



April, 1993

# NEWS & VIEWS

*A quarterly newsletter by the Nova Scotia Persons With AIDS Coalition*

**NEWS & VIEWS** is a quarterly newsletter produced independently by the Nova Scotia PWA Coalition. It is a forum for HIV/AIDS issues, debate, concerns, information and news which affects PLWHIV/AIDS, their partners, families, friends and interested individuals.

**NEWS & VIEWS** objectives are the following:

- an information tool used for promoting the services provided by the NSPWAC
- to encourage a two-way flow of information/communication in the province
- to provide a regular link between PLWHIV/AIDS as well as with the Coalition
- to provide useful information for PLWHIV/AIDS on a day-to-day basis
- to promote education and awareness
- treatment update information
- to present information on events or activities occurring within the community
- to inform the audience on news about HIV/AIDS-related issues

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## BID FOR LIFE

Friday, April 30, 1993  
Hilton Hotel  
8:00 P.M.





## **MESSAGE FROM THE ADMINISTRATIVE COORDINATOR**

As spring crawls towards Nova Scotia, I'm turning my thoughts to activities other than those related to the NSPWAC. With the blessing of the Board of Directors, I'm beginning a two-year contract, six months on, six months off.

Almost seven years after I began working with community-based AIDS organizations, I've decided to pursue other activities while maintaining my involvement in AIDS work which I remain very passionate about.

In some ways, it is astonishing to look back over the last seven years and review my involvement. The incongruities I personally see, starting with being approached to simply facilitate a workshop ("Hot, Horny and Healthy") in 1986, to being employed on a full-time basis shortly after, coordinating and doing a range of education, support and advocacy programs. It all seemed so compact when I said "yes" to facilitating the workshop... I remain, however, passionate about work that recognizes, affirms and celebrates my community and culture.

I will have the great fortune of sharing the Administrative Coordinator's position with Marianne Kobus-Matthews. Some of you may recognize her as the volunteer Volunteer Coordinator, a position she has capably held since the

summer of 1992. Marianne brings with her a wealth of personal and professional experience that will enhance the position overall for the organization.



I first fell under her charm as she spoke of her involvement with C.H.A.T. (the Community Homophile Association of Toronto) in the late 60's and early 70's (she was four at the time...), an historic and often referred to gay organization that was instrumental in Canada's modern gay liberation movement. Marianne moved to Halifax from Toronto in 1992 with her husband and son, in search of new challenges and a job like the one she's starting! With her background in community development, counselling, administration and program management, she has

the experience and know-how to excel in our work.

If you haven't met Marianne yet, drop by the afternoon of April 16th or give her a call. Please welcome her as you did me, almost four years ago, when I first started. If you want to find me this summer, I'll be at the Grandview Golf Club.

# LETTERS TO THE EDITOR

*Is there something on your mind?*

*Need to express appreciation or get something off your chest?*

*Feel like you have something to say?*

**Please write us, we want to hear from you  
(Anonymous if preferred).**

We're looking for comments on HIV/AIDS, experiences you may have had that could help someone else, good or hard times your going through, new information you have to share, poems you write, absolutely anything you feel like talking about!

Send your letters to:

**Letters to the Editor**

**Nova Scotia PWA Coalition**

**2093 Gottingen St.**

**Halifax, N.S.**

**B3K 3B2**



***My time at the PWA Coalition has been an experience in a class all by itself, a very good experience.***

I have really enjoyed doing volunteer work here. It has also been very enjoyable being here with my friends. I've known a few persons with HIV/AIDS for a couple of years now and I consider them close friends. I love helping people, whatever their situation or problem. A good part of my life hasn't been a bed of roses and I have received muchly appreciated help from family and friends.

Life is a special gift and a wonderful achievement for us all. As human beings, to learn to have love, patience, understanding, respect and caring for one another, as equals, is a great accomplishment, which a lot of us have in our hearts and some of us need to find.

My experience of life and my experience here has helped to make me a better person.

*God grant me the serenity to accept the things I cannot change, the courage to change the things I can and the wisdom to know the difference.*

Ray

**Living with HIV on the South Shore of Nova Scotia  
(an excerpt of a letter sent to the NSPWAC)**

***I have been aware of the fact that I have been HIV positive for the past two years.*** Living in a rural area can be frustrating. I now know that I was carrying the virus for six years without knowing I was infected. I'm a young man who wanted a great future and that is gone now. The person I've committed my life to is HIV negative and accepts me as I am, for better or worse. The psychological hell of this disease is madness to go through day after day - dealing with the community's prejudice in wondering if they're going to find out you are HIV positive and living around doctors who are not educated about this disease. One doctor said to me that AIDS is not presently a problem in the South Shore. I myself was not highly sexual. Doesn't this tell people that a person does not have to be highly sexual to get this disease. It only takes one time to get HIV.

I don't know of other people who have the virus in this area and have come forward, so we can help each other. I'm not going to run away from it anymore. I have always been a fighter and whatever help I can give to those who need it, I will, until I take my last breathe.

I wanted to start an awareness programme in the South Shore...I hope that my health can remain stable so I am able to build a foundation...with all the strength I have I want to change the system as much as I can, not only for myself but for others as well.

The south shore has about 166,000 strong and proud people and when our backs are against the wall we come out swinging with both fists. Our people have known difficult times before. This epidemic could have horrible consequences unless we all band together.

I love the people here and I wouldn't want to live anywhere else, but there is fear for me because of all the madness that is happening on the south shore. Halifax just sees us through the (Eric) Smith story in Shelburne county, and one little community does not tell the story of the people of the south shore. Before people's sons and daughters become infected by this disease, let's try to stop the dying now! The PWA Coalition deserves my thanks for not giving up on the south shore.

**LET'S GET TOGETHER AND FIGHT THE FEAR NOW!**

One thing that you can count on is that I won't give up on life, I just get stronger. Let's show the rest of Nova Scotia that we care about the human beings that live on the south shore.

I'd like to send a personal note to Eric Smith. Don't give up. What you stood for was the right thing, and I hope that they realize what they lost in Shelburne county. So thank you for your stand my friend, and maybe we will meet someday.

Thanks, Your Friend  
Tony



### Preserving "Our Heritage," Protecting "Our Future"

**Condom Distribution during  
Black History Month February, 1993**

February is Black History Month in Nova Scotia - a month-long celebration of entertainment, speakers, displays, films, recognition and learning of Black History in North America. Black History Month emerged from Negro History Week in 1926 by Carter G. Woodson (1875-1950), a Black Education and publisher from New Canton, Virginia. February was chosen for the event initially because the birthdays of U.S. President Abraham Lincoln and emancipator and orator Frederick Douglas fell in February 12 and 14 respectively.

In 1984, the Halifax City Regional Library and the C.A.Y.G. of Nova Scotia began celebrating Black History Month during February. The month has grown from year to year and is fast becoming a popular and respected community celebration throughout the province. We, as a community, celebrate our heritage and culture all year round, but Black History Month is a period during which communities learn about and celebrate the history, contributions and culture of people of African descent. This recognition stems from a long period of enslavement and segregation in which the history and culture of African people's was suppressed.

This year the Black Outreach Project played an active and significant role during Black History Month. We made our presence known. The main goal of the Black Outreach Project is to prevent the spread of HIV, provide culturally specific information, culturally sensitive support and to advocate with and for those who are affected and infected in order to raise the profile and awareness of HIV as it affects the Black communities. Keeping this goal in mind, we saw the crucial need to act upon this goal. We believe that effective education is the key to stemming the transmission of HIV in our communities.

So... we decided to hold 8-10 displays throughout the month's activities. We distributed culturally specific materials and information on

the Black Outreach Project and we also passed out Umoja Sasa Afrocentric condoms. The posters for the display depicted African Canadians and Americans. In total, we distributed approximately 600 - 800 condoms and unexpectedly raised approximately \$50 in donations for the project.

It was a very interesting month for us. When I say us, I mean myself, Madison Murray, Rodney Lawrence, Deena Noseworthy and Brian Walker. We are the staff that consists of the Black Outreach Project. Madison and Rodney are employed with the Project from January to July. Deena and Brian are from the old school. They assisted me this summer with the implementation phase of the Needs Assessment and are presently working part-time with the Project. I enjoy having the support from the Black Outreach Project staff. Their motivating creative ideas and enthusiasm has been beneficial to the Project.

For us, Black History Month was filled with joy and pain. We, unfortunately, lost our brother Arthur Ashe to AIDS. His contribution to our heritage and future will always be remembered. We hoped that our goal for Black History Month was accomplished. We wanted to be a knowledgeable source of information sharing to the Black community to make the community aware of our services and to promote safer sex practices in order to preserve "our heritage" and "protect our future" from a disease that is capable of wiping out our entire nation.

I would just like to take this opportunity to thank the B.O.P. Advisory Board and Project workers for their time and patience in assisting with the displays and a special thanks to Marianne Kobus-Matthews (our soon to be Administrative Coordinator) for her interest and commitment to the work of the B.O.P.

If you are interested in becoming a member of the Black History Month Association, please don't hesitate to call me or the North Branch Library 421-6987. Membership is open to any individual, community organization, religious organization, business, government agency or educational institution. We welcome new members. In solidarity,

**Kim Bernard C.A.E., B.O.P.**

I would like to take this opportunity to introduce myself as the coordinator for the Women and AIDS Project. The project has received initial funding to carry out a province-wide needs assessment and to develop an outreach project. The needs assessment will access the population of HIV infected women to document the needs of women who are infected, the needs of women who are affected and the needs for culturally specific education and information among women in Nova Scotia.

The need for the project arises out of discussions among women who are affected by HIV, HIV+ women, women who are family, friends, lovers, caregivers of infected persons, and women who have been involved in support and advocacy work.

The project will be developed through this initial phase (the needs assessment); subsequently a second phase of the project will implement those outreach strategies for education, support, and advocacy which will be identified by the needs assessment.

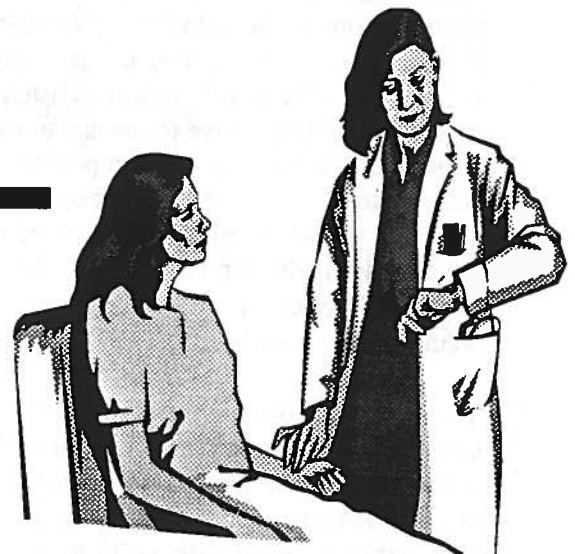
I know from my previous work in the HIV/AIDS field that there are many women doing lots of very important work in the area of women and HIV/AIDS. I look forward to reconnecting with those of you that I know, and getting caught up with all of the work that you have been doing; and of course meeting other women working in this field.

If you are interested in connecting up with this project or getting more information please contact me at:

Nova Scotia PWA Coalition.

Keep on keepin' on!

*Jane Allen*



*AND  
AIDS*



# THE AIDS MASTERY WORKSHOP

**"Worse Than  
Dying Is  
Never Having  
'Lived'."**

The AIDS Mastery is not about dying. Its about taking control of your life and discovering the power that exists in the act of making choices. The AIDS Mastery is designed to provide a safe, confidential space for exploring some very deep emotional areas- and for releasing those emotions, whether they be joy or sorrow. The AIDS Mastery is also fun. As one participant once commented, "I forgot that the weekend was about AIDS."

The AIDS Mastery also deals with the issues of commitment and support. It is also hoped that out of the support groups created during the weekend there will grow a greater interactive community that will work closely with those infected and affected by HIV/AIDS.

According to Sally Fisher, originator of the workshop, and one of the founders of Northern Lights Alternatives, "People with AIDS are living full, rich, active lives. One of the goals is to listen to the message our bodies have for us and to recognize ourselves as worthy, loving and powerful." For those who are facing it, AIDS presents opportunities for choices. Are we dwelling in fear or are we surrounding ourselves with support? Are we closing ourselves to possibilities or are we making discoveries that would enhance our health?

The purpose of the AIDS Mastery is to unleash the creative power within the individual so that we can see and exercise all options for physical and emotional well-being. For the past many years the media has portrayed people with AIDS as "victims" with no option other than suffering. One of the Mastery's goals is to challenge this notion. The AIDS Mastery

is not about dying. It's about living fully.

In the course of the weekend, all participants will be supported by a group of volunteer assistants, (all of whom have already experienced the workshop). Breaks are frequent, food is supplied, medication schedules are supervised if requested.

And now around the touchy issue of money. The expenses incurred over the course of the weekend are substantial. A donation of \$300.00 is requested from those working and able to pay. However, under no circumstances will any PWA/HIV be turned away for lack of funds.

The Nova Scotia Persons With AIDS Coalition and AIDS Nova Scotia recognize the AIDS Mastery as an invaluable support tool, and appreciates that some members of the HIV/AIDS community that could best utilize this experience are currently on social assistance, limited incomes, or other benefit packages and therefore unable to contribute financially to this project. In keeping with our organization(s) commitment to community development and support, we are pleased to offer a limited number of scholarships (on an individual basis) to anyone who, due to financial considerations, would otherwise not attend the AIDS Mastery .

Our organization(s) are committed to making the AIDS Mastery experience as hassle free as possible for you. Seats are limited so please contact me as soon as possible if you wish to register or require more information to help make your decision to participate easier for you. If you are a graduate from an AIDS Mastery and would like to help out with back row, I would appreciate hearing from you. Hope to see all of you on May 28-30, 1993 at Akala Point.

#### **Please Contact:**

**David MacFarlane/Event Coordinator  
Nova Scotia Persons With AIDS Coalition  
2093 Gottingen Street, Halifax, NS  
B3K 3B2  
(1-902)-429-7922**



## SPRING FLING

Join us at our offices on April 16 from 3:30 to 5:30

- to welcome Marianne to the Coalition as our new Administrative Coordinator;
- to bid farewell to Robert as he prepares to spend the next six months golfing;
- to recognize the dedication and hard work of all our volunteers; and
- to celebrate spring!

Everyone's welcome. Bring a friend, bring some munchies and help us celebrate our Volunteer Recognition/Hello Marianne/Goodbye Robert/Spring Fling. See ya all there!

## INFORMATION NIGHTS

Information nights are presented jointly by the NSPWAC and AIDS N.S. every second Monday of each month. The nights are held from 7 - 9 p.m. at AIDS N.S. (5224 Blowers Street).

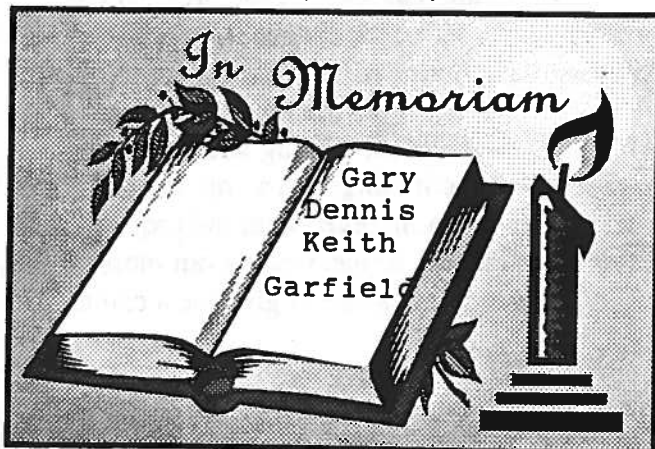
April 19

Claire McNeil from Dalhousie Legal AID will be speaking about legal issues for PHA's May 4

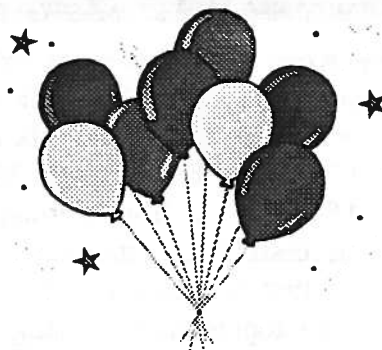
Roger Lewis from Mary Jane Alternative Tastes will be speaking about nutritional supplements.

## BID FOR LIFE

This year's auction will be held on April 30 at the Grand Ball Room at the Hilton Hotel. The preview is 7:00 - 8:00 p.m. and the auction starts at 8:00 p.m. For more information, call AIDS Nova Scotia (425-4882).



## Nova Scotia PWA Coalition



## HAPPY BIRTHDAY TO OUR SPRING BABIES!

We would like to wish our new Administrative Coordinator, Marianne; our Treatment Information Coordinator, James; our Community AIDS Educator for the B.O.P., Kim and her assistant, Rodney a very Happy Birthday.

## THANK YOU VOLUNTEERS!

Our staff would like to sincerely thank all our volunteers for the time and energy given to the Coalition. Special thanks to the musical, spiritual and comical Rick, an AST student who has been with us since last September; Penny who's always smiling and smelling like rose petals; Adam who we're happily watching bloom and grow; Darcy, a great companion for those dreary days; Steven, the genius immunology student who's held on to the most brain cells around here and Ray, our drop of golden light! Also, the staff would like to welcome our newest volunteer, Howard, who will be designing and laying-out our newsletter. Thank you Howard.

## INFORMATION NIGHTS

The Nova Scotia Persons With AIDS Coalition and AIDS Nova Scotia have recently joined forces and are very pleased to be presenting Information Nights held monthly at AIDS Nova Scotia, 5224 Blowers St. The Information Nights have been successfully growing steadily since we presented our first one back in December. We have presented topics such as long term survival, acupuncture and holistic Medicine. The

nights are not specifically devoted to treatment options but rather to the wide range of information that PHA's are looking for. The nights are for everyone, from PHA's, to friends, lovers and care-givers, and anyone whose interested. Below are our upcoming topics, hope to see you there!

Monday April 19	7:00 p.m.
Claire MacNiel	Legal issues
Monday May 10	7:00 p.m.
Roger Lewis	Nutrition
Monday June 14	7:00 p.m.
Dr. L. Johnson	Medications, etc

*From The Desk of*

*James Shedden*

The Treatment Information Project has been growing steadily since I first started in this position, just over a year ago. The last few months have been especially rewarding as new projects begin and longer term projects flourish.

The radio show that I have been co-producing over the last year (see ad) is going through some major changes. My co-producer, Mr. Danny Hart has moved to the grey shores of Toronto to work, and I'm currently hoping to realign the show, to search out new talent and ideas to bring the show into it's second year.

The first 2 pamphlets of the Coalition produced "Now that I'm HIV+", dealing with various aspects of treatment have been completed and I'm busy finalizing the next 2. I'd really like to take this opportunity to thank Meredith Bell of Next Step Graphics for all her help and design skills, the pamphlets look great! Soon you'll see our pamphlets spread throughout

our fair city.

Speaking engagements are coming along well with our joint information nights at AIDS Nova Scotia (see accompanying article).

The Coalition is putting the final touches on a lobbying document addressing the needs of PHA's that will be presented to the provincial government as part of community AIDS groups response to the provincial strategy.

Those are just some of the projects I've been involved with over the last little while, in addition to my duties with treatment counselling, helping people find information, organizing AIDS awareness week, helping with speaking engagements, facilitating, and so on. If your interested in being involved with the project, either volunteering, or just finding out more information, don't hesitate to give me a call at the office.

**Take care!**



## Drug Mixture curbs H.I.V in Lab, Doctors report, But Urge Caution

By Lawrence K. Altman, Special to the  
New York Times.

Washington, Feb 17 - A medical student has found what Massachusetts General Hospital in Boston says "may be the Achilles' heel of H.I.V.", the virus that causes AIDS, and has developed a novel drug strategy that eliminates the virus from human cells grown in the test tube.

The strategy involves using a combination of three drugs to attack a single component of H.I.V., an enzyme that makes copies of the virus's genetic material. In test tubes, the combination of drugs has blocked the virus from growing and from spreading to other cells, the team is reporting Thursday in the British scientific journal *Nature*. The scientists noted that the test-tube strategy apparently prevented infection of healthy cells and successfully treated H.I.V. in cells that had been infected.

### NATIONAL TESTS ARE PLANNED

The authors of the paper approved the press release from Massachusetts General Hospital, saying they may have found the Achilles' heel of the AIDS virus. But they and other experts emphasized that they did not want to create false hope; they cautioned that medicine was full of examples of substances that had seemed promising at the test-tube stage but had not led to the production of viable drugs, whether because they were ineffective in patients or caused unacceptable side effects.

The Pharmaceutical Manufacturers' Association says that of 5,000 chemically synthesized substances only 250 reach the stage of being tested in animals, 5 reach tests in humans and one is approved by the Food and Drug

Administration.

The strategy devised by the student, Yung-Kang Chow, involves two marketed anti-H.I.V. drugs, AZT and ddI, and either of two experimental ones, pyridinone and nevirapine.

Last week the National Institutes Of Health in Bethesda, Md., chose 10 medical centers throughout the country to test Mr. Chow's therapy concept in 200 patients with advanced H.I.V. infection, said Dr. Anthony S. Fauci, an N.I.H. official. The institutes said they were not yet ready to announce the names of the 10 centers.

"The concept clearly needs to be pursued very actively, not only with these three drugs but also with other drugs," said Dr. Fauci, who directs the National Institute of Allergy and Infectious Diseases.

He added in an interview: "Even though this is potentially very important, we have to restrain ourselves from immediately making the leap to say that this is the answer to the treatment of H.I.V."

Dr. Martin S. Hirsch, who as director of AIDS research at Massachusetts General is Mr. Chow's supervisor and co-author of the report, said nevirapine, which is made by Boehringer Ingelheim Pharmaceuticals Inc. of Ridgefield, Conn., would be the third drug used with AZT and ddI in the trials.

The effectiveness will be determined by studying two groups, one of which will receive all three drugs, and the other of which will receive only AZT and DDI for purposes of comparison.

"There's always the potential that these drugs will interact in unfavorable ways that we don't even understand yet," Dr. Hirsch said.

But, he said, no immediate adverse effects were seen at the University of Alabama in Birmingham where doctors have just started giving the combination to four patients in experiments supported in part by Boehringer Ingelheim. This trial is designed to test safety but not efficacy.

H.I.V. has long been known to mutate and to become resistant to AZT, ddI and other drugs. Mr. Chow's strategy is designed to force H.I.V. to produce several drug-resistance mutations simultaneously in a crucial viral enzyme called reverse transcriptase.

The strategy is called convergent combination therapy. In developing it, Mr. Chow challenged medical dogma, which holds that one of the most effective ways to avoid drug resistance is to choose combinations of drugs aimed at different steps in the life cycle of a microbe, a second drug against another target and so on. Such combinations are used in treating tuberculosis for example. Mr. Chow's strategy was to choose a combination aimed at a single target, and it worked in the laboratory. "Perhaps by virtue of being a graduate student and not having learned much medicine yet I had much more naive insight into the problem." Mr. Chow said.

Massachusetts General is one of the oldest, most prestigious and conservative hospitals in the country. In a news release, it stressed that it might be years before such combinations become standard treatment for H.I.V., if they ever do.

In an interview, Mr. Chow speculated that the adverse effects of drugs different combinations were used and alternated periodically. He said that the choice of the drugs was more important than their number and that he did not think there was "a magic number".

Mr. Chow said he left his native Taiwan at age 14 and after earning an undergraduate degree at Rutgers University spent four years trying to decide what he wanted to do. Along the way, he studied biochemistry and molecular biology at Rutgers and Columbia University. At 31 he is now a student at the Harvard Medical School in a federally financed program designed for him to earn Ph.D. and M.D. degrees.

The new strategy against H.I.V. had its birth a year and a half ago, Mr. Chow said, at a family dinner.

In recalling the scene, Mr. Chow said Dr.

Hirsch had asked him to comment on a grant proposal concerning mechanisms explaining why a combination of AZT and ddI still showed some effectiveness against strains of H.I.V. that had developed resistance to both drugs. None of the explanations satisfied Mr. Chow.

"I was reading during dinner, which is a bad thing to do," he said, "but I had to because I had so much to do that evening. I was thinking of ways to explain the phenomenon, and the idea just came to me in an instant. It was an inspiration, almost like 'Eureka'. I was ecstatic, jumping up and down and telling my wife that I think this was the most exciting thing I ever came up with because right away I realized the implications of the work."

## SYSTEM OF TESTING

That night, Mr. Chow began designing the laboratory experiments that over the next nine months provided the support for his strategy. He said he repeated some experiments 20 to 30 times "just to be absolutely sure because of the novelty of the approach and the fact that it was so contradictory to conventional wisdom that I did not want to make a fool of myself."

The team tested several combinations of drugs and found them ineffective. But AZT, ddI and pyridinone in combination prevented H.I.V. replication. When the drugs were stopped 21 days after the infection the scientists reported, no viral replication was observed for the subsequent 30 days and no evidence of H.I.V. could be detected with the most sophisticated methods.

The researchers then tried the combination against ongoing infections. Various combinations of drugs were added at peak production of H.I.V. a week after infection. No evidence of H.I.V. was found 35 days after the 3 drug combination was started.

Even after the drugs were removed at day 56, no viral replication was observed for the subsequent 45 days of the experiment.

"Of course, Mr. Chow said, "that does not

## LISTEN UP!

A new monthly radio broadcast for persons living with HIV  
and everyone concerned with AIDS

### ***'Living After Diagnosis'***

Newest information on HIV/AIDS,  
treatment options, concerns and questions from you.

**CKDU: Radio 97.5 FM**

**Last Tuesday of each month**

**5:30 PM**

Hosted by James Shedden

Brought to you by "The Word is Out" and the Nova Scotia PWA Coalition

mean that we can eliminate virus from people because that is a completely different matter."

The experiments have shown that H.I.V., at least in the test tube, has a limited number of ways it can mutate to escape a drug to which it is sensitive.

The Boston team showed that if H.I.V. mutates to escape one drug, then mutates to escape a second drug and then mutates to escape a third drug, the combination of mutations that is required for resistance to all three at the same time is incompatible with replication.

Dr. Fauci said, "It is essentially the combination of drugs telling the virus, you have a choice: either you are going to be sensitive to one of the three of us and you are going to die, or you are going to mutate yourself out of existence."

### **STILL MAJOR HURDLES**

The Boston team was aided by several recent basic research developments that have linked specific mutations with drug resistance, Dr. Fauci said, adding, "There is a kind of mutation that is relatively indicative of AZT resistance, and there is another combination of mutations that is more indicative of ddI resis-

tance."

The new report may give a boost to the class of drugs to which nevirapine and pyridinone belong. About a year ago, many researchers became discouraged about such anti-H.I.V. drugs because H.I.V. developed resistance so rapidly in trials.

Speaking of the upcoming clinical trials, Dr. Hirsch said: "The major hurdle is that there is so much virus in the body of an H.I.V. infected individual that the virus may have capabilities that we do not yet know of developing still other mutations that will combat all three drugs. We have tried very hard over the past year and a half to show whether that can happen in the laboratory, using all kinds of different techniques, and so far have not been able to develop any virus that is resistant to all three agents. But that does not mean it can't happen in patients." Scientific journals have pledged to speed up the publication of "Hot" papers relating to AIDS. In this case, the Boston teams report was submitted on July 30 and accepted for publication on December 7.



# Prevention and Treatment Options

If your CD4 (T4) count is:	Talk to your physician about considering these therapies
<p><b>Under 500</b> Monitor CD4 every 4-6 months</p>	<p>At any CD4 Count: Reduce stress alcohol/drug use. Get sufficient rest, exercise, vitamins, diet. No smoking. Only safe sex.</p> <p>Under 500 CD4: AZT Antiviral treatment.</p> <p>Herpes: Acyclovir (Zovirax).</p> <p>Fungal Infections: Thrush, skin fungus: Fluconazole (Diflucan) or Nizoral (Ketoconazole).</p> <p>Dental/Oral Problems: Peridex, regular checkups.</p> <p>Other symptoms: Thrush (Candidiasis), fatigue, diarrhea, night sweats, fevers, chronic vaginal yeast infections - follow PCP prophylaxis 250 category.</p>
<p><b>Under 250</b> or Below 20% Monitor CD4 every 4 months Monitor p24 antigen/antibody, beta 2, neopterin</p>	<p>PCP Prophylaxis: Bactrim, Septra, TMP-SMX (they are all the same drug) double strength tablet daily, or Dapsone 50-mg daily or inhaled aerosolized pentamidine, 300mg monthly.</p> <p>Symptoms/progression: Consider adding ddC or ddI; monitor CD4 and lab values more closely.</p> <p>Toxoplasmosis antibody: Positive toxo antibody? Prophylaxis: 25mg Pyrimethamine 3 times weekly.</p> <p>Eye checkups: Regular ophthalmologic exams.</p>
<p><b>Under 100</b> or Below 10% Monitor CD4 &amp; p24 every 3 months</p>	<p>Toxo Prophylaxis: Pyrimethamine, Bactrim, 566C80.</p> <p>Fungal Prophylaxis: Fluconazole, Nizoral.</p> <p>Extra PCP Prophylaxis: Add Aerosolized pentamidine 300-mg each month.</p> <p>MAC/MAI Prophylaxis: (Mycobacterium Avium Complex) Clarithromycin, Azithromycin.</p> <p>Cryptosporidium: Possible prophylaxis: Humatin, Didazuril, Spiramycin, Azithromycin.</p>

Based on approaches reported by TPA Network of Positively Aware. Consult with your physician for regular monitoring and before starting new therapies.

from *'The Prophet'*

---

*And a youth said, speak to us of friendship.*

*And he answered saying:*

*Your friend is your needs answered.*

*He is your field which you saw with love and reap with thanksgiving.*

*And he is your board and your fireside.*

*For you come to him with your hunger, and you seek him for peace.*

*And when he is silent your heart ceases not to listen to his heart;  
For without words, in friendship, all thoughts, all desires, all expectations  
are born and shared, with joy that is unacclaimed.*

*When you part from your friend, you grieve not;  
For that which you love most in him may be clearer in his absence,  
as the mountain to the climber is clearer from the plain.*

*And let your best be for your friend.*

*If he must know the ebb of your tide, let him know it's flood also.  
For what is your friend that you should seek him with hours to kill?*

*Seek him always with hours to live.*

*And in the sweetness of friendship let there be laughter,  
and sharing of pleasures.*

*For in the dew of little things the heart finds it's morning and is refreshed.*

*In loving memory of Archie Munroe, November 15th, 1991.*

*I miss you terribly.  
Love Forever & ever  
Cathy xo*

