

Inside:

- + KECIA LARKIN SPEAKS HER MIND
- + THE 10 COMMANDMENTS FOR PHAs
- + NUTRITION FOR HEALTHY BONES
- + STRIKE A YOGA POSE
- + BREATHING LESSONS
- + STRESS REDUCTION TIPS

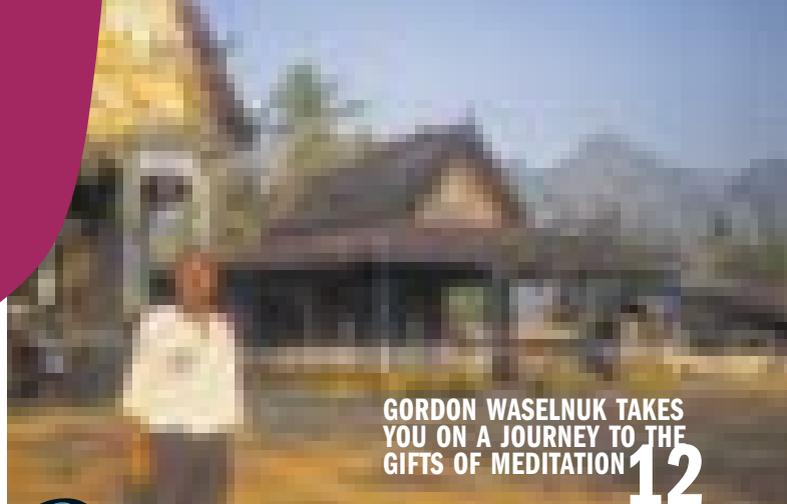
the Positive Side

HEALTH INFORMATION & VIEWS



Inside:

- 03 POETRY**
"Profound Attunement"
by Bija Bennett
- 04 THE 10 COMMANDMENTS**
For living long and well with HIV
by Lark Lands
- 06 CHATTY CATIE**
5 PHAs on how they deal with stress
- 08 ORIGINAL ABORIGINAL**
Kecia Larkin speaks her mind
by Marie Belmont
- 12 BREATHING LESSONS**
It's never too late to meditate
by Gordon Waselnuk
- 14 INTRODUCTION TO YOGA**
Q&A with PHA yoga student David Spirrill
Plus, strike a pose at home
- 18 GOOD TO THE BONE**
Nutrition for bone health
by Diana Peabody
- 20 MAMA ROSSI'S EDIBLE LOVE**
Healthy comfort food for cold days
- 22 BOOK REVIEW**
Numb Toes and Other Woes
- 23 1ST PERSON**
Wayne Stump makes the HIV Rounds
- 24 RESOURCES**
Buyers club guide



GORDON WASELNUK TAKES YOU ON A JOURNEY TO THE GIFTS OF MEDITATION **12**



RONNILYN PUSTIL



SEAN HOSEIN

Welcome to The Positive Side!

For those of you who are new to this CATIE publication, we're delighted to be in your hands. If you've read it before, you'll notice quite a few changes. Throughout the past two years, CATIE has sought your ideas about your treatment information needs. This "new and improved" *Positive Side* reflects much of the juicy feedback we've heard from you – and we hope you'll keep letting us know your thoughts.

The Positive Side (PS) started in the early 1990s as a newsletter about complementary therapies for people with HIV/AIDS (PHAs). Now, more than ever, complementary therapy has a new relevance to the lives of PHAs because of the emerging side effects from HIV and from the drugs used to treat it. So, while the focus remains the same, we've breathed new life into *PS* to take a more holistic look at life with HIV/AIDS. To round out your whole treatment management, *PS* now touches on all of the aspects of your health that need nurturing: physical, mental, emotional, spiritual and sexual. Our main message? There may be some things in life – and living with HIV – that are beyond your control, but there are many things you can do to make the best of living with HIV.

Thanks to the many PHAs who share their wit and wisdom throughout these pages, *PS* now has more personality, and even a bit of sass! Eight months pregnant and on our cover, First Nations activist Kecia Larkin shares the ups and downs of 12 years with HIV. This is one woman who's not afraid to speak her mind. Some more highlights to look for in this issue: HIV treatment guru Lark Lands delivers her timely and timeless "10 Commandments for Living Long and Well with HIV." As bone disease is newly topping the list of scary side effects of AIDS drugs, Diana Peabody, Canada's leading expert on the nutritional needs of PHAs, dispenses nutrition advice for healthy bones. Plus, Gordon Waselnuk reveals how pain led him to discover the benefits of meditation; he also provides a simple guided exercise. If meditation isn't your cup of herbal tea, why not strike a pose? The feature on yoga includes an interview with PHA yoga student David Spirrill as well as step-by-step instructions for eight postures to try at home. And don't miss Mama Rossi's Edible Love – four yummy recipes to fill your belly and nourish your body (be sure to try the apple crisp!).

Along with these new offerings, *PS* is still chock-full of resource listings (look into buyers clubs and Aboriginal AIDS organizations in this issue), practical information and useful tips to inform and empower your decisions about maintaining your health and well-being. Many of these pointers come from people who are living with HIV/AIDS and, like you, charting its course every day. And because we know how stressful that can be, we asked five PHAs from across the country to share their strategies for stress reduction in the new "Chatty CATIE" section.

So we've changed – and more than our hairstyle – and we're eager to know what you think. Please feel free to drop us a line with your thoughts, ideas and inspirations – and tell other readers what's worked for you. We're listening...and so are they.

PS. Breathe.

Ronnilyn + Sean

Photos: (cover) Roth & Ramberg Inc.; (top right) courtesy of Gordon Waselnuk

the Positive Side

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ISSN: 1191-9809 Publications
Agreement Number 1707361

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Deep gratitude to Sean Strub for his inspiration in creating *POZ* magazine; to Walter Armstrong for keeping that vision alive; and to Michael Weinstein just because.

Merely putting your awareness
In your body
and breathing
is a process of
healing.

Did you know that there is a real relationship
Between the quality of your attention
and the capacity to heal yourself?
When you have an alert appreciation
of what's really going on
within you
and outside you
something inside
begins to express itself.

When you start paying attention
to your feelings
to your body
and to your breath
something inside
begins to tell you what you need.

Healing is profound attunement.

If you are willing to tune in
You will find that the energy of your awareness
can change you deeply. Because *profound attunement*
is the natural state of healing and transformation.
Open yourself and participate.

Listen

to your life.

—from *Profound Attunement*
by Bija Bennett

The 10 Commandments for LIVING LONG & WELL WITH HIV

by Lark Lands

1 **COMMANDMENT #1: Manage your disease. Do the work.**

Avoid the Humpty Dumpty Syndrome. We can't keep waiting for people to fall apart so we can try to patch them back together. There are two parts to this commandment:

- 1: Don't wait to start managing this disease. Begin now.
- 2: Understand what it really means to manage a disease. It's hard work that never ends, but it's worth it when the payoff is a disease so well managed that you are living well with it, not just longer.

2 **COMMANDMENT #2: Eat what's good for you.**

If you don't have the nutrients, you can't build the CD4 cells, T cells or any other immune cells. You've got to have:

- good levels of protein
- good levels of unrefined complex carbohydrates (brown rice instead of white; whole-grain breads, crackers, cookies and pasta instead of those made with nutrient-poor white flour)
- lots of fresh fruits and vegetables
- moderate amounts of only the good kinds of fats (mono-unsaturated fats like olive oil and natural fats like butter; avoid the partially hydrogenated oils widely found in margarines, shortenings and many baked goods and snack foods. Read the labels!)

Wash all that down with lots of healthful liquids (water, juices, teas and the like, not chemical and sugar-loaded junk drinks). That's the way you give your body the building blocks it needs to keep up the immense battle against HIV. Always make sure the food you eat and the water you drink is safe.

3 **COMMANDMENT #3: Do everything necessary to help your body digest, absorb and use food properly.**

Even if you're eating the right things, it won't do you any good if you don't have good digestion and the ability to use the nutrients. Many people need to improve how their bodies handle food by supplementing with pancreatic enzymes, vegetable enzymes, hydrochloric acid, acidophilus, L-carnitine and L-glutamine.

4 **COMMANDMENT #4: Supplement your good diet with nutrients that will help you have slower disease progression and a lot fewer symptoms along the way; always include optimal levels of antioxidants.**

Research has shown that supplying the right level of nutrients in the body is associated with reduced disease progression and improvement in long-term survival. In addition, nutrients and enzymes can reduce, eliminate or contribute to eliminating many drug side effects and other symptoms such as fatigue, skin problems, diarrhea, neuropathy, digestive problems, memory or other mental problems, wasting and others.

COMMANDMENT #5: Protect your body in every way possible from the damage that infections cause and give your body what it needs to repair itself when damage does occur.

5

First, use the best available treatments; then supply the particular nutrients that the body can use to repair itself. In particular, repair the intestines with zinc, vitamin A, vitamin B₆, vitamin E, bioflavonoids, vitamin C and, especially, L-glutamine. If necessary, use doses of up to 30 to 40 grams of L-glutamine per day until repair is effected, followed by lower doses (5 to 10 grams daily) for maintenance. You can't absorb nutrients or drugs if you don't keep your intestines healthy, for which glutamine is crucial.

COMMANDMENT #6: Do prophylaxis, where appropriate, and add to your pharmaceutical prophylactic regimen the nutrients and natural therapeutics that help protect you from infections and that help you fight them when you get them.

Important nutrients for protection from infections: L-glutamine (intestinal, lung, oral and cervicovaginal infections), acidophilus (*Candida* overgrowth and other intestinal infections), oregano extract (*Candida* overgrowth), folic acid (anal or cervical cancer), and a good level of nutrients in general. Remember: Your body's response to any infectious agent or abnormal cell is absolutely dependent on the nutrients needed for a good immune response.

COMMANDMENT #7: When appropriate, take the best available antiretrovirals in the best possible combinations and, while you do it, protect your body from their side effects.

7

When you reach the point at which HAART (highly active antiretroviral therapy) is appropriate, it is terribly important to remember that you must have good nutritional status for the body to use drugs effectively. By maintaining the optimal nutrient levels that promote strong immune function, your body will be better able to work with the drugs to suppress the virus and slow disease progression. When the virus is suppressed, optimal nutrients will also help in the restoration of lost immune function since nutrients are the building blocks for immune cells. Always remember that virtually every known nutrient is related to some aspect of immune function.

Last, but definitely not least, nutrients may help protect you from drug side effects:

■ for liver-toxic drugs (indicated by increases in your liver function tests): alpha-lipoic acid, NAC, vitamin C,

L-glutamine, L-carnitine, silymarin (milk thistle extract) ■ for the toxicity to mitochondria (your cells' energy factories) caused by nucleoside analogues (which may, in turn, cause or contribute to neuropathy, muscle aches, some aspects of lipodystrophy, and lactic acidosis): carnitine, co-enzyme Q₁₀, the B vitamin riboflavin, a plentiful supply of all the important antioxidants (alpha lipoic acid, N-acetylcysteine, vitamin E, vitamin C, carotenoids and selenium)

■ for drugs that cause neuropathy: alpha-lipoic acid, L-acetyl-carnitine, gamma-linolenic acid (GLA), magnesium, B vitamins (including B₆, B₁₂, thiamine, biotin, choline, inositol)

■ for bone-marrow suppression: B₁₂, vitamin E

■ for kidney-stressing drugs (such as indinavir/Crixivan): Drink lots of fluids!

In addition, to help your body process drugs, supply the nutrients that your body will require when breaking them down. For AZT, that means B₁, B₃, B₆, B₁₂ and magnesium. For ddI, you need molybdenum (a microtrace mineral), riboflavin and iron.

COMMANDMENT #8: Handle the hormone problems of this disease.

For both men and women, maintaining testosterone and using, where appropriate, recombinant human growth hormone (Serostim) may help prevent the loss of the body cell mass (muscle and organ tissue) that keeps you alive, while helping you look, function and feel better. Women may also need female hormone replacement to prevent worsening of PMS, perimenopausal or menopausal symptoms.

COMMANDMENT #9: Exercise.

Just do it. You need to build up the muscles with progressive resistance exercise like weight training. That's what gives you a body with plenty of the lean tissue that you need for survival.

COMMANDMENT #10: Program the mind toward healing.

The power of the mind to boost the body toward healing is amazing. And the power of hope is one of the best tools you can have for long-term survival. Bob Publicover, incredibly long-term (two decades and counting) survivor, says it best: "*Never give up, never give up, never give up.*" 

Lark Lands, a medical journalist and longtime AIDS treatment educator and advocate, was a pioneer in bringing attention to the need for a total integrated approach to HIV disease. She has presented keynote addresses to many large AIDS conferences in North America and is the science editor of *POZ* magazine. For her fact sheets and treatment information summaries, go to www.larklands.net.

To discuss your personal needs, naturopathic doctors can be located through your provincial naturopathic association, or see your medical doctor.

All stressed out and nowhere to go? Take a chill.

Long thought to court illness, stress appears to be an ally of HIV in the virus' attack on the immune system. According to a recent study, HIV appears to multiply faster in people who handle stress poorly. UCLA researchers assessed the stress levels of 13 men with HIV before they were given anti-HIV treatment. In the PHAs who remained calmest after being put through stress-inducing mental exercises, viral levels fell much more after beginning medication than they did in those most stressed. Those who kept their cool also had many more CD4 cells. The study's lead author fingered the hormone norepinephrine, released by stress, as the likely culprit that helps HIV bind better to cells and so encourages the virus to reproduce faster.

So stay calm. But if you're not a Buddha, you may find serenity easier said than done — especially because HIV can sometimes be the biggest stressor of all. **Chatty CATIE asked five PHAs for some advice on how to deal.**



Chantale Perron, 34
Info-treatment counsellor at CPAVIH. Diagnosed with HIV: 1992.
Viral load: undetectable. CD4 count: 860. Montreal, Quebec

Here are the different activities I do, depending on the situation that stresses me:

- Feel free** I like to put on cozy clothes (you just don't feel the same in a suit or high heels as you do in your old sweat shirt, jogging pants and running shoes). This is also a way to cut the day between work and home.
- Laugh** I never watch drama on TV. Laughing is a good complementary treatment, so I try to watch funny movies or sitcoms.
- Tenderness or affection** If you have a lover or friend or family, use them. Sometimes just sitting next to somebody I love or having somebody play with my hair does a lot more for me than having sex.
- Make love, have sex!** When you are doing it, you can't think about your deadlines or bills at the same time (well, you're not supposed to).
- Hot bath and aromatherapy** I like to buy fruit- or flower-scented oils for my bath and I stay there for half an hour with a book or tabloids.
- Massage** It's a gift I can afford only once in a while, but I never regret it. Sometimes students in massotherapy school need volunteers because they have to practice a certain number of hours before getting their diploma. I get a lot of free massages this way!
- Herbal tea** Just taking the time to drink it and to feel the warmth in my hands is relaxing.

Bob Mills, 48

Medically retired school teacher, AIDS treatment activist. Diagnosed with HIV: 1989.
Viral load: 80,000. CD4 count: 110.
Edmonton, Alberta



Stress comes in many ways and I deal with it differently depending on the kind of stress I have. The very first thing I do when I feel stress is try to *determine the cause*. If it's my lack of health, the best way for me to reduce that stress is to find out what's going on; I need to fill in all the blanks. When I was first diagnosed, I was absolutely frightened because I didn't have enough knowledge to make intelligent decisions about what I needed to do next. So I had to *learn as much as I could* about my illness and all my options. My health is my greatest stress, but the more I know, the less stressed I feel about it.

Stress related to my life, as opposed to my illness, is much different. This kind of stress — workload, relationships, the leaky roof — is usually more within my control. These are not life and death situations. (The most important thing in life is health; all the rest is immaterial, as long as it's not life-threatening.) I deal with life-related stress by

making a conscious effort to procrastinate. This morning I had a bunch of e-mails to answer and I was feeling stressed about it, so I showered, shaved and *took the dogs for a walk*. I needed to take this 40 minutes out of my life. However, at other times I don't procrastinate. Sometimes I know there's no point in going to bed and leaving whatever is stressing me until tomorrow because I won't be able to sleep. *If I don't sleep, I have more stress* in the morning. Basically, I make choices that are going to minimize long-term stress — short-term pain for long-term gain, a horrible cliché but I can't think of anything better.

If I'm emotionally upset, I sit on the couch with my dogs. They put their heads on my lap and look at me until their eyes get heavy and they doze off. *I can feel their little hearts beating*. Their company is an incredible stress reliever.





Alex Archie, 35

Research coordinator at

Healing Our Spirit.

Diagnosed with HIV: 1990.

Viral load: 16,000.

CD4 count: 90. Vancouver, BC

The main way I deal with stress is with *support* of people in my life. *I talk to my doctor* a lot.

He's an HIV specialist with an outlook on living with HIV that I haven't experienced with many doctors. Once when I was going through a hard time with my treatment, he asked me, "What do you want to live for?" I didn't answer right away because it was a hard question for me. I eventually told him I wasn't sure what I wanted to live for, but I knew I didn't want to live the way my life was going at the time — I'd been giving myself away to others more than I was *nurturing myself*. His question helped me to finally figure out what people meant when they said to take care of myself.

I maintain friendships with people who have a good understanding of living with HIV. My *friends* are always around when I need them and are very supportive of me and my work. So is my *family*. I came out to them first about being 2-Spirited, and after testing positive I came out to them about that. They know it's not always easy. Sometimes I put on a facade for them, in regards to how I'm doing and how much stress I'm under because I try not to stress other people out with my stresses. I like to think of this as a coping mechanism. Sometimes the *avoidance of certain subjects* is easier on me. Besides, they know I'll tell them if something's really not right.

Watching Jeopardy reduces my stress because I know there are people out there who are a little stupider than me. I also write poetry and I'm teaching myself how to *play guitar*.

Smudging with sage in my home helps clean my mind and spirit and

carries my prayers to grandmothers, grandfathers and the Great Spirit. It allows me peace within my thoughts and actions. Smudging is a great reminder that my life is about me and myself more so than anybody else in the world.

Finally, I try not to concentrate too much on the fact that I'm HIV positive. *Taking my meds* is one of those points during my day that reminds me, but it also grounds me.



Louise Binder, 52

Chair of Voices of Positive

Women, chair of the Canadian

Treatment Advocates Council,

co-chair Ministerial Council on

HIV/AIDS. Diagnosed with HIV:

1994. Viral load: undetectable.

CD4 count: 620. Toronto, Ontario

The idea of anyone being interested in my stress reduction techniques is hilarious! I started a stress reduction course a few months ago and was so busy that I only made it to the first class. My teacher and I agreed it was not for me. I like to say that *I failed Stress Reduction 101*. So I'm not sure how much credibility I have on this subject.

Having said that, I think being able to *see the humour in life* and not take it all too seriously is a form of stress reduction in itself. As well, it's important to wake up with things in your day that you find fun and that make you feel *mentally and physically well*. I do power-stepping for exercise, which is great stress relief. I've signed up for a writing course and an *opera appreciation* course (for some people that would probably create stress). I find time for my friends and I've taken up cooking. I could actually go on for a while — reading good books, going to movies...



Janet Conners, 45

Semi-retired activist. Diagnosed

with HIV: 1989. Viral load:

undetectable. CD4 count: 593.

Hatchet Lake, Nova Scotia

I've had a lot of grief-induced stress, and in the past, I spent a lot of *time alone in my car crying*. I'd be driving, so I guess it wasn't too safe. But in my car, I could be completely alone and nobody could get ahold of me. It was sort of a planned event: There was always music playing; I'd specifically choose music I knew would make me cry, mostly *broken-heart songs*, some Tammy Wynette, Whitney Houston.

That was before I figured out that I could cry in front of other people. Often stress comes because we're carrying this big load that we feel we need to carry ourselves. But I've realized that *we can share this load*. We share almost every other emotion with people — happiness, joy, laughter, anger, frustration — except for crying. There's this idea that you shouldn't cry in public. Once I learned to *cry in front of others*, I was able to express what I was feeling while I was feeling it, without letting it build up to a point where it would become too stressful. *A huge weight was released*.

Today there are two main ways I deal with stress. One, *I talk about it* — with my partner, sister, friends — and try to sort it out. And two, I've moved to the country and we're on a lake, so I go to the most quiet place on our property and just sit and *watch the lake* so my mind can be clear. I still listen to a lot of music, but these days it's *showtunes*. I love Gypsy, especially "Everything's Coming Up Roses."

Original ABORIGINAL

From Alert Bay to being a PHA, Kecia Larkin has come a long way. This First Nations mom speaks her mind.

by Marie Belmont

"I DON'T WANT TO BE A ROLE MODEL," Kecia Larkin tells me in her cozy apartment on the west edge of downtown Edmonton. "It's a very loaded term. Besides, I'm not perfect. I've made many mistakes in my life, and I have so many demons it's not even funny. But I'm tired of hiding them."

On this hot summer day, with her 8-year-old daughter, Rakiya, away at Camp Moomba — a summer program for kids living with or affected by HIV — the very pregnant Larkin, 30, speaks without haste, weighing each word. Six days after our meeting, she would welcome her son, Owen Gabriel, into the world. But today she's reflecting on the past.

Several years ago, Larkin posed for photographs that appeared in the 1996 book *Look Beyond: The Faces and Stories of People With HIV/AIDS* (Snowy Owl AIDS Foundation). They show a smiling, dimpled young woman in jeans, her shiny chin-length hair swinging as she clowns around in a Vancouver fountain. Below her name is one word: *Fearless*. Long before those photos of a seemingly carefree young woman were taken, Larkin had been confronting such difficult issues as substance abuse and depression. And, in addition to the mixed reactions to her decisions to avoid HIV treatment and to have children, she had to face the prospect of moving on.

"I don't try to create this idea that people with HIV are invincible," Larkin says. "But I also don't say that once you're infected your life is over."

Memories of days gone by

Larkin's adult life was just beginning when she left her hometown of Alert Bay, on the north tip of Vancouver

Island, at age 15. (Her family is descended from two First Nations: the Kwa,kwa,wakw coastal tribe and the Peigan Nation.) She fled to Vancouver after a sexual abuse scandal rocked the community of 1,200, leading to an increase in drug and alcohol abuse and a wave of suicides. There she lived on the streets, experimenting with injection drugs and the sex trade. It was the late 1980s, and Larkin ruefully admits she knew nothing about protecting herself from HIV. After her diagnosis in 1989 — she was infected by a partner who had concealed his HIV status (she found out accidentally) — Larkin went on a six-month drug binge. "I couldn't cope with it," she recalls. "I didn't want to cope with it." When reality set in, Larkin got clean in detox, disclosed to her family — "my mom and siblings are very much a part of our lives" — and began to live with HIV. (In 1990, she starred in the documentary *Kecia: Words to Live By*, about her life and the events that led to her testing positive. To order the video, call Gryphon Productions at 604.921.7627.)

Treating herself right

Larkin's viral load is undetectable and her CD4 count has hovered around 200 for about four years. For more than a decade, she avoided anti-HIV drugs. "Medications are like trump cards," Larkin says. "You play them when you need to. They're a way to buy you time."

Still, she began taking anti-HIV meds this year, just for the duration of her second pregnancy. Soon after starting on Combivir (AZT and 3TC), Larkin says, "I went through hell on AZT. I got bone marrow anemia and my hemoglobin [red blood cell count] was bottoming out. So after one month I switched to d4T [along with the 3TC]." Though she stopped taking them after she gave birth, Larkin says, "Being on meds changed my mind about a lot of things, like accepting that



“ I KNOW LOTS OF PEOPLE WITH HIV WHO LIVE WONDERFUL LIVES. IT’S VERY UNCERTAIN AND FEARFUL SOMETIMES, BUT THERE’S ALSO AN APPRECIATION AND A RICHNESS AND A JOY. ”

there may come a time when I need treatments. Hopefully by then they’ll have gotten better. It’s a very difficult process physically, mentally and emotionally. I was tired and depressed. You don’t feel like you have any control. Your life revolves around taking these pills and there’s resentment, grief and pain. It allowed me to appreciate the fact that I’ve been so well for so long, and to feel truly blessed by that and learn to enjoy that more.”

Besides the ongoing support that she receives from her partner of several years — “Ernie is awesome” — Larkin credits the doctors and social workers at the HIV outpatient program at the University of Alberta Hospital and the Royal Alex Hospital with providing her with information and support. “All the people involved in my care have been there 100 percent,” she says. “I think a lot of that has to do with my willingness to accept that. You get what you give. I’ve been more involved in my health and my HIV infection and really keeping on top of it and being aware, keeping up with the things I need to do.”

Sweet child of mine

Pictures of Larkin’s bright-eyed little girl decorate the apartment, along with one of her paintings — a splash of squiggly lines with the words *You Go Mom!* Larkin refers to her first child as her “miracle baby,” because although Rakiya was born before treatments to prevent mother-to-child transmission were commonly used, she is HIV negative. Ernie has tested negative for HIV as well. (Owen Gabriel was born by Caesarean section. Doctors gave him AZT right >

away. At press time, he'd had two PCR tests that both came back negative.)

Rakiya has known about her mom's disease since she was 4 years old. She understands why her mom took pills to protect her new little brother from getting HIV. But even though AIDS looms large in her life, because of the stigma still associated with the disease, Rakiya can't talk about it in everyday places like school. "If I had breast cancer, it would be OK for her to talk about it," Larkin says. "But with HIV, it's still not OK. There's a lot of work to do out there."

CANADIAN ABORIGINAL HIV/AIDS STATISTICS

The proportion of Aboriginal AIDS cases, after adjusting for reporting delay, increased from **1%** before 1990 to **8.5%** in 2000.

Although Aboriginal people (First Nations, Inuit and Metis) comprise only **2.8%** of the Canadian population, they accounted for **5.5%** of all prevalent HIV infections and **8.8%** of all new infections in Canada in 1999.

The proportions of Aboriginal HIV and AIDS cases that are under 30 years old, female or attributed to injecting drug use **are greater** than the corresponding proportions among non-Aboriginal cases.

From 1996 to 1999, there was an estimated **91%** increase in the number of Aboriginal people living with HIV in Canada, from 1,430 infections to 2,740 infections.

(Source: Bureau of HIV/AIDS, STD and TB Update Series, May 2001)

National Aboriginal HIV/AIDS groups such as CAAN and CIHAN are working to help their communities interpret and take action on these statistics.

Speaking her mind

In 1990, when Larkin first began to speak publicly about her HIV, she was a novelty: a young First Nations woman confronting such a strong taboo as AIDSphobia. Because she was willing to speak out to educate others who might unwittingly follow her path, she became a kind of "poster girl" for the havoc HIV could wreak in small, tightly knit Native communities. "The events in my life that led me [to become infected] freaked me out because there was potential for so many more youth to end up in the same boat," Larkin says. "On the Coast, a lot of people would go down to Vancouver and party for a few days. It was just too easy to pick something

up and bring it home to a closed community that was a real breeding ground."

In speaking publicly about living with HIV for the past 12 years, Larkin refuses to apologize for her past or explain her personal choices. "When I talk to groups, I refuse to use scare tactics. I didn't practice safe sex when I was a teenager, even to this day — obviously, I got pregnant, I don't use condoms all the time — so how can I sit there and tell someone else that they have to?"

"Lots of people want me to talk about how horrible it is to live with this virus and to play up the whole victim role to scare people," she continues. "It's not true. I know

many people with HIV who live wonderful lives. It's very uncertain and fearful sometimes, but there's also an appreciation and a richness and a joy."

After her first pregnancy, Larkin pulled back from public speaking because audiences somehow felt entitled to criticize or judge her decision to have a child. "I encourage people to ask questions, because that's how you learn," she says, "but there was a lack of respect for me and what's important to me, as a person and as a woman."

Larkin scoffs at the notions that people with HIV don't have sex, relationships or babies, and that they always use condoms and are always honest with their partners: "For me, it's very important to be able to say that's a myth. Once we get past that, then maybe we can get to a place where we can actually provide some assistance for people dealing with these issues, as opposed to pretending we live in an ideal world."

While she strongly supports educating young people about protecting themselves, Larkin defends the right of two informed adults in a monogamous relationship to weigh the risks when considering how to negotiate a healthy sex life with HIV. "That's a personal choice," she says. "It's nobody's business what you do in your bedroom. It's important to teach people the rainbow of options they have, but ultimately it's up to the individual."

Lady sings the blues

At the same time that Larkin has been coming to terms with HIV, she's been battling another disease: depression. Until recently, she didn't realize that her panic attacks and anxiety were anything unusual. "When I think back, for at least half my life I've had [depression], and I'm so grateful to have the freedom and ability to accept it now," she says. Besides treating her depression with Paxil, "I see a psychologist a couple times a month, where I can talk and not be edited. That's important for me, it's like a tonic for my emotions. If I can get a grasp on this, there are going to be longer moments of peace and joy and being centered, feeling in control."

Larkin says that in her community of Alert Bay "mental illness is not something you talk about — it's taboo, there's stigma. The way I used to cope with it was to go out and get high. I couldn't be alone. Suicide is not normal, but we've accepted it there as the norm. I'm hoping that if we educate people about mental illness it will decrease the incidence of suicide."



Spiritual healing

Larkin's First Nations heritage is apparent in signs both small and large. In her home, you might catch a whiff of sage or sweetgrass burning. While her right forearm is boldly emblazoned with a red ribbon tattoo, Larkin's right calf is tattooed with a large Native "contrary," or sacred clown.

"His healing is through humour. *Heyokas* view the world from a different perspective," says Larkin, clearly relishing the symbol.

"To keep my spirit clean, I use ceremonies and rituals," she says. "I'm more likely to use First Nations things, but I draw from other traditions as well. When somebody dies, I burn a candle to honour them. I like to burn incense because it purifies the energy. We smudge and use eagle feathers for healing. The windchimes above my door help balance the *chi* [energy]. We try to use things that are available to us to heal and balance."

"Like with this virus, in my life I've had to take things that have been negative and create positive things out of them," Larkin says. "Being First Nations is certainly one of those issues. Now I have a lot of pride in having Native blood — and it's something I try to instill in my kids. They'll have stronger roots than I did while growing up, which will hopefully allow them to strive and achieve more."

While Kecia Larkin doesn't pretend to be the fearless young woman in those old photos, she says, "I'm very much a fighter, a survivor. Many times I could have easily given up, but I've always tried to keep going." Since moving to Alberta two years ago, she's remained involved in AIDS awareness: writing and researching for the Kimamow Atoskanow Foundation's newsletter, helping coordinate the second annual Alberta HIV/AIDS conference Matters of the Heart in February 2002, and conducting occasional workshops and speaking engagements.

"The resources are there, the people are there," Larkin says, "it just seems to be falling into place." Though she is referring to the work she does, with that air of contentment in her voice, Larkin could easily be talking about her own life. 

ABORIGINAL HIV/AIDS RESOURCES

Canadian Aboriginal AIDS Network (CAAN)

Réseau Indigène Canadien du SIDA

602 - 251 Bank St.
Ottawa, ON K2P 1X3
phone: 613.567.1817
toll-free: 1.888.285.2226
www.caan.ca

Provides leadership, support and advocacy for Aboriginal people living with and affected by HIV/AIDS, regardless of where they live.

Canadian Inuit HIV/AIDS Network Pauktuutit Inuit Women's Association

131 Bank St., 3rd floor
Ottawa, ON K1P 5N7
phone: 613.238.3977
e-mail: cihan@pauktuutit.on.ca

The national voice of Inuit on issues related to HIV/AIDS.

YUKON

Blood Ties Four Directions Centre

7221-7th Ave.
Whitehorse, Yukon Y1A 1R8
phone: 867.633.2437
e-mail: Linda Collins at lcollins@yknet.ca

BRITISH COLUMBIA

BC Aboriginal AIDS Awareness Program

BC Centre for Disease Control
Division of STD Control
655 W. 12th Ave.
Vancouver, BC V5Z 4R4
phone: 604.660.2088
e-mail: Lucy Barney at lucy.barney@bccdc.hnet.bc.ca

Healing Our Spirit

BC Aboriginal HIV/AIDS Society

Suite 100-2425 Quebec St.
Vancouver, BC V5T 4L6
phone: 604.879.8884
toll-free: 1.800.336.9726
www.healingourspirit.org
e-mail: Ken Clement at kenclement@healingourspirit.org

ALBERTA

Kimamow Atoskanow Foundation

R. R. #1, Site 1, Box 133
Onoway, AB T0E 1V0
phone: 780.423.3138
e-mail: general@nativecentres.org

SASKATCHEWAN

All Nations Hope AIDS Network

Scotia Bank Building
1504 B Albert St.
Regina, SK S4P 2S4
phone: 306-924-8424
e-mail: Margaret Akan at makan@sk.sympatico.ca

MANITOBA

Manitoba Aboriginal AIDS Task Force Inc.

705 Broadway Ave.
Winnipeg, MB R3G 0X2
phone: 204.940.6000
e-mail: maatf@escape.ca

ONTARIO

Ontario Aboriginal HIV/AIDS Strategy

43 Elm St., 2nd floor
Toronto, ON M5G 1H1
phone: 416.944.9481
toll-free: 1.888.743.8851
e-mail: strategy@2spirits.com

2-Spirited People of the 1st Nations

43 Elm St., 2nd floor
Toronto, ON M5G 1H1
phone: 416.944.9300
e-mail: Arlene Bush at arlene@2spirits.com

QUEBEC

Quebec First Nations and Inuit HIV/AIDS Permanent Committee First Nations of Quebec & Labrador Health & Social Services Commission

250, Place Chef Michel-Laveau
Wendake, Qc G0A 4V0
phone: 418.842.1540
www.cssspnql.com
e-mail: Guylaine Chastroux at gchastroux@cssspnql.com

ATLANTIC

Healing Our Nations

Atlantic First Nations AIDS Network

45 Alderney Dr., Suite 607
Dartmouth, NS B2Y 2N6
phone: 902.492.4255
toll-free: 1.800.565.4255
e-mail: afnatf@unsi.ns.ca

Breathing LESSONS

GORDON WASELNUK TAKES YOU ON A JOURNEY TO THE GIFTS OF MEDITATION

Pain can be a great motivator.

It's what drove me several months after the death of my lover 10 years ago to pack my bags and head off to Asia for respite. In Yangshou, China, a small poster caught my eye. It offered a 10-day silent Vipassana retreat at a Buddhist monastery on a beautiful island in Thailand. Though I knew nothing about meditation or Buddhism, something inside said "go."

Two weeks later I was climbing a hill on Kho Phangan to the monastery Wat Kow Tham. The monks and nuns looked beautiful in their saffron and white robes. The golden images of the Buddha glistened in the tropical sunlight. Magical! If they only knew how screwed up I felt inside.

I didn't always feel that way. Many years ago I was a "successful" gay man with a great job, cool apartment, firm body and cute longtime lover, Richard. Life was fabulous! But in November 1989, Richard told me he was having stomach pain. Two months later, after numerous tests, we were hit over the head with a sledgehammer. Diagnosis: AIDS. My life fell apart. The next six months were a blur of hospitals, invasive therapies, anger, denial, bargaining and, finally, Richard withering away and dying. How could this happen to us? Intense anger, fear, anxiety, loneliness and an HIV diagnosis of my own followed. I felt lost in the dark, trapped in an unending storm. I needed a refuge.

This pain was what I carried with me — and maybe what carried me — up that hill to the monastery. At the introductory talk I sat at the back of the hall, ready to make a quick exit if the teachers started to sound like the Manson family. They explained the basics: Vipassana (insight, mindfulness) meditation is not a religion but rather a philosophy of living based on Buddhist teachings that is open to everyone — yes, it's queer friendly. There is no guru or higher being to worship and you can incorporate it with other beliefs. The goal is to lessen your suffering and ignorance and live for higher values such as compassion, understanding and loving-kindness for yourself and others.

I moved a bit closer as the teachers continued: Through a daily meditation practice, including reflection, our awareness is able to slowly expand. We become mindful of our thoughts, feelings, actions and reactions. As we become more aware, we'll be in a better position to understand the cause and effect of our actions. We need to practice on a regular basis to experience and understand these benefits.

I was sold.



Learning to surrender

My 10 days at the monastery involved daily lectures and meditation. The teachers' wish was for us to incorporate mindfulness and this philosophy of living into our everyday lives. As the days passed, I sensed deeply, experientially, that I'd found something very valuable. I learned to "be" with whatever was happening with acceptance, noticing the impermanent nature of everything. Sometimes grief would wash over me like a strong wave and tears would stream down my face. With the tools meditation was giving me, I could let myself experience this emotion fully but not attach any mental story to it. I kept coming back into my body to notice how this feeling manifested itself — my heart was beating faster, I felt a tightness in my stomach. Basically, I was experiencing grief but not fueling or resisting it with thoughts of fear, anger or doubt. My breath became more rhythmic, less shallow or heavy. The moment felt safer and saner.

This technique has become beneficial to me as someone living with HIV, at times, for instance, when I feel physical pain or side effects from drugs, and it works synergistically with pain medication. Sometimes we just don't feel well. If we can change that, great — if not, then we may as well accept it. It is in the acceptance that we eventually transcend it. We may not always have control over our health and environment, but we do have a say in how we *react* to it. This is a very powerful insight.

A decade has passed since that first retreat. The first year was a challenge but I persevered and kept practicing, going on five more retreats. Now I meditate every day. It has benefitted me emotionally, physically and spiritually in a huge way. By spending quiet time alone each day, I've been able to slowly develop a more intimate personal relationship with myself. Though friends, family and caregivers can offer us support, we can't depend on them to always be there for us. With meditation, I've found a refuge where I can nurture, comfort and support myself. That refuge is me.

Listen to your body

In the daily silence of my meditation practice, I am much more aware of subtle changes in my body. By paying attention, we can slowly develop our intuitive nature.

Are you listening to what your body is telling you? Immune dysfunction sometimes creeps up on us — a slight slide in energy, weight, muscle mass, libido, mild depression. Often we ignore it or are uncertain until it becomes a more serious problem. By noticing problems early on and being able to act, we are in a much better

position to slow down or reverse symptoms. We're also able to clearly describe the symptoms to our caregivers: how it manifests, what it feels like. Pieces of a puzzle. On the flip side, we can also recognize subtle benefits of therapy, such as surges in energy or a feeling of vitality. Noticing improvements can do wonders for the spirit and may help you maintain your adherence to whatever therapy you use.

You'll also have more energy, slow down the aging process and look prettier. I may not need to say more after that bombshell, but the truth is that meditation will beautify your soul and help remove some of the internal barriers we sometimes have.

Accentuate the positive

In the silence of meditation, we also begin to notice negative patterns, such as self-defeating behaviour and conditioning. Compassion, understanding, forgiveness, self-nurturing and loving-kindness are reflections and affirmations we voice and visualize after meditating. This is a powerful tool for breaking through those internal walls. You can create your own reflections and affirmations. I reflect on how fortunate I am to be growing. I ask to be grateful for simple things, which helps to alleviate any "poor me" feelings I may have from time to time. I ask to >

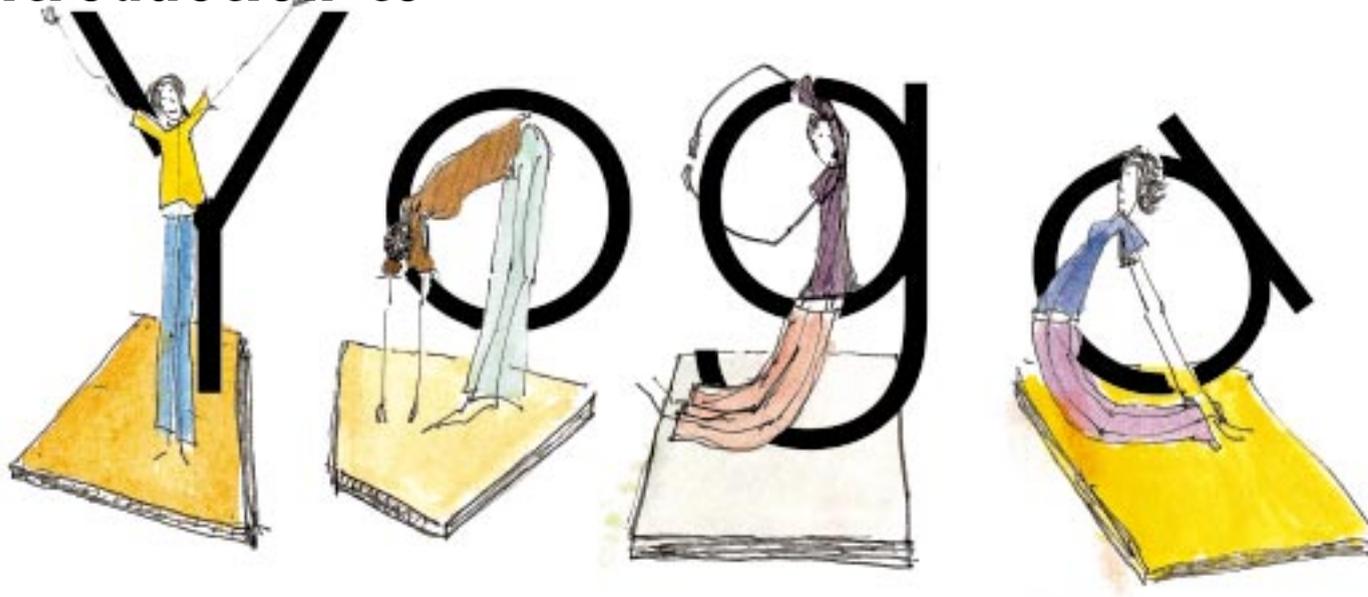
continued on page 22

MEDITATION STATION

- Find a quiet space. Unplug the phone, put out the cat.
- Sit comfortably in a chair or on a cushion with your eyes gently closed.
- Stay present. Let go of any thoughts.
- Slowly become aware of your breathing.
- Notice the air coming in and out of your nostrils or the rising and falling of your belly.
- Follow the rhythm of your breath.
- Don't try to control your breathing. Let it flow naturally. Some breaths will be longer, some shorter.
- To remain focused on the breath, simply note "in" as you inhale and "out" as you exhale.
- When your mind wanders, simply make a mental note of observance ("my mind is wandering" or "the cat is scratching at the door"). Then come back to noticing your breath without getting angry or frustrated.

I never said meditation doesn't take effort! Eventually it will become easier and habit-forming. Doing this practice twice a day for 20 minutes is ideal, but even five minutes can be beneficial. If you miss a few days, forgive yourself and begin again. It's in the trying where we grow.

Introduction to



THE STARS LOVE IT. NEW AGERS THRIVE ON IT.

But what can yoga do for *you*? Probably more than you think. Besides being tried and true for 5,000 years in India, some studies say that yoga may heal. This deep but gentle form of exercise impacts almost every system in the body and can boost the immune system and — get this — help you cope with the side effects of anti-HIV drugs.

The word *yoga* in Sanskrit means communion, and that's precisely what yoga does. It bridges the mind, body and spirit. A series of postures (called *asanas*) combined with breathing (*pranayama*) and meditation, yoga calms the mind, strengthens the body and empowers the spirit. The physical discipline of this practice is called *hatha* yoga and is composed of more than 200 poses. Variations of hatha yoga include ashtanga (what Madonna does), Iyengar and Kripalu.

At its most basic level, yoga is a form of exercise. But it gives your body much more than a jog around the block or an hour at the gym can do. Yoga postures give your muscles — not just your calves and pecs but hundreds you've never even felt before — a deep stretch while gently increasing blood circulation and stimulating organs, glands and nerves. The results: stronger muscles, less muscle tension, more flexibility and better overall balance. Also, some studies say that yoga may invigorate the immune system, lower blood pressure and cholesterol levels, aid digestion, decrease nausea and reduce pain.

Yet yoga's true healing power lies in its impact on the mind-body connection. The deep regular breathing, gentle yet intense postures and the mental focus of yoga help reduce stress and anxiety, lift depression and improve sleep. People who regularly practice yoga often feel more in control of their lives, which in itself lowers stress and may strengthen the immune system. More profoundly, the philosophy of yoga — being present in the moment, cultivating compassion, being nonjudgmental and non-competitive — has helped many people with HIV/AIDS find spiritual direction and cope emotionally with their disease.

Read on to hear what PHA yoga student David Spirrill has to say about his time on the mat. —*Diane Peters*

David Spirrill, 40



THE POSITIVE SIDE: WHAT LED YOU TO START DOING YOGA?

DAVID SPIRRILL: I'd always had an interest, so I just got my nerve together and walked into class one day. It was very casual and the teacher, Dory Korn, was great. I didn't find it difficult because she led us through the postures and told us where to put what where. It felt good. There were good people, and we were all in the same boat because it was PHA yoga — there's a common ground, which really helps. That was more than seven years ago, and I've been going once a week ever since.

DO YOU NEED TO BE A PHYSICALLY ACTIVE PERSON TO DO YOGA?

No. When I think "physically active," I think of cardio and muscle work, and that's not really part of yoga. Yoga is basically a series of stretches that you hold and relax in to, and you watch your breathing and do a little meditation. It's not rocket science. The more you do it, the more used to the postures you get. An added bonus is that if you're not a gym bunny, yoga will help your muscle tone.

WHAT BENEFITS HAVE YOU RECEIVED FROM YOGA?

I've learned how to centre myself and control my breathing. Physically, I have more balance and I'm more limber. Even though it's not really muscle work, it does stretch your muscles and make you more aware of them.

DOES YOGA HELP YOU WHEN YOU'RE FEELING STRESSED?

Oh, yes. I can't do yoga and still be stressed. It's a natural de-stressor. If you're holding tension somewhere in your body, you can learn how to get into a certain posture and release it.

Strike a Pose

These gentle, restorative poses are designed to introduce you to yoga, increase your flexibility and improve your breathing and ability to relax. Set aside about 45 minutes to try these at home (doing the sequence in order). Stay aware of how your body feels. Listen to your breath and only do what feels good – relaxation is key. Throughout your yoga practice, remember to breathe through your nose – it's quite easy to forget while you're stretching.

Though you can try out these yoga postures on your own, there's nothing better than personal instruction from a qualified teacher who can teach you the poses hands-on, correct you as you perform them and make adjustments for any physical limitations you may have. To get the most out of yoga, try a class designed specifically for PHAs. Many are inexpensive or free, are gentle enough for almost everyone with HIV/AIDS, focus on certain restorative postures that stimulate the immune system or combat side effects and provide a supportive, open environment.

HAS YOGA CHANGED YOUR APPROACH TO YOUR OWN HEALTH CARE?

Yes, it has. Yoga makes me more aware of my internal self; not just my muscles, but how racy I can get, because now I know the other end of the spectrum — being relaxed, tranquil, calm, centred and energized. If I can do certain postures and then suddenly I can't, I use that as a barometer in terms of what's going on internally. If I can't get there, I know I have to slow down and centre myself to find out what's going on.

DO YOU TAKE ANTI-HIV MEDICATIONS?

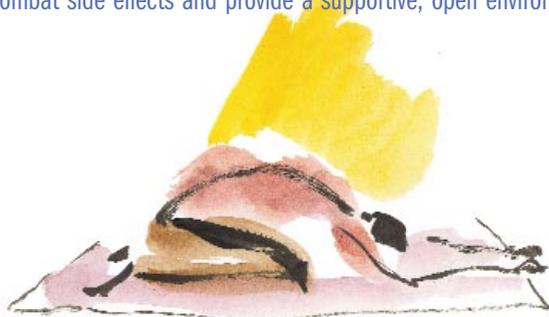
I was diagnosed with HIV in 1989, and I've been on the same cocktail for about five years: Crixivan, AZT and 3TC, with a little acyclovir thrown in for good measure when I need it, and Dapsone because I can't do Septra. I've been lucky, I haven't had many side effects. But sometimes I know there are Crixivan crystals in my urine because it hurts to pee. I think my kidneys are starting to bug me a little bit because I'm getting lower backaches. And sometimes I have a little dry mouth, sometimes things taste a little weird, and sometimes, boom, you've got no energy and you feel like crap, but I don't know if that's the meds or the HIV.

IS THERE A YOGA POSTURE YOU CAN DO FOR THE LOWER BACKACHES?

I do a lower spinal stretch that Dory calls the liver/gallbladder meridian [see *supine twist*, next page]. Or I'll lie on my side with a pillow between my knees. I've learned that the point is to not get flipped out about it. You've just got to sit back, take a deep breath and relax. Go inside, figure it out.

WHAT OTHER KINDS OF COMPLEMENTARY THERAPY DO YOU DO?

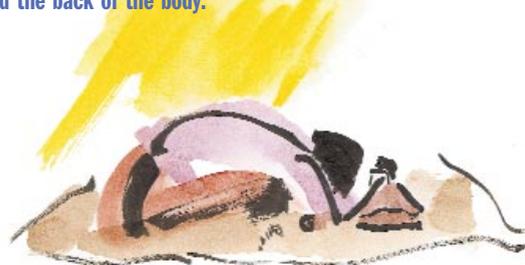
I take basic vitamins: C, E, a really good multivitamin without iron, NAC, selenium. I kind of bounce around depending on how I've been abusing myself. I'm a regular massage-goer, I've done acupuncture and I see a chiropractor regularly. Whenever certain things come up, I usually run for the traditional >



1. CHILD'S POSE (*Virasana*)

Kneel comfortably, resting your buttocks on your heels, tops of your feet flat on the floor. With your big toes touching, spread your knees slightly apart and bend forward, your buttocks still resting on your heels, until your forehead gently touches the ground (if it doesn't reach, place a pillow or folded blanket underneath it). Your belly should hang comfortably between your legs. Place your arms in a relaxed position either stretched out in front of you with palms facing down or back by your heels, palms up. Breathe deeply into your belly. Hold for up to 5 minutes.

This pose is good for relaxation and introspection. It helps with knee pain and stretches the tops of the legs and feet and the back of the body.



2. EASY POSE (*Sukhasana*) WITH FORWARD BEND

Sit in an easy cross-legged position. Pull the flesh out from beneath your buttocks so you can feel your sitting bones on the floor. Bend over and rest your head comfortably on a pillow or folded blanket. Cross your arms above your head or gently lengthen them out in front of you. Hold for up to 5 minutes.

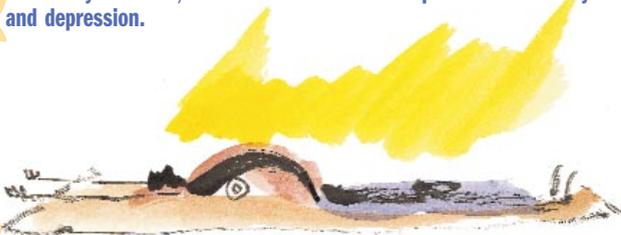
This pose opens the hips, which helps release tension. It is good for relaxation and helps relieve back pain.



3. CHAIR FORWARD BEND (*uttanasana*)

Place a chair against the wall with the back of the chair facing you. Stand with your feet hip-distance apart, about a leg's length away from the chair. Slowly bend at the waist and hold onto the back of the chair, keeping your arms straight. Let your head hang between your arms. Try to keep your back as straight as possible. Hold for 1 to 5 minutes.

This pose stretches the hamstring muscles. Because your head is below your heart, it calms the brain and helps alleviate anxiety and depression.



5. CHEST OPENER

Roll up a blanket and place it on the floor. Sit with your knees bent and lean back so that the roll is under your shoulder blades. Gently slide back until your head reaches the floor; stretch out your legs. Make sure the blanket is just below your armpits. Relax your legs and place your arms either above your head or by your sides, palms up. Hold for 5 minutes. To come out, bend your knees in toward your chest and roll over to one side.

This pose is good for depression, lung function and kidneys.



7. SUPINE TWIST (*jathara parivartanasana*)

Lie on your back with your knees pulled up to your chest and your arms spread out to the sides in a T-shape, palms up. Slowly drop your knees over to the right. Look up at the ceiling or over your left shoulder. Try to keep your left shoulder on the floor. If your legs don't reach the ground, gently rest your right hand on the top leg, near the knee. Hold for 5 breaths. Repeat on the opposite side. Try this 3 times on each side.

This pose helps relieve lower-back pain and liver, spleen and pancreas function. It strengthens the intestines and helps with gastritis. Imagine your spine wringing out gently, releasing toxins and aiding digestion.



4. DOWNWARD DOG (*adho mukha svanasana*)

STEP 1: Get on all fours on the floor in a table-top position – knees hip-distance apart, hands directly under your shoulders, palms flat on the floor, arms straight. STEP 2: Inhale and arch your back, sticking your buttocks out behind you. Tilt your head slightly upwards, lowering your shoulders down away from your ears. Chest is lifted. STEP 3: As you exhale, tuck your toes under and lift your buttocks all the way up into the air, straightening your legs. Push your chest toward the floor and let your head hang heavily between your straight arms. Feel an opening in your armpits. Strong arms and legs. The weight is even on your hands and feet. Heels stretch toward the floor. Focus on lifting your buttocks up and back, and on flattening the top of your back. Pull your lower belly in. Try to hold for 5 slow, deep breaths; come down into Child's Pose for a few breaths, and try again.

An invigorating pose that helps eliminate fatigue. It tones the legs, helps relieve shoulder stiffness and rejuvenates the brain.



6. LEGS UP THE WALL (*viparita karani*)

Sit with your right side next to the wall, knees bent and palms touching the floor on either side of you. Raise your right leg until the heel touches the wall above you, then swing your left leg up to meet it and swivel around to face the wall. Gently lower your torso to the ground. Place your arms either above your head, elbows bent, or by your sides, palms up. Once in position, your legs are vertical up the wall and your torso is relaxed. Hold for up to 5 minutes. If your hamstring muscles feel tight, move your buttocks several inches away from the wall.

This pose is good for the legs and liver and increases circulation throughout the lymphatic system. It tones the abdominal organs and helps ease gastric trouble like flatulence. Women should avoid this pose during menstruation.



8. FINAL DEEP RELAXATION (*savasana*)

Lie on the floor on your back. Rest your arms comfortably just a few inches away from your sides, palms facing up. Your legs are a bit more than hip-width apart, feet splayed naturally. Create a feeling of ease in the back of your neck and shoulders. Allow all the muscles in your body to release. Imagine relaxing and exhaling the tension from each part of your body, working your way up from your toes, to your feet, ankles, calves, and so on, to the top of your head. Hold for 5 minutes or longer.

The ultimate pose to initiate relaxation. It is an opportunity to allow all of the postures to be absorbed by your muscles, to calm your body and to visualize the positive.

Chinese herbs, which are inexpensive. Or I run back to [Traditional Chinese Medicine doctor] David Bray and say, “I need a fine-tuning, and I know it may take a few weeks, but I have total faith in that.” Traditional Chinese stuff isn’t just a Band-Aid, it’s a life awareness. You can’t just go running there and say “fix me.” It doesn’t work that way.

I think that people who come to yoga class have become more open to looking at ways of taking care of themselves other than just popping meds because that’s certainly not for everyone. We’ve got many years before finding out how good it is for anyone.

WHAT’S YOUR FAVOURITE PART OF EACH CLASS?

Just getting there and knowing the next two hours is going to be everything I want it to be. I like the start of the class, seeing who’s going to arrive, because I like the intimacy of the group. My second favourite part is coming out of class and feeling centered, energized and stretched. A lot of times I’ve gone in feeling cruddy and come out feeling really great. And, like everyone else, I enjoy the final relaxation pose. But you just can’t lie down and do it. It’s almost like you have to earn it. I haven’t actually fallen asleep during it, but I’ve definitely drifted off and gone somewhere else and didn’t want to get up.

WHAT IS IT ABOUT DORY AS A TEACHER THAT YOU LIKE SO MUCH?

I’ve taken yoga elsewhere, and I found that the love element, the spiritual element was missing. Dory really brings that to the class. It’s about loving yourself and being comfortable with where you’re at — whether it’s in a posture or where you are as a person. At the end of the class when everyone feels so wonderful, Dory often talks about how we have this inner light and we should beam it out and let other people feel it. I think it’s very true, you get what you give.

HAVE YOU NOTICED ANY CHANGES IN YOURSELF SINCE YOU STARTED YOGA?

I don’t get flipped out as often if something freaks me out. It certainly can happen but I’ve learned to recognize it coming on within myself. If I start getting anxious about something, I’m like, “Whoa Nelly! Calm down, do some deep breathing, a little meditation, and just take it somewhere else.” It’s hard to say where I’d be if I wasn’t doing yoga. I’d probably be less fit because I’m not a gym person. My posture and balance wouldn’t be as good. And

maybe I wouldn’t have a certain aspect of sharing part of myself or my environment that I do. I’m really glad I found yoga and I wouldn’t like to think of what it would be like if I didn’t have it. 

STAY TUNED FOR AN INTERVIEW WITH PHA YOGA TEACHER DORY KORN IN THE NEXT ISSUE.

David Spirill takes PHA yoga in Toronto at the 519 Community Centre. Classes are free for PHAs. For more info about dates and times, call the PWA Foundation at 416.506.1400 or the 519 at 416.392.6874.

Tips and cautions:

- Consult with your health care provider before beginning a regular yoga practice.
- It is best to practice on an empty stomach, with empty bowels and bladder.
- Fatigue can only further weaken the immune system. Do not overexert yourself. Avoid overheating in any of the poses.
- Any pain or discomfort in a pose should be mild and temporary. Sharp or persistent pain may be a sign of a physical problem or incorrect practice. Consult with your doctor and/or a qualified yoga practitioner.

Yoga resources:

The Yoga Group

www.yogagroup.org

This website, from a Colorado nonprofit that’s provided free yoga classes to PHAs since 1988, is chock-full of valuable info on yoga for PHAs, with lots of good links to articles and other websites.

Living with AIDS Through Yoga and Meditation

This video includes demonstrations of gentle, supportive yoga postures for PHAs, even if in a state of fatigue, as well as a segment on meditation and breath awareness.

To order, call Kripa West Charity at 403.270.9691 or write to Kripa West Charity, 110, 1330 – 15 Ave. SW, Calgary, AB, T3C 3N7.

Yoga Journal

www.yogajournal.com

See “Health, Hope and HIV,” August 2001

POZ magazine

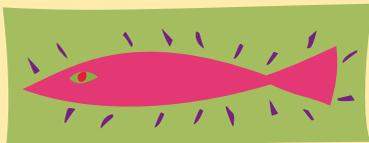
www.poz.com

See “Free Your Mind,” February 2000

GOOD TO THE

Diana Peabody helps you bone up on nutrition

BONE



sardines



beans & nuts



dairy & soy



broccoli

BONE IS THE MAJOR STRUCTURAL SYSTEM

that provides support for our bodies and acts as a reservoir for important minerals. This living dynamic tissue goes through a constant process of tearing down and rebuilding. In this cycle, minerals move in and out of bones, and when bones lose more minerals than are put into them, they become thin and prone to fracture or break. Many factors affect this process, including nutrition, hormones, medications and disease.

Unfortunately, the bones of people with HIV/AIDS (PHAs) seem to be getting thinner. Research has shown that PHAs, especially those with low CD4 counts, can have low levels of osteocalcin, the primary hormone responsible for building new bone. Usually when PHAs have low levels of this hormone, they also tend to have low levels of vitamin D₃, the activated form of vitamin D. Though the precise cause of bone loss in PHAs is not clear, it appears as though both HIV infection and HAART (highly active anti-retroviral therapy) play a contributing role.

Whatever the cause, it is becoming increasingly clear that PHAs are at high risk of developing osteopenia — loss of bone mineral density (BMD) — and osteoporosis, the more severe form of the disease. But don't go breaking your bones — there are ways to pamper and protect them.

TIPS FOR BETTER BONES

Stay well nourished. Get enough calories and protein to maintain lean body mass and weight in the ideal range. Staying strong and healthy supports the skeleton better. Thin people tend to have thinner bones.

Calcium. It's the major mineral that the body uses to build bones. The average adult needs 1,000 mg per day, but PHAs, particularly those taking HAART, may need up to 1,500 mg per day. Go for the higher amount if you have AIDS, are menopausal, aren't particularly physically active, or if you're recovering from a period of illness. There is a variety of calcium supplements on the market. Calcium carbonate is the most common type and the least expensive, but calcium citrate tends to be easier to tolerate. Bone meal or dolomite may contain heavy metals such as lead. Be sure to take supplements with food, spread the dose over 2–3 meals, and drink plenty of water. Do not exceed 1,500 mg per day without medical advice. Calcium supplements may have the added benefit of decreasing diarrhea.

Vitamin D. In order to function properly, this nutrient — needed to help the body absorb and use calcium — must be activated in the liver and kidney to a form called vitamin D₃. PHAs tend to have lower levels of vitamin D₃, but there is no evidence that this is due to a vitamin D deficiency; it is more likely due to problems

activating it in the liver. It is possible to get the activated form of vitamin D as a supplement but it may not be practical. The recommended dose of vitamin D for enhanced calcium absorption is 400–800 IU (international units) per day. Note: Vitamin D can be toxic at doses greater than 1,200 IU per day.

Magnesium. This nutrient helps build bones and tends to work together with calcium, but there is lack of agreement as to whether magnesium supplements are required to be taken with calcium supplements. However, evidence suggests that magnesium is a commonly deficient mineral in HIV disease, generally making it beneficial to include magnesium in a supplement regimen. Usually people take about three times as much calcium as they do magnesium. Note: Do not take high doses of magnesium if you have chronic diarrhea because it is a stool softener.

Zinc. According to animal studies, zinc may play a role in building bones by improving the positive effect that vitamin D and estrogen have on BMD. A safe and adequate dose of zinc is 50 mg daily.

Antioxidants. High levels of oxidized or rancid fatty substances in the blood may suppress the formation of new bone cells. Vitamins E and C are antioxidants that have been shown to decrease the oxidation of cholesterol and lipoproteins (fats in the blood). A safe and reasonable dose of vitamin C is 500 mg once or twice daily. Between 400 and 800 IU per day is a safe dose range of vitamin E.

Other minerals. Other nutrients involved in bone metabolism include phosphorus, manganese, copper, boron and silicon. Be sure to take a multivitamin that includes these minerals; it is not necessary to take these nutrients separately.

MAKE NO BONES ABOUT IT

Treat malabsorption. If you have chronic diarrhea, see a doctor to have it investigated and treated. Malabsorption of nutrients decreases the amount of building blocks available to build bone.

Just do it. Weight-bearing exercise is necessary for minerals to be taken into bone. This includes activities such as walking, running and weight training (not cycling or swimming). The importance of exercise to build muscle, protect the heart and maintain strong bones cannot be overstated. People who have limited mobility due to illness, pain or neuropathy are at very high

risk of developing thinner bones and need to ensure that all other risk factors are addressed. If you're not sure how to get started, ask your doctor for a referral to a physiotherapist.

A BONE TO PICK

Cut down on smoking and drinking. Smokers tend to have lower bone mass; heavy drinking increases the risk of osteoporosis.

Cut down on caffeine and salt. Foods high in salt cause calcium to be lost from the body. Caffeine causes bone loss, even as little as two cups a day.

MORE WAYS TO BUILD DEM BONES

Know your estrogen/testosterone levels. These hormones have a major anabolic effect on bone. Menopausal women may want to consider estrogen replacement therapy to protect bones. Hypogonadal men (having low testosterone) may benefit from testosterone replacement therapy. Talk about it with your physician.

Know your BMD. To find out about your bone mineral density, doctors can order a special X-ray scan called DEXA. There is usually a fairly long waiting list but the test is covered by medical insurance.

Feeling singled out with a big to-do list? Living with HIV is not the only risk factor for loss of BMD. Some factors that increase the risk of developing osteoporosis are beyond your control, such as getting older, family history, and being female, white or Asian. Other conditions such as diabetes, inflammatory bowel disease, menopause, ammenorrhea (no periods), low testosterone levels in men, malabsorption, and use of drugs like corticosteroids also increase the risk of losing minerals from the bone.

A registered dietitian can assess your nutritional risk factors for osteoporosis and help you make food and supplement choices that will enhance the health of your bones.

Remember, this isn't just one more thing to worry about. Think of it as a pro-active step toward better health. There just ain't no bones about it. 

Diana Peabody, RD, is a clinical dietitian at the Oak Tree Clinic, which is a part of the Children's & Women's Health Centre of British Columbia.



BONE APPÉTIT:

SOURCES OF CALCIUM IN FOOD

300 mg: 1 cup milk, fortified soy milk or fortified juice; ½ cup plain yogurt

250 mg: 1 ounce cheese; 2 cheese slices; ½ cup fruit yogurt; ½ can salmon or sardines with bones

150 mg: 1 cup baked beans, soy beans or white beans; ½ cup pudding or iced milk; 3 ounces tofu made with calcium

75 mg: ½ cup bok choy or kale; 1 cup chick peas; ½ cup ice cream; ½ cup almonds

50 mg: 1 cup lima beans, kidney beans or lentils; ½ cup broccoli; 2 tsp tahini; 2 slices whole wheat bread



Edible LOVE

Mama Rossi dishes out healthy comfort food for cold days

HELLO, MY LITTLE PEPPERCORNS!

Welcome to Mama Rossi's Edible Love, a column dedicated to impatient, technologically challenged but enthusiastic foodies just like you and moi. Read on if you've ever looked at a recipe and screamed, "What do you mean, 35-step marinating process?! That's longer than most of my relationships!" Together we'll explore a bold new universe in easy-as-a-breeze cooking, guaranteed to take the sting out of stirring and the grrrrr out of grilling.

Enough about my sex life!

Since this here premiere column happens to fall on fall — a lovely but chilly time of year — I thought it would be fitting to dedicate numero uno to rib-sticking, heart-warming autumnal yummys. Comfort city here we come!

What follows are some healthful harvesty recipes guaranteed to have you rolling in the leaves.

By the way, chitlins, since this is our first culinary journey together, I must explain that I don't use long, windy, anal-retentive recipes. I cook by the seat of my go-go shorts. So before you launch into the menu, please see "The Impatient Cook's Glossary" (*next page*) for a description of my less-than-lofty culinary concepts.

LE MENU DU JOUR:

Perky Pumpkin Soup
Roasted Root Veggie Anti-Pasto
Roast Cod in Horseradish Crust
Blueberry and Tart Apple Crisp

PERKY PUMPKIN SOUP

- 1 medium-size pumpkin
- a plop of butter
- salt and pepper
- chicken stock or vegetable stock
- a pinch each of ginger, cumin, coriander; or a pinch of curry powder
- garnish #1 — sour cream, chives
- garnish #2 — brown sugar, apple sauce

I like my pumpkin best as a soup. Take a pumpkin, cut it into quarters, butter and season the pieces generously with salt and pepper. Bake at 400°F/200°C until soft (this might take an hour). Scoop out the pulp, throw away the peel and purée the pulp in a food processor or by hand if you need the workout. (Do I have to tell you to remove the baked seeds before you purée?! Sheesh!)

Meanwhile, back at the ranch, have some nice chicken stock or vegetable stock sizzling away. I like to lovingly season my stock with a nice pinch each of ginger, fresh ground pepper, cumin and coriander (or, for you lazy sows, some curry powder is just fine). Once the soup comes to a simmer, I throw in a dash of brown sugar, but you don't have to.

Stir in your pumpkin mush, or you can throw the soup and the mush in a blender or food processor.

Garnish with a plop of sour cream and a sprinkle of chives if you're feeling real fancy. For you sweet-tooths, try adding a plop of apple sauce and a pinch of brown sugar. I once added a little Chinese five spice and no one complained.

ROASTED ROOT VEGETABLE ANTI-PASTO

- whatever root veggies thrill you; I like a bunch of carrots and a few handfuls each of turnips, red onion and fennel
- salt and pepper
- olive oil
- chopped parsley

This is one of my signature dishes. I like to use a whole bunch of different root veggies. This recipe includes my faves, but feel free to use whatever kinds float your boat.

Start off by peeling a bunch of carrots and 2 or 3 red onions. I slice the carrots at an angle into ¼-inch ovals, but you can cut them up differently if you want to express yourself. The onions can be cut into thick rings or half moons.

Cut up a few turnips and a few bulbs of fennel. I like thick half moons, which you get by cutting the veggies into rings and then cutting them in half, but rings are nice too (especially if they have diamonds on them!).

Toss your veggies in a generous amount of olive oil, salt and fresh ground pepper. Roast at 400°F/200°C until soft and brown.

When ready to serve, toss your veggies with a few good smidgens of chopped parsley. This dish will look so pretty you'll want to date it.

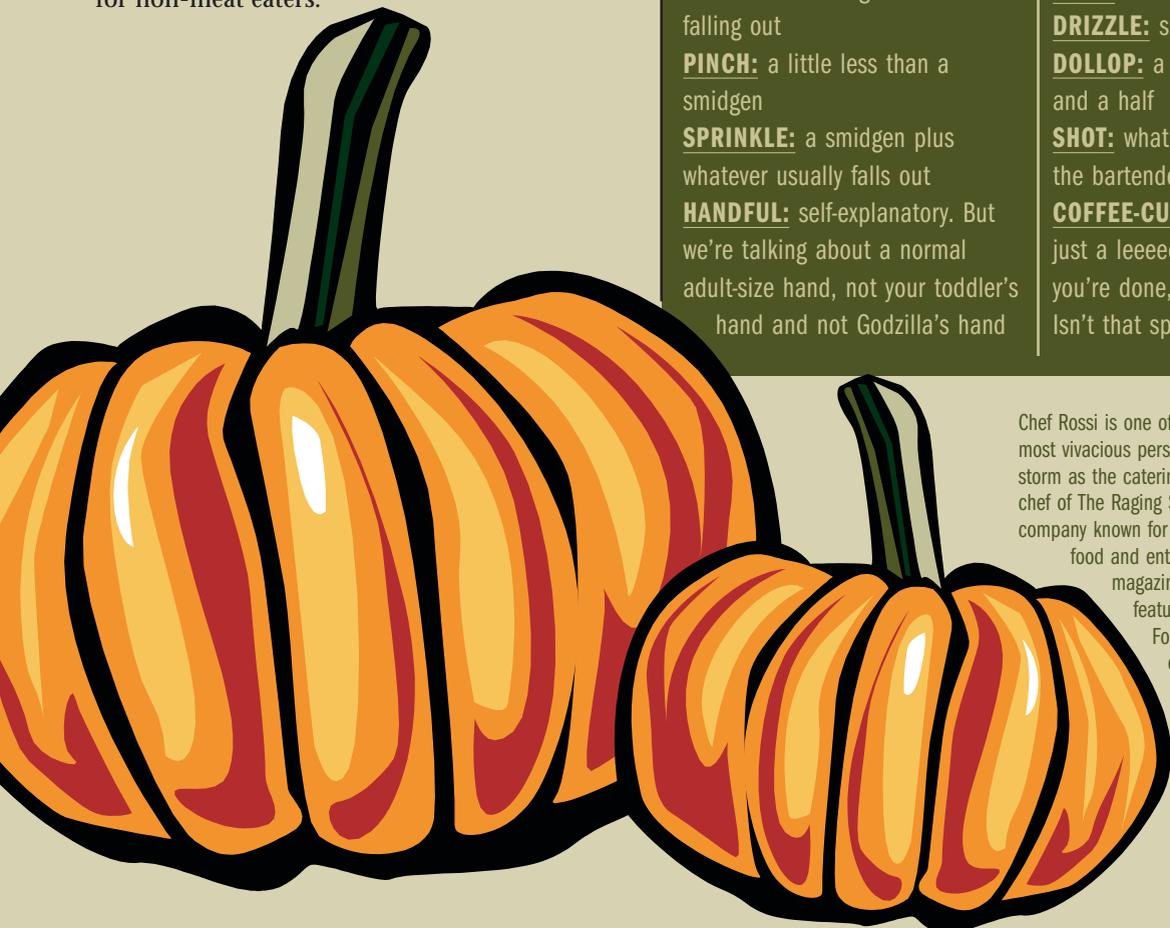
ROAST COD IN HORSERADISH CRUST

- 1 nice thick cod fillet for each of your guests
- a coffee-cup-full or so of shallots
- white horseradish
- salt and pepper
- olive oil

Cod is really meaty, so it's great for that "meat and potatoes" guy or girl who usually hates fish. Start with nice thick cod fillets, cut into individual-size pieces (for normal folks this is 6–8 ounces; in my family, it was half of Orca). Season your little fish fillets with salt and fresh ground pepper.

Now make a crust. Peel as many shallots as you can stand to peel, maybe a coffee-cup-full of them, and toss them in several good drizzles of olive oil, then roast in the oven until they're brown and soft. Purée the shallots with horseradish (about 3 parts shallots to 1 part horseradish).

Spread your crust on the top of the cod. Place the fish on an oiled baking pan and roast at 400°F/200°C for about 12 to 15 minutes or until the crust is crispy and the fish reaches your desired doneness. I serve this dish with mashed potatoes and beef gravy, or mushroom gravy for non-meat eaters.



BLUEBERRY AND TART APPLE CRISP

- 6 Granny Smith apples
- 1 container of blueberries
- 1 lemon
- white sugar
- at least a coffee-cup-full each of oats, flour and brown sugar
- salt
- cinnamon
- butter
- optional — vanilla ice cream or frozen yogurt

Peel and core 6 Granny Smith apples and slice into half moons. Toss with 2 handfuls of blueberries. Juice 1 lemon and toss juice with fruit. Add sugar to your liking, anything from ½ of a coffee cup to one full cup will do. Throw in a few pinches of cinnamon and toss again. Pour fruit into a greased baking pan.

Make the crisp out of mixing equal parts oats, flour and brown sugar. Add a pinch of salt. Add just enough butter to this combo to create a crumbly texture (this can be done by mixing in a ratio of about ½ butter). Mix together until you get a crumble and sprinkle over fruit. Bake at 375°F/190°C until crusty — 45 minutes to an hour. Serve as is or à la mode.

Well darlins', there you have it. Bon appétit and remember... food is sexy! 

THE IMPATIENT COOK'S GLOSSARY

SMIDGEN: what fits between your thumb and forefinger without falling out

PINCH: a little less than a smidgen

SPRINKLE: a smidgen plus whatever usually falls out

HANDFUL: self-explanatory. But we're talking about a normal adult-size hand, not your toddler's hand and not Godzilla's hand

MESS: a heaping handful

PLOP: a little more than a tablespoon

DRIZZLE: sort of like two wet plops

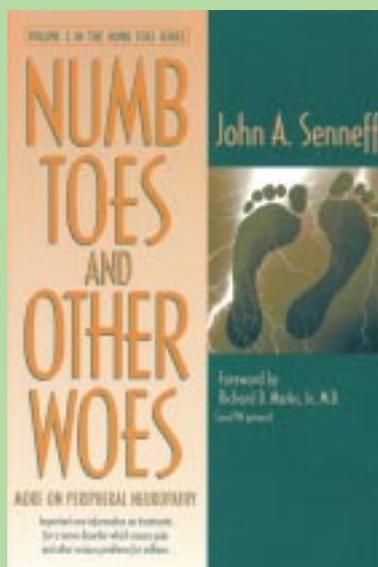
DOLLOP: a heaping tablespoon or a plop and a half

SHOT: what you get in your shot glass if the bartender likes you

COFFEE-CUP-FULL: sorta like a cup only just a leeeeeeetttllleee bit more. Plus, when you're done, you can drink coffee out of it! Isn't that special.

Chef Rossi is one of the New York catering world's most vivacious personalities. When not cooking up a storm as the catering director, owner and executive chef of The Raging Skillet, a cutting-edge catering company known for breaking the rules, Rossi writes food and entertainment columns for various magazines and newspapers, and is a featured guest on The Food Network.

For a taste of Chef Rossi, check out www.theragingskillet.com.



**Numb Toes and Other Woes:
More on Peripheral Neuropathy**
by John A. Senneff
MedPress (San Antonio, Texas) 2001

NUMB TOES AND OTHER WOES: MORE ON PERIPHERAL NEUROPATHY

PEOPLE WITH HIV/AIDS, PARTICULARLY THOSE WHO USE THE “D” DRUGS — ddC, d4T, ddI — can develop a form of nerve damage called peripheral neuropathy (PN). The symptoms include shooting pain, tingling and numbness in the extremities — hands, arms, feet and legs. This pain can come at any time during the day or night and, if severe, can greatly affect one’s everyday activities. Unfortunately, PN tends to sneak up on people: At first there may be a little pain or a slight tingle and then, suddenly, full-blown pain appears. The bad news is that there is no cure for PN because repairing damaged nerves isn’t easy. The good news is *Numb Toes and Other Woes*, which offers the latest strategies for helping people manage the pain of neuropathy and regain control over their lives.

John Senneff, the author of this second book on PN (his first was *Numb Toes and Other Woes: Coping with Peripheral Neuropathy*, 1999), writes from the point of view of someone living with this problem. His reaction to his own PN diagnosis was to find out everything (and we mean everything) about the cause and treatment of this pain. The book is very well researched and organized, with plenty of practical tips, such as how to work with your doctor, and useful Web resources. Senneff offers extensive coverage of prescription, experimental, complementary and nutritional approaches to nerve healing and pain management. Although Senneff doesn’t have HIV, there’s clearly been a lot of collaboration with AIDS expert Lark Lands (see “*The 10 Commandments*,” page 4), which goes to show that true healing knows no boundaries. *Numb Toes* is an superb source of information on how to control PN and a valuable addition to the world of pain relief. ⚡

—Sean Hosein

> continued from page 13

have more compassion and love for myself and others. How we view ourselves and the world determines our capacity for joy and peace of mind.

Meditation is also the best tool I’ve found for stress reduction. When I feel fear, doubt or worry, I simply note it and then focus on my breathing without reacting in my usual manner. By observing our thoughts and feelings — noting them but not being consumed by them — they eventually have less control over us, and we’re able to calm down and be more objective.

Research backs up what I’ve experienced. A University of Miami study of 450 HIV positive women found that those women who used meditation and group therapy were significantly less depressed than those who didn’t; plus, they had better adherence to their medication. Another study, of 21 HIV positive gay men using meditation, moderate exercise and positive affirmations, found that those who kept up these practices after two years were less likely to be in

denial about their diagnosis and had lower rates of progression to disease.

I encourage you to find a daily practice. It could be like mine — 20 minutes of sitting meditation plus reflection in the morning — or something that involves movement, such as yoga, tai chi or chi gong. Whatever does it for you. The key is to make a daily effort to live life more mindfully and lovingly.

A skilled teacher and group setting are ideal for beginners. (Be aware that people with mood disorders, schizophrenia or serious depression are not advised to practice.) Some retreats are by donation. Look for announcements in local health journals or new-age magazines or contact a local meditation group or AIDS service organization. I wish you a wonderful journey of discovery as you climb your own hill. ⚡



Gordon Waselnuk (at right) facilitates workshops on health promotion and meditation locally in Vancouver and across Canada. You can contact him at gwaselnuk@hotmail.com for more information or to conduct a workshop.

Wayne Stump: Why I attend HIV Rounds



1st person

As soon as I learned to read, my favourite books were the “How and Why” science series. As a child, I simply had to know all I could about how everything in the world worked. This motivation to ask the Hows and Whys hasn’t changed much, except I now realize that most things are more complex than I ever would have guessed.

Since 1989 — the year I was diagnosed with HIV — I’ve learned to be skeptical about most things I’m told, especially when it’s coming from professionals or government officials. These days I verify everything I hear against my own common sense and knowledge and, when possible, back it up by checking resource materials. To the dismay of many, I’m sure, I barely disguise this skepticism.

Making the rounds

A few years ago, as a CATIE volunteer, I saw a notice on the office bulletin board about a series of one-hour talks — called “HIV Rounds” — taking place in a basement lecture theatre at the former Wellesley Hospital in Toronto. I decided to slip into the lecture hall and see what this was all about. Most of the audience was comprised of doctors, nurses and other health care professionals, complete with hospital badges and stethoscopes. Feeling a little nervous, I wasn’t sure if I belonged. Who was I, a volunteer with my modest educational background, to be sitting in a room full of lab coats?

But it wasn’t all that bad. For one thing, nobody asked me to leave, even after I snuck a little lunch provided by the nice corporate sponsor. Although the speakers presented their ideas rapidly and it was difficult to absorb every detail, I did manage to jot down some notes and retain a few concepts. And, to my surprise, the scientific approach of the presenter and the ensuing audience discussion pressed all the right buttons in me.

Rubbing elbows at rounds

Now I’m a regular at Rounds. My favourite type of talk is the Case Presentations, in which a doctor presents details of a particular patient’s relevant medical history, without revealing his or her identity, of course. Sometimes the doctor will ask audience members to suggest a specific diagnosis or ideas for further testing. The discussion and debate that follows provides tremendous insight to a layperson such as myself about medical practice and the

intricacies of decision-making. From those discussions I’ve learned that medicine is an art as well as a science.

Plus, the interchange with health professionals has helped me to understand the benefits, risks and limitations of my own HIV treatment better than I could on my own.

For some people, movie-star sightings are a big deal; that’s how I feel when I get to see the giants of the HIV research world at Rounds. Sometimes I even have the opportunity to ask a question or exchange a few words with them. Speaking with these doctors and scientists can be quite revealing. Why did they choose to study HIV and what are they like as people? Of course, most professionals who present at Rounds tend to focus on their work and the intellectual rigour of their findings, not on themselves as people. But by listening carefully, one can glean subtle clues about their personal perspectives.

A more rounded view

One thing that attending Rounds has changed for me is my view of health professionals. If anything, my distrust of doctors has abated somewhat. I’ve been most impressed by the general intelligence and passionate commitment of these professionals. Sometimes after a talk I’ll ask a presenter for further references — hello skepticism! — to peer-reviewed periodical literature or biomedical journals, which I later peruse at CATIE or the university or hospital libraries. Often this means slogging through dense basic science papers I quite frankly don’t understand, but at least I have the satisfaction of knowing that the presenter based his or her arguments on solid ground.

The challenge of learning new things is a lifelong quest. Since I’ve taken it upon myself to learn about biological sciences and medicine through the lens of HIV disease, I’ve discovered how complex models of living matter are and, hence, the internal workings of our bodies. Learning all that I have about HIV disease has also given me a sense of power and control over my own health care.

On the flip side, ever since attending Rounds I’ve been able to look at HIV through the lens of biological sciences and medicine. That has been the greatest reward: seeing HIV as a biological phenomenon stripped of all religious, political and social judgments. From this vantage point, I’ve been able to shed some of my own internalized shame and guilt surrounding this disease. Knowing that what I have is *just a disease* is incredibly empowering.

Lastly, I’ve discovered that even the smartest doctors and scientists don’t and probably never will have all the answers to the mysteries of how our bodies work. Like me, they’re still searching for answers, learning something new every day. 

Wayne Stump has been a volunteer at CATIE for five years. When he’s not rubbing elbows at Rounds, he can be found riding his bicycle in the streets of Toronto.

“KNOWING THAT WHAT I HAVE IS JUST
A DISEASE IS INCREDIBLY EMPOWERING.”

Shopping for Supplements

Depending on where you live, some supplements may be hard to find. The buyers clubs on this list are known to sell many complementary therapies that are popular among people with HIV/AIDS. Please note that prices may vary from one buyers club to another. And don't forget to check with your local health food store or pharmacy for discounts and sales. This list is not exhaustive. If you know of other buyers clubs, please tell us and we'll mention them in a future issue.

ALBERTA

Best of Health

7509 – 188 St.
Edmonton, AB T5T 5W9
toll-free: 1.800.207.2249
e-mail: bhealthy@telusplanet.com

Holistic International

Box 92
4404 12th St. NE
Calgary, AB T2E 6K9
toll-free: 1.800.387.0177
www.holisticinternational.com
e-mail: holistic@cadvision.com

ONTARIO

Supplements Plus

317 Adelaide St. W., #503
Toronto, ON M5V 1P9
phone: 416.977.3088
toll-free: 1.800.387.4761
e-mail: sales@supplementplus.com

The Health Shoppe

41 Charles St. W.
Toronto, ON M4T 2R4
phone: 416.968.1225
www.healthshoppe.net
e-mail: healthshoppe@direct.com

Global Vitamins

60 Lombard St.
Smiths Falls, ON K7A 5C7
phone: 613.284.0076
toll-free: 1.800.996.8466
www.globalvitamins.com
e-mail: orders@globalvitamins.com

Nature's Nutrition Store

110 Railway St.
Kingston, ON K7K 2L9
phone: 613.544.8535
toll-free: 1.800.238.0478
www.naturesnutrition.com

MANITOBA

Vita Health Natural Food Stores of Manitoba

106 Osborne St., #200
Winnipeg, MB R3L 1Y5
phone: 204.984.9579
toll-free: 1.888.592.4093
e-mail: info@vitahealthstores.com
www.vitahealthstores.ca

BRITISH COLUMBIA

The Vitamin Shop

1212 Broad St.
Victoria, BC V8W 2A5
phone: 250.386.1212
toll-free: 1.888.386.1211
www.canadianvitaminshop.com
e-mail: victoriavitaminshop@home.com

INTERNATIONAL

Direct Access Alternative Information Resources (DAAIR)

31 East 30th St., #2A
New York, NY 10016 USA
toll-free: 1.888.951.LIFE (5433)
www.immunet.org/daair/
membinfo.nsf
e-mail: info@daair.org

Canadian AIDS Treatment Information Exchange (CATIE)

505-555 Richmond Street West
Toronto, ON M5V 3B1 Canada



Mission: CATIE is committed to improving the health and quality of life of all people living with HIV/AIDS (PHAs) in Canada. CATIE provides HIV/AIDS treatment information to PHAs, caregivers and AIDS service organizations who are encouraged to be active partners in achieving informed decision-making and optimal health care.

This publication is available on-line, in French and English, at www.catie.ca, or by calling 1.800.263.1638.

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Disclaimer: Decisions about particular medical treatments should always be made in consultation with a qualified medical practitioner knowledgeable about HIV-related illness and the treatments in question.

The Canadian AIDS Treatment Information Exchange (CATIE) in good faith provides information resources to help people living with HIV/AIDS who wish to manage their own health care in partnership with their care providers. Information accessed through or published or provided by CATIE, however, is not to be considered medical advice. We do not recommend or advocate particular treatments and we urge users to consult as broad a range of sources as possible. We strongly urge users to consult with a qualified medical practitioner prior to undertaking any decision, use or action of a medical nature.

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Acknowledgements: CATIE would like to thank the many people living with HIV/AIDS who volunteered their stories, making this truly a publication by and for Canadians living with HIV/AIDS. We would also like to thank our medical and alternative therapy advisors, researchers and contributors for their thoughtful comments and assistance.



Funding has been provided by Health Canada, under the Canadian Strategy on HIV/AIDS.

HIV Positive?

Having trouble finding local resources?

Looking for treatment information?

Feeling overwhelmed?

CATIE is here for you. Let's talk.

Call anonymously: 1.800.263.1638

Speak to one of our knowledgeable Treatment Information Services Representatives about treatment questions or local resources in your area of Canada.

Visit the CATIE Web site: www.catie.ca

Over 20,000 people each month visit our Web site to read or download treatment publications, check our current news or to find links to other Internet sites with information about HIV/AIDS.

E-mail treatment questions to: questions@catie.ca

Use the privacy of e-mail to ask questions of our knowledgeable Treatment Information Services Representatives when it is convenient for you.

Become a CATIE member on-line:

More and more HIV+ Canadians are joining CATIE as members to benefit by receiving monthly updates on treatment information by e-mail or regular mail. Visit www.catie.ca to join.

