



The Positive Side

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Taking HIV Into Our Hands: Turning the Epidemic Around

by Margarite

I am a long-term survivor. I was diagnosed 14 years ago, but I've been living with HIV for 20 years.

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When I was diagnosed I already had full-blown AIDS, so I can definitely say it is better if you are diagnosed earlier. You can stay healthier if you know earlier. I had asked for a full panel of tests for STDS [sexually transmitted diseases], but they didn't include an HIV test. When I got sick, I asked to be tested for HIV.

Antiretrovirals weren't available when I was first diagnosed, and I was really fighting for my life in those first four years. I was hospitalized four times with opportunistic infections. During those early years I tried a number of experimental therapies. Some I laugh at now, but others I still use, like vitamins, antioxidants, acidophilus and oregano oil. I am a member of BC Persons with AIDS Society and use the Complementary Health Fund to get partially reimbursed.

I am very lucky that my husband and my kids are so great. I told my children right away. They were 10 and 7 at the time, and they were a huge reason for me to live. I had lost a newborn baby so I knew how precious and how delicate life is. The first few years I was really sick, and I just spent time at home. I live on Salt Spring Island, and my community is small. People wondered what had happened to me. We talked openly about HIV in the family, but agreed we wanted to keep it private. The kids were worried about



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Positive Women's Network: Action and Leadership on Women and HIV/AIDS
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discrimination, and they didn't want to be treated differently because of our situation. I tried to keep up with the things I could and spent a lot of time just driving the kids to and from after school activities. When I was diagnosed, I found myself supporting some people I

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thought would support me, and I realized that was no good. You don't have to support your support system!

I went through three specialists before I went to the Oaktree Clinic, which I heard about at a PWN retreat. I've been on antiretrovirals for 10 years now. I was on the same regimen up until recently, when my doctor and I thought it would be a good time to switch. It was not easy getting used to the meds the first time, and it hasn't been easy this time either. I've been on this new regimen for four months, and I'm still not feeling great, although it's improved.

In addition to the meds, I look after myself in different ways. I try to maintain a healthy lifestyle. I walk a lot, eat well, spend time in nature, and practice Chi Gong (a form of meditation used to gather energy). I knew there wasn't any treatment for HIV in the early days but I figured I could at least try to heal my emotional wounds. I went to a lot of therapy and incorporated other forms of self-exploration. I had come from a dysfunctional family and saw that I had never been taught how to make healthy choices for myself. I

have also realized that caring for myself comes down to forgiveness.

I find that fatigue is an ongoing challenge. I don't have the physical strength I used to have. Pain

and insomnia are also constant challenges I deal with. I have had to give up a lot of things I loved doing so now I enjoy the small things and try to express my creative energy in different ways. These days I am drawing, sculpting and learning to oil paint.

Writing this has made me aware of how much stress my life has had and how much I still live with. Even though I am the one with HIV, this whole thing has been really hard on my family. I do what I can to reduce stress by expressing my feelings, talking with friends, getting exercise, taking hot baths, and watching a lot of funny movies.

I have found great emotional support at PWN retreats. I was so nervous at my first retreat! Fourteen years ago there wasn't as much hope as there is now, but there has always been a great connection between the positive women. I find that the honesty and courage are refreshing, inspiring and empowering. I really enjoy and learn a lot from spending time with positive women.



Connecting with other positive women has led me to advocacy. Thirteen years ago I went to a skills building workshop for women with HIV in Edmonton. At the time, I was still really sick, so I didn't see myself doing anything "big," but I did co-found a support group that has become the Southern Gulf Islands AIDS Society.

Now that my kids are older, I am able to travel a little more. Last year I went to a NATAF (North American Treatment Advocacy Forum) conference in Mexico. I met a number of Mexican women and we talked about living with HIV. Last summer, I went on a scholarship to the International AIDS Conference in Toronto. There I got the feeling that women are going to be the ones to turn this epidemic around. Women around the world are no longer waiting for political will. We are taking things into our own hands, even if it is something as simple as teaching our children and friends about transmission.

I was elected to the PWN Board last summer, and am finding it fun and satisfying. As a board member I am starting a positive women's advisory committee (see notice on page 4). I am honoured to be working on this project with Kecia, another positive woman who had a similar vision. We want to get ideas from women about how things could be improved in their lives. Please call or e-mail us through PWN if you are interested.

For those of you who go to the upcoming PWN retreat in May (see page 13), Kecia and I plan to be there and will schedule a time to gather to talk about the committee and what we want it to be. It would be great if we could get a diverse representation of voices. I would love to have anyone who is interested join us.

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Positive Women's Advisory Committee

by Margarite

Attention: All HIV+ Women

You are invited to participate in a Positive Women's Advisory Committee. This committee is being formed to serve as an advisory council by request of the Positive Women's Network (PWN) and the Oak Tree clinic to generate ideas for programming and funding. This is an opportunity to discuss and take action on the issues affecting us as positive women.

We would also like to reach other AIDS Service Organizations (ASO) that the women of B.C. access for treatment and support. We have some unique organizations in British Columbia that are dedicated to improving and empowering the lives of HIV positive women. How can these organizations be more effective in meeting your needs?

We are a diverse community and would like this group to be inclusive of all women living with HIV/AIDS. Every voice is valuable.

All meetings will be confidential.

Some meetings may take place by teleconference.

If you are interested or would like more information about The Positive Women's Advisory Committee please call or e-mail PWN.

Phone: 604 692 3000

Toll free: 1 866 692 3001

E-mail: pwn@pwn.bc.ca

Treatment Information: What are you looking for?

A group of Positive Women's Network staff and volunteers recently met with staff from the Canadian AIDS Treatment Information Exchange (CATIE) to talk about treatment information. CATIE is a national organization that offers information sheets, a bilingual phone line, an extensive database and other print resources to help PWAs and their support teams to learn more about HIV and its treatments.

CATIE and PWN have agreed to work in partnership to deliver information to women in BC, and our first meeting was in February. Staff, members of the Board, and volunteers met with CATIE staff Annika and Michael.

The group moved quickly to the question, what IS treatment information anyway? We agreed that treatment information could be a lot of different things. Information could be specific, like about drugs used to treat HIV. It could also be more general, like how to maintain your health. Some women want information on stress reduction, or yoga, massage or alternative treatments. Sometimes people want to learn how to communicate better, because better communication could help improve their health.

So....

Now we want to know what *you* think. What is treatment information? Health information? What would you like to see? Call Janet (604.692.3009) or e-mail pwn@pwn.bc.ca



The Truth About Methadone:

What Everyone Should Know Before Deciding To Start Methadone Therapy

compiled by Helenka Jedrzejowski

Before you make the choice to start on methadone maintenance therapy (MMT), there are a few things you should know. Why? Because it's important to know as much as you can in order to make informed decisions about your health based on what's right for you.

Introduction

The following information was collected during an intimate focus group at PWN last summer. We wanted positive women to be able to speak frankly about their experiences with methadone treatment and the health care system as related to methadone prescribing/support services. The group included a PWN support worker, five PWN members (four on methadone and one who had successfully come off it), and a practicum student. The session was recorded with permission.

Common side-effects of methadone

- Teeth rot. Methadone treatment can rot your teeth and cause them to fall out. Extreme day and night sweats. Fatigue, weakness and exhaustion.
- Feeling 'out of it' as though functioning in a waking stupor.
- Sleep disturbances, poor sleep and/or inability to fall asleep.
- Inability to stop talking/verbosity.
- Mood swings and irritability/rage.
- Body aches, pains and chills.
- Panic attacks. While on methadone, some individuals experience panic attacks which are more severe than those normally experienced.

Other commonly noted side effects of methadone include constipation, libido abnormalities, orgasm abnormalities, appetite abnormalities, nausea, headaches.

Concerns about addiction doctors, services and the system

- Doctors do not provide sufficient information about the course of methadone treatment-- they do not tell individuals about the cons and adverse effects of methadone use.
- Addiction doctors generally over-prescribe methadone.
- Doses being prescribed are generally too large and/or are being offered to people who: a.) Are not addicted to heroin but to some other drug or, b.) Do not have a very severe heroin addiction.
- Addiction doctors tend to pressure individuals onto methadone treatment. That is, individuals feel they lack decision-making power because of pressures from doctors.
- Huge stigma is felt by individuals on meth treatment as they access services in both hospital and at pharmacy. Methadone use is still regarded as an addiction and serves to further label and stigmatize individuals.
- There are not enough flexible day programs for individuals who are looking for support, particularly if they are considering detox and/or coming off of methadone. Most day programs require full-time attendance and do not accommodate individuals with jobs (part-time or otherwise).



- Detox and support programs fail to meet the unique needs of women with children/single mothers. For example, women are not able to check-in to a full-time detox centre where they can stay with their children.
- Individuals coming off of methadone treatment have a best chance for successful detox if they have access to a stable, supportive environment. Generally, this sort of environment and/or opportunities to access this sort of environment are not readily available.
- Lack of counseling and support for those who are coming off methadone. Such services may help individuals to stay focused while detoxing. Support is critical in helping people to manage the various intense anxieties, tensions and emotions that are part of the meth detox process.
- Lack of information about the interaction(s) between methadone and anti-HIV drugs.

Other concerns/challenges that come with methadone therapy

- Withdrawals can induce labour - which is problematic for women living with HIV because ART must be coordinated with delivery to reduce the likelihood of vertical transmission.
- Methadone detox is slow and an incredibly testing emotional/physical experience which requires resilience, support, and even distraction.
- Using cocaine while on methadone depletes the dose of the methadone. Individuals may have stronger cravings to get high. This creates a safety concern:

greater risk of overdose.

- Daily morning pharmacy appointments are regarded as demeaning and inconvenient. They make individuals feel as though they are being controlled and stigmatized.
- Individual's being treated with methadone - although often wanting to get away from their 'addict' identities - still feel like 'addicts' because of their reliance on methadone.

Quotes from women on methadone

"When you pick up a pamphlet on methadone, you only hear the positives. You don't hear all the negatives."

"Although I wouldn't be here if I hadn't gotten on methadone, I think people need to know the pros and cons before they go on meth. I don't feel I made an informed choice."

"Meth is an easy fix that doesn't really always serve to the individual's best long-term interests."

"It's a quick fix. Unless your habit is in the higher amounts, I don't see why you shouldn't go through detox. You can go on the meth but in the long-run you're gonna pay."

"A little less harm reduction and a little more recovery and treatment. It takes 10 days to get off heroin and 6 months to get off methadone on your own."

"The last 10 mls was the most difficult time in my whole life. It's not like you have good and bad days. Every day sucks.... It was extremely difficult. I just didn't know how I was going to make it. No energy in those last few mls. Lots of aches and pains. But I did it slowly."



The *Wellness Meter*

How do you measure health?



The shadow of HIV can challenge us to think about what it means to be “well”. Receiving an HIV diagnosis can make people think they will never be “well” again, even though they improve their lives physically, emotionally and spiritually.

How do you define wellness and health? What do “well” people do? These are questions we used to guide us as we developed the *Wellness Meter* for the third annual SpringBoard conference in March. The *Wellness Meter* was an interactive writing exercise to encourage everyone to consider how we define wellness and what we do to be well. The *Wellness Meter* was a 30-foot banner that people saw as they arrived. Because SpringBoard took place on International Women’s Day, we asked people to think about inspirational women. We phrased the statements to recognize that wellness has lots of layers and someone who doesn’t “look well” may in fact be very well, indeed, thank you!

We really appreciate that so many people took the time to complete the *Wellness Meter*. This is just a sample of some of the responses people had.

The *Wellness Meter* had three sections:

- ◆ One woman who inspires me is....
- ◆ In spite of challenges she is well because...
- ◆ She inspires me to...

The first section, **One Woman who inspires me is....** identified women leaders, community connections, family and friends. “My sister” and “my mom” appeared numerous times!

The second section got more varied responses. **In spite of challenges, she is well because...**

- ◆ She connects to nature, the Divine
- ◆ She doesn’t let anything block her creative spirit
- ◆ She is fighting her own barriers and barriers in her community
- ◆ She knows her strengths, limits, when to give and ask for help
- ◆ She is present
- ◆ She doesn’t care what others think of her

The third section set us to action:

She inspires me to...

- ◆ Find hope in despair
- ◆ Be a good mother and push on
- ◆ Own my ideas
- ◆ Trust myself
- ◆ See the best in all people
- ◆ To walk the Red Road and be proud to be a strong Aboriginal warrior
- ◆ Have more faith in what I have to say
- ◆ Try to be in my fear and do it anyway



The Power to Ask

Do you feel you don't really know how your body works? Do you feel confused about HIV? Do you beat yourself up for not knowing enough about staying stress free, HIV treatments, alternative treatments....

If you feel overwhelmed, and like there's more than you could ever learn, join the club! Even women who do lots of research on HIV don't know it all. There's new information coming out all the time. But you have the power to learn if you want.

Learning starts with asking. Say your doctor says something to you that you don't get, and you usually just nod. Why not ask, "Can you explain it another way?" If speaking up feels impossible (which it can seem to be), you can try a couple of things. You can practice asking questions with someone who feels less scary than your doctor. Or, you can bring someone with you to the doctor who can support you when you feel nervous asking questions. You have the right to do so.

Many of us have lived our lives without asking questions. It's not surprising- many of us have been beaten, abused, belittled, ignored. We were taught our voices didn't matter. But they really do.

We all have a right to ask and learn about what is happening in our bodies. No matter what we do with them, we deserve to know how they work and how they don't. We are the ones who live in our bodies 24 hours a day, 7 days a week (even if we're numbed out, we're in them).

Do you want to know what parts of your body are called? Do you want to learn when to be concerned if you are bleeding when you shouldn't have your period? Do you want to know how different foods can help you avoid constipation?

If you want to know more, start asking. Talk to a friend. Check a book. If reading isn't comfortable, ask other women, ask a support worker at PWN. Just ask. People will listen. You have power in your words. They matter.



Benefits of Breast-Feeding Might Outweigh Risk of Vertical HIV Transmission in Developing Countries

A series of studies presented Monday at the 14th Annual Conference on Retroviruses and Opportunistic Infections in Los Angeles suggest that the benefits of breast-feeding in developing countries might outweigh the risk of vertical HIV transmission, the San Francisco Chronicle reports (Russell, San Francisco Chronicle, 2/27).

According to the New York Times, three studies conducted in Africa found that HIV-negative infants who were breast-fed by HIV+ mothers from birth up to age six months had increased rates of severe diarrhea that resulted in hospitalization or death compared with infants who were breast-fed for longer than six months. Another study found high rates of diarrhea and malnutrition among formula-fed infants in Botswana after a 2006 flood led to water contamination. Following the sewage contamination of the water and the environment, deaths from diarrhea in Botswana were 25 times higher in 2006 than in previous years, according to the Times.

A fifth study conducted in Zambia found an increased death rate among infants of HIV+ women who were breast-fed until age four months. According to the United Nations, about 300,000 infants die annually after becoming HIV+ through breast-feeding. UNICEF estimates that 1.5 million formula-fed infants die annually from other diseases. The World Health Organization in October 2006 released a statement that recommends HIV-positive women breast-feed exclusively until an infant is six months old unless alternatives are "acceptable, feasible, affordable and safe for both the mother and infant." Several governments in developing nations have followed these guidelines, and some have encouraged HIV-positive women to stop breast-feeding earlier than six months in an effort to reduce the risk of vertical transmission, according to the Times (Altman, New York Times, 2/27). Programs to reduce vertical HIV transmission have not grown at the same pace as other programs that provide HIV+

people with access to antiretrovirals, and less than 10% of HIV-positive women worldwide have access to the drugs, the Chronicle reports (San Francisco Chronicle, 2/27).

Reaction

Hoosen Coovadia, a pediatrician at the University of KwaZulu-Natal in South Africa, said that HIV+ women in countries with an infant mortality rate of 25% or greater should be encouraged to breast-feed exclusively. "Breast milk is a cornucopia of immune factors," Coovadia said, adding, "Breast-feeding should still be promoted, protected and preserved, despite the risk of HIV" (Beasley, Reuters, 2/26). According to Coovadia, it is necessary to make breast-feeding "safer" for HIV-positive women in developing countries to reduce the risk of vertical transmission. Research presented at the conference indicates that measuring HIV+ women's CD4+ T cell count could make breast-feeding safer because women with higher CD4 counts are less likely to transmit HIV to their infants through breast milk (San Francisco Chronicle, 2/27). Donald Thea, a co-author of the Zambia study, said that HIV-positive infants have a lower mortality rate the longer they are breast-fed. Moses Sinkala, who led the Zambia study, said health officials should "strongly encourage breast-feeding into the second year of life" for HIV-positive infants (New York Times, 2/27). Coovadia said that HIV-positive women who have the "resources to prepare hygienic" formula, such as clean water and access to electricity, should feed their infants with formula (Reuters, 2/26). Michael Thigpen, a CDC epidemiologist, said that official recommendations on breast-feeding should not be changed until the studies are completed, the Times reports (New York Times, 2/27).

Source: Kaiser Daily Hiv/AIDS Report February 27, 2007



Researchers Conducting Clinical Trials of Diaphragm as HIV Prevention Method

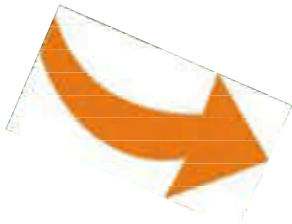
Researchers at the Women's Global Health Imperative program at the University of California-San Francisco's Medical Center are conducting a large-scale clinical trial among 4,500 women in Zimbabwe and South Africa to test the effectiveness of diaphragms in preventing the spread of HIV, the Chicago Sun-Times reports. The Bill and Melinda Gates Foundation has provided \$28 million for the study. The diaphragm being studied in the trial, called SILCS, is under development by the Seattle-based PATH.

SILCS is a "one-size fits most" silicone device that likely will receive FDA approval and be available by 2010, according to the Sun-Times. SILCS differs from the most widely used diaphragm, called Ortho All-Flex, because it does not require a woman to undergo a pelvic exam to be fitted with the correct size. "Manufacturing processes have changed, materials have been updated, we know a lot more about vaginal anatomy now, so this is a good, simple

technology that we could make significant improvements in," Maggie Kilbourne-Brook, a PATH program officer, said.

Preliminary findings of the Zimbabwe and South African study are expected to be released this summer, the Sun-Times reports. "The world is waiting for the results," Kilbourne-Brook said, adding, "If it turns out that something as simple as a diaphragm ... could actually offer some protection from HIV, that's something that could get into women's hands very easily." According to the Sun-Times, SILCS could prove to be "a powerful tool" in preventing the spread of HIV among women worldwide, particularly in Africa, where methods of protection that women can initiate without their partners' consent are needed, some experts and advocates have said (Schwartzapfel, Chicago Sun-Times, 2/25).

Source: Kaiser Daily HIV/AIDS Summaries February 27, 2007



Despite messages that women could protect themselves from HIV and other STDs by using a condom, *there are no exclusively "women-controlled" HIV prevention methods available!* Male and female condoms require partners' cooperation. *Abstinence is often not negotiable* because of the threat of violence, the reality of economic dependence, or the fact that *we are often not the power player in our relationships*. Women face these realities every day. We need a method we can control to save our lives!



Researchers Map Genes of Parasite That Increases Risk for Women To Contract HIV

Researchers from the U.S. and United Kingdom might have mapped the genetic code of the parasite *Trichomonas vaginalis*, which causes millions of sexually transmitted infections annually and increases women's risk of contracting HIV, according to a study published in the Jan. 12 issue of the journal *Science*, BBC News reports (BBC News, 1/12). Jane Carlton, a parasite specialist at the Institute for Genomic Research and lead author of the study, said both sexes can transmit the parasite.

It raises women's risk of contracting HIV by altering the lining of the vagina to allow for easier transmission, the AP/USA Today reports. *Trichomonas vaginalis* also increases the likelihood of an HIV-positive person transmitting the virus (Neergaard, AP/USA Today, 1/12).

[The parasite] raises women's risk of contracting HIV by altering the lining of the vagina to allow for easier transmission.

Carlton and a team of 66 researchers in 10 countries recorded the structure of the parasite. The researchers found that *Trichomonas vaginalis* has nearly 26,000 confirmed genes, almost as many as the human genome. There are only two drugs, both in the same class, approved for treating *Trichomonas vaginalis* infections, and the parasite already is resistant to one of the drugs in many cases, researchers

said (Fox, Reuters, 1/11). Study co-author Robert Hirt of Newcastle University said that the study already had produced large numbers of genetic areas which might prove useful to doctors looking for potential targets for drugs.

"While many cases of [T]richomonas [vaginalis] can be dealt with easily, there is between a 2% and 5% resistance to the current drugs, so we need to find alternatives," Hirt said, adding, "We hope that the information we've produced will help to do that" (BBC News, 1/12).

Anthony Fauci – director of the National Institute of Allergy and Infectious Diseases, which funded the study – said the research "is a very strong step in the right direction with regard to a parasite we still have not fully appreciated." About 170 million people worldwide are estimated to be infected with *Trichomonas vaginalis* (AP/USA Today, 1/11).

Source: Kaiser Daily AIDS Summaries January 16, 2007

When was the last time you had a gynecological exam and Pap smear?



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.			

Administration 9:00-4:00 Monday through Friday

24th Annual International AIDS Candlelight Memorial & Vigil

When? Sunday May 20th 2007, 8:00 pm

Where? AIDS Memorial, Vancouver, BC. The memorial is at Beach Avenue & Broughton St., West of Sunset Beach.

Candles will be provided

Free bus from Carnegie Centre at 6:00 pm (& return)

Dinner for Women of African Descent

PWN and Purpose society are co-hosting a dinner on Wednesday April 11 at 6PM. It takes place at the Purpose Society in New Westminster (40 Begbie Street, New Westminster). Children are welcome. Call PWN or Purpose for details .

Trans Sisters

All trans members are welcome to an event on Wednesday May 2 from 4-6. There will be a speaker, appetizers, etc.... Intrigued? Contact Sangam for details: 604.692.3006.

Support Group

There will be no support group in April, but it begins again in May. Mark May 3, 10 and 17 on your calendar, but call Sangam on the day to confirm: 604.692.3006.

Annual General Meeting (AGM) will be held Thursday June 7 12 noon - 2PM

Details about the meeting and the election of Board members will be mailed soon.



Events and Program Information

Relax, re-energize: Join positive women at a retreat

It's retreat time again on Bowen Island! It will be **Friday May 25th to Sunday, May 27th**. 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! PWN covers all transportation and retreat costs. If you are on our mailing list you will receive your application package with this newsletter. If you are not on our mailing list, contact us. 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: Friday April 27

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.

A **Retreat Information workshop** will take place on April 13 in Abbotsford at the Lighthouse Centre, Positive Space Lounge, 33134 Marshall Road.

Call Stacie for info on this session. (604.692.3007).

For any more information about retreats, please contact: Melissa or Bronwyn

Lower mainland: 604.692.3000

Toll-free: 1.866.692.3001

Email: PWNretreatcoordinator@hotmail.com

PWN Retreat Planning Toolkit now available!

With over 10 years of Wellness Retreat planning experience, the PWN team has put together a Retreat Planning Toolkit in order to share our expertise and best practices with other organizations hoping to plan retreats for their members.

Copies are available free of charge to ASOs in Canada.

Please contact Bronwyn Barrett at PWN, 604-692-3008 or email bronwynb@pwn.bc.ca.

Please allow 4-6 weeks for delivery. Thanks to Tamara Holdal for all her hard work in putting this invaluable resource together!



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find support: www.pwn-wave.ca

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Unless otherwise noted, all materials in this newsletter are written by
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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!



Abbott Virology - Exclusive pharmaceutical Sponsor of SpringBoard.



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*Do you have something to share?
Deadline for submissions to the next
newsletter is May 23. Send submissions to
janetm@pwn.bc.ca or by mail.*

DISCLAIMER

The information provided herein cannot replace the information provided by a medical 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 from use of this material.



The Positive Side April/May/June 2007
Positive Women's Network: Action and Leadership on Women and HIV/AIDS
toll-free in BC 1.866.692.3001 www.pwn.bc.ca www.pwn-wave.ca