

# Jensen, Vancouver PWA founder dies

VANCOUVER—Warren Jensen, one of the founding members of the Vancouver Persons With AIDS Coalition, died at 7pm on Saturday, September 16, 1989 at Saint Paul's Hospital.

Warren was one of the first persons with AIDS to appear nationally in the 1986 fight to make AZT available in Canada. Born in 1952 in Wadena, Saskatchewan, he worked in the accounting field and in hospitality management.

After being diagnosed with AIDS on October 5, 1985, he met Kevin Brown and Taavi Nummela at a support group meeting. He worked with them to found the

Vancouver PWA Coalition, and devoted his time, energy, and skills to building it into the strong self-help group that exists today. The purposes of the Society are to create a positive attitude and to engender hope, provide support activities and facilities, and to play an advocacy role for persons with AIDS/HIV.

Warren Jensen's vision was a major ingredient in the formation and operation of the PWA Society. In Ottawa, he spoke with the minister of health to voice the concerns of PWAs. At the fourth international conference on AIDS in Stockholm, Warren spoke as a delegate. At the

fifth international conference in Montreal, he became the first person with AIDS to address the opening ceremonies of an international AIDS conference.

Warren gave the PWA Society financial leadership and successfully found continuing sources of funding. Until recently, he was a member of the board of directors and chair of the finance committee. Warren will be missed by all and will be remembered for his great contribution to improvement in the lives of persons with HIV and AIDS.

Ales Kowalski, Vancouver PWA Society  
(from Angles)

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ing face he has done virtually nothing for PLWAs/HIV. The recent announcement of funding for haemophiliacs who have acquired HIV infection through blood products, a measure to assure Canadians of the safety of the Canadian blood system, angered many AIDS activists and representatives of community-based AIDS groups since it gave funding to only one group of PLWAs/HIV rather than all of them (divide and conquer?) and because it seemed to play on the distinction between "innocent" (like haemophiliacs) and "guilty" (those who may have developed HIV infection through sexual or drug-related activities) PLWAs/HIV.

## THE MANY PROBLEMS OF THE SADINSKY DOCUMENT

There are numerous contradictions and limitations to the working document produced by Sadinsky and associates. Its major problem as a text based on a "consultation" with very different types of groups and institutions with different types of social power is that it has tried to straddle conflicting needs and interests regarding the AIDS crisis between state agencies, professional associations, communities affected by AIDS/HIV and PLWAs/HIV. It was mandated by Beatty to consult with numerous groups and then try to draw up some sort of consensus document on what a National AIDS strategy should look like that could then be implemented by federal agencies. In preparing the working document Sadinsky and associates met with the provincial ministries of health, the CAS, PWA groups, AIDS ACTION NOW!, the Canadian Medical Association, the Canadian Life and Health Insurance Association, and various federal Agencies including the Health Protection Branch and the Federal Centre for AIDS. In attempting to mediate these various and different interests the document adopts the standpoint of government or administration and often the standpoint of "public health" ideology and practice. It does not adopt the standpoint of PLWAs/HIV or of AIDS activists. The document attempts to provide an administrative/policy framework for the incorporation of community-based AIDS groups into a state regulatory strategy regarding AIDS. The work-

ing document is especially limited in dealing with treatment delivery issues and needs.

The document outlines five objectives for a National AIDS Strategy: epidemiological work to establish the dimensions of AIDS/HIV in Canada; programmes to break the chain of transmission "through cooperative, targeted behaviour change programmes"; efforts to develop a vaccine and therapies; ensuring that people have access to treatment, care and support; and strengthening national mechanisms for "cooperation and collaboration."

There are quite obvious contradictions in the text as if different parts of it have been written under the influence of different professional and provincial and federal state agencies. At one point they write about the need to protect the human and legal rights of PLWAs/HIV. Later on they adopt a "public health" framework which portrays some PLWAs/HIV as the problem in the transmission of HIV and call for public health measures to be taken against some PLWAs/HIV. Here they are participating in the social construction of PLWAs as themselves the danger to "public health" in the AIDS crisis.

They are also very vague on the need for anonymous testing—simply stating that reporting laws "should be reviewed where required regarding non-nominal testing." On the question of the need to address and prohibit discrimination on the basis of sexual orientation they try to fudge the issue stating only that "this issue needs to be addressed as part of the National AIDS Strategy."

Regarding safe sex education they seem to not be able to learn very much from the safe sex success stories of many gay male communities. While at one point they refer to people's "right to sexual information" the form and content of this information is never detailed. They do not emphasize the need for erotic-positive along with culturally-specific education. In the context of prisons they do not clearly argue for the need for the wide distribution of condoms or for improving treatment delivery to prisoners.

## CONFUSING PRODUCT TESTING WITH TREATMENT

Regarding the topic of clinical

trials they seem to have little understanding of the distinction AIDS activists and PLWA Coalitions are making between clinical trials which are in actuality product testing trials for the pharmaceutical corporations and the actual delivery of treatment to PLWAs/HIV.

What we need is access to treatments for PLWAs/HIV without forcing people to participate in product-testing trials. The working document is sadly silent on the ethical and political complexities of treatment issues. While they note that studies that require people to die in order to prove the worthiness of a drug product are not good, they do not suggest any alternative approach. There also seems to be little notion that the organizations of PLWAs/HIV need to be integrally involved in all discussions and decisions regarding treatment decisions and product-testing protocols. There needs to be an open testing-arm as part of any clinical trial allowing PLWAs/HIV access to the treatments they need. The working document basically accepts the present drug trial system and does not propose to challenge the extensive powers of the drug companies. They leave it up to the provinces to provide for access to new drugs for PLWAs regardless of their ability to pay even though we have seen attempts to restrict access to AZT for people with HIV infection in various provinces. While there is mention of AZT and DDI in the document they do not mention any other anti-viral drugs and mention none of the drugs for treating opportunistic infections.

While the working document notes that many primary-care doctors working with PLWAs/HIV are burnt out and lacking in support they do not propose very clear measures for state agencies to provide badly needed support, coordination and back-up. They do not seem to recognize how serious this problem now is in many centres across Canada.

Their last major proposal is to establish under federal state leadership a new Canadian AIDS Council to "facilitate national collaboration and cooperation and to maximize the use of available resources and the benefits of collaboration and co-operation." This would include various levels of state representatives, professional associations and representatives of the Canadian AIDS Society and of PLWAs. From

## B.C. People With AIDS Greet Socreds

by John Kozachenko

Delegates attending the Social Credit Party Convention on October 27th were greeted outside the door of the Convention Centre by members of the Vancouver PWA Coalition, who distributed over 200 leaflets taking our concerns directly to the party in power.

In our leaflet we asked for an immediate response to the need for full funding of AZT and funded access to promising AIDS Treatment Drugs. As well, we demanded an end to government policies being based on the biased judgment and punitive attitudes reflected by the slanders of Socréd Cabinet Ministers Dave Parker and Peter Dueck. We also demanded that delegates consider other issues important to us

concerning education, housing, the needle exchange, and AIDS protection for prisoners. Inside on the convention floor, proceedings were enlivened by a well-dressed heckler flinging condoms at Premier Vander Zalm on the podium, shouting "Condoms work, education works, Social Credit doesn't!"

The PWA Coalition's low-key presentation outside the Convention was well received by most delegates we approached. As we handed former Cabinet Minister Stephen Rogers a leaflet, he remarked, "Good work your group is doing."

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the looks of it there would be very few representatives of community-based AIDS groups and of PLWAs/HIV on this council so that their voices would be drowned out in compromises and policies that would not adequately take the needs and concerns of PLWAs/HIV into account. This council would become a mechanism for constructing a "consensus" regarding an AIDS strategy that does not start from the needs of PLWAs/HIV but instead from the needs and concerns of state bureaucrats, the medical elite, and public health officials. It could not only become a way of managing the AIDS crisis but also of managing and containing PLWAs/HIV and AIDS activism. Interestingly they propose five standing sub-committees of this Council none of which would focus directly on treatment delivery to PLWAs/HIV. The construction of this new type of bureaucratic council of 25-30 members with its own staff and annual budget of \$3 million could be an important means of federal state regulation of the AIDS crisis in this country. At the same time this does not mean it would act in the interests of PLWAs/HIV. The proposal for the AIDS Council as it presently stands is also rather vague and it is not clear how it would relate to present institutions like the Health Protection Branch and the Federal Centre for AIDS.

On the basis of consultation with various groups and institutions the working document is to be revised and this second draft circulated for comment before a final document is produced. If AIDS activists don't intervene in this process to alter the official scenario there seem to be months of "consultation" ahead of us which may still not lead to any positive AIDS action. It seems that many of these state, professional and public health agencies would rather "consult" and "consult" while people are dying rather than taking the decisive and positive AIDS actions that are clear and necessary.

## THE OPPOSITION BUILDS

In response to this delay in the development of an AIDS strategy

Hopefully protests by AIDS activists and community-based AIDS groups will be able to put the heat on the federal government once again and force positive AIDS action in the next few months. We should remind Beatty that when his predecessor didn't undertake such steps he was burnt in effigy in the streets of Toronto and lost his position as Health Minister. If Beatty can give us a better results he may very well share the same fate.

In response to the seemingly endless rounds of "consultation" we need to call for "AIDS ACTION NOW!" once again.

Gary Kinsman has been involved in AIDS ACTION NOW! and is currently active in the Newfoundland AIDS Association in St. John's, Newfoundland.