



The Positive Side

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At 20 Years, the Talk's Still About Women-Only Space

Janet Madsen

Positive Women's Network (fondly known as PWN) is twenty years old this year. We are the oldest women-specific HIV organization in Canada. There haven't been many, but we don't think that's because of a lack of need, but another set of things completely—lack of funding, lack of community support, and a lack of understanding that women's needs are different, even though we've come a long way on this journey with AIDS.

PWN has been lucky so far (fingers crossed). We have seen our ups and downs in funding, but we are blessed with support from the community here in BC and our friends across the country. Funders and supporters have seen the measure and value of our work. Our resources are used across the country, and our programs have been used as models and templates.

Over the past few years we've been talking about what we've done so far, and how we are meeting the needs of positive women here in BC. In 2010, we completed a research project called Leadership, Engagement, Action and Dialogue (LEAD). Researcher Emily Quinn travelled around BC talking to positive women and service providers about their thoughts on how PWN is doing and how we can improve. (In a nutshell? Everyone wants expanded services for women.)

In 2011, our twentieth year, we wanted to hear from people who have had long-term relationships (ten years and more) with PWN. We wanted to learn about how PWN has impacted their lives, why they think PWN has lasted this long, and the key question—are women-only services still needed?

In a 2011 project, we worked with Tamara Landry of Universities Without Walls, which is a cross-country program that pairs organizations and trains health researchers to address key issues in HIV/AIDS research. Tamara is doing her PhD research on youth and HIV at the University of Western Ontario, and saw the work on PWN's twenty years as complementary to her work. Earlier this year, she did one-to-one interviews and a number of focus groups with PWN members to explore key questions.

Conversations took place among the women who started PWN, which was officially incorporated in 1991. They also happened among women who have been members here for ten years or longer. Women and men in the community who have worked with us as we've grown and changed were also part of the conversation.

On the following pages are some thoughts on what has made PWN work and why this community is still thriving, not to mention much needed.

Continued on page 3



Photo by clarescupcakes.co.uk

Contents

Research Update: Do Anti-HIV Drugs Affect How Fast HIV+ People Age?	5
New HIV Medication Could Change HIV Dreams	8
Spotlight on Positive Living North	10
Events and Program Information	12
Thanks to Our Supporters	14

a Positive Women's Network fundraiser to celebrate

RESILIENCE

20 years of DIGNITY & GRACE

Sunday, October 16, 2011

5:00–7:00pm

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

\$100 per ticket
includes two glasses of wine!
Buy now at www.pwn.bc.ca

Silent auction
Hors d'oeuvres and cocktails
Music from guitarist Michael Gillette
Emceeding by comic Jackie Haywood



Deloitte

ViiV

Abbott
Virology

Continued from page 1

How Has PWN Impacted Your Life?

Until the moment of HIV diagnosis, many women have never met anyone with HIV, let alone another woman. Long-term members spoke of the importance of meeting peers, talking about HIV and health-related issues, and getting support on dealing with stigma and secrecy.

"[I've met women] who I can talk to about HIV. This is the unique connection, but we also talk about lots of other things—challenges of living with a chronic illness, current issues in HIV, developments, treatments. [It's] good to have poz women friends and talk about how it's impacted our lives."

"I have met women... I would never have met. [They have] very different experiences from mine, but I took from that we are all alike in so many ways—always that one place we connect."

One woman who lives in a small town said of the importance of connecting with other positive women, "[It means] everything to me." She acknowledged the secrecy she lives with, because her home "is not the most accepting small town."

Everyone talked about the lack of judgment at PWN that makes women feel comfortable coming in for support, no matter what's going on: "I've always been able to come here, whether I'm strong or not, healthy or not. Nobody looks at you any differently—that's huge and really important. A lot of people tend to show judgments ... and PWN isn't judgmental."

Anyone who has been on a retreat weekend can talk about the magic there. During the focus groups, members called retreats "life-changing." One woman says that retreats changed her perspective for the better, that at a retreat everyone "can enjoy life instead of looking at [HIV] like a death sentence."

One woman talked about being newly diagnosed and very sick at her first retreat. She was scared, and her roommate made a difference: "I felt very cared for and very supported. Because of PWN I was able to get that support from another woman with HIV, someone who was doing well."

Enduring Programs and Resources

What is it about PWN that has allowed us to last this long?

Members and community allies talked about the connections between staff and members that make PWN a special place. One woman said PWN has lasted as long as it has because [staff are] "good with their boundaries, good with support, good at everything they do. They know when you're at your weakest and at your best, and empower you at both ends." Another said, "It's the commitment of the staff."

When poz women and community allies spoke about the beginning and ongoing work of PWN, all of the comments centred around one idea: Women needed and wanted different things in a support organization.

When asked, "Why establish an organization exclusive to women and HIV?" one of the women who started PWN responded, "How much time do you have?"

Another founding member remembered, "Fundamentally, it [women and HIV] wasn't being addressed by the major AIDS organizations. Education, advocacy, health, how it was being presented—[gay men] led the way in advocacy and education.... There was such significant absence of women and visibility and the idea that women can get it [HIV] and how they get it and why they get it—issues of violence and safety and economics."

Women's lives were structured differently: "The focus was different: women and children, multiple members of families who were infected. It was different from many of the men. Women's needs were different."

This remains true today, as does the fact that there are "so many configurations on how it [HIV] came to be in the family." Also remaining is the fear of the possible consequences of infection: "He's going to leave me. What's going to happen to my children?"

Continued on page 4

"Women's needs were different"



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Continued from page 3

Is a Women-Only Service Important?

Everyone felt strongly that there should be services that are for women only. While many benefit from services for both men and women, they say that PWN is different.

A positive mom summed it up: "Women's issues involve mothering and children as well. That has now become a real issue, because a lot of women find out they're HIV-positive during pregnancy. I think there's more education around HIV and pregnancy.... We're built differently, we think differently.... I know there's a lot of safety issues of women versus men.... The needs are different, [so there] needs to be separate [organizations]." Everyone acknowledged that women who have experienced violence need to have a safe place to get health information and support.

The support women get from each other in dealing with the long-term effects of HIV is important. One member pointed out, "The news out there is that it's a chronic manageable disease... but it's not [easy to manage]."

Another member talked about the time she wanted "to hide away from the world" when her body shape was changing because of HIV medications. "Another woman came to the support group and had the same thing, and I realized I wasn't alone in this."

Not only do women experience the side effects of HIV medications differently, their concerns are different. Even retreats are different: "I've been to the mixed retreats, which are mostly men, but it was great to have a women-only retreat. [It was] really important to me [to have] just a place to meet more women.... Women don't come out and seek services as easily."

"A lifeline for women"

Women who have experienced violence need to have a safe place to get health information and support.

One of the founding members of PWN, who has worked with positive women for over twenty years, said, "The women who were coming and involved with PWN were so much better supported than the women who weren't. [Some women] weren't willing to come and be known. They were from ethnic communities where the shame was terrible."

One member said, "We need to have more PWNs," and another in the same group said PWN has "been such a lifeline for women."

The message we came away with is that PWN is as needed now as it was twenty years ago. I love this statement from one of the member focus groups: PWN has "the most beautiful women in the world. We're all one, we all love each other, we all laugh with each other, we don't agree sometimes, but we care for each other."

RESEARCH UPDATE

Do Anti-HIV Drugs Affect How Fast HIV+ People Age?

Emily Lyall, CARMA Knowledge Translator

Research is beginning to show that some people living with HIV age faster than people without HIV. When we age, we are more likely to get sick from certain illnesses and have trouble getting better. This eventually happens in every person, HIV+ or not. However, some HIV+ people get sick earlier in life from diseases usually seen in older people. Researchers working on a study named CARMA are trying to figure out why this happens and what we can do to slow down aging in HIV+ people.

CARMA (which stands for Children and women, Anti-Retrovirals, and Markers of Aging) is a long-term research study asking questions about the effects of anti-HIV drugs on aging in women and children. For the last four years, many patients from The Oak Tree Clinic in Vancouver and other sites across Canada have helped CARMA researchers gather data. As of Summer 2011, CARMA researchers are ready to start sharing their first set of results.



The CARMA Study in a Nutshell

At first, CARMA researchers thought faster aging in positive people might be caused by anti-HIV drugs (anti-retrovirals). After all, when white blood cells, HIV and anti-HIV drugs are mixed in a test tube,

the cells wear down in two specific areas related to aging. Our bodies are much more complicated than a few cells in a test tube, so CARMA researchers needed to check if anti-HIV drugs cause faster aging in real life.

CARMA researchers were surprised by their results. It turns out that anti-HIV drugs have not shown much evidence of causing the damage that leads to faster aging in HIV+ people. Instead, smoking and having a high number of copies of HIV in the body (also known as "having a high viral load") because of NOT taking anti-HIV drugs seems to be related to faster aging.

As with all research, this is not the entire picture of aging in HIV+ people. The CARMA study still has another year, and there is a chance that further research will show different results. However, these findings are an important piece of the puzzle. If you'd like to learn about the details of this research, read on!

Anti-HIV Drugs

Anti-HIV drugs are lifesaving. These days, people living with HIV who take anti-HIV drugs can expect to live relatively long and healthy lives. Anti-HIV drugs are especially important for positive women and their children. These drugs dramatically improve the health and life-span of HIV+ kids and their HIV+ mothers. Anti-HIV drugs also greatly reduce the risk that babies will get HIV from their moms during pregnancy.

Every medicine we take can have negative side effects, be it Aspirin, Tylenol, or Retrovir. Anti-HIV drugs are still relatively new and while we know they are very good at fighting HIV, there is still more to learn about their long-term side effects. Generally speaking, the number of years of healthy living that positive people can gain by taking anti-HIV drugs far outweighs the number of years that could be lost if anti-HIV drugs contributed to faster aging.

CARMA researchers tried to see if the anti-HIV drugs called NRTIs (nucleoside reverse transcriptase inhibitors) cause two negative side effects that can lead to faster aging. Anti-HIV drugs work by blocking one of the machines HIV uses to make copies of itself called reverse transcriptase. However, this HIV copying machine is really similar to two other machines our bodies use to keep us healthy. If the two good machines stop working properly, the body ages faster. So, researchers wanted to know if anti-HIV drugs also block these two other good machines by accident.



Continued on page 6

Continued from page 5

How Do We Age?

Our bodies are made up of a huge number of very tiny cells. Almost every single cell in your body contains DNA, which is like an instruction manual for how to make and run a human body. We age when these instructions are damaged or lost. When this happens our cells break down, stop making copies of themselves, or die. This is normal and happens over time in even the healthiest people.



Mitochondria: Cell Power Plants

Inside of each of our cells there are many little power plants called mitochondria. They take the food we eat and turn it into energy. The power plants are pretty unique parts of our cells because they have their own set of power plant instruction manuals called

mitochondrial DNA. Just like real power plants, our cell power plants normally produce a small amount of pollution when they make energy. This pollution is called oxidants. Smoking cigarettes, using street drugs, being stressed out, having a high viral load, not eating well or not exercising can create similar cell pollution.

When our instruction manuals are exposed to cell pollution, the effect is like randomly ripping pages out of the manuals. As you might expect, our power plants stop working normally if their instruction manuals are damaged or are missing pages. When this happens the power plants have a hard time producing enough energy to fight off infections and replace worn out cells. Without proper instructions, the power plants will also produce more pollution. This pollution can further damage both our power plant and human body instruction manuals.

In short, when our power plant instruction manuals are damaged, our bodies grow older. Therefore, the less pollution in our cells, the better!

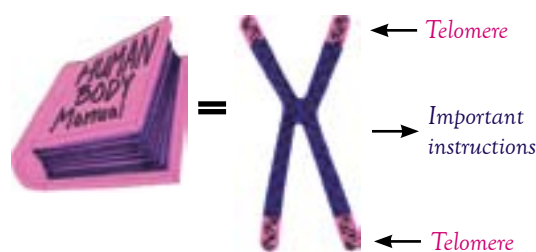
Could Anti-HIV Drugs Damage the Power Plant Instruction Manuals?

One of the machines that anti-HIV drugs can block by accident is called polymerase gamma. This machine acts like an instruction manual photocopier inside the power plants. If anti-HIV drugs get in the way of this photocopier, the new copies of the power plant instruction manual can have mistakes. This

can start the cell damaging cycle discussed above. In real life, CARMA researchers saw very little evidence that anti-HIV drugs get in the way of the power plant photocopier. Let's look at the second machine that anti-HIV drugs block by accident in the test tube.

Telomeres: The Protective Covers for Our Instruction Manuals

Our DNA, the instruction manual for running a human body, has little caps (shown here in pink) that protect the manual's important instructions, similar to how a hard cover on a book protects the pages inside. These protective caps are called telomeres. When our DNA is photocopied our telomeres shorten a little bit, the same way a book cover gets a little more worn out each time a book is read. When the telomeres get too short, the cell either stops dividing or dies. Therefore, another reason we grow older is because our telomeres get shorter. This is also normal and happens over time in even the healthiest people.



Our bodies need many copies of some immune cells to fight infection. These special cells copy themselves and their instruction manuals much more often than other cells. If their telomeres shortened each time these instruction manuals were copied the cells would stop dividing or die sooner. And so a telomere photocopier called telomerase is used to re-lengthen telomeres each time the instruction manuals are photocopied. However, this telomere photocopier does not re-lengthen the telomeres completely, so over a very long time the telomeres in these special immune cells eventually shorten. This is also a completely normal part of aging.

The telomere photocopier is the second good machine that researchers thought anti-HIV drugs might block. If our telomere photocopiers aren't allowed to do their job, we will age faster because our telomeres will shorten faster. However,



when the CARMA researchers tried to find evidence of anti-HIV drugs blocking the telomere photocopier, again they did not see what they expected! In test tubes, anti-HIV drugs get in the way of the telomere photocopier, but in real life, anti-HIV drugs do not seem to significantly get in the way of the telomere photocopier. Therefore, anti-HIV drugs may not cause faster telomere shortening in HIV+ people.

If Anti-HIV Drugs Aren't Causing Faster Aging in HIV+ People, What Is?

Here is where we see the final twist in our story! CARMA researchers saw faster telomere shortening in some HIV+ people, but not because anti-HIV

drugs get in the way of the special photocopier.

Instead, the telomeres are damaged and broken off by too much cell pollution! The main factors associated with damage to telomeres in HIV+ people are smoking and having a high viral load.

HIV+ people can dramatically slow down the aging process by avoiding or quitting smoking, and by taking anti-HIV drugs if their viral load gets too high.

The big message is that people living with HIV have much more control over how fast they age than CARMA researchers first suspected.

You Have the Power to Slow Down Aging!

If you struggle with addictions to smoking or street drugs, getting help to limit or quit these addictions can dramatically slow down the aging process. Check out www.quitnow.ca for tips and assistance to stop smoking.



If you and your doctor decide it's time for you to start taking anti-HIV drugs, work with your doctor to find the right anti-HIV drugs for you and the best ways to stick to them. Stay connected with your health care

providers. Be sure to visit them at least four times a year.

Exercising regularly and learning to manage and minimize emotional stress helps keep everyone younger, even at the cellular level!



Colourful veggies, fruits, and berries contain anti-oxidants. Anti-oxidants sop up cell pollution. Therefore, eating these foods helps protect our instruction manuals!

Best of all, it's never too late to make healthier choices! Research shows that older people who quit using addictive substances or take up exercise and a healthier diet can have significantly improved health and much longer lives.



The CARMA Studies

The ongoing big CARMA study is made up of many smaller studies that each try to answer a question about HIV and aging.

CARMA 1: Do anti-HIV drugs lead to damage to mitochondrial DNA and faster telomere shortening in positive pregnant moms and their HIV-negative babies?

CARMA 2: Do anti-HIV drugs lead to damage to mitochondrial DNA and faster telomere shortening in men, women, and children with and without HIV? Which combinations of anti-HIV drugs are best for mitochondrial DNA and telomeres?

CARMA 3: Do positive kids who take anti-HIV drugs have weak bones? If so, are these weaker bones related to damaged mitochondrial DNA and shorter telomeres?

CARMA 4: Will the HIV-negative kids of positive moms get infections and other health problems more often than kids who have never been exposed to anti-HIV drugs?

CARMA 5: Do positive women have a harder time thinking clearly than HIV-negative peers? Is muddled thinking seen more often in positive women with shorter telomeres? Do positive women think more clearly if they take anti-HIV drugs?

CARMA researchers will continue studying the effects of anti-HIV drugs on aging until at least 2012, if not longer. Stay tuned for further updates!

For more information on CARMA, please contact Evelyn Maan at emaan@cw.bc.ca or (604) 767-5044



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New HIV Medication Could Change HIV Dreams

Janet Madsen

A new HIV drug is on its way, and it could change people's dreams. On July 22, Health Canada gave a "Notice of Compliance" status to Edurant (rilpivirine), a new non-nucleoside reverse transcriptase inhibitor (NNRTI). It's been approved for people who have never taken HIV treatment.

So what exactly does this mean? A Notice of Compliance means that the drug meets Health Canada's standards in terms of safety, efficacy (how well it works), and quality. The next step is the Common Drug Review process, where Edurant will be compared to other drugs of its kind. Will it benefit people? Is it worth the money it costs when compared to other drugs?

As for how it works, Edurant is a NNRTI, which works with other HIV medications to stop HIV from being able to make copies of itself. Simply put, HIV has a "genetic recipe" or code called RNA. The RNA in HIV must be converted into another type of genetic code (DNA) before it can reproduce. HIV uses immune cells to make this change. NNRTIs prevent HIV from doing this, meaning HIV can't make more copies of itself. As long as HIV can't reproduce, the immune system has a chance to regain its strength.

Edurant has been tested for use in people who have never been on treatment before (These people who are called "treatment naïve."). The goal was to test

We don't yet know how Edurant might affect a human pregnancy, but animal pregnancies haven't indicated need for concern.

how well it worked and what kind of side effects or adverse effects were seen when compared with Sustiva (also known as efavirenz). Combination therapy is the best approach to managing HIV, and the testing of this new drug was no exception. The different combinations used in these trials contained either Sustiva or Edurant to see what the different outcomes might be.

Trial included a good number of women

Clinical trials have not always included many women, if at all. This limits our understanding of how treatments affect women specifically. In the testing of Edurant, women made up about 32% of those studied; there were 331 women and 1037 men. The average time that the women had been infected was just over a year and half, and lengths of infection ranged from 0 to 23 years. Their average CD4 count was 241.

Women and men responded equally well to Edurant combinations, but the intensity of side effects was different between the sexes. Women were more likely to have nausea and men were more likely to have diarrhea. When comparing the side effects between the drugs, the nausea that people had while taking Edurant or Sustiva was similar. Occurrences of dizziness and abnormal dreams were higher in the Sustiva group. Given that people often report having troubling dreams while taking Sustiva, it's good news that Edurant isn't as likely to cause this.

The occurrence of serious side effects that led to discontinuing the medication were equal in men and women. However, women taking the Sustiva combination were more likely to discontinue taking it than those taking the Edurant combination. Eight women discontinued the Sustiva treatment, and only five discontinued Edurant—more good news.

Given that people often report having troubling dreams while taking Sustiva, it's good news that Edurant isn't as likely to cause this.

Animal studies show hope for use in pregnancy

Edurant has been tested in animals (rats and rabbits) to see its possible effects on human pregnancy. There were no negative effects (adverse events) in animal studies, and animals were exposed to 15 and 70 times higher the recommended dosage for humans.

When Edurant was approved for use in the US, the Food and Drug Administration (FDA) placed it in Pregnancy Category B, indicating, "Animal reproduction studies have failed to demonstrate a risk to the fetus and there are no adequate and well-controlled studies in pregnant women." In other words, we don't yet know how Edurant might affect a human pregnancy, but animal pregnancies haven't indicated need for concern.

At this point in time, Health Canada says that Edurant shouldn't be used during pregnancy unless the potential benefits outweigh the potential risks. (This information came from the product monograph.)

Target population is those new to treatment

Edurant will be used as a first-line therapy for those who have never been on treatment. More studies are needed to see if it will fare as well in people who have been on HIV treatment already. It did have a higher incidence of virologic failure, meaning it didn't control HIV reproduction as well as Sustiva. However, side effects were lower. For those who did fail with Edurant, 50% experienced resistance, which can influence what their treatment options later on. All this needs to be considered when starting HIV therapy.

The Common Drug Review of Edurant will take a number of months before the drug is available on public formularies, although private health plans may cover it sooner. You can follow its progress at the Common Drug Review page, which lists drugs that are approved and in process.

Thankfully, there are more options than ever to deal with HIV infection. Researchers are working to figure out the most effective therapies that have the least side effects. They are also working on the most effective combinations. Edurant will add to the list of treatment options available for those who haven't yet started. But even with approval from Health Canada, drug availability differs from province to province. Check with your doctor for the most up-to-date information on what's out there for you.

More information on Edurant

["Effect of gender and race: Analyses on week 48 Efficacy and safety findings in treatment naïve HIV-1 infected patients enrolled in ECHO and THRIVE."](#)
Available at www.tibotec.com

Common Drug Review page:
<http://www.cadth.ca/en/products/cdr#R>



SPOTLIGHT ON SUPPORT: Prince George, BC Positive Living North



Positive Living North is an Aboriginal-focussed HIV service organization, which welcomes and supports anyone living with HIV. Staff work on HIV prevention, education, and support in Prince George and surrounding areas. Staff and volunteers housed in Smithers provide services to Smithers, Hazelton, and Houston areas.

Support services include

- social support
- advocacy
- crisis intervention
- one-on-one and group support
- support for alcohol and drug issues
- support team services
- health information
- grief and loss support

Staff also provide community education on HIV prevention, sexual harm reduction, and condom use.

Positive Living North can be reached at its regional offices:

Prince George	250 562 1172
Smithers	250 877 0042

If you're outside these areas, you can call toll free within BC: 1 866 877 0042

For more information:
<http://www.positivelivingnorth.ca/>

It's Out! New Edition of the *Pocket Guide*

The much-anticipated updated edition of the *Pocket Guide for Women Living with HIV* is now available!

The new guide contains updated information about becoming a mother, HIV and hepatitis C coinfection, street drug and ARV interactions, complementary therapies, and legal responsibilities around HIV disclosure.

CATIE (www.catie.ca) will continue to provide national distribution of the guide in French and English, and orders of 20 copies or more can be placed through its website.

Positive Women's Network can fill orders of less than 20 copies.

Or if you're in our area, feel free to come by and grab a copy for you or your organization!



Literacy Lives Project Launched at SFU



Six members of Positive Women's Network have been chosen to participate in the Literacy Lives pilot project, which runs from September to March at Simon Fraser University's Vancouver Campus.

With an emphasis on hands-on learning, the project is designed to build skills to strengthen community health, with a focus on HIV. Participants will develop essential skills to effect positive change in their communities. Small groups of learners will use these skills to "identify, plan, implement and evaluate community projects that address key needs in their communities, and that capture something they feel passionate about," according to the SFU website.

After program completion, the learners will graduate with a Certificate in Community Capacity Building.

PWN is one of seven community-based organizations supporting learners through the process.

For more information, visit <http://www.sfu.ca/community/literacylives.html>

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 may be subject to change.
Regular grocery hours: Tuesdays 12pm-2pm.

OCTOBER

October 4 (Open)
October 11 (Open)
October 18 (Open)
October 25 (Food bank closed)

NOVEMBER

November 1 (Food bank closed)
November 8 (Open)
November 15 (Open)
November 22 (Food bank closed)
November 29 (Food bank closed)

DECEMBER

December 6 (Open)
**December 13 (Open: Holiday grocery)
December 20 (Food bank closed)
December 27 (Food bank closed)

You must be registered to access the grocery, which is a partnership with AIDS Vancouver. Want to sign up? See a PWN support worker or your case worker at AIDS Vancouver.

Save the Date: Skill Development Weekend

PWN is holding a skill development weekend for members at Loon Lake from March 30 to April 1, 2012.

Applications will be available in the new year.

Another Successful AIDS Walk!

Thanks to everyone who took part in the Scotiabank AIDS Walk for Life on September 18.

PWN plans to use the funds raised to support its Housing Subsidy Program.



Housing is an important component of health, and safe and affordable housing has been identified as a priority for women living with HIV.

Events and Program Information



PWN Celebrates 20 Years!

Reflecting on the past 20 years while looking forward, PWN is celebrating with **Resilience: 20 Years of Dignity & Grace**. Join us for an evening of music, cocktails, and hors d'oeuvres, as well as a silent auction!

The fundraiser takes place on October 16 from 5 to 7 pm at the Blue Horizon Hotel.

Music will be courtesy of guitar virtuoso Michael Gillette, and Jackie Haywood will be emcee. An original founding member of PWN, Jackie has been on the front lines of activism and support for women's issues for over 40 years. With a take-back-the-night attitude, this published author startled audiences with gently irreverent performances across Canada as comedy character Love Sizzle.

Tickets are \$100 and available online at www.pwn.bc.ca. A list of item contributors to the silent auction can be found online as well.

Welcome Catherine and Erin!

We're pleased to announce two wonderful additions to our team!

PWN has another great practicum student: Catherine McIntyre is completing a Master of Social Work with the University of British Columbia. She'll be providing assistance with the drop-in and food bank programs. You can see her at PWN on Tuesdays and Wednesdays until April.

Erin Seatter has filled the position of Resource Coordinator. As a bona fide information junkie, she's excited to sift through the latest research, updates, and stories. She's busy pulling out the highlights and plugging them into PWN publications and Twitter and Facebook posts. You can also catch some of her thoughts on the PWN blog (<http://pwn.bc.ca/blog/>).

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connect with us



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

Thanks to our supporters!

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