



December, 1994

**NEWS**



**VIEWS**

Quarterly

Published 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, their partners, families, friends and interested individuals.

NEWS & VIEWS objectives are the following:

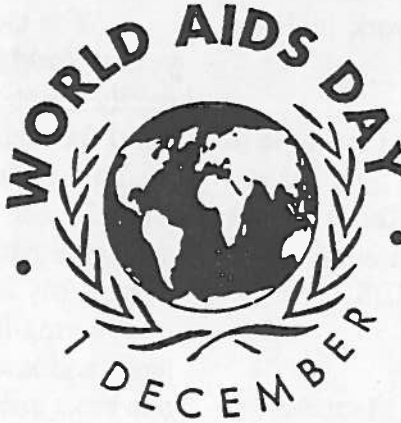
- An information tool used for promoting the services provided by the NSPWAC.
- To encourage a two-way flow of information/communication in the province
- To provide a regular link between PLWHIV/AIDS as well as the Coalition.
- To provide useful information for PLWHIV/AIDS on a day-to-day basis.
- To 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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World AIDS Day

December 1st!

"Families Take Care"

See Pages 4 & 5

The Nova Scotia Persons With AIDS Coalition  
&

AIDS Nova Scotia  
are inviting one and all to our

"Christmas Party"

At Fresh Start Bed & Breakfast

2720 Gottingen Street

Halifax, Nova Scotia

Wednesday, December 7, 1994

5:00 pm - 8:00 pm

Join us in spreading Yuletide greetings and cheer!

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# *A Message From The* **Administrative Coordinator**

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As we head into our final phase of developing a new provincial organization, this is a very exciting time at the Spring Garden Rd. offices. While consulting with organizations from across the province, there is an unpredictable display of cooperation and enthusiasm for the continued development of AIDS work in Nova Scotia.

Our vision is to develop a provincial response to HIV/AIDS that represents all interests, groups, and regions. The organized structure will focus on the common needs and interests that impact on all Nova Scotians infected and affected by HIV/AIDS.

On another note, Marianne Kobus - Matthews has left us again for her winter sojourn. Marianne has

dedicated her past two summers to guiding the NSPWAC through times of enormous change, and managed to keep us going in some very difficult times. We wish Marianne well with her winter activities.

With the theme of "Families and AIDS" for this year's World Aids Day, my thoughts are with the many family members I have known over the years who have cared for their lover, daughter, brother, friend, and so on. I have met many a courageous person, who in the face of much adversity displayed a strength, courage, and grace that I have been fortunate to witness and learn from. My heart is with the family members who are now caring for someone, before you, and their experience and knowledge may be a comfort. I hope every one has a great holiday season.

Administrative Coordinator  
Robert Allan

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## **ARE YOU OR YOUR PARTNER HIV+ AND COPING WITH ALCOHOL OR DRUG PROBLEMS**

**We may be able to help.**

**Private alcohol and drug counselling is available**

**This program is offered to all people living with HIV and their partners  
this service is offered by a professional counsellor  
and there is no charge for this service.**

**for more information or to book an appointment please call:**

**George Munroe  
1-902-634-8801 ext. #222  
1-902-543-6786**

***Confidentiality is assured!***

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# CHIROPRACTIC AND AIDS

by Dr. Patrick D. Milroy, B.A., M.A., D.A.

Chiropractic, which is now the largest drugless direct health care profession using a non-invasive approach has had a definite role in the care of those infected and affected by HIV/AIDS. This article will focus on that role.

## *So what exactly is chiropractic?*

The word chiropractic is derived from Greek, and means "treatment by hand". Chiropractic was pioneered by Canadian born Daniel D. Palmer in 1895. Today there are approximately 4000 chiropractors in Canada offering quality hands on care.

Chiropractic is especially concerned with relationships between structure (primarily the musculoskeletal system) and the function (primarily the nervous system). The role of the chiropractor is to assist the individual in optimizing health mainly through the use of manual adjustments and related therapies which may include message, heat, ice, ultrasound, electrotherapy, specialized exercise programs, nutrition and lifestyle counseling and general fitness.

## *The Chiropractor and the Infected*

Patient comfort, a decrease in certain symptoms and help in controlling pain are offered by the chiropractor. Back pain and headaches usually represent inflammatory processes of the spinal joints and/or muscles. Since inflammatory processes are mediated by the immune system, back pain and headaches are particularly debilitating to an individual with an already compromised immune system. The chiropractic adjustment (manipulation) is directed at specific spinal joints for the purpose of restoring proper motion. Spin off effects from the adjustments are decreased pain, better flexibility, and a decreased inflammatory response.

Decreased activity, decreased strength and anxiety are but a few factors that may lead to back pain and headaches in the infected. Chiropractic is a viable

and safe alternative to dealing with musculoskeletal complaints.

## *The Chiropractor and the Affected*

Back pain anyone? 1 out of 10 Canadians will experience low back pain at some time in their lives. The caregiver is especially at risk for back pain. Patient bed making, positioning someone on bed, assisting with toileting, and of course performing lifts and transfers, are all activities that may induce a back injury.

The effectiveness and cost effectiveness of chiropractic management of low back pain has been repeatedly demonstrated by scientific studies. Furthermore, your chiropractor will work with you to optimize your posture and provide safe lifting techniques. You will also be counselled on stretching and strengthening the muscle groups associated with injury prevention.

Headaches anyone? Stress is a major factor in the development of headaches. Family members, significant others, friends and caregivers are all prone to stress induced headaches. To ease headache pain, the chiropractor attends to the muscles and joints of the neck and upper back, as well as providing recommendations on stretching, relaxation, diet and posture.

## *Chiropractic is Caring*

The effective yet gentle "hands on" approach used by chiropractors allows for a unique doctor/patient rapport. Patients gain a special awareness and connectedness to their body through chiropractic.

**Dr. Milroy has recently established Spring Garden Chiropractic, Suite 460 in the Halifax Professional Centre, at the corner of Robie and Spring Garden. Office hours are from 8am - 5pm Mon., Wed., Fri. and 11am - 7pm Tues., Thurs. Phone number is 429 - 3443.**

# WHAT IS WORLD AIDS DAY?

World Aids Day is the focus of annual efforts to raise public awareness of HIV/AIDS and spur new and more effective action against the pandemic. It was conceived six years ago after a world summit of health ministers called for a spirit of social tolerance and a greater exchange of information on HIV and AIDS.

Each year since 1988, the W.H.O. Global Programme on AIDS (GPA) has chosen a different theme for events and activities leading up to World AIDS Day and beyond. The most recent topics have been "Sharing the Challenge," (1991) "A Community Commitment" (1992) and "Time to Act" (1993).

The number of individuals and organizations involved in World AIDS Day has grown each year, taking GPA's messages of safe sex, compassionate care and anti-discrimination to an even wider audience. Hundreds of thousands of people around the globe took part in the 1993 World AIDS Day events and activities.

## **AIDS in the World.**

The HIV/AIDS pandemic continues to grow and threaten communities through out the world. An average of 6000 people are being infected daily. The World Health Organization's (W.H.O.) Global Programme on AIDS estimates the the cumulative HIV cases in the world now exceed 17 million. Of those, 4 million are estimated to have developed AIDS.

Infection rates in women and children are rising rapidly. The number of HIV cases in women is currently estimated to be around 6 million. Women are also becoming infected at a significantly younger age than men and in greater numbers. In many countries, over 50% of all new HIV infections are among 15 to 24 year olds, with a female to male infection ratio of 2:1. Children account for approximately 1 million HIV cases.

Projections for the year 2000 are necessarily speculative and vary from 26 million cumulative HIV infections to 110 million. Current estimates are that 75-85% of all HIV infections are in developing countries. By the end of the decade, it is expected that this figure will rise to between 85-90%. Clearly, no region has been untouched by HIV/AIDS.

## **Ten Points for World AIDS Day 1994** *AIDS and the Family*

### **1. HIV and AIDS**

AIDS (acquired immunodeficiency syndrome) is the late stage of infection with the human immunodeficiency virus (HIV). AIDS can take more than ten years to develop, and most people die within three years of it being diagnosed.

### **2. Modes of transmission**

The vast majority of all HIV infections occur through sexual intercourse. HIV can also be transmitted by infected blood or blood products, by the sharing of contaminated needles, and from an infected woman to her baby before birth, during delivery, or through breast-feeding. It is *not* spread through ordinary social contact.

### **3. A world-wide problem**

More than 16 million adults and one million children had been infected with HIV mid-1994 since the start of the pandemic, according to the World Health Organization. Around four million adults and children had developed AIDS. Although Africa has borne the brunt, no continent has been spared. HIV is now spreading fast in Asia and Latin America.

### **4. Sexual transmission can be prevented**

Sexual transmission of HIV can be prevented by abstinence, fidelity between uninfected partners and safer sex, which includes non-penetrative sex and sex with condoms. Children need education about AIDS prevention *before* they become sexually active. Everyone needs easy access to condoms in case of need.

### **5. The family**

The concept of family need not be limited to ties of blood, marriage, sexual partnership or adoption. Any group whose bonds are based on mutual support and a common destiny may be regarded as a family. So religious congregations, worker's associations, support groups of people with HIV/AIDS, gangs of street children, circles of drug injectors, collectives of sex workers and networks of governmental, non-governmental and intergovernmental organizations may all be seen as families within the over-arching family of humankind.

*Continued on Page 5*

## 6. The ripple effect on families

Every day, around 6000 people are newly infected with HIV. But several times this number will be newly affected by HIV every day through the impact on each infected individual's family and community.

## 7. An extra threat in the 1990s

Many families in the 1990s are disrupted by political upheaval, civil unrest, migration and other factors. For millions of them, HIV is an extra threat. If a bread-winner falls ill with AIDS, they face losses of income and sometimes food supply.

## 8. An additional burden for women

Nearly half of all newly infected adults are women. But as women are the traditional caregivers, even *uninfected* women are affected by HIV when it

enters a family. Women widowed by AIDS are often rejected and stripped of their belongings.

## 9. Children pay a growing price

Increasingly, children are paying the price of AIDS - either by being infected themselves or through the effect of AIDS on other family members. They may lose their parents and have to live on the streets if other relatives cannot or do not step in with support.

## 10. Families take care

All families, traditional or non-traditional, can help stop AIDS spreading by making sure that their members understand - and act on - the facts about HIV and safer behavior. And if one of their members *do* fall ill with AIDS, families are often the best source of compassionate care and support.

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# WHY "AIDS AND THE FAMILY"?

Reflecting the fact that this year is the International Year of the Family, the World Health Organization (WHO) has chosen "AIDS and the Family" as its theme for World AIDS Day 1994.

In the coming months, and in special events on and around 1 December 1994, WHO urges the world to focus especially on how families are affected by AIDS, how families can become more effective in both AIDS prevention and care, and on how families can contribute to global efforts against the disease.

In the mid-1990s, many families worldwide are already disrupted by political upheaval, civil unrest, migration, and other factors. For millions of them, the human immunodeficiency virus (HIV) is an additional burden and growing threat.

In mid-1994, according to W.H.O. estimates, approaching 14 million women, men and children were living with HIV and AIDS worldwide. The problem would be devastating enough if limited to these people alone, but it also has repercussions on their families.

On top of the huge emotional loss of people dear to them, the families will also face loss of income as

breadwinners sicken and die; a loss of care, nurturing and stability; and in rural areas - as AIDS takes its toll on the labour available to till family plots - even a loss of food supply.

Increasingly, it is children who are paying the price of AIDS - not only in the loss of their parents, but also becoming infected themselves. In Africa, where the pandemic has hit hardest so far, about 700 000 children were born to HIV-positive women just in 1993.

Children born infected face an early death. Those not infected will soon be orphaned. And if grandparents or other relatives cannot or will not step in with the family support needed, the children may have to leave home and fend for themselves.

**FAMILIES WHOSE BONDS ARE BASED ON LOVE, TRUST, NURTURING AND OPENNESS ARE BEST PLACED TO PROTECT THEIR MEMBERS FROM INFECTION AND TO GIVE COMPASSIONATE CARE AND SUPPORT TO THOSE AFFECTED BY HIV OR AIDS.**

*DR HIROSHI NAKAJIMA,  
DIRECTOR-GENERAL, W.H.O.*

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# Angel Dust

## (AIDS WALK 1994)

I arrive about five minutes before the walk gets underway. I see a friend wearing a pink t-shirt denoting his position of monitor. He tells me that I may come along with him and other personnel, but I feel neither like coming along or being monitored. "Follow the van" seems a simple directive to assume on my own. It is a delightful one as well since the C-100 FM van is broadcasting popular in-and-out-of-love music over its speakers. I want to cling like a moth to one of the panels, there is such a stillness in the heart of the sound. Later there are boisterous others caught up in the storm: arm-in-arm they formed a chorus line and boogie to the front of the class. Tired from yesterday's excesses, I fall back into a living sea of men, women, little girls, pet canines, even boys on roller blades, all so mild and well behaved that a monitor is hardly glimpsed at this level. We flow with peaceful; vitality celebrating life in the crystal clarity of a brisk autumn afternoon; waves of playful glee are seen and heard as arms are raised, hands flutterer, and voices squeal.

The only political comment I hear is a mention of the "Pro-lifers", a few few of whom have surrounded the commons in protest. Against what? Recreational sex? Healing the sick? How very dead they have become to the needs of the present as they contribute the momentum of overpopulating to an already overpopulated planet, and thrusting into life unwanted babies, foundlings who will always sense their lack of welcome in the world and their tenuous connection to the rest of humanity. Yes, we have chosen a distinctly antithetical path by devoting ourselves to overcoming the mental and physical anguish of AIDS, confronting the demons of ignorance and bloody minded prejudice with happy spirits connected to the earth and one another.

I jog when I grow too tired to walk (it is so disheartening to fall behind) and miraculously the effort is revitalising. The celebration continues so unobtrusively - wayside water, hot dogs and hamburger placed in hand, "a snort of Coke" and I recover from a state of near speechlessness. I spot the man who had stolen my self esteem as a lesbian. (By chances he was wandered from the playground to see what we are doing.) I demand restitution and immediately I am able to face my gave gay and lesbian fellows once again. We have vital exchanges in word and glance. Swiftly I am drawn again to ethereal strains - a live rock band! Can this be Halifax?! I feel as though an angel has transported me bodily to Vancouver!

*Heather Burke*



## To Kysley

*You taught me courage when I am sad and crying.  
 You dry my tears with your little fingers.  
 You taught me in my ups and downs - don't give up,  
 although things may look bad and sad. You grow me  
 to be a stronger person.  
 You gave me such courage, when everyone else cannot  
 give them to me, you gave that to me.  
 You always smile, even when you are not feeling well.  
 You always have a strong will power,  
 LOOKING around with those big brown bright eyes.  
 Saying Mom, don't worry, be happy, EVERY thing  
 is going to be OK, I am fine.  
 I am very proud to have a baby boy like you Kysley.  
 You are a guardian angel.  
 You are a special gift from God; everyone loved you.  
 You touch everyone's heart with strength, hope, joy,  
 peace, and love to be able to go on with their life.  
 Don't matter what the problem was, he fought all unitl  
 the end.  
 It's so hard to say goodbye to you Kysley.  
 You will be missed; it is a great loss without you.  
 I love you very much.  
 I gave you everything I have in me as a mother.  
 I wish there was more I could have done  
 to keep you alive.  
 I will always remember those funny games  
 we played together.  
 Like touching everyone's nose with your middle finger  
 and it was fun for you Kysley.  
 You will be in my heart as long as I lived.  
 We shared something very special together.  
 Goodbye my sweet child.*

*written by a Black mother who is HIV positive and  
 whose son Kysley died from AIDS this past year.*

## Merry Christmas and Happy Kwanzaa from the Black Outreach Project

Ho Ho Ho Friends and Colleagues,

Kwanzaa and Christmas is around the corner and it seems like summer just got over. Lots of things are happening with the Project and some things are happening really soon. The Project is having a **Christmas Openhouse**, December 1, World AIDS Day.

Invitations have been sent to the African Nova Scotian organizations, churches, and community workers so if your just finding out about it feel free to come on in! This will be taking place from 4-6 at the Coalition. The **Project brochure** will finally be printed after it was rescued from the flooded computer. Also, **Black History Month** will be soon after Christmas so if you would like some ideas on how you or your organization can recognize Black History Month give me a buzz. The Black Outreach Project is also starting a **Black Gay, Lesbian and Bisexual group**. This group will work on a confidential basis and meetings will be held privately, outside of the Coalition. If your interested please call Lorne at 852-2671.

The Black Outreach Project wishes everyone a safe and happy holiday! Our hearts and thoughts will hold special memories at this special time of year.

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### December 26 - Jan. 1

Kwanzaa (Founded by Maulana Karenga in 1966 as a non-religious, non-hero holy season. Kwanzaa, which means First Fruits or the harvest, is an opportunity for Africans to celebrate the fruits of their labor over the year.)



# Women & AIDS



## TALKING TO CHILDREN ABOUT AIDS

BY: GERI BROOKS

*A true story comes to mind of Leta, a strong-willed woman with AIDS. She had two daughters, Francis, who was eight, and Megan, who was thirteen. Leta, who had come from an abusive childhood, was a very protective mother.*

*She would often tell me that she didn't care if people knew that she had AIDS, but she feared that if word got out, her girls would not be accepted by their peers. For that reason, Leta protected her girls from finding out her diagnosis until after she died. Fearful that her girls would find out about her diagnosis from hospital nurses or hospital personnel, Leta would only allow her daughters to visit under strict supervision when she was in the hospital.*

*As Leta neared her death, the girls asked their mother many questions. They could sense she was not being clear with them and tried to seek the answers from others. Unfortunately, those individuals could not provide the girls with honest answers either.*

*The girls felt left out and fearful because they could not understand what was going on. They thought their mother did not trust them and began acting out in school.*

*Leta dies while the girls were in school. On the day of her death, her oldest daughter Francis told me she knew her mother had AIDS, and only wished she could have been with her when she died. Both girls were angry and resentful that no one had been willing to help them be with their mother during her final stage of life.*

One of the first thoughts an individual has after learning they are HIV infected is that the diagnosis must be kept a closely guarded secret. Usually it takes several weeks, months, or even years before one may decide to share this knowledge with one or more trusted persons. The reluctance to disclose this information is

not unusual, and is usually due to the fear of the reaction of others.

Children living at home are usually the last to be told that a family member or parent has HIV/AIDS. Some concerns and fears parents have about disclosure include:

- the children discovering how the parent became infected,
- the children asking questions about AIDS that adults may feel will be too difficult and painful to answer,
- the children associating the disease with being or doing bad things because of the influence of negative stereotypes in society at large,
- the child's safety being at risk because of the stigma that is still associated with AIDS.

All of the above are just some of the powerful and valid reasons why parents choose not to tell their children about their diagnosis. However, the burden of secrecy is difficult, stressful, and often very lonely.

### SECRETS

Like Leta's children, sometimes children will decide to conceal their knowledge of diagnosis or prognosis from adults in order to protect the parents from added pain. It is possible, however, to measure your children's awareness about the above by examining these behaviors:

- engagement of selected individuals in disclosure conversations,
- anxiety about a parent's increased debilitation,
- anxiety separation from parents,, preoccupation with death and disease in imagery, art and literature, avoidance of talk about the future, concern that things be done immediately,

*continued on page 9...*



...continued from page 8.

- refusal to cooperate with relatively simple requests,
- distance from others through displays of anger or silence.

Most of the research on other life-threatening illnesses suggests that secrets within families, particularly those between parents and children, can have a negative impact. Children need to share their knowledge, but they also need their parents with them. Likewise, the parents need their children to be with them. Children may look for someone outside the home with whom they can maintain open awareness, while maintaining a pretense with those persons the children know can not handle what they know. Remember, children will honor whatever rules you, as a parent, set up.

It is true that when children know about a parent's HIV/AIDS diagnosis, there are numerous issues and concerns that will have to be addressed. However, in spite to what is going on, there can be an opening for discussions, and supportive communication which enhances the whole family's ability to cope.

### WHEN YOU ARE READY TO TELL

Over time, the issue usually becomes not so much whether to tell the child, but how to tell your child in a way that respects the child and all of his or her many, often conflicting, needs. When you are ready to disclose, you will probably choose what you feel is the most appropriate at the time. You may wish to have a trusted professional person or friend with you at the time, or you may choose to have the talk in your home alone. Some parents find it helpful to role play the actual disclosure and practice answering questions that may come up before the upcoming conversation.

For most parents, telling their diagnosis is usually not a one time event. You children will need on-going reassurance from you once you have told them of your HIV status. Your children will more likely continue to have questions that will pop up, that will need honest answering from you.

### A MODEL FOR DISCLOSURE TO KIDS

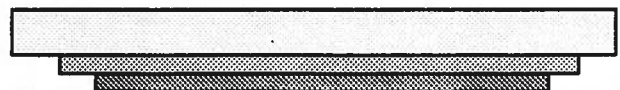
As improved prophylaxis for opportunistic infections are discovered, AIDS is being viewed more and more as a chronic illness. Therefore, when a parent is ready to disclose his or her diagnosis, a chronic illness

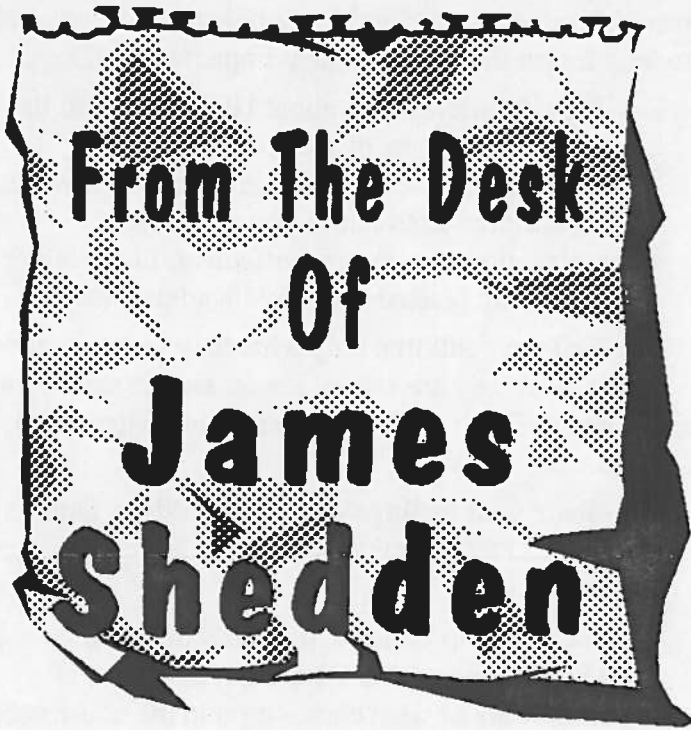
model for disclosure like the one below can be adapted to help lessen the psychological impact on children:

- Provide information about HIV/AIDS and its treatment in terms of the child's age and developmental level. Use age appropriate words. For children aged ten or younger, visual explanation is extremely effective, like "Fighter cells being blasted away by invaders," etc.
- Tell your children only what they want to know, or what they are asking about, and on their own terms. Don't push unnecessary information on them.
- Share your feelings with your children. Don't be afraid to tell them you are angry and sad too, or even scared.
- Include your children in family decisions whenever possible. Give them options and choices about what chores around the house need to be accomplished, Remember, these children feel very responsible for your care and well-being.
- Be sure to reward your children and acknowledge them for taking on the extra responsibilities.
- If appropriate, let you children be involves in the medical side of your world. Let them ask you question and discuss treatments with them and medical staff.
- Maintain a positive outlook as much as possible.
- Set aside a special time to connect even when your energy may be limited.
- If things are getting too overwhelming for you, ask an adult friend to spend time with your children. This will help your child feel cared for.

Above all, let your child know they are loved. Give lots of love and support! Remember, there are times when you both feel frightened and isolated from others. Whenever possible, share those moments together.

*TAKEN WITHOUT PERMISSION:  
WORLD MAGAZINE, JANUARY 1993*





**"Taking The Next Steps"** is a community based needs assessment to those requiring information about the various treatments of HIV and AIDS and formulating their own health promotion. The assessment sought out those directly infected with HIV and AIDS, individuals working at AIDS service organizations, and caregivers of those infected, both personal and professional. The research took place in the form of questionnaires distributed throughout the region, one on one and focus group interviews, in all 4 Atlantic provinces. The assessment took place in March and April of 1994, and in total 220 individuals participated. The process used to gather information was implemented through local AIDS Service organizations. Therefore PHAs who have not been involved with an ASO are not represented. Participation in the assessment was voluntary.

Treatment Information does not happen in a vacuum. There are a number of factors which must be addressed before information on treatments is a high priority for an individual. Throughout this survey many individuals expressed many needs ranging from adequate shelter, basic nutrition, poverty, illiteracy, and discrimination. Before many can articulate their needs and access treatments, and information about treatment options, these basic needs must continue to be addressed.

The need was stressed for treatment information to be developed as a high priority within AIDS Service Organizations. Throughout the Atlantic Region, many people expressed the need for information that is accessible in a variety of formats, and in an environment that is safe. The information about the various treatments for HIV/AIDS is out there for most PHAs, however the difficulty lies in accessing and understanding that information.

Regional communication and networking among AIDS Service Organizations and other partners (the medical community, etc.) must continue to be developed in regards to treatment information. Through the developing networks like that of the Atlantic AIDS Network, and communication with each of the four Atlantic provinces, a system of sharing information has been developed and must continue to be redefined.

One's community and family are extremely important to the individual with HIV or AIDS. The sense of power that an individual can exert over one's environment can lead to a strong sense of empowerment. This empowerment process leads to an openness in asking about treatment information, accessing complementary therapies, and advocating for basic human rights.

Finally, it is important to note that the upcoming ATIS (AIDS Treatment Information System) will play an important role in determining the future of disseminating treatment information. Steps must be taken now to ensure that we can meet the challenges. The federal Government has committed millions of dollars to a national system of sharing treatment information. However, without support being put into place now for community AIDS organization, much of the potential good work of ATIS could be lost. While ATIS was not discussed directly in the survey (the information was not available at the time) its implications are extremely important to note.

The Assessment concludes with a series of recommendations for the future steps of a regional treatment information project that focuses on developing skills, networks, and communication between PHAs, ASOs and caregivers. As well, there are a series of challenges to be addressed by Governments, the medical community and other partners that may fall outside a project but are important to be noted and addressed.

## Homecare Training

On October 16, the first of five HIV/AIDS Homecare Training Workshops started in Halifax. The workshops, sponsored by the Red Cross, AIDS Nova Scotia and Nova Scotia Persons With AIDS Coalition, were funded through the Canadian Red Cross Society's HIV/AIDS Service Development Grants.

When possible funding for AIDS Projects was mentioned by the National Office, contact was made with AIDS Nova Scotia, one of the two Provincial AIDS Service Organizations based in Halifax. The top need identified was assistance in the training of AIDS homecare volunteers to assist Persons Living With AIDS in their homes. Larry Baxter, the Red Cross staff and Rod MacArthur, volunteer, attended the fall training jointly run by AIDS Nova Scotia and the Nova Scotia Persons With AIDS Coalition. Based on discussions with both AIDS Service Organization's Support Coordinators after this training, the project proposal was revised. Final consultations with the non-metro AIDS Service Organizations then took place in late February. The funding of this project allows a more comprehensive homecare training program than has been possible up until now. The Red Cross hired a training consultant, Charles Gillis, and a project consultant, Rosemary Porter, both of whom have experience and knowledge of AIDS service delivery in Nova Scotia. Consultation and planning with non-metro AIDS Service Organizations will allow the project to be relevant and specific to areas outside of metro, acknowledging the various needs of different communities.

The Workshop consists of four days of training: the first two deal with information around HIV/AIDS care in the home, with such topics as setting up a care team, nutrition, medications, infection control, AIDS related illnesses, and grief and bereavement; the last two days deal more with body mechanics, lifting, and hands-on care and are facilitated by a personal care nurse. There is also a fifth day on which people may obtain their Red Cross Emergency First Aid Certification if they have not already done so. Many of the course materials come from a care team manual called "Living with Dying - Dying at Home", put out by the AIDS Committee of Toronto and Le projet Acces de Montreal. The courses are designed to accommodate 20 volunteers at a time and it is anticipated that they

will run at capacity at the next training workshop, scheduled for Cape Breton.

In conjunction with ASO's and their Volunteer Coordinators, future homecare training workshops have been set up throughout the province. The dates of these workshops are: Sydney - March 3rd to 6th, 1995; New Glasgow - May 19th to 22nd, 1995; Valley Area - June 30th to July 3rd, 1995; Metro Area - October 8th to 29th, 1995. There will also be a Train the Trainer workshop from September 1st to 4th, 1995, to allow volunteers who have completed the course to facilitate further workshops in their communities, there by adding to the pool of trained homecare volunteers who could be accessed throughout the province.

If you would like further information, or would like to take the course, contact Charles Gillis or Rosemary Porter at 425 4882, or write to us at:

AIDS Nova Scotia,  
5675 Spring Garden Rd., Suite 300,  
Halifax, NS,  
B3J 1H1.

### ▲▲▲▲▲▲▲▲▲▲▲▲▲▲ MEN'S SEX '95 Men's Outreach Workshops

Our Workshops  
are Positively  
*Erotic!*

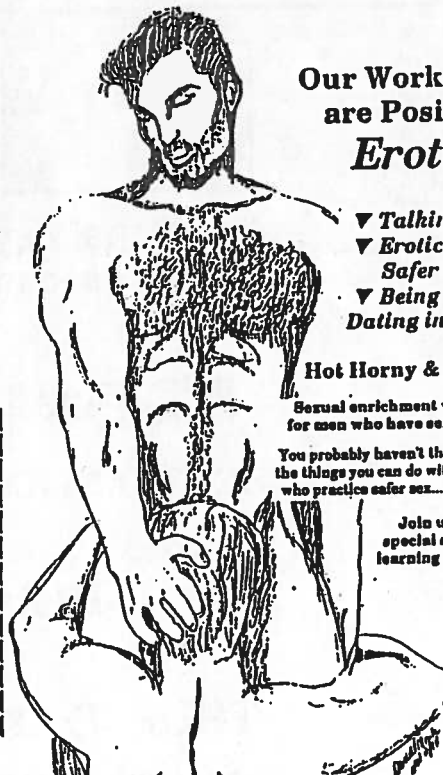
- ▼ Talking Sex
- ▼ Eroticizing
- ▼ Safer Sex
- ▼ Being Gay & Dating in the 90's

**Hot Horny & Healthy**

Sexual enrichment workshops  
for men who have sex with men.

You probably haven't thought of half  
the things you can do with other men  
who practice safer sex...but we have!

Join us for a very  
special sex-positive  
learning experience.



For more information call  
Ned or James at 425 4882

# **POSITIVE GAY MEN'S GROUP!**

**From:**  
**Terry Goodwin**  
**Advocacy Coordinator**  
**Nova Scotia Persons With AIDS Coalition**

Dear Brothers,

Several of us on the Board of Directors here at the Coalition see the need for a group for positive gay men only. There are other groups in Metro that address issues of other minority groups, but none for our community. We are still the largest group of persons living with HIV and AIDS in Canada, and many of our concerns and problems have not been addressed. We are still subjected to discrimination and less than adequate services and treatment than heterosexuals receive. We also suffer from bad press i.e. "innocent victims versus homosexuals"

As a group we have no "safe space" to meet and discuss our concerns or meet others. On the lighter side, we feel that a social setting (outside of the bars) is also lacking and just maybe, you might meet that man of your dreams!

If you would like to join a group of your peers, we will be meeting at the coalition lounge from  
**10 AM until 4 PM on Saturday, December 10th.**

And deep in my heart I know that you boys can get up early one Saturday a year!!! We'll spring for lunch, too! So if you'd like to attend, phone me (Terry) at 429-7922 and let me know by December 7th.

*Terry*

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## **DAY WITHOUT ART CANADA**

A national day of action and mourning  
in response to the AIDS crisis

*presents*

### **"POSITIVE MEN"**

THE ATLANTIC OPENING OF A NEW FILM

BY

**MICHAEL BALSER**

8 P.M.

THURSDAY DECEMBER 1, 1994

SAINT MARY'S ART GALLERY

(LOYOLA BUILDING)


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**NSPWAC  
&  
ANS  
UPDATES**

**CHRISTMAS  
PARTY**

DECEMBER 7, 1994  
5:00 pm - 8:00 pm  
At  
*The Fresh Start  
Bed & Breakfast*  
2720 Gottigen Street  
Halifax

THE NAMES PROJECT CANADA



**the Quilt**  
A Spread of Hope

**QUILTING CIRCLE**

Make a quilt panel in memory of a loved one

Wednesday, november 30, 1994  
6:00 pm - 9:00 pm

Nova Scotia PWA Coalition  
5675 Spring Garden Road  
Suite # 300

For more information please call:  
Joanne Martell  
428-7035  
477-5864

*Bring material, thread, ideas, or any quilting  
accessories if possible.*

Valley Area

December 1 - AIDS Vigil  
Holy Trinity Church  
Middleton  
For information please call Charlene:  
679-3515

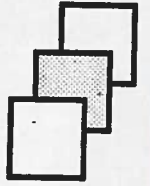
December 1 - Day Without Art  
Acadia University Art Gallery  
For more information call Charlene:  
679-3515

**PWA'S**

Will clean your home  
**\$15.00 per hour**

*If you have any cleaning jobs  
around the house  
and are interested in this service  
please call  
Bruce Hayre at:*

**429-4638**



The Nova Scotia PWA Coalition is a non-profit and non-political organization. We are a member of the Canadian AIDS Society.

- I would like to be on your mailing list.
- I would like to apply for membership.
- I would like to volunteer my time to help. Please contact me.
- I am sending the enclosed donation \$

NAME:

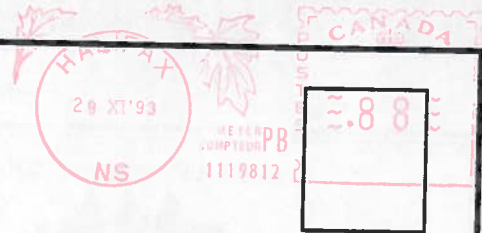
ADDRESS:

PHONE #:

Charitable Organization Registration Number  
07-99544-11

NSPWAC NSPWAC NSPWAC

Nova Scotia PWA Coalition  
5675 Spring Garden Rd.  
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Halifax, Nova Scotia  
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Kim Bernard  
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