

The Positive Side

A NEWSLETTER FROM POSITIVE WOMEN'S NETWORK | VOLUME 24 NUMBER 1 | JANUARY-APRIL 2016

A STRONG PATH FROM PERU

by Angel



I moved to Toronto from Peru with my family in 1985. I'd known since I was six that I was a girl, but my mom said that I should act like a boy when we moved to Canada. She's never been okay with me being transgender.

When I was little she would beat me. I ran away a couple of times when I was 11 or 12, but she found me and brought me back. I told my grandmother about the beatings, and she told my mother to stop, but it didn't help. Growing up, I learned that family life was violent, and violence became normal to me.

Having my mother against me was difficult. In Peru, it is bad luck to have someone who is gay or trans in your family. She didn't mind people calling me names, and she encouraged people to laugh at me.

I had started to dress as a girl and go to underground parties in Peru, but when I moved to Toronto and discovered gay bars it was amazing. I had worked as a hairdresser in Peru, but when I first got to Toronto my mother and I were working

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opposite shifts at a plastic factory. People talked about “the tranny who works the midnight shift,” and my mother quit because she was ashamed that she had a trans daughter.

I lived with my parents when we first arrived in Canada. I went out to a gay bar one night and didn’t know how to get back to my parents’ place. I called my mother to ask her the bus routes and she said, “Don’t bother to come home.” I had met a Spanish-speaking guy at the bar and went to his apartment. We became good friends and later moved to Vancouver.

I got tested for HIV in 1989 at the suggestion of a doctor. When it came back positive, I didn’t know what to do. Before my test, when my family had heard of someone with HIV, my mom had said, “Stay away from that guy.” I was worried—this was something I could never tell my parents. I was still so young.

I went to Montreal. I slept in parks and just tried to think. I bumped into a friend, and we hung out together. I was there about a month, then called my sister and told her. She said I should come back to Toronto and stay with her. She has always been supportive.

I had quit the plastics factory by then. I met some trans people, who said I could make money working the streets. My sister wasn’t happy; she said she was worried that one night I might not come

home. Once I was attacked by a guy with a knife who was looking for drugs. His knife cut open the front of my shirt from top to bottom. The cops got him, and when I asked what they were going to do about it, they said, “You’re a prostitute. What do you expect?”

I started using drugs when I worked the street, and I was also buying my hormones on the street. The other trans people told me which hormones I should take. Sometimes I got pills, and other times I injected. I knew I had to get out of there, so my friend and I decided to move to Vancouver. “It’s not that far,” he promised. We came from Toronto, and it took us eleven days because we kept switching buses. I would never do that again!

When I arrived in Vancouver, I got help finding a place from an organization with Spanish-speaking services.

I was working at a restaurant when I met a guy who was on the board at PWA (now Positive Living BC). I got to know him and he told me about PWA. I went there, and they helped me find a doctor. The first one they referred me to wasn’t great. I had a boyfriend by this time, and told him I was embarrassed to go to a doctor. He said there was no reason to be at all. He said I should see Dr. Carol Murphy, and she’s been my doctor ever since. She put me on HIV medication. At this point it was ten years since my diagnosis. She also prescribed the hormones I needed.

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I could never tell my parents.
I was still so young.***





I feel very supported at PWN. All the members are going through similar things, and I have met other trans members.

When I had arrived in Vancouver, I was very depressed. I was anxious and had panic attacks. My boyfriend started to help me see that how my mother had treated me was not normal. I was on antidepressants for a while to help.

Then I found out that I had hepatitis C. I started treatment and was on it for six months. It wasn't easy. I took the treatment, was sick all weekend, and then went to work on Monday. I have always worked; it's in the way I was raised. My mother made me work to pay for my school supplies and clothes when I was a tiny girl, so it's the way I am. The hep C treatment was successful, and I'm cured.

I became a member at Positive Women's Network when I learned that a trans woman I knew was a member. "I could do that," I said to my boyfriend. "You should," he replied. I met Sangam the first day I came in. I was very quiet back then. I started volunteering in the grocery in 2002, and when I did that, I became more comfortable and talked more.

I feel very supported at Positive Women's Network. All the members are going through similar things, and I have met other trans members. I have been abused, on the street, homeless. To women who are newly diagnosed, I say that it's not the end of the world. Medicine has changed HIV. It's easier to handle now. I am willing to sit down and talk with women who need support, because I got support when I needed it.

I have lived a lot of my life trying to please my mother, but she can't accept me. I send her gifts that she doesn't acknowledge, and my sister has tried to help but it doesn't work. I do have my sister and aunts and cousins who love me for who I am. I have my own life, and I'm strong.

PWN has always welcomed trans women. Angel still volunteers in the grocery. She is always willing and eager to help out other members, act as a Spanish translator, and volunteer at health resource fairs and other events. We are grateful for all she gives.

HELLO FROM THE NEW EXECUTIVE DIRECTOR

by Donna Tennant

Over the past ten years I have had the privilege of working with the Positive Women's Network team as the director of development. From that experience, I am keenly aware of the positive impact of Marcie Summers' leadership, and I am humbled and honoured to move forward with the vision and values that she instilled during her 22 years here.

As the new executive director, I am excited to lead a team that is dedicated to providing a women-centred response to the unique challenges that women still face, whether physical or sociological. I will bring women's issues to each health care or social service discussion where HIV is addressed. There is still a huge gap in the availability of and access to women-specific services in the HIV world, and PWN's mandate is to respond by bringing equity to the provision of services for women living with and affected by HIV.



Together our dedicated PWN team will explore how our expertise supporting women with HIV might also contribute to positive outcomes for women living with other health vulnerabilities, such as hepatitis C. We know that hepatitis C is often a precursor to HIV, and we are expanding our organization's role by taking steps to address hepatitis C and the social determinants that lead to a hepatitis C diagnosis.

We are also aware of the fact that Indigenous women and migrant women face higher rates of HIV infection than other groups and need specific supports to build on their personal resiliency. It is exciting to report that PWN is developing an

Indigenous-led program specific to the needs of Indigenous women, a program that honours and respects Indigenous cultures and values.

Groups of women made vulnerable in society also include those experiencing violence, women who are aging, newly diagnosed women, trans women, and all women living with HIV in this era of non-disclosure criminalization. Addressing the barriers that prevent the most vulnerable women from accessing services—and the stigma attached to HIV—will continue to be PWN's focus as we reach out to our members and all women in BC in a spirit of confidentiality and openness.

PARTING THOUGHTS

by Janet Madsen

Marcie Summers, executive director of Positive Women's Network for 22 years, retired at the end of 2015. In her last week, Marcie spoke about important issues in PWN's continued work.

Positive Women and Allies

From its start in 1991, PWN has used a model of women with HIV and their allies working together. Marcie recalled that founding board member Evelyn Hildebrandt (who lived with HIV) saw this as essential, because given the health and disclosure challenges faced by positive women, they would not always be able to carry on the work. Although it was an unusual approach then, it's the norm now, with many organizations made up of positive people and allies. For PWN, this offers positive women a confidential, safe way to make their issues heard. If they choose to go public, they always have support.

Women-Centred Services

Women-centred care drives the development of PWN's programs. Women decide their own paths: the resources they use, the support programs and peer connections they want. We believe that women know what they need. PWN has educated many organizations and service providers about women-centred care, and yet the need for it is still questioned. When asked about the future, Marcie said she hopes that "across all regions of Canada, stand-alone, women-specific services are a given and assumed to be a priority, not a rarity."

Fighting Stigma

"It's one of the first things that anyone with HIV talks about," said Marcie. "We haven't dismantled stigma." HIV stigma has been a reality from the start, and continues to be acknowledged. It is something we recognize with our members in support services and share in workshops and written resources. We have to keep up the battle against this one.

Welcoming All Women

PWN serves women from diverse groups and experiences. Early board members knew that positive women would come from many

backgrounds with the shared challenge of HIV, and of course the membership would include transgender women. PWN's decision to welcome transgender women was seen as unusual, but it "was just a given from the start," recalled Marcie.

Shared Responsibility and Respect

When we talk about the HIV community, who do we mean? There are many groups of people with HIV and many issues to address. It's important to continue to build on the strength of partnerships. "BC and Canada have matured in this work. People see there isn't room for divisiveness or territoriality," noted Marcie. The next step, she hopes, is that community groups get more recognition from the science community.

Time has shown that community support is an important addition to HIV medical care. Members come to PWN for help with getting to doctor visits, and to talk about health concerns and life issues that affect how they look after themselves. They seek support in making treatment decisions about HIV and hepatitis C. All of this impacts how people interact with the health care system. Marcie emphasized the importance of this work and what it brings to the lives of people living with HIV. She said she hopes for "reciprocity in the true and genuine sense of the word."

Gratitude

Marcie has been the confidante of many women over the years. She has mentored and supported members, board members, staff, and community peers to take on challenges they never would have imagined tackling. Though she has a quiet voice, her message is forceful: women with HIV matter, and the HIV community must recognize the social factors that influence a woman's access to testing, care and support.

We're grateful for her work, and wish her the best in her next stage of life.

SHARING REALITIES

Issues with HIV non-disclosure law strike chord in anti-violence activists

by Erin Seatter



Disclosure continues to be one of the most difficult issues for women living with HIV.

Today many people in Canada still don't understand how the virus is passed from one person to another. Because of stigma, women have fears about sharing that they have HIV. When they tell partners, they may experience rejection, shaming, and blame. They also face the possibility of abuse. At Positive Women's Network, we're working to educate people on the connection between HIV and gender-based violence.

HIV and gender: A strategic workshop

On October 22, 2015, a group of people came together from the field of HIV and the field of anti-violence at an event organized with the Canadian HIV/AIDS Legal Network. PWN's Sangam, Melissa Medjuck, and Erin Seatter led a workshop for workers who support women experiencing violence. We wanted to show service providers why HIV is a gender issue, and why gender-based violence is an HIV issue. We also wanted to decrease stigma among service providers by providing basic HIV information.

In the workshop, we talked about the increased violence that women living with HIV often experience. Then we discussed how HIV non-disclosure law creates more issues. In 2012, due to a Supreme Court decision, the law changed to say that people living with HIV must share their HIV+ status with partners before having sex. According to the law, the only time they

don't need to disclose is when they have a low viral load *and* use a condom at the same time.

Participants in the workshop were shocked by the law and immediately understood how unreasonable it is and how it puts women living with HIV in more danger. Melissa from PWN and Rosa Elena Arteaga from Battered Women's Support Services decided that a public event was needed to bring the information to more people. They started planning right away.

Unjust laws: A public discussion

Fittingly, World AIDS Day occurs in the same week as Canada's National Day of Remembrance and Action on Violence Against Women, as well as the 16 Days of Activism Against Gender-Based Violence Campaign.

To mark all of these occasions, PWN and Battered Women's Support Services partnered for a forum

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In the afternoon, we watched two short clips from the films *Positive Women: Exposing Injustice* and *Consent*, which are both available online through the Canadian HIV/AIDS Legal Network.. Then Laura Track from the BC Civil Liberties Association spoke about the 2012 court decision that created the current law.

At the end of the day, a panel of five women living with HIV spoke. They talked about the isolation they broke through and the support they discovered by connecting with PWN. They also described personal experiences with stigma and violence.

on December 4, 2015. About 80 people attended to learn about how the criminal law enables blackmail, threats, and abuse against women living with HIV.

Donna Tennant, the new executive director of PWN, made her community debut at the forum. In her opening remarks, she noted that the intersection of HIV criminalization and violence is not rhetorical. “It impacts the lives of women we see,” she said.

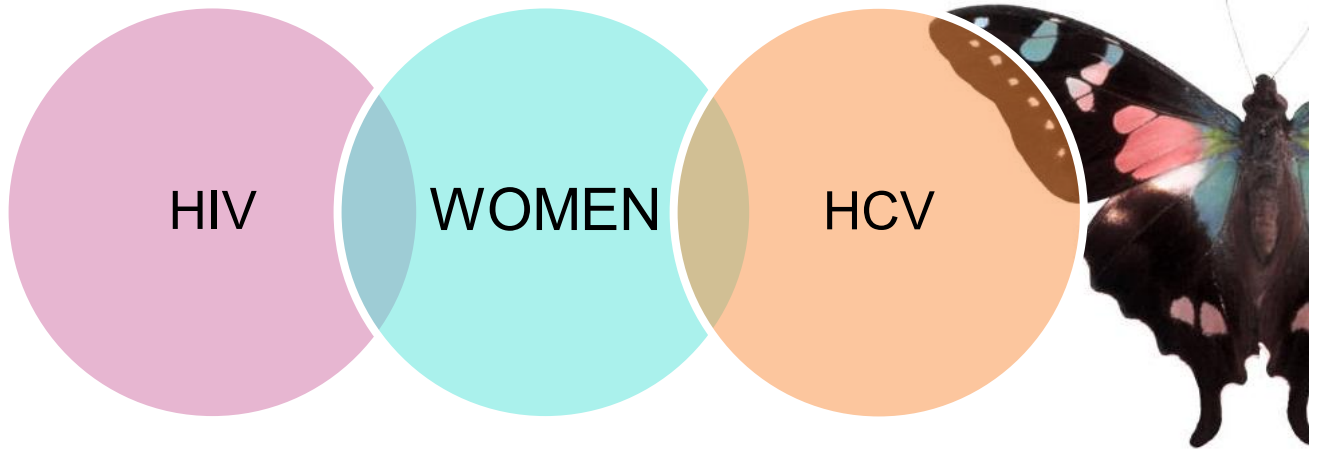
Angela MacDougall, the executive director of Battered Women’s Support Services, pointed out that we can’t talk about HIV and women without considering colonization, misogyny, and economic structures.

Focusing on disclosure, violence, and the law, Sangam, Melissa, and Erin made the first presentation. Using quotes from PWN members and media stories, we went through different examples to show the ways that women living with HIV experience abuse from partners, as well as the ways that HIV non-disclosure law puts women in unfair and dangerous situations.

“Sex and love are wonderful and should a part of our everyday life,” said PWN member Val Nicholson. But many women living with HIV “do not have sex anymore because they don’t want to face the criminalization, the stigma, the discrimination.”

“Yet love is love and we need that in our lives,” she added, advising women to “know the law and be yourselves.”





ARE YOU A FRONTLINE SERVICE PROVIDER
working with women or people living with HIV or hepatitis C?

This workshop is intended to raise basic awareness of hepatitis C (HCV) and HIV, including transmission, testing, disease progression, treatment, and impacts.

There are NO stupid questions! We will answer your questions and dispel myths and misconceptions of HIV and hep C.

Both HIV and hep C are stigmatized illnesses with overlapping affected and infected populations. Women with HIV and hep C face discrimination, and often they have experienced abuse and violence.

In the workshop, we will focus on how HIV and hep C affect women, along with the intersections of HIV and violence.

FEBRUARY 11, 2016
1 P.M. – 4 P.M.

ABBOTSFORD
COMMUNITY SERVICES
2420 Montrose Ave.
Abbotsford, BC

Registration is free.

Please RSVP:
support@plfv.org
or 604-854-1101



HEPATITIS C TREATMENT HAS CHANGED FOR THE BETTER

by Katrina Nieburh

There is new hope for people living with hepatitis C.



A new treatment called the Holkira Pak is considered a game changer. There are predictions that this new cocktail of drugs, along with other new drugs such as Sovaldi and Harvoni, could help virtually eliminate a disease that affects an estimated 170 million people across the world.

Hepatitis C is transmitted through direct contact with the blood of an infected person. Today, it is mostly transmitted through injection drug use. It directly affects the liver, and if left untreated, it can result in liver cancer or cirrhosis of the liver. This is why examining treatment options is very crucial.

In comparison to an older treatment called Pegasys, these new drugs include fewer side effects and are easier to take. Pegasys is destroyed in the stomach if swallowed, and so it must be injected under the skin weekly. This leaves some patients having to go into hospitals or other health care facilities to have the drugs injected.

The older treatment has other problems too. It leaves people with very little energy as well as other severe side effects. These can be physical (e.g., coughing, reduced appetite, psoriasis, shortness of breath), as well as mental (e.g.,

depression, increased irritability, reduced ability to concentrate). These effects can be debilitating.

The Holkira Pak cures up to 90% of those who are treated with it, and involves a much shorter course of treatment. It is also far easier to take, as it comes in pill form rather than a weekly injection.

Another benefit of this new treatment is that while it is very expensive, British Columbia is providing full coverage under the PharmaCare program. Those who choose this treatment are much more likely to become cured of hepatitis C.

New “miracle drugs” for hepatitis C are being used to help people feel better and carry on with their lives. After being treated with the Holkira Pak, one patient said it was a “difference of night and day.” He went from being “really, really, really sick” to having “so much energy.”

Perhaps with the new treatment, hep C will soon be a distant memory. The future is bright!

Katrina is a UBC social work student doing her practicum at PWN. Come and meet her on a Tuesday at lunch.

Skill Enhancement & Wellness Weekend for Women Living with HIV

**FRIDAY, APRIL 15,
to SUNDAY, APRIL 17, 2016
at LOON LAKE**

**Connect with other
HIV+ women!**

**Gain
Knowledge!**

Be Empowered!



This event is open to
all HIV+ women living
in British Columbia.



It's FREE!

PWN covers all weekend and transportation costs.

Retreat applications will be mailed to PWN members at the end of January.
The application will also be available on PWN's website.

For more information, contact Positive Women's Network

Email: melissam@pwn.bc.ca

Telephone Lower Mainland: 604 692 3007 or Toll-free: 1 866 692 3001

Events and announcements

Beat the January blahs!

Come out for our new year's and post-holiday celebration lunch and volunteer appreciation. There will be door prizes!

Tuesday, January 19, 2016
Arrive at noon

Century Plaza Hotel – Burrard Ballroom
1015 Burrard Street, Vancouver
(beside St. Paul’s Hospital)

You do not have to RSVP. Just swing by!

New fundraising committee

The PWN Board of Directors is looking for members interested in joining the Fundraising Committee. If you have questions or are keen to sign on, please email the PWN board at pwnboard@pwn.bc.ca.

Peer Support Training

We will be offering another round of Peer Support Training in the new year. To make sure you are notified about it, check that we have your updated contact information.



Photo by Aretha Munro

PEER SUPPORT GROUP DATES

PWN (for Indigenous women) 11:30 a.m. – 1:30 pm	Vancouver Women's Health Collective 5–7 pm	Oak Tree Clinic 11–1 pm	Positive Haven 1:30–3:30 pm
Jan. 8	Jan. 13	Jan 15	Jan. 18
Feb. 5	Feb. 10	Feb. 12	Feb. 15
Mar. 11	Mar. 16	Mar. 18	Mar. 21
Apr. 8	April 13	Apr. 15	Apr. 18

All group meetings occur monthly and include lunch or dinner. For child care or more information on upcoming dates, call Jane Cameron at Oak Tree Clinic: 604-875-3755.

Positive Women's Network

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drop-in Monday to Thursday 11:30 to 3:30

online www.pwn.bc.ca

 Positive Women's Network
You Should Know

 @PWN_BC
@YouShouldKnowCA



Challenging HIV.

Changing women's lives.

administration

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Executive Director

Nancy Hoo
Bookkeeper

Aretha Munro & Monique Desroches
Administrative Coordinators

health promotion

Janet Madsen
Communications Coordinator

Erin Seatter
Resource Coordinator

support

Bronwyn Barrett
Support Program Coordinator


Sangam
Support Worker/Educator

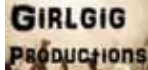
Melissa Medjuck
Support Worker/Retreat Coordinator


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 The exclusive pharmaceutical sponsor of SpringBoard.

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 Contributes to our support and outreach programs.


 Supports educational opportunities.

 Sponsors peer mentorship training.

 Contributes to our portable housing subsidies and food program.

 Funds empowerment retreats.

 Supports our peer mentorship program.

 Funder for our women's health carnival.

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