



Sharing Strengths at the Skills Development Weekend

By Melissa Medjuck

On the weekend of May 27-29, Positive Women's Network held their first *Skills Development Weekend*, in response to member input. From 2008-2010, Positive Women's Network conducted the *Leadership, Engagement, Action and Dialogue (LEAD) Project*. LEAD was an opportunity for Positive Women's Network (PWN) to work with local AIDS Service Organizations (ASOs) and women living with HIV/AIDS in British Columbia to talk about what is working well and what gaps exist in service delivery and support.

We heard from women all over the province and this message was loud and clear: women want opportunities for leadership and community involvement. To prepare for these opportunities, women said they want to develop skills in these areas.

At the same time as our LEAD project research, the Pacific AIDS Network (PAN) began offering the *Positive Leadership Development Institute* in 2009. This project is in partnership with the Ontario AIDS Network (OAN). The purpose of the Positive Leadership Development Institute is to support people who are living with HIV/AIDS to realize their leadership potential and increase their capacity to participate meaningfully in community life. Several Positive Women's Network members have taken the first level of this training. This Core Leadership Training helps participants answer the essential question, "Who am I as a Leader?"

From the information we gathered through the LEAD report and the feedback we got from Positive

Leadership Development Institute graduates, the idea for the Skill Development Weekend was born. So, after 20 years of coordinating wellness retreats for HIV+ women in BC, we decided to offer "something new" for PWN members: a weekend focused on the themes of peer connection, leadership and skill development.

A dynamic and energetic group of women explored their potential and strengthened their connection, communication and leadership skills. Three of the attendees have kindly shared their experiences about the weekend.

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Positive Outcomes: Stories from Skills development Weekend Encouraging Each Other to Keep Going

By Fanny, as told to Janet

I've had HIV for 23 years. Twenty three years ago, the disease was young. I didn't know anything about it. I was asking the doctors how I might have gotten the disease and I had never done anything risky, so how could I have got it? I've been blessed, because I've never been sick, nothing. My four children are HIV-negative.

But I've been hiding and it's lonely.

The challenges of living with HIV are big. Where I come from, it's not talked about. If I had said anything then, it would have changed my life completely. I couldn't have gone to school, or worked. I would have been an outcast due to stigma and found it very difficult to find accommodation and I wouldn't have had a job. I have known people who were isolated by their families because they had the disease, even their family members wouldn't get close to them. Children were also either bullied at school or discriminated against because their parents had HIV. So because of those reasons, I did not disclose my status and chose to live a relatively normal life

I've been in Canada for three years. When I told my doctor that I was feeling isolated, I was told about Positive Women's Network. I connected with (Support Worker) Melissa and I went to Peer Support Volunteer training in March. Then I found out about the Skills Building Weekend. I thought it would be interesting to be around women.

I wasn't sure what to expect on the Skills Building weekend, as this was my first time. I just... went. I needed to be around people like me.

The weekend was very interesting. Very busy, but good busy. We had classes, and some fun activities. The setting was fantastic. I love nature so I was right

in my element. I went for walks and heard birds, smelled the air...

I really enjoyed it. The classes were really enlightening. I learned a lot from the women .There are many people like me and we shared experience and really connected. I hope Positive Women's Network can continue to keep this up. It's important to support women who are isolated.

Attending the Skills Building Weekend was wonderful, and it gave me a lot to think about. I felt like I'm not alone. Just to know that there are people whose experiences are similar to mine made me feel comfortable with myself and helped me to have more confidence in myself. I feel like I'm not all alone and now I have a list of people I can call and resources I can tap into if I need anything. I also learned some skills to take care of myself.

It's really good to be among women who have experiences that are similar to yours. Perhaps not the same, but similar. We share some of the same problems. This disease brings us all together.

The weekend was busy. There wasn't a lot of time to get to know each other because it was one event to the next. I think that idea was good because people have to attend things to learn and grow. Otherwise someone might just sit in their room and nothing changes. But it would have been nice to have had more time to connect with others.

I didn't talk a lot, I just wanted to learn and watch. But it was really mind-opening that the women could share experiences. Like me, some were so lonely. There are a lot of lonely women out there!



They want to make connections but they're afraid of rejection.

Now I'm thinking about getting back to work. I've done lots of scientific research, but I think I'd like to do research talking to people like me, using the skills that I already have.

My children know about my HIV status. They're okay with it. I don't think they know what to expect, because I've never been really sick. I've only been on medication for a year, so they haven't seen anything attributed to the disease. When I told them they were upset, but they don't think about it every day.

It's important to live your life the way you want to and not focus on the disease so much. Especially if you're managing and you're healthy there's no reason you should focus on the disease. Keep your spirits high.

I would love to go again and meet all those great women and get support. For someone who is new, been among women was not scary. It's really good to be among women who have experiences that are similar to yours. Perhaps not the same, but similar. We share some of the same problems. This disease brings us all together. We all have to encourage each other to keep going.

Stories from the Skills Building Weekend cont... “That Door's Not Difficult Anymore”

By Valerie, as told to Janet

I was positive for about four years before I connected with PWN (Positive Women's Network). My doctor steered me there, and a PWN outreach worker picked me up and brought me to a lunch to introduce me to the place before I went on my first retreat. Walking through PWN's door for the first time was so hard. I was terrified. You just don't know what's on the other side. But when I came in, it was great.

I went on my first PWN retreat in October 2010, and I was scared. But I had such an amazing time that the next month I went to the Pacific AIDS Network Leadership training. Then I did the Peer-Support Volunteer training at PWN in March (2011). I have spirit, and I just needed the guidance.

The Skills Building weekend attracted me because I want to build on what I'm learning. I wasn't sure what to expect because it was the first time PWN had done this type of weekend. All the workshops were amazing.

And as soon as I got to the Skills Building weekend, I was so happy. Women I'd met before were saying, “Oh My God, you're here!” It was amazing to reconnect with women and know I *mean something* to somebody. Since the October retreat I've stayed in touch with women through email, but it's just not the same as it is in person. The skills development weekend made it comfortable to talk about things people had never said before. That peer to peer connection is important.

I had a neat thing happen at one of the Skills Building workshops that relates to the Pacific AIDS Network leadership training last fall. At the PAN training on the first night everyone got a letter to read out loud. The letters were written by people who had been at Leadership training before.

My letter talked about fear. It said, “You are scared. Don't be. You're here because you're a leader.” Other peoples' letters said “Trust the process,” and stuff like that, but mine was the only one that



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Stories from the Skills Building Weekend cont...

talked about fear. And it was true- I was scared! It was signed by someone named Sherry.

When I went to the Skills Building Weekend, there was a woman named Sherry leading a workshop: It was her- the woman who wrote the letter! We connected and I thanked her for the letter and told her how it was so important to me.

This time I took part in all activities, next time I'd like to take more of a leadership role in terms of spiritual healing. I make healing pouches that have buffalo sage, sweet grass, tobacco, cedar and crystals. You can put them under your pillow, or carry them in your pocket or purse.

It's only five years since my diagnosis, so I still consider myself newly diagnosed. There's so much to learn and talk about. I want to learn how to do presentations and public speaking involving HIV.

For anyone going public with their HIV status it's a very personal decision. It has to be at the right time. For me- and everyone is different- it felt like I was living a lie. Now I've come out, I feel freer. I feel free and open. If someone doesn't like me because of HIV, that's their problem.

Being out about my HIV has helped one of my sons deal with his diabetes. He struggles taking his meds, but I say to him, "We're both living with things where we don't look sick on the outside, but we have to take meds for the inside."

One thing has built on another for me. First there was the PWN Retreat in October 2010. Then I went to the PAN Leadership training. Then I did the Peer Support Volunteer training here at

PWN, and now the Skills Building weekend. Next I'm going to the PAN Leadership training level 2 for people who have completed the first one.

I want to continue in leadership training and connecting. I like being out "in the trenches" doing the work with people, but I also want to learn about other forms of leadership. The Creator put me in this place for a reason. I feel I have HIV for a reason. I want to make a difference. If there was a t-shirt that said "HIV+ and proud" I'd wear it.

Thanks to Positive Women's Network for opening doors for me. Now I'm able to work in my community and make a difference. I proudly work in the Downtown Eastside addressing HIV, homelessness and nutrition/ health. I was terrified to walk through the door at PWN, but that door's not difficult anymore. What PWN does is so important for women. I hope that anyone who is afraid to go to a lunch or a retreat just takes that first step. It's really worth it.



Stories from Skills Development Weekend cont ... Building Connection

By Shelley, as told to Janet

I wanted to go to the Skills Building weekend because I can feel quite isolated with HIV. I want to meet others. And it's so special to get together with other positive women. At the Pacific AIDS Network leadership training it was so powerful to be with positive people.

Positive women are so inspiring, so powerful. Listening to their life stories and what they make of them is truly seeing people make lemonade out of lemons! I want to do that too.

I led a workshop called True Colours, which is a personality identification tool. It's respectful of people's differences being okay. It's a safe kind of approach that was great for this group of different women. This was the biggest group I've ever done it in, and I think it worked. It was good to provide this way to discover each other.

Over the weekend I hung out with a few people, but I think you'd need a week to really know everyone. It's good to connect with other people~ HIV is so isolating. After the weekend, I realized I was missing people. I tend to be an introvert, but I've found I'm more inclined to want to carry on the connections with other women.

I've never been on a "plain old" retreat, so I don't know how they are. Women who have been said the Skills Building was good because women had to be at the workshops. This was good for me, because I think I'd be inclined to just stay in my room.

I want to know, "When can we do this again?"

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Scotiabank
AIDS Walk
for Life



It's that time of year again when PWN starts preparing for the annual **Scotiabank AIDS WALK for LIFE** as a Community Team Member. This year's walk is on **Sunday, September 18th in Stanley Park.**

Thanks to the generous support of our 2010 Teams of Walkers, we were able to provide two portable housing subsidies for PWN members living in diverse communities in BC through our PWN Housing Subsidy Program.

We hope to sustain that number with funds raised from our 2011 Team of Walkers. The majority of PWN members live in poverty. Safe, affordable housing has been identified as a priority issue for women living with HIV. Adequate shelter provides the necessary space, security, and basic infrastructure such as clean water and heating which support wellness. Adequate housing is not just a housing issue but a health issue.

It only takes a few moments to register so please if you are able to participate in the WALK this year go to: www.aidswalkforlifevancouver.ca and follow the registration process. Please assure that your register under "Join as a Team Member" not as an "Individual Walker".



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I Am Home

By Valerie, written at the Skills Building Weekend

I get off the bus. I am Home

People, noise, cars, sirens, 4 walls, TV, computer, radios and horns

*I pull Self to "My" bubble and tell Self **YOU NEED TO BE THERE***

I look around "my" bubble ~ the lake, the trees, clear skies ~ peaceful, slow

I look to the edge of "my bubble" ~everyone from our circle is there

***POSITIVE ENERGY** gathers here*

I AM HOME

I am better because I have you my friends, my sisters

I am strong because I know my weakness

I am wise because I have been foolish

I am laughing because I have known sadness

I am alive because I am a fighter

I am Home

I live for today

I love for tomorrow

I laugh at all my yesterdays

I hope for the future

I cherish every moment

I am Home

I may not always end up where I thought I was going

But I will always end up where I was meant to be

Family and friends

I am Home



Snapshot from HIV Antiretroviral Update

By Janet Madsen

The room was packed, the energy positive at the latest *HIV Antiretroviral Update* put on by the BC Centre for Excellence in HIV/AIDS. The “big picture” of international and national issues was discussed, but so was the importance of the one-to-one relationship between patient and doctor. As it often is, the day was intense but full of interesting information to think over and share. What follows is the summary of a couple of the sessions. If you’d like more information on the whole day, visit the BC Centre for Excellence website at <http://www.cfenet.ubc.ca/>

New HIV diagnoses: When to test and Who Needs to Test

Dr. Mark Gilbert of the BC Centre for Disease Control provided HIV Infection trends in BC, as well as an update on some of the testing initiatives of the *Seek and Treat for Optimal Prevention of HIV/AIDS* (STOP) project.

So who is getting HIV? Men who have sex with men represent the highest risk exposure category for new HIV infections from 2001-2010. The next highest risk category between 2001-2007 was for those who use injection drugs, but by 2008, heterosexual sex was the second highest risk exposure. This trend continued until the end of 2010, and time will tell if it continues.

Heterosexual sex is more risky for women than it is for men. Transmission from male to female is twice as likely as female to male. Women are more exposed to HIV-infected fluids with heterosexual contact, and women’s vaginal tissue can get tiny tears during intercourse, increasing risk of infection with HIV or other sexually transmitted infections (STIs). I always wonder about anal sex too- research shows many male/female couples have it, but a risk category of “heterosexual sex” implies vaginal intercourse.

Testing has changed since the early days of waiting three months for the first test and suggesting repeat testing at six months for any questionable situations. Tests now are sensitive enough that they can be used as early as 6 weeks after exposure, when 95% (or more) of people who’ve become infected with HIV will produce antibodies. If the exposure

Since 2008, heterosexual sex has been the second highest risk exposure category for HIV infection in BC.

was low-risk and the test comes back negative, the person probably doesn’t have HIV. If they were in a high risk situation (a partner known to be HIV+, a high risk exposure or seroconversion symptoms), it could be that antibodies haven’t yet been produced. At three months post-exposure, 99% of people will have HIV antibodies if they’re infected and a repeat test can confirm HIV status one way or another.

It’s estimated that 26% of people who have HIV don’t know it- obviously a concern when it comes to getting people the HIV care they need and reducing new infections. One of the aims of STOP is to identify those who don’t know they’re positive. Making HIV testing a normal part of health care for all sexually active people is a way to identify the folks who don’t imagine themselves to be at risk. One of the doctors at the Antiretroviral Update compared it to breast cancer screening. Breast cancer’s not something all women will have, but screening all and identifying those who do is an accepted part of preventative health point-of-care care.

To increase awareness of HIV status, STOP has expanded testing in both Vancouver and Prince George. Point-of-care testing is an on the spot screening program- it can’t confirm a positive



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HIV Antiretroviral Update cont ...

result, but it can indicate need for further testing. It analyzes a sample drop of blood, and if the sample is “reactive,” the person is sent for a blood test. Health education is always needed to help people understand the “window period” (the time in between their exposure to HIV and production of antibodies) and whether they should be screened or tested again later.

A screening and testing framework has been developed with suggestions for testing based on risk situations and relationships. Frequent testing (e.g., every 3 months) is recommended if there’s ongoing HIV risk. Testing after a high risk exposure is also advised. Annual testing is recommended for those at low risk, but sexually active. Anyone with a STI should be tested for HIV. In mutually monogamous relationships where people want to discontinue condom use, testing is also recommended.

Women and HIV Update

Dr. Neora Pick (new Medical Director of the Oak Tree Clinic) presented an update on *HIV Infection in Women*, starting with a global picture. Worldwide, women account for 50% of HIV infections. Here in Canada, women represent 22% (just over 1 in 5) of all HIV infections, but are 26% (1 in 4) of new infections. The highest risk category for women in Canada is heterosexual sex (71%) followed by injection drug use (29%).

Pick emphasized women’s biological risks for HIV (extended exposure to HIV-infected fluids and vulnerability of vaginal tissues, as noted earlier). She also talked about the cultural factors that increase women’s risk. Expectations of how women “should” be sexually and limited control over condom use and other harm reduction options make preventing HIV difficult. Women also have to face economic inequality, violence, and forced sex. Young women in their first sexual relationships,

often with older men, may not have the power or knowledge to insist on safer sex.

When it comes to treatment, there are differences in men and women. Women discontinue drug therapy more often than men due to side effects (“adverse events” in doctor-speak). Although doctors don’t have all the answers as to why women experience side effects differently than men, there are some ideas.

Women’s and men’s bodies are different and this could affect how medications work. Women generally weigh less than men and have more fat per pound of body weight than men do (a natural difference). Women have different hormone cycles (ups and downs) and women absorb (metabolize) medications differently than men.

Women on treatment are more likely than men to see changes in body shape, an issue that Pick pointed out is essential for doctors to consider. Some medications can have the side effect of gaining weight in the middle of the body and losing weight in the face, arms and legs. We live in a society where body image is emphasized, especially for women. Doing the best to make sure treatment is chosen to minimize the possibility of body changes is very important. Depression is also an issue for positive women. A US study showed that women with depression were less likely to take their HIV medications on the schedule their doctor advised (called being *adherent*). This led to worse health outcomes.

Yet establishing a good treatment combination for women leads to better health. At the beginning of the AIDS epidemic, women did worse than men. But in the last two years, death rates are lower in women than in men. Although women discontinue drug therapy more often due to side effects, once a tolerable regime is established, women do better.



Doctors don't yet know why. Dr. Pick suggested that it could be that with aging overall, women tend to have better health (particularly cardiovascular health) than men.

Contraception and pregnancy are concerns for lots of positive women. Pregnancy is a joyful possibility these days as HIV treatment can decrease the risk of transmission from mother to baby to about 1% (1 in 100). Condoms are suggested for every sex act for HIV prevention, even between positive partners. Condoms can also prevent possible exposure to any infections a partner might have. Last year's news about a potential vaginal gel microbicide was exciting, but more testing is needed before it will be available.

Condoms work for contraception, but other options can be considered. For women on HIV treatment, oral contraceptives (the Pill) need to be measured against the HIV meds schedule, as they can interfere with each other's success. IUDs are now a contraceptive option for HIV+ women; this was a surprise to me. Dr. Pick stressed this choice is controversial and should only be considered for women who are at low risk for STIs and have a CD4 count of at least 200.

For positive women beyond the baby-making stage, there is a lot to learn. It's still debated whether or not HIV contributes to earlier menopause for positive women than women without HIV. Menopause may be reached 1-2 years early, but there are often other health issues that play a part: smoking, stress, drug use, and low body weight. Hormone replacement therapy is not recommended for women with HIV, except in extreme cases. Menopausal women are at increased risk of losing bone mass, and HIV increases this risk. Bone density testing is recommended as a baseline test post-menopause and then every 3-5 years depending on age and results of the first screening.

Discussion of the "Berlin Patient" came up in the course of a presentation on Gene Therapy. (The

Berlin Patient underwent a bone marrow transplant following leukemia, and has remained HIV-free so far.) The presenter acknowledged that bone marrow transplants are NOT the way to cure HIV, but gene therapy is currently a "hot topic." He also said he expects that vaccine research will come back into favour, despite the lack of progress so far.

Overall, the energy at the ARV Update was optimistic. There was recognition that there's more research that needs to be done (as always) but the options out there are better than we've ever seen. Luckily, more than one of the doctors advocated that the medical treatment of HIV isn't all that needs to be addressed. Stigma, treatment access, harm reduction, social and peer support all need to be in place as well. And that's what everyone is working on.

RESOURCES:

BC centre for Excellence on STOP AIDS: <http://www.cfenet.ubc.ca/our-work/programs/stop-hiv-aids>
 Heterosexuals and Anal Sex Risk: <http://www.irinnews.org/report.aspx?ReportID=93032>
 Point of Care Testing Information: http://www.bccdc.ca/NR/rdonlyres/9C1C7D54-AA39-46BB-8ED3-7DDF6C23931A/0/POCHIVTestGuidelines_May2011.pdf



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Spotlight on Support: the Kootenays

ANKORS

ANKORS (*AIDS Network Kootenay Outreach and Support Society*) was established in 1992 in Nelson to provide HIV support, care and education to people in the Kootenays. HIV education was offered to those at risk, and support and advocacy for those living with HIV. This turned out to be quite a challenge - the Kootenay region of BC is huge.

A second ANKORS office was set up in Cranbrook in 1999. Given the size of the region, ANKORS staff members still have to travel many miles to offer the support and connection people need. Add to that the fact that living in small communities where anonymity with HIV is difficult, stigma remains huge.

ANKORS began to see increasing numbers of people coming in who were also infected with Hepatitis C (HCV), so they expanded services to include HCV support and education. The trans community is also deeply affected by HIV and HCV, so ANKORS is a trans friendly space.

Positive Women's Network has had a long relationship with ANKORS. We've worked together to connect positive women from the Kootenays with others in the province. PWN members have worked

with ANKORS on special events. We also worked together on a Health Care Provider Education Project late in the 90's. It educated doctors, nurses, social workers and other community care providers on HIV+ women's health and social issues. Most recently, Sangam was in Cranbrook with ANKORS staffer Polly to deliver HIV education to a regional meeting sponsored by the *Canadian Mental Health Association*. She sent an email mid-trip to report that people from Cranbrook, Kimberley, Nelson, Golden and Fernie were there. "They were killing themselves laughing and learning a lot."

There are many overlapping concerns of living with HIV whether you're in a large urban centre or a small town, but there are distinct differences as well. The safety of anonymity when going into a small town AIDS service organization is non-existent. Getting care from someone who doesn't know you (or your mom, or your neighbour) is a challenge. ANKORS does their best to make sure that care is delivered discreetly so that people living with HIV/HCV don't have to add the ongoing fear of exposure to their list of worries.

For more information on ANKORS, please visit their website: <http://www.ankors.bc.ca/>

ANKORS

The Spotlight on Support series is intended to highlight the work of non-profit agencies in each of British Columbia's Health Authority regions.

For a list of BC HIV/AIDS service organizations, visit the Pacific AIDS Network website at <http://pacificaidnetwork.org/about/membersmembership/>



Positive Women's Network
Action and Leadership on Women and HIV/AIDS

a Positive Women's Network Fundraiser to Celebrate...

RESILIENCE

20 years of DIGNITY & GRACE

Sunday, October 16th, 2011

5:00-7:00pm

**at The Blue Horizon Hotel
(1225 Robson Street, Vancouver BC)**

\$100

Tickets will be available on-line at
www.pwn.bc.ca after July 15th.

Quantities are limited, so make
your purchase soon!

Live Music

Cocktails

Hors d'Oeuvres

Silent Auction



Events and Program Information

	monday	tuesday	wednesday	thursday	friday
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

JULY:

July 5 (Open)
 July 12 (Open)
 July 19 (Open)
 July 26 (Food Bank Closed)

AUGUST:

August 2 (Food Bank Closed)
 August 9 (Open)
 August 16 (Open)
 August 23 (Food Bank Closed)
 August 30 (Food Bank Closed)

SEPTEMBER:

September 6 (Open)
 September 13 (Open)
 September 20 (Food Bank Closed)
 September 27 (Food Bank Closed)

OCTOBER:

October 4 (Open)
 October 11 (Open)
 October 18 (Open)
 October 25 (Food Bank Closed)

Pocket Guide on Aging now through Review!

Thank you to Dr. Neora Pick and other community members who reviewed our forthcoming *Pocket Guide on Aging for Women with HIV*. Look for it this fall!

New Board Elected

At this year's AGM, we were happy to welcome some newcomers to the Board, and sad to see some others go because their terms are up. Thanks to all the volunteers who generously contribute their time and expertise to PWN.

Sangam's Trainings

Sangam's recent trip to the Kootenays is mentioned in *Spotlight on Support* on page 10 of this newsletter. This summer, she will be bringing her *Women and HIV* training workshop to *Immigrant Services Society* and the *West Coast College of Massage Therapy* – two organizations that have decided they want to be better informed about HIV and the issues that HIV+ women face. This is great news!



Events and Program Information

Sharing our Research Guidelines Online

Women living with HIV are in high demand when it comes to research. While we recognize that women have traditionally been underrepresented in research including clinical trials, we also know that women face additional social and economic barriers to “getting involved” and that many women living with HIV feel over-researched. As a result, we have developed a set of *Guidelines for Approval of PWN Involvement in Research Projects*, which we are happy to be sharing online. You can find our guidelines at www.pwn.bc.ca/research-involvement-guidelines and we welcome you to tailor them to your needs and make use of them in your own organizations.

Social-networking with ... Positive Lite

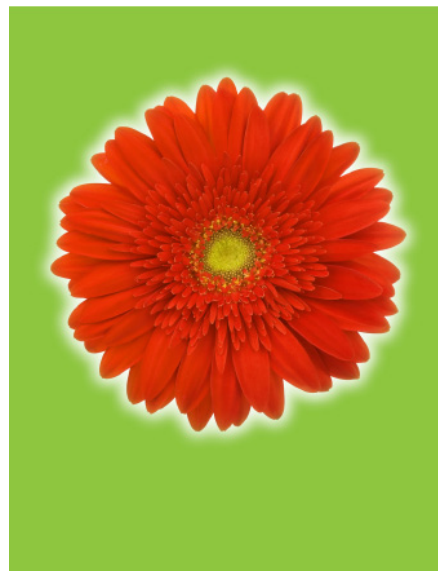
The PWN Health Promotion team has been making real gains online. Both PWN and You Should Know (dedicated to the sexual health of women over 40) now have vibrant networks of followers and friends online. We have begun to make some genuinely rewarding connections online and are especially excited to be a guest blogger on one of Canada’s leading HIV blogs, www.positivelite.com. You can also find them on Twitter [@PositiveLite](https://twitter.com/PositiveLite)

Miriam leaving PWN

After five years at Positive Women’s Network, first as Clerical Assistant and then as Resource Coordinator, Miriam Martin is leaving to attend Law School at the University of Ottawa. We’ll definitely miss her, but she assures us she will be supporting our work and our community in whatever way she can in future.

New Edition of the Pocket Guide

We are thrilled to announce the publication of a new edition of the *Pocket Guide for Women living with HIV*. In addition to a new look, it contains updated information about becoming a mother, HIV/HepC coinfection, street drug and ARV interactions, and legal responsibilities around HIV disclosure. We are grateful to the folks at CATIE (www.catie.ca) who are supporting the French translation and National distribution of our guide. With CATIE’s help, 25,000 copies of the Pocket Guide have been distributed across Canada in the last 5 years. Watch for the new edition in the coming weeks and contact us in September if you or your organization haven’t got your hands on it yet!



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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!

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