



Giving Women Power Over AIDS

A Photo Exhibit on Women, HIV and Hope

Positive Women's Network is proud to present **Giving Women Power Over AIDS**, a photo exhibit about women, HIV and microbicides. The exhibit will be on display at the Central Branch of the Vancouver Public Library June 1 and 2 (10 AM- 6 PM). PWN is partnering with the Canadian AIDS Society to bring **Giving Women Power Over AIDS** to Vancouver as part of its Canadian tour. Working locally with several organizations, PWN is pleased to show this exhibit in Vancouver for the first time. Please join us.

In this Issue...

NATAF Conference Report	page 3
+ Living: New Being	page 5
How Do I Join PWN?	page 6
Bowen Island Retreat	page 7
VCH Palliative Care Strategy	page 8
Events	page 10
Connect with Us	page 12

The exhibit tells two stories. The first story is Ruth's- a Zimbabwean HIV+ mother facing illness in a community struggling with the stigma of HIV. The other story is about the race to develop microbicides, which could have changed Ruth's life and could still change the lives of millions of women.

Ruth's story is illustrated by photographer Betty Udesen and reporter Paula Bock of the Seattle Times. In 2002, Bock and Udesen traveled to Zimbabwe to get a firsthand look at the reality of HIV/AIDS. The resulting photo-essay, *In Her Mother's Shoes*, tells the story of Ruth and her daughter Martha, one of some 11 million AIDS orphans in sub-Saharan Africa. *In Her Mother's Shoes* puts a face to these numbers with passion and energy.

The scientific story in the exhibit is that of microbicides. Microbicides are substances to put in the vagina or rectum that will help to prevent HIV and other sexually transmitted infections (STIs). They may come in the form of a gel or a cream. They may be inserted as a suppository or used with a device like a diaphragm. ⇨



Photographed by Frank Herholdt/Microbicides Development Programme

Giving Women Power Over AIDS

June 1st and 2nd, 2006

10AM - 6 PM

Vancouver Public Library, 350 West Georgia Street, Vancouver.

continued from page 1

Microbicides may also prevent pregnancy (be contraceptive) or not. They are not yet available, but researchers hope to bring the first generation of microbicides to market by 2010. The first microbicides will be for vaginal use, although researchers are also trying to consider them for rectal use as well. The first microbicides will not be 100% effective at preventing infection, so ideal use will be with condoms. But scientific modeling has shown that even a 60% effective microbicide could prevent over 2 million infections in a few years.

Microbicides are not a magic pill that will change everything for women in this world. We still need to work for behavioural change

in relationships, and changes in cultural expectations. We also need to continue researching other options like an HIV vaccine.

Microbicides are an exciting possibility to challenge the realities that women face: relationship struggles, economic inequality and unequal say in decisions about sex and condom use. Scientists and advocates are working to change things, and microbicides offer some hope that a woman might have a prevention option she herself could control.

Please plan to join us to see this powerful exhibit. For more info, contact Janet (604.692.3009 or janetm@pwn.bc.ca). ❖

The Positive Side April-June 2006

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Report from North American AIDS TreatmentAction Forum (NATAF)

Double struggle

by Margarite Sanchez and Kath Webster

The NATAF Conference in Oaxaca, Mexico was held from November 27 - 30, 2005. Immediately following NATAF, the Mexican National HIV/AIDS conference started on World AIDS Day, December 1. Between these two significant HIV/AIDS events, Oaxaca was buzzing with activity.

The energetic and stimulating atmosphere at the NATAF conference facilitated natural and easy networking among delegates. Sessions were well attended, participants were hungry for information and eager to discuss issues affecting them and their communities.

Mexico has had legislated universal access to medications since 2003. However, there are few medications available and approval is slow due to lack of funding and political will. Mexico has less than a dozen HIV drugs available compared to Canada where there are over 20 approved HIV drugs. HIV/AIDS treatment and services have become more available in Mexico lately, especially in urban areas. It was encouraging to talk with Mexican healthcare professionals who work in clinics that provide a variety of services. However, we also learned that quality of care varies greatly between rural and urban areas and between the poor and the rich.

Mexico has approximately 94,000 reported cases of HIV, but the estimated number of infected people is considerably higher—somewhere between 160,000 and 260,000. Just over 16 percent of reported cases are women.

The most common mode of transmission for women is through heterosexual contact with a steady partner. In some rural parts of Mexico where HIV rates have been on the rise, migrant workers to the US may be playing a role. Studies have shown that male



Margarite, Kath, and conference friend at NATAF

Closing ceremony slogan:

There is no one better to speak for us than ourselves

migrant workers tend to exhibit high-risk behaviours while residing in the US. When they return to their villages in Mexico, their wives may then be at risk of contracting HIV.

At the NATAF conference, four workshops focused specifically on women: Treatment Issues for Women; Pregnancy and HIV; Research Around Antiretroviral Use and Complications in Women; and Access to Timely and Permanent Reproductive Healthcare for Women.

Overall, there was a minimal focus on women at the conference and some information was lacking, so two Canadian women who are treatment educators, Louise Binder and Shari Margolese, organized a successful and informative satellite workshop on how HIV drugs affect women differently from men. ⇨

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Double Struggle... continued

As in many other parts of the world, women with HIV in Mexico face numerous struggles. On top of dealing with the challenges of HIV, they have to deal with issues of oppression in a male-dominated culture where machismo rules. Many HIV-positive women don't have the option of disclosing their HIV status until their husbands die. This limits their ability to access care and support. Also, not surprisingly, women are underrepresented in AIDS organizations. The few women who are involved are often treated like token stakeholders and/or marginalized. This trend may be reversing: the HIV-positive Mexican women we met were well informed, dynamic, and committed to organizing locally and nationally.

The NATAF conference in Oaxaca was a success: it provided an opportunity to update

our knowledge, network, and gain renewed inspiration in our work. The many facets of HIV/AIDS present serious challenges especially in a low income country like Mexico. Having the conference in Oaxaca with its warm ambiance and friendly people gave participants a balance between the severity of the issues and the importance of enjoying life. The fabulous opening candlelight procession and the closing fiesta confirmed that Mexicans really know how to celebrate life. ❖

This article originally appeared in the March/April issue of BCPWA's Living Positive.

Margarite Sanchez is a founding member of the Gulf Islands HIV Support Group.

Kath Webster is a researcher and educator for the Treatment Information Program at the BCPWA Society, as well as a member of PWN.

us: New HIV/AIDS Cases on the Rise in Women & Girls

To raise awareness of the growing number of women affected by HIV/AIDS in the United States and worldwide, Friday March 10 marked the first National Women and Girls HIV/AIDS Awareness Day, said Dr. Anthony S. Fauci, director of the National Institutes of Allergy and Infectious Diseases (NIAID).

According to CDC, 27 percent of new US AIDS cases as of 2004 were females, with women of color, especially black women, making up the majority of these cases. Between 2001 and 2004, African-American and Hispanic women represented about 83 percent of new female cases. And young women are especially vulnerable: For the same time period, 38 percent of new cases in persons under age 25 were females, compared with 27 percent among those over age 25.

Worldwide, 46 percent of adults living

with HIV/AIDS as of 2005 were women. The "vast majority" of these women, said UNAIDS, were infected through heterosexual intercourse.

The national event is designed to be a day of recognition of these disturbing trends. In addition to raising awareness, said Fauci, "new ways of thinking" about the epidemic are needed. Increased gender-based education and empowerment training that allow women to take control of their lives are needed, especially in the areas of sexual and general health. ❖

Source: CDC HIV/STD/TB Prevention News Update 03/10/2006

Original Source: Reuters (03.09.06)

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Positive Living

New Being

by Sascha

The man who infected me took away my ability to both protect myself and to fully love him...

I woke up very early today (4AM) and ended up watching a movie about a man who kidnaps his lover and forces him to submit to an HIV test. The lover would not 'fess-up to infecting the kidnapping main character, but he was eventually forced to be truthful.

A fairly heavy topic, I know, which has set the mood for my day. In keeping with the mood it's a blustery grey day. As I walked around False Creek I thought on my past and on the one man who made such an impact on my life. Although our relationship ended 12 years ago, my mind often wanders to him. It's more than the fact that I have not dated anyone since him; it's the fact that he withheld information from me. He took away my ability to both protect myself and to fully love him.

And I did love him; I will never regret that. Even after I had been diagnosed he continued to deny his positive status. Yet at the time I knew he had infected me and he knew that I knew.

There was no one else besides him; I was committed and devoted to him alone. I can even trace the exact date of exposure: Christmas Eve 1993. Merry Christmas to me.

His dishonest insistence of being HIV negative was the most infuriating part of the whole experience. If I were in anyway a violent woman I would have perhaps kidnapped him and forced him to admit the truth. It was years before he admitted the truth to me and apologized for exposing me to HIV.

The virus is incidental to me these days. But in the early days of diagnosis I was over-

whelmed by such grief. The day I was diagnosed my verdant life suddenly became a barren wasteland. I saw my dreams for the future die before my eyes. I felt my femininity walk away, defeated. My spirit gasped with foreboding. My intellect frantically tried to reconcile this new reality with my ambitions. My knees bent and I heard myself call out to God. I'm on the verge of tears as I write this, remembering this powerful time in my life.

Even today, 12 years later, I find it terribly difficult to trust men. I try, but anything beyond friendship is such a leap of faith for me. At least I am becoming less hostile towards men who flirt with me. I get this expression on my face, fondly referred to as my *fuck-off face* by friends, which would frighten all but the most brave and intent man. My suspicions, which were an initial defense mechanism, have become habitual and they no longer serve me. I am striving to trust again because I believe I cannot fully love someone without trusting.

As of late I have notice an unexpected phenomenon: I am actually shy around men again. Some of my innocence has been restored - at least psychologically. That is a welcome blessing. Something good has to come out of this celibacy. Along with this newfound shyness is also a renewed interest in romance. While I am not actively looking for it, I am no longer disturbed by the possibility. No matter how afraid I am, I am opening up my heart to allow myself to be blessed in ways I cannot even ask or imagine. ❖

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How do I Join PWN?

If you are reading this newsletter, you're probably connected in some way to Positive Women's Network. But if you're not, and would like to know how to connect, read on!

How do I become a member at Positive Women's Network?

Membership at Positive Women's Network is open to any woman living with HIV in BC. In order to become a member, fill out a membership form. You can get a form online (www.pwn.bc.ca), or through the mail by phoning us (604.692.3000/ toll free in BC 1.866.692.3001). We ask for your name, address, and date of birth. You must also provide us with written proof (verification) of HIV status from a doctor or nurse, or a copy of this from another AIDS service organization. We cannot ask the organization for this information, you have to do so yourself.

Do I have to have a referral from a doctor or nurse to become a member?

No, you can just call us. We need proof of HIV status from a doctor, nurse, or other service provider, but you can start the process yourself.

Who knows my HIV status once I'm a member?

No one but PWN staff will know your status if you don't come in to the drop-in or attend events. We do not share information about members with anyone unless you specifically request it (in writing). We advertise events in the newsletter, which is sent in a plain envelope with no indication (other than our return address) of where it is from.

What does it mean to be a member?

Members of Positive Women's Network (PWN) can attend any program free of charge. This includes ongoing programs like the drop-in, support groups, outreach visits, telephone counseling, Woman and AIDS Virtual Education website, and lunch program. Special events include things like the weekend wellness retreats.

How do I join programs?

Some programs, like the drop-in and phone line are just that- get in touch when you want. Other programs, like weekend wellness retreats, SpringBoard conference, haircut days, and other kinds of special events, require advance sign-up. You can find event information on our website (www.pwn.bc.ca), in this newsletter, by mail out special notices and in the drop-in.

Please note that if you choose not to get mail from us, or don't keep us updated when you move, you may miss information.

What does it cost to attend special events like retreats?

All members of PWN can attend programs free of charge. This includes travel costs to and from retreats.

How does a service provider make a referral to Positive Women's Network?

If you're a service provider working with a woman who has HIV, you can accompany a woman on her first visit, or if she is comfortable, simply make her aware of us and that we need proof of HIV status for her to become a member. ❖

The Positive Side April-June 2006

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pack up,
**it's time for the
 Bowen Island Retreat!**
 Friday May 12- Sunday May 14, 2006

When?

Friday, May 12th to Sunday, May 14th, 2006.

Where?

Bowen Island, a short ferry ride from Vancouver.

Who can apply?

The retreat is open to all members of the Positive Women's Network. Priority will be given to members who did not attend the last retreat. Space is LIMITED so apply early!

Cost?

It's FREE. The Positive Women's Network covers all retreat and transportation costs.

How do I apply for the retreat?

All members should have received applications by now. **If you are a new member, or wish to become one, phone us as soon as possible.** (604.692.3000/ 1.866.692.3001 toll free) COMPLETED registration and medical forms go to:

PWN Retreat Coordinator
 #614-1033 Davie Street
 Vancouver, BC, V6E 1M7
 Fax: 604.684.3126

**APPLICATION DEADLINE:
 MONDAY, APRIL 10TH**

What else do I need to know?

We are not able to accommodate children on the retreats, but we will provide a childcare subsidy for women who need childcare.

The use of drugs or alcohol will not be tolerated on or off the retreat site, and women using drugs or alcohol will be asked to leave. ALL prescription and over the counter medications are to be held by, and administered through, our retreat nurse.

For more information please contact: Tamara or Bronwyn

Lower mainland: 604.692.3000

Toll-free: 1.866.692.3001

Email: retreat_2006@yahoo.ca ❖

**SpringBoard 2006
 a smash**

Thank you to sponsors Abbott Laboratories (the exclusive pharmaceutical sponsor of SpringBoard) and Vancity for a great event!

Despite snow, wind, and rain, people arrived. Sessions included HIV disclosure and the law, issues of living with HIV in rural and urban aboriginal communities, discussing whether HIV drugs have any effects on children exposed in utero, and looking at treatment challenges for women. The Aboriginal Angel Doll Project was on display, the food was great, networking happened.

Cancelled ferries kept some away, and they were missed. Next year?

Thanks to everyone who was part of SpringBoard 2006's success. ❖

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Vancouver Coastal Health has a new Strategy for Palliative - Hospice - End-of-Life Care

by Vancouver Coastal Health Communications

Members of the public, as well as health care providers in the Vancouver Coastal Health Region, have called for more and better palliative - hospice - end-of-life care services. And planners at the Vancouver Coastal Health Region are listening. The Senior Executive Team recently approved a new region-wide palliative care strategy to address the needs of those facing life-threatening illnesses, as well as the needs of the significant people in their life.

End-of-life care refers to the many supports and services available to people with a life-threatening illness who are seeking options that focus on comfort care, pain and symptom management as the primary goal of care. "This includes the care of the whole person and their significant others, including psychosocial, spiritual and physical needs," explains **Nellie Hariri**, Project Leader.

The recently approved Regional Palliative Care Strategy is a five-year plan to develop and implement a regional approach to palliative (end-of-life) care. The Strategy was developed in consultations with providers. Community engagement focus groups were also conducted in all VCH geographic communities, in four different languages and with Aboriginal communities.

The goals of the plan include:

- Quality hospice palliative care available regardless of setting (including home, residential care, acute care, hospice) ⇨

Say what?

Tell me the difference between...

- Hospice
- Palliative
- End-of-Life Care

These terms are often used interchangeably and refer to the continuum of clinical and support services appropriate for individuals with a life threatening illness and their families, regardless of diagnosis and setting of care.

These services aim to relieve suffering and improve the quality of living and dying. They help patients and families address physical, psychological, social, spiritual and practical issues, as well as their associated expectations, needs, hopes and fears.

It also helps them manage end of life decisions and the dying process, including coping with loss and grief during the illness and bereavement. These services include both a palliative approach, specialist palliative care, and terminal care provided to individuals facing a life-threatening illness and their family.

- Increased and earlier access to services in the illness trajectory (one year prognosis compared with the current three to six months)
- More people with non-cancer diagnoses also accessing the service
- More people with an identifiable primary care provider (family doctor)
- More people able to spend their last days in home and home-like settings
- More emphasis on grief and bereavement supports
- More supports and education for staff
- More public and community education and discussion about death and dying
- More supports to enable people to express their wishes about care

Over the next few months, the project team will prepare a business case and develop an implementation plan for a five-year phased in approach. "This is a huge milestone," says Hariri, "to have SET approval and consensus across VCH on our key principles, philosophy and an integrated model of care is a first step to improving access to palliative -hospice- end-of-life care."

For more information on these services, staff, clients, families, and community partners can contact the palliative services in each HSDA directly. If you wish to know more about the Regional Hospice Palliative End-of-Life Care Strategy, please contact Nellie Hariri at 604.714.3779. ❖

Currently, VCH offers the following end-of-life care:

- In 2004/05, VCH added 29 new hospice beds across the whole region, bringing the total to 48. By 2010/11, the Regional Palliative Strategy calls for a total of 87 beds across VCH.
- Specialized Palliative Care Teams in each Health Service Delivery Area are experiencing increasing demand for their expertise. They will expand in capacity as the Strategy is implemented. These teams serve clients and families regardless of setting. They also provide palliative consultation to colleagues upon request.
- Each Health Service Delivery Area currently has specialized palliative care acute care beds (PCU) that provides highly complex pain and symptom management.
- Specific projects are underway in each HSDA to further develop services based on priority needs identified by their communities.

Events and Program Information

Quick Calendar: go to www.pwn.bc.ca for updates

Monday	Tuesday	Wednesday	Thursday	Friday
Drop-in open 11:30-3:30	Drop-in open 11:30-3:30	Drop-in open 11:30-3:30	Drop-in open 11:30-3:30	Drop-in closed
	Lunch 12-2	(Closed on Cheque Issue Wednesdays)	Lunch : 12-2	
	Foodbank 12-2. No pick-up any other day.		Support Group, 5:30PM. See details below.	
Administration 9:00-4:00 Monday through Friday				

Giving Women Power Over AIDS

Touring photo exhibit on women, HIV and microbicides (an exciting new prevention option being researched). June 1 and 2, Vancouver Public Library. 350 West Georgia Street. 10:00 AM- 6:00PM

Annual General Meeting

This year our Annual General Meeting will be held Monday June 26. Mark your calendar and plan to join us. Make your voice heard by electing the Board of Directors you want. More information to follow.

Calling all trans women!

**Interested in a support group?
Call Sangam: 604.692.3006**

Drop In hours

The drop in is open Monday to Thursday from 11:30 to 3:30. The drop-in is closed Friday.

Foodbank Closures

The foodbank is closed the Tuesday before cheque issue. Days the foodbank will be closed in the next few months: April 25, May 23, June 27.

Housing Subsidy

PWN has a new housing subsidy designated for an Aboriginal member. Please call for an application package.

23rd Annual International AIDS Candlelight Memorial and Vigil

Sunday May 21st, 8PM at the Vancouver AIDS Memorial. The AIDS Memorial is west of Sunset Beach, just north of the Stanley Park Seawall at Beach Avenue and Broughton Street. Candles will be provided.

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Events and Program Information

Stacie celebrates her fifth!

Congratulations to Stacie, who is celebrating her fifth year anniversary with PWN! Support worker Stacie (kind of sounds like a super hero, doesn't she?) provides support in the drop-in, goes on outreach visits (call her if you'd like to arrange one) and coordinates the Aboriginal Wellness Retreats (next one coming this summer). Stacie is a great part of the team.

Support Group in Pitt Meadows

Positive Thinking is a new peer support group for women living with HIV/AIDS and/or HepC. It take place every Thursday from 10:00 AM- 11:30AM at 12229 Harris Road in Pitt Meadows. For more information, you can call Chrystal at 604.465.4724 or e-mail positiveladies@hotmail.com. **Please note this group is not run by PWN.**

PWDs monthly income exemption

Good news! If you are not already in the know, the monthly income exemption for PWDs on social assistance has increased from \$400 to \$500, effective March 1, 2006. Here's the link to the gov's page for more info. <http://www.eia.gov.bc.ca/factsheets/2006/EarningsExemption.htm>

Great site to check out:
<http://www.poz.com/>

**Wisdom from the fridge door:
If it's not an emergency,
it's not a big deal.**

PWN Board Needs Members

PWN is looking for board members who are visionary, passionate, energetic, committed. Are you interested in women's health? Are you committed to social justice? Do you enjoy working in a community of strong women? Are you thinking of volunteering?

The Process

For an information package, call 692-3000. If you are interested, submit an application, and the PWN Nominations Committee will set up an interview. New Board members may be appointed throughout the year. Board candidates are presented at the PWN Annual General Meeting held in June.

The Commitment

Two-year term of service. Minimum of 2 hours a month including attendance at bi-monthly board meetings. Positive women, board members, volunteers, and members of the community are also encouraged to submit names of those who may be interested in being a board member.

For more information, contact Marcie Summers, Executive Director:
604.692.3010 or marcies@pwn.bc.ca



*Do you have something to share with other members?
Deadline for submissions to the next newsletter is June 8.
Send submissions to janetm@pwn.bc.ca
or by mail (see last page).*

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Connect with Us

in person or by mail

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Vancouver, BC V6E 1M7

by phone

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

by fax

604.684.3126

by email

pwn@pwn.bc.ca

online

meet us: www.pwn.bc.ca

find support: www.pwn-wave.ca

Support Programs

Bronwyn Barrett - Support Program Coordinator -
604.692.3008- bronwynb@pwn.bc.ca

Sangam - Support Worker- 604.692.3006 -
sangamg@pwn.bc.ca

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Cara Moody - Oak Tree Outreach Worker -
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604.692.3000 - nancyh@pwn.bc.ca



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 the Pocket Guide provided through an unrestricted grant from Boehringer Ingelheim (Canada) Ltd.



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

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