



# The Positive Side

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## Thank God for HIV?

## Making peace with HIV through spirituality

by Janet Madsen

Have you ever heard someone say that they think it was good they got HIV? That HIV has changed their lives for the better? I have. I've heard people say that HIV helped them get off drugs, or look at painful parts of their lives and learn to live with them. I've heard women say HIV helped them confront fears, and changed their lives for the better.

Hearing "You are HIV-positive," alters your life. It may come as a shock, or it may be something you knew could happen. In the beginning, you may feel numb, overwhelmed, self-blaming, scared, lost. These are normal reactions. The first days and weeks following a diagnosis can be very tough and even feel surreal. That too, is normal.

How do you learn to live with HIV? Once the shock wears off, you may start to think about what it means. And you might wonder about turning (or returning) to religion or faith to help you deal with it. Is there a "right" spiritual or religious path if you're living with HIV? What's important is finding the right path for you.

Lots of women don't have a connection to organized religions, out of choice or circumstance. Maybe you have never been part of a formal religion and regular practice. Or maybe you have, too much so. If you've experienced the effects of the residential school system, formal religious practice may bring up memories of pain and abuse. You could feel cut off from your Aboriginal heritage and reluctant to be part of any form of spiritual practice. If you were raised in a faith that focuses on sin, you may believe you "deserve" HIV and "brought it on yourself." (No one "deserves" HIV. HIV does not decide who to infect; it's simply a virus that will enter any body, given the opportunity.) If you did not grow up with spirituality as part of your life, it may remain a vague idea until something like HIV awakens it.

Does spirituality or religion affect the health of PWAs? Maybe so. One study summary from 2005 said that 72% of HIV+ study participants indicated that their spirituality changed once they received their diagnosis, and 44% considered HIV "to be a blessing". (Spirituality of Living and Aging with HIV: A Pilot Study) Another summary followed 100 people for four years and found that 45% showed an increase in religiousness/spirituality after diagnosis (42%

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## Thank God for HIV? . . .

remained the same and 13% decreased). Of those who indicated an increase in religiousness/spirituality after diagnosis, their CD4 cells remained at consistent levels, and they had significantly better control of viral load. <sup>(An Increase in Religiousness/Spirituality Occurs after HIV Diagnosis and Predicts Slower Disease Progression over 4 Years in People with HIV)</sup> In a study of positive Brazilian women, 83% said that spirituality is very important in their lives. <sup>(Disclosure of Diagnosis, social support and spirituality among HIV-positive women in Sao Paulo, Brazil)</sup>

“We are more inclined to want a religion that comforts us than challenges us. Why?” asks Joan Chittister. <sup>(The Role of Religion in Today’s Society)</sup> Good question. Maybe this is what people mean when they say HIV is a blessing. It’s a blessing because it’s a challenge to rethink your life and circumstances. It’s not just a challenge personally, but a challenge to a society that still stigmatizes and discriminates against people with HIV.

You have just as much right as anyone to be part of a spiritual path, and part of being spiritual is being responsible for your own needs. In *Managing Your*

**"One way of viewing spirituality is that it connects the past to the present. This connection to ancestors, their beliefs, and their practices all guide in the present.... Religion [can be viewed as] a connection to a higher power or entity. Religious institutions worship a God in a very structured way. Religion can also be a personal practice using prayer, meditation, or reflection as a means of worship. "**

**(Mark Chichocki, RN  
The Role of Religion and  
Spirituality in HIV)**

*Health*, authors Brent Patterson and Francis Robichaud warn, “Be aware that some organized religions don’t accept homosexuality, sex outside of marriage, drug use, condom use, or the right to abortion.” Embracing a spiritual path challenges people who would blame positive folks and shut them out. In your individual affirmation you become a role model for all positive people.

If spirituality is something you want to check out and don’t know where to start, it may feel really big. It doesn’t have to. Spirituality is an exploration and can be as simple or as expansive as you make it. There is a great website that offers information on hundreds of faiths and helps you explore your beliefs through questionnaires: [www.beliefnet.com](http://www.beliefnet.com). Finding the kind of spiritual practice or faith that works for you could take some time, so go at your own speed. If you are curious about what other people do, ask other

Aboriginal Beliefs  
A Course in Miracles  
African Diaspora  
African Methodist Episcopal  
African Religions  
Afro-Brazilian  
Afro-Caribbean  
Agnosticism  
Ahmadiyya Movement  
Anglicanism  
Asatru  
Assemblies of God  
Atheism  
Bahai Faith  
Baltic Religions  
Baptist  
Brahma Kumaris  
Buddhism  
Candomblé  
Cao Dai  
Calvinist  
Catholics: Roman  
Catholics: Eastern  
Celtic Religions  
Celtic Christianity  
Ceremonial Magick  
Children of God  
Christadelphians  
Christian Identity  
Christian Science  
Christianity: all  
Christianity: Evangelical  
Christianity: Traditional  
Christianity: Progressive  
Christianity: Catholic  
Christianity: Orthodox  
Church of Christ  
Church of the Nazarene  
Confucianism  
Congregational Church  
Dark Zen  
Deism  
Disciples of Christ  
Divination  
Divine Science  
Druidry  
Earth-Based Religions  
Eastern Orthodox  
Eastern Rite Catholics  
Eckankar  
Episcopal  
Esoteric  
Essenes  
Ethical Culture  
Falun Gong  
First Nations  
Folk Magic  
Freemasons  
Friends (Quakers)  
Gnosticism  
Greco-Roman  
Hare Krishna  
Heathens  
Hellenismos  
Hinduism  
Humanism  
I-Ching  
Indigenous Beliefs  
Islam



Jainism  
 Jedi  
 Jehovah's Witnesses  
 Judaism  
 Kemetic Religions  
 Latter-Day Saints  
 Lutheran  
 Malthesim  
 Mennonites  
 Messianic Judaism  
 Methodist  
 Metropolitan Community Church  
 Mormon LDS  
 Mormon non-LDS  
 Multifaith Forum  
 Nation of Islam  
 Native American  
 Neo-Pagan Spirituality  
 New Age  
 New Church  
 Noahide Movement  
 Non-denominational  
 New Thought  
 Paganism  
 Pantheism  
 Philosophy  
 Pentecostal Trinitarian  
 Pentecostal Oneness  
 Presbyterian  
 Quakers  
 Raelians  
 Rastafarians  
 Reconstructionists  
 Reformed  
 Religio Romana  
 Religious Science  
 Roman Catholics  
 Runes  
 Salvation Army  
 Sant Mat  
 Santeria  
 Satanism  
 Science of Mind  
 Scientology  
 Scientology Freezone  
 Seventh-Day Adventists  
 Shamanism  
 Shinto  
 Sikhism  
 Slavic Religions  
 Society of Friends  
 Spiritual Not Religious  
 Spiritualism  
 Sufism  
 Swedenborgians  
 Taoism  
 Tarot  
 Umbanda  
 Unification Church  
 Unitarian Universalism  
 United Church/Canada  
 United Church of Christ  
 Unity Movement  
 Urantia Book  
 Vineyard Churches  
 Vodou/Voodoo  
 Wicca  
 Witchcraft  
 Yoruba  
 Zoroastrianism

## Thank God for HIV? . . .

PWAs. Check out programs offered at different AIDS service organizations. Explore your roots, if that feels right. Talk to elders, join seasonal celebrations. Give yourself permission to explore and also to stop if it doesn't feel right. It's about growth and acceptance, not "shoulds".

Spirituality can also enhance recovery for some women. The original 12 steps of Alcoholics Anonymous talk about "God as we understand Him," which some people prefer to translate into an understanding of a Higher Power, rather than a traditional male God. Spirituality doesn't have to be part of recovery, but if you feel it could work for you, why not give it a go?

Making peace with HIV is a process. As time goes on you realize you are still here, even though it seemed everything would end when you got your diagnosis. Another day is lived. You watch seasons change. Some choices are easily made, some are much harder. You may find as time goes on that spirituality is more about gratitude than anything else. There is a Zen saying: "just being alive is enough".

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**"There are some who believe spirituality and religion are one in the same. Many people use the word 'spirituality' to avoid the stigma and prejudices that sometimes emerge in organized religions."**

**Mark Chichocki, RN  
The Role of Religion and Spirituality in HIV)**

## CATIE News

### Intriguing findings from study on lubricants

by Sean R. Hosein, CATIE

A vital part of preventing HIV transmission is the use of condoms for both vaginal and anal sex. Many people use personal lubricants as well, for enhancing pleasure and reducing dryness. Using lubricant may also reduce the risk of condoms breaking during sex.

Lubricants may also become important in another area - microbicides. These are prevention products that are being developed in the form of gels, creams, films, sponges and suppositories that contain anti-HIV compounds. Worldwide, most cases of HIV are spread through unprotected vaginal sex. Therefore, it makes sense that microbicides are being designed to work in that part of the body.

An advantage of microbicides is that they could allow women the opportunity to protect themselves before having sex, without the need to get permission or approval from men. This is necessary in many parts of the world, particularly where HIV is endemic. In these regions, women may not have a great deal of power over their lives, particularly when it comes to their sexuality. This makes them vulnerable to infection from HIV positive men.

Both men who have sex with women as well as men who have sex with men engage in anal intercourse, which can also place them at risk for HIV transmission. Because the focus with microbicides has largely been on the prevention of HIV transmission in the vagina, the effect and activity of these products in the rectum may be understudied. However, it is likely that once microbicides designed for vaginal use become widely available they may also

be used for anal sex.

As a foundation for future work on microbicides and to better understand the impact of some commonly available personal lubricants and other substances on the rectum, researchers at the Johns Hopkins University School of Medicine in the United States have begun to engage in lab experiments and tests on volunteers. Their findings are intriguing and may give other research teams pause for thought as they develop potential microbicides.

#### Study Details

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Researchers recruited 10 men for this study. At different points in time over a period of weeks, the men had different lubricants squirted into their rectums by the research team. These lubricants were:

- \* ID Glide
- \* a mixture of ID Glide and FemGlide

These substances were tagged with a tiny amount of radioactive material so that their passage through the rectum and colon could be monitored. Within 1.5 hours after administering the lubricants, the study team began to probe the volunteers and removed tiny amounts of tissue from just inside the rectum to as deep as 40 cm (about 16 inches) from the anus into the colon. These tissue samples were observed under the microscope and analysed for changes and damage.

In parallel with this research on people,

## CATIE lubricant study . . .

the research team also conducted lab experiments with the following lubricants and other substances:

- \* Astroglide
- \* FemGlide (also sold as Slippery Stuff)
- \* Fleet enema
- \* ID Glide
- \* KY Jelly
- \* PrePair

Specifically, they assessed the potential of these products to either pull water out of a cell or push water into a cell. If a cell loses water faster than it can be replaced, it becomes injured and can die. If it has absorbed too much water, the cell can also become damaged. Injured or damaged cells lining the rectum can, in theory, make HIV infection easier.

### Results

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In testing these substances in the lab, the study team found that many of them were hyperosmolar - they tended to attract and absorb water from cells lining the rectum. This has the potential to damage these cells. Indeed, the ability of the lubricants to pull water out of cells was between 4 and 14 times greater than the ability of rectal cells to retain water. The lubricant called FemGlide (Slippery Stuff) was the only product that did not have the potential to significantly pull water out of cells. The researchers classified it as hyposmolar, suggesting that it had the potential to push water into cells. The other lubricants and sub-

stances, because they are hyperosmolar and attract and absorb water, have the potential to reduce the layer of mucus that coats the rectum.

Based on the analysis of tissue samples taken from volunteers, damage to cells lining the rectum occurred in less than two hours after lubrication was first applied. In theory, this damage may increase the risk of HIV transmission during sex. However, this study was not designed to assess such a risk and any conclusions drawn about that subject can only be theoretical possibilities.

Another finding from this study was that some lubricants, after being applied just past the anus, can migrate as far as 40 cm up the colon up to four hours after being applied. At such a distance, the lubricant becomes diluted and likely poses little threat to the health of colon cells. However, the potential for other issues (as noted below) arises.

### What's Next?

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The results from this study are intriguing and may stimulate other research teams to conduct studies to confirm and extend the initial findings of the Johns Hopkins team. The results from the present study also have implications for currently available lubricants and future rectal microbicides (which may or may not contain lubricants), including the following:

Does exposure to certain commonly available lubricants in everyday use lead to rectal injury?

## CATIE lubricant study . . .

How long after exposure to some lubricants will the rectum heal itself?

How often can these products be safely applied to the rectum?

As lubricants have the potential to migrate up the colon, will the concentration of microbicides still be active against HIV as they migrate and become diluted?

Is it possible to create lubricants that do not migrate up the colon?

Overall, the results from the Johns Hopkins study show that much work remains to be done to study the potential safety of rectal microbicides and lubricants.

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From Canadian AIDS Treatment Information Exchange (CATIE). For more information visit CATIE's Information Network at <http://www.catie.ca>

## WHY USE LUBE?

Personal lubricant (commonly known as lube) has moved way beyond the basic K-Y jelly of yesteryear. Because it makes sex slippery, lube keeps the tissues of your vagina and anus less likely to suffer tiny tears during sex, which can make you more vulnerable to infections.

Use a lubricant for vaginal sex, anal sex, and even oral sex. You want to use water-based lubricants and stay away from any oils (petroleum-based), which can cause condoms to break. This includes staying away from cooking oils, Vaseline, hand or body creams, etc. Go with a lube that's designed for sex: this stuff is going into tender parts of your body. Be kind and use the stuff that's specifically designed for it!

Use lube on sex toys (with a condom for each person if you're sharing). Men can find putting a drop or two into a condom before rolling it on can increase sensation (use only a drop or two or else the condom might slip off during sex). Slick some lube onto the dildo or penis before sex. Remember when you are using condoms do NOT use condoms with spermicide added. Spermicide can irritate the body's tissues and make it easier for infection to get in.

Lubes are easy to use and available at pharmacies (near the condoms). Lube up! Have fun!



## HIV+ new moms get access to infant formula

The Provincial Health Services Authority and the Oak Tree Clinic of BC Women's Hospital & Health Centre have successfully worked with community-based HIV/AIDS organizations to ensure that mothers who are HIV-positive will be able to access infant formula at no cost. "Providing infant formula to mothers infected with HIV is an important and effective practice that prevents post-natal transmission of HIV to uninfected babies," said Health Minister George Abbott. "In British Columbia, we have achieved great success in preventing mother-to-child transmission of HIV and our goal is to continue this success and eliminate this form of infection within the province."

The Provincial Health Services Authority (PHSA), one of six health authorities in British Columbia, acted on a recommendation made by the community-based groups and partnering agencies BC Persons With AIDS Society, Positive Women's Network and A Loving Spoonful to fund this \$72,000 program for the current fiscal year. Approximately 30 infants are born to HIV-positive mothers in B.C. every year.

The funding means that all HIV-positive mothers are now able to access this type of support. While mothers on social assistance received formula through the Ministry of Employment and Income Assistance, more than half of the HIV-positive new mothers in B.C. last year were not recipients of MEIA, and therefore had to cover the cost of formula on their own. "PHSA recognized this gap last year

and provided an interim grant to A Loving Spoonful, but we agreed with the partners' call for a consistent, reliable and easily-administered program," said PHSA president and CEO Lynda Cranston. "The investment is small but the potential payback, in terms of preventing the high lifetime health-care costs to support an infant who acquires HIV, is enormous."

In a statement released by the three partnering agencies, the group expressed enthusiasm about the recent funding announcement, "We are pleased that the PHSA has recognized the long-range benefits of preventing mother-to-child HIV transmission by providing free infant formula to all HIV positive new mothers in B.C. The program will especially benefit HIV positive women who face multiple challenges through circumstances of poverty, addictions, racism, and violence. It is our hope that once the program benefits are apparent, the PHSA will extend the funding beyond the current fiscal year."

As part of its mandate to provide province-wide agencies and services, the PHSA received funding from the Ministry of Health to provide approximately \$6 million annually for organizations working to support those living with HIV/AIDS across the province. As well, the PHSA continues to play an active role in the overall HIV/AIDS strategy for the province directly and through the work of its agencies such as the BC Centre for Disease Control and BC Women's Hospital & Health Centre's Oak Tree Clinic. The clinic provides specialized HIV care for infected women, pregnant women, and children. :|:

**"We are pleased that the PHSA has recognized the long-range benefits of preventing mother-to-child HIV transmission by providing free infant formula to all HIV positive new mothers in B.C."**

## Working together: the new board of directors

### The 2007-2008 PWN Board



*Back, L-R:*

Margarite Sanchez,  
Rehema Nahimana,  
Joni Devlin,  
Kath Webster,  
Peggy Frank,  
Helen Mendes.

*Front:*

Monique Desroches,  
Nash Dhalla.

(missing: Yasmin  
Winsor, Toun Ilumoka)

The Annual General Meeting was held June 7, 2007 at PWN. We started off with lunch, and the room was full of members and folks from the community: AIDS Vancouver, Oak Tree Clinic, St. Paul's Hospital, and more. The point of the meeting was to talk about what PWN has done in the past year and elect a Board of Directors to lead the organization in the coming year.

PWN accomplished a number of new things in 2006 as well as maintaining ongoing programs. Marcie (Executive Director), Bronwyn (Support Programs Coordinator) and Janet (Communications Coordinator) made brief presentations about their work. If you would like a copy of the report that outlines the events of the year, let us know.

A lot of discussion was dedicated to talking about how people are nominated for the Board and run for election. Should we accept nominations at the meeting? Who should be interviewing potential Board members? How do women get nominated?

In the end it was agreed that the focus for the next year is to make sure that members who cannot attend the AGM know who is running for election in advance. It was voted that we will not accept nominations "from the floor" at the AGM next year. This ensures that members from out of town or those who can't make the AGM will have the same information about who is running for election as members who attend the meeting. Anyone can run for the Board as long as they apply before the deadline. The Board will also work with a group of members in finding and interviewing people for the Board. If a new Board member applies after the nomination deadline, she may be appointed for a term and then formally elected at the following AGM.

Unfortunately, one of the co-chairs, Christine Iamonaco-Dagg is leaving us for work in Toronto (our loss, Toronto's gain). As a result, the Board will elect a new co-Chair to work with Peggy, the other co-Chair. New Board members are: Helen Mendes, Rehema Nahimana and Yasmin Winsor (returning for a second two-year term). :|:



## AIDS virus hides quickly inside babies' blood

Drug-resistant HIV strains that pass from mother to infant can go undetected in the baby's immune system cells and remain there for years, according to a study by Dr. Deborah Persaud of Johns Hopkins University School of Medicine and colleagues.

Mother-to-child HIV transmission in the United States has been slowed by the practice of treating both mother and baby at delivery, though it remains a major cause of infection in the developing world. Without treatment, around 25 percent of newborns become infected, either during birth or later during breastfeeding.

In addition, drug-resistant HIV is on the rise globally. HIV patients may develop resistance to their HIV drugs, and this resistant strain can then pass from person-to-person.

Persaud and colleagues studied 21 HIV-infected infants in 10 US states. Five of the infants had been infected with drug-resistant HIV from their mothers.

The researchers found the infants' virus moved quickly to inactive or resting CD4 T-cells. While the virus was resistant to the non-nucleoside reverse transcriptase inhibitors class of drugs, another class, protease inhibitors, worked.

"The initial transmitted drug-resistant virus will likely never be cleared from that infant with currently available treatments," said Persaud.

The study, "Early Archiving and Predominance of Nonnucleoside Reverse Transcriptase Inhibitor-Resistant HIV-1 Among Recently Infected Infants Born in the United States," was published in the *Journal of Infectious Diseases* (2007;195:1402-1410).

Source: CDC HIV/Hepatitis/STD/TB Prevention News Update 05/09/2007; Original Source: Reuters (04.30.07)

## QUICK STATISTICS ON HIV, PREGNANCY AND NEWBORNS

The chance of an HIV+ woman passing HIV to her newborn if she takes HIV treatments: less than 2 in 100 (<2%).

The chance of an HIV+ woman passing HIV to her baby if she doesn't take any HIV treatments: 1 in 4 (25%).

All babies born to HIV+ women will be on HIV meds for the first six weeks of his or her life. This is standard treatment procedure and does not mean the baby is infected.

To determine the HIV status of a newborn, a test is done at birth, 2 weeks, 4-6 weeks, and 3 months. If at least two results are negative after 1 month of age, then the baby is not infected. Babies are tested again at 12-18 months to confirm antibody status.

Positive Women's Network will be producing an updated pregnancy pamphlet in the fall. Let us know if you would like some:  
[pwn@pwn.bc.ca](mailto:pwn@pwn.bc.ca)

## Positive women's advisory committee update

Our new name is the Positive Advocacy Project or PAP for short.

I am happy to report that the first meeting at PWN on April 20th 2007 had 10 HIV positive women in attendance! There were some great ideas generated. Every one spoke and every one had lots to say. I think that all the women felt free to express their opinions, we

### What are the important issues + women face in their lives?

just didn't have enough time! So, many topics got put on hold for the next meeting, which will be in late June.

At the PWN May retreat on Bowen Island, I had the opportunity to facilitate a roundtable discussion. The intent was to hear what positive women have to say.

What are the important issues + women face in their lives?

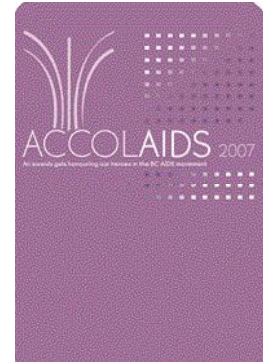
It was a bit like a fact-finding mission for the PAP committee and the results will be useful in identifying the needs of positive women. Thanks to all of you who took part.

I'm really encouraged by the enthusiasm for this project. There are currently twenty HIV+ positive women who have expressed interest. Anyone who like to get involved, please call PWN office and they will put you in contact with me.

Thanks, Margarite

## PWN receives AccolAIDS award

It was with great excitement that a small number of PWN members, staff and Board members attended AccolAIDS 2007 to accept the "Innovative Programs & Service Delivery" award for PWN.



AccolAIDS is a gala event hosted by BCPWA to honour the heroes in the BC AIDS movement.

We had a fun evening of great food, fun company, lively presentations and entertainment. Marcie Summers, PWN's Executive Director, accepted the award on behalf of PWN. She spoke eloquently about PWN's work, and of the honour of receiving the award. In her acceptance speech, Marcie thanked all the passionate women who make up the PWN community, and said how inspired she is by the "resilience, stamina, tenacity and strength" of PWN members.

Marcie also thanked BCPWA for sponsoring the event, saying that:

"Too often we are so busy working in the trenches, beating our heads against the walls of complacency and facing a profound lack of political will in our leadership, that we don't take the time to acknowledge all of the good work being done on the ground. It is wonderful to gather together...and to celebrate our vision for a just world for those living with HIV. As activists, we are all deeply committed to this vision, one of equality, dignity and social justice."

Thanks goes out to Nancy Hay, St. Paul's Hospital Social Worker for nominating us, and for all the PWN members who wrote lovely letters of support. It's a wonderful feeling to be recognized in this way!

## Everything teens want to know about sex....can be found at



Scarleteen.com is a judgment-free teen-oriented resource about sex, the body, emotions, how to co-exist with adults, and communicating to make informed decisions. The Web site is the nine-year-old brainchild of Heather Corinna, 37, a Seattle-based sex educator originally from Chicago.

One choice many teens make is to abstain from sex, and the Web site offers them a thorough “sexual readiness checklist.” However, other teens might have sex, which the site embraces as a potentially positive experience when they are ready to approach it safely.

“I’m unwilling to say ‘no’ is always a better answer than ‘yes,’” said Corinna. “(a) I’d be a giant hypocrite since it’s worked OK for me, and, (b) it’s an option. But it’s an option the world we live in doesn’t support.”

Each day, Scarleteen gets about 15,000-30,000 visitors, according to the site. Site volunteers answer every question submitted.

“When I have a question about something that normally I would be scared to ask anyone else, I can go to Scarleteen and ask the question and always get a quick response without any worry of someone harassing or making fun of me for asking that question,” said one 18-year-old female.

The site, which exists almost entirely on donations, stays on top of new research and provides sources for its information. While half the Web’s teen visitors are in crisis mode - pregnancy is the site’s number one topic - the other half are there to ask general questions.

Source: CDC HIV/Hepatitis/STD/TB Prevention News Update 05/25/2007  
Original Source: Seattle Post-Intelligencer (05.14.07) Athima Chansanchai

## Pakistani women at increased risk of HIV

Women in Pakistan are at increased risk of contracting HIV because of socioeconomic and biological factors, Minister of Health Muhammad Nasir Khan said recently. Nasir said gender disparities in literacy, education, economic empowerment and control of resources also are fueling the spread of the disease among women in the country. According to Nasir, men are seen as the “decision-makers” in Pakistani society, and women, particularly those in rural areas, depend on men for access to outside information.

According to Nasir, 85,000 people in the country are living with HIV, which is 0.1% of the population. He added that the majority of those living with HIV are men, who are transmitting the virus to their sexual partners. Injection drug use in several cities also is exacerbating the problem, Nasir said. Fifty-two percent of IDUs in Karachi and 82% of IDUs in Lahore reuse needles, he said. He also noted that drug use has shifted to urban areas, causing a concentrated epidemic in cities, such as Karachi, where HIV prevalence among IDUs has risen more than 25% in the last three years. Nasir added that male and female commercial sex workers are engaging in unsafe sex practices in part because of social marginalization and a lack of access to HIV/AIDS education. Qasim Jan, university vice chancellor and workshop chair, stressed the need for greater HIV/AIDS research and awareness. He said the university would welcome collaborative projects between institutions to study HIV/AIDS epidemiology and new approaches to fighting the disease (Khalid, The International News, 5/3). :|:

**Women in Pakistan are at increased risk of contracting HIV because of socioeconomic and biological factors**

# Events + Program Information

	mon	tue	wed	thu	fri
drop-in	1130-330	1130-330	1130-330	1130-330	----
lunch	----	12-2	----	12-2	----
foodbank	----	12-2	----	----	----
office hours	9-4	9-4	9-4	9-4	9-4

**Quick Calendar: go to [www.pwn.bc.ca](http://www.pwn.bc.ca) for updates**

## Foodbank closures

The Tuesday foodbank will not be open every week through the summer. Here is the schedule.

closed	open
jul 3	jul 10
jul 24	jul 17
jul 31	aug 7
aug 28	aug 14
sep 4	aug 21
sep 25	sep 11
	sep 18

## If you can't come to us...

... we may be able to come see you. Stacie does outreach visits on Fridays. She goes to various programs and organizations to familiarize them with PWN. She also makes home visits when possible. If you would like to connect with her, call 604.692.3005.

## Volunteers needed!

The PWN Support Program is looking for a PWN member to help out in the grocery and lunch program. We need someone on Tuesdays from 11 - 2 to help unload groceries and serve food in the drop-in. If you are energetic and enthusiastic, and want to work with a great group of FUN women, this volunteer position is for you. For more information or to have an interview, please contact Bronwyn at 604.692.3008.

## Thank you donors of our May retreat

The May retreat was a great success. Thank you very much to the donors who contributed:

**Lush on Robson**  
**Shoppers Drug Mart on Davie**  
**Below the Belt on Robson**  
**Sage Natural Wellness on Robson**  
**Homewerx on Davie**  
**London Drugs on Davie**



# Events + Program Information

## AIDS Walk 07: join the team

This year's AIDS Walk takes place Sunday September 23. BC Persons with AIDS Society sponsors the Walk, and Positive Women's Network is a community partner that benefits from funds raised. We dedicate the money raised at the AIDS Walk to our portable housing subsidies, which helps women achieve safe, affordable housing. Please join our team! In order for PWN to receive the money from our team of walkers, you must specify that you want to join the PWN team when you register. Registration is online through the BCPWA website. If you have any questions, you can contact Donna, our AIDS Walk for Life team captain, for more information: [donnat@pwn.bc.ca](mailto:donnat@pwn.bc.ca)

## Sahwanya community kitchen

**Positive African women community kitchens for positive African women, by positive African women.**

Let's break the chain of isolation and pull together for our common good. Call or e-mail for information, transportation or directions. Children welcome. Upcoming dates: **July 14, August 4, August 25, and September 15. 10AM-4PM**

2450 Ontario Street, Vancouver (Bridge Clinic, downstairs). For more information, call 778 998 2692 for Sahwanya or e-mail [sahwanya\\_ck@yahoo.com](mailto:sahwanya_ck@yahoo.com).

Please note: This is not a PWN program. Call or email above contacts for details.

## Bowling in Burnaby

Thursday, August 23, noon to 3 PM (no drop-in lunch at PWN that day). Lunch and bowling at REVS near Holdom Station, 5502 Lougheed Highway. Call PWN at 604.692.3000 for details and to RSVP. Bring your children!

## KFC on the beach!

Tuesday July 3 and Tuesday September 25 (no drop-in lunch or foodbank those days).

Do you have something to share?  
Deadline for submissions to the next newsletter is September 5.  
Send submissions to [janetm@pwn.bc.ca](mailto:janetm@pwn.bc.ca) or by mail.

## Treatment information for women

PWN and BCPWA will be hosting a Treatment Information Night for Women on September 18 at BCPWA. Food provided. All positive women and people interested in positive women's issues are welcome. RSVP to BCPWA Treatment Information at 604.893.2243.

**fax**

604.684.3126

**email**

pwn@pwn.bc.ca

**online**

meet us: [www.pwn.bc.ca](http://www.pwn.bc.ca)  
find support: [www.pwn-wave.ca](http://www.pwn-wave.ca)

**phone**

604.692.3000 (local)  
1.866.692.3001 (toll-free in BC only)

**in person or by post**

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

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connect with us



**Positive Women's Network**, a partnership of women living with and affected by HIV/AIDS, supports women in making informed choices about HIV/AIDS and health. We provide safe access to support and education/prevention for women in communities throughout British Columbia. The Positive Women's Network provides leadership and advocacy around women's HIV/AIDS health and social issues in the national and local health care communities.

**Thanks to our supporters!**

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Funding for our upcoming pregnancy pamphlet provided through an unrestricted grant from Boehringer Ingelheim (Canada) Ltd.



Minerva Foundation for support in education initiatives.

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**Unless otherwise noted, all materials in this newsletter are written by Janet Madsen, Communications Coordinator ([janetm@pwn.bc.ca](mailto:janetm@pwn.bc.ca))**