

# ARC News

August, 2003  
Volume 7, Issue 5

For the AIDS Resource Centre — Okanagan & Region

"If there is one vaccine [for HIV] that exists today, it is women's empowerment"

- Noeleen Heyzer,  
UN Development Fund for Women

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## Caregiving: it never ends

By Denise Becker

In 1994, I was experiencing all the joys and frustrations of having a six-month old baby girl. Katie would not stop crying at night for the first few months and, like all new mothers, I complained to anyone who would listen!

In mid-June, our world turned upside down and I found the true meaning of being a caregiver. Lloyd and I took Katie to hospital, suffering from pneumonia; two weeks later she was diagnosed with AIDS and I was tested positive for HIV.

Since we were keeping the diagnosis a secret, it was incredibly difficult to talk to people without showing any emotion. Lloyd would be on the phone to his parents, talking about Katie's recovery from pneumonia and would suddenly break down in tears then I would take the

phone and pretend everything was fine, that it had all been a little too much strain for us. Then the next day my father would call and I would immediately pass off to Lloyd. We had no support at all, except from each other.

We became caregivers to those we did tell. We always told people in pairs so that they would have someone to talk to about it. We once made the mistake of only telling one person and before long many of our other friends

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Nina Prudhomme photo

## AIDS Walk 2003

By Beau Manning,  
Fund Developer



ARC is preparing for our 7<sup>th</sup> Annual Okanagan AIDS Walk. This year's honorary

chair is Sindi Hawkins, BC Minister of Health Planning. Sindi will bring great publicity to the event and we are thrilled to have her participation. Please read her statement on page 2. The AIDS Walk is the largest annual event hosted by our office. Don't forget, 100% of your pledge money will directly fund services offered to our clients.

The AIDS Walk is a national event and will take place in communities throughout Canada on September 21, 2001. Registration is at 10:00 a.m. at

the Dolphins; the walk starts at eleven. Come for the 3-km waterfront stroll to City Park and back, stay for the wonderful entertainment, and enjoy lunch.

Pick up a pledge form at ARC or branches of Starbucks or Interior Savings, and start collecting pledges now. You could be eligible to win one of the great prizes our sponsors have donated.

**Why walk? Because prevention remains our only cure!**



# AIDS Walk 2003: Message from the chair



**By Sindi Hawkins  
Honorary Chair, Okanagan AIDS Walk  
and BC Minister of Health Planning**

I am proud to be asked to act as the Honorary Chair of the 2003 Okanagan AIDS Walk.

On September 21<sup>st</sup>, thousands of people across B.C. are committed to walk so that people in their communities living with HIV and AIDS can benefit.

As we know, HIV/AIDS is a complex and far-reaching epidemic. The impact on British Columbians is acute. But community support and awareness can make a difference.

Preventing the spread of HIV/AIDS must be a priority for all British Columbia communities big or small.

Your personal commitment to this walk will have a direct impact on those in your community. Participation on this important day helps raise funds for local agencies that will directly benefit from the proceeds of AIDS Walk.

But perhaps just as importantly, it increases awareness and demonstrates solidarity with affected people in your community. Every person who joins in this walk is an important symbol of community commitment to those people suffering from AIDS.

I urge the people of the Okanagan to participate in this important and symbolic event. As our communities prepare for the seventh annual Okanagan AIDS Walk, I must remind you that the fight against AIDS and HIV is far from over.

Remember, AIDS Walks do make a difference...your willingness to share of yourself strengthens your community in ways we cannot measure. Simply by showing your support you will have already made an important contribution.

As the minister of Health Planning...I also want to confirm our government's commit-

ment to the prevention and treatment of HIV/AIDS. Fighting AIDS is a top health priority for our government. But we cannot do it alone.

As British Columbians, we are all in this fight together. We must continue to work together to strengthen our efforts to create awareness and education about AIDS and HIV.

Thank you, in advance, to all participants for showing your support and commitment to promoting HIV/AIDS awareness by participating in the 7th annual Okanagan AIDS Walk. The few hours you will devote on Sept. 21<sup>st</sup> are an important contribution to the effort to prevent the spread of this preventable disease.

Finally, I'd like to say a well-deserved 'thank you' to the numerous organizations, caregivers, advocates and volunteers that not only help put on this event, but also put in countless hours throughout the year to care for and support people living with – and affected by – HIV/AIDS. You are truly an inspiration.

*Ms. Hawkins, who was appointed Minister of Health Planning on June 5, 2001, previously served as Official Opposition critic for health, and for employment and investment. She sat on the Select Standing Committees on Health and Social Services, and on Women's Equality. She also sat on the Official Opposition Caucus Committee on Health.*



## PREGNANT?

**If you are pregnant, please get an HIV test.**

It could save your baby's life. Do it even if you've only had sex with one man! Treatment during pregnancy can reduce the risk of the baby being born with HIV from 25% to 2% or less.



# ARC focuses on Positive Women

**By Kate Alexander, Educator/  
Speakers' Bureau Coordinator**

Why a women's edition of ARC News? It occurred to me that we profiled female impersonators in the last issue, yet we have never focused on actual women before, let alone devoted an issue to them. Women hold up half the sky.

Some serious reasons for a focus on women are found in the contributions throughout this issue. Females are now half the population of those living with HIV/AIDS worldwide; their representation in the epidemic is creeping upwards in Canada, too: in 2001, 24.9% of new HIV infections were in women compared with 9% before 1995. In countries where heterosexual transmission is the norm (it represents 70% of transmissions worldwide), women are well over half the infected population.

Physiologically, women are more likely than men to contract HIV through vaginal sex.

However, of far bigger impact are societal limits on women. Women have less power, physically and economically. Not using condoms is associated with trust or love - women may feel they need to comply with their partner's demands in order to "keep him". Substance abuse often adds violence to the mix. In many cultures, girls get very limited schooling and are expected to marry young. Education gives girls and women knowledge of how to protect themselves; it also empowers them economically. That's why I like the quote on the front page: "If there is one vaccine [for HIV] that exists today, it is women's empowerment".

Articles in this issue provide information on local and national women's resources and advocate for change. I am particularly grateful for the courage of our HIV-positive contributors, who have written some very powerful personal stories this month. Please enjoy this long-overdue Women's ARC News.

*(Continued from page 1)*

had learned the news through that same person. We were amazed at how people were breaking down crying when they received the news, as we had no idea just how close we had grown to our true friends and we went about finding ways to comfort them. We became their caregivers too.

Finding out your daughter is dying is tragic enough but not being able to get support from those around you is probably the hardest thing to bear. I had to listen on many occasions to people telling me about their experiences with breast cancer or with diabetes, while keeping totally silent about my illness. Being a friend and caring about their situation was extremely difficult.

It was not long before Katie became very sick. The doctors reminded us to keep her away from children with colds and chicken pox but, of course, it is hard to tell people to keep their children away, especially when you know that they would likely freak at hearing what your child has. Looking after Katie became a full time job. I kept a chart of her

temperature, when I was giving her codeine or morphine, how many times she threw up in a day. I was shown how to inject morphine into her arms of skin and bone and she cried out in terrible pain. At the end, I was injecting her every two hours. It was a very hot summer in Abbotsford and often I would get up in the night and take her out onto the deck to just sit in the cool evening breeze.

Katie finally died at home with Lloyd, myself and a nurse present, no friends, no family. Lloyd and I were closer than ever; no one else was experiencing our grief and pain. I was continuously worried about Lloyd, who had seen his child die and knew that I had the same illness. My parents, who were in their 70's, took it very hard. My mother and father still did not know the truth and it was two years later that they finally found out. I am now their caregiver as my mother has dementia and my father has end stage prostate cancer.

Sometimes I wonder when I will be able to look after myself.

**Kate Alexander, Editor**

This newsletter is the official publication of the AIDS Resource Centre—Okanagan & Region (ARC). It is published four to six times a year. The materials in this newsletter are meant to be consistent with ARC purposes which are: a) to promote awareness of HIV/AIDS, b) to develop and provide educational resources, c) to support those infected with or affected by HIV/AIDS. Even so, the opinions and comments within this newsletter are those of the authors and do not necessarily reflect ARC policy. The newsletter does not endorse the use of any particular treatment or therapy. The Board, staff and volunteers of ARC do not accept the risk of, nor responsibility for any damages, costs or consequences of any kind which may arise or result from the use of information featured in this newsletter. Persons using the information provided through this newsletter do so by their own decision and hold the society's board, staff and volunteers harmless. Submissions for publication may be sent to our office at any time; publication deadline is three weeks prior to publication date. Submissions will be returned if a request is made in writing and an address is provided. Reprinting and distributing this newsletter is openly encouraged.

#### **ARC's Board of Directors**

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### POSITIVE WOMEN'S NETWORK



Positive Women's Network (PWN) works to support women living with HIV/AIDS to make informed choices. The organization provides safe access to support, advocacy, and education/prevention to women and their communities throughout BC.

When Positive Women's Network was founded over a decade ago, women who were infected with and affected by HIV/AIDS came together in the recognition that the challenges facing women around HIV are different than those facing men. This philosophical approach guides our work even as the epidemic among women in BC grows and changes. The vision of a mixed group of women working together has remained as the Network has grown from a group of volunteers providing part time phone support into an organization providing essential women-focused support, education and referrals throughout the province.

The issues affecting HIV+ women in many areas of the province – in both isolated/rural and in larger communities like the Okanagan's cities – can be extremely challenging. Sometimes women rightly feel as though they are unable to access HIV/AIDS support in their communities due to privacy and confidentiality concerns. Sometimes women feel isolated and alone – emotionally, socially, and geographically. PWN continues in its efforts to support the invaluable work community-based organizations like ARC provide locally to women living with HIV.

In addition to these efforts, PWN also recognizes that sometimes women living with HIV simply want to connect to a larger community of HIV+

women. To this end, PWN offers a variety of services, including our popular **Women's Retreats**. Our next retreat, scheduled for **September 8<sup>th</sup> – 10<sup>th</sup>**, promises an all-expenses-paid blend of support and relaxation in the healing environment of Bowen Island. As always, priority registration is given to women who live outside of the Lower Mainland and/or who are first-time participants.

Coming this fall to a computer near you, PWN is launching its **new program, WAVE**, which provides interactive online support and information to women living with HIV. Balancing the latest innovations in internet technology with a feeling of "kitchen-table conversation", WAVE is designed to speak to a wide variety of HIV+ women, be they newly diagnosed or well-versed in living with the virus, be they computer-savvy or computer-phobic. WAVE is a place where women can come together and chat about the issues that they see as relevant ... no matter where they are located in BC. WAVE will be available online at [www.pwn-wave.ca](http://www.pwn-wave.ca) on November 20, 2003.

Of course, there is always the good, old-fashioned telephone. HIV+ women living anywhere in BC can call our **toll free line (1-800-692-3001)** and speak with a support worker who can answer questions about diagnosis, accessing support, disclosure, advocacy, and other issues. Or, women can call simply to talk and connect. Support workers are available on the line, Mondays – Fridays, 9 am – 4 pm.

Finally, PWN reaches out to our membership via our website ([www.pwn.bc.ca](http://www.pwn.bc.ca)), our newsletter, *The Positive Side*, and other regular mail-outs. If you wish to become a member, please call 1-800-692-3001. All calls are strictly confidential.



### CATIE: ATTENTION TO UNIQUE NEEDS OF WOMEN URGED

Improving the lives of women living with HIV/AIDS starts with recognizing that many of their most critical needs are unique.

"HIV/AIDS most affects women's lives differently than it does men physically," says Ronnilyn Pustil, Managing Editor, Canadian AIDS Treatment

Information Exchange (CATIE), the only national, bilingual AIDS treatment information service in the country.

"In addition to her own personal health, many women with HIV/AIDS often must deal with other issues and tend to put others' needs ahead of their own. What happens to her chil-

dren or to an elderly parent whom she's looking after? These kinds of care and social support issues need to be met head on," Pustil says.

"We, as a country, must move on many fronts to improve the lives of women living with HIV/AIDS," says Maggie

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### A Message from the Elizabeth Fry Society

By Aimee Thompson

Administrative Coordinator, Central Okanagan Elizabeth Fry Society



When I was asked to submit a piece to the ARC News regarding HIV/AIDS and Women, the first thing that came to my mind was that this issue (among others) is not addressed adequately by our community. Although the virus itself does not discriminate against gender, sexual preference or socioeconomic status, the way our society treats women living with HIV/AIDS is discriminatory.

HIV/AIDS prevention and treatment strategies must focus on the specific needs of women. Women are often tested and diagnosed later than men, which can lead to earlier death. And it is imperative that HIV education addresses the power differential between men and women that exists on a social and an individual level, especially in regard to sexual violence and exploitation.

Women's infections represent a steadily rising percentage of total infections over the past ten years, with a vast majority of these cases involving women between the ages of 20 and 40 years. This rate is alarmingly higher for incarcerated women; in the Edmonton Institution for Women nearly 12% of the population is infected with HIV, and 75% have Hepatitis C.

Our community needs to stop colluding with the patriarchal social infrastructure that ignores the needs of women, and start calling for equal prevention, education, research and treatment of HIV/AIDS.

The Central Okanagan Elizabeth Fry Society is a non-profit organization that is dedicated to providing quality community based services to women, men, children and youth who have experienced violence in relationships, sexual assault/abuse, sexual exploitation, or are in conflict with the law.

Call 763-4613

## CATIE

Continued from page 4

McGinn, HIV+ positive woman and Executive Director of Living Positive: Edmonton Persons Living with HIV Society. "There should be more women in clinical trials for anti-HIV drugs, and more research as a whole, especially about the side-effects of these drugs in women. But immediate steps can be taken. Having trusted, reliable information makes a huge difference—and that's how CATIE is helping right now," she says.

Founded in 1991 and a national partner in Health Canada's AIDS Strategy, CATIE has produced some 70 Fact Sheets. They provide information on symptoms, treatments, side ef-

fects, drug interactions and availability of treatment. The Fact Sheets for women include topics such as HIV and cervical cancer, pelvic inflammatory disease and menstrual problems. A *Practical Guide for Women Living with HIV/AIDS* is in the works. The Fact Sheets can be downloaded from the CATIE website, [www.catie.ca](http://www.catie.ca) or ordered by calling toll-free **1-800-263-1638**.

Women and HIV/AIDS is one of CATIE's top priorities. In 2000, the organization co-sponsored a three-day conference on the subject, the largest gathering ever in Canada of HIV positive women, health care workers, policy professionals and others working in the field. "The insights from that conference continue to shape the way we reach out to

women," says Anne Swarbrick, Executive Director of CATIE. A second national conference is planned for 2003.

In keeping with our mission to improve the health and quality of life of all people living with HIV/AIDS in Canada, CATIE tailors each of its publications to a specific group of readers, from health professionals to people with little formal education. All CATIE publications are free of charge in Canada.

Our National Reference Library is home to 1,400 books and 10,000 documents. We also subscribe to more than 75 medical journals and consumer-oriented treatment periodicals. To find out what we have, check our library catalogue online at [www.catie.ca](http://www.catie.ca).

## Volunteer Profile Josephine Stebbings



An actor by profession, Josephine has appeared in numerous plays and films. She also cares strongly about getting prevention messages out to youth, working as YouthCo AIDS Society's Outreach and Support Co-ordinator for 5 years. After moving to the Okanagan she had the opportunity to combine her two passions during the Acts of Choice project at ARC in 2001. Josephine has spoken to groups all over the province, but still says she enjoys the moment her legs stop shaking. As a member of the Speakers' Bureau, she speaks from the heart – what really makes it worthwhile for her is when she makes a connection with a youth audience and she knows her words will make a difference to the youths' future.

*Thank you, Josephine!*

## A New Face at ARC

**Nina Prudhomme**, fundraiser and graphic designer, is working with Beau on the AIDS Walk and helping with the design of ARC News and other publications. Nina is new to the Okanagan, having brought her wide smile and fighting spirit from Ontario.

*Welcome and thank you!*



## Dancing with Addiction – one woman's story

**By Janet Wilson**



My love of dance started when I was a child. I thought if I could ever find a man who could dance, I'd marry him. Well I found him in 1992. I fell in love with him because he could move – finally a man who could keep up with me on the dance floor.

I was in love, so when he started to dabble in drugs I had to save him. He went from snorting cocaine to smoking it and eventually injecting it. Every time he stuck a needle into his arm I was just devastated; I thought if he could feel the heartbreak I felt every time, he would stop. So I tried injection drugs, and far from this stopping him, my action gave him the go ahead to continue.

I was never physically addicted but I realize now, more than 10 years later, I did become mentally and emotionally addicted. In other words I never went through withdrawals, but whenever I had a problem I sought out drugs.

It is something I continued to do even after the breakup of my relationship in 1997 and subsequent diagnosis with HIV/Hep C. I moved to Kelowna from Vancouver and have continued to "self medicate" off and on ever since. "Why?"

you say, when I should and do realize the implications of continuing to use drugs. That's easy: I have found the need to escape from reality. The reality of HIV medication that was ineffective, depression due to said medication and let's not forget the joy of being "tainted". I say tainted because that's how I feel. Sure I am well liked, but am I ever likely to find someone to love me with my health concerns?

Since I can't work I have too much time on my hands, so it can be a simple decision to want to "escape". I need to learn not to. The fact is, that intellectually I have made the decision to free myself from this burden, but what I need to learn now is how to say No. I have made one effort to quit by going to treatment; it wasn't enough so I have made a commitment to myself to seek further help. I have a great deal of hope for a treatment centre in Abbotsford called Peardonville, with a two-and-a-half-month course. I just hope they will accept me. I take a low dose of morphine for nerve damage done to my feet and hands, mostly because of the HIV meds. They don't like it when people bring in "controlled" substances – go figure! While there I will turn 50, so here's to the second half-century. I look forward to big changes!

## Need a counselor?

**John Langston, M.Ed., R.C.C.# 153,** volunteers as a counsellor for ARC on Monday afternoons from 1:00 to 5:00 p.m. His services are available to our clients at no charge. If you feel

you would benefit from meeting with John, ask Terri, our client support worker, to set up an appointment. Call 862-2437.



**By Willow Lloyd,  
CASEY Project Coordinator**

For those who are not familiar with CASEY, we are a Kelowna not-for-profit organization initially formed in 1996, and formally registered in September

One of the programs CASEY is working on this summer includes the Safe Zone Project. Very similar to the Block Parent Program, this project gives youth being sexually exploited (or at risk of it), opportunities to find a safe haven in the downtown core, and assistance in getting off the street. The majority of young people on our streets are there as a result of circumstance, not choice. They may find themselves in situations from which there seems no escape. The Safe Zone allows them a neutral place that they can enter without arousing suspicion, in order to contact someone for help. They remain protected until help arrives. All Safe Zone participating businesses and service agencies are given a Safe Zone window decal, and resource information

for the youth. CASEY has updated our resource cards, and will be distributing the new information to businesses and agencies in the community this month.

CASEY has also been working on bringing Internet Safety Workshops to Kelowna. It is well documented that many youth are lured into dangerous situations as a result of Internet use, with many youth sexually exploited. Discussions with RCMP indicate that this is a local and increasing problem. If there is a need identified at an upcoming community meeting, we would look at forming partnerships, and bringing these workshops to Kelowna within the next year. These workshops provide education, awareness, and training to youth, parents,

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2000. Our mandate is to provide public education and awareness around sexual exploitation of youth. CASEY works in conjunction with several other agencies to provide information to the community about recruitment into the sex trade, the realities and dangers of street life, and the options available for those youth trying to get off the street.

## Designed to Heal

The tears start to fall almost before her story begins. She reluctantly smiles through them, *Damn, I thought this could be the one, the time I'd share without crying.*

Her pain is sprawling, though etched also in a kind of buoyancy, a humor designed to heal. She's 25, and four years ago was diagnosed cold and clinically as the scratchy tissue-papered bed she'd sat on,

waiting.

*Only 50% die from it —  
Stay as long as you need.*

The door closed behind him.

Weary of small town gossip and being labeled the AIDS girl, she's moved to the city. A new set of friends are her family now. She has learned all too well it only takes one. Has lived the cliché of searching for love in all the wrong places, then blundered through bouts of denial and reckless destruction.

These days when love seeks her, she resorts to sabotage. Better to push him away before he decides to go.

In his place she tells her story over and over to anyone who dares to hear. For youths too cocky to listen— she'll threaten to dress the dildo— with her mouth.

Living on disability pension is far from luxurious, she wraps up, but re-entering the work force?

*Try explaining where you've been  
the last four years.*

*- Donna Michele Hill*

# ABORIGINAL WOMEN AT RISK for HIV

**By Brian Mairs, OAAS Program Coordinator**

The science of demographics can tell us much about our population and allows us to plan for our futures, including health planning. Using the numbers provided by Stats Can, we know that in the Okanagan Valley and Similkameen Valley, the Aboriginal population is close to 5% of the total population. With 320,000 residents in our area, this means that we have approximately 16,000 Aboriginal people living here, and just over half (51.5%) are women. I mention women specifically as more Aboriginal women are reporting new cases of HIV than any other select segment of the population according to Health Canada and the BC

Centre for Disease Control. Statistically, Aboriginal women make up 5% of the female population in BC, yet account for 36% of all the new HIV infections among women. Simple math will tell you that this is SEVEN times higher than it could be, and that is a scary thought.

As strange as it may seem to some women living in the 21st century, there are still many women who are totally repressed and economically dependant on the man in their lives, and it would never occur to them to ask their date/mate to wear a condom, or refuse to reuse a needle if it meant losing some level of economic security for her or for her children. Even where women are maintaining monogamy in their

relationships, demographics tell us that 40% of men in a committed relationship will stray from time to time. When they stray, it is possible that they contract HIV and may not be aware of it, passing it along to their wives and/or girlfriends for up to ten years by way of refusing to wear condoms or sharing needles.

Each woman will have to decide for herself as to whether she wants to honour her own body by insisting on using condoms unless she is trying to get pregnant, and for injection drug users, a new needle every time she fixes. By taking some simple precautions we can reduce or even eliminate the spread of HIV in Aboriginal communities.



(250) 862-2481

[www.oaas.ca](http://www.oaas.ca)



## Another new face



Hello, my name is Robin Posella. I am a mature, female student in the new Aboriginal Health Worker program at OUC. I am doing a practicum with the Okanagan Aboriginal AIDS Society.

I have visited many local reserves with Julie, the 'on-reserve outreach worker', and our Okanagan peoples have warmly welcomed me. I am impressed by Julie's comfort with a 'taboo' subject; she has a straightforward way of speaking to the young people, and yet she is sensitive and respectful to the Elders and others.

I have had the opportunity to meet all the devoted people working at ARC, and OAAS, and what I like best is the inclusive, multicultural environment. People in the Okanagan face a great deal of discrimination for HIV/AIDS, and it is good to see a concerted effort to address

public awareness, education, prevention, and support.

Graduates of the Aboriginal Health Worker Program will be going to work in Community Health Offices; both on-reserve and off-reserve. I hope to see HIV/AIDS and hepatitis C become common knowledge for easy discussion within families everywhere, and that positive people will find caring and support within their home communities.

All My Relations.

## Pauktuutit



Pauktuutit (pronounced: powk-too-teet) is the national non-profit association representing all Inuit women in Canada. Its mandate is to foster a greater awareness of the needs of Inuit women, and to encourage their participation in community, regional and national concerns in relation to social, cultural and economic development. As part of this mandate, Pauktuutit is responsible for all Inuit language HIV/AIDS resource material for Inuit populations across Canada.

### WOMEN'S CENTRES

#### **Vernon & District Women's Centre Society**

We offer support and referrals, advocacy, help with Income Assistance and Disability, media spokespersons for women's issues, special events, and a resource library. 3313 – 32<sup>nd</sup> Ave. Office hours are Mon-Thurs 9-12; 1—4pm. Tel. (250) 542-7531; e-mail: [verwomen@junction.net](mailto:verwomen@junction.net)

#### **Kelowna Women's Resource Centre...**

is dedicated to promoting equality for all women. We are a meeting place, drop-in centre, and referral services as well as a facility for women's support groups. We provide information on issues of concern to women including health, legal, political, historical, and social issues. In addition, the Centre organizes workshops and seminars, sponsors guest speakers, provides a women's perspective to local media, and lobbies and organizes on behalf of women. 107 - 347 Leon Ave, Kelowna. Tel. (250) 762-2355. Office hours Mon-Thurs, 9-4 p.m. E-mail: [kwomen@direct.ca](mailto:kwomen@direct.ca)

#### **Penticton and Area Women's Centre**

To increase awareness of women's status and issues; to effect change by advocating on behalf of women; to provide opportunities for information exchange, networking and mutual support. 209 - 304 Martin Street, Penticton. Tel: (250) 493-6822; Toll Free: 1-866-493-6822 E-mail: [PAWC@telus.net](mailto:PAWC@telus.net)

### WOMEN'S SHELTERS & TRANSITION HOUSES

These facilities offer residential support, referral, counselling, outreach and advocacy services to women and children affected by family violence. Phone lines are available 24/7.

**Vernon** (250) 542-1122

**Kelowna** (250) 763-1040

**Penticton** 1-800-814-2033

**Princeton** (250) 295-0268 (safe house only)

### CASEY

*Continued from page 7*  
and service providers about the sexual exploitation of youth through the use of the Internet.

Many youth who have been sexually exploited are often forced into prostitution, where

they have little or no say in protecting themselves. These youth – mostly girls – are at risk of not only emotional distress and drug use, but of contracting STD's, hepatitis, or HIV. If we as a community can work together, we can be a vital force in

providing a safer environment for our youth.

For more information, or if you are interested in volunteering with CASEY, you can access our website at [www.caseyonline.org](http://www.caseyonline.org) or leave a message at (250) 762-0782.

### Microbicides offer hope

*By Claudia Dreifus, New York Times (July 29, 2003)*

Dr. Zeda F. Rosenberg, chief executive of the International Partnership for Microbicides, is redesigning global strategies to help curb the spread of AIDS, using women as the target population. HIV is transmitted primarily through heterosexual contact in much of Asia and Africa. Consequently, Rosenberg and her organization are working to develop a topical microbicide to kill HIV in the vagina before the virus can attach itself to human cells and cause disease.

"The idea of microbicides is to create a female-controlled HIV prevention technology, especially for women who cannot get their infected partners to use condoms," she explained, adding that using a microbicide for HIV prevention is "extremely feasible" scientifically.

Several substances show promise against HIV, but none has been tested sufficiently for FDA certification. BufferGel works by bringing the pH level of semen in the vagina so low that it is inhospitable to HIV. Savvy, a mild detergent, has less cell toxicity and is better at killing HIV, according to the manufacturer's data. Four other products are called non-specific inhibitors of HIV entry, which means they are large molecules that interfere with HIV by attaching to its target cells and gumming them up so HIV cannot attach. One such product is carrageenan, a food additive that helps jell ice cream.

Other possible microbicides are drugs currently being used successfully in antiretroviral therapy. Although Microbicides might seem an obvious idea, Rosenberg said an early focus on vaccines, plus a lack of expertise in the field, hindered the effort to develop them. Because of testing requirements, the first microbicides are unlikely to come to market before 2010.

*This article came to us via the AEGiS Website ([www.aegis.org](http://www.aegis.org)), an excellent resource for global HIV/AIDS media coverage and information; we are permitted to reprint it.*

### Women's Centres Threatened

Women's centres throughout the province face losing their core funding from the provincial government. Your letters make a difference – write to Premier Gordon Campbell and/or Minister of Women's Equality Lynn Stephens to make your concerns known.



# NOTICE BOARD

## ARC News

We have increased our circulation. If you are new to this newsletter and you like it, great (we would love to sell you a membership). If you are NOT interested in continuing to receive it, please send me a quick email: [educator@arcok.com](mailto:educator@arcok.com) or call me, Kate, at 862-2437, and I'll take you off the list.

## **IMPORTANT!**

### **AGM**

The AIDS Resource Centre's AGM is on **September 15th at 7:00 p.m. at the Coast Capri Hotel** in Kelowna. Please be there and help determine the future of ARC.

## **Client Support Hours**

### **Kelowna**

Drop-in hours are Thursdays from 9:00 a.m. to noon. At other times, an appointment is necessary.

### **Vernon**

Every second Wednesday, including Aug. 27, Sept. 10, 24, Oct. 8, 22.

### **Penticton**

Every second Tuesday: Aug. 19, Sept. 2, 16, 30, Oct. 14, 28

### **Princeton**

Please call for an appointment, which will be on the second Tuesday of the month.

**Outside Kelowna, call 1-800-616-2437 to book an appointment. In Kelowna, call 862-2437.**

## Speakers' Bureau



We provide free, interactive HIV/AIDS and Hepatitis C presentations that are geared to your group's needs. Call Kate if you'd like to book a presentation or if you're interested in being trained as a speaker: 862-2437



## Free Coffee

Starbucks provides FREE coffee for ARC clients. Please ask at the reception desk for your coffee the next time you come into ARC.



## Reiki & Healing Touch

Clients: enjoy the relaxing and balancing benefits of a quiet hour with Toshie. Call 862-2437 to book your free Tuesday session.

## ARC's Hours

Our client service hours are **9:00 a.m. to 4:00 p.m.**

## ARC Membership

For a small fee, you can support ARC by becoming a member. For those who are already members, it's time to renew. Membership entitles you to vote on issues that affect the agency. Plus, you will receive this fabulous newsletter six times a year.

The fees for membership are:

**\$12/year - individual; \$25/year - agency; \$100 - lifetime**

Please take the time to fill out this membership application and drop it off at our office or mail it to:

**ARC, 202-1626 Richter St, Kelowna, BC V1Y 2M3**



## ARC Membership application

Members must agree to uphold the aims of the Society and maintain confidentiality.

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Postal code: \_\_\_\_\_

E-mail address: \_\_\_\_\_

(Check here ? to receive ARC News by e-mail only)

Fee paid: ? \$12 (individual); ? \$25 (organization);

? \$100 (lifetime).

Make cheques payable to **AIDS Resource Centre**