)
384-1345**

**STREET OUTREACH
(PAGER)
388-6275 - #1542**

**VOLUNTEERS
384-2368**

LOCATION OF EVENTS

Those in *italics* are scheduled for the Living Room 305 - 733 Johnson Street. Personal services require appointments - please sign up on the Living Room bulletin board. All other events, unless indicated otherwise, occur at AVI's main office 304 - 733 Johnson Street.

M	T	W	T	F	S/S
			1	2	3
					4
5	6	7 <i>Women's Group</i> 5:30-7:15 <i>Women & AIDS Project</i> 7:30-9 pm <i>Family Friends & Lovers</i> Support Group @ 7:30 - 923 Burdett Street	8	9	10
<i>Massage Therapy - LaDonna</i> 11:00 a.m. - 2:00 p.m.	<i>Body Work - Frank</i> 10:00 a.m. - 1:00 p.m.				<i>Helpline Training</i> 10:00 a.m. - 4:00 p.m.
12	13	14 <i>Helpline Volunteer Mtg.</i> 5:00 - 6:00 p.m. <i>Helpline Training</i> 7:00 - 10:00 p.m. <i>Family Friends & Lovers</i> Support Group @ 7:30 - 923 Burdett Street	15	16	17
	<i>Body Work - Frank</i> 10:00 a.m. - 1:00 p.m. <i>Joe the Barber</i> 1:30 - 4:30 p.m.		<i>Speakers' Bureau & Education Committee</i> 7:00 - 9:00 p.m.		
19	20	21 <i>Women's Group</i> 5:30-7:15 <i>Women & AIDS Project</i> 7:30-9 pm <i>Family Friends & Lovers</i> Support Group @ 7:30 - 923 Burdett Street	22	23	24
<i>Massage Therapy - LaDonna</i> 11:00 a.m. - 2:00 p.m.	<i>Body Work - Frank</i> 10:00 a.m. - 1:00 p.m. <i>Support Volunteer Mtg</i> 5:00 - 6:30 p.m.				BIZARRE BAZAAR!
26	27	28 <i>Family Friends & Lovers</i> Support Group @ 7:30 - 923 Burdett Street	29	30	31
<i>Massage Therapy - LaDonna</i> 11:00 a.m. - 2:00 p.m.	<i>Body Work - Frank</i> 10:00 a.m. - 1:00 p.m.				

Living Room drop-in hours (unless booked) are as follows - Monday 2 - 5; Tuesday 1 - 5; Wednesday 9 - 3; Thursday 9 - 9; Friday 9 - 5