



# The Positive Side

A NEWSLETTER FROM POSITIVE WOMEN'S NETWORK

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## BC First Nations Make History with Health Authority

Valerie Van Clieaf

Joe Gallagher, CEO of the interim First Nations Health Authority (FNHA), understands well that the transition of health care in BC from the First Nations Inuit Health Branch (FNIHB) to a FNHA will be complex and multi-faceted, but he believes that transforming the way BC's First Nations receive health care is timely and necessary. (*FNHC infobulletin*, July 2012) To understand why, one has only to look, even briefly, at BC's history.

Within 40 years of the arrival of Russian traders to the north coast in 1740, the first epidemics for which Aboriginal people had no immunity began to appear. In the summer of 1862, smallpox was introduced by a San Francisco miner to Victoria, BC, and within a few short years, the disease had been spread, sometimes deliberately, throughout BC. It killed an estimated 70% of First Nations people.

The next 150 years saw the incredible struggle of those who survived and those who followed in withstanding the continued onslaught of colonialism—all of this concurrent with infection from other diseases. Official government policy was assimilation. Traditional religious ceremonies were banned.

As they saw their land and water rights disappearing, First Nations people organized meetings to organize for land claims, and when meetings were banned they were forced to carry on these activities in secret, risking jail sentences if caught. The creation of reserves, and the system that designated who had Indian Status and who did not, came into play.

Many women lost their status by marrying a non-Native man off reserve. They would regain their status in the 1980s, but their children would not. By 1920, attendance at the now infamous residential schools was mandatory. The practice of traditional medicine was banned, and traditional healers, powerless against new diseases such as tuberculosis, looked to medical

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*Photo from Morguefile*



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science for help in treating their people. From the mid-1930s, the sick were put in Indian Hospitals, sometimes for years at a time and against their will. Eyewitnesses speak of the abuse many suffered.

We are witness to the legacy of colonialism, nowhere more evident than the health gap between First Nations and the rest of the population. But we are also witness to a process, directed by the First Nations of BC, which offers the hope of healing and renewal.

The Transformative Change Accord (TCA) of 2005 is a government-to-government agreement signed by the BC First Nations Leadership Council and the governments of BC and Canada. All parties committed to a 10-year plan to close the gaps in the areas of education, health, housing, and economic opportunities. The Tripartite First Nations Health Plan of 2007, arising from the TCA, is the blueprint intended to close the health outcomes gap.

Starting in 2007, yearly forums have brought together the largest gathering of First Nations in BC. Chiefs, Elders, frontline health workers, community members, and provincial and federal partners have worked together to create a health care system to better meet their needs. On May 28, 2012, at the fifth annual forum, an overwhelming 94% of over 750 delegates from across BC were signatories to *Consensus Paper 2012: Navigating the Currents of Change - Transitioning to a New First Nations Health Governance Structure*. The official transfer of health care from FNIHB to the interim FNHA has begun.

In another important first step, effective April 2012, Dr. Evan Adams, Coast Salish from the Sliammon First Nation, was named Deputy Provincial Health Officer for Aboriginal Health, expanding on his work of the last four years as Aboriginal Health Physician Advisor.

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## Interim First Nations Health Authority (iFNHA) Governance

### First Nations Health Council

(iFNHA political governance) was created to implement the Tripartite First Nation Health Plan. The 15 members of the First Nations Health Council, drawn from all five BC Health Authorities, comprise the membership of the iFNHA. The council members represent the health interests all 203 First Nations living in BC.

### First Nations Health Society

is the business arm of the First Nations Health Council and is responsible for health planning, policy, and advocacy.

### The Board of Directors

establishes agreements and processes to transfer resources, records, facilities, assets, and staff from First Nations and Inuit Health BC Region into iFNHA control. The board is tasked with creating a new and unprecedented framework for delivering health care to BC First Nations. The board includes Chair Lydia Hwitsum, Vice-Chair Pierre Leduc, Secretary John Scherebnyj, Jim Morrison, Jason Calla, Madeleine Dion-Stout, and Dr. Elizabeth Whynot.

### Tripartite First Nations Health Advisory Committee

coordinates planning, programming, and service delivery between the iFNHA, BC Health Authorities, and the BC Ministry of Health and reviews the newly created BC Regional Health Authorities' Aboriginal Health Plans.

## Positive Health Clinic Now Open in Surrey

Good news for members living in the valley. You now have the option not to trek into Vancouver for some or all of your HIV-related health needs. Fraser Health Authority opened the Positive Health Clinic in Surrey in June 2011 as part of a larger, multi-use clinic. Most important, the waiting area and signage are structured to ensure the anonymity of patients.

Feedback from members who have used the Positive Health Clinic's services has been very good, citing caring and supportive staff. The clinic will serve as the primary service provider for those accessing treatment for the first time. For those who have an established relationship with another clinic such as Oak Tree or St. Paul's, the Positive Health Clinic is happy to work in partnership.

The Positive Health Clinic is located in the Jim Pattison Outpatient Care and Surgery Centre, at 9750 140th Street in Surrey. The phone number is 604-582-4581.



*Mande Hay, a nurse at Surrey's Positive Health Clinic*

*Continued from page 2*

### **The Role of Traditional Medicine**

There is widespread recognition that traditional medicine plays an important, sometimes frontline role, in many communities. As a starting point, the First Nations Health Society (FNHS) did an environmental scan, polling attendees at the Gathering Wisdom Forum in March 2010 as to the importance and uses of traditional medicine in their communities. FNHS, in partnership with the Vancouver Coastal Health Aboriginal Health Team and the Musqueam Nation, hosted the first Traditional Healers Gathering in BC in October 2011. Delegates were asked to focus on ways to incorporate traditional healing practices within communities and multiple health care systems.

### **Regional Partnership Accords**

Regional Partnership Accords have been signed in all of the Health Authorities in BC. It is the success of these partnerships that will determine whether the FNHA ultimately succeeds. There are very real challenges to be met.

Spread across the five Health Authorities are 34 distinct indigenous languages, 27 First Nations tribal groupings, 203 communities, and approximately 1,700 reserves. Also, many Aboriginal people from outside BC choose to make this province their home. In recognition of

this, the Fraser Health signatories have also agreed that future policies will include all status First Nations people living within the Fraser Health Authority boundary, whether from the area or elsewhere.

### **First Nations Health and Wellness Model**

Since October 2011, the interim FNHA has been jointly managed as it prepares to take over all federal First Nations programs and services that FNIH BC currently manages. Among these are 21 accredited First Nations Health Centres, which operate in BC. One of these, Three Corners Health Services Society in Williams Lake, has received Exemplary Status Accreditation, making it the first Aboriginal health services program in Canada with such recognition. But importantly, FNHA plans on delivering much more than this.

A First Nations-centred health and wellness model is central to the way the new Health Authority wants to deliver its services. "The model looks at understanding health within spiritual, emotional, mental and physical elements and incorporates holistic and natural medicines, and innovative traditional and contemporary healing from a First Nations perspective" (FNHC *infobulletin*, July 2012). Many people are very optimistic about the future of the FNHA and believe First Nations in BC are creating a framework that will transform the health system as we know it.

## Notes from AIDS 2012

The International AIDS Conference is a big deal—thousands from all over the world, doctors, dignitaries, life-changing research, and media coverage for millions. But what's it really like to be there? Two PWN members, Valerie Nicholson and Kath Webster, generously agreed to share their impressions and experiences of this year's conference, held July 22 to 27 in Washington, DC.



### Valerie Nicholson

What an experience!!!

At first I was jotting down everything, from delayed flights, flying around thunder clouds, and sitting in a plane for three hours on a runway watching the most spectacular thunder and forked lightning storm. I'd been awake for 36 hours by the time I arrived.

I stayed in a couple of places because I went to the Living 2012 Positive Leadership Summit (preconference event) and then switched residences once AIDS 2012 began. I learned transit routes (and patience).

The conference itself was confusing, wonderful, and

overwhelming. It was BIG. I was exhausted, crazy in a good way, and empowered—things I felt everyday. I made amazing connections and new friendships from all over the world, but I couldn't find people I knew (I never saw Kath.).

I went to a lot of talks—women's rights, harm reduction, aging, global health standards, frontline workers, food security, community activism, lots of community workshops, and more. The best talks that I attended were in the Global Village, as they were smaller groups and so were more intimate with more voices heard. There was only one panel on food security, which shocked me, as this is a global issue. The best session I went to was with My Dr. It meant so much to me! I loved protesting against cutbacks and for more harm reduction.

My two speeches went extremely well and so did the poster presentation. One of the talks I was asked to present was, “What are the Challenges of an ASO with Community-Based Peer Researchers?” (See page 6).

Would I go again? YES! I know now how to navigate the book of presentations (it is as big as a small phonebook), but it took me three to four days to figure it out. I know now to have a phone with the app, as when I talked to others they said it was the only way they could figure things out. I used the positive lounge only twice and really should have used it more, but I was trying to absorb as much as possible. I took a night trip of all the monuments and did a lot of walking at night to see the city.

I am so very grateful for the scholarship that I received so I could attend and the knowledge that I brought back. I am still sorting out and processing it all. My eyes were opened and my passion for change, housing, health, and food security has been renewed. As an elder told me just before I left Vancouver, “You have a gift, you have a voice. You take with you the voices of many—tell their stories. Honour them well.”

PS I am glad I took my walking shoes.

## *Kath Webster*

AIDS 2012 in Washington DC was the fifth International AIDS Conference that I have been privileged to attend. Here are my impressions from each day.

**Saturday** (arrival) – Billboards and banners were all over the city announcing the conference and campaigns to promote HIV testing. I felt excited as I registered and started orienting myself to the massive conference site.

**Sunday** – I attended the Keep the Promise march on Washington, which was frankly disappointing. The turnout was not great, and the rally had excessively long speeches while the near 40-degree heat beat down on us. Later, I viewed the opening ceremony from the Global Village, which is a dynamic, high-energy space for community to gather, share, teach, discuss, entertain, create, and inspire.

**Monday** – Much focus on treatment as prevention. I loved hearing from HIV-positive USA activist Phil Wilson, who spoke at the morning plenary. Getting

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to the point, he simply stated, “Treatment may be prevention, but firstly treatment is treatment.” YES! Hillary Clinton spoke of an “AIDS-free generation,” a phrase that was heard repeatedly during the conference.

**Tuesday** – Many voices of sex workers and drug users were absent from the conference. The strict visa restrictions barred their entry to the USA. Five concurrent protest marches took place highlighting this issue among others, ending with a large rally at the White House. I hopped between three different marches; my favourite was the women’s march with positive women leading the way.

**Wednesday** – A very powerful plenary speech was delivered by Linda Scruggs, a woman living with HIV from Washington DC. Watch it online at [www.kff.org/AIDS2012](http://www.kff.org/AIDS2012) (click on July 25th plenary). Also a session on criminalization titled “Get a Test, Risk Arrest” highlighted the many ways that criminalization of HIV is taking us backward in efforts to promote testing and fight stigma.

**Thursday** – A day of young and old! Two young people who were born HIV-positive spoke about their experiences growing up with the virus. Very inspiring. At the other end of the spectrum, there were several sessions on HIV and aging. Hopeful study results show a person with HIV can potentially have a near normal life expectancy.

**Friday** – Attended rappateur sessions to summarize the week. Very helpful since no one could possibly attend all 194 sessions of the jam-packed week. Whew! The closing session was filled with commitments to meet newly created goals that will “turn the tide against HIV.” I was very impressed with the new president of the International AIDS Society, Françoise Barre-Sinoussi from France. She is not only a brilliant scientist who co-discovered HIV in 1983, but also a strong and passionate advocate for women and human rights!

## What Are the Challenges of an ASO with Community-Based Peer Researchers?

*PWN member Valerie Nicholson wrote and presented this speech in July at the AIDS 2012 International AIDS Conference.*

I have worked out of two different kinds of ASOs—AIDS service organizations. One is Positive Women’s Network. When you walk into PWN, the first thing you see is a big dining table, friendly faces—and the feeling I get every time I walk in is that I feel safe.

PWN offer a drop-in for great connections and friendships. They offer support for almost everything from housing to hugs. They offer resource material, transportation, computer usage, a food bank, hot meals, weekend retreats, skill development building, and more.

When Allie and I approached the PWN staff about facilitating a support group, we were met with such enthusiasm. We were given a safe room to facilitate our focus group. They offered help to recruit women and put up posters, offered any supplies we required.

PWN support is invaluable. The women know this place and they trust the staff and feel safe and comfortable. With the help of PWN, we were able to recruit a diverse group of women of all ages, many different cultural backgrounds, and different life styles. Some of the women knew each other, but they all knew the space, which made facilitating this group unique. The women became comfortable with each other and opened up and participated much faster, as this was their space.

The second place I work out of is the MAT/DOT program, which stands for Maximally Assisted Therapy and Directly Observed Therapy out of the Downtown Eastside Health Clinic, and I am a patient there. It is a very small space, where clients/patients can come in, sit for a while to eat a bowl of cereal or hot meal from A Loving Spoonful. This is where HIV nurses dispense

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*One nurse confessed that she was actually jealous and a bit resentful as she saw her patients confiding in me.*

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medications, do our blood work, measure blood pressure, weight, etc. There is shared office space for support workers, HIV pharmacists, dietician, social worker, and outreach workers—not much space at all! The coordinator of the MAT program was determined to find me a place. This was our first hurdle, as was using the computer, as all the computers hold clinic information, including patients’ charts. It took a while to get permission, but once that was solved I needed a room that offered privacy and confidentiality. The only room available was the blood room, but if a nurse had to draw blood, needed supplies, or the computer, we had to take a break.

Some of the HIV nurses thought I shouldn’t be doing the work, and I respect them for that. I am their patient, and they have seen me at my worst, and saw me when I started on my ARVs [HIV treatment]. They care about me and they knew that some of the work I was doing could trigger me. Together we grew. One nurse confessed that she was actually jealous and a bit resentful as she saw her patients confiding in me when they had confided in her for many years. Through that the trust grew.

The MAT staff helped with recruitment, and the outreach team reached those who do not regularly come to the clinic so they could also be involved. Most of all they made sure I was safe. For support I saw my doctor and my counsellor. This I would say was a strange process; I don’t know what other word to use.

I started at this clinic in 2004 when I was first diagnosed and came back in 2006 with the support of many staff members, nurses, and especially my doctor, Susan Burgess. This was after two years of self-destructive addictions, and I made it! To have me working at the clinic was an adjustment for all.

The Downtown Eastside Clinic has welcomed me and supports me in this new role. To put it simply, they have my back. I did get a better space, which is the doctor’s office on their days off. I even get my name on the doctor’s board. It was awkward the first time I was given an office, as it was my doctor’s room. To sit in her chair and at her desk made me reflect I had truly come full circle.

Thanks to Positive Women’s Network and all the staff at the Downtown Eastside Clinic!



# Vancouver Première

Sunday, September 23 — 6:00 p.m.

SFU Woodward's Theatre

149 West Hastings St.

# POSITIVE WOMEN: EXPOSING INJUSTICE

What if you knew you could  
go to prison for something you  
couldn't change?

[WWW.POSITIVEMENMOVIE.ORG](http://WWW.POSITIVEMENMOVIE.ORG)

Canadian  
HIV/AIDS  
Legal  
Network

Réseau  
juridique  
canadien  
VIH/sida

PRODUCED AND DIRECTED BY ALISON DUKE DIRECTORS OF CINEMATOGRAPHY KIM DERKO & ROBIN BAIN  
CAMERA SEAN BLACK & RICHARD CHONG COMPOSER AND SOUND MIXING DEFEK BRIN  
EDITOR EUGENE WEIS CO-PRODUCERS JANET BUTLER-MCPHEE, CECILE KAZATCHKINE  
& ALISON SYMINGTON EXECUTIVE PRODUCER CANADIAN HIV/AIDS LEGAL NETWORK

The film also screens in Victoria on September 21.  
For information, visit the website.

A Goldelox Production



## Cross-Country Check-In at Annual Meetings

Marcie Summers (Executive Director)

Recently, I had the privilege and pleasure of attending two national annual general meetings (AGM), those of the Canadian AIDS Society (CAS) and CATIE. Having been a delegate to the CAS AGM for many years, it was good to see all of our national colleagues and to catch up on what is happening on the national level of the HIV movement.

CAS has had a very busy year working with Members of Parliament on Parliament Hill, keeping them informed of the latest trends and emerging issues around HIV and educating them about the importance of community-based response. At the AGM, CAS utilized an Open Space dialogue model. In which people suggested topics for group discussions and the delegates wandered from group to group depending on their areas of interest.

I participated in two discussions, one focussed on federal funding and possible shifts that may come after the current funding period ends in March 2014, and one on membership engagement. A representative of the Public Health Agency of Canada participated in the future funding discussion. She was very open about how change is in the air and no one knows yet what that change may be. There is talk that a broader communicable disease model of service delivery may become the standard for federal funding rather than purely HIV or HIV/hepatitis C (HCV) models.

Darien Taylor, a long-time activist and founding

member of Voices of Positive Women, received the CAS leadership award, a much-deserved recognition of her decades of work on behalf of people living with HIV.

As a fairly new CATIE board member, I was looking forward to our AGM, reception, board orientation dinner, and all-day board meeting. The AGM was straightforward, with CATIE celebrating its 10th year of producing the *Positive Side* (yes, same name as our newsletter) and the 5th year of implementing the broader mandate of National Knowledge Exchange Broker on HIV and HCV. Darren Lauscher, Co-Chair of Pacific AIDS Network, was elected and joined me on the board representing the Pacific region.

Again, Darien Taylor was honoured, this time as a retiring CATIE Director of Programs at the late afternoon reception. She was humble and gracious as she received the many accolades.

I put my name forward to chair the Strategic Planning and Policy Committee, which is part of the executive. I'm excited to be a part of such a well-renowned national partner at the board level.

The highlight of this recent trip was hearing so much positive feedback from so many people about the work that PWN accomplishes. I felt incredibly proud of our staff team, members, board, and volunteers, all of whom help to make PWN the organization that it is.

*A representative of the Public Health Agency of Canada participated in the future funding discussion. She was very open about how change is in the air and no one knows yet what that change may be.*

## Events and Announcements

### PWN Board Re-elected

At Positive Women's Network annual general meeting on June 26, 2012, Surita Parashar, Margaret Lau, Amanda Witter, and Jennifer Keefe were re-elected to the Board of Directors. The board is currently involved in promoting the AIDS Walk and encourages you to attend!

### AIDS Walk 2012

Vancouver's AIDS Walk for Life is happening on Sunday, September 23, at Sunset Beach. All of the money raised for Positive Women's Network will go towards portable housing subsidies for women with HIV. For information, please visit [aidswalkvancouver.ca](http://aidswalkvancouver.ca). When registering, choose "a team member" option and search for Positive Women's Network. If you have any questions, please do not hesitate to contact PWN's Team Captain, Donna Tennant, at [donnat@pwn.bc.ca](mailto:donnat@pwn.bc.ca) or 1.877.573.3757.

### Film Screening

On Sunday, September 23, after Vancouver's AIDS Walk, a screening of the film *Positive Women: Exposing Injustice* will take place, 6 pm, at SFU Woodward's Theatre, 149 West Hastings Street.

The film will also screen in Victoria on Friday, Saturday, 21, 6:30 pm, at Vic Theatre.

For information, visit [positivewomenthemovie.org/](http://positivewomenthemovie.org/)

### Positive Leadership Development Institute Training

Core Leadership Training Level 1: Who am I as a leader?

November 23-26, 2012, at Loon Lake, Maple Ridge, BC

Pacific AIDS Network (PAN) is working in partnership with the Ontario AIDS Network to offer another leadership forum for PHAs in February. PWN would like to encourage potential members who are community leaders to attend.

This four-day workshop is a professional development opportunity, with structured and intensive sessions. It is NOT a retreat.

PWN will cover costs for those who commit to attend. Please contact PWN immediately if you would like an application form. A PWN Support Worker can assist you with the application process. (Please note, spaces are limited, and PWN will only endorse applications from applicants who have read and accepted all agreements, and who will follow through on attending the full training.)

The deadline for receipt of applications is Thursday, October 4, 2012, at 4 pm.

For more information, please visit [www.pacificaidnetwork.org](http://www.pacificaidnetwork.org) or contact Melissa (PWN Support Worker) at [melissam@pwn.bc.ca](mailto:melissam@pwn.bc.ca) or 604-692-3007 (1-866-692-3001 toll-free in BC).

### Changes to Disability Assistance Programs

Changes to Disability Assistance Programs come into effect this fall. Among these changes are increases in the asset limits and earnings exemptions for most people on assistance and restoration of funding for some medical equipment and supplies. For more information, you can contact the BC Coalition for People with Disabilities at 604-872-1278 or toll free 1-800-663-1278.

## Positive Women's Network

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

**phone** 604.692.3000  
1.866.692.3001 (toll-free in BC)

**email** pwn@pwn.bc.ca

**office hours** Monday to Friday, 9 to 4

**online** www.pwn.bc.ca

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@YouShouldKnowCA

**Challenging HIV.  
Changing women's lives.**

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**Nancy Hoo** | Bookkeeper  
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Monique Desroches** | Clerical Assistants

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## Thanks to our supporters!

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 **Abbott Virology** is the exclusive pharmaceutical sponsor of SpringBoard.

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