

# POSITIVE KARING

## AIDS RESOURCE CENTRE-OKANAGAN & REGION

### Kelowna's School District #23 Gives Initial Approval for HIV/AIDS 'Speaks'

In a meeting on February 17 with Bob Scherer, (Director of Instruction), Eric Danielsen and Virginia Hallonquist (Family Life Education Consultants) it was established that ARC had met the required standards for presentations in the schools for this district. The Speakers Bureau is now responding to teachers' requests for the remainder of this school term.

Evidence (from a joint United Nations study) concluded that sexual health education for children and young people promotes safer sexual practice and does not increase their sexual activity. (See page 11 for details).

Volunteers who have completed Core Training have taken further training for the Speakers Bureau. They also respond to a wide variety of requests in youth groups, church groups, service clubs, and other agencies.



### Peer Counselling Starts March 17.

This is a process based on the belief that People are all capable of solving their own problems. When we assist others to determine problem solving strategies we empower them and enhance their sense of self-competence.

Our Peer Counselors will provide support in a crisis, help identify problems that are creating a difficulty, broaden their perspective and explore as broad a range of problem solving options as are available to them. They will, where possible, support them in the implementation of the solution that the client believes will be most effective.

Chris, Fred or Richard will be available on **Tuesday afternoons or Friday mornings** to provide confidential and helpful support to HIV positive individuals. Book an appointment with them by calling 862-2437.

### Changes to Complimentary Health Fund Benefits...

The Complimentary Health Fund (CHF) was established by BCPWA in the late 1980's to provide financial support for alternative and complementary therapies not covered by the provincial Medical Services Plan. To keep the CHF afloat for next year, we will have to set a maximum benefit of \$75 a month for each member beginning April 1, 1998 (down from \$100).

For all members who have received CHF benefits in the past, the only change will be that the maximum benefit claim will be set at \$75 a month for each member.

For those members who have never received CHF there will be a waiting list. We will process all new applications for CHF benefits as soon as possible. As before, CHF is provided to members with incomes below \$1600 a month and applications are processed on a first-come-first-served basis.

FROM: Brian Thomas, Treasurer, Board of Directors, BCPWA

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**MICHAEL J. SAYA, EDITOR**

This newsletter is the official publication of ARC: The AIDS Resource Centre of the Okanagan & Region (formerly Kelowna and Area AIDS Resources, Education and Support Society). It is published 4 times yearly. The materials in this newsletter are meant to be consistent with ARC purposes which are:

- a) to promote awareness of AIDS and related diseases;
- b) to develop and provide resources to combat the spread of AIDS and the AIDS virus (HIV);
- c) to develop and provide educational resources;
- d) to support those living with AIDS or who have been diagnosed HIV positive and /or their significant others.

Even so, the opinions and comments within this newsletter are those of the authors and do not necessarily reflect official policy of ARC. The newsletter does not recommend, advocate or endorse the use of any particular treatment or therapy described as information. The Board, staff and volunteers of ARC do not accept the risk of, nor responsibility for any damages, costs or consequences of any kind which may arise or result from the use of information disseminated through this newsletter. Persons using the information provided through this newsletter do so by their own decision and hold the Society's Board, staff and volunteers harmless.

Submissions for publication may be sent to our office at any time; however, deadlines are 2 weeks prior to publication dates. Submitted material can be returned if that request is made in writing and an address is provided. Permission to reprint and distribute this newsletter is openly encouraged.

The ARC office is located at:

#202 - 1626 Richter Ave.,  
Kelowna, B.C. V1X 6E6

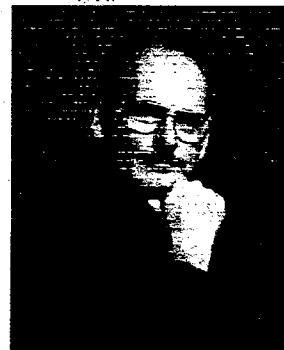
(250) 862-AIDS (2437)  
(1-800-616-AIDS (2437)  
FAX: (250) 868-8662

## BUILD IT AND THEY WILL COME

Since I arrived here in the Okanagan in July 1997, to take the position of Executive Director at the Kelowna & Area AIDS Resource, Education & Support Society, now known as the **AIDS Resource Centre, Okanagan & Region** it has been a very busy time.

**What is ARC, and what happened to KARES?** ARC, the AIDS Resource Centre - Okanagan & Region, has evolved from KARES. With a broader mandate, a larger geographical area, and plans for a new location, we have outgrown our former name. We were founded in 1992 as a society dedicated to helping those affected and infected by HIV/AIDS. An elected Board of Directors who help to ensure we stay within our mandate governs AIDS Resource Centre. Our basic funding comes from the Ministry of Health, but it does not provide for direct financial assistance to clients. Events such as AIDS Walk '97 and the Red Ribbon Campaign are necessary to raise funds to provide programs such as the Emergency Relief fund, nutritional food bank, education initiatives and employment re-training for PWA's. These annual public events also serve to raise awareness about AIDS.

Our first order of business was to put additional programs in place for the clients the agency was currently serving: programs that would assist the clients with advocacy around housing, income security, health care and food. We also started to revamp the Education/ Speaker's Bureau so that we would be able to meet the needs of the expanded community we serve.



**DARYLE ROBERTS  
EXECUTIVE DIRECTOR**

In September we held the first annual AIDS Walk in the Okanagan, with over two hundred individuals who walked for the cause. We raised over \$12,500 in cash plus an additional \$15,000 in corporate donations. We will be producing the 2<sup>nd</sup> Annual AIDS Walk on September 27, 1998; if you are interested in volunteering contact the office!

We were also faced with the challenge of access for the clients and volunteers to our office at Hunter Court. As most clients do not have their own transportation, they had to reach us on public transportation. This was not convenient for the clients, along with the fact that the office offered no confidential space for the clients to meet with support workers. In October the Board of Director's took on the task of locating a facility that would meet the current needs of the agency and the projected needs for the future. This was accomplished when we moved into our new location on December 15, 1998.

As we moved into the new year, we expanded our support outreach in the Okanagan region:

- a) A Support Worker is on site two times a week in Vernon at the North Okanagan Youth and Family Services Office and once a week in Penticton at the Reconnect

(continued from p.2....)

Office. Along with our presence in these two locations, we also visit the Outreach Health Clinic in Kelowna one day a week.

b) Support groups were started in Vernon: an HIV+ support group the second and last Tuesday of each month, and a Family, Friends and Partners group the first Tuesday of each month, (both groups held at the People Place in Vernon).

c) The Penticton Family, Friends and Partners group restarted in February and meets the third Wednesday of each month at the Penticton Regional Hospital.

Please feel free to contact the office at 250-862-2437 or 1-800-616-2437 for further information about programs or referrals to resources in your local community.



FROM ADAM CALVERT...

The Spiritual Outreach Program at the AIDS Resource Centre began with the understanding that the spirit, along with the body and mind, needs to be nurtured for the overall health of any individual. There is an understanding that people of various beliefs can work together for the spiritual betterment of people living with HIV/AIDS. Toward this end we support all people without regard to their race, ethnic origin, sexual orientation, lifestyle or belief system.

The Spiritual Outreach Program assists in meeting the spiritual needs of those living with HIV/AIDS through volunteer efforts. We also offer our



Adam finishes his placement the end of March. Thanks for your good work!

OUC Social Work Student Practicums Benefit our Clients

services as an education program to lessen the fear surrounding HIV. We are committed to treating all people with dignity and respect, providing spiritual care, comfort and compassion to those who need it, and working to promote spiritual health and well being.

We are currently establishing the program and are looking for more volunteers from the different faith communities in the Okanagan. We are also establishing a leadership group for the Spiritual Outreach Program. If you are interested please contact Adam Calvert or Steve Blazosek at the AIDS Resource Centre.

FROM TERRI STRATTON...



"Hi! I am doing my fourth year practicum and am enjoying it very much!"

I graduate from OUC this spring with my Bachelor's of Social Work degree. Every day I learn something new: for example I've learned new and interesting vocabulary (from James!) as well as advances in HIV/AIDS treatment.

My role has been as a support worker in Vernon, Penticton and Kelowna. I work with clients to obtain additional funding to enhance their quality of life.

I have been working with Daryle Roberts and Dawn on the Strategic Management Plan for the Okanagan which looks at services that are available and those needed. Daryle and I were at a meeting with the North Okanagan- Columbia- Shuswap Regional Health Board which allowed us to bring awareness about the growing concerns and issues around HIV/AIDS in the Okanagan. We received good feedback and a lot of interest - a major step in ensuring more services for HIV/AIDS clients.

If you have any other questions or if you would like to meet me, please stop by ARC and say Hi!

FROM DAWN JOHNSTON...



Hi! My name is Dawn Johnson. (Dawn is with us till April 16.)

I am a 4<sup>th</sup> year Bachelor of Social Work practicum student here at the AIDS Resource Centre. As part of my practicum, I am here to assist those people who are currently on Level 2 Disability with the Ministry of Human Resources and need to apply for extra funding for food, nutrition, vitamins and bottled water.

This is achieved through a process in the BC Benefits Act called Schedule C. The process can take up to two months to complete with no guarantee, but there is always a chance.

The second part of my practicum involves helping to design and produce a Health Management Strategy for HIV/AIDS in the North and South Okanagan. This strategy is to be geared toward those groups at high risk of contracting HIV and persons directly and indirectly affected by the virus.

This strategy includes a plan to manage health care needs, provides education and support services, and encourages more public awareness of what HIV/AIDS is all about.



**PUTTING A FACE ON HIV/AIDS IN THE OKANAGAN...**



**Judy Ross is the Administrative Assistant at the AIDS Resource Centre.**

**How did you come to be involved with KARES?**

"In January of 1996 I was asked to provide office support as part of the job placement programs out of EPI. It was called KARES then, and I didn't really know that much about HIV or AIDS. But I had some experience in other agencies that provided social support and would give it my best shot. When I met one of the Board members who was a lady managing a funeral service (Anne Higgs) I really wondered what I was getting in to!

My first task was the sorting out of a huge pile of paper, and receipts, and reports and setting up some form of filing system. I had to learn as much as I could about HIV and AIDS in a hurry because people were coming in the door looking for answers and support.

Ron (van der Meer) and I were pretty much holding the day to day operation together. My experience in accounting, computers and office administration was what was really needed at that point. We had some volunteers, often friends and

members of families that had been affected by HIV to help with some of the work. We had help too from some clients themselves when they were feeling up to it. The other large task was the cleaning up of the "warehouse" of donations that had accumulated over a few years. With the help of the Board, the offices on Hunter Court were eventually a more professional space with a lounge, and a fledgling library. What we lacked, however, were closed private spaces for confidential one on one client support. My job was to keep track of all of this and know who was doing what and where and when. I guess I did a good job, because on March 1<sup>st</sup> they offered me a full time position as the office administrator.

**What changes have you seen over the past 2 years?**

Some things don't change. The families that come for information and for support still have to face a lot of challenges.

*"We are here to provide compassion, understanding, support and hugs... lots of hugs."*

I remember one HIV positive client, a big burly guy who moved here recently from Vancouver. At the end of the intake interview he offered his hand in thanks, but I gave him a big hug instead. He broke down and cried. It had been so long since someone had touched him, let alone given him a hug.

Often our clients become isolated and lose opportunities to be touched. We all need it

In 1996 though, we had several deaths. Parents took it personally and other family members needed support and grief counseling. They learned to trust us at KARES and appreciated the listening and the confidentiality. We could connect them with Hospice and any other appropriate support. Because of good medical treatment, not as many clients are dying now. That's good! And we provide education to help families handle the fear, to reduce the misconceptions. Education is the only vaccination!

**What does this centre look like now?**

Today, AIDS Resource Centre is a whole new creature! With Daryle at the helm, we are moving forward rapidly. We work as a *team* that handles the increasing workloads together. Programs and services are expanding. The central location is great and much more accessible. Not that we want to see more numbers, but it does mean more people are finding us. There is much more emphasis on education and awareness these days. That is what is needed. And we are doing it well.

Judy has seen lots of growth and changes as KARES grew into the AIDS Resource Centre. But some things never change- like her warm laugh and her caring for the clients and families that come for support.

And her hugs are still free!

**FROM MY POINT OF VIEW...**

*(In this section we invite those men and women who are HIV positive to tell their story as a way of supporting others)*

**Steve Blazosek, PWA  
(Person Living with  
HIV/AIDS)**

My name is Steve Blazosek. I was diagnosed in July 1995 with HIV. Emotionally, it was extremely difficult to accept as I had also been diagnosed with epilepsy just a year before. As my body began deteriorating physically, I began a downward spiral emotionally. It felt as though my world was falling apart. I even considered committing suicide by taking an entire bottle of Dillantin (an anti-seizure medication). I thank the Lord I didn't, for it was about that time that miracles began happening in my life.

The virus was detected just as I was seroconverting (HIV is just detectable in the blood), and I was able to begin early treatment. In addition, I was (and still am) ahead because my immune system was not yet subject to other damaging effects.

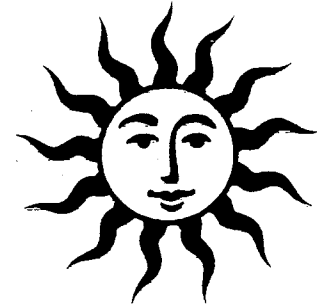
I have been on a regimen of medications including AZT, 3TC and Saquinavir. I originally thought these medications were not working well because I had lost a fair amount of weight and looked and felt sick. One of the first things I did in the realm of alternative treatments was to pray. I prayed that I might still enjoy the gift of life and I asked for knowledge about natural remedies for my condition. This led me to purchase Hulda Clark's book "The Cure for HIV and AIDS" which discusses parasitic cleanses. This entails keeping the body and lymphatic system free of unfriendly

bacteria and parasites and allowing the immune system to fight the HIV. Her cleanse includes wormwood, clove powder and walnut tincture. My CD cell count went up 100 points as a direct result of my program. Excitedly, I continued my research into various therapies and vitamin and herbal supplements.\*

In early 1996 I began vitamin supplementation along with grape seed extract and ginko biloba extract. Soon my appetite returned and I gained weight and the side effects of my medications also began to dissipate. By the summer my Viral Load tests came back as "undetectable" (below 500 per ml blood); in addition my CD4/CD8 ratio read in the low normal range (up from below normal). My specialist, Dr. Andrew Pattulo said my test results were "astounding".

\*\* I have also been experimenting with Una de Gato or "Cat's Claw". A medicine extracted from this plant is being used to impede the multiplication of HIV, to activate the cells of the immune system and reduce the side-effects of AZT therapy. (*Una de Gato contains isopteropidine and five other oxindole alkaloids, four of which have been shown to improve phagocytosis (the ability of white blood cells and macrophages to attack, and digest harmful micro-organisms).*)

**"When your life is on the line, you leave no stone unturned to get all the information and knowledge that you can."**



Finally, the icing on the cake came when routine EEG results demonstrated no further need for epilepsy medication!

What began as the most devastating news of my life, has developed into a positive road of opportunity. I am fortunate to have a network of friends, family and support groups.

**I now have a unique chance to share my experience with others infected with HIV. I know what it is like to stumble around in darkness wishing and hoping for a miracle cure.**

I have involved myself with my church and have had opportunities to speak regarding the need for support for individuals with HIV/AIDS. (*In partnership with Bea Dick, Steve has talked to Adventist Churches and Schools in B.C. to show how their congregations, with increased understanding, can offer compassion and support to members infected or affected by HIV.*)

\* **Editor's Notes: See Managing Your Health, pages 78 to 83.**

\*\* **Please refer to the Newsletter's disclaimer on page 2, with respect to any treatment information presented (Editor)**

## POSITIVE WOMEN

### HIV TREATMENT IN PREGNANCY

*(from the National Women and HIV Project Newsletter, Volume 2, No. 3, February/March 1997. (Written by Barbara C. Frelau, a family physician in Vancouver)*

Being HIV positive does not mean that you should not consider having children. Most studies show that HIV disease in mothers does not become worse due to pregnancy. Unfortunately, until recently there was about a 35 percent chance that a woman would infect her unborn child or children. But in 1994, a study showed that if pregnant mothers were treated with AZT (zidovudine) during pregnancy, in labour and delivery, and their infants were treated for a short time after birth, that the risk of transmitting the HIV virus to the baby was reduced from 25 percent to 8 percent! We still do not know how AZT affects babies, but so far no major birth defects have been seen. Iron levels in the blood are sometimes slightly lower for a short time after birth but (at twelve weeks) return to normal.

In a study of 39 mothers and their babies in British Columbia over the last two years, only 7.1 % were infected when both mother and infant were treated with AZT. It was important to get the full treatment. The Center for Disease Control in British Columbia now strongly suggests that all pregnant women get tested for HIV.

In 1995, almost half of all pregnant women were tested here. Twenty-four of these tests were positive, and more than half of these women (sixteen) did not know they were at risk.

I strongly encourage all women to get tested during pregnancy. If you are HIV positive, I encourage you to start treatment to reduce the risk of passing this virus onto your baby. If you are on more than one drug, most specialists encourage women to stay on all the medications even though we do not know the long-term effects of these drugs on the babies. We do know that the chance of infecting your baby increases if you stop taking any of the drugs.

As I said earlier, no serious birth defects have been seen. Of course, remember to be healthy during your pregnancy — and make sure you take prenatal vitamins. Once you have your baby, I do not recommend breast feeding, as you can also transmit the HIV virus to your baby this way; there are very good formulas that can keep your baby healthy and growing well.

### Kaposi's Sarcoma in Women

Kaposi's sarcoma (KS) is the most common malignancy associated with HIV infection, but its incidence is strikingly different depending on risk behavior. The disease occurs mostly in gay and bisexual men, with much lower rates in women and intra-venous drug users. This article summarizes the experience with KS among women receiving care at Boston City Hospital over a 7-year period.

Of 1239 people with HIV infection, 107 cases of KS were reported. Incidence of KS was 3.6% among women vs. 9.9% among men. All of the women with KS reported

sexual contact with an HIV infected partner, but only 5 of the 12 had contact with men known to be bisexual. Four women also had used intra-venous drugs.

Compared with men, the women's KS was more likely to be advanced at presentation, and to include non-cutaneous (skin) disease, lymphedema, lymph-node disease, and visceral (intestinal) disease. There was a trend toward shorter survival in the women, although this was not statistically significant.

Although it is unclear why KS was diagnosed at a later stage in women than men, the authors propose that biological factors as well as a delay in diagnosis may have played a role. Since a newly discovered herpes virus is the likely etiologic agent (cause) of KS, it is possible that in the future, tests will be available to identify those at risk for this condition.

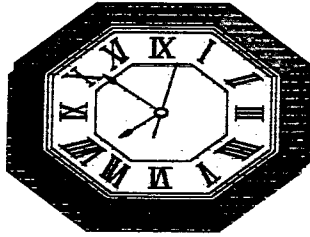
*(Reprinted from: National Women and HIV Newsletter, Volume 2, No. 3, February/March 1997. Written by Cooley T.P and excerpted from AIDS CLINICAL CARE, Vol. 8, No. 11*

### Are you a positive woman looking for support or wanting to give support?

The Okanagan needs you! More information about the Positive Women's Network is available at BCPWA in Vancouver at

1-800-994-2437  
x 200 (reception)  
x 276 (support and advocacy)  
x 202 (treatment and support)  
or FAX: 1 - 604 - 893-2211.

## FROM THE LIBRARY



### LIVING WITH HIV/AIDS: EVOLVING THE PARADIGM

This book is the result of a project created to seek the benefits of more than a decade of experience with HIV/AIDS. It summarizes the stories and experiences of persons infected, persons affected and those providing care.

**"The intent was to understand how people have lived with HIV/AIDS in their lives."**

The primary goal of the project was to develop in-depth understanding of living with HIV/AIDS in the community. What are the vulnerabilities? What capacities are required? Secondary goals included: identifying supports and assistance to living with HIV and AIDS, and informing the designers of services to better meet conditions and the associated needs. The primary focus of this research project is HIV/AIDS health, illness and disease from a personal, social and environmental capacities and vulnerabilities perspective.

"We now have over fifteen years of experience in living with the human immune deficiency virus; nearly a decade and a half of journeying into a strange fore-

boding land. It has been a journey filled with pain, suffering, death and heroic sacrifice. The legacy of the HIV/AIDS pioneers may be paralleled to the legacy of human journeys into uncharted wilderness.

"What can those who have the disease, who have lived in close association with persons suffering and dying and those whose professional lives have been dedicated to providing care, treatment and support, tell about their experiences? How can those pioneering experiences help us as we journey into the future? It was questions such as these that led to the creation of this research project."

"By carefully listening to and understanding the messages, valuable information is obtained, information that can be used to correct imbalances and enhance overall quality of life...It is particularly important to know how...we live with and care for chronic and incurable illnesses. In the HIV/AIDS epidemic this approach addresses personal and social realities that create...viral spread."

"Another point of view holds that human illness and disease are manifestations of physical malfunctioning (that) needs to be corrected or repaired...This often takes a "make war on disease" approach and underpins continuous searching for "magic bullet" weapons that will eliminate the illness and bring a 'cure' to the diseased organism.

"The two viewpoints presented above are not fundamentally opposed. In the HIV/AIDS epidemic, the search for medical treatments is guided by the latter; holistic approaches to care, treatment and support have their origins in the former."

**The Volunteer Resources of the AIDS Resource Centre is in need of volunteers for the following:**

**The ARC Newsletter-typing skills and desktop publishing knowledge are a must.**

**The Library-organizing skills are essential!**

**Coffee Pick-up – Tuesdays at Starbucks, Orchard Park.**

**Filing – twice a week in the AIDS Resource Centre office**

**The AIDS Awareness Community Team (AACT) is the drama youth group; we are looking for creative members interested in educating the youth!!**

**Reception – must be personable and have excellent communication and organizing skills. At least 4 hours per week, morning or afternoon shifts.**

**Interested individuals can contact Altair Millares,**

**ARC Volunteer Resources at 862-2437 during office hours or by e-mail: [amillares@silk.net](mailto:amillares@silk.net).**

**The ARC Volunteer Info-pack is available at the office.**

## Signing Your Rights Away

Recently the Ministry of Human Resources began demanding that people receiving benefits sign a letter. It would give the Ministry the right to share information with and ask questions of, not only other government departments like Revenue Canada, but virtually everyone they were in contact with, had previous knowledge of, or might hope to meet in the future. A clear statement was made: Either you give permission to us to dig around in every corner of your life or your benefits will cease.

There are serious questions about the legality of such a document, specifically: Is it acceptable, under the Canadian constitution, for any government body to require an individual to sign away their right to privacy in order to have access to social benefits?

Many people signed the form fearing that if they refused to sign they would be without any means of support. The BC Persons with AIDS Society was one of many consumer advocacy groups that called for an immediate cessation and review of the practice and the coercion used to enforce it.

Currently the entire matter is under review. Those who were already receiving benefits should not have been required to sign. If you did sign you should make a formal request that the document be removed from your file. Those newly applying for service were required to sign. However it is possible to make a formal statement that this was done under protest.

It is advisable to take these steps as the legality of the document



**Ron van der Meer**  
Client Support Worker

and process are dubious. There is a good chance that all of those letters will be revoked. You have the right to protect your right to privacy

## "How about those Meds!"

Yes its time for more cocktail talk. Not the black tie, evening gown variety but the mixture of pills and potions which have over the past two years proven so effective for some and so challenging for everyone.

Anti-retroviral combination therapy has been a great advance in the fight against HIV disease and for the time being remains the best shot we have at keeping people healthy. However the program doesn't work for everyone. Your individual drug regimen is determined by a variety of factors including previous treatment, possible resistance, tolerance and sensitivity (side effects).

It is important to take the meds consistently and correctly. Know how to take each medication. Some are on an empty stomach and others must be taken with food. Be aware of possible drug interactions. For example you can't take Seldane® with Crixivan®/ Indinavir®.

It is also important to take your meds at regular times. This keeps a steady supply of the drug in your bloodstream, thereby reducing the opportunity for resistance to develop.

There are so many things to remember to do and not to do that it all becomes a bit overwhelming and more than a little inconvenient. How can you take your pills at eight-hour intervals and still manage a good night's sleep? How do you keep your nutritional intake on track when there are chunks out of the day when you must avoid eating?

Successful therapy may require some changes and innovations. If a particular aspect of treatment is causing you problems try to find a simple solution. For me it was the final dose of meds in the evening. I'd be nodding off in my chair dutifully trying to stay awake until 11:00 p.m. And while the cat probably found it amusing to see my head snapping up and down like a yo-yo® on a string, the whole business soon lost its charm for me. The answer was to place the pills and water on the nightstand, wake to the alarm, scarf back the pills and hit the pillow again. Result: a minor interruption in sleep, no memory of having awakened and no missed doses.

There are creative and simple solutions around a lot of other issues too. One of our greatest resources is the sharing of information. If you are experiencing a particular challenge because of HIV or if you've found a clever way of handling one, we'd like to hear from you.





**COMPLEMENTARY THERAPIES**

*This section is devoted to discussion about other approaches to coping with and treating the affects of HIV in our bodies. (See disclaimer on page 2).*

**SOME TIMES THE BEST WAY TO TREAT OURSELVES IS TO LET OTHERS KNOW HOW WE LIKE TO BE TREATED!**

**"23 HELPFUL HINTS WHEN MEETING SOMEONE WITH HIV/AIDS"**

*Casually leave it open somewhere for him or her to read & watch how a little education goes a long way!*

Please remember the following points:

- ☞ Not everyone who is infected with HIV knows that they are HIV+ The only way to know for certain is to be tested. We recommend anonymous testing.
  - ☞ Not everyone who knows they are living with HIV is willing or able to disclose their status.
  - ☞ Knowledge alone does not guarantee that you will not be exposed to HIV. It just doesn't work.
1. Do not run screaming from the room. This is rude.
  2. Do not wipe your hand after you have shaken the hand of the person living with HIV/AIDS. This is rude.
  3. If you must back away, do so slowly and with discretion. When you are far enough away that no one can hear you, ask yourself why you are so ignorant.

4. Do not assume a man living with HIV/AIDS is gay. Do not assume a person infected while sharing needles was sharing needles for drug use. Do understand the people with HIV/AIDS come from all walks of life. They are young and old, male and female, gay and straight, from every race and religion. They come from every province, large urban centres and small rural communities. They are as diverse as the people who make up our country.

**Do not assume that HIV discriminates .....only people do!**

5. Do not refer to a person living with HIV/AIDS as a victim or a sufferer or a PHA. They are people living with HIV/AIDS.
6. Do not be afraid to hug a person living with HIV/AIDS. You can't get HIV this way.
7. Do not assume the person living with HIV/AIDS is in need of a hug.
8. Do not ask the person living with HIV/AIDS "How old are you?" in a condescending, patronizing manner. They may be healthier than you are.
9. Do not ask the person living with HIV/AIDS how they became infected. Instead ask yourself how you are protecting yourself from becoming infected.
10. Do not expect the person living with HIV/AIDS to be willing or able to ensure you understand the basic facts about HIV/AIDS.
11. Unless your assistance is requested, do not offer to help the person living with HIV/AIDS to plan their funeral.

12. Do not assume people living with HIV/AIDS are experts on death and dying. People living with HIV/AIDS are experts on living.
13. Do not assume people living with HIV/AIDS are dying to discuss their "situation" or health with you.
14. Do not assume the person living with HIV/AIDS does not want to discuss his/her situation or health with you.
15. Do not assume that the person living with HIV/AIDS is alone or lonely.
16. Do not assume the person living with HIV/AIDS is horny and no longer has a sex life.
17. Do not assume that the person living with HIV/AIDS is not alone or lonely.
18. Do not assume that the person living with HIV/AIDS is not attracted to you.
19. Do not trivialize the person living with HIV/AIDS by assuming that the only aspect of their lives affected is their sex life.
20. Do not assume you know what is best for the person living with HIV/AIDS. Ask them ...they will tell you.
21. Do not assume that HIV/AIDS is only a medical condition. HIV/AIDS has social, mental, spiritual, emotional, political, implications as well.
22. Do not assume that the stigma and discrimination faced by people living with HIV/AIDS is only their problem. It is a problem for all of us.
23. Do not count on this as an exhaustive list. People living with HIV/AIDS are individuals; and as such, should be treated with the same respect, individuality, and dignity that you provide to any stranger that you meet.

*(Reprinted from The Sacred Fire Newsletter who acknowledge thanks to The Toronto People with AIDS Foundation - Outreach Department.)*

## EVENTS AND ACTIVITIES OF INTEREST TO THE HIV POSITIVE INDIVIDUAL....

Rev. Donna Maurice-Winchell invites you to a **SPIRITUALITY SERVICE AND RECOVERY LECTURE** the first Sunday of each month at 7:00 PM. This is a nondenominational service for all who seek healthy spirituality in a safe, nurturing environment. It is especially geared for people in recovery, persons living with HIV/AIDS and families needing support with these issues. (Next dates: April 5, June 7 and July 5, 1998). The "Upper Room", 1859 Harvey Ave. at Spall. For information call 762-2650.

**CANADIAN AIDS SOCIETY PWA FORUM and AGM JULY 14-19, 1998**

- changing roles of community-based organizations
- coping with emerging epidemics in women, injection drug users, young gay men, and Aboriginal communities
- coping with the realities of returning to work
- keeping abreast of rapid advances in treatment
- \$100 registration fee; call 1-800-884-1058 or email: heddass@cdnaids.ca

**HIV RELATED SUPPORT GROUPS IN THE OKANAGAN**

**Vernon HIV/AIDS Support Group:** This group is for those living with HIV and meets the second and fourth Tuesdays of the month at 7:00PM. Contact Cammy at 545-3572 at the North Okanagan Youth and Family Services Society or the AIDS Resource Centre for more information.

**Vernon Family, Friends and Partners Group:** This group (facilitated by Donna Hill) is for the friends, families and partners of those with HIV and meets the first Tuesday of every month from 7 to 9 PM at the People Place. For information call ARC at 1-800 616-2437.

**Kelowna based PEER SUPPORT:** Chris, Fred or Richard will be available on Tuesday afternoons or Friday mornings to provide confidential and helpful support to HIV positive individuals about living with HIV disease. Book an appointment with them at 862-2437.

**Penticton Family, Friends and Partners Group:** was restarted in February and meets the third Wednesday of each month at the Penticton Regional Hospital. Contact Sandy Detjen (250) 490-0909, or Dale McKinnon (250) 492-4000.

**MEMBERSHIP APPLICATION**

Please make cheque payable to: ARC #202, 1626 Richter Ave, Kelowna, B.C. V1Y 2M3

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Residence: \_\_\_\_\_ Work: \_\_\_\_\_

Membership: \$10 per year – Organizational \$25 and up –Lifetime \$100

Active members must agree to uphold the aims and objectives of the Society and maintain confidentiality.

## NOTES AND NEWS

## RESEARCH UPDATES....ETC.

In a review commissioned by the Joint United Nations Programme on HIV/AIDS ( U.N.AIDS), evidence indicates that sexual health education for children and young people promotes safer sexual practice and does not increase their sexual activity.

With sexual health education for the young such a hotly-debated issue, UNAIDS commissioned a review of sixty eight reports on sexual health education from France, Mexico, Switzerland, Thailand, the United Kingdom, the United States, as well as from different Nordic Countries. The reviews primary intention was to inform policy makers, program planners and educators about the impact of HIV and sexual health education on the behavior of young people described in the published literature.

The main conclusions of the review were:

1) Education about sexual health and/or HIV does not encourage increased sexual activity. Only three studies out of 68 reported a relation between such education and increased sexual interaction and these studies were regarded as having severe methodological limitations;

2) Good quality programmes help delay first intercourse and protect sexually-active youth from sexually transmitted diseases, including HIV, from pregnancy. 22 studies reported that HIV and/or sexual health education either delayed the onset of sexual activity, reduced the number of sexual partners or reduced unplanned pregnancy and STD rates;

3) Responsible and safe behavior can be learned;

4) Sexual health education is best started before the onset of sexual activity.

The review concluded that effective education programmes:

a) Have focused curricula, give clear statements about behavioral aims and feature clear delineation of the risks of unprotected sex and methods to avoid it;

b) Focus on learning activities that address social influences and media influences;

c) Teach and allow for practice in, communication and negotiation skills;

d) Encourage openness in communicating about sex;

e) Are grounded in theories stressing the social nature of learning.

Reprinted from: U.N. AIDS PRESS RELEASE: Sexual health education does lead to safer sexual behavior Geneva, 22 October 1997.

## TREATMENT INFORMATION

Resistance testing: with regard to protease inhibitors, the genotypic resistance testing may give misleading information that does not co-relate well with the phenotypic resistance (the former test looks for mutations on the HIV gene which are associated with drug resistance; the latter looks at the "fitness" of the virus to replicate - in the test tube - in the presence of the drugs). These new tests may have limited applications among the "nukes"

but much more research needs to be done before its clinical usefulness can be established.

Although the HIV eradication hypothesis may be temporarily "on the shelf", it looks like this disease may become chronic and manageable for some.

**Conclusion: Those PWA's most likely to collect their old age pensions are those who begin early aggressive therapy with little or no prior antiretroviral exposure, have access to expert medical care and who are compulsively compliant with their medications.**



From: Living Proof, VOL 4 NUM1  
JANUARY 1998  
A cooperative publication of Victoria PWA  
Society & Victoria AIDS Respite Care  
Society

**ON THE LIGHTER SIDE**

Julius Caesar extinguished himself on the battlefields of Gaul. The Ides of March murdered him because they thought he was going to be made king. Dying, he gasped out: "Tee Hee Brutus." Nero was a cruel tyrant who would torture his poor subjects by playing the fiddle for them. Rome came to have too many luxuries and baths. At Roman banquets, the guests wore garlics in their hair. They took two baths in two days, and that's the cause of the fall of Rome. Rome was invaded by ball bearings, and is full of fallen arches today.

Then came the Middle Ages when everyone was middle aged. King Alfred conquered the Dames. King Arthur lived in the Age of Shivery with brave knights on prancing horses and beautiful women. King Harold mustarded his troops before the Battle of Hastings. Joan of Arc was burnt to a steak and was canonized by Bernard Shaw. Victims of the bluebonnet plague grew boobs on their necks. Finally, Magna Carta provided that no free man should be hanged twice for the same offense.

In midevil times most people were alliterate. The greatest writer of the futile ages was Chaucer, who wrote many poems and verses and also wrote literature. During this time people put on morality plays about ghosts, goblins, virgins and other mythical creatures. Another story was about William Tell, who shot an arrow through an apple while standing on his son's head.

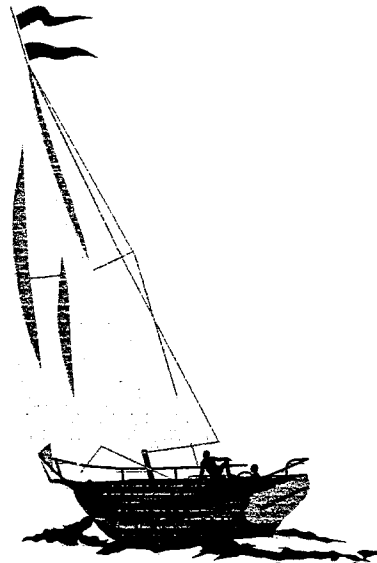
The Renaissance was an age in which more individuals felt the value of their human being. Martin Luther was nailed to the church door of Wittenberg for selling papal indulgences. He died a horrible death, being ex-communicated by a bull.

It was the painter Donatello's interest in the female nude that made him the father of the Renaissance.

The government of England was a limited mockery. From the womb of Henry VIII, Protestantism was born. He found walking difficult because he had an abcess on his knees.

Queen Elizabeth was the "Virgin Queen". As a queen she was a success. When Elizabeth exposed herself before her troops, they all shouted "hurrah". Then her navy went out and defeated the Spanish Armadillo.

It was an age of great inventions and discoveries. Gutenberg invented removable type and the Bible. Another important invention was the circulation of blood. Sir Walter Raleigh is an historical figure because he invented cigarettes and started smoking. And Sir Francis Drake circumcised the world with a 100-foot clipper. *(Excerpted from Richard Lederer's Anguished English)*

**THANK YOU TO....**

*In this section, we acknowledge the following donations of time, talent and treasures from the community...*

For food and drink donations ...

**Starbuck's coffee and  
The Kelowna Food Bank**

For monetary donations we thank

**Bean Scene Coffee House**

**South Okanagan Gay and  
Lesbian Support (SOGALS)**

**Youth Group of the First United  
Church, Kelowna**

**And Merck Frosst Canada  
(for a \$800 donation!)**



For handing out more than 500 Valentine's Day gifts of cinnamon hearts and condoms at local bars and night spots, we thank....



**Nicole Gutfruchte,**

**Lisa Conkin and**

**Jim Decoux!**

*And a special thank you to Marie Amaron, who (under the direction of Richard) has spent countless volunteer hours quietly getting our library into shape and well organized!! Thank you Marie. We appreciate your hard work.*