



The Positive Side

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Criminalization & Me: Understanding the Criminal Law & HIV Non-Disclosure

By Miriam Martin

For many people, the Law is a bit of a mystery, and it can be intimidating just because it's so mysterious. There's been a lot of talk lately about the *criminalization of HIV non-disclosure*. You've probably heard that people living with HIV are facing criminal charges for exposing their sex partners to HIV, even if the sex was consensual, and even if the partner didn't end up getting HIV. Different people have different gut reactions to this, depending on their own experience, and that's to be expected. My goal with this article is to share the most important practical information with you, so that you can be more confident and informed without feeling like you have to go out and become a lawyer to make any sense of it all.

The Key to Understanding: it's a "Work in Progress"

The law is imperfect and always changing. The laws on the books don't necessarily change as often as we would like, but every time a decision is made in a court case, it has potential to influence other cases - either officially (because it sets precedent in that court) or unofficially, because even judges and lawyers learn from each other. Right now, there is lots of discussion and change taking place in relation to the criminalization of HIV, mostly because well-informed and passionate people have been pushing for it.

At a recent public event hosted by YouthCO (www.youthco.org), it occurred to me suddenly that one way to 'understand' the law is to realize that it's a "work in progress". When the first person tried to charge somebody for exposing them to HIV, way back in the early days, the police and the courts responded using the information they had - which was mostly misinformation heavily influenced by stigma,

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2011 marks the 20th anniversary year of Positive Women's Network. Check with us for events, blogs, and celebrations of the strength of women in BC!



Criminalization & Me cont ...

prejudice and fear. Since then, the way HIV is addressed in the criminal law has been changing and evolving, with each case and each news story, with every publication and report put out by the *Canadian HIV/AIDS Legal Network* (www.aidslaw.ca). Understanding that it's "in the works" has helped me stop trying to find "the law about HIV non-disclosure" and instead to focus on what we need know to protect ourselves, as people living with and affected by HIV.

What we know: Sexual Assault, you say!?

There are some very concrete things we do know right now, and they directly affect the lives and relationships of people living with HIV, so it really is best to be informed. Here's what we need to know in Canada:

If somebody who is HIV positive does not disclose this fact to their sex partner before having sex, that person can face criminal charges (nowadays usually *aggravated assault* or *aggravated sexual assault*), whether the partner becomes infected with HIV or not. This probably conflicts with your own understanding of sexual assault, which requires that the sex be nonconsensual. The argument is that if somebody who didn't know their sex partner was HIV positive *had* known, they might have decided differently, effectively cancelling out the consent and making the sex nonconsensual. Your gut reaction might be that this line of logic (non-disclosure = non-consent) has some negative implications for the sex lives of people living with HIV, and you wouldn't be alone. For an introduction to the arguments against using the criminal law to address HIV, read the next article, *Some Problems with Using the Criminal Law to Address HIV*, on page 5.

You may already be aware, and you'll learn as you read on, that "how one puts somebody at risk for HIV" is not a question with an easy answer, and definitely not one that everybody is agreed on or even informed about. For now though, we do know that the **ONLY** sure way to avoid criminal charges is to tell your intended partner *in writing*, that you have HIV, and make sure they know what that means, before having sex. Disclosure will be different for everybody, but here's a lawyer's advice on how to cover your bases:

- As impersonal as it sounds, disclose in writing (by email for example) and save a copy.
- If there's any chance your partner doesn't know what HIV is; make sure to clarify, "the virus that causes AIDS".
- Make sure your partner got the message, whether it's verbal or in writing (request a "read receipt" if you're using email).

These points might sound completely absurd and unrealistic. At risk of sounding crass, this is how to "cover your ass". There's no guarantee against a former partner holding a grudge and deciding to make a complaint, but having your disclosure in writing does mean that the complaint is unlikely to move forward, avoiding the financial and personal expense of a trial and nasty publicity. Still, for many people, this is one of the hardest challenges of living with HIV. Telling somebody you want to have sex with that you have HIV, and risking rejection, is no easy thing (the article *Disclosure? Doing It With Confidence* on page 6 deals with these challenges in more detail).

Background: What's Significant Risk anyway?

The first known Canadian HIV non-disclosure case was in



1989, but it was the *Cuerrier* case in 1998, which went to the Supreme Court and set precedent Canada-wide until another case makes it to our highest court. It was decided (as explained above) that having sex without first disclosing HIV status was an act of *fraud*, which *vitiates* (cancels out) consent, but only if this “dishonest act” results in *a significant risk of serious bodily harm*. So, for a criminal charge to be upheld, there must be 1) non-disclosure (making the sex non-consensual) and 2) significant risk of serious bodily harm. If either of these factors is missing, then there’s no case, which is why it’s so important to disclose. But what about this *significant risk* business?

It’s been hugely problematic, because nobody seems to know (or agree on) what it means. There are a few reasons for this. One is that legal folks are hesitant to commit to a particular benchmark for determining significant risk because they can’t even find experts who agree on what it might be. Justice Peter Cory, who headed up the 7-judge panel that decided on the *Cuerrier* case, said that courts should make a case-by-case assessment. He did say though that the risk-related facts (for example, whether a condom is used) must always be taken into account when deciding about whether the sex became nonconsensual because of non-disclosure. Because of this open-ended directive – in other words, because there is no concrete benchmark, every lower court and every Judge (not to mention all the lawyers) have drawn completely different conclusions. Condom-use or no condom-use, low viral load or high, oral sex or penetrative – in the 104 known Canadian cases, every possible outcome has resulted from every possible scenario.

Of course there is still a lot of ignorance, stigma and discrimination around HIV and this fact feeds the inconsistencies. In some cases, the question of significant risk was not even discussed because the legal players apparently didn’t know it was an issue. There is a real need to educate lawyers and judges (not to mention police who are the first to respond to complaints) about the realities of transmission, so that they can respond more effectively in HIV-related cases. I am happy to report that the *Canadian HIV/AIDS Legal Network* and other organizations have been doing a truly fantastic job at getting this important educational work done. Apparently, awareness is increasing at all levels, including among the police. I’ve heard for example, that it is widely known among police in Vancouver that charges shouldn’t even be laid if somebody can prove they disclosed. Meanwhile, the folks in BC courthouses who make decisions about such things now know to ask questions about the *risk of transmission* in each case.

It’s not just the courts’ fault that we can’t decide on a benchmark for significant risk of serious bodily harm when it comes to HIV. On one hand, we’ve learned a lot about HIV transmission and know it’s a pretty complicated thing. Multiple factors come into play and they should all be considered when determining risk (not just in legal cases, but in life). Condom use, viral load, co-infection in the HIV positive partner, other sexually transmitted infections in the negative partner, and whether the sex is receptive, penetrative, oral, vaginal or anal, all effect the risk of transmission. On the other hand, we are still learning more about HIV transmission every day - so it’s constantly changing.

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Criminalization & Me cont ...

What do we know about HIV transmission risk?

There are a few things we know 'for sure' about transmission. More and more, condom use is being taken to mean that there is no significant risk of serious bodily harm (which is reasonable, since we know this to be true). But, there are still cases of people being convicted despite using a condom. It should also be expected that unprotected oral sex would not constitute significant risk for serious bodily harm, since again, we know that it in fact doesn't (constitute significant risk of HIV transmission). But even as recently as 2009, people have been convicted of aggravated sexual assault for unprotected oral sex. Meanwhile, as far back as 2001, in the *Edwards* case, the Judge determined that unprotected oral sex did *not* require disclosure and didn't even proceed with charges. No wonder people are confused, when each case seems to be considered differently and yields a completely different result.

In a recent appeal, a Manitoba man named Mabior was acquitted on three of six 2008 aggravated assault convictions because in each of these three cases, he could prove that he had either used a condom or had an undetectable viral load at the time. While a ruling in the Manitoba Supreme Court does not set a precedent for all of Canada, the country has been watching nonetheless. Meanwhile, the *Ontario HIV Treatment Network's* report *HIV Non-Disclosure and the Criminal Law: Establishing Policy Options for Ontario*, (just published in August 2010) will play an important role in informing Judges, prosecutors, defense lawyers and police, and encouraging a real evidence-informed approach to HIV-related criminal cases.

While we tackle the larger questions of

whether the criminalization of HIV non-disclosure is doing more harm than good (see p. 5), we are making major strides as a community in educating the courts about what can and cannot reasonably be considered *significant risk*. For now though, the only sure way to avoid criminal charges is to disclose in writing before sex. If you find out that a complaint has been made and that you may face charges, it is strongly advised that you seek the support of a lawyer immediately. The best place to start is to contact the *Legal Services Society* (604-408-2172/1-866-577-2525, www.lss.bc.ca) and the *Canadian HIV/AIDS Legal Network* (1-416-595-1666, www.aidslaw.ca). And of course you can contact Positive Women's Network for support.

REFERENCE:

Mykhalovskiy, E., Betteridge, G. and McLay, D. (2010) *HIV Non-Disclosure and the Criminal Law: Establishing Policy Options for Ontario*. Toronto. A report funded by a grant from the Ontario HIV Treatment Network.

Arguments Against the Criminalization of HIV Non-Disclosure, Exposure & Transmission:

- *UNAIDS Policy Brief: Criminalization of HIV Transmission* (2008). <http://bit.ly/daBilo>
- *10 Reasons to Oppose the Criminalization of HIV Exposure or Transmission* (2008) by Open Society Institute and the AIDS & Rights Alliance for Southern Africa. <http://bit.ly/egSg4e>
- *Criminalization of HIV Exposure: Current Canadian Law* (2008), by the Canadian HIV/AIDS Legal Network. <http://bit.ly/gEDTIs>



Some Problems with Using the Criminal Law to Address HIV

By Miriam Martin

Many people, including some women living with HIV, have a gut-level response in support of charging those who knowingly put others at risk for HIV. This is understandable, but the issue is more complicated than that. There are many compelling arguments against using the criminal law to address HIV, and they are well presented in the publications mentioned on the previous page. Here, I touch on a few of the key points.

Problems for People Living with HIV/AIDS:

There is so much confusion in the world about how HIV is transmitted. This confusion, along with prejudice and cultural taboos about sex and drug-use, creates an environment of stigma and discrimination for people living with HIV/AIDS. The singling out of HIV in criminal law (while people do not face criminal charges for transmitting other illnesses) increases fear and stigma. Sensationalist media stories contribute to public perception of people living with HIV (PHAs) as dangerous criminals, when the vast majority of PHAs are very careful about disclosing and practicing safer sex. The truth of the matter is that PHAs can have healthy, vibrant and fulfilling sex lives by practicing harm reduction, including safer sex. This is what we want to encourage, rather than fear and retribution.

Problems for Women:

Because of increased efforts internationally to prevent mother-to-child transmission, HIV testing is more common in women than men. This means women are often the first to find out they have HIV. Many women do not feel safe disclosing their HIV status, because they may be accused of infecting their partner, of infidelity, or of questioning the partner's fidelity. This makes women more vulnerable to violence if they are

required by law to disclose. It also creates a very real disincentive to testing. If knowing one's status leaves them legally obliged to share it, then many women honestly feel that perhaps it is better not to know. Of course, disclosure is the best policy. In this imperfect world though, we need to address the issues of domestic violence and gender inequality before we can expect women to disclose.

Problems for Everybody:

Probably the biggest argument against using the criminal law to address HIV is that it doesn't work. In fact, all of the evidence points toward it being counter-productive and actually undermining public health and prevention efforts. In addition to discouraging testing, holding PHAs legally responsible to disclose puts all of the prevention responsibility on the shoulders of individuals already living with HIV. This directly contradicts (and undermines) our efforts to educate the population about the importance for *everybody* of getting tested, knowing your status and practicing safer sex. The criminalization of HIV non-disclosure creates a false perception of safety and ignores the real challenges of prevention: normalizing condoms and HIV testing, and making them available.

The punitive element that is so dominant in criminal law is absent in a public health approach, which is based on working with the community to tackle communicable illnesses in the least intrusive and most affective way. The criminal law approach is both intrusive and ineffective, and so completely at odds with public health.

Positive Women's Network has not taken a formal position on the Criminalization of HIV non-disclosure. This piece presents arguments shared by the Author but not necessarily by all PWN members, directors & staff.

Disclosure? Doing It With Confidence

By Janet Madsen

Disclosing your HIV status can be nerve-racking whether you've known your HIV status for two months or five years. Every time you say it, you're not sure what the response could be. You don't need to rush with friends or family. But when it comes to disclosing to sex partners, the situation is different.

Disclosure to a Sex Partner

Disclosing your HIV status to sex partners can be tricky business indeed. Fear of rejection, judgment or loss of privacy can bounce around in your mind. And then there's the legal part. If you don't tell a sex partner you have HIV and they find out later that you knew your HIV status, you could be criminally charged- even if they don't get HIV.

As Miriam points out in her article *Criminalization & Me* on page 1, the way judges make decisions in cases of HIV non-disclosure is changing as more is learned about how HIV is transmitted. The defence of an undetectable viral load might become largely acceptable in the future, but you can't depend on that. Until more cases go through the courts, we won't know.

Choosing Your Time

Although you might not get to wait as long as you'd like before telling someone you have HIV, you can still choose the best time under the circumstances. Some women say it's good to do it early in a relationship as a kind of test of whether their partner's worth the emotional investment. They disclose on the first date. Other women say they wait a bit and get to know someone before sharing the news, as then the potential lover realizes there's more to her than HIV.

Choosing Your Place

I read something recently that suggested you

should never have serious talks about sex when you're in bed. It's probably a good idea when it comes to HIV disclosure. It's a stressful conversation to have anywhere, let alone in the place that's supposed to be for fun. It's crazy, but even in this day and age; tons of people don't practice safer sex. If you've told your partner before "the big event" he or she can be prepared for safe sex. Taking care of your health by using condoms and dental dams protects you both against potential infections.

What if It Isn't Safe to Disclose?

It's a fact that not everyone can safely disclose to their sex partners. Women who are in controlling or abusive relationships risk physical violence, even death. Sex workers are vulnerable to attack in the "best" scenarios, let alone if they disclose they have HIV. Women whose safety is at risk can be reluctant to increase that risk.

There are complex reasons why women might not feel safe to disclose. But the bottom line is that it's the law to disclose if you're going to be in a situation where you might put someone at *significant risk* of HIV transmission. This definitely includes vaginal or anal sex without a condom. What else it includes isn't fully clear when it comes to the courts.

If you have more questions about legal responsibilities, visit www.aidslaw.ca or talk to a PWN support worker.

REFERENCES:

- Criminalization of HIV Exposure: Current Canadian Law* (2008). HIV/AIDS Legal Network. <http://bit.ly/gEDTIs>
- Manitoba judge overturns sex-assault convictions in HIV-nondisclosure case* (2010, October 25) Xtra! <http://bit.ly/aFTPID>



Can HIV Meds Reduce Risk of Transmission? You Bet. But Don't Rely on It.

By Janet Madsen

Development of an HIV vaccine continues to frustrate scientists. The idea of “immunizing” against HIV so that if someone’s exposed they won’t become infected is obviously fantastic. If it can’t (yet) be done through a vaccine, could something else do the trick? What if HIV treatments could be used to reduce the risk of transmission of HIV in high-risk exposure situations?

Using treatment to prevent infection is already done for pregnant women and their newborns. One of the treatment goals during pregnancy is to reduce a woman’s viral load to undetectable, so that when she’s giving birth (a high risk transmission scenario for baby due to exposure to blood and vaginal fluids); the likelihood of transmitting HIV is as low as possible. Newborns are then prescribed HIV treatment until they’re six weeks old (post-exposure to HIV) to reduce the risk of seroconversion. With this treatment regime, the transmission rate from mother to baby can be reduced to less than 1%. Moms are also advised against breastfeeding, which can transmit HIV through the baby’s immature gut.

Using Treatment to Prevent Transmission Between Sex Partners?

Using treatment to reduce viral load of pos people so their sexual encounters are lower risk is one of the goals of the new *Seek and Treat for Optimal Prevention* (STOP) program here in BC.



STOP staff will do their best to provide treatment to all HIV+ people who qualify according to current treatment guidelines. By reducing the “community viral load” to undetectable, the likelihood of transmitting the virus goes down considerably, although condom use will still be recommended.

Yet another approach is to use HIV treatment to protect uninfected people who have sex with HIV+ partners. The *pre-Exposure Prophylaxis Initiative* (iprex) study looked at men who have sex with men and are at high risk for HIV infection. Over two thousand men were in the study, and the treatment group took Truvada (a combination of tenofovir and emtricitabine FTC). The group that was taking Truvada saw a 44% decrease in HIV transmission over the course of the study~ amazing news!

As the study was done in men alone, the implications for women are unclear right now. We also don’t know what would happen if someone taking Truvada for prevention were to eventually become HIV+. Would this make them resistant to Truvada? For more details on the study, Sean Hosein of the *Canadian AIDS Treatment Information Exchange* (www.catie.ca) has done a great overview: <http://bit.ly/hh1Y1A> . CATIE also features an information sheet on pre-exposure prophylaxis in general: <http://bit.ly/etFFbI>

Trying to limit the damage of HIV exposure after the fact has been around for years. *Post-*

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HIV Meds as Prevention cont ...

exposure prophylaxis (PEP) has been used in workplace accidents as well as other scenarios. As with infants exposed to HIV during pregnancy and childbirth, it's used for those who have been in high risk exposure situations (needle stick injuries, for example). Treatment is prescribed for a month. According to the *BC Centre for Excellence Guidelines for Management of Accidental Exposure to HIV* (<http://bit.ly/eInQWC>), people who've had a high risk sexual exposure during consensual sex don't qualify for publicly funded treatment, but they can purchase the treatment privately.

Get Comfortable with Condoms for a While Yet

Even with the news of the iprex study, condoms are going to remain the number one prevention tool for the foreseeable future. Not only can they prevent against HIV, they can also prevent pregnancy and sexually transmitted infections (which you really don't want if your system is already dealing with HIV).

I'm still hoping that microbicides will prove to be beneficial. This past summer we heard encouraging news at AIDS 2010 in Vienna. A trial of a vaginal gel using 1% tenofovir (that celebrity agent again!) found there was a 39% reduction in HIV transmission between women using the gel and their male partners. A great bonus was the 51% reduction in genital herpes transmission as well.

Perhaps one day we'll see a vaccination that can prevent HIV transmission. Until then, best to stick with the tried and true: latex. If condom negotiation is an issue, there's the female condom. If your sex partners are women, you can use dental dams for oral sex and condoms when using sex

toys. Otherwise, gloves can do the trick.

If you want a refresher on preventing HIV or using condoms with confidence, check out our website: www.pwn.bc.ca/hiv-body. If you want to speak with a support worker, we're here: Monday to Friday, 9-4 by phone or Monday to Thursday (1130-3:30) in the drop-in.

REFERENCES:

- Hosein, S. *Truwada for HIV prevention - some good news but caution is still needed*. Canadian AIDS Treatment Information Exchange. <http://bit.ly/hh1Y1A>
- Official page of the Pre-Exposure Prophylaxis Initiative (iprex) study <http://bit.ly/hCuShh>
- Microbicide News from Centre for AIDS Programme of research in South Africa (CAPRISA). <http://www.caprisa.org/joomla/>



“Safer Sex” is More than Preventing HIV Transmission

By Janet Madsen

When you were diagnosed, you probably got some basic information: You're HIV positive. You need to tell your sex partners. You need to have safe sex. All of this is important, but if it was delivered in point form, as some PWN members report, it probably left you with some questions. I'll quickly touch on the first two, but it's the third one that I'll focus on.

“You're HIV Positive.” HIV positive means you've been exposed to the human immunodeficiency virus. You'll have it forever, but the damage it does to your immune system can be eased with treatments.

“You need to tell your sex partners.” Disclosure is important, and if you haven't checked out the article *Disclosure? Doing It with Confidence*, it will give you something to think about.

“You need to have safe sex.”

If you get this information at a medical appointment, it undoubtedly refers to disease prevention. The best way to prevent transmission of HIV between sex partners is to use condoms and/ or dental dams when you have vaginal, anal or oral sex. This is the mechanical part of preventing HIV transmission. But how do you feel about safer sex?

As we all know, sex is more than bumping bodies. It involves our minds- thinking about what will happen, how it's going to happen, if it's going to happen. Sex is affected by how we think and feel about ourselves. In an ideal world, sex is a lot of fun and makes you feel great and powerful. But because sexuality is tied up with a lot of

things, it doesn't always turn out that way.

As women we can feel pressure to look a certain way or be considered unattractive. We can feel pressure to perform sexually. We can feel pressure to make babies or not make babies. We can feel pressure to have sex when we don't want to. Once HIV becomes part of your life, anything to do with sex can become more intense. Some women say HIV makes them feel dirty and undeserving of good sex (or any sex at all).

Some women stop having sex for awhile when they get their HIV diagnosis. They say it feels too tense and complicated to talk about safe sex with a partner. Some women stay single, and masturbate for sexual pleasure instead. Others begin to sort out disclosure, condom use, and what feels okay. All of this can change as you change.

The idea that having HIV makes you undeserving of a sex life just isn't true. You do deserve good sex; however you want to define it. Safer sex in this case is focussing on good feelings you have about sex so you feel strong emotionally. Yes, HIV is “the big one” when it comes to sexually transmitted infections (STIs), but it doesn't make you untouchable. There are ways to prevent transmission and there are many ways to give and receive pleasure.

Reducing Risks of Transmission for You and Your Partner

Safer sex information often focuses on penetrative sex- vaginal and anal intercourse. But there's more to sex than intercourse, and more

continued ...

Safer Sex cont ...

ways to make sex less likely to transmit HIV. Although STIs can be transmitted through oral sex, it's considered less risky overall for HIV transmission than intercourse. Nevertheless, condoms or dental dams are suggested.

Other ways of reducing the risk focus on turning each other on through mutual masturbation, massage, kissing, stroking... etc. Let your imagination take you. As long as you keep the HIV transmission formula in mind and protect you and your partner for risky activities, you'll do fine.

Talking to your partner about safer sex can be intimidating, but it's doable. Ideally your partner already knows about safer sex and how to prevent STIs, but if they don't you can talk about it when you disclose your HIV status (something you need to do, or risk legal action. See more on page 1). Men aren't as likely to ask their doctors for STI screening, so if your partners are men, it's good to find out what they know about their health. For more information on condoms, check our Use Condoms with Confidence page on our website: www.pwn.bc.ca.

If Your Sex Life Isn't Always Your Choice

Not everyone gets to choose what happens in their sex life. Obvious examples of that are the women who are forced into sex by abusive partners, or forced into sex work for economic or other reasons. For women with histories of abuse or assault, sex can be extremely uncomfortable physically and emotionally.

Many women can identify a time when she had sex that she didn't want to. I bet men could

too- sex is part of a connection with another person, and those connections aren't perfect or within our control. Sometimes a loss of decision making is fun- here's to spontaneity! But loss of control that makes you feel unsafe is another thing.

When sex feels out of your control, safer sex may seem like an impossible thing to achieve. That's understandable. If this is happening to you, there's help. Support workers at PWN can help you sort out your thoughts, and help you think about what you would like to happen so you feel more in charge. So you feel more in your body.

Sex relationships can be complicated, but the fact that most people on the planet have them can mean there's a lot to learn from each other. You're not alone.

HIV Transmission Can Happen When...

Body fluid with high concentration of HIV
(blood, semen, vaginal fluids, breast milk)

+

High risk activity (unprotected vaginal, anal, oral sex. Sharing drug equipment or needles. Pregnancy and Childbirth)

+

Direct access to the bloodstream (through vagina, anus, urethra, injection area and mucous membranes)

=

Risk of HIV transmission.



A Weekend of Giving Thanks

By Melissa Medjuck

This fall, PWN's Women's Wellness Retreat was held on Thanksgiving weekend, October 8-10th 2010, at Loon Lake Research & Education Centre in Maple Ridge. As many of you know, the lodge on Bowen Island where PWN has gone for retreats for over 15 years is being sold. The October retreat marked PWN's first time going to Loon Lake for a retreat and we loved every minute of it! Loon Lake is located just outside of Maple Ridge, about an hour east of Vancouver.

20 women attended this retreat; unfortunately there were several last-minute cancellations. The large number of cancellations is reflective of the many challenges PWN members contend with; several members cancelled because they were too ill to attend. Other reasons for cancelling attendance at the retreat included not being able to find a childcare provider, entering a treatment program, family crisis, and addiction issues.

A quarter of the attendees at the retreat had not attended a PWN wellness retreat before and a third of the attendees currently live outside the Lower Mainland. PWN organizes and covers all transportation expenses so members who are geographically isolated from the Vancouver-based PWN support programs are able to participate in this memorable weekend.

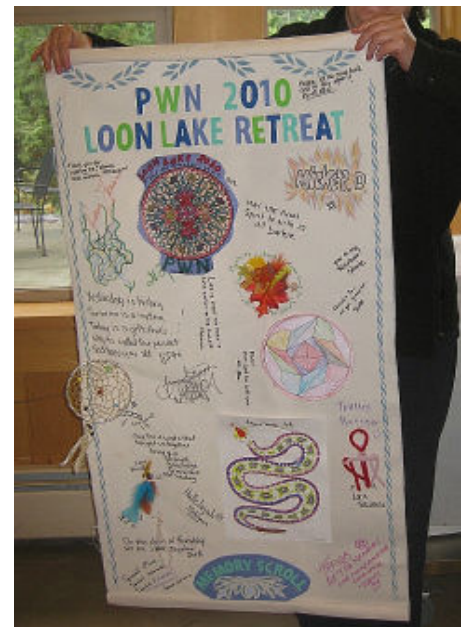
This retreat was action-packed! Activities included: a workshop on HIV & women with Oak Tree Clinic's Nurse Evelyn (sponsored by Merck); playing games with Red Fox Recreation; henna tattoos; belly dancing class; laughter yoga class; Baganda dance class; and a "release your inner diva" music workshop. Every member got a 50 minute massage and several members got haircuts and tried group acupuncture. At the craft table, women made macramé chokers and

friendship bracelets and everyone contributed to a memory scroll (which now hangs in PWN's drop-in space). Despite the steady rainfall, some women went canoeing and hiking and a small group attempted starting a campfire to make 'smores.

At the closing circle, women expressed thanks for the connections they made with other women. This retreat resulted in lasting peer connections – many of the participants, a diverse group of women from all over BC, are still in touch with each other regularly.

Women also expressed thanks for the knowledge they gained about HIV and the effects on their lives. Within days of returning from the retreat, one member decided to apply for the November session of the Pacific AIDS Network's *Positive Leadership Development Institute*, which provides leadership training for people living with HIV. She said the retreat gave her the confidence to apply and take this training. Another member commented: "My experience at the retreat broke down a few walls, fears and anxieties, which is worth everything! Now I am not so scared to become involved in stuff related to HIV."

We will be planning more retreats in 2011, keep an eye out for notices and applications!



Events and Program Information

	MON	TUE	WED	THU	FRI
drop-in	11:30-3:30	11:30-3:30	11:30-3:30	11:30-3:30	-----
lunch	-----	12:00-2:00	----	-----	-----
office	9:00-4:00	9:00-4:00	9:00-4:00	9:00-4:00	9:00-4:00

PWN Grocery Schedule

****SCHEDULE IS SUBJECT TO CHANGE**

Regular Grocery Hours:

Tuesdays 12pm - 2pm

JANUARY 2011:

January 4 (Open)

January 11 (Open)

January 18 (Food Bank Closed)

January 25 (Food Bank Closed)

FEBRUARY 2011:

February 1 (Open)

February 8 (Open)

February 15 (Food Bank Closed)

February 22 (Food Bank Closed)

MARCH 2011:

March 1 (Open)

March 8 (Open)

March 15 (Open)

March 22 (Food Bank Closed)

March 29 (Food Bank Closed)

APRIL 2011:

April 5 (Open)

April 12 (Open)

April 19 (Food Bank Closed)

April 26 (Food Bank Closed)

May Wellness Retreat

The Positive Women's Network Spring Wellness Retreat is **May 27th to 29th, 2011** at **Loon Lake**. Watch for application packages in February, 2011!

Want to Connect with Another HIV+ Woman?

Peer support volunteers are available. Contact Bronwyn or Melissa at 604-692-3000/1-866-692-3001 to get connected.

Thanks for Lunch!

Thanks to **Veronica Van Wyk** and **Merck** for sponsoring our drop-in lunch workshop for members on November 23, and to **Dr. Sylvia Gulleml** who presented on HIV treatment issues for women.

Trigger, Thanks so much!

Trigger and GirlGig Productions have amazed us again by hosting another annual "Chicks with Picks" fundraiser for PWN on December 5th. Thanks to all the performers and guests for making it a success.



Events and Program Information

Post-Holiday Lunch Celebrating 20 Years!

At this year's post-holiday lunch, in addition to recognizing members and volunteers, we will be kicking off the celebration of our **20th Anniversary Year!** Join us on **Tuesday, January 18th at 12:00 noon**, at the **Century Plaza Hotel (1015 Burrard St, behind St. Paul's Hospital in Vancouver)**. There will be good food, great company and door prizes. Members, Board Members and Volunteers are welcome.

New look at www.pwn.bc.ca

If you haven't visited the PWN website recently, you definitely want to check out our new look! A special thanks goes out to the local design company **Flipside Creative (www.flip-side.ca)** for donating their work as part of their 2010 CreateAthon. Can you believe they were holed up in an office for 24 hours straight doing free graphic and web design for a number of non-profit organizations, including us? Yeah, it's awesome!



20th Anniversary Day Retreat for Members!

On **Wednesday, February 9th**, PWN will be hosting a **Day Retreat** for members who live locally**. We will be offering "mini-makeovers" and various complimentary therapy sessions (e.g. massage, reiki, etc.) for your relaxation and enjoyment! The afternoon will end with a dinner for all participants. Please see enclosed registration form or call Melissa at 604-692-3007 melissam@pwn.bc.ca for more details. **SPACE IS VERY LIMITED** so apply early!

**Sorry, we don't have transportation/accommodation funds to support members travelling from outside of the lower mainland for this event.

Support Group for Pregnant Women & New Moms

Any HIV+ woman who is pregnant or who has had a baby in the last 2 years is welcome to attend this group, sponsored by Abbott Virology, in partnership with Oaktree Clinic and YouthCO. The next meeting will be **Tuesday, February 15th 12:00 – 1:30pm** (lunch included) at **Oaktree Clinic, BC Women's Hospital B-4 West, 4500 Oak St, in Vancouver**. Bus tickets and child care subsidies are available. No on-site babysitting, sorry! For more information, call Bronwyn at 604-692-3008.

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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!

The work of Positive Women's Network is made possible by grants from the **Provincial Health Services Authority of BC**, the **Public Health Agency of Canada/AIDS Community Action Program**, and **BC Gaming & Enforcement**, as well as the following sponsors, who we would like to Thank:



Abbott Virology is the exclusive pharmaceutical Sponsor of SpringBoard.



Bristol-Myers Squibb for sponsoring our Positive Players pocket guide.



MAC AIDS Fund for their contributions to our Support and Outreach programs.



Merck Frosst Canada Ltd. for supporting our food program.



RBC Foundation for supporting our Wellness Workshop Series.



Our portable housing subsidies and food program made possible by support from **Shooting Stars Foundation**.



Tibotec for sponsoring our lunch program & holiday lunch.

DISCLAIMER

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Unless otherwise noted, all materials and graphics in this newsletter are written and produced by the PWN Health Promotion Team (janetm@pwn.bc.ca).