

The Positive Side

A NEWSLETTER FROM POSITIVE WOMEN'S NETWORK | VOLUME 22 NUMBER 2 | MAY JUNE JULY AUGUST 2014

MY LEAP of FAITH

Sharing your HIV status with family and friends can be tricky. A PWN member decided to write a letter about her experiences, challenging her friends and family to join her in the fight against HIV stigma.



Dear family and friends,

I've chosen to open up, and I'm hopeful this will help educate, bring awareness, and take the fear and stigma away from people who are living with HIV. Speaking about HIV can help people understand that it is a manageable health condition where people live full, normal, healthy lives.

HIV has been living rent free with me for eighteen years. The practical side—doctors, health decisions—was a piece of cake. I have been very fortunate and have had no real health ailments, but the stigma has been prominent over the years. I've worked very hard in the last year to come to terms with the emotional side of my HIV status, peeling away at that damn onion. I now feel comfortable to come forward and talk more openly in hopes to chip away at the stigma and discrimination that many of us still deal with to this very day. Sharing with others helps me find a better balance in my life instead of living two separates lives, one in hiding.

The public needs to break away from the stereotypical image that the only people with HIV are drug users, sex workers, and gay men. It happens to mainstream people too. The ones who think "It can't happen to me" live in a bubble because HIV can happen in any community.

People may ask how I got it, and it's human nature to ask. This is a very personal and private thing to ask a HIV + person, and it isn't considered a polite thing to ask in the HIV community. At the end of the day, does it really matter? If you think back to your youth, have you ever had a one-night stand or a romantic fling and not used a condom?? It can happen just that easily, to anyone.

Contents

Going the Distance Val and Sangam get around BC	3
Prison Health, In and Out	6
Moms and Babies in Prison	8
Events and Announcements	9

Continued on page 2

Everybody should be using universal precautions at all times for everyone's well-being and health. Universal precautions, like safe sex and safe medical practices, help you avoid infections including HIV. We ALL have to live with our mistakes, some harder than others, and it ends up taking a person down an interesting journey in life. I believe awareness and knowledge can help along the way.

One thing that HIV+ people deal with a lot is stigma. Even people in the medical field treat HIV+ people with discrimination to this day! I had a doctor disclose my HIV status to her family and then the whole community found out when I was living abroad.

I know HIV+ people who have been spit on, told by religious groups they are sinners, and the list goes on and on. The rejection is brutal. I know my personal struggles over the past eighteen years have been very challenging at times, but they seem minor compared to what others have endured and suffered when it comes to stigma.

So this is me, contributing my two cents: sharing with family and friends, and volunteering in my local community with HIV agencies. One day I hope to travel abroad to volunteer with organizations that help other HIV+ people. I want to bring hope and do education talks.

Be a Voice...

Because stigma is still such a big deal, I'm giving family and friends permission to share my HIV status so we can make people aware that it can happen to anyone and it affects all people! Do this only if and when you feel comfortable.

I think if society can see that it can happen to anyone, normal everyday people, middle-class individuals, mainstream folk, less people would be in hiding. By opening up about the topic people will help with the fear, chip away at the stigma and discrimination that many still deal with on a daily basis, even in health care.

How? Say it came up in conversation where someone had their facts incorrect. You could educate and bring them up to speed.

Or you can say you have a family member, friend, or acquaintance who lives a very healthy and normal life with a chronic manageable health condition. That you can't get HIV from hugs, toilet seats, dishes, shaking hands, towels, food, etc. The more we get people talking about HIV and get educated, the more it will help to normalize it. Education and knowledge go a long way.

.... But Speak Carefully

Disclosure is a fine line so I ask that you don't mention my past workplaces to anyone and just make general statements (e.g., tourism industry/transit/worked abroad). Stigma is still out there. People like me just want to live normal and healthy lives like others with a manageable health condition, but many people still need to be educated. I believe every little bit helps, so if by me sharing with you and you sharing with others helps bring awareness, knowledge, information, and helps to educate, great.

Attached are educational information for you: A website called CATIE.ca that is a great resource for accurate information on HIV, plus contact information for Positive Women's Network, whose support workers have helped me along my healing journey and been a great support, along with many other practitioners and kind souls in the field. Positive Women's Network staff members are happy to answer any questions for you and give support (pwn@pwn.bc.ca).

Also here is a link to a great short video with Alicia Keys and poz women called "Greater Than AIDS: Alicia Keys for Empowered" (<https://www.youtube.com/watch?v=vFoSfYYxPCU>). Very well put together. Powerful.

For the people who I have shared with over the years who have kept my secret, I would like to thank you for caring, for not judging, for your love and support. I wouldn't be where I am today or the person I am without you in my lives. I am extremely healthy and plan to continue to live a long full life!

If you want to ask any questions or talk to me personally, feel free.

Hugs and love to all,
TravelBug

GOING THE DISTANCE

Sangam and Val get around BC

by Janet Madsen

Sangam and Val are support workers at PWN, and as many women will attest, they do great work with those who walk through our doors. They also provide support and education outside our doors. Here's a look at their work out and about.

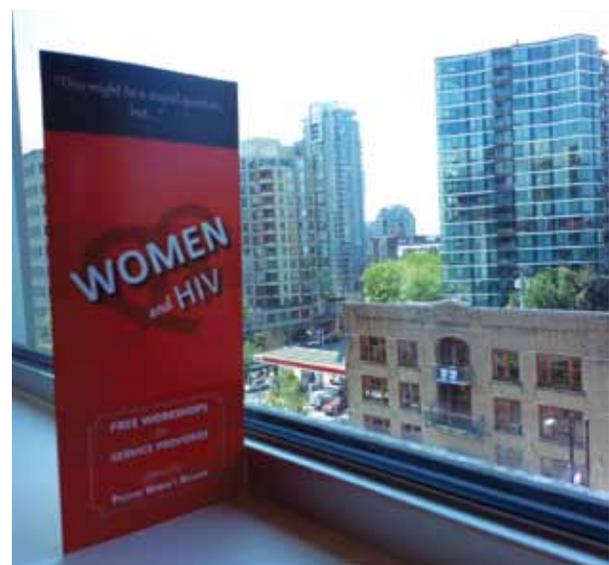
SANGAM'S TRAVELS

Partnerships

One day while taking part in a training session by AIDS Vancouver, Sangam watched the presenter and thought to herself, "I'd like to do that." Now she does it all the time.

Sangam has been travelling to communities in BC for over seven years, working in partnership with different organizations. The first partnership was with the BC Society of Transition Houses. Before working at PWN, Sangam had worked in transition houses. She wanted to work with staff so they'd know that a transition house setting is no risk for HIV transmission and positive women didn't need to be singled out in any way. Some PWN members had reported experiences that indicated transition house staff needed solid information.

At first Sangam gave workshops during a provincial training conference that gathered transition house workers from all over the province. When the training structure changed, she started to go to transition houses individually, and that's how she does it now. Her work has also expanded to include partnerships with Women Against Violence Against Women as well as the West Coast College of Massage Therapy. She has also presented to students at the University of the Fraser Valley and University of BC, mental health workers, a couple of chapters of the Go Go Grannies, students in criminology and social work, and staff and clients of immigrant and refugee services.



The Face of Fear

Sangam knows that training is not just about the medical aspects of HIV transmission, but also about the emotions people bring to workshops. She says it's not uncommon to look out at a group and see "the stunned faces of fear." She battles myths about HIV, including the ever-present "It doesn't happen in small communities." It does, but many still see HIV as a big city or gay disease.

Initially, people aren't always comfortable talking about sexuality and body health. "Down there" is vague, but it's all some people say aloud. However, by the end of the session, they know

Continued on page 4

the transmission formula. Sangam teaches and reinforces it by having people sing it with her. Imagine belting out a tune about the body fluids that carry HIV!

Sangam says she knows that many people in her audiences start to go over their HIV risk in their heads. She's learned it's best to avoid the "What if..." question period where people ask about specific scenarios that might lead to HIV transmission. "People have active imaginations," she says with a smile. "I'd rather spend the time going over the transmission equation so they go away with that in their heads."

HIV Plus

HIV is one thing, but most people living with the virus face more than that. Violence, mental health hardships, and substance use or addictions are common issues for women with HIV. People don't always realize how "HIV Plus" impacts a positive woman. The executive director of a transition house in one northern town extended an invite to the community when Sangam came to town, and only three people showed up. "Others told me it wasn't relevant to their work," one of the three said. She came from an organization that provides services to people with mental health and addictions.

Another time Sangam was invited to the East Kootenays to present at a conference for those working in mental health, housing, youth advocacy, women's support, and crisis intervention programs. People came to the Cranbrook conference from as far as Golden, but also from Creston, Fernie,

Kimberly, and other communities. Over 50 people showed up from throughout the region.

On her travels Sangam visits with HIV service and other community organizations to provide resources and put a face to PWN. She likes learning about the unique features of different places and respects how creative people are in providing support with limited funds and a lot of miles to cover. She's made connections with immigrant and refugee organizations and is aware that for women who come from communities where a strong faith is central, talking about sex the way she usually does wouldn't be appropriate. How do you educate about HIV without talking about sex? It takes time.

Road Map

Sangam is on the road, ferries, and planes. She has trained people from many places in BC. She's worked throughout Greater Vancouver and outlying areas including Abbotsford, Langley, and Aldergrove. She's sped up the Sea to Sky highway to Squamish. On Vancouver Island, she's taught in Victoria, Nanaimo, Duncan, Ucluelet, Courtenay, and Campbell River. On the Sunshine Coast, she's been to Sechelt and Powell River. In the Kootenays she's worked with groups in Nelson and Cranbrook. She's been to Penticton and has trained people from Vernon, Kamloops, and Invermere. Further north she's worked in Prince Rupert and Massett and also trained folks from Burns Lake who came to Vancouver. At PWN we try to extend Sangam's reach as far as possible, funds and community partners willing. Relationship building is essential, and she's always working on it.

Continued on page 5



Although PWN's offices are centered in downtown Vancouver, we reach as far as possible to provide support and information to women and communities serving women.

If you'd like to connect with Sangam about bringing a workshop to your BC community, please call 604-692-3006 or email sangamg@pwn.bc.ca.

Outreach visits with Val are by appointment only. To reach her for an appointment or for more information, call 604-692-3005 (office) or 604-314-9390 (cell).

VAL'S TRAVELS

One + One = Growing Community

While Sangam travels across the province, Val rolls out her miles closer to home. She heads to New Westminster, Richmond, Surrey, and the Fraser Valley, visiting women with HIV who don't come to our Vancouver drop-in for various reasons—privacy, physical ability, money, language barriers, family responsibilities, and more.

For many women who can't tell a soul about their diagnosis, Val is a compassionate ally. She works with women to create a supportive community one person at a time. Individual outreach needs vary by the person. One woman might want to know more about HIV or how to tell other people in her family. Another might want to have Val go along on doctor's appointments to help with questions about tests or treatment. Val might support someone through a housing arbitration hearing, a visit to the hospital, a meeting with a social worker, or attendance at court proceedings.

Working Together for Women

In addition to helping individual members, Val works with organizations to reach positive women who might not yet be members of PWN. Walking through the doors of an HIV service organization isn't easy, so Val goes out there to offer support for women who can't connect with PWN directly. She knows that the stigma of HIV is so big in some communities that it's impossible for some women to come into PWN, so outreach offers women the chance to get support and resources without feeling worries about disclosure.

One of the places Val goes is KEYS in Surrey. KEYS is a multi-service building that includes emergency shelter beds, a grocery, low-cost dentists, doctors, housing advocacy, and Positive Haven, a lounge for people with HIV. Val spends time in the lounge talking about PWN and women's issue. She has also presented to the Other Women's Lives group, which isn't HIV specific, but includes women who could be positive or in HIV-vulnerable situations. Val says the energy at KEYS is "very enthusiastic," and sees her role as connection—she gives women information so they have choices about using it.

When it comes to worries about disclosing in a small community, the Fraser Valley Institution for Women (FVI) fits the bill. For those not familiar with it, FVI is a federal penitentiary for women sentenced to more than two years. Knowing there may be positive women inside who would appreciate support, Val decided to go into FVI.

Anyone who isn't staff of Correctional Services of Canada must be screened and trained as a volunteer before they can do anything inside the prison, so Val signed up for the training. She also started to attend meetings of the Program Advisory Committee, which is made up of community members who want to help women optimize their time in prison. Committee members include folks from the University College of the Fraser Valley, parole officers, Elizabeth Fry Society representatives, and more. Val joined to learn more about what's available and see where she might contribute.

Once Val was trained to go into FVI, she realized that one-to-one visits were too big a hurdle for women who were positive or wanted information about HIV. In a community where everyone knows everyone else's business, a visit to the "HIV lady" could spell doom. At the suggestion of the programs manager, Val connected with peer education counsellors, who are trained to provide fellow inmates information on hepatitis C, HIV, and other infectious diseases. They also do a weekly distribution of bleach and condom kits.

Although the peer education counselling program was in place, it was underused and resources weren't easily available to inmates. Val worked with the peer education counsellors to identify what kind of resources would be helpful. Things are certainly coming along.

They've developed and distributed a HIV/hepatitis C information sheet. Their newest publication is the first edition of Your Health Matters, a newsletter that includes women's stories, health information, and more. Covering HIV will help women bring it up more easily with the peer education counsellors. Even more great news about the program? There is now a drop-in space. Once a week, peer education counsellors have a drop-in hour, and women are starting to come by. The community is growing.

PRISON HEALTH, IN AND OUT

Health Beyond Bars Conference, February 20-21

by Janet Madsen

I was lucky to be invited to the recent Health Beyond Bars conference presented by The Collaborating Centre for Prison Health and Education (CCPHE). It was a great mix of sessions including first-person stories, health care issues, and goals for change. A number of women who've been in custody are part of bringing positive change to their peers inside and out.

The CCPHE was established at UBC in 2006. Its community members are “committed to encouraging and facilitating collaborative opportunities for health, education, research, service, and advocacy to enhance the social well-being and (re)integration” of people into communities.

CCPHE community members include academic researchers, people working in the prison system, people in custody or those (re)integrating back into communities. Dr. Ruth Martin, the director of the centre, spoke about the necessity of many viewpoints to guide the work. When Dr. Martin first worked as a prison doctor, she quickly learned from the women she cared for that they saw health as spiritual and emotional as well as physical. The research and programs of the CCPHE reflect this multi-dimensional approach in its research and delivery of programs.

Several of the CCPHE peer research staff spoke passionately about the importance of understanding prison life from the inside to the big shift when people leave. Making the transition to communities outside of prison can be extremely difficult, especially for those who have been inside for a long time. Confidence can be made or broken in the details people on the outside might take for granted. Ex-prisoner Larry said he found the health care system an “absolute labyrinth.” He found that trying to use public transit was totally confusing: he'd been inside when touch screens were introduced. Like several other speakers, he credits the work of CCPHE with creating circles of support and inspiration for those re-entering communities.

Prison Health as Public Health

I believe it was presenter Dr. Michael Ross who said that prison health should be seen as a public health issue, as people are moving in and out of prison constantly. No one should be less healthy coming out of prison than they were going in. This happens often, as a CCPHE participant pointed out—while he was in, he contracted HIV and hepatitis C.

Howard Sapers, Canada's correctional investigator, looks into inmate complaints about prison conditions. He said the health of folks in prison is often compromised, as many are older in body (physiological age) than they are in years (chronological age).

Health care is the single most reported kind of complaint his office receives. Complaints are

Continued on page 7



often about access to medications and consistency of medications. There are certain drugs that are substituted for others that don't work as well or the same way, and some aren't available at all. For example, if you're managing the nausea caused by a prescription medication with Gravol, you're out of luck in prison—Gravol isn't on the approved medication list.

Every institution has its own culture, which can change depending on who is in charge. If you want to avoid being labeled difficult or drug seeking, or you don't want to jeopardize a parole request, it can seem better to stay quiet. One CCPHE peer researcher said relationships with nurses can be great or difficult, and confidentiality concerns are huge if you have HIV or hep C. A nurse from Corrections Canada agreed, saying he knows health care relationships can be tense, and he works hard to show he's worthy of inmates' trust.

The number of women doing federal time (two years and more) has increased by 63% in the past 10 years. Aboriginal women make up 23% of the female prison population, which is much higher than the 4% of the population in Canada they make up overall. Many incarcerated women have been sexually abused (70%) or physically abused (86%). It's not surprising that so many are also wrestling with addictions.

Although the demand for methadone is up, funding for the program has been cut by 10%; Sapers said it makes "no sense" to cut the methadone program. And worse, there is "zero appetite" for a needle exchange program, despite evidence it would improve the lives of those in prison and reduce the risk of deteriorating health. A lawsuit was launched in the Ontario Superior Court in 2012, but there has been no resolution yet.

Individuals in Group Settings

Health care needs improvement, and support and transition programs do too. Wendy Sproule, a CCPHE project assistant who has been in custody, said that a "healthy prison" would help people examine their individuality to make positive change, rather than strip them of it. Helping people transition smoothly to community with resources in place hopefully means they're less likely to end up in jail again.

Jessica Danforth suggested that prisons are in danger of becoming "the new residential schools" in removing people from their culture and communities. Glenn Patterson, the native spiritual advisor at Matsqui Institution, said that while prisons are working to incorporate "Aboriginal culture" into programs, culture is different from nation to nation. Implying that Aboriginal culture is one set of ideas negates the variety of nations across the country. Not everyone follows the red road or uses the medicine wheel. When Glenn sees people he lets them decide what's best.

This is what struck me about the CCPHE research and programs overall—it's about people, not a population. Researching and sharing health information in appropriate ways for each individual supports them to feel like people rather than numbered inmates. "So much of our life [inside] is beyond our control," said a peer researcher, adding that CCPHE has made a huge difference in her life.

This need to see individuals was echoed by those working in corrections. Chief Constable Jim Cessford of the Delta Police Department said he knows jail is not the answer for those with mental health concerns. He'd like to see more police working with mental health, substance use, and domestic violence services. Dr. Keith Courtney, medical director of Correctional Health Services in Alberta, said standard training for guards has painted inmates as the enemy. Providing training on mental health and substance use helps them see inmates more compassionately. He thinks change is coming, but slowly.

"Prisons need to lose the walls," Dr. Courtney said. He wants prison health to be a public health issue too. He wants community agencies to be invited to work in prisons and all people in custody to have access to condoms and vaccines. Judging by the passion and energy at the Health Beyond Bars conference, I'm hopeful that can be the case.

Visit the CCPHE website for more information on their great work: <http://ccphe.familymed.ubc.ca/>

Additional reading: B.C. study calls for needle exchange, HIV treatment for inmates. (December 16, 2013). www.theglobeandmail.com/news/british-columbia/bc-study-calls-for-needle-exchange-hiv-treatment-for-inmates/article15990846/

MOMS AND BABIES IN PRISON

by Janet Madsen

The Collaborating Centre for Prison Health and Education held a terrific panel on mother-baby programs in prison at the beginning of March. Smart women shared years of experiences and hard work. The perfect picture to their words was the toddler-daughter of one of the speakers. She shone in a sparkly dress, unaware that she was illustrating exactly what the speakers were saying—moms and babies matter.



The Collaborating Centre for Prison Health and Education is based at the University of BC. It's a great community of academic and peer researchers that study and deliver education and resources to folks inside prison and transitioning out to community.

Panelists presented a brief overview of women in corrections, research on the benefits of mom-baby programs in prisons, and a summary of a lawsuit against the BC government.

The cancellation of mom-baby programs in BC correctional facilities in 2008 was the subject of the lawsuit. The director of provincial corrections justified the cancellation by stating that the well-being of infants was not within the mandate of corrections.

Two women challenged the decision with the help of West Coast LEAF and the BC Civil Liberties Association.

Continued on page 9

Impact on Aboriginal Women

In her December 2013 decision, BC Supreme Court Justice Carol Ross ruled that “the right of a mother and baby to be together is protected by Section 7 of the Canadian Charter of Rights and Freedoms.”

BC Civil Liberties lawyer Janet Winteringham said that Ross’s decision highlighted the impact the program’s cancellation had on all women, but especially indigenous women. Aboriginal people represent 4% of the Canadian population, yet a stunning 33% of federally incarcerated women are Aboriginal. Correctional investigator Howard Sapers spoke about this last fall and rightly said, “You cannot reasonably claim to have a just society with incarceration rates like these.”

Winteringham said Justice Ross spoke about the government’s role in breaking up Aboriginal families, including residential schools, the Sixties Scoop, and the ongoing removal of children today. This province, and indeed this country, has a horrible history of taking Aboriginal children from their families, with devastating consequences. And separating mothers and newborns is another form of family breakup that Aboriginal women in particular shouldn’t have to bear, said Ross.

The BC Supreme Court decision reflects that under the Charter of Rights and Freedoms a mother has the right to care for her baby (and the baby has rights to be with its mother). The mother of the dancing toddler spoke to this beautifully. (I’ll call her Christine, because I didn’t have a chance to ask her how she felt about me using her name).

More Time Inside = Time to Parent

Christine was sentenced for provincial time, but when she found out she was pregnant while in jail in 2010, she actually requested to be sentenced to federal time so that she could be part of the federal mom-baby program. She and her daughter thrived, and Christine is now out and pursuing school, while her daughter is in preschool programming.

“I was confident that when I got out I could go forward,” she said on CBC’s *On the Coast* prior to the panel. She said that pregnancy was the turnaround for her life.

This turnaround affects not only moms but also babies. Former Alouette Correctional Centre for Women warden Brenda Tole said, “All kids have the right to be nurtured and bonded to their moms.” Tole also spoke about the community support that goes into supporting women with babies in prison—groups outside the prison offer parenting and child development classes.

“Corrections hasn’t always been good at opening its doors,” Tole acknowledged. “Welcoming community in is very important.”

Going Forward

The Collaborating Centre for Prison Health and Education’s Dr. Ruth Martin and a group from other authorities has been working on draft guidelines for mom-baby programs in prison. I’m feeling hopeful.

Elder Mary George, who opened and closed the evening, reminding us all of the need to honour families and stop the breakup of Aboriginal communities. She delighted in pointing out Christine’s daughter, who had been happily busy throughout the night, up and down stairs in the theatre, followed by an attentive adult. This little girl lit up the room, and when it was all over, she ran to Christine on stage, put up her arms, and happily shouted, “Mommy!”

SOURCES

Babies Born in Jail Belong with Moms, BC court says (CBC News December 16, 2013, retrieved March 14, 2014) <http://www.cbc.ca/news/canada/british-columbia/babies-born-in-jail-belong-with-moms-b-c-court-says-1.2466516>

Prison Population at all-time High (CBC News November 25, 2013, retrieved March 14, 2014) <http://www.cbc.ca/news/canada-s-prison-population-at-all-time-high-1.2440039>

(BCCLA website, retrieved March 14, 2014) <http://bccla.org/news/2013/12/court-rules-that-canceling-mother-baby-prison-program-is-unconstitutional/>

Another version of this article first appeared as a blog on pwn.bc.ca in March.

Peer Support Training

Level 2



Build on the skills covered in the original peer support training program, such as listening supportively, giving emotional support, sharing knowledge, setting healthy boundaries, and providing practical help to women living with HIV.

The training lasts 3 days, 10:30am-4pm in Vancouver at Positive Women's Network.

Wednesday July 2, Thursday July 3, Friday July 4

We will provide a childcare subsidy for women who need it in order to attend the training.

We have limited transportation and accommodation funds to support members travelling from outside Vancouver for this training.

Applicants will be screened for suitability. Spots are limited! We strongly encourage women who have graduated from Positive Women's Network's Peer Support Training Program to apply.

Deadline for applying is Friday, May 30.

For more information & to apply, please contact Melissa or Sangam at PWN:

- Lower Mainland: 604-692-3000
- Toll-free: 1-866-692-3001
- Email: pwn@pwn.bc.ca

Events and Announcements



Outing for indigenous women living with HIV

Members of indigenous descent are invited to join us on **Thursday, June 12**, as we head to the Museum of Anthropology at UBC. Lunch and transportation are provided. To register, please contact Val (Positive Women's Network) at 604-314-9390.

Walk or run with us

This is the first year that Positive Women's Network will be participating in the Scotiabank Half Marathon and 5K. We are very excited to invite our members, friends, and community partners to join with us to raise money for our portable housing subsidies.

On **Sunday, June 22**, walk or run the 5K or half marathon in support of this worthy cause. Not able to join us? Please make a donation to Team PWN and invite friends and family to do the same.



PWN members can register for free through us. Contact us for more information.

Come for the cookies, stay for the vote

Positive Women's Network annual general meeting will take place on **Monday, June 23**, at 5 p.m. All members and community partners welcome to attend!

August BBQ

There will be a summer outing for all women in August, jointly organized by Oak Tree Clinic and Positive Women's Network. Date to be announced.

Leadership Training

Positive Women's Network supported 16 women to apply for the PLDI Core Leadership Training, which occurs June 26 to 29 at Loon Lake. A total of 18 people were accepted, half of whom are women! PWN partners with Pacific AIDS Network to send women to the training.

Thanks CARMA

We gratefully acknowledge the CIHR team grant in cellular aging and HIV comorbidities in women and children (CARMA) and the support provided for us to attend the annual CAHR conference.

Positive Women's Network

address 614-1033 Davie Street
Vancouver, BC V6E 1M7

phone 604.692.3000
toll-free in BC 1.866.692.3001

email pwn@pwn.bc.ca

hours office Monday to Friday 9:00 to 4:00
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

Marcie Summers | Executive Director

Donna Tennant | Director of Development

Nancy Hoo | Bookkeeper

Aretha Munro & Monique Desroches |
Clerical Assistants

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

Valerie Van Cleef | Support and Outreach Worker

connect with us

Thanks to our supporters!

The work of Positive Women's Network is made possible through generous support from individual givers, in-kind donors, and grants from the Provincial Health Services Authority of BC, the Public Health Agency of Canada, and BC Gaming, as well as the following supporters.

 **abbvie** The exclusive pharmaceutical sponsor of SpringBoard.

 **Deloitte.** SpringBoard sponsor.

 **GILEAD** Supports educational workshops

 **janssen** Sponsors lunch learning opportunities.

 **MAC AIDS FUND** Contributes to our support and outreach programs.

 **MERCK** Supports educational opportunities.

 **RBC** Sponsors our Peer Mentorship Training.

 **KINGSLY STREET FOUNDATION** Contributes to our portable housing subsidies and food program.

 **SHOPPERS DRUG MART** Funds our Empowerment Retreat.

 **vancouver foundation** Supports our Peer Mentorship Program.

DISCLAIMER

The information herein cannot replace information provided by a medical or legal professional. In using this material, the user acknowledges these limitations and does not hold Positive Women's Network or its funders liable for any damages, costs, or consequences that may result.