

# ARC News

for the AIDS Resource Centre - Okanagan & Region

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## Alternative combination therapy program available with Sustiva

**S**ustiva (pronounced sus-TEE-va) is classified as a non-nucleoside reverse transcriptase inhibitor (NNRTI). This medication, developed by DuPont Pharma, is approved for the treatment of HIV-1 infection and is used in combination with other antiretroviral agents. Studies have shown a combination of Sustiva and nucleoside analogs to be comparable in potency to the same combination with a protease inhibitor. Unlike many other HIV medications, Sustiva can be taken once a day without fluid or food restrictions. However, a high fat meal may decrease the absorption of Sustiva into the blood stream and should be avoided.

### How does it work?

In order for HIV to multiply, it requires the reverse transcriptase enzyme to foster its own replication and infect other cells. By blocking or inhibiting production of the enzyme, Sustiva is able to slow the proliferation of the HIV virus. The majority of patients had viral counts reduced to below quantifiable levels (less than 400 copies/ml) after treatment.

### Does Sustiva have side effects?

Fifty-two percent of the patients reported central nervous system symptoms that may include dizziness, insomnia, somnolence, impaired concentration and abnormal dreaming. These were only severe enough to cause treatment discontinuation in 2.6 percent of patients. A skin rash may occur and is usually mild to moderate in severity, often resolving itself within one month. Women taking Sustiva should not become pregnant.

### What is the dose?

For adults, the recommended dosage is 600 mg taken as three 200mg capsules, once daily, preferably in the evening. For pediatric patients of less than 40kg body weight, the dosage ranges from 200 to 400 mg once daily, depending upon body weight.

### What is the Sustiva Expanded Access Program?

The Canadian Sustiva Expanded Access Program (EAP) makes the medication readily available to HIV patients with limited therapeutic options. In December 1997 the inclusion criteria were broadened to include patients who have had a CD4 cell count of less than 400 cells/mm, or who are failing or intolerant to their current treatment combination.

Questions about Sustiva can be directed to [www.sustiva.com](http://www.sustiva.com) ◆

"One good thing about punctuality is that it's a sure way to help you enjoy a few minutes of privacy!"

**Candlelight Vigil planned for May 30**

See Newsletter Insert for further information

# In the News . . .

Updated AIDS statistics show risk categories have changed



There have been some important changes over time in the proportions of reported AIDS cases in different risk categories. For example, there has been an increase in the proportion of AIDS cases attributed to injection drug use (IDU). IDU accounted for 1.5 percent of all reported cases of AIDS before 1990, 4.9 percent between 1990 and 1995, and 10.6 percent in 1996.

In addition, the proportion of AIDS cases in women has increased. The proportion of all AIDS cases that were diagnosed in women before 1990 was 6.2 percent. Between 1990 and 1995, it was 6.9 percent, and in 1996, 10.6 percent. While the majority of AIDS cases in women are still related to heterosexual transmission, much of this rising trend among women can be attributed to IDU exposure (6.5 percent before 1990, 19.5 percent between 1990 and 1995, and 25 percent in 1996).

An increasing trend is also noted in AIDS cases attributed to heterosexual transmission (2.2 percent of all AIDS cases before 1990, 5.6 percent between 1990 and 1995, and 9.2 percent in 1996).

A decreasing proportion of reported AIDS cases is occurring in the men having sex with men (MSM) risk category (77.7 percent of all AIDS cases before 1990, 68.6 percent of the cases between 1990 and 1995, and 61.7 percent in

1996).

Comment: The important and good news of declining AIDS cases and AIDS deaths in Canada combined with the disturbing information that the incidence of new HIV infections has increased since the early 1990's means that the number of Canadians currently living with HIV is increasing. This rising prevalence means there is an increased need for care and support of persons living with HIV and a potential increased risk of HIV transmission in Canada. Improved data are urgently needed to better monitor the HIV epidemic in Canada, and to guide prevention and care programs and related policy.

(From EPI Update, Bureau of HIV/AIDS and STD Update Series, Laboratory Centre for Disease Control, Health Canada, November, 1997)

## AIDS in British Columbia

AIDS has been reported in over 2,486 British Columbia residents to date, of whom 77 percent have died. Of the British Columbia cases, 82.1 percent are homosexual/bisexual males, 1.2 percent are persons receiving blood or blood products, 3.7 percent are associated with heterosexual contact with high-risk individuals, and 4.8 percent are needle users. An additional 10 AIDS cases were newborn infants infected during pregnancy by their mothers. About 16.6 percent of all cases in Canada occur in British Columbia.

Seven hundred and thirteen people tested positive for HIV for the first time during 1996 and their risks indicate a major swing in the direction of the epidemic. Three hundred and eighty-seven were injection drug users (54.3 percent), 159 were men having sex with men, and 84 represented probable heterosexual transmission (12 percent).

(From Briefing Document, November 13, 1997, Radio Room BC)

An optimist goes to the window every morning and says, "Good morning, God." The pessimist goes to the window and says, "Good God, it's morning!"

Michael J. Sava, Editor



This newsletter is the official publication of the AIDS Resource Centre - Okanagan & Region

(ARC), formerly Kelowna and Area AIDS Resources, Education and Support Society. It is published four to six times yearly. The materials in this newsletter are meant to be consistent with ARC purposes which are:

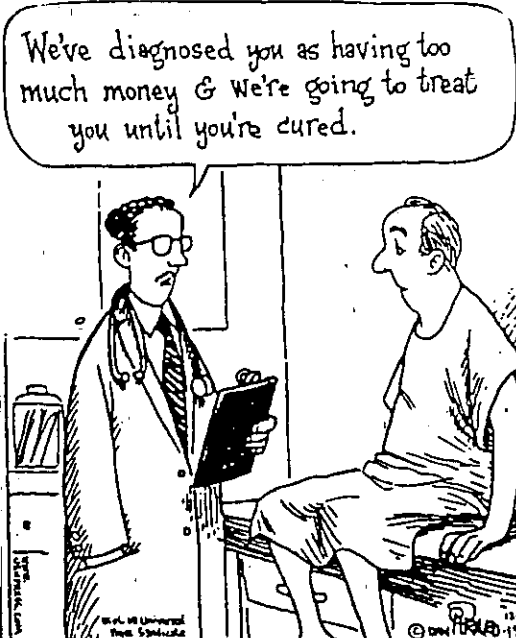
- to promote awareness of AIDS and related diseases
- to develop and provide resources to combat the spread of AIDS and the HIV virus
- to develop and provide educational resources
- to support those living with AIDS and those diagnosed HIV+, and/or their significant others

Even so, the opinions and comments within this newsletter are those of the authors and do not necessarily reflect official ARC policy. 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 offices at any time; publication deadline is two weeks prior to publication date. Submissions will be returned if a request is made in writing and an address provided. Permission to reprint and distribute this newsletter is openly encouraged.

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# Topher Talks ...

## "A Client's Viewpoint"

Well, I think spring has sprung. As the weather improves, our spirits start to soar. What better time to work on ourselves? By the time this is printed the Centre will have offered a self-esteem workshop (April 24-25). If you missed it, let Terri know and they can try to schedule another later in the summer.

Why would you want to work on your self-esteem? When you have a good sense — or, even better, a high sense — of self-esteem, you are in control. We might have HIV but we are not the disease. When you are secure in who you are and have good self-esteem, nobody can make you feel bad. When you take control you can affect the outcome of most situations. You will learn how to become more positive through affirmations, positive language and behaviour.

A part of taking care of yourself is taking control of the situation and making it work for you. When somebody tells you that you cannot do something, you can agree or prove them wrong by doing it. When you use the language of control, you take control. You change "I can't" to "I won't" and "I have to" to "I want to". Something as simple as changing the way you talk and think will go a long way to improving your life.

Have you ever considered having "AIDS-Free Down Time"? For a day or even a couple of hours? Take the time to get together with friends and spend a couple of hours not talking about your disease. Go to a movie, go bowling or get out of the house and spend time at the beach. Enjoy the scenery, take in the fresh air, enjoy good company. Remember: there must be time to be who you are when you are not being defined by your illness. Who you are is more important than what disease you have. I am not talking about drug holidays, nor ignoring your treatment plan. Just don't dwell on that one aspect of your life. You are a whole person, not just a single disease. Think about it.

I am not sure if everybody reads their BCPWA newsletters. There was a notice about an upcoming spiritual retreat on Vancouver Island the weekend of May 24. All one had to do was phone a 1-800 number and ask to be considered for the retreat. A short interview would then be conducted before considering the application. This was a five day/four night

event with approximately 30 to 35 other HIV-positive people attending. The only cost to you would be the trip to Vancouver. To my understanding the Positive Women's Network (PWN) has also just offered a retreat on Bowen Island. Any positive women could contact the PWN (1-800-

994-2437) and ask when their next retreat will be.

Also, be aware that BCPWA will be offering a second retreat sometime in July. This one will be held at a bush camp in a remote site, but close to Vancouver. If you think you're interested in going, let your support worker know and they can inform you when the notice comes out.

I can personally vouch for this retreat because I went on it last year. You spend four days in the quiet countryside, perhaps floating on a lake in an inner tube, or just enjoying the peacefulness and serenity.

Remember: You are in control of your life. Your life does not control you. ♦

## HIV/AIDS Information on the 'Net

The first of a two-part look at where to find more information about HIV research, treatments, statistics and personal stories around the world:

### [www.catie.ca](http://www.catie.ca)

Community AIDS Treatment Information Exchange 1 (800) 263-1638.

### [www.hummingbirdkids@bc.sympatico.ca](mailto:www.hummingbirdkids@bc.sympatico.ca)

Support for HIV-positive children in British Columbia:

### [www.thebody.com/index.shtml](http://www.thebody.com/index.shtml)

A US-based web site providing information relating to the human body.

### [www.ama-assn.org](http://www.ama-assn.org)

The AMA's web site features up-to-date information on HIV/AIDS.

### [www.projinf.org/](http://www.projinf.org/)

This web site is run by the San Francisco-based Project Inform: Information, Inspiration and Advocacy for People Living with HIV.

### [www.news365.com/diseases\\_and\\_conditions/AIDS](http://www.news365.com/diseases_and_conditions/AIDS)

This web site links to other sites that report research institute press releases, as well as HIV magazines.

### [www.unaids.org/](http://www.unaids.org/)

A web site detailing the United Nations' AIDS program, global initiatives, press releases, etc.

### [www.fxb.org/index.html](http://www.fxb.org/index.html)

A web site for the National Pediatric and Family HIV Resource Centre of New Jersey.

### [www.gbmg-umc.org/programs/hiv/aids.html](http://www.gbmg-umc.org/programs/hiv/aids.html)

A web site featuring HIV/AIDS-related programs and support available through the United Methodist church community.

### [www.hc-sc.gc.ca/hppb/hiv\\_aids/](http://www.hc-sc.gc.ca/hppb/hiv_aids/)

Health Canada's Canadian Strategy on AIDS web site.

### [www.library.jri.org](http://www.library.jri.org)

This web site links to many, many HIV/AIDS-related web sites available on the HIV Infoweb.

### [www.who.int/asd/](http://www.who.int/asd/)

The World Health Organization's web site provides global HIV/AIDS statistics, etc.

### [www.fhi.org/](http://www.fhi.org/)

The Family Health International's web site has a section on global HIV/AIDS trends.

### [www.cmvision.orh/](http://www.cmvision.orh/)

This web site deals with cytomegalovirus (CMV) infections of the eye.

### [www.aidslaw.ca](http://www.aidslaw.ca)

A Canadian-based web site providing information on constitutional rights, laws, ethics, etc.

### [www.nucleus.com/~aids\\_calgary/](http://www.nucleus.com/~aids_calgary/)

AIDS Calgary's web site.

### [www.growthhouse.org.asianhiv.html#phil](http://www.growthhouse.org.asianhiv.html#phil)

Asian HIV information.

### [www.amfar.org/](http://www.amfar.org/)

A web site by the American Foundation for AIDS news.

### [www.aegis.com](http://www.aegis.com)

Daily updates of global news reports and fact sheets on HIV/AIDS.

### [www.bcpwa.org](http://www.bcpwa.org)

The web site of the British Columbia Persons with Aids Society. Also check their list of links to several hundred other sites by visiting [www.bcpwa.org/resources/links.html](http://www.bcpwa.org/resources/links.html)

### [www.hivnet.ubc.ca/ctn.html/](http://www.hivnet.ubc.ca/ctn.html/)

This web site provides up-to-date information on the latest Canadian HIV treatments being tested across Canada.

### [www.web.apc.org/~icaso/icaso.html/](http://www.web.apc.org/~icaso/icaso.html/)

The International Council of AIDS Service Organizations' web site. ♦

# Client Support Workers

## What We Can Do for You!

There seems to be some confusion regarding services provided by ARC's Client Support Workers. I, Terri Ross, thought I would write a little blurb to let you all know what's new in the Support Department.

### Why Come to Us?

First, I want to tell you that we are here for YOU. We have a Support Department to help Persons Living With HIV/AIDS (PWAs) with their questions about socialization, education or finances. Or maybe you just need someone nonjudgmental and safe to talk with. More specifically, we provide: advocacy, personal and financial counselling, referrals to other services, education, employment and life skills, visitation, workshops or the setting up of a Care Team.

There are two Client Support Workers; myself and Ron van der Meer. Dawn had been covering for Ron, who was on leave. (Dawn left us at the end of April and we miss her already!)

### How You Can See Us

We have a drop-in time on Friday mornings from nine to noon. Both Ron and I are available for appointments during the week. Phone the office to set up an appointment with us in Kelowna, or when we travel to Vernon or Penticton. We are

very busy so, if you don't hear from us right away, it isn't because we're ignoring you.

### What We Can Do for You

One of the major elements of our advocacy work is applying for benefits under Schedule C of the Disability Benefits Act.

Basically, we help you apply to the Ministry of Human Resources for additional funds for food, nutritional supplements and bottled water. We started this just over a year ago and it has been quite successful. There have been a few roadblocks along the way but, overall, we have been accomplishing our objectives. We have completed 15 requests where applicants received a portion or all of the funds applied for, and are at work on 13 new requests. This is very time consuming for both the PWA and the Client Support Worker but it is worth it in the end. If you are interested in finding out more about Schedule C, please feel free to contact Ron or myself.

We also do hands-on support work including peer counselling, financial counselling, and the setting up of Care Teams and/or support groups. Dawn had been very busy working closely with one of our Care Teams, providing support to the PWA, the family and the volunteers. This is very intense and emotional work; but with the coordination of the whole team of volunteers and co-workers, she was able

to ensure the best care possible.

We also provide referrals to other organizations and services in the community. Client Support Workers must keep up to date with all the different services and opportunities available in the PWAs region. Referrals might include: Basic Adult Education Programs, Vocational Rehabilitation Services, the Rainbow of Opportunities, Hospice or Home Support, professional counselling, food resources, Community Futures, sexual orientation information and nutritional services. As you can see, we have to be on our toes and keep up-to-date in our communities.

Part of the Client Support Worker's job is to help facilitate workshops and support groups. Recently I attended the Vernon Support Group when they needed someone to fill in. I also worked with two of our volunteers to set up a self esteem workshop. This has been a great opportunity for me to get to know our volunteers better and the workshop was a great success!

In a nutshell, those are our responsibilities as Client Support Workers. We have an open door policy and are always more than willing to lend a supportive ear. If you have any questions, concerns or just want to talk, don't hesitate to knock on our door. We look forward to sitting down and chatting with you.

I hope this has cleared up some of the confusion regarding what we offer. ♦

Terri Ross

## On Site Counselling available for PWAs

Gayle Gregory is a Master's student in Counselling Psychology and is available by appointment on Mondays. Other arrangements also may be made.

"I see counselling as being a safe environment in which you can explore as you develop a vision for yourself. The wonderful thing about vision is that it is greater than baggage. Whatever you envision in terms of how you will choose to live is more powerful than any of the realities you are involved in. You can deal better with the realities by believing in and using your vision of what and who you are. Counselling is not only a sympathetic and nonjudgemental ear. Ideally, it should help you break away from patterns of behaviour that are not supporting you, and lead you to a better understanding and acceptance of yourself and others. It can be advice, but the advice will have to come from you to you via the counsellor.

Contact me through Ron or Terri!" ♦

Gayle Gregory

## Living With Knowing You Can Die

Everyone knows you can die from HIV, but no one knows when. Also no one knows how difficult this is to live with unless you actually have HIV yourself or you love someone with HIV. Living with HIV and knowing you can die from it is scary. Knowing you can die is very frightening. I think it's hardest in this order:

Not knowing when this will happen.

Not knowing where this will happen. (I would rather die at home.)

Worrying about my family. For example, will my mother and father ever stop cry-

ing? (I don't want them to cry but to always remember me riding my pony and being happy.)

What will happen to my stuff and my room? (Casey will probably get most of it, but making a museum would not be such a bad idea.)

Thinking about what my friends will think.

Thinking about dying is hard, but it is good to do because you think about it anyway. Most people don't want to talk about this because it makes them sad, but when you do, you can talk about it more easily the next time. Then you can go on living! ♦

Beth, age 12

# Volunteer Corner

Welcome to Merv McLeod



As the new Coordinator of Volunteers, it really is exciting to be a part of the team here at the AIDS Resource Centre and especially to be working with such a dedicated and enthusiastic group of volunteers! I hope to not only keep alive some of the excellent programs that have been

available to volunteers, but also to add more and be involved in the training of new volunteers at the centre. I am looking forward to meeting all the volunteers in the coming weeks and getting a sense of who would like to be involved in which area.

Since I am known to only a few of you at the moment, I would like to give you a little bit of background information.

Most of my professional career has been spent as a health care worker, specifically as a Registered Respiratory Therapist (RRT). It is a field that I have worked in for more than 20 years. It was also during that time that I first started working on a volunteer basis with AIDS and HIV. In Vancouver, in the early eighties, a small group of health care workers met regularly to study the latest information on AIDS and the HIV virus. Many doctors in the lower mainland came to these meetings to discuss methods of preventing the spread of HIV and AIDS. While practicing as an RRT, I was able to keep up with most of the latest information on the treatment of AIDS and the prevention of transmission.

The volunteer part of my life started when I was in my early twenties when I

joined the Winnipeg Volunteer Association. There I had the joy of giving free driving lessons to teens from lower income families. I have also volunteered with the ESL Outreach Program in Vancouver, the Burnaby Art Gallery, the Edmonton Art Gallery, the Art Gallery of the South Okanagan and the Penticton Branch of the St. John Ambulance Brigade where, as Administration Officer, I was responsible for about 12 brigade members. I must not forget to mention that I volunteered here at the AIDS Resource Centre from the autumn of 1997 until the late summer of 1998.

I would like to take this opportunity to thank all the volunteers of the AIDS Resource Centre for the work they have accomplished, as well as to mention the names of a few who recently undertook the very important project of disseminating valuable information to the hotels and motels on the subject of safe handling and disposal of used needles and condoms: Merri Armstrong, Mark Hartnett, Randy Ferguson, Dr. John Wilmes and Red Sherwood. Congratulations on a job well done!

Merv McLeod



## Pentiction Core Training

ARC Core Training was provided in Pentiction on Saturday, April 17. Many individuals and agencies from the South Okanagan spent seven hours at OUC sharing the latest information on HIV and AIDS.

## Love from love

I'd like to relate to you some ways in which I think we can be reinforcing, non-melting, gorgeous, tender, loving human persons. First of all the loving individual has to care about himself. This is number 1. I don't mean an ego trip. I'm talking about somebody who really cares about himself, who says, "Everything is filtered through me, and so the greater I am, the more I have to give. The greater knowledge I have, the more I am going to have to give. The greater understanding I have, the greater is my ability to teach others and to make myself the most fantastic, the most beautiful, the most wondrous, the most tender human being in the world." Leo Buscaglia

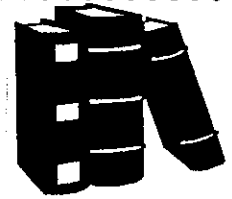
## There is a Heaven for Volunteers

Many of us will be shocked to find when the day of judgement nears,  
There's a special place in heaven set aside for volunteers.  
Furnished with big recliners, satin couches and footstools,  
Where there's no committee chairman, no group leaders, no car pools:  
No eager team that needs a coach, no bazaar or bake sale,  
There will be nothing to staple, not one thing to fold or mail.  
Telephone lists will be outlawed, but a finger snap will bring  
Cool drinks and gourmet dinners, and treats fit for a king. (or queen in our case)  
Who'll serve these privileged few, and work for all they're worth?  
Why...all those who reaped the benefits  
And not once volunteered on Earth!

Author Unknown

# From the ARC Library . . .

## HIV Testing and Confidentiality: A Discussion Paper



In their discussion paper, *HIV Testing and Confidentiality*, Ralf Jurgens and Michael Palles debate this controversial subject and reach the following recommendation: "The disclosure of HIV/AIDS-related information to persons claiming that they have a need or right to know the serological status of HIV-positive individuals is seldom justifiable. In most situations, disclosure is unnecessary and its efficacy is questionable."

The discussion paper focuses on a number of key points:

- People should be tested only with specific informed and voluntary consent.
- Access to testing with appropriate pre- and post-test counselling is not always easy (especially for women). Although home test kits may provide privacy, they do not allow for counselling and there is a clear need for anonymous testing facilities.

- There are issues around reporting positive test results to public health authorities and partners. Are there exceptions to the principle of confidential testing? Is partner notification required? (Limited physician-centred partner notification is recommended).

- There are calls for mandatory or compulsory testing of certain groups of the population, such as sex offenders, prisoners, sex trade workers, health care workers, immigrants and pregnant women. (This is not supported by the Canadian AIDS Society.)

- There are issues and differences from province to province concerning the requirements for partner notification, availability of new treatments, etc.

- The shifting demographics raise questions about mandatory testing.

- Because of the limits of confidentiality and the difficulties of protecting it in practice, efforts to protect persons living with or affected by HIV/AIDS from discrimination need to be strengthened.

### *Why the fuss?*

Testing can have enormous consequences that reverberate throughout all spheres of life. The knowledge by others that an individual tested HIV positive or merely the knowledge that an individual was tested at all can cause serious harm

(stigmatization and discrimination).

"Where is the line between the need for patient confidentiality and the protection of public health? Should there be a requirement to maintain patient confidentiality if an unsuspecting partner is at significant risk of infection? Should the line be extended to include the groups in society that assert a 'right to know' the serological status of HIV-infected individuals?" The responses depend on what province you are in and what governing body or agency is being asked. The following information relates only to BC:

- Reporting of HIV/AIDS: Provincial laboratories report numbers only (although some clinicians do give names.)

- Partner Notification: There is no legislation requiring partner notification in BC. Guidelines do exist, however, and voluntary partner notification is strongly recommended.

- Confidentiality of HIV/AIDS-related in-

formation: In BC, the Public Health Act imposes a duty of confidentiality on public health officials in relation to a person infected with a notifiable or communicable disease.

- Physician's Duty of Confidentiality: The law establishes that physicians have a duty of confidentiality to their patients. As a general principle of medical ethics, a physician who has knowledge of HIV-positive test results or even a confirmed diagnosis of AIDS must protect confidentiality and avoid disclosure of the information.

- Exceptions to the Duty of Confidentiality: "Privacy sometimes must give way to other social goods." A physician may disclose patient information with the informed consent of the patient — therefore, confidentiality is not breached — or where legislation requires that confidentiality be breached. In rare situations there is a "duty to warn" or "duty to protect" others. In general, such a duty applies only to identified or readily identifiable persons.

For example, those whom an HIV-positive person is clearly putting at-risk and who have no other means of knowing about and avoiding that risk or who, because of their lack of knowledge, might place others at risk would be exceptions to Duty of Confidentiality.

### *Partner Notification*

The 'need to know' is often demanded by such groups as correctional officers, health-care providers, patients, and survivors of sexual assault. "The ethically controversial question . . . is not about whether sex or needle-sharing partners should be informed that they may HIV-infected, but about how this notification should be achieved." Compulsory or coercive approaches may drive people underground, alienate them and impede partner notification and the practice of safe behaviour. Only when the HIV-positive person refuses to warn his or her partner, and the partner has little or no reason to suspect they are at risk, should compulsory partner notification be considered. ♦

(Prepared for the Canadian HIV/AIDS Legal Network and Canadian AIDS Society, March 1997.)

## If You Are Unhappy . . .

Once upon a time, there was a nonconforming sparrow who decided not to fly south for the winter. However, soon the weather turned so cold that ice began to form on his wings and, almost frozen, he fell to earth. Just then, a cow happened by and crapped on the little sparrow. The sparrow thought it was the end. The manure, however, warmed him and defrosted his wings. Warm and happy, he started to sing. Just then a large cat came by and, upon hearing the chirping, investigated. Clearing away the manure, the cat found the still-chirping bird and promptly ate him.

### *The moral of the story*

Everyone who shits on you is not necessarily your enemy.

Everyone who gets you out of shit is not necessarily your friend.

If you're warm and happy in a pile of shit, keep your mouth shut.

Aside from drug therapies, there are many other therapies that may help you repair immune damage or treat symptoms. Be wary of claims that a therapy or treatment can cure AIDS or reverse HIV antibody status (from positive to negative). Try to inform yourself by talking with other HIV-positive people who have used the therapy or treatment you're interested in, or contact your nearest AIDS group to see if they have information.

### Chiropractic

The word "chiropractic" means "done by hand." It is based on the theory that health and disease are life processes related to the function of your nervous system. Your nervous system can be irritated by physical, chemical, or psychological factors, which can cause disease. The chiropractor identifies what is causing the irritation in your nervous system and attempts to remove it. A chiropractor may physically straighten your body by manipulating (moving around) your spine. He or she may also use heat, light, and electric and water therapies, and may recommend exercises or diet programs.

### Exercise

Moderate exercise done regularly can help you stay physically and emotionally healthy. Besides making your muscles, skeleton, and circulation stronger, a reasonable amount of exercise is thought to make your immune system work better. It can also help you relax, improve your digestion and your ability to get rid of body wastes, and make it easier for your body to take in and use oxygen. Exercise is extremely useful in relieving stress and depression and reducing anxiety.

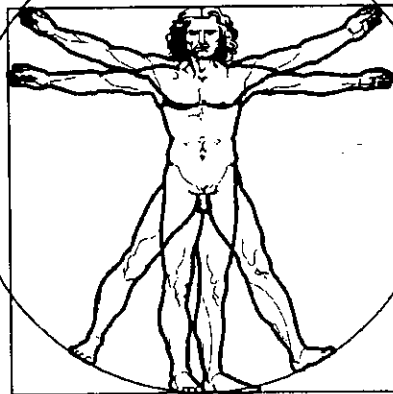
There are many types of exercise and, as with everything else, you need to decide what works for you. You may want to talk to your doctor before beginning any new exercise program. Include plenty of time for slow stretching. If you get tired, take a break. And if you have any problems that won't go away, talk to your doctor.

You may want to try taking an aerobics class or doing other aerobic exercise, such as going for brisk walks, swimming, cycling, or dancing. Aerobic exercise moves lots of oxygen through your body and strengthens your heart. It's actually suggested that people with HIV should focus on weight training, since this builds lean body mass. Doing exercise that gets your heart and lungs going for at least 20 minutes causes your body to produce endorphins - chemicals that relieve pain and make you feel good.

Physical exercise can give you a chance to socialize and have fun. It's important to

create an exercise program that you can enjoy. Don't overdo it, though. Too much exercise is bad for your immune system.

## Complementary Therapies



Devoted to discussion of alternative approaches for coping with and treating the effects of HIV on our bodies.

### Yoga

The practice of yoga helps establish a balance between body and mind. Deep breathing, stretching, holding of positions, and meditation techniques are used. Some people claim that this increases body oxygen levels and decreases carbon dioxide levels. Yoga can give you better control of your voluntary and involuntary muscle systems, including your digestive system. Instructors working with HIV-positive people report that yoga relieves swollen glands, improves stamina, and helps reduce chronic fatigue (constant tiredness).

### Tai Chi

Tai Chi is a kind of meditation involving a series of slow, rhythmic movements. This relaxing exercise tones your muscles and increases your energy, strength, and stamina. Tai Chi improves your posture, breathing, and circulation. It requires coordination between mind and body. It has been popular in China for many centuries as a way to get, and stay, healthy.

### Meditation

Meditation is an exercise of the mind. It's an excellent way to relax and can make you feel more rested than even the deepest sleep. It can give you a sense of calm, peace, joy, and efficiency in everyday life. Some people say it has given them a clearer view of reality. Most people medi-

tate sitting up. You concentrate on a specific image, a mantra (a meaningless word that you repeat in your mind), or your breathing. One good time to meditate is early in the morning. A session may be as short as ten minutes, or as long as feels comfortable. If meditation sounds good to you, you should be able to find a program that suits you. Your nearest AIDS group may be able to help you find one.

### Sweat Lodge

The sweat lodge is an Aboriginal ceremony of renewal and purification. It is a powerful tool for freeing your body, mind, and spirit from negativity. A group of people is seated in a circle in a small, round, dark structure with a central pit. A ritual is carried out in which stones are heated and placed in the lodge. A small fire can also be made. Four herbs (tobacco, cedar, sage, and sweetgrass) are combined to make what is called a "smudge." When burnt, they produce smoke that is believed to carry prayers to the Creator. Spirits are summoned with songs to hear the prayers of those attending. As you pray for help and health, you let go of fear, anger, and hurt. Sweat lodges have been organized specifically for people with HIV.

### Affirmations and visualization

No one doubts that a positive attitude is a vital part of healing. An affirmation is a statement of something you want to happen. Some examples of positive affirmations are "I am strong and healthy," "I love myself," "I am capable of making positive medical decisions," and "All hands that touch me are healing hands."

Visualization (or guided imagery) is one way of developing positive thinking that has become popular with some HIV-positive people and people who have cancer or other life-threatening illnesses. A longstanding practice in many cultures, visualization is now well known in North America, partly because of the work of people like O. Carl Simonton, author of *Getting Well Again*, and Bernie Siegel, author of *Love, Medicine and Miracles*.

In visualization, you make pictures or images in your head of how you would like yourself to be, or ways in which you would like your health to improve. Anyone can do it; all you need to do is use your imagination and believe in your own inner strength. Visualization can help you relax and give you a sense of participating in your own healing. It is also thought to make your immune system work better.

Many people use cassette tapes (like those made by Dr. Emmett Miller, Shakti Gawain, Louise Hay, and others) to guide their visualizations. ♦

## Dealing with Emotional Behaviour

**A**s a caregiver, dealing with emotional behaviour is a challenge that you might commonly face. Especially when you really need to communicate something but can't because the other person is too emotional. Here are some techniques you can use to deal with emotional behaviour.

- Acknowledge the other person's feelings. *Show the other person that you respect their feelings by listening to what they have to say. Don't interrupt.* Show them you care and are interested in what they have to share. Use eye contact, nod your head and lean toward them. Say: "I can see that you are very upset." Respect their dignity by giving them the time needed to say everything they want to say.
- Tell them how their behaviour is affecting you. Use "I" messages to tell the person how their behaviour makes you feel and how it is affecting the conversation.

- Be confident and reassuring. Tell the person that you are confident that if you work together, you can solve the problem.
- Ask them if they would feel better talking about it later. Sometimes it's better to let the other person settle down before continuing the discussion. Give them the option, but make sure you reassure them that you will be ready to talk whenever they are.
- Focus on the problem, not on feelings. If they want to continue the discussion, tell them what you think the problem is. Ask if you are right. If not, ask them to explain what you got wrong and continue to clarify until you understand the problem.
- Suggest a solution. ◆

(Adapted from *You are Not Alone*, a self-help guide for caregivers published by Health Canada.)

### Vernon Outreach Health Services

#### 1999 Winter Hours

Street Nurse: Cammy, RN  
545-3572 or 308-6134 (Messages)

#### Free and Confidential Street Nurse Services:

- HIV/AIDS, STD & Hepatitis Testing
- Hepatitis A & B Vaccinations
- Medical Insurance Coverage
- Free Condoms
- Contraception Information & Education
- Wound Care/First Aid
- Pregnancy Testing
- Depo Provera Injections
- Needle Exchange
- General Health Counselling

#### Referrals to Other Professionals for:

- Alcohol & Drug Treatment Programs
- Community Services

#### Clinic Hours:

Monday	By Appointment Only
Tuesday	2 - 5 pm
Wednesday	2 - 5 pm
Thursday	1 - 2 pm (General) 2 - 5 pm (Youth)
Friday	1 - 4 pm

#### Used Needle Drop-Off at the Clinic Alley Door at Any Time

Outreach service is available to outlying communities such as Lumby, Cherryville, Armstrong, Enderby and Falkland.  
Please call to arrange services.

#### A Project of:

North Okanagan Youth and Family Services Society  
2900 - 32 Avenue, Vernon, BC V1T 2L5

## THANKS!

■ **Mathew Lipton** of Vernon who donated a whole box of education materials!

■ **LaDonna Smith** of the Vernon School of Massage Therapy where students are providing massages free of charge to HIV-positive clients.

■ **Colleen Kelly** of Kelly's Orchard Plaza Cleaners for cleaning our Santa Claus suit free of charge for the Client Christmas party.

■ **Shirley Fitzpatrick** for her generous donation last December to our Emergency Relief Fund

■ **Tanya McKen** who has been typing in the text for ARC News

■ **Tammi Shanahan** who has been editing and laying out ARC News

## Coming Event

### July 11-17

Cultivating the Inner Voice of Love: Discerning and Cultivating Our Spirituality. A retreat for lesbian, gay, bisexual, transgendered people and their families, friends and advocates.

Where: Sorrento Centre. (The Anglican centre on the shores of the Shuswap Lake between Kamloops and Salmon Arm.)

Who: Chris Glaser- a gay Christian activist, a retreat leader and author of *Coming Out to God* and *The Word is Out*. He makes his home in Atlanta with Mark King, an HIV/AIDS community educator, and their Labrador retriever, Calvin, author of *Unleashed - The Wit and Wisdom of Calvin the Dog*.

Costs range from \$125 (for young adults) to \$615 (lodge package including registration, food, and scheduled activities).

For more information contact:

The Registrar

Sorrento Centre, Box 99

Sorrento, B.C. V0E 2W0

Phone: (250) 675-2421

e-mail: sorrento@jetstream.net

www.sorrento-centre.bc.ca