

ARC News

June, 2001
Volume 5, Issue 2

News Flash!
Kelowna City Councillor,
Sharon Shepherd
named as Chair of the 5th
Annual AIDS Walk 2001

MHVS INSIDE

- Topher Talks
Client's viewpoint.3
- O.A.A.S4
- Red Ribbon Walk & Run4
- Volunteer Corner..5
- New Service for HIV + Clients ...5
- Support Plus..... 6
- The HIPPO Report...7
- Hep C Clinic Opens at KGH7
- Notice Board/Thanks..... 8
- Insert 9

for the AIDS Resource Centre – Okanagan & Region

“20 YEARS OF AIDS!”

AIDS Resource Centre marks 20 years of AIDS with mixed emotion

We have reached a milestone in the HIV/AIDS epidemic in Canada. This month marks 20 years since the first cases of AIDS were reported in June 1981. HIV has since claimed the lives of more than 21 million people worldwide. In this nation alone, some 10,000 people have died of AIDS, and some 60,000 have been infected. At the same time, countless Canadians have been spared from infection through prevention efforts, and thousands of lives have been prolonged through advances in treatment.

Many of us at the AIDS Resource Centre have been part of the fight against HIV/AIDS for

some time now, and therefore approach this milestone with mixed emotions.

The twentieth year of AIDS is a time to remember the family members, friends, and colleagues that have been lost to this disease; it is a time to reflect on the tremendous progress that has been made in prevention and treatment; and it is a time to honor all of those who have dedicated their lives to stopping this epidemic.

Perhaps the best way to honor those lost, as well as those who have fought to save them, is to accelerate our efforts to stop HIV transmission. At this milestone in the epidemic, we must ensure that we are not only remembering the past, but also looking forward.

We must not only review our past and present efforts, but also outline a strategy for the future. The HIV/AIDS epidemic is not over yet, and rising incidence rates among the Men Having Sex With Men (MSM) population (see *May 2001 edition of ARC News*)

... continued on page 2



"20 Years of AIDS"

... continued from page 1

indicate that we may be in for some set backs if we do not maintain and continually improve on our preventative message.

In Canada today, there are more people living with HIV than ever before, and nearly a third of these individuals are unaware of their infection status. Despite the continued severity of HIV infection, the urgency of HIV prevention seems to have vanished for many; and individuals, communities, and nations are paying less attention to HIV prevention than they did in years past. This is also being felt locally in our own community as so-called "AIDS burnout" manifests in various ways ranging from open defiance of the safer sex message, to apathy towards the Candlelight Vigil. Moreover, we are seeing that even though the impact of new therapies on infectiousness is not yet fully understood, some individuals on treatment increase their risk behavior on the false assumption that they are not infectious. Indeed, such increases in risk behavior and increasing rates of sexually transmitted diseases among gay and bisexual men are all signs pointing to future likely increases in HIV transmission.

Therefore, we need to see the work we are presently doing within this greater context in order to appreciate the importance of not only supporting those or their significant others with HIV, but also maintaining and strengthening our preventative efforts in the Okanagan. The Okanagan Valley is already particularly vulnerable to high incidence and prevalence rates not only for HIV, but also for Hepatitis C—as we see from the figures that indicate that Hep C prevalence is three times the national average. This is largely by virtue of the high influx of at-risk populations from the larger

population centres such as the Lower Mainland, who come to the Okanagan hoping to make a fresh start and enjoy our relatively high standard and lower cost of living. Such a trend is especially true in the summertime with our high influx of tourists seeking a good time on high quality beaches under a warm sun. This is why we have preventative programs such as our Condom Cop program in full swing during this time of year. As of the time of writing we have a team of condom cops working the Kelowna beaches, parks, pubs and nightclubs, and will soon also have a team each in Penticton and Vernon. These condom cops will give out close to 50,000 condoms this summer, will provide valuable information and referrals, and will spread a prevention message with their mere presence alone—marked by the distinctive red lettering of the Condom Cops T-Shirts.

Not only will the condom cops help get this preventative message out, but our ACTS of Choice theatre group is already poised to do the same this summer as they get their act in gear for a brand new summer and fall theatre program which will target at-risk street-involved youth. This program will feature workshops, script-writing, and theatre presentations geared towards raising education and awareness on both HIV/AIDS and the Sexual Exploitation of Youth. Working in partnership with the City of Kelowna, and the Community Against Sexual Exploitation of Youth (CASEY), ACTS of Choice will reach hundreds of youth in Kelowna aged 15-29 who are at risk for sexual exploitation and infectious disease.

In conclusion, history and experience has demonstrated that prevention saves lives, but the fight is far from over. On this twentieth anniversary of the first cases of AIDS, let us remember those lost by recommitting to all those who can be saved.

*Michael Hook
Editor*



Michael Hook, 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.

**The ARC office is located at:
#202, 1626 Richter Street
Kelowna, BC V1Y 2M3
Phone: (250) 862-AIDS (2437)
1-800-616-AIDS (2437)
FAX: (250) 868-8662
Website: arc@silk.net
Internet: www.silk.net/arc/**

TOPHER TALKS..

“A Client’s Viewpoint”

Well, time for another newsletter and time to think about what to write. As most who have ever read my articles know, it is a chance for me to bitch, complain and whine. But most of all, it's an opportunity to look at things from a client point of view. As a client/volunteer/support person who is heading towards burn-out, please give the following questions some thought:

May 27th was the AIDS Candlelight Vigil. There were approximately 20 persons who showed up for the Vigil. According to our numbers, we lost five persons to HIV in the past year, and according to Daryle Roberts, this was two less than Vancouver's numbers. So, why was the turn out so small to remember those who have gone before us? Are we burnt out so badly that we can't come out and remember those who died before us? Is the apathy in the world so great that people can't be bothered to show up one day out of a year to remember? Was the location hard for people to get to? Was it so poorly advertised that no one knew about it? We are still dying from this disease, and there is still no cure. Burying our heads in the sand is not an answer. Heck, we don't even get the press out any more to cover the vigil. We all know there would be hell to pay if the press did not show up for a "Take Back The Night" walk, or for a candlelight vigil for women killed in domestic violence. But, why is there no support among those of us who have died from HIV infection?

Support - why do 20% of the clients access 80% of services? Why do those who you support, suddenly turn a blind eye/deaf ear/cold back when it comes time to get support from them? How many times do you hear, "you never call or visit?" Gee yes there are things like

not having a car, but most clients have bus passes but refuse to use them. There are those that don't qualify and would love a cheap bus pass to get around. If I remember correctly, when Alexander Graham Bell invented telephones many years ago, he made sure the damn things worked both ways. Why should one person always have to phone the other?

A few months back I called a friend and neighbor to ask for a ride to a function that we were both attending. He joked with me because I asked if it was "possible" to get a ride. Getting rides from friends is a **privilege not a right**. So why do

**Congratulations to
Michael & Kevin!**

people expect that because someone has a car they are obligated to drive all over hell's half acre to pick up, drop off, and wait for them? Why does one person spend an hour lecturing someone about learning to say NO, only then to get pissed off and whine because someone says NO to them.

Finally two winters ago we ran a support group here in Kelowna. Is there a need to get the support groups up and running again? If yes, do we want a straight group, gay group, men's group, women's group, co-infected group or just a group that meets to support each and every one of us? Also is there a need for a sero-discordant couples group? (Fancy word for one positive person and one negative person in a couple.)

If yes to one or all of these, **is there any one from the community that wants to facilitate the group(s)?** Do you want a fellow PWA'er to facilitate, or a

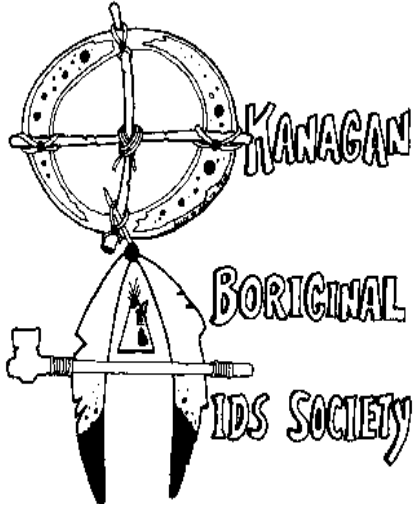
professional? Where would you like to see the group meet? At the AIDS Resource Office, or outside the office etc? No, I don't expect answers to all these questions. I just want to get people thinking more about how they can help out in the fight to battle this illness and how to support everyone, not just the 20% that whine the loudest.

BUT on that note again, the client support group is a legitimate question. If you think there is a need, then let me know through the office. I can assist to get things happening again. But most important is the need to find someone to facilitate the group. **Yes that means I am not interested:** Empowerment is about taking responsibility for oneself - not getting things done for you. So address your interest and ideas to Topher at the office 863-2437 or 1-800-616-2437 or arc@silk.net.

My apologies to anyone that feels this was directed at them, the questions are ones that repeat themselves over the past many years that I have been in this field.

We would like to also take this opportunity to announce the wedding of Michael Saya and Kevin Moore. On May 19th Michael and Kevin celebrated their Life Union in Vancouver. They were surrounded by 150 friends, relatives, and schoolmates; and a large contingency of Kelownites — approx. 10 people from the AIDS Resource Centre — were there to wish Michael and Kevin the best in their new life together. We were placing bets on how soon Michael would break down: He did lose it when he read his vows, then again during the speeches during the reception.

... continued on page 5



O.A.A.S Okanagan Aboriginal AIDS Society

I just thought I would let everyone know what is happening with the Okanagan Aboriginal AIDS Society!

Well, lets see: I have been out of the office with Adam (the President of Okanagan Aboriginal AIDS Society) as we were in Vancouver for a 3-day meeting; I have been setting up booths with the Okanagan College for Aboriginal Day; I have

been to meetings with the different Health planning Committees; I have been to Prince Rupert for an HIV/AIDS Conference; I have been doing speaks with different small groups; and I have continued participating in Tuesday night Presenter's Training.

As I looked back at the month of May, it has been a very busy month. Michael and I have created a new pamphlet for the Okanagan Aboriginal AIDS Society, which went down to Vancouver during a meeting and was greatly appreciated by the group for the new information it provides.

Thank you very much, Michael, and to others who helped out with this; to Lynne for her typing skills which were applied to the

pamphlet; and to the people, who have helped me out with the office, including Daryle Roberts and the ARC staff.

The office hours for the Okanagan Aboriginal AIDS Society will be set for the month of June as follows: 8:30 am to 3:30 Monday to Friday, with an hour for lunch, which is from 1-2 PM everyday.

I still can be reached at:
(250) 862-2481 (T)
(250) 868-8662 (F)
or email oaas@silk.net

(Thank you for reading my article that Michael has been after me for a while to do.) ◆

*Julie Desautels
Outreach Worker.*

2001 Red Ribbon Walk & Run Campaign 5TH ANNUAL OKANAGAN AIDS WALK - Update

Sunday, September 23 is fast approaching and we are excited at the prospects of this year's 5TH Annual Okanagan AIDS Walk.

Sharon Shepherd, Councillor for the City of Kelowna has agreed to chair this year's event. Her involvement and support will certainly enhance the profile of this year's walk. Interior Savings has stepped up their commitment by becoming "Presenting Sponsor". The Kelowna Running Club, which is sponsoring the Peak to Pyramid

Run, School District 23, and all local media have offered their cooperation.

Entertainment supplied by the "Vocal Point Band", "Vernon Kids on the block Puppet Show" and "Sun FM".

Food and drink available with GREAT prizes supplied by our 80 + Sponsors.



Walk or run, we look forward to your participation as a sponsor, volunteer &/or participant. For more information, please call the AIDS Resource Centre at:

Ph: (250) 862-2437 Fax: (250) 868-8662 E Mail: walk2001@silk.net

**"Why are we still walking?
Because there is still no cure"**

See you there!
**GARY & FELICITY
AIDS WALK 2001 COORDINATORS**

Volunteer
Corner



This edition we have chosen to focus on the AIDS Walk, which requires many volunteer hours - from the early planning stages to the day of the event—and beyond. If, after reading Felicity's article, you feel inspired to contribute to the AIDS Walk 2001, please feel free to call the Centre to sign-up!

Noreen



Hi, my name is **Felicity Ching** and we have been in Canada for just over one year. We came from South Africa, and we just love being in Kelowna. The mountains and scenery are breathtaking, and we are so grateful for the opportunity of being here.

For the past year I have been volunteering at an Elementary School in Glenmore assisting with children who need help with reading. The Rotary Club sponsored a "Literacy Program" which has been introduced into many of the junior schools here in Kelowna.

This was a most rewarding time for me, knowing that there must have been some progress, apart from confidence building, in this time. Along with the teachers involved, many of the

mothers from the school as well as a few seniors, from the surrounding adult community, formed a warm and caring team for the young children.

I joined the AIDS Resource Centre in April 2001, to assist with the organizing of the 5th Annual AIDS walk, which is to be held on September 23 at the Waterfront. I had been an "ostrich" to the AIDS tragedy in South Africa, thinking like most of us do, that this was for anyone else but me. When Lynette Oosthuizen offered me the opportunity to get involved here at ARC (AIDS Resource Centre), I thought it would be a great opportunity for me to become more involved in the community as well as broaden my horizons on what could become part of many of our families.

It has been a wonderful experience for me learning that there is such care and assistance available to those who will just reach out and take advantage of it. Apart from the medical knowledge the staff and volunteers at ARC have, there are ongoing educational courses, a care team, counselling, free Reiki healing sessions, a library stocked with excellent literature, (pamphlets, videos, tapes, articles), bi-monthly newsletters, friendly faces and smiles and a lot of hard work that happens here at ARC.

There are volunteers who are able to enjoy the company here as well as and enhance their skills by doing many of the duties that need to be done. I am indeed very privileged to be part of the group here, which has so much to offer. ◆

We wish you all a very happy and healthy summer time!
Felicity Ching

**"LIVE SIMPLY,
SO THAT OTHERS MAY
SIMPLY LIVE".**

"Tophier Talks"

... continued from page 3

But through it all, both were glowing with the extreme happiness and peace that the whole room could feel.

"So on behalf of the AIDS Resource Centre and all your friends here in Kelowna I once again Congratulate you on your Union, and we will be there to dance at your anniversaries, if not in body then in spirit. For you two are truly made for each other. ◆

Love and all the best."

Chris MacKenzie & ARC Gang

New Service May Soon Be Available for HIV positive Clients in Okanagan

The AIDS Resource Centre is working with the Spectrum Health group of Vancouver to add a new component to the existing medical services available in the Okanagan region.

The new service would be available two days out of each month in Kelowna, and one day out of each month in both Vernon and Penticton. The accompanying physicians are endorsed by the BC Centre for Excellence in HIV/AIDS at St. Paul's Hospital in Vancouver. This new service is expected to reduce the number of trips that HIV-positive clients need to make in order to see the Specialist, but is not meant to replace the specialist.

So far the response from a survey being collected to gauge the response of people who may wish to utilize the new service has been overwhelmingly affirmative. I would like to thank all participants who have contributed their input into this project. If you were not contacted, or if you wish to write a letter of support for this proposed service, please do so.

Send or e-mail the letter to River Glen's attention and she will forward it to the appropriate address.

rglen@silk.net

Tel: (250) 862-2437 ◆



Support Plus... Client Support Information

Reiki & Healing Touch Reminder!!!!

Herein is a friendly reminder that the AIDS Resource Centre is pleased to provide Clients with **FREE** Reiki & Healing Touch sessions every **Tuesday morning** (starting June 12, 2001) at the AIDS Resource Centre. Please call your client support worker to book an appointment with Toshie.

Reiki is a method of connecting the universal energy with the body's innate power of healing. It accelerates the body's ability to heal. Reiki is a powerful, yet gentle and relaxing technique that assists the recipient in achieving balance and harmony with oneself. Reiki can help to relieve some conditions such as, stress, anxiety, headaches, and it promotes sleep, restfulness, and deep relaxation; it also restores vitality and reduces pain. Reiki must be experienced to fully understand and appreciate the power of this wonderful healing energy.

Healing touch is also an energy-based therapeutic approach to healing. As the name Healing Touch indicates, touch of hands is used to influence the flow of energy throughout the body. There are several techniques to be used to affect the physical, emotional, mental and spiritual health and healing. Many scientific research projects were

conducted to study the effectiveness of Healing Touch. They suggest that Healing Touch is helpful in promoting deep relaxation, reducing pain, and managing stress. It can also be effective in the speeding up of the tissue and bone healing process. Presently, Healing Touch is used extensively in all areas of the nursing profession in North America.

Immune Compromised should take precautions with drinking Water!

On May 9, 2001 the Provincial Health Officer circulated a news release that advised British Columbians with compromised immune systems to take precautions with their drinking water. The recent outbreak of Cryptosporidiosis in Saskatchewan prompted the reissuance of this health alert.

Cryptosporidiosis is a parasitic infection of the intestines. Symptoms may include watery diarrhea, abdominal pain, nausea, vomiting, and mild fever. Symptoms may come and go and may last for several weeks in persons who are otherwise healthy. People with weakened immune systems are at greater risk of prolonged illness or death from Cryptosporidiosis. Reasonable precautions to reduce the risk of infection include ensuring their drinking water is boiled, filtered or distilled. People who opt for a personal use filter or bottled water should be aware of the complexities involved in selecting appropriate products, the varying effectiveness and the importance of using these

products consistently. Filters providing the greatest certainty of parasite removal include those that produce water by reverse osmosis, those labeled as "absolute" 1 micron or smaller, and those labeled as meeting ANSI/NSF International standard #53 for cyst removal.

Cryptosporidiosis can also be spread from person to person and from animal to person. It is important to wash hands after going to the toilet or changing diapers, prior to eating or preparing food and after touching farm animals or pets. It is also possible to acquire Cryptosporidiosis from contaminated swimming pools and beaches.

Summer Fun!

** BCPWA has just announced their annual summer and fall retreats, starting with Loon Lake on July 12-15, 2001. This will be a three day and night retreat with a variety of activities planned, including healing opportunities, swimming, canoeing, nature walks, creative art, treatment information workshops as well as a number of other fun and exciting activities. If you are interested in attending, call BCPWA 1-800.994-2437. They are accepting registration until June 20, 2001.

Terri will be away from June 25 to July 3, 2001 but River will be available if you are in need. ♦

TERRI ROSS

Client Support Worker

Phone: (250) 862-AIDS (2437)

Toll Free: 1-800-616-AIDS (2437)

e-mail: tross@silk.net

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HIPPO Update June 2001

The HIPPO Project has now moved into our second year at a fast pace. I, Barbara J. Morrell have been given the opportunity to be the HIPPO Coordinator over the summer. I would like to thank ARC for this wonderful opportunity.

The HIPPO Advisory committee met May 17th, 2001, and after introductions, the Goals & Objectives of HIPPO, terms of reference and issues for further discussion were reviewed. Each member was given a copy of the April 9, 2001 - HIPPO Evaluation Report to read in order to gain a better understanding of our mission.

On May 26, I attended a Hepatitis C Round Table in Victoria, as the representative from ARC's HIPPO Program.

It was a wonderful learning experience. The morning session had Wayne Penny, *BC Hospice Palliative Care Association*, Dr Frank Anderson, *Department of Gastroenterology* (Vancouver General Hospital), and John Hamilton, *BC Centre for Disease Control* and Dr. Stephen Sacks, *Viridae Clinical Sciences*.

All were wonderful speakers, sharing their expertise in the field of Hepatitis C. The afternoon session was sometimes heated and other times full of a genuine desire to work together. The end result after 3 + hours was that a steering committee was formed, called "**BCHepatitisCircle**", to come up with a strategy plan of how to guarantee future cooperation among the numerous Hep C organizations.

More will be revealed as this process continues.

I am excited to be heading to Kamloops to learn even more about the BCPWA self-advocacy kits that explain step-by-step procedures for resolving common advocacy problems experienced by persons living with HIV/AIDS and Hepatitis C. This will help in our peer counseling training that will be held closer to the end of the year.

For those of you who are co-infected with HIV/AIDS and Hep C, or know of someone with Hep C, I would love to hear from you and/or them regarding concerns or suggestions. I can be reached by email hippo@silk.net or by phone at 250-862-2437.

*Barbara J. Morrell,
HIPPO Coordinator*

Local News

The following is an article written by John McDonald that appeared in the Capital News on June 1, 2001, and is reproduced here with permission...

HEP C CLINIC OPENS AT KGH

A clinic for people who carry the hepatitis C virus has opened in Kelowna General Hospital. The clinic will serve the Okanagan Similkameen Health Region with a half-time nurse and a doctor one day a week.

Daryle Roberts, Executive Director of the AIDS Resource Centre, said the clinic fills a hole left after a clinic run by a local doctor shut down. "This is awesome for people living in the valley with Hep C", said Roberts.

Roberts estimates that 65 per cent of their 180 clients are co-infected with both HIV and hepatitis C, which leads to complications. "The anti-retroviral medications (taken for HIV treatment) are toxic in themselves and compromise the liver," explained Roberts. "Then you've got liver disease on top of that."

Dr. Sandy Nash, a physician manager with KGH who was involved in setting up the clinic, said

it will serve a preventive role for a disease that often displays no symptoms yet can still lead to cirrhosis or liver cancer, both of which can require a liver transplant.

"There can be a 20-year window between when someone gets the disease and when the body really starts to react," said Nash.

"When the patient starts to get sick, they can become ill quite quickly. We believe that if we catch people in the 20-year window, we can help 40 per cent of the people we treat."

Current treatment for Hep C involves administering two drugs - interferon and Ribavirin. Beside that, the clinic will offer counseling and information on managing the disease.

Hepatitis C is contracted through blood contact. First identified in 1989, it became widely known as one of the two viruses in the tainted blood scandal of the early '90s. According to the health region, up to 24,000 people in B.C. may have the

virus, but only 25 per cent of those know it.

Intravenous drug users are thought to have a 50 to 90 per cent infection rate, with people who have had tattoos or body piercings also having a high rate of infection.

According to the health region, there were 1,648 new cases of hepatitis C infection reported here between 1992 and 1999 with a current estimate of 1,900.

However, that's a number that Roberts disputes, saying it is more like 6,600 based on information he said was given to him by a public health nurse.

"We have two times the rate as the rest of the province," Roberts said. "There's a lot of people infected through the blood system that have moved here."

He also counters the health region's description of the disease as blood borne as misleading. "The sexual transmission rate is low, but it certainly can be spread through bodily fluids," said Roberts.

The health region will receive \$100,000 per year to operate the clinic. ◆

NOTICE BOARD

ARC DROP-IN HOURS

Terri Ross, our Client Support Worker, has drop-in hours on Thursdays from

09h00 - 12h00.

If you wish to see her at other times, an appointment is necessary.

Aboriginal AIDS Society

Hours of operation are Monday-Friday 8:30 - 3:30 for June

For more information call Julie @ 250-862-2481

ARC Summer Hours

The AIDS Resource Centre will be open during the months of June, July, & August between the hours of 8:00 AM and 4:30 PM.

Important Prevention Notices

Hepatitis A Vaccine Now Available

Provincially funded hepatitis A vaccine is now available for Men Having Sex With Men (MSM) as well as people with Hepatitis-C and those who are Injection Drug Users. A series of Hepatitis A immunizations consists of two doses of the vaccine given six months apart. Clients can receive the vaccine through any health unit in the province. Client confidentiality is maintained. When calling for an appointment, clients need only say that they would like an appointment for adult clinic for hepatitis immunization. When they present for immunization, they should tell the nurse that they qualify for free vaccine through the expanded Hepatitis A Program. In some communities, the vaccine may also be available from family physicians, street nurse programs or methadone programs. Anyone with any of the risk factors (MSM, Hepatitis C positive or IDU) should consider this preventative measure. For more information contact:

Marlene D. Krebs, Regional Public Health Nursing Manager
North Okanagan Health Region - North Okanagan Health Unit,
1440 - 14 Avenue, Vernon, B.C. V1B 2T1. Ph (250) 549-5761
Fax (250) 549-5468, e-mail: mkrebs@nohr.org

Immune Compromised Should Take Precautions with Drinking Water

British Columbians with compromised immune systems should consider taking precautions with their drinking water, particularly in communities with surface water supplies, according to Provincial Health Officer Dr. Perry Kendall. Cryptosporidiosis is a parasitic infection of the intestines. Symptoms may include watery diarrhea, abdominal cramps, nausea, vomiting and mild fever. People with weakened immune systems (for example, those with HIV infection or organ and bone marrow transplants, and people receiving chemotherapy or medications that suppress the immune system) are at greater risk of prolonged illness or death from cryptosporidiosis. Reasonable precautions to reduce the risk of infection include insuring their drinking water is either boiled, filtered or distilled. Persons who are unsure whether their immune system is compromised should discuss with a physician the need to take these precautions. (For further details, see article in this edition entitled, "Support Plus.")

OUR THANKS GO OUT TO..

All volunteers of the AIDS Resource Centre donating their time and skills both at the front reception desk, and in the Education Department;

Toshi and Debbie Brodsky for their contributions to the support department;

Thank you to Gordon Peachey of BioCam Communications Inc. for the donation of two laminated colour posters of HIV.

Thank you to Jim White of B.C. Bindery & Equipt. Corp. who economically laminated our Educational Dept's posters used for presentations, and referred us to BioCam.

VOLUNTEER APPRECIATION

Thank you to all sponsors who helped make our June Volunteer Appreciation Golf Event a success by their generous donation of prizes.

This event acknowledged those volunteers who gave "above and beyond."

ARC NEWS 2001 SURVEY

Thanks for taking the time to complete and return this survey. Please answer every question and do not write your name on the survey. All responses are confidential. You may photocopy the survey and give to others to complete if desired. If you would like to include additional comments please feel free to return them with this survey or e-mail them to mhook@silk.net or call Michael at (250) 862-2437.

Please rate the following statements on a scale of 1 to 4:

1. Completely disagree 2. Somewhat disagree 3. Mostly disagree 4. Completely disagree

Content

1. I like that each issue of **ARC NEWS** focuses on a particular theme (e.g. youth, Aboriginal communities, women' issues, etc.)
1 2 3 4
2. I would like to see more news about the activities of the Aids Resource Centre Okanagan & Region's Board of Directors.
1 2 3 4
3. I would like to see more news about the day to day activities of the Aids Resource Centre's staff and volunteers
1 2 3 4
4. I would like to see articles profiling or written by clients of the AIDS Resource Centre Okanagan & Region.
1 2 3 4
5. The calendar of events included in each issue is useful to me.
1 2 3 4
6. The articles are interesting and informative.
1 2 3 4
7. The articles are easy to understand.
1 2 3 4
8. **ARC NEWS** contributes to my understanding of issues related to HIV/AIDS.
1 2 3 4
9. **ARC NEWS** contributes to my knowledge of the work of the AIDS Resource Centre Okanagan and Region.
1 2 3 4

Design

1. The articles are laid out in a way that is easy to read.
1 2 3 4
2. The font type and size are easy to read.
1 2 3 4
3. The use of graphics is pleasing and does not distract from the content of the articles.
1 2 3 4

Interest

1. I enjoy reading the **ARC NEWS**.
1 2 3 4
2. I save my copies of the **ARC NEWS** or share them.
1 2 3 4
3. I have responded to requests for volunteers published in **ARC NEWS**.
1 2 3 4
4. I have attended events promoted in the **ARC NEWS**.
1 2 3 4
5. I think **ARC NEWS** should offset copying and distribution costs by accepting paid advertisements.
1 2 3 4
6. I think **ARC NEWS** should offset costs by soliciting donations or sponsorship.
1 2 3 4
7. I would like to continue receiving **ARC NEWS**.
1 2 3 4

