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COVER: "Power of Unity" by Damian George, 1993. Limited edition print. Reprinted with permission of the artist.

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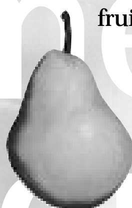

The British Columbia Persons With AIDS Society empowers persons living with HIV disease and AIDS through mutual support and collective action. The Society has over 3,400 members.

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The positive and negative of life in the Okanagan

by DENISE BECKER

When I was very little, growing up in England, I was given an autograph book. Excitedly, I ran to family members and asked them to write a few words. My mother took the book, turned it to the last page, and wrote, "Don't put your wishbone where your backbone ought to be!" I looked at the words and was annoyed – I didn't understand what she had written. However, her words served me well over the years and became words to live by.

Living with HIV in Abbotsford and Kelowna has been no picnic. Of course, there are good times but sometimes it's hard to balance the good with the bad.

Apart from having to read the constant narrow-minded and shameless Letters to the Editor of the local newspapers, you have to contend with the gossip of small towns, which, once ignited, spreads like a forest fire on a hot summer afternoon.

Finding an HIV-friendly MD was difficult. My mother, who did not know I had HIV, referred me to her doctor. It was very difficult for him to treat me and ward off questions from my mother. I am sure the day Mom learned I was HIV-positive was a big relief to him.

I soon discovered that the Abbotsford Hospital was understaffed and lacking in emergency care. HIV specialists meant a trip to Vancouver. Blood work was sent to Vancouver, which meant visiting your local clinic on the day a courier would be leaving. Receiving the results was sometimes disastrous, with the proper collection not having been done or gone missing. It was getting to be an expensive exercise: long-distance calls, trips to Vancouver for any specialist, finding accommodation. Then, if I were lucky, I wouldn't have to go again for three months.

Becoming public about my diagnosis in such small communities was, of course, something that I had to think long and hard over. I have been public in both Abbotsford and Kelowna and am proud to say I have only received one letter telling me I am a sinner!

Contacting a politician on advocacy issues was another challenge. Who would I call – Randy White, Chuck Weibe, Mike DeJong, or the mayor of Kelowna?

I became aware that people in rural communities felt, like me, misunderstood by our big city neighbours. My HIV world consisted of friends, healthcare workers, the Internet, e-mail, and the welcome copy of *Living +* Magazine that arrived on my doorstep. These became my lifelines. It was rather like living in the West during a federal election. You wanted to stamp your feet and cry, "I'm important too!"

It was time to use the hereditary "backbone". I decided to call upon The Power On High – Ross Harvey. I told him I was thinking of running for election at the BCPWA Society's next AGM and wanted his opinion. I quickly realized that this was like asking the Pope if I should become a Catholic. After the election, I was welcomed at a board meeting by applause on all sides. I told everyone I felt "like a queen for the day", and we all laughed as I extracted my foot from my mouth! I was quickly taken under the wing of the BCPWA Society and have found that there is a genuine interest in what I have to say and what my feelings are, which has come as a pleasant surprise. Of course, it is not easy travelling to Vancouver meetings, and sometimes I connect by phone, but my female, motherly, regional voice is being heard, and I am keeping my wishbone for the lottery.

Denise Becker is a Board Member of BCPWA and was the founder and Chair of the Hummingbird Kids Society.

Living + is published by the British Columbia Persons With AIDS Society. This publicaion may report on experimental and alternative therapies, but the Society does not recommend any particular therapy. Opinions expressed are those of the individual authors and not necessarily those of the Society.

Regionalization fight won

After more than two years of community advocacy led by BCPWA, B.C.'s Health Minister, Corky Evans, finally announced he will not force regionalization upon AIDS organizations that do not want it.

In his letter, Evans stated, "I would like to clearly state that the regionalization of HIV/AIDS service organization funding requires a two-step process. First, the development of a Regional HIV/AIDS Plan is required, and that plan will not be approved unless the planning process includes consultation with appropriate stakeholders.

Second, after the regional HIV/AIDS plan has been approved, the health authority and the local AIDS service organi-zation(s) must discuss and collaboratively decide whether it is appropriate to transfer AIDS service funding form the Ministry of Health to the local health authority. If necessary, the Ministry's HIV/AIDS Division will help facilitate these discussions. Once agreement has been reached, funding will be regionalized. Where agreement is not reached, the HIV/AIDS service contracts will continue to be administered by the Ministry's HIV/AIDS division."

New HIV treatment guidelines

The National Institute of Allergy and Infectious Diseases National Institutes of Health (NIH) has released an updated version of the Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents, which includes revised recommendations for when to initiate anti-HIV therapy.

The new Guidelines recommend considering starting antiretroviral therapy when an asymptomatic HIV-infected person's CD4+ T-cell count falls below 350 cells per cubic millimeter (mm3); previous Guidelines recommended consideration of therapy for asymptomatic patients with a CD4+ T-cell count lower than 500 cells/mm3. For asymptomatic HIV-infected patients with CD4+ T-cell counts higher than 350 cells/mm3, treatment should be considered when the level of HIV in plasma is high [more than 30,000 copies per milliliter (ml) when using the branched DNA test, or more than 55,000 copies/ml when using the RT-PCR test]; previous Guidelines recommended consideration of therapy at lower levels of plasma HIV (10,000 copies/ml measured by branched DNA, or 20,000 copies/ml measured by RT-PCR). The Guidelines continue to recommend antiretroviral therapy for all patients with the acute HIV syndrome, those within six months of HIV sero-conversion, and all patients with symptoms ascribed to HIV infection.

The guidelines are posted on the HIV/AIDS Treatment Information Service (ATIS) website at http://www.hivatis.org.

For HIV/AIDS Treatment guidelines in British Columbia, link to the BC Centre For Excellence in HIV/AIDS website at http://cfeweb.hivnet.ubc.ca.

For therapeutic nutritional guidelines, link to http://cfeweb.hivnet.ubc.ca/guide/open.html.

Louise Binder to receive honorary doctorate

Louise Binder will receive an Honorary Doctor of Laws from her Alma Mater, Queen's University in Kingston, Ontario. The degree will be conferred at the Convocation in October, 2001. She will also address the graduating class at the Convocation. Currently the Co-Chair of the Canadian Treatment Advocates Council, Binder has worked tirelessly on HIV/AIDS advocacy issues.

Louise Binder

Safety alert for goat serum treatment

Last December, the U.S. Food and Drug Administration (FDA) issued a safety alert for an unapproved experimental goat serum for HIV/AIDS. In a letter to the FDA, the sponsor of the product, Gary R. Davis, M.D., alleged that a batch of product had been stolen from a "storage facility" in Raleigh, N.C. He stated that this batch of product has "the potential to be extremely dangerous" and termed the product "contaminated medication." Dr Davis has further stated that "it is also possible that someone may try to sell this contaminated medication."

The product, produced in goats as an antiserum against HIV/AIDS, was already the subject of a "clinical hold" by FDA, prohibiting its use until

news reel

NEWS FROM HOME AND AROUND THE WORLD

BCPWA Executive Director Ross Harvey and volunteer extraordinaire May McQueen at BCPWA's Yuletown in December.

previously existing safety questions are resolved.

Ontario opens doors to alternative meds

Long-awaited Ontario legislation may change the way Ontario doctors approach alternative medicine. Liberal MPP Monte Kwinter introduced the legislation as a private member's bill four years ago. Bill 2, which amends the Medicine Act, says doctors shall not be found guilty of professional misconduct or incompetence "solely" for practising an alternative therapy unless there is evidence to prove it is more risky than the conventional practice. Buoyed by comments from MPPs who had used alternative therapies, Bill 2 finally became law in December 2000.

"To me, one of the strongest benefits of this bill is that it allows the patient to come out of the closet, and allows doctors to prescribe things that they were concerned about doing in the past because they felt they would be subject to sanctions by the College of Physicians and Surgeons of Ontario," said Kwinter from his Queen's Park office,

Source: The Medical Post

Glaxo urged not to take legal action in South Africa

AIDS service organizations, treatment advocates, and educators around the world were invited to be signatories to a community consensus letter to GlaxoSmithKline requesting them to withdraw legal action regarding the availability of generic medications in Ghana and South Africa. Initiated by ACT UP/ Philadelphia, the Critical Path AIDS Project, Gay Men's Health Crisis, and the Health GAP Coalition, the letter was distributed to GlaxoSmith-Kline representatives at last month's 8th Conference on Retroviruses and Opportunistic Infections in Chicago.

The letter requested that GlaxoSmith-Kline immediately withdraw from participation in threatened legal action regarding the importation of generic antiretroviral medications in Ghana and South Africa. In particular, it referred to the drug company's threats of legal action against Cipla for selling Duovir, its generic form of Combivir, in Ghana. BCPWA was a signatory to the letter.

Drug warning: Zerit/Videx combo and pregnancy

In January, Bristol-Myers Squibb released a drug warning regarding two of its drugs. Fatal lactic acidosis has recently been reported in three pregnant women treated throughout gestation with the combination of stavudine (Zerit) and didanosine (Videx). Based on these cases, the combination of stavudine and didanosine should be used with caution during pregnancy and is recommended only if the potential benefit clearly outweighs the potential risk, such as when there are few remaining treatment options.

For complete information, please contact the BCPWA Treatment Information Program at 604-893-2243 or 1-800-994-2437.

Drug warning: Cipro and methadone

A recently published case report on one patient suggests that Cipro may cause methadone levels to increase so much as to potentially cause an overdose of methadone. Cipro (ciprofloxacin) is a common antibiotic used by people living with HIV to fight bacterial infections. Methadone is also a common drug used by people living with HIV. Symptoms of this overdose are drowsiness, confusion, low blood pressure, and slowed breathing. Other drugs that are known to cause increased methadone levels are Luvox (fluvoxamine) and Prozac (fluoxteine).

Editor's Note:

Use caution when taking more than one kind of medication. Make sure your doctor and pharmacist know everything you're taking, including over-the-counter medications and complementary therapies. If you think you are having a drug interaction, go to the nearest Emergency Room. Many interactions are not known, and many can be fatal.

Workplace rehab issues get closer scrutiny

BCPWA Society collaborating on groundbreaking research

by TOM McAULAY

The BCPWA Society is once again on the leading edge of HIV research with its involvement in a study on rehabilitation issues among people living with HIV/AIDS.

The BCPWA Society has undertaken a number of initiatives in this area. It has participated in the development of a resource manual, *Module 7: Rehabilitation Services*, for Health Canada and created a position paper on workplace issues from the perspective of our members, staff, and volunteers. The Society has also implemented career exploration and job placement programs for its members in collaboration with two community-based vocational rehabilitation specialists, Alliance Health Care and IAM Cares. In addition, the BCPWA Society has been an active member of the Canadian Working Group on HIV and Rehabilitation (CWGHR) since its inception in 1998.

CWGHR is a national multi-sectoral working group whose members represent many disciplines addressing rehabilitation issues for PWAs. CWGHR has two mandates in the context of HIV disease: 1) to co-ordinate a national response to, facilitate and support the development of, and provide advice on rehabilitation issues and 2) to raise and distribute funds for rehabilitation projects.

There are few information resources and written materials regarding rehabilitation in the context of HIV disease, including a complete lack of any scientific data quantifying the level of impairment, disability, and handicap (I/D/H) experienced by PWAs. CWGHR is determined to address this void of information.

To that end, CWGHR developed a research paper in 2000 entitled *Policy Issues on Rehabilitation in the Context of HIV Disease: A Background and Position Paper*. At its most recent national meeting, CWGHR struck an Education and Practice Committee to ascertain how to use this information once it is collected.

A small pilot study is underway to address the lack of scientific data on the level of I/D/H among PWAs. This study is a collaborative effort between CWGHR, the BCPWA Society, and the BC Centre for Excellence in HIV/AIDS (BCCFE). CWGHR's role is to develop the study protocol, to secure funding, and to participate in a steering committee with the BCPWA Society and BCCFE. The BCPWA Society and BCCFE are responsible for the management of the pilot study, including survey design, implementation and data collection, and recruitment of study participants. BCCFE will complete the data analysis and write the final report of the study findings.

All three organizations will co-own the findings, which will be used to identify the existence of HIV-related and treatment-related I/D/Hs in our community. These findings may also have potential as a strong advocacy tool to change and improve rehabilitation services and programs.

This pilot study will only determine the existence and prevalence of I/D/Hs, and it is only collecting data in British Columbia. However, it will be useful in advocating for a larger national study to determine the prevalence of I/D/Hs across Canada. A need exists for more information on what the I/D/Hs are, how they are affecting people's quality of life, and what, if any, services are being utilized to address the I/D/Hs.

> The findings may have potential as a strong advocacy tool to change and improve rehabilitation services and programs

I strongly encourage all of our BCPWA Society members to participate in the pilot study. By now, you will have received an invitation to participate in the survey. If you haven't already signed up, please do, and if you didn't receive that mailing, please contact the BCPWA Society to see if or how you can get involved.

Your involvement will ensure that we collect statistically significant data. You will be on the leading edge of a process that will one day see improvements in rehabilitation services and quality of life for all people living with HIV disease. You will help us make a difference. ✣

Tom McAulay is a member of the Board of BCPWA and Co-Chair of the Canadian Treatment Advocates Council (CTAC). He is the former Co-Chair of CWGHR.

The Treatment Information Program

The mission of the Treatment Information Program is to support people living with HIV/AIDS in making informed decisions about their health and healthcare. We like to think that science doesn't just belong to scientists, and medicine doesn't just belong to doctors

The Treatment Information Program, or TIP, first opened its doors in 1993 as a small volunteer project. It began, out of necessity, as a program mostly devoted to alternative therapies, where a handful of dedicated volunteers supported each other in trying to find ways to support the immune system and stay alive. Since then, the program has grown to offer a diverse mix of programs including the Complementary & Alternative Medicine Project (CAM), the Hepatitis C & HIV Education Project (HEPHIVE), and the Prison Outreach Program (POP). In addition, TIP still does individualized peer-based treatment information counselling, as well providing workshops and seminars about treatment issues in Vancouver and around the province.

TIP volunteers are mostly people who are living with HIV. Between them, they have collectively researched and experienced almost every form of western, complementary, alternative and traditional medicine with regards to HIV.

Volunteer Wayne Moore says, "it doesn't matter what information you know, what counts is knowing where to find it." With the main office located in the Pacific AIDS Resource Centre (PARC) Library, TIP has access to all the latest electronic and print information available.

Learning about the latest scientific information is only the first step. Volunteers have mastered the art of breaking down complex information and presenting it back to their peers in a way that is easy to understand for almost everybody.

TIP volunteers recognized the need for educational materials for people with low or no literacy skills, and developed the Easy To Read Treatment Information Pamphlets in partnership with the Vancouver Native Health Society. With the support of the pharmaceutical industry and Health Canada, the pamphlets are currently distributed nationally free of charge through the Canadian HIV/AIDS Clearinghouse.

Partnerships have been instrumental to TIP's success. For example, the HIV/AIDS Treatment ABCs On The Road workshops, conducted with the BC Center for Excellence in HIV/AIDS, has allowed TIP volunteers to meet with PWAs and their care-providers from every region of BC and the Yukon. We recognize that there is too much work to do with regards to treatment information for any one program – treatment issues are ones that affect all PWAs, and so we all need to find ways of working together. ⊕

STANDING (l. to r.) Michael Linhart, Prison Outreach Program Coordinator; Tamil Kendall, Coordinator of the Complementary and Alternative Medicines project. SITTING Paula Braitstein, Director of Treatment Information.

Thank you Bryan!

On behalf of the entire Treatment Information Program team, I extend my sincerest thanks to Bryan McKinnon for his outstanding work over the last year and a half. Bryan has shepherded the program into the new millenium, and has proved to be a role model for our community. We will miss you greatly, and wish you all the best for your health, wealth, and future endeavours.

PAULA BRAITSTEIN

Buddy Bites

News and updates from BCPWA's Advocacy Department on Schedule C Benefits and the Buddy Program

Dispelling some myths about being a Buddy

A Buddy can be anyone off the street, with little or no training. Fact or myth?
Mostly myth. Many people could be "right off of the street", but there is a definite learning curve. Buddies must understand the legislation pertaining to applications, and must know about issues related to HIV and AIDS. In addition, they must learn interviewing techniques and tribunal skills. The Buddy Program provides training in all these areas.

Becoming a Buddy involves a two-to-three week commitment. Fact or myth?
Myth! Buddy training takes about five weeks in total. Training sessions occur once or twice a week for two to three hours at a time. When Buddies complete their training, they are expected to assist members on the long Schedule C waiting list. We ask for a minimum six-month commitment, at approximately 15 hours per month. That's only a few hours per week!

A Buddy must be available to work "on call". Fact or myth?
Myth! Buddies schedule their Buddy Program work around their personal schedules. However, BCPWA Society members and office staff rely upon the Buddies, so we do expect them to honour their 15-hour/month commitment and to come in when they promise to do so. Buddies are also expected to attend monthly meetings.

Applications for Schedule C healthcare benefits no longer go to tribunal. Fact or myth?
Myth! We hope that tribunals will become unnecessary, but thus far, the BC Ministry of Social Development and Economic Security (MSDES) continues to deny our applications.

A tribunal is held in front of a judge, with lawyers for the opposing sides. Fact or myth?
B – I – G myth! The BCPWA Society member appealing the Ministry's decision and the Ministry each pick a "Nominee", who are simply community members. The two "Nominees" select one more person as the "Chair". These three people make the decisions at the tribunal. Buddies are trained to appear with the BCPWA Society member, who also is present. The only other person at a tribunal is the Ministry's representative – often the financial assistance worker's supervisor.

A tribunal can last for hours. Fact or myth?
Mostly myth! A tribunal will usually only take about 30 minutes, although on rare occasions they last for several hours. It is a good idea to wait for the decision to be rendered orally and in writing. This takes between 25 and 45 minutes after the tribunal. Alternatively, you can have the decision delivered or mailed.

A tribunal can be the scariest or happiest day in an applicant's life. Fact or myth?
Anticipation of important events can be scary when you don't know what outcome to expect. Buddies help members through the tribunal process. We're there for them!

A Buddy can get paid. Fact or myth?
Oh, no! Real myth! We are all very committed and dedicated volunteers. We're happy to be helping and happy to obtain for members what we believe are their well-deserved healthcare benefits – and to get them off of that wait list, too.

THE NEXT BUDDY TRAINING SESSION WILL BEGIN IN LATE MARCH OR EARLY APRIL. **IF YOU'RE INTERESTED IN BECOMING A BUDDY**, CALL THE BUDDY PROGRAM LINE AT 604-646-5328

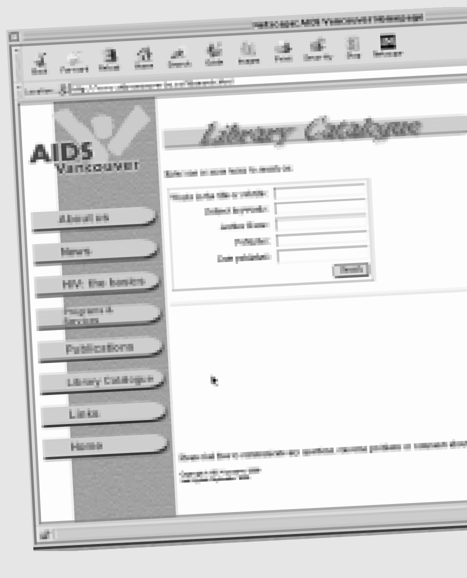
PARC Library catalogue now online

The Pacific AIDS Resource Centre (PARC) Library's book catalogue is now accessible through AIDS Vancouver's website at www.aidsvancouver.bc.ca. It is an option on the menu tabs on the left-hand border. The video catalogue will be accessible soon.

The Library has two computer workstations for Library patrons to use. Both provide access to word processing (MS Word) and the Internet .

PARC Library
1107 Seymour Street
Vancouver, BC V6B 5S8
Hours: Mon – Fri, 9am – 5pm
Telephone: (604) 893-2294
Email: library@parc.org

The Library is open to anyone.



Spotlight on the Victoria Persons with AIDS Society

In the summer of 1991, a group of people living with HIV in Victoria began holding weekly support meetings at the local YMCA. Within a year, with the help of regional and provincial health officers, the group acquired an office and a small budget. For the first 18 months, the organization was managed entirely by volunteers. In 1994, the Victoria Persons with AIDS Society (VPWAS) became a registered non-profit society and currently operates with a staff of one and a membership of 220. With an eleven-person board of directors, all of whom are HIV-positive, it is the only exclusively peer-managed organization of its kind on Vancouver Island. The group still operates according to its grassroots founding philosophy: to facilitate the empowerment of all people living with HIV through information and peer support.

Trained peer supporters provide one-on-one counselling and emotional support, make hospital visits, and reach out to prison inmates. The office houses the only specialized, comprehensive treatment and health promotion library on the Island. VPWAS holds meetings for two support groups, one for women and one open to all infected or affected by HIV/AIDS. Other services and programs include a monthly newsletter (called *The Herald*), monthly gift certificates redeemable at a local grocery chain, hair cuts, donated clothing, subsidized passes to YMCA fitness programs, and yoga and meditation classes. Access to a therapist offering Reiki, Thai massage, and acupressure is also available.

The organization and its membership were actively involved in developing the Capital Health Region's 2000–2002 AIDS Care Plan. Presently, VPWAS has two representatives on the CHR AIDS Plan Steering Committee, as well as representatives on three of its Working Groups: Prison Outreach, Health Care Delivery, and Educational Resources Development.

Recent activities include organizing community forums on nutrition and HIV/hepatitis C and understanding longer-term side effects of HIV therapy, both featuring Diana Peabody, RD, of Vancouver's Oak Tree Clinic. In February, VPWAS helped organize a forum on living well with hepatitis C (including a co-infection component) and another for healthcare professionals and community support workers on understanding the issues facing their hepatitis C clients.

The Victoria Persons with AIDS Society is a member of the Canadian AIDS Society and the Pacific AIDS Network. Our community partners include the Hepatitis C Education and Prevention Society (who house their library at our office), the Victoria AIDS Respite Care Society, AIDS Vancouver Island, and the local Native Friendship Centre.

According to the latest statistics released by the BC Centre for Disease Control, there were 16 new HIV infections and 10 AIDS cases recorded in the Capital Health Region during the 1999 calendar year. These figures are down considerably from past years. In 1995, there were 34 new HIV infections and 26 AIDS cases reported. There are a total of 231 AIDS diagnoses in the region.

For further information, please call 250-382-PWAS or email support@vpwas.com. Also check out the VPWAS website at www.vpwas.com.

HIV/AIDS and Aboriginal Canadians: telling their stories

SACRED MOTHER by Damian George, 1994

by KEN CLEMENT and NAMASTE MARSDEN

THE Canadian Aboriginal AIDS Network (CAAN) has developed a position paper entitled "National Aboriginal AIDS Strategy" to address the increasing rates of HIV infections among Aboriginal people across Canada. This initiative has been strongly endorsed by Healing Our Spirit and by Aboriginal service organizations.

No one is immune from HIV/AIDS. The economic and social power imbalance between Aboriginal people and non-Aboriginal people in this country plagues our communities with a host of social problems. HIV is rapidly becoming one of them. Studies in mainstream society also show that instances of HIV infection occur more frequently where poverty, violence, drug abuse, Aboriginal residential school syndrome, and alcoholism are present.

Infection rates in Aboriginal women and two-spirited people are rising rapidly. Injection drug users, inmates, and street-involved persons are increasingly at risk. Disproportionate inmate populations with higher at-risk factors can unwittingly contribute to new infections, both during incarceration and after release.

The problem of HIV/AIDS among Aboriginal people is compounded by a number of other factors. The high degree of movement of Aboriginal people between inner cities and rural on-reserve areas may bring the risk of HIV infection to even the most remote Aboriginal reserves. Some reserves may be governed by leadership that is unsympathetic to AIDS and HIV. There are reports of cases where HIV-infected two-spirited (gay) men have been unable to return to their reserve for holistic treatment.

The challenge is for public and private sector partners and Aboriginal leadership to work together in the fight for enhanced funding for programs and services that are culturally relevant to all Aboriginal communities across Canada.

Ken Clements

In many Aboriginal cultures, storytelling and history telling are important ways to share knowledge and bring people together. In this article we have asked Aboriginal people living with HIV/AIDS, and those with close family members living with HIV/AIDS, to share their experiences so that we may learn from them. In our education workshops, Aboriginal people living with HIV/AIDS speak to the participants about their lives. In respect for the strength and courage of those telling their story, we ask that you, the reader, share what you read here with others in a good way.

JACQUELINE SWAKUM is from the Xaxl'ip / Nlaka'pamux (Fountain / Thompson) First Nations. She is an HIV/AIDS educator and mother of three children. Jacqueline lives with HIV.

As an Aboriginal person living with HIV, I have come to a personal awareness that there are so many other issues re ated to being Aboriginal that affect how I cope with being HIV-positive. Poverty, discrimination, oppression, and social problems, to name a few, are the tip of the iceberg. Adding HIV compounds the challenge.

In the very beginning, when I sat in my doctor's office learning of my HIV-positive diagnosis, I reached out to my sister as a lifeline. After leaving home and moving to Vancouver, I utilized every AIDS service organization (ASO) that I could find. There are a lot of ASOs but you have to ask for what you need and at times that's not always easy. Aboriginal Women's HIV/AIDS support services are rare and very much needed. Aboriginal children's HIV/AIDS support services do not exist, but should. Just recently, I disclosed my HIV status to my family and community. This made a big difference in how I feel about living with HIV, because my family supports me.

Jacqueline Swakum

In B.C., my only Aboriginal HIV/AIDS services experience has been with Healing Our Spirit. If there was funding for direct Aboriginal client services, I would choose that over any other blanket organization any day. At Healing Our Spirit, I received culturally appropriate peer support, advocacy, and education, which made learning how to live with HIV manageable.

My children gave me the strength to live as long as I can. I want to see them grow to become adults, and if I dare to hope, I want to see my grandchildren. I live a healthy lifestyle that holistically encompasses all aspects of being. Having "peer support" is just as important as my "medical team", and should never be understated.

MELWYNN MORNING BULL is of the Peigan Nation in Southern Alberta. He is a two-spirited man living with HIV.

How does HIV/AIDS affect your life as an Aboriginal person?
When I was first diagnosed in 1992, there was no anger, remorse, tears, at that moment. Saying that it hasn't affected my life would be a lie. As all those living with the virus know, physically it can be a nightmare. However, I do my best not to let it hinder my daily activities. It's like bad Karma. I don't let it overcome my personal agenda.

How did you reach out for support?
In actuality, there really was no need to reach out. The support and referrals that I received here in Vancouver, was – and is – very much intact and up to par. The HIV/AIDS agencies all welcomed me with open arms and utmost compassion.

What is your personal experience with Aboriginal HIV/AIDS services and/or resources?
My personal experience with Aboriginal HIV/AIDS services/ resources has been quite supportive, helpful and optimistic.

What gave you strength, how did it help you deal with HIV/AIDS?
Born and raised in a family that is spiritual in both native and non-native faiths has given me strength that nothing and no one can take away from me. My family, especially my sister (Nii-Tsi-Taa-Kii) has been very supportive. All my family members understand the teachings of the medicine wheel, which is as profound as it is simple. It is said that being humble is a stepping stone to personal strength and peace. Ask any elder.

What is your relationship with your community?
When one asks about relationships with a community, I will assume I'm being asked about the two-spirited community. I've always encountered and enjoyed the camaraderie, fellowship, and friendships. This within itself garners a whole support system.

Issac & Sue George

Do you have any personal experience you would like to share about how other people relate to HIV/AIDS?
Live for today and only for today – tomorrow is much too far away. We as individuals are always ready and willing to succumb to everything in and around our lives. Try to shed all that, this attitude will always keep us focussed. I would like to share with you the third point of Dalai Lama's nineteen points in *Instructions for Life*:

- Respect for self
- Respect for others
- (take) Responsibility for all your actions

Have faith, practice self-care – always.

SUE GEORGE is a member of the Tseil-waututh (Burrard) First Nation. Her son Isaac George of the Tseil-waututh Nation, lives with HIV. Michelle George, of Healing Our Spirit, conducted this interview.

My youngest son is living with the virus and everyday it is with us. It is a family disease. I read a lot and I'm positive that you can live for many years with it. Exercise, diet, vitamins, protein supplement, and pray – lots of prayer.

Can you tell me about how you reached out for support?
I am a very open person. My son having the virus, in my mind, is the same as having cancer. It is just another disease we have to live with. I told my mom first, then my son and my niece Michelle, who works with Healing Our Spirit. People are good; they are always there when you need them.

What is your experience with Aboriginal HIV/AIDS services and/or resources?
I volunteered with Healing Our Spirit for one year. Members of the organization are very committed, and work extremely hard, to educate and support APHAs (Aboriginal people living with HIV/AIDS) and their families. They go right into the community and work from the grassroots to the federal level.

What gave you strength, how did it help you deal with HIV/AIDS?
My greatest strength is my son. He is a true warrior fighting everyday to combat this virus. We are very close as family and community. We pray and do a lot of ceremonies. This keeps us strong and focused.

What is your relationship with your community?
I married into this community thirty years ago but I feel very much part of it. Not one person has rejected my son or family because of the virus. Many reached out with a hand or a few gentle words of support. We are very blessed.

Do you have any personal experiences you would like to share on your experience with how other people relate to HIV/AIDS?
My niece, Michelle George, has worked hard in this area and has helped our community and family a lot by her knowledge and truth around the disease. Being educated is extremely important. It is ignorance that causes fear, which creates anger and hate.

Ken Clement is Executive Director of Healing Our Spirit.

Namaste Marsden is the Community Development Coordinator at Healing Our Spirit.

Healing Our Spirit BC Aboriginal HIV/AIDS Society

is a registered not for profit society. It was founded in 1992 by Leonard Johnston and Frederick Haineault, both of the Cree Nation, who lived with HIV/AIDS. Leonard and Frederick have passed to the Spirit World. Their goal in creating Healing Our Spirit was to educate Aboriginal peoples in BC and prevent further spread of HIV. Today, in addition to education services, Healing Our Spirit also provides counselling, residential school healing workshops, housing and human rights advocacy, community development, research, and an annual Aboriginal HIV/AIDS conference.

The Annual Aboriginal HIV/AIDS Conference will be held this year in Prince Rupert, in partnership with the Tsimshian Nation. The conference runs from March 25 to March 27, 2001. The theme of the conference is Strengthening Aboriginal Communities to Address HIV/AIDS.

If you would like more information, would like to become a member, or would like to volunteer, please contact us at the toll-free number below.

**Healing Our Spirit HIV/AIDS Society
Suite #100, 2425 Quebec Street
Vancouver, BC, V5T 4L6
Telephone: Toll Free Across Canada
1-800-336-9726
Website:
www.healingourspirit.org**

ASK THE DOCTOR

Question

I really want to use alternative therapies instead of pharmaceuticals, but my doctor is very opposed to the idea. What do you think?

Exploring in East Vancouver

Dear Exploring:

Many people with HIV use alternative therapies. A survey of people in the HIV/AIDS drug treatment program in BC showed that about 20% (1 in 5) use herbal and other medicinal therapies. About one-third use dietary supplements (such as vitamins), and others use tactile (touch) therapies and mental relaxation techniques. Although many of these treatments have not been studied with the traditional scientific techniques of mainstream medicine, it is quite clear that they offer something to people that pharmaceuticals might not – otherwise, why would people use them?

There are two very important things to consider before using alternative therapies:

1. Will they help?
2. Will they harm?

You can look on the website of the BC Centre for Excellence in HIV/AIDS (www.cfeweb.hivnet.ubc.ca) for guidelines on nutritional support, including vitamins such as selenium and zinc. These might help. Most other alternative therapies have not been studied enough to know for sure whether they will help or harm. Some, such as St. John's wort, have been shown to be dangerous and can cause severe side effects such as bad rashes in people with HIV.

If you decide to try alternative treatments, it's important to let your doctor know. If you want to use them with your pharmaceuticals, you and your doctor and pharmacist will need to think about how all these different treatments will mix in your body and what that might do. If you want to try them instead of your pharmaceuticals, you and your doctor will have to think about what might happen to your immune system if you stop your medications. Will you have to worry about taking preventative treatments to avoid infections like pneumonia? How often should you have blood tests to make sure your immune system is not becoming too weak?

Mainstream medicine hasn't found a cure to HIV yet. Your doctor is trying to give you the best treatment and is probably worried that stopping your pharmaceuticals will make you sicker. Talk to your doctor.

Dr. Val Montessori

Valentina Montessori, MD, FRCPC, is Associate Director of the Immunodeficiency Clinic at St. Paul's Hospital in Vancouver and Co-Chair of the BC Therapeutic Guidelines Committee for the Treatment of HIV/AIDS.

Send your questions to:

Ask the Doctor, Living + Magazine
1107 Seymour Street, Vancouver, BC
V6B 5S8 fax: 604.893-2251
askthedoctor@parc.org

HAD YOUR BIA CHECKED YET?

BIA (Bioelectrical Impedance Analysis) is a way of measuring body composition. It measures how much of the body is fluid, fat, and that all important body cell mass.

BIA technology has been used to measure body composition in HIV disease for several years, and has been accepted by HIV nutrition experts as a good way to get information about what's going on with your body.

BIA is a simple, non-invasive test that takes less than 5 minutes to perform. Diana Peabody RDN, HIV-specialized nutritionist with The Oak Tree Clinic, will discuss the results with you.

BIA at BCPWA

When: Monday, March 26; April tba

Time: 3:30 p.m. - 6:00 p.m.

How: Call ahead to book an appt. 893-2243

Where: Training Room of the Pacific AIDS Resource Centre, 1107 Seymour St., Vancouver.

Please don't drink any alcohol 12 hours before the test and don't drink a lot of coffee the day of the test.

TREATMENT INFORMATION PROGRAM MANDATE & DISCLAIMER

In accordance with our mandate to provide support activities and facilities for members for the purpose of self-help and self-care, the BCPWA Society operates a Treatment Information Program to make available to members up-to-date research and information on treatments, therapies, tests, clinical trials, and medical models associated wit AIDS and HIV-related conditions. The intent of this project is to make available to members information they can access as they choose to become knowledgeable partners with their physicians and medical care team in making decisions to promote their health.

The Treatment Information Program endeavors to provide all research and information to members without judgement or prejudice. The project does not recommend, advocate, or endorse the use of any particular treatment or therapy provided as information. The Board, staff, and volunteers of the BCPWA Society do not accept the risk of, nor the responsibliity for, damages, costs, or consequences of any kind which may arise or result from the use of information disseminated through this project. Persons using the information provided do so by their own decisions and hold the Society's Board, staff, and volunteers harmless. Accepting information from this project is deemed to be accepting the terms of this disclaimer.

Bummed out by anal cancer?

In most cases it's curable with early detection

by GIL KIMEL AND PAULA BRAITSTEIN

Cancer of the anal canal is generally rare and accounts for 1.5% of digestive system cancers in the US. The development of anal cancer is associated with infection by the human papillomavirus (HPV) which is usually sexually transmitted. In the majority of cases, the disease is curable with chemotherapy and radiation treatment.

Straight women and gay/bisexual men are at highest risk for anal cancer. The incidence of anal cancer among gay/bi men who practice receptive anal intercourse is approximately 35 per 100,000. Interestingly, this rate of incidence is several times higher than the current rate of cervical cancer. However, it is similar to cervical cancer rates *before* the introduction of the pap smear.

HIV-positive men have higher rates of abnormal cell growth in the anal canal than HIV-negative men. This means that HIV-positive men may be at higher risk of developing anal cancer.

Cervical cancer is strongly associated with HPV infection. In fact, 90% of all cervical cancers are caused by HPV infection. Anal cancer is also believed to be strongly associated with HPV infection.

Sign, size, and symptoms

The size of the tumor is the most important prognostic factor for patients with cancer of the anal canal. Tumors that are 2cm in diameter or less are cured in 80% of cases. By contrast, tumors 5cm in diameter or larger are cured in less than 50% of cases.

Rectal bleeding is the most common initial sign of cancer of the anal canal, with 45% of people reporting this symptom. A history of anorectal warts is present in 50% of gay men with anal cancer.

What causes anal cancer?

Initially it was believed that patients with chronically irritated anal canals (hemorrhoids, fissures, and fistulae) had a higher risk of developing anal cancer. It was also thought that chronic inflammation and ulcerative colitis (IBD) caused colorectal and anal cancers. However, recent studies suggest that there is little risk of developing anal cancer due to the presence of hemorrhoids, fissures, or fistulae, or with a history of IBD.

Straight women and gay/bisexual men are at highest risk for anal cancer, though it is still twice as common in women than in men

treatment information

Human Papillomavirus (HPV)

HPV is a member of the papovavirus family of DNA viruses. DNA techniques have identified over 85 HPV genotypes. More than one genotype can exist in a person, with each genotype usually associated with a specific bodily site. HPV types 16, 18, 45, and 56 are thought to have the highest cancer-causing potential. HPV type 16 has been detected in nearly 50% of invasive cancers of the cervix. However, the majority of high-risk HPV infections do not result in cancers.

Cancer potential of HPV genotypes

Risk Level (for cancer)	Genotype of HPV
LOW	6,11,42,43,44
INERMEDIATE	31,33,35,51,52
HIGH	16,18,45,56

HPV transmission

Genital HPV is one of the most common sexually transmitted diseases. Sexual intercourse, including genital to genital, orogenital, and anogenital contact, is by far the most important route of HPV transmission. Vertical (from mother to infant) and fomite (via inanimate object such as a sex toy) transmission also spread HPV. Risk of HPV infection correlates with frequency of sexual activity and number of sexual partners. Importantly, neither male nor female condoms prevent the spread of HPV. The literature suggests that men could be the reservoir of HPV because the virus can live in a latent form in the urethra or prostate.

Transmission of HPV may also occur by contact between hands and genitals. However, for this route of transmission, intact and live virus must first be transferred from genitals to the fingers. Contaminated fingers may carry the "genital" HPV virus to their partner's genitals since most HPV types seem to be site-specific. Then, a sufficient quantity of live virus would need to be transferred from the fingers to the genital tract.

HPV lesions

Visually, HPV lesions (condylomata acuminata) are quite different from common skin disorders and cancers. They typically look like Caucasian flesh-coloured, cauliflower-like masses. These lesions may be malignant, requiring biopsy and tissue analysis. HPV lesions may resolve spontaneously or progress to benign or malignant cancers.

HPV and anal cancer

Since the 1940s, evidence has suggested that gay/bi men are at higher risk for developing cancer of the anus. Notwithstanding, anal cancer is still twice as common in women than in men. Initially, it was hypothesized that a sexually transmitted agent was responsible for anal cancer in gay men.

Risk factors for anal cancer include an increased number of sexual partners, having other venereal diseases, and the practice of receptive anal intercourse. These risk factors are consistent with the fact that gay men are at an increased risk for anal cancer as compared to heterosexual men. Recent reports indicate that anal cancer rates among US gay men may be even higher than cervical cancer rates in women.

Studies have shown that anal HPV infection was nearly universal (93%) among HIV-positive gay men. A large proportion of HIV-negative men was also infected with HPV (61%). The types of HPV did not differ significantly between HIV-positive and HIV-negative men. In both groups, the most common HPV type was HPV16. A large proportion of the men had HPV types typically categorized as medium to high risk (based on the HPV types associated with cervical cancer). HPV types 53, 58, 61, and 70 were found commonly in anal cancer and infrequently in cervical cancer.

> HIV-positive men have higher rates of abnormal cell growth in the anal canal than HIV-negative men.

Seventy-three percent of HIV-positive men showed more than one type of HPV in the anal specimen, and on average, showed more than three types. Compared with HIV-negative men, HIV-positive men showed a greater number of HPV types. It is possible that the reason why HIV-positive men showed a greater number of types of HPV is that they also reported a greater frequency of receptive anal intercourse. There was no association found between the number of HPV types and the CD4 cell level.

What does all this mean?

First, if you have receptive anal intercourse (that is, if you get fucked), you should talk to your doctor about getting "an anal pap smear" to test for the presence of HPV. If you have anal cancer, you can get treatment or monitoring. That way, if a benign or malignant tumor does develop, you catch it early. The other important message is that more research needs to be done on this subject, particularly among women (who need to be acknowledged as having anal sex) and gay/bi men. ⯎

Gil Kimel is a research associate at the BC Centre for Excellence in HIV/AIDS. He completed his Masters degree in cell biology at UBC.

Paula Braitstein is BCPWA's Director of Treatment Information.

The search continues...

Some advances in research, but an HIV vaccine is still years away

by ROB GAIR

The development of a safe, effective, and affordable vaccine to halt the spread of HIV has never been more urgent. Currently, over 33 million people live with HIV/AIDS worldwide. Despite prevention efforts, nearly 15,000 new infections occur every day. Over the past few years, new medications for the management of HIV infection have dramatically reduced deaths from AIDS, but their use is limited by side effects, drug resistance, and cost. The biology of HIV is complex and the immune response to infection is still not completely understood. As well, international agencies and governments have been slow to provide the required resources for intense research in the area of vaccine development. Nevertheless, significant advances have occurred and researchers remain optimistic that a successful preventative vaccine is an achievable goal.

Immune responses to HIV

When someone becomes infected with HIV, immune cells called CD4 cells (helper T-cells) begin to multiply. CD4 cells are said to be the "on" switch of the immune system. They activate CD8 cells (killer T-cells or cytotoxic T-lymphocytes) which attack and kill other cells already infected with HIV. This process is the "cellular response". CD4 cells also activate B-cells, which produce antibodies to attack free-floating HIV. The production of antibodies is known as the "humoral response". The presence of these antibodies in the bloodstream is what makes someone HIV positive. Compared to the cellular response, the humoral response is relatively slow at getting up to speed.

Ironically, HIV attacks and destroys CD4 cells, the very cells needed to kick-start the immune response against the infection. At first, the CD4 cells win out, managing to keep the virus in check. However, as time goes by, the number of CD4 cells decline while the viral load increases. The body's ability to fight HIV and other infections becomes impaired, increasing the chances of becoming ill.

Current antiretroviral medications are aimed at blocking the action of certain enzymes required for HIV to replicate. While antiretrovirals are effective at keeping the virus in check, experience shows they cannot completely eradicate the virus from the body. Once medication therapy is stopped, the virus appears to come out of hiding from so-called "reservoirs" and the replication cycle begins anew.

Vaccines for other viruses

Effective vaccines for other viral illnesses, such as polio, chicken pox, and measles, work to augment the humoral response. Live viruses, which have been altered so they are unable to cause illness, are injected into the body. B-cells produce antibodies against the weakened virus. These antibodies are then stored in the "memory banks" of the immune system. When a real infection subsequently occurs, the humoral response is mounted much more quickly than if it had never been exposed to the virus. Together with the relatively fast-acting cellular response, this rapid reaction kills the virus before it can do any significant harm. Vaccines such as these are often referred to as live, attenuated vaccines.

HIV vaccine candidates

The development of a vaccine for HIV is challenged by various complex issues: 1) the genetic variability of the virus; 2) the lack of understanding of the factors required for immune protection; 3) the need for a vaccine which will produce a strong and long-lasting immune response; 4) the role of antibodies at mucosal surfaces, the primary route of transmission in humans; and 5) the inability of CD8 cells to kill HIV-infected cells in HIV "reservoirs." While there are many unanswered questions, it is clear the body's natural cellular response following HIV infection is not adequate. In addition to augmentation of the humoral response, a successful vaccine will also need to induce a strong, long-lasting cellular response before any significant protective immunity can be expected.

Live, attenuated vaccines

Given its success in other viral illnesses, the use of a live, attenuated vaccine for HIV was once considered the best hope. While early studies in monkeys showed protection after vaccination with live,

attenuated simian immunodeficiency virus (SIV), a virus similar to HIV, a subsequent study showed that the weakened virus eventually triggered the monkey version of AIDS. This appears to be confirmed by the case of a human who was infected with an attenuated form of HIV. For years, he showed no signs of disease progression until he recently developed an opportunistic infection in his brain. These observations suggest that attenuated HIV will eventually become pathogenic (capable of causing disease). While some are still optimistic about the success of a live, attenuated vaccine for HIV, these recent developments are considered a significant setback.

Current research is focused on preventative vaccines. Treatment vaccines are still in the very early stages

Epitope vaccines

These vaccines use small bits of HIV proteins called epitopes taken from various portions of the virus. Epitopes are considered to be the building blocks of the virus; therefore, it is hoped they will induce an immune response that is adequate to fight a real infection. The results so far have been disappointing but researchers are encouraged by new understanding of the types of epitopes needed to mount an effective immune response.

DNA vaccines

In this scenario, bacterial plasmids are genetically engineered to contain HIV genes. When injected into the body, the harmless plasmids begin to replicate. Since they have HIV genes, they manufacture HIV proteins, which fool the body into thinking it has been infected. Both humoral and cellular immune responses result. DNA vaccines are the latest generation of vaccine candidates and while they show some potential in animals, research in humans is still in the early stages.

Live, vector vaccines

In this case, genes from HIV are inserted into the DNA of another virus (called a live vector) that is either non-pathogenic or has limited pathogenic potential in humans. This altered virus is injected into the body. As it begins to replicate, it produces proteins that are specific to HIV. A cellular response results, but the humoral response to the vaccine is weak. Unfortunately, the more pathogenic the live vector, the better the overall immune response. Currently, a company called AlphaVax is conducting new clinical trials for these types of HIV vaccines in the US and South Africa.

Subunit (gp 120) vaccines

This vaccine strategy is further along than any other in clinical development. The HIV protein $\gamma\pi$ 120 is found on the surface of the virus and is involved in the binding of HIV to the CD4 cell. When artificial forms of the protein are injected into people, neutralizing antibodies are produced. Unfortunately, the protein fails to elicit a cellular response. Nevertheless, VaxGen and other companies are vigorously pursuing the development of this vaccine. Results from human efficacy trials are expected in 2003.

Combination (prime-boost) vaccines

Typically, this approach uses a combination of vaccine strategies designed to elicit an immune response that is greater than either vaccine alone. One example includes the combination of a subunit vaccine for the humoral component with a live, vector vaccine to induce the cellular arm of the immune response. Safety and tolerability of combination vaccines are currently being studied in the US and Europe. Human efficacy trials are expected to begin in the next two to three years.

Treatment vaccines

Current research is focused on the development of a preventative vaccine, which will be administered to people who are HIV-negative. The vaccine candidates discussed previously are being studied for this application. Vaccines for the treatment of people who are already infected with HIV are also being considered. Strategies that are being investigated include therapies that support or boost the immune system in combination with existing therapies that inhibit the virus (e.g. antiretrovirals). The goal here is to augment the cellular immune response. New research suggests the magnitude of the cellular response is controlled by CD4 cells and that other immune cells called $\gamma\delta$ T-lymphocytes and natural killer cells also play a role in killing virus-infected cells. The next challenge is to see if the activity of these cells can be increased, either through vaccine or other therapies. New knowledge will hopefully lead to improved immunological control of the virus and strategies to induce killing of HIV-infected cells in latent reservoirs. Research in this area is still in the very early stages.

SUMMARY

Numerous strategies for a preventative HIV vaccine are currently under investigation. While there have been no breakthroughs, the effort is providing valuable information about the complex biology of the virus and its interaction with the immune system. Research into treatment vaccines is aimed at helping the immune system better fight the infection. Though an effective vaccine is still years away, scientists remain confident they can see the light at the end of the tunnel.

For references, please visit this issue of Living + on the BCPWA website at www.bcpwa.org.

Rob Gair is a pharmacist at the BC Drug & Poison Information Centre.

The art of living

A unique project by the Art of Living Foundation and the Tzu Chi Institute

by TOM SWOPE

In September 2000, Tom Swope of Friends for Life travelled to Quebec to participate in a unique clinical trial for people living with HIV, a joint project by the Tzu Chi Institute in Vancouver, the Art of Living Foundation, BCPWA, and Health Canada. Along with thirty other participants, he spent fifteen days at an ashram in Quebec. There they learned breathing exercises, meditation, yoga, and group dynamics, tools for managing stress levels, physical health, and emotional well being. Here he recounts his experience.

Now that I am actually trying to put this down on paper, it seems like a lifetime ago, and I keep thinking that you just had to be there. You might be expecting this article to provide some health tips for the HIV-positive individual, such as daily rituals and practices to help you live longer with energy, vitality, and a more profound mindfulness. Or learn how an ethical, spiritual lifestyle is going to make the gods and goddesses bestow you with everlasting sanctified happiness. I went seeking a life-affirming experience and new tools to improve or maintain my health. Maybe some alternative methods to tolerate the chemicals I take for the viruses skipping around in my body. But that's not what the clinical trial was about.

This study was important to me for a variety of reasons. Our treatment options are more diverse now. Complementary and alternative therapies are now recognized as effective and valid methods to help those of us living with life-threatening illnesses. By partnering with the Tzu Chi Institute, the Art of Living Foundation, and BCPWA, Health Canada is acknowledging the efficacy of these alternatives, even though they fall outside the realm of traditional Western medicine.

We knew few details of the project before our arrival, and none of us really knew what to expect. Just go, toss it out to the universe, and see what's there. Trust. The Tzu Chi organizers only provided a few clues and basic outlines. We knew we would have full days, and there would be some personal time to explore creative energies such as art and music. However, we would have to refrain from reading materials or access to the outside world, which are considered distractions. Bring comfy clothing, they advised us, as you will be spending a lot of time with the group learning relaxation and meditation techniques, some yoga, and breath work. No caffeine, alcohol, recreational drugs, cigarette smoking, or carnivorous indulgences for two weeks before or during the healing retreat.

The Art of Living's retreat facility, or ashram, is in a small town called St. Mathieu du Parc, not far from Shawinigan, Quebec. The ashram is a peaceful, rural community, a place for spiritual growth, peace, tranquility, and meditation. The word ashram in Sanskrit means "state or stage in life." Generally, ashrams have a spiritual leader in the form of a teacher, guru, or master. The teacher here is Sri Sri Ravi Shankar.

We arrived well after midnight, and enjoyed a light meal in the communal kitchen/dining area in the main building of the property. On the lower level were offices, residential rooms, communal washrooms, storage, and refrigeration. On the top floor was a large meditation and educational hall.

We knew few details of the project before our arrival, and none of us really knew what to expect. Just go, toss it out to the universe, and see what's there. Trust.

After our meal, we gathered upstairs

for an introductory session. Our teachers and hosts laid some ground rules. We were to take our shoes off to keep the dirt out because this is where we live and breathe. We would eat vegetarian meals because it requires less energy for our bodies to digest. No stimulants in order to keep the mind relaxed and clear. Get lots of sleep, and see you tomorrow morning around 10am when we will answer all of your questions. Then they dismissed us.

Wait a minute, my Virgo mind piped up – what about our daily schedule of events, a listing of activities, a map of the hiking trails, how do we call the manager, and where's the phone? But I didn't say anything, and neither did anyone else. We all trundled off to our dormitory rooms.

In the morning, we gathered for breathing exercises. Our teachers, Pierre and Yasmin, explained to us that the breath is what connects us all to the very fibres of which we are made. By learning to breathe more effectively, we can send this *prana* or healing life-force energy to parts of our bodies on a cellular level, thus facilitating an optimum state of health by clearing toxins.

One of the tools we used to accomplish this is the Sudarshan Kriya. This particular technique involves constant, regulated breathing for a pre-determined time, which is supposed to help you realize a meditative state and clear emotional blocks. It's a powerful process. For me it was a frightening, calming, unsettling, moving, emotional, peaceful, angry, and joyful experience. The breathing was pretty easy – we do it all the time. Not so easy was the emotional stuff it raised within me. However, it was amazing to allow some of the baggage I had been carrying around to slip away. We also learned some daily regulated breathing exercises to increase our lung capacity and flood the body with air.

Yoga was an important element in our experience, and early each morning we began our day with some gentle, basic postures. I had never tried yoga before and, being a little competitive, managed to hurt myself a couple of times. The beautiful thing I learned through yoga, however, is that you do the best you can, always trying a little harder, pushing a little further, without pain or disappointment. Eventually you get to a place where you are comfortable. The instructors repeatedly said go as far as you can, then back off a little, and that is the perfect place for you. There is no absolutely correct way to do it. Patience.

We took walking meditations as a group where we walked in verbal silence through the paths and roadways of the 200-acre site. I had a hard time keeping my mouth shut, but what a sensation it was to simply focus on my surroundings, observe the life around us, and interact with others as they did the same thing. Awareness.

In another exercise, we faced off one-on-one and stared into the each other's eyes for up to five minutes. Our instructions were simple: "Look at this person with the innocent eyes of a child. Is the person facing you any different from you and can you accept them as they are?" Wow! Try doing that with someone you know and care about – then imagine doing it with a stranger. I received a wonderful little lesson in how we apply judgment.

I returned pretty much the same person. What changed the most for me was my perception of the other unique lives with which I shared this experience.

> Sudarshan Kriya breathing exercises was a frightening, calming, unsettling, moving, emotional, peaceful, angry, and joyful experience.

This powerful, life-affirming experience came to me as I began to believe and understand the thoughts I've had all my life: that we are all unique and special people with something to learn and contribute to each other's existence. Just because you may not like someone or what they say doesn't mean that they aren't a perfect piece of your life and that you can't learn something from the experience. I also don't believe in accidents. People, places, things – they all come in and out of our lives for reasons. The trick is to figure out why. I remember close to the end of our stay in St. Mathieu, when this was all finally sinking in, I took a walk outside in the very cool air. It was after midnight, so dark out among the trees. The sky was perfectly clear, with millions of stars. I looked up and saw something for the first time. I had always wanted to see the aurora borealis, and there it was, this beautiful display of celestial rain in the skies above me. I never imagined it would happen exactly that way, but then life usually doesn't happen the way you expect it.

Life is short – enjoy it. Live without regrets. Peace.

Tom Swope is the Program Co-ordinator for the Vancouver Friends for Life Society.

Talk to your doc about complementary meds

An executive summary of BCPWA research

by TAMIL KENDALL

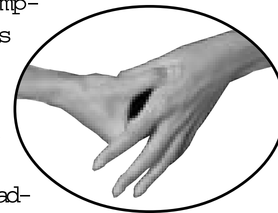
In 2000, the BCPWA Society conducted research among conventional healthcare providers, doctors trained in Western medicine, and persons living with HIV/AIDS (PWAs). The research explored their attitudes towards complementary and alternative medicine (CAM) and examined how they think it can and should be used in the treatment of HIV disease. The research included PWAs from throughout British Columbia. In Vancouver, PWAs and healthcare providers from the Oak Tree Clinic, Vancouver Native Health Society, the Downtown Clinic on Cordova, and Spectrum Health participated. In addition, the study included participants from Nelson, Castlegar, and Trail. PWAs involved in the research were using at least one complementary or alternative therapy and seeing a doctor who participated in the research. In total, 20 conventional healthcare providers (including 18 doctors) and 49 PWAs participated.

Results – Benefits

Segmenting the benefits of CAM into categories is difficult because most individuals defined CAM as self-empowerment and self-care. Many PWAs stated that using CAM gave them a greater sense of control and decreased their dependence on conventional healthcare providers, thereby making them active participants and partners in their healthcare. CAM helped these PWAs to create meaning in their lives and make living with HIV/AIDS manageable and rewarding.

Healthcare providers and PWAs described specific and non-specific physical and emotional benefits associated with CAM use. There was agreement on many issues. All the PWAs and many of the healthcare providers emphasized immune system and general health benefits of CAM associated with the mind/body connection and taking an active role in one's own healthcare. None of the PWAs believed the CAM they were using was a cure for HIV/AIDS. In a similar vein, all healthcare providers stated they had not seen a complementary therapy that they could say directly and measurably impacted CD4 counts and viral load.

CAM was used to manage symptoms of HIV disease, side effects of antiretroviral medication, addiction, hepatitis, and depression. PWAs said CAM helped them meet these challenges. Managing these issues improved adherence to antiretroviral treatment among those who took conventional treatment. Some also used CAM as a way to stay healthy without the use of conventional treatment or when conventional treatment failed or was interrupted.



"I'm feeling sometimes a little isolated by this disease because I realize people are frightened by it. People maybe don't want to have sex with me or be very intimate with me. Doing these nice things for myself helps me. Going for the massage, buying the tuna. It's part of the self-nurturing which I need, which I'm not getting from other persons."

Risks

The research identified two key risks: PWAs limiting their food intake and self-medicating because of the cost of CAM, and lack of communication between conventional healthcare providers and PWAs.

Cost and risk

Low incomes and high cost of living make it difficult for many PWAs to access CAM without using money they would otherwise spend on food and shelter. Among this group of 49 PWAs, 16% earned less than $10,000 a year but reported spending $200–400 per month on CAM. The results of spending more than you can afford on CAM is most dramatically shown when PWAs limit the food they eat to buy CAM. Adequate nutrition is crucial to maintaining health with HIV/AIDS. Cost also limits access to complementary therapy practitioners, resulting in self-medication and experimentation.

Conventional healthcare provider attitudes and communication

Matching PWAs and their doctors allowed analysis of their relationships and communication. The research revealed that PWAs accurately perceived conventional healthcare providers' attitudes toward CAM. Physicians' attitudes toward CAM fell into four categories: opposition, supportive but actively disassociated, encouraging but not proactive, and active engagement.

Physicians exhibited both supportive and unsupportive attitudes at clinics in the Vancouver's Downtown Eastside and West End and in the Kootenays. By contrast, all of the healthcare providers at Oak Tree Clinic described themselves as generally supportive of CAM use, and PWAs shared this opinion. The variations in physicians' attitudes is significant because it suggests attitudes towards CAM are not dependent on needs and capacities of PWAs, size of HIV practice, years of experience in HIV, or established opinion about the appropriate role of CAM in HIV care in the conventional medical community.

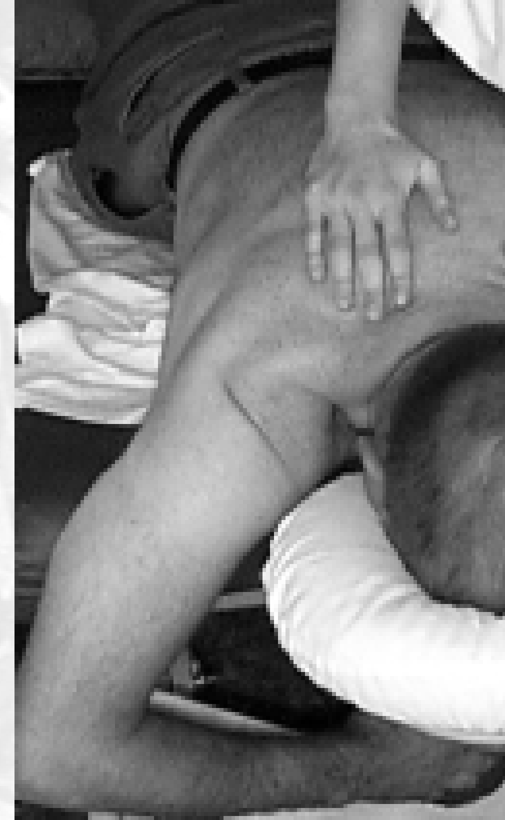
These different attitudes towards CAM stem from philosophical differences, in terms of science-centered or patient-centered approaches to medicine. Physicians supportive of CAM accepted PWAs' experiences with HIV disease as a valuable indicator of CAM's benefit. Unsupportive physicians rejected the value of such "unscientific" evidence. Physicians' opinions diverged greatly over the existence and the appropriate approach to currently available studies about CAM. Physicians who were unsupportive of CAM claimed that they were unaware of any evidence to support CAM use. Physicians who were supportive had conducted research and argued that available evidence supported the use of some complementary therapies in HIV/AIDS, including mind/body interventions, and warranted more research.

Healthcare providers' attitudes determine the level of communication about CAM between them and PWAs and the role they play in helping their patients make decisions about CAM. Healthcare providers who were more knowledgeable were more likely to ask about CAM use and articulate an awareness of the potential risks of CAM, specifically interactions between natural and pharmaceutical medicines. In turn, patients of physicians who were supportive and relatively knowledgeable about CAM were more likely to identify CAM as a potential source of risk, as compared to PWAs with less supportive physicians.

Furthermore, conventional healthcare providers who are perceived as knowledgeable and receptive to CAM have more credibility with PWAs. The research showed that dialogue between knowledgeable conventional health providers and PWAs reduces the potential for adverse interactions between pharmaceutical and natural medicines and reduces the risks associated with the cost of CAM. By contrast, PWAs ignored comments about CAM made by conventional healthcare providers who they perceived to be ignorant of and/or opposed to CAM.

"I don't have the confidence in my physician knowing that something is safe. When they say, they don't think it's safe, that's because they have never really studied it or [it] seem[s] contrary to their beliefs…or the trial doesn't come up to their standards. So, I don't really ask my physician about complementary therapies. I tell them what I have done."

PWAs identified finding both complementary and conventional healthcare providers who are knowledgeable about a wide spectrum of treatment options and HIV disease as a serious problem. Involving more complementary healthcare providers in HIV/AIDS treatment and educating conventional healthcare providers about CAM is an area where PWAs and AIDS organizations need to be more active. PWAs said that discussing their complementary therapy use was a part of that physician education.



"I think if I tell him something is working and a few other people do the same thing and say it's working, then he finally might get it."

Communication breakdown

PWAs did not fully disclose their CAM use to physicians they felt were opposed or unsupportive of CAM use. In other cases, physicians failed to ask PWAs about their CAM use. Physicians did not begin this dialogue for several reasons. First, they didn't think CAM was an important part of treatment in terms of risk or benefit. Also, they focused on addiction to the exclusion of other health issues. As well, there were cultural stereotypes about who uses CAM. The re-

"And I'll tell these doctors – people I see here – stuff I won't tell my GP. She'd just get upset with me.... I'll tell them everything that's going on with me. But I won't tell my GP. I'll be selective."

REASON FOR USING COMPLEMENTARY THERAPY	NUMBER OF RESPONDENTS
To improve energy level	93% (40)
To have greater control over health	86% (37)
I feel good about using CAM	86% (37)
To enhance immune response	81% (34)
To supplement dietary intake	74% (32)
To manage side effects	61% (26)
To manage side effects	61% (26)
To lower viral load	58% (25)
CAM won't do any harm	49% (21)

search identified instances where PWAs planned to use or were using herbs that posed health risks without the knowledge of their physician.

Canadian research shows that the majority of PWAs, from former loggers living in the Kootenays to professionals in recovery living in Vancouver's West End, are choosing to use CAM to promote their health and well being. All PWAs who are using CAM and all healthcare professionals have a responsibility to discuss CAM as part of their treatment planning and monitoring. Creating an effective decision-making partnership with your healthcare practitioners can be challenging, but it is one of the most important keys to living well with HIV. One of the foundations is finding someone who makes you feel comfortable, someone with whom you can be honest. Part of that honesty is telling your practitioner about all of the treatments that you choose to take, especially those you take internally like herbs, vitamins, or supplements.

If your healthcare provider is disrespectful of your treatment choices, consider changing healthcare providers. Some people don't want to switch because they have a good personal relationship with their doctor, even if the doctor is not knowledgeable about or accepting of CAM, or because they get more than one treatment from the same doctor (such as methadone and HIV treatment). If you make this decision, you need to ensure that a knowledgeable conventional medical practitioner, such as a pharmacist, is aware of all the natural and pharmaceutical health products you are taking.

"I used to view them as two different things. Now I view them as one because, I guess, they've integrated with me."

Also, get connected with a peer-based treatment information program or support group. PWAs who participated in the research repeatedly said that they found other HIV-positive individuals the most useful and trustworthy sources of information about treatment. As with all information, use caution. Check it out with several people, the scientific literature, and knowledgeable healthcare providers. In addition, add one type of therapy at a time and keep a journal of your reactions.

Integration

Patterns of CAM use in the HIV community make it clear that most people are integrating care on an individual basis. To integrate complementary and conventional approaches at a systems level, respectful dialogue between healthcare consumers and complementary and conventional healthcare providers is necessary. Physicians and PWAs participating in this research identified two barriers to dialogue: the professional hierarchy that privileges Western medicine and the pharmaceutical industry's monopoly on medical research knowledge. More publicly funded research, education, and advocacy efforts are needed.

Those CAM-using PWAs and healthcare providers who are relatively knowledgeable and supportive of CAM believe that integration has the potential to improve PWAs' health, optimize the use of available resources, and save money. They feel that a multidisciplinary care team that includes complementary healthcare providers, preferably in a single location, and offers a decision-making process where PWAs play a central role is the ideal model to provide optimal, integrated HIV/AIDS treatment.

Tamil Kendall is the Coordinator of the Complementary & Alternative Medicines Project for BCPWA's Treatment Information Program.

Keeping the fires stoked

Treating disorders of the mitochondria, the energy powerhouse of cells

by DIANA PEABODY RD

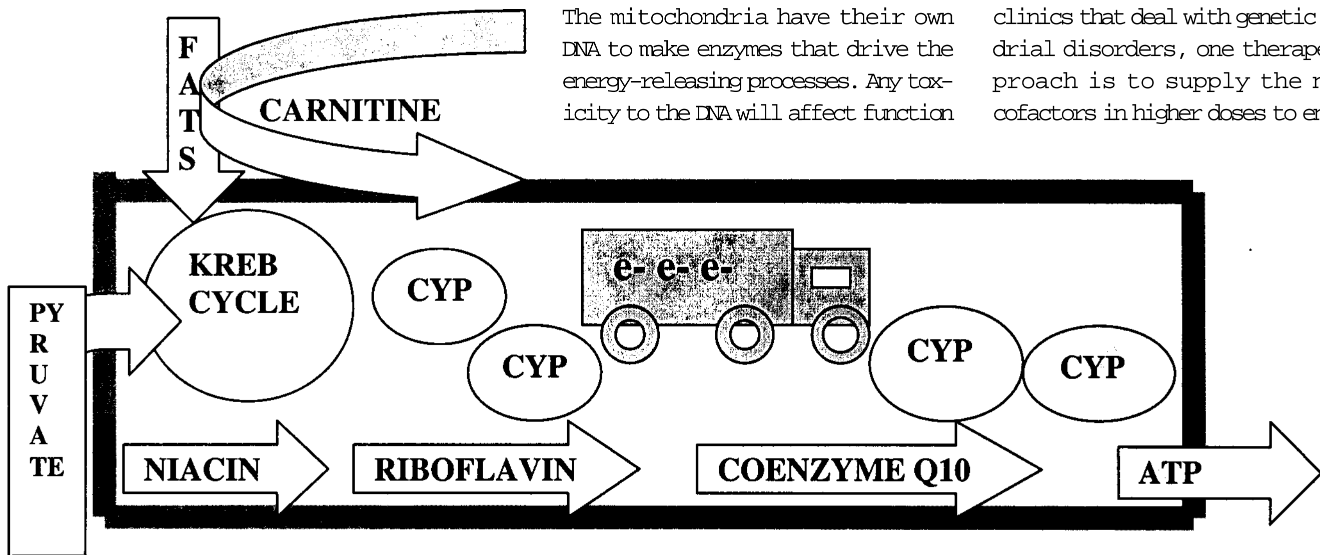
Mitochondria are small organelles (like miniature organs) inside all living cells. The primary role of the mitochondria is to produce energy in the form of adenosine triphosphate (ATP) by a process called oxidative phosphorylation. The products of carbohydrate, protein, and fat metabolism ultimately enter the mitochondria and undergo a series of oxidation reactions that release energy (ATP). ATP is the fuel that drives all metabolism and function in the body; it is necessary for life.

In the cell, outside the mitochondria, carbohydrates are broken down into pyruvate, which then enter the mitochondria for oxidation via the biochemical process called the Krebs cycle. If the pyruvate cannot enter the mitochondria, it can be converted to lactate. This happens when there is not enough oxygen available for the Kreb cycle. During prolonged exercise, the "burn" is due to the buildup of lactate, which usually dissipates as soon as you rest the muscle. Fats are broken down into fatty acids in the cell outside the mitochondria and are then transported into the mitochondria by carnitine for oxidation and production of ATP. Amino acids also enter the Krebs cycle in a similar way to pyruvate.

This process can go wrong at a number of sites. Much of what we know about mitochondrial disorders comes from work done with children that have genetic defects in their mitochondria. It is now thought that many of the metabolic, and even fat redistribution, changes that people on antiretrovirals experience may be due to mitochondrial toxicity. A growing consensus suggests that the nucleoside drugs (AZT, 3TC, D4T, DDI, DDC) are the main culprits, some being worse than others. The mitochondria have their own DNA to make enzymes that drive the energy-releasing processes. Any toxicity to the DNA will affect function and survival of the mitochondria. If mitochondria have blocks in different sites of oxidative phosphorylation, or if mitochondria are dying off and not being replaced, a shortage of ATP production will result. The effect of this deficit depends on which tissue is affected. If it is nerve, for example, neuropathy may result. The other problem is that pyruvate and fatty acid metabolism is blocked with lactate building up as a result.

It is now thought that many of the metabolic, and even fat redistribution, changes that people on antiretrovirals experience may be due to mitochondrial toxicity.

So far, the exact mechanism of toxicity to the mitochondria in HIV disease is unclear, making it difficult to treat. However, we do know that a number of nutrients are involved as cofactors, driving the metabolic process of energy production from foods. In some metabolic clinics that deal with genetic mitochondrial disorders, one therapeutic approach is to supply the nutrient cofactors in higher doses to ensure that



all the ingredients are available for mitochondria to work well. Recently, there have been some successful case reports of B vitamins, coenzyme Q10, and carnitine treating lactic acidosis (when lactate levels get dangerously high) in HIV-positive individuals on antiretrovirals.

Here is an example of one nutrient regimen from a metabolic clinic to treat mitochondrial disorders. The exact dosage level is unclear because this clinic based dosing on children's needs, which do not translate directly to adults. I have converted the doses to reasonable and practical levels for adults. Note that this is an extremely expensive regimen, especially the carnitine which is not covered by Pharmacare for people with HIV.

- Coenzyme Q10: 30 – 120mg per day
- B50 vitamin complex: 1 per day
- Folic acid: 1mg per day (should be in your multivitamin)
- Vitamin C: 500mg twice a day
- Vitamin E: 400–800 IU per day
- Zinc: 50mg per day
- Alpha lipoic acid: 100–300mg per day
- Pantothenic acid: 50mg per day
- Biotin: 50mg per day
- L-carnitine: 1000–3000mg per day

It is unlikely that many people can afford this regimen, and it is unclear who should consider taking this "cocktail". Anyone with a high lactate level might benefit from taking some part of it. Prioritize B vitamins, coenzyme Q10, vitamin C, and vitamin E. Include a multivitamin mineral. Discuss any plans to supplement with your HIV doctor and healthcare team. ⊕

Diana Peabody, RD, is the dietitian at Oak Tree Clinic in Vancouver. She specializes in HIV.

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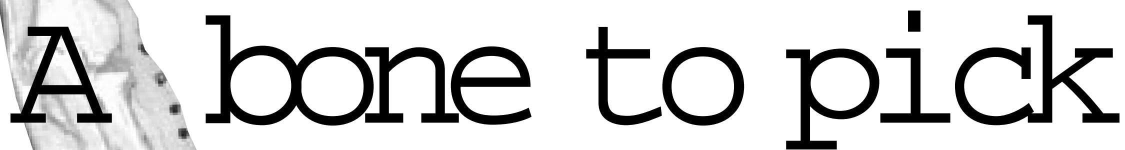
A bone to pick



Protect your bones from osteoporosis through exercise, good nutrition, and a healthy lifestyle

by DIANA PEABODY, RD

It has become increasingly evident over the past year that people living with HIV are at higher risk of developing osteopenia, which means loss of bone mineral density (BMD), and osteoporosis, the more severe form of the disease. Bone, the primary structural tissue of the body, is not static, but undergoes a dynamic metabolic process involving the flux of minerals in and out. Bone metabolism is tightly regulated by hormones, vitamin D, the availability of minerals, and a number of other factors (see below). In simplified terms, when mineral loss exceeds gain, the bones lose density and become brittle and susceptible to fractures. Although a number of studies have shown loss of BMD in positive people, it is still unclear as to whether this is an effect of the disease or the antiretroviral therapy (ARV).

What the studies show

Research has shown that HIV-infected persons have low levels of osteocalcin, the primary hormone responsible for building new bone, and that these low levels correlate with elevated cytokines, particularly TNFalpha, and low CD4 cell count. Other studies have found low levels of vitamin D3 (1,25 dihydroxy-cholecalciferol), the activated form of vitamin D, which correlate with increased cytokines, low CD4, and advanced disease. Two early studies of BMD found only slightly lower BMD in HIV-infected persons compared to controls, but recent evidence indicates a much more significant risk. Attempts to find relationships between BMD and HIV factors or antiretroviral therapy have been inconsistent. Some of the evidence presented this year has implicated protease inhibitors (PI), suggesting that osteoporosis is yet another metabolic complication of PI use.

To confuse the issue, other data suggest that antiretroviral treatment may be protective and actually mitigate bone loss caused by HIV infection. Other studies have shown that osteopenia/osteoporosis correlate with wasting, having an AIDS diagnosis, having low body weight prior to starting ARV, and high levels of circulating cytokines. The vast majority of subjects in the research so far have been male, and little information exists on HIV-positive women.

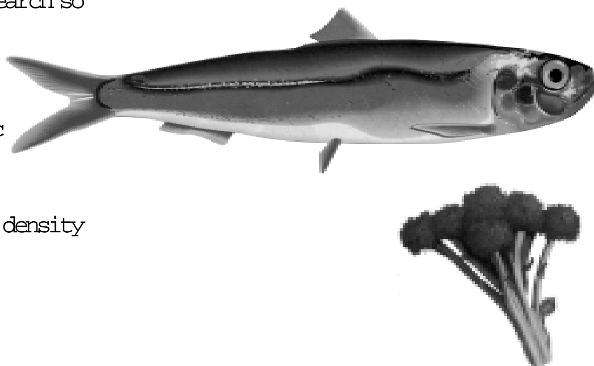
As with the other metabolic complications, thus far the exact mechanism and causative factors for loss of bone mineral density are not clear, and it seems that both HIV infection and antiretroviral therapy have a contributing role. Regardless of the underlying mechanism, the evidence is convincing that HIV disease does increase the risk of developing osteoporosis and that people living with HIV should be proactive in protecting bone health.

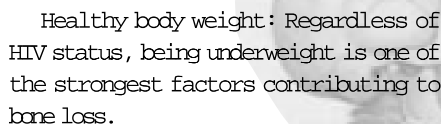
Other risk factors

Living with HIV does not preclude all the other risk factors for loss of bone mineral density. Some unchangeable risk factors such as age, family history, and being female, Caucasian, or Asian, increase the risk of developing osteoporosis. Other conditions such as diabetes, inflammatory bowel disease, menopause, ammenorrhea (no periods), male hypogonadism (low testosterone), malabsorption, and corticosteroid use also predispose one to loss of bone mineral density. The risk factors you can do something about are body weight, nutrition, exercise, and lifestyle.

Take care of bone health

Stay well nourished: A number of nutrients are important in maintaining bone health. It is important to get enough protein to build bone. Most people need about 0.5 grams per pound body weight.





Healthy body weight: Regardless of HIV status, being underweight is one of the strongest factors contributing to bone loss.

Malabsorption: Treat diarrhea. Malabsorption of nutrients decreases the amount of substrate (building blocks) available to build bone.

Calcium: Calcium is the major mineral incorporated into bone. Healthy adults need 1000mg per day. People with other risk factors such as HIV or ARV therapy may need up to 1500mg per day. Be sure to get at least the 1000mg and go for the higher amount if you have an AIDS diagnosis, are menopausal, or have a low level of physical activity. Calcium supplements may have the added benefit of decreasing diarrhea. A variety of calcium supplements are on the market: calcium carbonate is the most common and least expensive type, calcium citrate tends to be easier to tolerate, and bone meal or dolomite may contain heavy metals. Take supplements with food, spread the dose over two or three meals, and drink plenty of water. Do not exceed 1500mg per day without medical advice.

Vitamin D: Vitamin D (cholecalciferol) is required to metabolize calcium. In order to function properly, it must be activated in the liver and kidney to dihydroxycholecalciferol. People with HIV tend to have lower levels of the activated form of vitamin D, but there is no evidence that this is due to a vitamin D deficiency. It is more likely due to problems activating it in the liver. It is possible to get the activated form of vitamin D as a supplement, but it is very expensive and may not be practical. The recommended dose of vitamin D (cholecalciferol) for enhanced calcium absorption is 800 IU per day. Note that vitamin D has a narrow therapeutic range. It can be toxic at doses greater than 1200 IU per day.

Magnesium: Magnesium is involved in calcium and bone metabolism. There is lack of agreement as to whether magnesium supplements are required in conjunction with calcium supplements. However, evidence suggests that magnesium is a commonly deficient mineral in HIV disease, generally making it beneficial to include magnesium. Do not take high doses of magnesium if you have chronic diarrhea because it is a stool softener. The ratio of calcium to magnesium is usually about 3 to 1.

Zinc: Zinc may enhance bone mineralization. A number of studies on mice have shown that zinc improves the anabolic effect of vitamin D and estrogen on bone. A safe and adequate dose is 50mg daily.

Antioxidants: High levels of oxidized LDL cholesterol and lipoprotein A may suppress formation of new bone cells (osteoblasts) in the bone marrow. Vitamin E and C are antioxidants that have been shown to decrease the oxidation of cholesterol and lipoproteins.

Other minerals: Other nutrients involved in bone metabolism include phosphorus, manganese, copper, boron, and silicon. Our diets tend to be quite high in phosphorus. Ensure that you take a multivitamin that includes the other minerals; it is not necessary or even desirable to take these nutrients separately.

Exercise: Weight-bearing exercise is necessary for minerals to be taken into bone. This includes activities such as walking, running, and weight training but does not include cycling or swimming. Exercise is crucial to maintain lean body mass, protect the heart, and maintain strong bones. People who have limited mobility due to illness, pain, or neuropathy are at very high risk of losing BMD and need to ensure that they address all other risk factors. If you are not sure how to get started, ask your doctor for a referral to a physiotherapist.

Cigarettes and alcohol: Smokers have lower bone mass, while heavy drinking increases the risk of osteoporosis.

Caffeine and salt: Foods high in salt cause a loss of calcium from the body. Caffeine causes bone loss, even with as little as two cups a day.

Estrogen: Estrogen has a major anabolic effect on bone. Menopausal women may want to consider estrogen replacement therapy to protect bones. Review this option with your physician.

Food sources of calcium:

- 300mg: 1 cup milk, fortified soy milk, rice milk, or juice, cup plain yoghurt
- 250mg: 1 ounce cheese, 2 cheese slices, cup fruit yoghurt, can salmon or sardines with bones
- 150mg: 1 cup baked beans, soy beans, or white beans, cup pudding or iced milk, 3 ounces tofu made with calcium
- 75mg: cup bok choy or kale, 1 cup chick peas, cup ice cream, cup almonds
- 50mg: 1 cup lima beans, kidney beans, or lentils, cup broccoli, 2 tbsp. tahini, 2 slices bread

A registered dietitian can assess your nutrition risk factors for osteoporosis and assist you in making food and supplement choices that will enhance bone mineralization.

To assess bone mineral density, a DEXA scan is required. In BC, a physician can order the test if you are at high risk. Medical insurance covers the test, and there is usually a long waiting list. Some people are opting to go to private DEXA scanning offices for quicker results, but the client must pay for this service.

In BC, call Dial-a-Dietitian for more information on calcium supplements. 732-9191 or 1-800-667-3438.

Liquid lunch

Try juicing fruits and vegetables for optimal nutrients

by DEVAN NAMBIAR

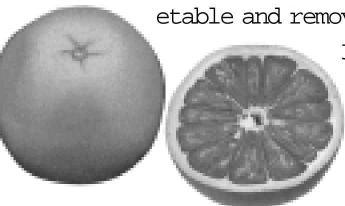
Juicing is an excellent method to harness the nutrient benefits of various fruits and vegetables. The equivalent of liquid foods, juicing assures you of the potency of nutrients. In fact, your digestive tract can assimilate and absorb up to 90% of the liquid food.

Juicing is a viable alternative if weak digestion and/or malabsorption compromise your health or if chewing is difficult due to a mouth infection. When food is cooked, heat destroys a substantial portion of the nutrition, vitamins, and enzymes. Enzymes are live micronutrients that are destroyed by even minimal processing and heat.

Fresh pressed juice is ideal for quick assimilation of nutrients, detoxification, and rejuvenation of the body. Each fruit juice has specific properties. In general, most fruits have a cleansing effect on the system. The high water content of fruits flushes the digestive tract and kidneys, and purifies the bloodstream.

In the era of drug toxicities from anti-HIV medications, cleansing the internal organs and maintaining organ health for optimal health is important.

When juicing, always choose fruits in season, as they have fewer preservatives. Always peel the skin of the fruit or vegetable and remove seeds before juicing. Do not ingest the pulp, as it is believed that sprayed pesticides are stored in the fibre.



When you juice at home, sip and savour, but drink it immediately. Juices left in the open will oxidize and lose potency.

Sugar and commercial juices

Most commercial juices are 50% sugar. If you are prone to candida infection, dilute the juice with water. Live enzymes and most heat-sensitive vitamins are destroyed in commercial juices. Fruit juices are also high in fruit sugar. Limit consumption to one or two cups a day.

Combining juices

As in food combination, combining fruits and vegetables together in one meal is not recommended. Different digestive enzymes are involved in digesting proteins, carbohydrates, starches, acids, and alkaline fruits. Acidic fruits and non-acidic fruits can cause fermentation which contributes to flatulence.

Colour of life

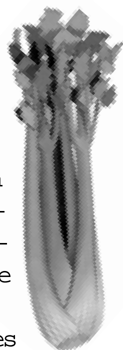
Red food is excellent for digestion and heating the body. Orange food is anti-spasmodic and good for pains and cramps; it strengthens the lungs and general respiratory system. Yellow food is a motor stimulant, helps strengthen digestion and nerves, and minimizes constipation. Green food is a blood cleanser, bactericide, alkalinizer, and nerve tonic/natural tranquilizer. Blue food is ideal for headaches and for spiritual and mental work.

Blending juices

Common blends are:

- apple and pear
- apple and watermelon
- apple and grape
- carrot, beet, and orange
- grapefruit, orange, and cherry
- carrot, celery, and parsley
- cucumber and watermelon

Use your imagination. Foods such as sprouts and wheatgrass need a special juicer. Citrus fruits have a purging effect on the liver and gallbladder, and flush the body of mucous build-up. Apples are excellent for intestinal cleaning. Cranberry, parsley, and watermelon have diuretic properties. Beet is excellent for enriching blood and flushing the kidneys. Cabbage juice is good for the stomach, soothing for ulcers and gas. Cucumbers have a cooling effect and stimulate the kidneys. Aloe vera tones the intestinal tract and detoxifies the bloodstream and lymphatic system. More than an ounce can cause diarrhea.



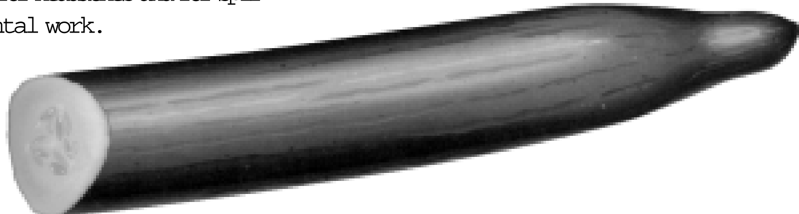
Caution: Grapefruit increases the concentration of the antiviral drug saquinavir in the bloodstream.

For the complete article, please refer to http://www3.sympatico.ca/devan.nambiar/juic.htm

Recommended books:

1. C. Calbom and M. Keane. *Juicing for Life*
2. S. Meyerowitz. *Juice Fasting and Detoxification*
3. Michael T. Murray. N.D. *The Complete Book of Juicing*

Toronto-based Devan Nambiar is actively involved in HIV advocacy, research, and integrative health.



SAVING FACE

Cosmetic treatments for facial wasting have hefty price tag

by MEAGHAN BYERS

Cosmetic surgery is no longer the territory of aging society matrons. Facial wasting, the sunken and hollow look associated with being either deathly ill or starved, has led many otherwise healthy HIV-positive people to consider cosmetic procedures. The cause of facial wasting, while loosely linked to medication side effects, remains somewhat of a mystery with no quick, easy, or permanent solutions. Once it occurs, reversing the process may not be possible.

This hits hard for most. It can affect people's sense of identity and self-image. Facial wasting can also influence how others see us: looking much sicker than one actually is may prompt others to respond differently. For some, the stigma of facial wasting renders the disease visible.

While cosmetic surgery is the most expensive option, it is not the only one or necessarily the best. The following is a list of procedures currently available in Canada and the US. Keep in mind that none is ideal.

Injections

Substances are injected under the skin. The effects generally last for a few months. Some injections claim to be more permanent, but little long-term information exists. All require maintenance, so remember to factor in the long-term investment when choosing a treatment. All are performed on an outpatient basis.

Doctors will only advise patients of total amounts required on an individual consultation, however anecdotal reports on the Internet suggest that people treating facial wasting use between 1 and 2cc per treatment.

Collagen/Restylane/Hylaform:

These last between three to nine months. Collagen, from cows, can cause allergic reactions. Therefore it isn't used as often as Restylane and Hylaform, which come from non-animal sources, are non-allergenic, and last longer. Available in Vancouver for $450 to $750 per cc.

Artecoll: Microbeads from collagen are injected to create scar tissue, which is a permanent effect. Patients receive treatments every three to four months until they achieve the desired effect through layering. Artecoll causes initial swelling and may reabsorb somewhat over a longer period. Available in Vancouver for $700 per 1/2cc.

Polyactic Acid (New-Fill): This injection stimulates growth of collagen in the skin and development of a thicker layer of skin. It requires a number of treatments for results but is reported to last about two years. It is currently available only in Europe, and early results are promising.

Fascian: Fascian is similar to collagen, but it's taken from sterilized cadaver tissue. Only recently available as an injection in the US, the safety and long-term effects are not well known. It is supposed to last longer than collagen. I was not able to find this in Vancouver.

Fat Transfer: A day procedure in which fat is taken from the stomach, groin, or rear-end and injected into the face. This works well, but many PWAs have wasting elsewhere and don't have spare fat. The transfer will likely absorb into the body, requiring repeat procedures. In Vancouver, the cost is at minimum a few thousand dollars.

Surgical implants: procedures

Soft form: Facial tissue binds to synthetic material consisting of hollow tubes. It requires more than one surgery to increase the fullness of the cheeks. Available in Vancouver. Because this is surgery, the cost is thousands of dollars. There is a seven-day recovery time.

Alloderm: Alloderm is sterilized cadaver tissue. The possibility that sheets may shift may require moving them back into place. It can also turn out lumpy and may not be thick enough to achieve the desired effect.

Silicone: Though banned in the US, silicone is still available. It can move around or cause discoloration and inflammation. The edges of the implants may also be visible in people with severe wasting. Anecdotal reports indicate they work better for women than men. Not available in Vancouver.

Plastic Surgery: A US surgeon, Dr. H. Tiller of Miami Beach, has removed dermis (a layer of skin below the top layer) from the buttocks and put it between the epidermis (top layer) and the remaining fat of the face. This butt-lift, face-plumping strategy seems to work well. It may leave scars, but has some positive reports. It costs about $3000 USD and requires a general anesthetic.

Editor's note: Serostim is a human growth hormone used to treat facial wasting. It is available in Vancouver, but at an average cost of $50,000 a year.

Meaghan Byers is a Researcher with BCPWA's Treatment Information Program.

BCPWA RESEARCH

Complementary medicine an integral part of treatment regimen for PWAs with hepatitis

by TAMIL KENDALL

The majority of the 49 persons living with HIV/AIDS (PWAs) who participated in the BCPWA Society's complementary therapies research project had hepatitis.

HEPATITIS			
(Overall)	A	B	C
62.2%	8.1%	27%	54.1%

It is estimated that half of all new HIV infections are co-infections with hepatitis C (HCV). In some communities, co-infection rates are extremely high. Positive Outlook, the HIV support program of the Vancouver Native Health Society, estimates that 99% of the PWAs who attend the drop-in session are co-infected. This research shows that complementary therapies are important for managing co-infection.

Among participants in this research, co-infection with hepatitis C was significantly associated with not taking antiretroviral medication. Significantly more of the PWAs who were co-infected with hepatitis had never taken antiretroviral medication. Among PWAs who had taken HIV medications, co-infection with hepatitis was significantly associated with not currently taking HIV medications.

Complementary and alternative medicine (CAM) plays an important role in the treatment strategies of PWAs with hepatitis. PWAs reported that the use of CAM, specifically milk thistle, allowed them to continue taking conventional medications, including antiretrovirals.

"I started taking milk thistle and immediately enzymes came right back to normal. So I'm able to take all the heart medication, and I'm able to take all my HIV medication and all the stuff for diabetes."

CAM was also seen as a way to avoid other pharmaceutical drugs that would further damage the liver.

"I have hepatitis C, and I don't like to pollute my body with a lot of bullshit for every problem: 'Oh, take a pill, take a pill. Got this, take a pill, got that, take a pill.'"

Finally, CAM may offer a means of promoting and sustaining health for PWAs who choose not to take conventional treatment.

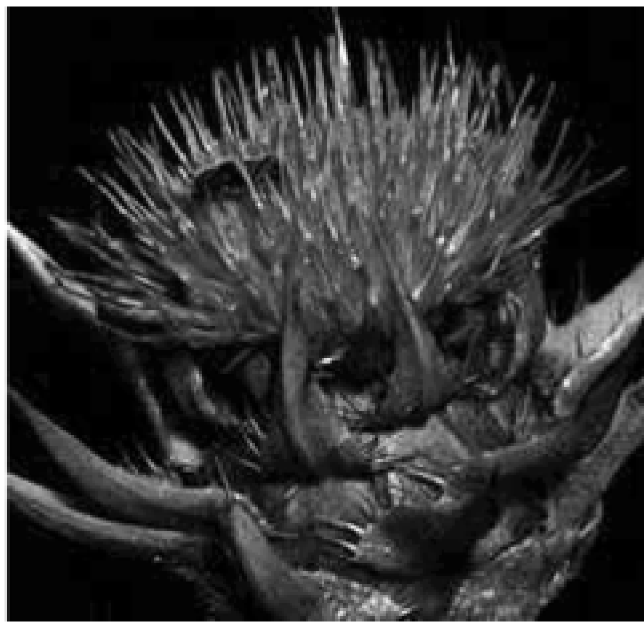
The high rate of hepatitis among the PWAs in this research who use complementary and alternative medicine suggests practical and pressing priorities for education and research. First, CAM treatments for hepatitis abound. Researching the safety, effectiveness, and interactions with HAART of these treatments should be a priority. Treatments deemed safe and of benefit should be aggressively promoted to physicians and co-infected PWAs. Second, that some PWAs are using complementary therapies because they believe they are less harmful for the liver highlights the need to educate physicians and PWAs about the potential risks of liver toxicity associated with CAM.

Darlene Morrow and Ken Winiski of HepHive have written articles in *Living +* on the important role of antioxidants (Alpha Lipoic Acid, Sept/Oct 2000, and Vitamin E, Nov/Dec 2000). Winiski and Morrow can be reached at 604-254-9949 or 1-800-994-2437. Stephen Smith and his wonderful team at the PARC library are building a hepatitis C resource section. Let me suggest three great books as places to start.

Stephen Harrod Buhner's *Herbs for Hepatitis C and the Liver* gives his top ten herbal medicines for hepatitis C, top ten

> Complementary and alternative medicine is seen as a way to avoid other pharmaceutical drugs that would further damage the liver.

herbal medicines for immune support with hepatitis C, nutritional supplementation for living with hepatitis C, and a hep C diet. One thing I really like about this book is that Buhner provides the uses in Chinese, Ayurvedic, and West-



ern medicine, the preparation and dosing, an overview of scientific evidence, and the contraindications for each of the plants. The selected bibliography gives scientific journal citations for many botanicals (for example, astragalus, licorice, boldo, and turmeric) from Chinese, Japanese, German, and North American publications. He also explains the different liver tests and gives plain language directions on how to prepare and take herbs (infusions, tinctures, extractions, and decoctions).

Matthew Dolan's *The Hepatitis C Handbook* is a big book that really delivers the goods. Part 4, "Treatment Options", provides descriptions of conventional, complementary, and alternative treatments for hepatitis C. The book covers Traditional Chinese Medicine, homeopathy, naturopathy, Western herbs, Ayurveda, vitamins, minerals, amino acids and "miscellaneous" treatments. A brief section on hep C/HIV co-infection offers some suggestions for treatment. One of the suggestions is St. John's wort. People taking antiretrovirals should remember that St. John's wort reduces the amount of some antiretroviral medications in the blood and could lead to development of resistance and treatment failure. This effect of St. John's wort highlights how important it is to check out herbs with a knowledgeable pharmacist if you are taking conventional medication.

Misha Cohen and Robert Gish's *The Hepatitis C Help Book* approaches hepatitis from the perspective of Traditional Chinese Medicine and Western medicine. Diagnoses, conditions, and treatment from both systems are combined. This do-it-yourself book has step-by-step instructions, recipes, and an extensive list of websites and resources. Appendix 3 provides a useful and much-needed list of liver-toxic medications, common additives to TCM formulations, and herbs.

BCPWA email listserve

- sent out 3 to 5 times a week
- provides information on recent HIV/AIDS news, developments, and events from B.C. and around the world.

To receive the list, send an email to bcpwa@parc.org with the word "subscribe" in the subject line of the message.

The BCPWA Treatment Information Program cordially invites you to attend a two-day workshop

HIV VACCINES AND THE IMMUNE SYSTEM

PRESENTED BY Dr. Kenneth Rosenthal
Senior HIV Immunologist at McMaster University

Thursday, March 15 10am – 3pm
HIV and the Immune System: How HIV Causes Disease

Friday, March 16 1pm – 4:30pm
HIV Vaccine Development

Location: TBA

Space is limited.
Please RSVP to Paula Braitstein
at paulab@parc.org
or by calling 604-893-2239.

Bone up on bone mineral disease and hep C co-infection

by DARLENE MORROW, BSC

Background

Many people tend to view bone as static material. However, bone is constantly being remodelled in the body. Cells form new bone while different cells break down the old bone and recycle or re-use the components. This process is controlled by various feedback mechanisms that include hormones, alkaline phosphatase, and vitamin D. Many of these are processed in the liver.

> Recent studies have found significant bone loss in both men and women following treatment with both ribavirin and interferon when compared to interferon alone.

The initial step in bone metabolism occurs with the fat soluble vitamin D. The body takes the inactive vitamin D from food and supplements and converts it through a two-step mechanism into its active form. The intermediary, less active form is converted and stored within the liver. The kidneys further activate this vitamin D as needed. This final form acts as a hormone to promote intestinal absorption of calcium, which causes the blood level of calcium to rise. The calcium is then used by the bone-forming cells to lay down new bone. Too little vitamin D causes a decrease in bone formation, while too much causes an increase in bone breakdown.

Cirrhosis and the bone

Metabolic bone disease is well documented in cirrhosis. Osteoporosis (thinning of the bones) is commonly observed and results from decreases in bone formation and increases in bone breakdown. These problems can be due to a variety of problems in the feedback mechanisms mentioned above. Vitamin D metabolism, parathyroid hormone levels, and testosterone are among those that are disturbed. Further complicating the issue is the iron overload that sometimes occurs with the hepatitis C virus. A connection exists between high levels of iron and osteoporosis.

It is reasonable to assume that these changes to the bone do not happen overnight. Studies that have looked at the various stages of cirrhosis (Child-Pugh's classifications A, B, and C) have found that the bone changed and osteoporosis worsened as the cirrhosis became more severe.

If the bone disorders increase as the cirrhosis increases, when does the problem begin? Will osteopenia (pre-osteoporosis) or osteoporosis show up in pre-cirrhotic individuals?

Chronic liver disease and the bone

Studies have found that both osteopenia and osteoporosis begin in pre-cirrhotic individuals. A gradual thinning of the bone appears to occur in chronic HCV. This problem is not gender specific. Bone mineral disease (BMD) is observed in both men and women, and many of the studies include both men and women.

Special situations

Can BMD caused by HCV be further complicated in special conditions?

Age: As we age, a normal loss of bone occurs. One study comparing normal women to cirrhotic women found an increased loss of bone in the cirrhotic women after the age of sixty.

Treatment with Rebetron (ribavirin and interferon): Recent studies have found significant bone loss in both men and women following treatment with both ribavirin and interferon when compared to interferon alone. Ribavirin is a nucleoside analogue first used to treat HIV. It was replaced by the more effective AZT. Thus, nucleoside analogues may be a part of the problem.

Co-infection with HIV: A number of recent reports from the Lipodystrophy Conference and the Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC) highlighted concerns over bone problems. The reports investigated various potential causes. Protease inhibitors may interfere with the activation of internal vitamin D production. High lactate levels associated with current ddI use, current d4T use, and low body weight before beginning therapy were also found to increase the risk of osteopenia and osteoporosis. To confuse matters, reports indicate that either HIV or the duration of infection is causing bone mineral density problems. Couple that with HCV co-infection, and we have a much more serious problem that needs addressing.

Women: Some menopausal women are at increased risk of osteoporosis. As estrogen production decreases with loss of ovary function, the rate of bone breakdown increases and the rate of bone build-up decreases. Many women with chronic liver disease cannot take estrogen replacement therapy because the hormone is processed in the liver.

This double whammy is bound to have a detrimental effect on bone integrity.

What can you do?

See your doctor. A dual energy X-ray absorptiometry can measure bone density. This non-invasive procedure is painless. Low level gamma radiation is used to measure your lumbar spine and hip. A computer compares the values of your measurements with the normal population.

I believe osteopenia and osteoporosis are an under-reported complication of HCV. Women over 40, and particularly women who have had HCV for a long time and have a family history of osteoporosis, should discuss with their doctors the need for having this procedure. Add women who have undergone Rebetron therapy and those that are co-infected with HIV, and we have a very serious problem.

Sunshine: Vitamin D can be obtained through the direct action of the sun on the skin. It is particularly important to get some outdoor light during the winter.

Exercise: Weight-bearing activity causes an increase in bone formation and an increase in calcium deposition, resulting in stronger bones. Energy is a limited resource for people with HCV. Nevertheless, you should consider 30 minutes of exercise a priority whenever possible. The exercise need not be vigorous; slow walking is perfectly acceptable. Weight training also has a positive effect.

Vitamin D and calcium supplementation: Study results conflict on the correlation between vitamin D levels and BMD. While they all found that lower levels of vitamin D occur during chronic liver disease, some found that the low levels were associated with decreased bone density, but others did not. Calcium supplementation is standard for aging women, but again I urge you to see your doctor or specialist to discuss this therapy.

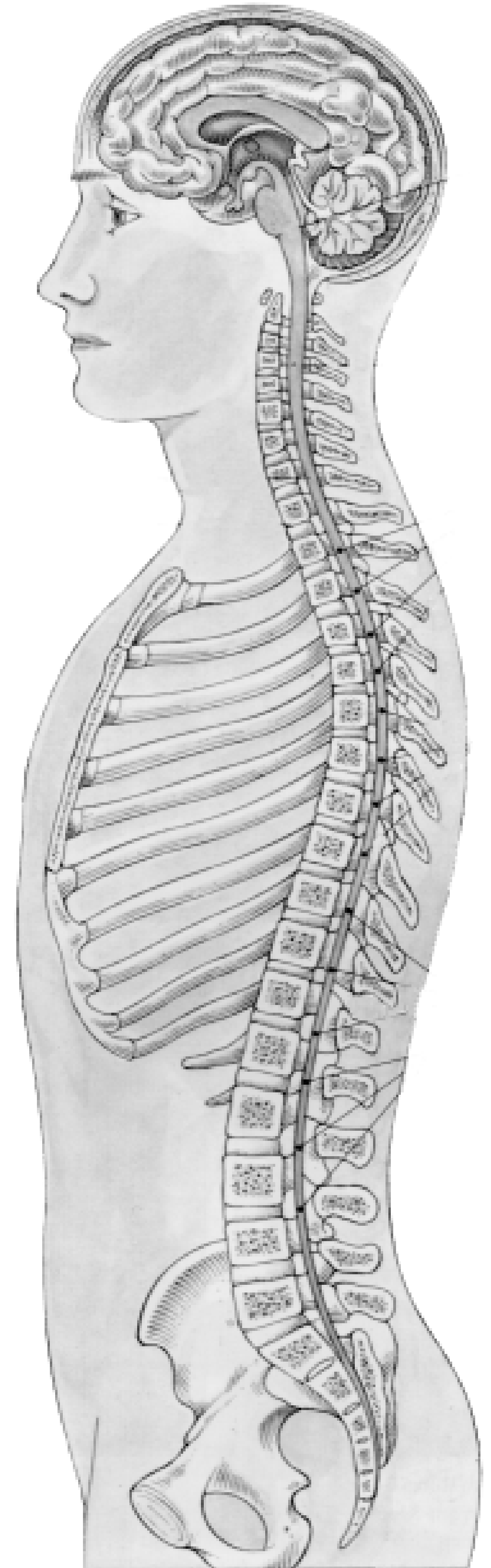
Suggested dosing for calcium is 1500mg. It needs to have acid to break down, so don't take TUMS and think you're doing yourself a favour. Most good quality calcium tablets contain magnesium, potassium, zinc, and silica. The citrate forms have a better absorption rate than the carbonate forms.

Take vitamin D separately because too much of it is not good for the liver. Make sure that you don't take more than 1000 IU and don't forget to count the D in your multivitamin. I find it easier just to buy the Cal/Mag without D and add the D separately.

For references, please visit this issue of Living + Magazine on the BCPWA website at www.bcpwa.org .

Darlene Morrow, BSc, is Co-coordinator of HEPHIVE.

Women over 40, and particularly women who have had HCV for a long time and have a family history of osteoporosis, should discuss with their doctors the need for having a dual energy X-ray absorptiometry

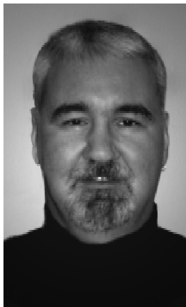


The Buzz from HEPHIVE

Interferon

by KEN WINISKI

Interferon is a protein produced naturally by most cells. Discovered in 1957, the name derives from its literal interference with virus replication. Interferon is actually a series of proteins with three distinct types: alpha, beta, and gamma. Alpha interferon, the smallest, is the one used to treat hepatitis B and C.



Originally, interferon was produced commercially from human white blood cells. The process resulted in small amounts of very expensive interferon. Currently, it is produced synthetically by recombinant methods. Each type of synthetic interferon is slightly different, and thus drug companies producing it can patent it.

Interferon is actually an immunomodulator. It does not cause its antiviral effect directly; rather, the proteins that are induced or signaled in response to it cause the antiviral effect. Viruses reproduce inside cells by hijacking the cells' usual processes and causing them to reproduce the virus. Interferon stimulates processes that attempt to stop this reproduction.

Interferon treatment is not really all that effective, but it increases the odds of suppressing viral replication. Viruses have even found ways to reduce the effects of interferon. The extent to which the reduction of interferon effectiveness occurs determines the ability of the virus to gain a foothold in cells. For example, the hepatitis C virus is encoded to seek out proteins that find protein kinase RNA, bind to them, and inhibit them. This ability limits the effectiveness of interferon. Interferon monotherapy is only about 15% effective in the treatment of hepatitis C.

Combining interferon therapy with other drugs greatly increases its success. The most successful currently is ribavirin, a nucleoside, which is thought to work by increasing the mutagenicity of the hepatitis C virus. It is available as Rebetron, a combination of interferon and ribavirin. Another compound under investigation for use with interferon is Zadaxin.

Interferon is administered by injection since it is not effective orally. Standard therapy is three subcutaneous injections a week. New types of interferon have been developed that allow for weekly injections. These interferons are pegylated, or bound to propylene glycol, which slows the release of interferon, thereby providing a constant body level of the protein. Pegylated interferons are administered by intramuscular injections. Investigation into the development of intranasal and oral interferons is also taking place. Interferon therapy may last from six months to three years.

Interferon therapy does have side effects. Early symptoms include flu-like illness, chills, fever, malaise, muscle aches, and headaches. Later symptoms include weight loss, hair loss, and psychological side effects, including irritability, anxiety, and depression. In rare instances, it causes psychotic symptoms. It also causes a suppression of white cell production, which may necessitate moderating or discontinuing the therapy. Low white cell counts may reduce the body's effectiveness in fighting infections, a side effect that has limited the use of interferon with HIV co-infection. Studies are continuing in this area.

Predictors of response to interferon therapy include the genotype of virus; types 2 and 3 generally respond the best. Furthermore, patients with lower initial viral loads tend to respond better to treatment, as do patients with less liver damage. Iron levels and genetics also have an impact, in that those patients with lower iron levels and with some genetic characteristics may have a better response. ✣

Ken Winiski is Co-coordinator of HEPHIVE.

H E P H I V E

449 East Hastings
(above Vancouver Native Health Clinic)
Vancouver, BC V6G 1B4

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TOLL FREE +1 (800) 994-2437
ken.winiski@hephive.org,
darlene.morrow@hephive.org

BRITISH COLUMBIA
PERSONS WITH AIDS
SOCIETY

volunteering at BCPWA

profile of a volunteer

TOM MOUNTFORD

"Tom's approach and attitude to his work and health represent all the best qualities that the BCPWA Society strives for: mutual support, collective action, and personal empowerment."

- PAULA BRAITSTEIN

Volunteer History

I have served on the Boards of Directors of the B.C. (formerly Vancouver) Persons with AIDS Society and the B.C. Coalition of People with Disabilities. I was also on the first Board of Directors of the Vancouver PWA Housing Society (now Wings Housing Society). Over the years, at BCPWA, I have been the Chair of the Support Committee, Project Leader of the Treatment Information Program (TIP), and an editor and writer for the Society newsletter. Presently I am volunteering with TIP, *Living +* Magazine, and at Wings.

Started at the BCPWA Society

August 1990

Why pick BCPWA?

I wanted to give as well as receive support, while learning as much as possible about HIV/AIDS.

Why have you stayed?

I've continued to be impressed with the results of the "collective action" of the members and staff.

Rating BCPWA

It continues to maintain its mandate and the respect of the AIDS community, while making the lives of those of us with HIV infection a little easier and, hopefully, longer.

Strongest point of BCPWA

The difference it has made, and is still making, in the quality of life of PWAs in B.C.

Favourite memory

The many times I've seen people's health improve dramatically.

Future vision for BCPWA

Until it is not needed, I see it continuing as a successful model of what can be accomplished by being empowered and working together.

Gain and share your skills for a valuable cause

IF YOU HAVE

- administrative skills that include word-processing, or
- law and advocacy skills, or
- research and writing skills, and
- the ability to work independently and in a group,

we can find a match for you in our numerous departments and programs

For further information and an application form, contact:
Volunteer coordination at 893-2298
or email: gillianb@parc.org
or Human Resources at 1107 Seymour Street

visit our web-site at www.bcpwa.org for further information on volunteer positions

positively Happening

YOUR GUIDE TO JUST ABOUT EVERYTHING

OUR MISSION is to provide a complete and comprehensive listing of groups, societies, programs and institutions in British Columbia serving people touched by HIV disease and AIDS.
IF ANYONE KNOWS of any BC-based organization not currently listed in these pages, please let us know.
Deadline for the next issue is March 15.

Who to call

Pacific AIDS Resource Centre:
(604)-681-2122 or 1-800-994-2437

PARC Partners
AIDS Vancouver
Fax 893-2211
BC Persons With AIDS Society
Fax 893-2251

Help Lines and Information Services
BCPWA Treatment Information Project
893-2243 or 1-800-994-2437 ext.243

AIDS Vancouver
Help Line: 687-2437
TTY/TDD Help Line: 893-2215

AIDS Vancouver Island
Toll free Help Line 1-800-665-2437

B.C. AIDS Line:
Vancouver 872-6652 or
1-800-661-4337

Clinical Trials Information
631-5327 or 1-800-661-4664

Ministry of Health Information
1-800-665-4347

Sexually Transmitted Diseases
Clinic 660-6161

St. Paul's Hospital:
Infectious Disease Clinic 806-8060
Patient Information 806-8011
Pharmacy: 806-8153 and 1-888-511-6222
Social Work Dept. 806-8221

vancouver

FOOD & DRINK

AIDS VANCOUVER GROCERY: Free for PWA/HIV+s living in the greater Vancouver region, conditionally, according to income. Tuesday & Wednesday, 11:30am to 2:30pm. New hours effective April 1: Tuesday & Wednesday, 1 to 4pm. Closed on cheque issue Wednesday. Call AIDS Vancouver Support Services at 604-681-2122 ext. 270.

A LOVING SPOONFUL: Delivers free nutritious meals to persons diagnosed HIV+/AIDS, who because of medical reasons require our assistance. Call 682-Meal (6325) for further information. #100 -1300 Richards Street, Vancouver, B C, V6B 3G6. Phone: 682-6325. Fax: 682-6327.

BCPWA'S WATER PROGRAM: This program offers purified water at a discounted rate to members through the CHF Fund. For further information phone 893-2213, Monday & Friday from 10am – 1pm.

DROP-IN LUNCH FOR POSITIVE WOMEN: In the Positive Women's Network kitchen. Hot lunch Tuesday starting at noon. Sandwich lunch Wednesday starting at noon. For more information or to become a PWN member call Nancy at 692-3000.

FOOD FOR THOUGHT: We provide hot lunches 11am - 2pm, Monday to Friday. For information on other services please call 899-3663.

POSITIVE ASIAN DINNER: A confidential bimonthly supper and support group for positive Asian people. Call ASIA at 669-5567 for time and location. Visit our website at www.asia.bc.ca.

VANCOUVER NATIVE HEALTH SOCIETY HIV OUTREACH FOOD BANK: Tuesdays 12noon – 2:30 p.m. except cheque issue week. 441 East Hastings Street. For more information call 604-254-9937.

VOLUNTEER RECOGNITION LUNCHES: Supplied at Member & Volunteer Resources office for all volunteers working two and a half hours that day on approved projects.

HEALTH

B.C. CENTRE FOR EXCELLENCE IN HIV/AIDS: 608 - 1081 Burrard Street (at St. Paul's Hospital), Vancouver, B C, V6Z 1Y6. Phone: 604-806-8515. Fax: 806-9044. Internet address: http://cfeweb.hivnet.ubc.ca/

BCPWA TREATMENT INFORMATION PROGRAM: Supports people living with HIV/AIDS in making informed decisions about their health and their health care options. Drop by or give us a call at 893-2243, 1107 Seymour Street. Toll-free 1-800-994-2437.

BUTE STREET CLINIC: Help with sexually transmitted diseases and HIV issues. Monday to Friday, Noon to 6:30. At the Gay and Lesbian Centre, 1170 Bute Street. Call 660-7949.

COMPLEMENTARY HEALTH FUND (CHF): For full members entitled to benefits. Call the CHF Project Team 893-2245 for eligibility, policies, procedures, etc.

DEYAS, NEEDLE EXCHANGE: (Downtown Eastside Youth Activities Society). 223 Main Street, Vancouver, B C, V6A 2S7. Phone: 685-6561. Fax: 685-7117.

DR. PETER CENTRE: Day program and residence. The day program provides health care support to adults with HIV/AIDS, who are at high risk of deteriorating health. The residence is a 24 hr. supported living environment. It offers palliative care, respite, and stabilization to individuals who no longer find it possible to live independently. For information or referral, call 608-1874.

WRITE TO US Pos-Hap, Living + Magazine
1107 Seymour St., Vancouver, BC V6B 5S8
Call us 893-2255 • **Fax us** 893-2251
email us living@parc.org
or visit our website www.bcpwa.org

Do you have Call Block?

All PARC telephone lines have a Call Blocking feature to protect member confidentiality. If your phone line has a similar screening/ blocking feature, we may NOT be able to return your calls, as we can no longer use the operator to bypass these features.

FRIENDS FOR LIFE SOCIETY: support services to people with life threatening illnesses employing a holistic approach encompassing the mind, body, and spirit. Call us at 682-5992 or drop by the Diamond Centre For Living at 1459 Barclay Street for more information. Email: ffl@radiant.net.

GASTOWN MEDICAL CLINIC: specializing in treatment of addiction and HIV. Located at 30 Blood Alley Square. Phone: 669-9181.

GILWEST CLINIC: Comprehensive health care for persons with HIV/AIDS. Also methadone maintenance program. Richmond Hospital, 7000 Westminster Hwy., Richmond. To book an app't., call 233-3100. For more info, call 233-3150.

HEPHIVE: Hepatitis & HIV Education Project. Jointly run by BCPWA and Vancouver Native Health, the project supports people who are co-infected with Hepatitis and HIV+ to make informed treatment decisions. Call (604) 254-9949 ext 232, or toll free 1-800-994-2537. Vancouver Native Health Clinic, 449 East Hastings, upstairs.

OAKTREE CLINIC: Provides care at a single site to HIV infected women, children, and youth. For information and referrals call 875-2212 or fax: 875-3063.

PELVIC INFLAMMATORY DISEASE SOCIETY (PID): Pelvic inflammatory disease is an infection of a woman's reproductive organs. The PID Society provides free telephone and written information: 604-684-5704 or PID Society, PO Box 33804, Station D, Vancouver BC. V6J 4L6.

PINE FREE CLINIC: Provides free and confidential medical care for youth and anyone without medical insurance. HIV/STD testing available. 1985 West 4th Avenue, Vancouver, BC V0J 1M7. Phone: 736-2391.

PRIDE HEALTH SERVICES: Proudly serving the lesbian, gay, bisexual and transgendered communities; (formerly known as the Monday Health Project). Open Thursdays 3:00 to 6:00 pm and offering the following services: nurse, physician, community counsellor, the Vanguard project, community resources, print & safer sex resources, and transgendered support group.1292 Hornby Street (beside the 3 Bridges Community Health Centre). Phone: 633-4201. Email:pridehealthservices@yahoo.com

PWA RETREATS: For BCPWA members to 'get away from it all' for community building, healing and recreation. Please call the Information Centre at 681-2122 ext. 323 for more information. If out of town, reach us at 1-800-994-2137 ext 323.

REIKI SUPPORT GROUP: Farren Gillaspie, a Reiki Master, offers a small support group for people who wish to be initiated into level 1 Reiki. No charges for joining. Costs involve your portion of shared food supplies. Contact Farren at 1-604-990-9685. Complementary Health Fund subsidies available.

TRADITIONAL CHINESE ACUPUNCTURE: a popular session of acupuncture for people with HIV/AIDS with an experienced practitioner. This clinic has been held for over six years and has now moved to St. John's United Church, 1401 Comox St. and will take place on Thursdays at 4:00 pm. The cost is $20.00. Wear loose clothing. For more information call Tom at TIP at 893-2243.

THREE BRIDGES COMMUNITY HEALTH CENTRE: Provides free and confidential services; medical, nursing, youth clinic, alcohol and drug counselling, community counselling and a variety of complementary health programs. 1292 Hornby St., Vancouver, BC, call 736-9844.

VANCOUVER NATIVE HEALTH SOCIETY: Medical outreach program and health care worker program. For more information call 254-9937. New address is 441 Hastings Street, Vancouver. Office hours are from 8:30 a.m. to 4:30 p.m. Monday to Friday.

HOUSING

MCLAREN HOUSING SOCIETY: Canada's first housing program for people living with HIV/AIDS. 59 units of safe, affordable housing. Helmcken House-32 apts; also 27 portable subsidies available. Applications at: #200 - 649 Helmcken Street, Vancouver, B C V6B 5R1. Waiting list. Phone: 669-4090. Fax: 669-4090.

WINGS HOUSING SOCIETY: (VANCOUVER) Administers portable and fixed site subsidized housing for HIV+ people. Waiting list at this time. Pick up applications at #12-1041 Comox Street, Vancouver, BC V6E 1K1. Phone: 899-5405. Fax: 899-5410.

VANCOUVER NATIVE HEALTH SOCIETY HOUSING SUBSIDY PROGRAM: Administers portable housing subsidies for HIV+ people. Waiting list at this time. Call 254-9937 for information.

LEGAL & FINANCIAL

BCPWA INDIVIDUAL ADVOCACY: Providing assistance to our members in dealing with issues as varied as landlord and tenant disputes, to appealing tribunal decisions involving government ministries. For information call 681-2122 and ask for BCPWA Advocacy. Information line(recorded message): 878-8705.

FREE LEGAL ADVICE: Law students under the supervision of a practicing lawyer will draft wills, living wills and health care directives and assist in landlord/tenant disputes, small claims, criminal matters and general legal advice Call Advocacy reception 893-2223.

FOUR CORNERS COMMUNITY SAVINGS: Financial services with No Service Charges to low-income individuals. Savings accounts, picture identification, cheques, money orders and direct deposit are free. Monday to Friday 9:30 a.m. to 4:00 p.m. 309 Main Street (at Hastings). Call 606-0133.

PET CARE

BOSLEY'S PET FOOD MART: 1630 Davie Street. Call 688-4233 and they will provide free delivery of pet food to BCPWAs.

FREE SERVICES

COMPLIMENTARY TICKET PROGRAM: To participate you must complete an application form and be accessible by phone. If receiving tickets is important to you, we need a contact phone number that you can be reached at. Because of confidentiality we cannot leave messages. For information call BCPWA Support Services at 893-2245, or toll free 1-800-994-2437.

HAIR STYLING: Professional hair styling available at BCPWA. Call information desk for schedule, 681-2122 ext 323.

POLLI AND ESTHER'S CLOSET: Free to HIV+ individuals who are members of PWA. Open Wednesday 11-2pm and Thursday 11-2pm. 1107 Seymour Street. People wishing to donate are encouraged to drop off items Mon-Fri.,8:30 am – 8:30 pm.

XTRA WEST: offers free listing space (up to 50 words) in its "PROUD LIVES" Section. This can also be used for "In Memoriam" notices. If a photo is to be used there is a charge of $20.00. For more information call XTRA West at 684-9696.

RESOURCES

PACIFIC AIDS RESOURCE CENTRE LIBRARY: The PARC Library is located at 1107 Seymour St. (main floor). The Library is a community-based, publicly accessible, specialized collection of information on HIV and AIDS. Library Hours are Monday to Friday, 9 to 5. Telephone: 893-2294 for more information. Information can be sent to people throughout BC.

SUPPORT GROUPS & PROGRAMS

CARE TEAM PROGRAM: Small teams of trained volunteers can supplement the services of professional home care or friends & family for people experiencing HIV/AIDS related illnesses. Please call AIDS Vancouver Support Services at 681-2122 ext. 270 for more information.

Support Groups

VANCOUVER

Tuesday

SUPPORT GROUP FOR PEOPLE LIVING WITH HIV and AIDS: takes place each Tuesday from 2:30-4:00 pm at St. Paul's Hospital in Room 2C-209 (2nd Floor, Burrard Building). For information call 806-8221 and leave a message for Al.

YOUTHCO SUPPORT GROUP: Weekly support group for youth living with HIV/AIDS between the ages of 15-30. Tuesdays, 7-9 pm. at YouthCO, #203-319 W. Pender St. For information call Ron @ 688-1441 or Shane 808-7209 (confidential cell phone).

Wednesday

BODY POSITIVE SUPPORT GROUP: Drop - in open to all persons with HIV/AIDS. 7:00 to 9:00 pm. 1107 Seymour Street (upstairs). Informal, confidential and self-facilitated. For information call 893-2236.

DOWNTOWN EASTSIDE SUPPORT GROUP: Drop-in, affected/infected by HIV, every Wednesday 4-6pm. 441 E. Hastings St. Call Bert at 512-1479. Refreshments provided.

Thursday

CMV (CYTOMEGALOVIRUS) SUPPORT GROUP: 11 am to noon. St. Paul's Hospital, Eye Clinic lounge. For information call 682-2344.

HIV/AIDS MEETING: Open to anyone. 6 to 8 pm. Pottery Room, Carnegie Centre Basement. For Information call 665-2220.

"NEW HOPE" NARCOTICS ANONYMOUS MEETING: All welcome! Drop-in 12-stepprogram. 8:00 to 9:30 pm. 1107 Seymour St. Call BCPWA at 681-2122 for information. NA 24-hour help line: 873-1018.

"TAKING A BREAK": Ten week, sex-positive support group to openly discuss issues around sex, sexuality and sexual experience as they relate to the lives of positive women. The group will be a 'closed' group, meaning the same women will be coming together over the ten week period. It begins in January 2001 and money for childcare and transportation is available. For information or to register contact either Rosanne at 893-2229 or Sangam at 692-3006.

Saturday

KEEP COMING BACK NARCOTICS ANONYMOUS: All welcome! 12-step program. 7:30 to 9:30 pm. Gay and Lesbian Community Centre, room 1-G, 1170 Bute Street, Vancouver. Call 660-7949.

LOWER MAINLAND

Monday

SUPPORT GROUP: For HIV positive persons as well as friends and family. Every 2nd and 4th Monday of the month, 7 to 9 pm. White Rock/South Surrey area. For information call 531-6226.

LULU ISLAND AIDS/HEPATITIS NETWORK: Weekly support group in Brighouse Park,Richmond (No. 3rd & Granville Ave.) Guest speakers, monthly dinners, videos, snacks and beverages available. Run by positive people, confidentiality assured. Everyone welcome. For information call Phil at 276-9273 or John at 274-8122.

Tuesday

THE HEART OF RICHMOND AIDS SOCIETY: Weekly support group for those affected by HIV/AIDS. 7-9 pm at Richmond Youth Services Agency, 8191 St. Albans Rd. For information call Carl at 244-3794 .

HIV-T SUPPORT GROUP: (affiliated with the Canadian Hemophilia Society). Our group is open for anyone who is either hemophiliac or blood transfused and living with HIV/AIDS. Should you need more information, please call (604) 866-8186 (voice mail) or Robert: 1-800-668-2686.

HOME AND HOSPITAL VISITATION PROGRAM: People living with HIV/AIDS who are in hospital or have recently been released can request visits or phone contact from trained, caring volunteer visitors. Call AIDS Vancouver Support Services at 681-2122 ext. 270.

P.O.P. PRISON OUTREACH PROGRAM: is dedicated to providing ongoing support for HIV+ inmates and to meeting the needs of our members in the correctional system. Direct line phone number for Inmates with HIV/AIDS. 604-527-8605. Wednesday through Sundays from 4 P.M. TO 10 P.M. Collect calls will be accepted and forwarded, in confidence, to the POP/Peer Counsellor on shift. For more information call the Prison Liaison voice mail at 681-2122 ext. 204.

PEER AND SUPPORT COUNSELLING: BCPWA Peer and Support Counsellors are available Monday to Friday from 10 to 4 in the support office. Counsellors see people on a drop-in or appointment basis. Call 893-2234 or come by 1107 Seymour Street.

PROFESSIONAL COUNSELLING AND THERAPY PROGRAM: Professional counsellors and therapists are available to provide on-going therapy to people with HIV/AIDS. Free of charge. Please call AIDS Vancouver Support Services at 681-2122 ext. 270.

PROFESSIONAL COUNSELLING PROJECT: Registered Clinical Counsellors and Social Workers provide free and confidential one hour counselling sessions to clients by appointment. Call 684-6869, Gay and Lesbian Centre, 1170 Bute Street.

THEATRE ARTS PROGRAM: Join a group of people living with HIV/AIDS interested in exploring various aspects of theatre arts. No experience necessary; only an interest in having fun and developing skills. For information call director at: 450-0370 (pager)

YOUTHCO'S POSITIVE-YOUTH OUTREACH PROGRAM: A first step and ongoing support program for HIV+ youth (ages 15-30) by HIV+ youth. Provides: support, education, retreats, social opportunities, referrals, and skills-building opportunities. Cell phone: 808-7209. Office: 688-1441. E-mail: information@youthco.org. Website: www.youthco.com

AIDS VANCOUVER GROCERY

effective April 1, the hours of operation will change to Tuesday & Wednesday, 1-4 pm.

For more info call 604-681-2122 ext. 270

AIDS GROUPS & PROGRAMS

AIDS AND DISABILITY ACTION PROGRAM AND RESOURCE CENTRE:. Provides and produces educational workshops and materials for disabled persons. B. C. Coalition of People with Disabilities. #204 - 456 West Broadway, Vancouver, BC V5Y 1R3. Phone: 875-0188. Fax: 875-9227. TDD: 875-8835. E-mail: adap@bccpd.bc.ca. Website: www.bccpd.bc.ca/wdi.

AIDS CONSULTATION AND EDUCATION SERVICES: 219 Main Street, Vancouver, B. C., V6A 2S7. Phone: 669-2205.

AIDS VANCOUVER: PARC, 1107 Seymour Street, Vancouver, BC V6B 5S8. Phone: 681-2122. Fax: 893-2211.

ASIAN SOCIETY FOR THE INTERVENTION OF AIDS (ASIA): Suite 210-119 West Pender Street, Vancouver, BC V6B 1S5. Phone: 604-669-5567. Fax: 604-669-7756. Website: www.asia.bc.ca

B.C. ABORIGINAL AIDS AWARENESS PROGRAM: To help participants explore their lives and lifestyles in a way that encourages spiritual, mental, emotional and physical health. BC Centre for Disease Control, 655 West 12th Avenue. For information call Lucy Barney at 660-2088 or Melanie Rivers at 660-2087. Fax 775-0808. Email: lucy.barney@bccdc.hnet.bc.ca, or melanie.rivers@bccdc.hnet.bc.ca.

CANADIAN HEMOPHILIA SOCIETY - B. C. CHAPTER: Many services for Hemophiliac or Blood Transfused HIV+ individuals. HIV-T Support Group. Address: 150 Glacier Street. Coquitlam, BC V3K 5Z6. Voice mail at 688-8186.

THE CENTRE: (PFAME gay and Lesbian Centre) 1170 Bute Street, Vancouver, BC V6E 1Z6. Phone: 684-5307.

DOWNTOWN EASTSIDE CONSUMER BOARD: For information call 688-6241.

HEALING OUR SPIRIT B. C. FIRST NATIONS AIDS SOCIETY: Service & support for First Nations, Inuit & Métis people living with HIV/AIDS. 319 Seymour Boulevard, North Vancouver. Mailing address: 415B West Esplanade, North Vancouver, BC V7M 1A6. Phone: 604-983-8774. Fax: 604-983-2667. Outreach office at #212 - 96 East Broadway, Vancouver, BC V5T 4N9. Phone: 604-879-8884. Fax: 604-879-9926. Website: www.healingourspirit.org.

HUMMINGBIRD KIDS SOCIETY: For HIV/AIDS infected/affected children and their families in the Lower Mainland of B.C. P.O. Box 54024, Pacific Centre N. Postal Outlet, 701 Granville Street, Vancouver, BC V7Y 1B0 Phone: 604-515-6086 Fax: 250-762-3592 E-mail: hummingbirdkids@bc.sympatico.ca.

LATIN AMERICAN HEALTH/AIDS/EDUCATION PROGRAM AT S. O. S. (STOREFRONT ORIENTATION SERVICES): 360 Jackson Street, Vancouver, BC V6A 3B4. Si desea consejería, orientación sobre servicios, o ser voluntario del Grupo de Animadores Populares en Salud y SIDA llame a Bayron, Claudia o Mariel al 255-7249.

LIVING THROUGH LOSS SOCIETY: Provides professional grief counselling to people who have experienced a traumatic loss. 101-395 West Broadway, Vancouver, B. C., V5Y 1A7. Phone: 873-5013. Fax: 873-5002.

LOWER MAINLAND PURPOSE SOCIETY: Health and Resource Centre and Youth Clinic. 40 Begbie Street, New Westminster, BC Phone: 526-2522. Fax: 526-6546

MULTIPLE DIAGNOSIS COMMITTEE: c/o Department of Psychiatry, St. Paul's Hospital, 1081 Burrard Street, Vancouver, BC V6Z 1Y6. Phone: 682-2344 Ext. 2454.

NATIONAL CONGRESS OF BLACK WOMEN FOUNDATION(UMOJA): Family orientated community based group offering a holistic approach to HIV/AIDS & STD's education, prevention and support in the black community. 535 Hornby Street, Vancouver, BC Phone: 895-5779/5810. Fax: 684-9171.

THE HEART OF RICHMOND AIDS SOCIETY: Weekly support groups, grocery vouchers, dinners, and advocacy for people affected by HIV/AIDS. Located at 11051 No.3 Rd., Richmond, BC V7A 1X3. Phone: 277-5137. Fax: 277-5131. E-mail: horas@bc.sympatico.ca .

THE NAMES PROJECT (AIDS MEMORIAL QUILT): Is made of panels designed by friends and loved ones for those who have passed on due to AIDS. 5561 Bruce Street, Vancouver, BC V5P 3M4. Phone: 604-322-2156. Fax: 604-879-8884.

POSITIVE WOMEN'S NETWORK: Provides support and advocacy for women living with HIV/AIDS. Main floor, 1170 Seymour Street, Vancouver, BC V6B 5S8. Phone: 681-2122 ext. 200. Fax 893-2211.

URBAN REPRESENTATIVE BODY OF ABORIGINAL NATIONS SOCIETY: #209 - 96 East Broadway, Vancouver, BC V5T 1V6. Phone: 873-4283. Fax: 873-2785.

WORLD AIDS GROUP OF B.C: 109-118 Alexander St., Vancouver, BC, V6A 3Y9. Phone: 646-6643. Fax: 646-6653. Email: wagbc@vcn.bc.ca.

YOUTH COMMUNITY OUTREACH AIDS SOCIETY (YOUTHCO): A youth for youth member-driven agency, offers prevention education services, outreach, and support. Contact us at 688-1441 Fax: 688-4932, E-mail: information@youthco.org, outreach/support worker confidential cell phone: 808-7209.

surrey & the fraser valley

HEALTH

CHILLIWACK CONNECTION - NEEDLE EXCHANGE PROGRAM: Needle exchange, HIV/AIDS, STD education, prevention, referrals counselling. #2 - 46010 Princess Avenue, Chilliwack, BC V2P 2A3. Call for storefront hours. Phone: 795-3757. Fax: 795-8222.

STREET HEALTH OUTREACH PROGRAM: Provides free general health services including testing and counselling for sexually transmitted diseases, pregnancy, hepatitis and HIV/AIDS and an on-site needle exchange. Doctor/Nurse: 583-5666, Needle Exchange: 583-5999. Surrey Family Services Society #100 - 10664 135A-Street, Surrey, BC V3T 4E2.

SUPPORT GROUPS & PROGRAMS

HIV/AIDS SUPPORT GROUP: Just started in Chilliwack for people from Hope to Abbotsford. Small, intimate group of HIV positive people or people affected by HIV/AIDS. For information call Jim at 793-0730.

SURREY HIV/AIDS SUPPORT NETWORK: for people living with HIV/AIDS, providing support, advocacy, counselling, education and referrals. Support group meets regularly. For more information call 588-9004.

AIDS GROUPS & PROGRAMS

LANGLEY HOSPICE SOCIETY: Offers support to dying and/or bereaved people while also providing education about death and dying to the community. For more information please call (604)-530-1115. Fax: 530-8851.

VALLEY AIDS NETWORK: For information, please leave message for Teresa Scheckel, MSA Hospital, 2179 McCallum Rd., Abbotsford, BC V2S 3P1. Phone:604-853-2201 ext 221.

PEACE ARCH COMMUNITY SERVICES: provides individual counseling and support groups to persons infected or affected by HIVand AIDS in the Surrey/Fraser Valley area. Also assists individuals with referrals and information. Phone: 531-6226

Y.A.M.P. YOUTH AIDS MENTOR PROGRAM: c/o #2-46010 Princess Avenue, Chilliwack, BC V2P 2A3. Phone: 795-3757. Fax: 795-8222.

vancouver island

HEALTH

NANAIMO AND AREA RESOURCE SERVICES FOR FAMILIES: STREET OUTREACH AND NEEDLE EXCHANGE: 60 Cavan Street, Nanaimo, BC V9R 2V1. Phone: 1-250-754-2773. Fax: 1-250-754-1605.

NORTH ISLAND AIDS COALITION HARM REDUCTION PROGRAMS: Courtenay 250-897-9199; Campbell River 250-830-0787; Port Hardy & Port McNeil 250-949-0432 and Alert Bay Area 250-974-8494.

HOUSING

WINGS HOUSING SOCIETY: (VANCOUVER ISLAND) Leave messages for local WINGS rep Mike C.at (250) 382-7927 (Victoria) or 1-800-665-2437.

SUPPORT GROUPS & PROGRAMS

CAMPBELL RIVER SUPPORT GROUPS: Art therapy and yoga/meditation sessions. Phone: 1-250-335-1171. Collect calls accepted.

COMOX VALLEY SUPPORT GROUP: Comox Valley. Also see North Island AIDS Coalition. Phone: 250-338-7400

AIDS GROUPS & PROGRAMS

AIDS VANCOUVER ISLAND (AVI): Offers a variety of services for those affected by HIV/AIDS,including support, education and street outreach. Office located at the Victoria HIV/AIDS Centre, 304-733 Johnson St., Victoria, BC V8W 3C7. Phone: 1-250-384-2366 or toll free at 1-800-665-2437. Fax: 1-250-380-9411.

AIDS VANCOUVER ISLAND – REGIONAL & REMOTE, NANAIMO: Offers a variety of services for those affected by HIV/AIDS. #201 - 55 Victoria Road, Nanaimo, BC V9R 5N9. Phone: 1-250-753-2437. Fax: 1-250-753-4595. Collect calls accepted.

MID ISLAND AIDS SOCIETY: For PWA/HIVs, partners, family, friends, and the community. Education, resource materials, & monthly newsletter available. Call 1-250-248-1171. P. O. Box 686, Parksville, BC V9P 2G7.

NORTH ISLAND AIDS COALITION (NIAC): All of our offices offer Individual Advocacy, Support and Education, and Harm Reduction Programs. E-mail: niac@island.net. Website: www.island.net/~niac. Courtney office: NIAC, 355-6th St., Courtenay, BC V9N 1M2. Phone: 250-338-7400 or toll-free 1-877-311-7400. Fax: 250-334-8224. Campbell River: NIAC, 684B Island Highway, Campbell River, BC V9W 2C3. Phone: 250-830-0787 or toll-free 1-877-650-8787. Fax: 250-830-0784. Port Hardy Office: NIAC, 8635 Granville Street, Ground Floor, Port Hardy, BC V0N 2P0; mailing address: PO Box 52, Port Hardy, BC V0N 2P0. Phone and fax: 250-902-2238. Cell phone: 949-0432.

VICTORIA AIDS RESPITE CARE SOCIETY: 2002 Fernwood Rd., Victoria, BC V8T 2Y9. Phone: 1-250-388-6220. Fax: 1-250-388-7011. E-mail: varcs@islandnet.com. Website: http://www.islandnet.com/~varcs/homepage.htm.

VICTORIA PERSONS WITH AIDS SOCIETY: Peer support, comprehensive treatment information, food bank, newsletter. Located at: 541 Herald Street, Victoria, B.C. V8W 1S5. Phone: 1-250-382-7927. Fax: 1-250-382-3232. E-mail: support@vpwas.com. Homepage: www.vpwas.com

thompson-okanagan

HEALTH

OUTREACH HEALTH SERVICES: Full STD/HIV testing and counselling; health care, pregnancy, and contraception counselling; needle exchange. Suite 102, 1610 Bertram Street, Kelowna, BC. Phone: 250-868-2230. Fax: 250-868-2841.

VERNON - NORTH OKANAGAN-YOUTH AND FAMILY SERVICES OUTREACH HEALTH AND NEEDLE EXCHANGE: Information and support available to individuals affected by HIV and AIDS. 2900 - 32nd Street, Vernon, BC V1T 2L5. Phone: 1-250-545-3572. Fax: 1-250-545-1510.

BCPWA TREATMENT INFORMATION PROGRAM

Questions or concerns about your treatments or health

LOCAL (604) 893-2243

LONG DISTANCE 1-800-994-2437

You are welcome to drop by anytime Monday to Friday, 10 AM to 5 PM, at 1107 Seymour Street, Vancouver (down the street from St. Paul's), and you can even email us at pwatreat@parc.org

AIDS GROUPS & PROGRAMS

AIDS RESOURCE CENTRE - OKANAGAN & REGION: Information,referral, advocacy, peer support, social & supportgroups,education and resource library.. Phone: 1-800-616-2437 or Fax: 1-250-868-8662, or write to #202 - 1626 Richter Street, Kelowna, BC V1Y 2M3. E-mail: kares@silk.net. Pentiction Office: 800-616-2437, Princeton Office: 800-616-2437.

AIDS SOCIETY OF KAMLOOPS (ASK): PO Box 1064, Kamloops, BC V2C 6H2. Phone: 1-250-372-7585. Fax: 1-250-372-1147.

PENTICTON AIDS SUPPORT GROUP: For PWAs, family and friends. Contact Sandi Detjen at 1-250-490-0909 or Dale McKinnon at 1-250-492-4000.

cariboo - interior

AIDS GROUPS & PROGRAMS

CARIBOO AIDS INFORMATION AND SUPPORT SOCIETY (CAIS): Williams Lake and Hundred Mile House area. c/o The NOOPA Youth Ctre. P.O. Box 6084, Williams Lake, BC V2G 3W2. Prevention Worker for Youth also available. Phone: 250-392-5730. Fax: 250-392-5743. Needle Exchange in Williams Lake. Phone: 250-398-4600.

CIRCLE OF LIFE: Held at the White Feather Family Centre every second Tuesday from 4:30-5:30. For information call Gail Orr at 397-2717.

QUESNEL SUPPORT GROUP: For PWA/HIV and their families. For information call Jill at 1-250-992-4366.

northern bc

AIDS GROUPS & PROGRAMS

AIDS PRINCE GEORGE: Support groups, education seminars, resource materials. #1 - 1563 - 2nd Avenue, Prince George, BC V2L 3B8. Phone: 1-250-562-1172. Fax: 1-250-562-3317.

PRINCE GEORGE AIDS PREVENTION NEEDLE EXCHANGE: Providing outreach and nursing service. 1095 – 3rd. Avenue, Prince George, BC V2L 1P9. Phone: 1-250-564-1727. Fax: 1-250-5655-6674.

PRINCE GEORGE: NORTHERN INTERIOR HEALTH UNIT: STD clinic; HIV testing (pre and post counselling), and follow-up program. 1444 Edmonton Street, Prince George, BC. V2M 6W5. Phone: 250-565-7311. Fax: 250-565-6674.

personals

TO PLACE A PERSONAL IN LIVING + The text of the ad can be up to 25 words long and must include a contact name and a number or mailing address where respondents can reach you. In order to publish the ad, Living + must receive your full name, address and a phone number where you can be reached. This information is for verification purposes only and will not be published with your ad. All ads are subject to the editorial guidelines of the Living + Editorial Board. BCPWA takes no responsiblity for any of the ads nor any actions that may arise as a result of the publishing of said ads. **Ads will only run for one issue, unless otherwise notified.**

My name is Kevin. GWM, 37 years old. Athletic & healthy. Looking for other gay male to explore friendship/relationship. Please call 604-688-8612.

Male, blonde, blue eyes, 5'10", 160 lbs., 40 HIV+ for 10 yrs., very good health. Seeks lean, masculine male to get to know to each other and possible dating. Call John 604-682-5587.

kootenays

AIDS GROUPS & PROGRAMS

ANKORS: Office at 101 Baker Street, Nelson, BC V1L 4H1. Phone: 250-505-5506 or 250-505-5509 or toll free: 1-800-421-2437. Fax: 250-505-5507. Website: http://ankors.bc.ca. West Kootenay/Boundary Regional Office 250-505-5506, info@ankors.bc.ca; East Kootenay Regional Office 250-426-3383, ankors@cyberlink.bc.ca.; Cranbrook Office: #205-14th. Avenue, North Cranbrook, BC V1C 3W3.

north coast

AIDS GROUPS & PROGRAMS

AIDS PRINCE RUPERT : Provides support, group meetings, needle exchange, HIV testing (including pre/post counselling), and education. Located at 2-222 3rd Ave. West, V8J 1L1. Please call for information 1-250-627-8823 or fax 1-250-627-5823.

BCPWA volunteers, board members, staff, members and their family and friends celebrated at the BCPWA Christmas Banquet at Canada Place in December. The banquet was a huge success. Entertainment included MC Denis Simpson.