



# The Positive Side

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## Who Wants to Know?

### Participating in HIV Research

By Janet Madsen

HIV has changed the way the world looks at sexual and social relationships, at health, wealth and disease. Not surprisingly, HIV research stretches into all realms of human bodies and behaviour. Research is a building block process: one study takes the findings of another and builds on it to learn more. Through this building process, we create knowledge. Building our bank of knowledge about HIV has led to understanding what HIV is and how it affects the body, the creation of HIV drug treatments and changes in health care practices.

Research explores a question or hypothesis. If research is focused on an HIV treatment, it might ask-will treatment ABC decrease viral load and lead to an increase in CD4 counts if used over X weeks? Research studies give results, but can't tell us everything. Our proposed study of treatment ABC may tell us how it acts in the body over X weeks, but can't tell us how it will react in the body over two years or more, which is a realistic time of how long people will end up taking it. At a recent meeting in Vancouver, Louise Binder, an AIDS activist based in Ontario, pointed out that in the case of new treatments (for any medical condition) all people are test subjects, because clinical trials offer information about a treatment's safety and efficacy in a group of people, but it's really years of use in many people that show what the treatments do in thousands or millions of people over time. This is not to imply that treatments haven't been tested when they come to market, but we won't know everything about how they affect the body. This is why lots of research needs to be done.

Research that explores behaviour has its limits too. The results of a study are dependent on the questions being asked, and not just what is being asked, but how. If you ask a person about how often they have, you need to specify what you mean by sex, because one person may define sex as any kind of penetration, but another person may count only vaginal sex because anal sex can't get you pregnant and therefore isn't "real" sex. It sounds silly (and biased), but this kind of confusion happens all the time if researchers don't clearly define what they mean

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## Participating in HIV Research ...

and consider how differently people can interpret questions.

Ultimately, what comes out of research is determined by what goes into it. What is being asked? How is it being asked? Why is it being asked? And importantly, who wants to know and what are they going to do with the answers? This last question is one that PWAs all over the world have asked.

PWAs have greatly influenced the way that research is done. Activists have lobbied for early release of HIV drug treatments on a compassionate basis and have challenged governments and researchers to examine how information about treatments is gathered once the treatments are released for general use. They've also insisted that pharmaceutical companies producing HIV treatments share information in ways that are understandable and meaningful to people who aren't researchers themselves. Activists want researchers to see participants as people first and study subjects second, so that people who offer their bodies or experiences to researchers don't end up feeling used and disrespected.

Participating in treatment studies and speaking out about the experience has helped to change how research is done. Consumer advisory boards are now standard, and community based research is growing as populations being "studied" insist that research should be mutually beneficial to researchers and the groups under the microscope. Community based research includes participation of study subjects from the start, determining the questions and designing the study so that the

**If you are considering being a part of a specific study but not sure about it, you might want to think about these questions:**

- **Is the study meaningful to me and the communities I care about (which could be anywhere in the world)?**
- **How is the information being gathered? Do I have the chance to offer input to how it's done?**
- **Will people being "studied" have a chance to offer feedback to the findings before they are shared with the general public?**
- **How will the research findings be shared and how will they be used to benefit the people studied?**
- **If confidential information is gathered, how will it be used and who will have access to it?**
- **Will I receive appropriate and timely health care or support if I need it in relation to this study?**
- **Has this study been reviewed by an ethics committee and accepted?**
- **Is there a personal gain to being part of this study?**
- **Will I be compensated for childcare and travel costs? Is there an honorarium involved?**



researchers and “subjects” gain knowledge and skills.

Participating in research can be a very meaningful experience that can benefit you and PWAs around the world. You may not realize how far the effects of your participation could stretch, but it is significant. What you participate in today could end up being a standard drug treatment in the future.

So has this sparked your spirit? If you are interested in HIV treatment research, the Canadian HIV Trials Network conducts all kinds of studies on drug treatments across the country, many here in BC. (There is a study right now that is enrolling women. You can look at the Trials Network website for more information). If you are interested in community based research, there are opportunities to get involved from the ground up. Ask at your local AIDS organizations if they are involved in community research projects or consider starting your own.

Positive Women’s Network often receives requests from people doing research. Requests are considered by the Board of Directors using specific guidelines for approval that cover the background and rationale, focus on positive women, confidentiality and support for participants, and compensation. Because we receive many requests, we consider proposals carefully to see how they will benefit individual members and positive women as a whole before we okay recruitment. Contact us if you’d like to see the guidelines.

Researchers ask a lot of questions before arriving at solid answers-it’s lucky humans are a curious bunch. Research looks at who we are, what we do, what kind of behaviours could expose us to

HIV and how to best care for us should we become infected. Ideally, researchers share their findings widely. Then of course, someone asks another question....

#### Further reading:

- **Canadian HIV Trials Network: information on current drug therapy studies**
- **Canadian Treatment Action Council: mandate is “to secure and ensure access to therapies and treatments for people living with HIV/AIDS by working with the public, private and not-for-profit sectors.”**
- **Centre for Community Based Research: provides information on community based research in Canada**
- **Listen Up! PWN's Community Based research to look at how social factors affect women's vulnerability to HIV**

## What Makes Support? Connect, Retreat, Connect

*Bronwyn Barrett, the Support Programs Coordinator, has worked here a long time and has met a lot of women over the years. She's seen things work and flop, but always seen women connect. So why does it work? ~Janet, Editor*

### Finding a woman-friendly space

When I started with PWN in 1994, the support program had one small room and to find us, you had to go up a long staircase past offices of other organizations, and around a few corners. We did it all in that room: drop-in, crisis intervention, peer support, phone support. We were in a building called the Pacific AIDS Resource Centre, and the name was painted on the outside. There were definitely women who did not want to walk into “the AIDS building,” so we did a lot of our work on the phone.

At first, our offices were mixed in with BC Persons with AIDS Society and AIDS Vancouver, but when the building was renovated we moved into a space that brought all the staff together, including a more private drop-in space for women. That was great, and, more people started to feel comfortable coming in. We offered a lunch program, and women could bring their kids too. When we grew too big for that space, we moved nearer St. Paul's Hospital, into an office building that doesn't say AIDS anywhere. Moving out of “the AIDS building” changed things again, and we saw women who had never come to the Seymour Street site.

### Making Connections at Retreats

A core piece of the support program has always been retreats. We had the first PWN women's retreat weekend in 1994, and realized just how life changing they can be. I can't tell you how many times I've heard women say, “If it wasn't for the retreat...” Maybe a woman feels it changed her life because of treatment information she learned, or how she learned to talk with her doctor about stuff, but usually it's about meeting other women with HIV and being free to talk about all of it without worrying about being stigmatized or rejected.

Retreats are amazing. We have education sessions, self-care sessions, some of them peer-facilitated, which is great. Women want to be part of the programming, not just attend. Retreats also provide lots of time to just talk. They really do change people's lives and how they deal with HIV. We've had so many calls about how we organize retreats that we recently published a Retreat Toolkit, a step-by-step guide from start to finish, and anyone across Canada can order it.

### Respecting Differences and Challenges

We see women who come from different backgrounds and realities. Some are living in poverty and struggling with underemployment, others are middle class and work full-time. We have members from all over the world, speaking many languages. Then, as now, we don't tell women what to do, we let them tell us what they





need. Women know their own lives and what will help them be healthy.

For all women, disclosure and stigma are still problems. While we see great connections—women coming out of isolation to meet others living with HIV, women working on the Board and being out about their HIV status—public disclosure is still an issue. Women still don't want their faces in the newspaper, or on TV. It's just too risky.

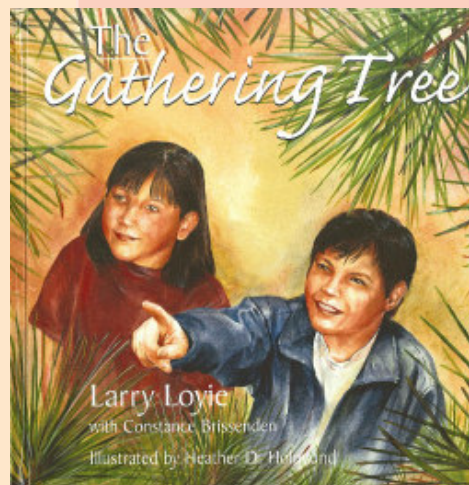
And the health challenges are definitely still a reality, because fewer women than men are on treatments. We work with our members and their doctors to talk about why. Luckily, we know more about HIV now, so women don't usually get as sick as they did back then. But we still have women who are diagnosed late in their illness, because no one thought to test for HIV. For women in the right situation, treatments have improved longevity and day-to-day health. We'd never have thought we'd see women live 15 years or more with HIV, and now we do. But that's not everyone.

Support means many things to different women, but there is a central core: connection. Women know they can connect with us and we won't judge them. Many of the staff have been here for ten or more years, so we have seen women go through lots. When a woman walks in the door, she's met with support. And they always come back to share their lives, trust us with their needs, talk about what they want to do. It's great. We provide a place where change can happen.

To learn more about our Support Program or get your free copy of the Retreat Planning Toolkit, contact [pwn@pwn.bc.ca](mailto:pwn@pwn.bc.ca) or call 604.692.3000.



## The Gathering Tree: a fantastic, free resource for communities



**The Gathering Tree is a story about a brother and sister who discover their cousin Robert has HIV when he comes home to visit his First Nations community. The children don't know anything about HIV, so when Robert comes to visit they learn they can't get it from being with him, and a little about how Robert looks after himself (seeing his doctor, taking medicine when necessary). They also see how their community can support Robert and others by learning about HIV and how they can protect themselves.**

**The Gathering Tree is a good story that works for kids as young as four or five, but also for older kids as a starting point to talk about HIV infection and risks. There is no detailed information about transmission in the story itself (making it good for really young listeners), but there is a good additional information section in the back about transmission and further resources.**

**Chee Mamuk, the Aboriginal HIV/ STI Education program at the Centre for Disease Control initiated and supported the development of the book. They have gifted us with a number of copies that we can give away free of charge. If you would like a copy for your community, please call the Resources Coordinator.**

## Canada Talks Microbicides

### A report from the 2008 Canadian Microbicides Symposium

By Miriam Martin

#### True or False:

**Women can protect themselves from HIV and other sexually transmitted infections (STIs) by using condoms?**

This might feel like a trick question, but many HIV+ women, activists and service providers would say “False”. Women don’t use condoms; men do. Women all around the world still find themselves in an unequal power relationship with the men in their lives, and many women feel they have little control over their sexuality and sexual health. A woman who asks her partner to use a condom can be accused of being demanding or unfaithful, or of accusing him of being unfaithful. For many women, this scenario can lead to violence.

Imagine if there was a form of STI prevention that could be used and controlled by women, without their partners even needing to know about it ... This is the vision shared by a growing number of dedicated activists and researchers who have been working around the world toward the development of microbicides. A microbicide is a substance (like a liquid, foam or gel) that could be applied in the vagina or rectum, and that would substantially reduce the transmission of STIs. They could work either by killing or immobilizing the virus, by creating a barrier to block infection, or by preventing the infection from taking hold once it has entered the body.

A small group of researchers, service providers and government representatives met recently to discuss Canada’s role in the development of microbicides, and in particular to begin implementing the *Canadian Microbicides Action Plan*. The gathering was the 4<sup>th</sup> Canadian Microbicides Symposium, held in Ottawa on Monday, January 29<sup>th</sup>.

Approximately forty participants attended, including representatives from Alda Pharmaceutical Corp., Polydex Pharmaceuticals, and CONRAD – all of whom have been involved in the research and development of various microbicide candidates. Among the AIDS service organizations present were both Positive Women’s Network and Ontario’s Voices of Positive Women.

*“A clear contribution that we can all make, as individuals and in our organizations, is to educate others about the importance of microbicides.”*

The main aim of the Symposium was to lay out a concrete workplan for the coming year. The first on a list of very ambitious targets is to strike an Implementation Group to begin coordinating the work. With the support of other individuals and agencies, the Implementation Group hopes to look at what research, policy and funding are already in place in Canada, while investigating existing regulatory frameworks.

Additional discussion focused on the development of an advocacy and communication strategy, as well as ethical frameworks for trials and marketing. There are many ethical issues to be considered, including whether trial participants have access to the social, economic and medical support they will need to participate reliably in trials. For example, where extreme poverty exists, participants may be more focused on finding food to eat than on consistently using a trial prevention method.

In general discussion, concerns were raised about a lack of clarity regarding who would take



overall responsibility for the project, and the need to secure funding for full-time staff to ensure that the plan is carried out.

A clear contribution that we can all make, as individuals and in our organizations, is to educate others about the importance of microbicides. We can also work to counter recent negative media about individual “failed” microbicide trials, including the recently halted phase 3 trials of UsherCell (cellulose sulfate) in Benin, South Africa, Uganda and India. Purely negative reports can discourage government and private investment in further research and development, but they tell only a small part of the microbicides story. There are currently more than fifteen microbicide candidates undergoing trials and researchers have learned a great deal even from the halted UsherCell trials.

While Bill and Melinda Gates have contributed a great deal to microbicide research in the past, their focus and the world’s focus seems to have shifted recently to the HIV vaccine, which is potentially a long way off. Microbicides on the other hand are on the horizon, if the necessary support and funding can be secured for their development. The development of a microbicide that could be used and controlled by women would not only play a key role in reducing HIV transmission rates, but could also be the next big step in women’s empowerment over their own sexual health.

For microbicides news, visit the Global Campaign for Microbicides at [www.global-campaign.org](http://www.global-campaign.org).



## Medical News: Researchers examine effect of male circumcision on female partners

Researchers on February 2, 2008 at the 15th Conference on Retroviruses and Opportunistic Infections in Boston discussed a study that examined the effect of male circumcision on female partners, the New York Times reports. Although the researchers said that the study’s findings are not statistically significant, they did say that male circumcision does not provide protection from HIV to female partners and that the procedure could increase the risk of HIV transmission if HIV-positive men have sex before the circumcision is healed.

For the study, Maria Wawer of Johns Hopkins University and colleagues enrolled 1,015 HIV-positive men who randomly were chosen to be circumcised either immediately or after waiting two years. Of the 770 married men in the group who were asked to invite their wives to participate in the study, 566 did so. Among the women, 245 were HIV-negative at the start of the study. The researchers focused on the 161 couples who enrolled at the same time and in which the men were HIV-positive and the women were HIV-negative. All the men and women were given information about HIV-prevention methods other than male circumcision, wound care and abstaining from sex after circumcision, according to the Times. The men also were given no-cost condoms, and the couples were provided with counseling and HIV tests.

Men in 93 of the couples had an immediate circumcision, compared with 68 men in the control group who delayed having the procedure for two

## Male Circumcision ...

years. In both groups, the HIV incidence was highest during the first six-month follow-up period: 27.3 in the immediate circumcision group and 17.8 in the delayed circumcision group. HIV incidence decreased during the rest of the study period, according to the Times. Researchers recorded an incidence of 5.7% in the immediate circumcision group and an incidence of 4.1% in the delayed group.

Higher HIV incidence was recorded among couples who resumed sex more than five days earlier than when a health worker confirmed that circumcision wounds had healed completely, compared with couples who resumed sex within five days of confirmed wound healing, according to the Times.

Rates of condom use, bacterial vaginal infections, vaginal discharge, painful urination and urinary tract infections were the same among women in both groups, according to the study (Altman, New York Times, 2/4).

A similar study conducted by the researchers in Uganda found a 25% lower rate of genital herpes among women whose male partners were HIV-negative when circumcised. The study also found a 50% reduction in the sexually transmitted infection trichomoniasis and a 20% reduction in bacterial vaginosis among women whose partners were HIV-negative when undergoing the procedure (Russell, San Francisco Chronicle, 2/4).

According to the researchers, the study's findings underscore the need for education among men who are circumcised and their female partners. Wawer said that because the findings are

not statistically significant, more research is needed to determine the benefits of male circumcision among men and their partners. In addition, further research is needed to determine ways to reduce the risks associated with resuming sex before the circumcision is healed, Wawer said (New York Times, 2/4).

Wawer added that although the study did not find a reduced risk of HIV among women whose HIV-positive partners were circumcised, male circumcision likely still will benefit women because fewer men within a population will be HIV-positive, and thus less likely to transmit the virus. "We are sure there will be a population benefit" associated with male circumcision, Wawer said (San Francisco Chronicle, 2/4).

(Source: Kaiser Daily HIV/AIDS Report February 4, 2008)



## Medical News: Maraviroc to be developed as Microbicide

On January 30, 2008, Pfizer announced plans to license its new antiretroviral drug Celsentri to the International Partnership for Microbicides in an effort to prevent sexual transmission of HIV among women worldwide, the Wall Street Journal reports (Johnson, Wall Street Journal, 1/30). Microbicides include a range of products—such as gels, films and sponges—that could help prevent the sexual transmission of HIV and other infections (Kaiser Daily HIV/AIDS Report, 12/20/07).

Celsentri, known generically as maraviroc, belongs to a new class of antiretrovirals that could provide an alternative to HIV-positive people who have developed resistance to multiple drugs. The treatment works by blocking a protein, called CCR5, on human immune system cells that HIV uses as a portal to enter and infect the cell. Pfizer has proposed using the drug to treat people with advanced HIV or AIDS who have not responded to other medications. FDA approved Celsentri in August 2007 on the condition that the drug's label include a black box warning about an increased risk of heart attack. FDA also is requiring Pfizer to conduct further research into the drug's long-term side effects (Kaiser Daily HIV/AIDS Report, 9/25/07).



Jack Watters, Pfizer's vice president of external medical affairs, said he is optimistic about Celsentri's prospects as a preventive treatment but added that researchers are "a long way from proving that." Zeda Rosenberg, IPM's chief executive, said a topical formulation of the drug is preferred to daily pills because a lower dose of medicine gets into the bloodstream with topical application, increasing the safety for long-term use. The topical form also can be applied directly where HIV enters the body, she added.

According to the Journal, IPM "offers a low-risk way for Pfizer to find out if" Celsentri could "become a frequently taken drug, while potentially offering an empowering concept to women in the developing world." In addition, because the drug already has FDA approval, it could be easier to conduct tests of Celsentri in modified forms, the Journal reports. Celsentri also might be more appropriate for use as a microbicide than other antiretrovirals that block HIV-infected cells from replicating because it prevents the virus from infecting healthy cells (Wall Street Journal, 1/30).

(Source: Kaiser Daily HIV/AIDS Report -  
Wednesday, January 30, 2008)

## Medical News:

### Molecule that directs immune cells to intestines also serves as receptor for HIV, study says

A molecule called integrin alpha-4 beta-7 that naturally directs immune cells to the intestines also serves as a receptor for HIV, according to a study conducted by NIH's National Institute of Allergy and Infectious Diseases (NIAID) and published Sunday in the journal *Nature Immunology*, the *New York Times* reports. The study's findings have identified a new human receptor for the virus, according to the *Times*.

HIV rapidly infects the lymph nodes and lymph tissue found in the intestines, which become the primary location where the virus replicates, the *Times* reports. After HIV replicates in the intestines, the virus depletes the lymph tissue of CD4+ T cells. This situation occurs in all HIV-positive people regardless of the mode of transmission, the *Times* reports.

For the study, NIAID director Anthony Fauci and colleagues showed that a protein on the outer shell of HIV attaches itself to a molecule in the receptor that is linked to the way T cells find the digestive tract. The study also found that the binding of HIV to the molecule stimulates activation of another molecule, LFA-1, which helps spread the virus from one cell to another. These actions ultimately lead to the destruction of lymph tissue, according to the *Times*.

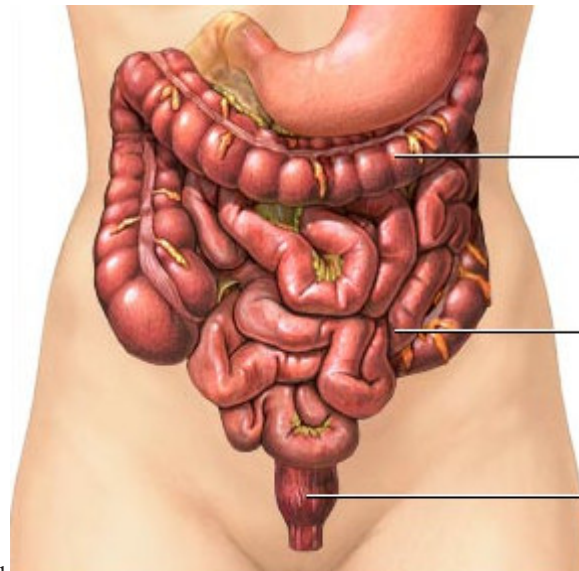
Fauci in an interview said the study "took nearly two years, and there's little doubt that what

we have found is a new receptor" (Altman, *New York Times*, 2/11). He added, "It is the very molecule that steers lymphocytes to the gut and keeps them there." According to Fauci, "It is not only important in that it is a homing receptor to the gut. But it also can play a role in enhancing the ability of HIV to spread in the body." Elena Martinelli, a researcher involved in the study, said, "The gut is where the virus really takes hold." She

added, "We found that integrin alpha-4 beta-7, whose natural function is to direct T cells to the lymph tissue in the gut, is also a receptor for HIV. It is very unlikely that this is a coincidence" (Fox, Reuters, 2/10).

Warner Greene—director of the Gladstone Institute of Virology and Immunology who was not involved in the study—said the findings are "an important advance in the field." He added, "They

begin to shed light on the mysterious process on why the virus preferentially grows in the gut." Fauci said he hopes the results will encourage other scientists from different disciplines to explore new ways to attack HIV, adding that drugs aimed at blocking the molecule also should be studied for their potential benefit in HIV/AIDS treatment (*New York Times*, 2/11).



(Source: Kaiser Daily HIV/AIDS Report  
February 11, 2008)



## Interested in joining PWN's Board of Directors?

The PWN Board Development Committee is actively seeking applicants for the Board of Directors to be elected at our Annual General Meeting July 10, 2008. Working closely with the Executive Director and the Director of Development, the Board oversees all functions of the agency, including monitoring the annual budget and taking legal and financial responsibility for the organization. The Board supervises and supports the Executive Director, sets policy and strategic directions for PWN and reviews requests for research. Board members also represent PWN at community events. The Board meets once a month from 5:00-7:00 p.m.

We are committed to recruiting women living with HIV/AIDS to sit on our Board. This past year we have seen a record number of women living with HIV/AIDS as Directors: over 60% of the current Board is made up of HIV positive women.

A recent, exciting Board initiative is the formation of an advisory committee of women living with HIV throughout the province. This committee undertook an evaluation of the Oak Tree Clinic and hopes to give ongoing feedback to AIDS service organizations in BC to ensure services are responsive to the particular needs of women.

For the upcoming year, the Board Development Committee is seeking women with the following skills, interests, and experience:

### Skills & Experience:

**Legal • Financial • Public Relations • Policy Development • Human Resources • Media • Public Speaking • Systemic Advocacy/Government Relations • Conflict Resolution • Community Development • Public Health • Organizational Development • Business Administration • Experience in non-profit settings • Experience with consensus decision making • Interest in HIV/AIDS & women's health**

### Qualities:

**Reliable • Diplomatic • Organized • Able to follow through with commitments • Involved in local community • Possesses integrity • Understands confidentiality • Respects diversity**

Please contact us at 604.692.3000 if you wish to receive a Board application package. Once the application is complete, members of the committee will arrange an interview.

## 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 hours	9:00-4:00	9:00-4:00	9:00-4:00	9:00-4:00	9:00-4:00

Our **FOODBANK** is no longer open every Tuesday. It will be closed the day before cheque day and the following week as well. See our calendar ([www.pwn.bc.ca](http://www.pwn.bc.ca)) or call for the schedule.

### HIV and pregnancy and body changes

Evelyn Maan, a researcher connected to Oak Tree Clinic will be presenting the latest information on women pregnancy and babies. This will be an interactive and fun session to learn, share information and eat. Wednesday May 14, 11:30 - 1:00. Contact us for details!

### Women's Wellness

Events are ongoing in Krista's Women's Wellness series. For those of you who haven't met Krista, she's our social work practicum student. Events take place during drop-in hours.

Drop by or call for more details.  
Upcoming:

**April 1:** Craniosacral therapy which focuses on the head and the spine and is used to treat mental stress, neck and back pain.

**April 22 and 29** will also have events. One of the days will be yoga (Krista's still sorting that out).

### Retreat Weekends

Here are the dates of two upcoming retreats. Application packages will be mailed out separately at a later date.

**June 6, 7 and 8:** Aboriginal women and their children.

**September 26, 27 and 28:** All PWN members invited to apply.

Both retreats will be at beautiful Bowen Island.

### Welcome Rose & Kamal!

We are happy to announce that two new women have joined our team. Rose Busolo is our new Clerical Assistant, and is in Monday- Thursday. Kamal Arora is our Resource Coordinator while Miriam is on maternity leave (she's leaving Mid-April). Kamal is in Wednesday to Friday. Good luck Miriam, and welcome Rose and Kamal!



## Events and Program Information

### Thank you for attending SpringBoard 2008!

PWN's 4th annual SpringBoard conference has come and gone and it was an enjoyable and informative evening for everybody. Attendees chose from three sessions: Outreach and Harm Reduction in Rural Communities, by **Leanne Cunningham**; Nutrition for Women with HIV, by **Diana Johansen**; and Medicinal Marijuana, by **Julia Sale** and **Meredith Burney**.

Here's what you had to say about the sessions:

*"The most useful thing about the session was hearing about "Real stories, troubles and victories."*

*"There was nothing that was not useful."*

*"Great job! Awesome workshop. Presenters were knowledgeable and engaging. Covered a wide range of topics and interesting throughout."*

As usual, a special buffet dinner was followed by an engaging keynote speaker. We were thrilled to welcome **Dr. Veronica McKinney**, who used a simplified medicine wheel to present the strengths and challenges facing Canada's aboriginal communities in relation to HIV. We feel that the evening was a huge success and hope that you will join us next year for another round of workshops, networking and simply enjoying each other's company.

*"This is always a great opportunity to meet people."*

*"Thank you PWN for welcoming positive women, allies and community service providers to this annual event. What a neat opportunity to learn, collaborate and celebrate. Thanks."*

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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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Pregnancy pamphlet made possible by an unrestricted grant from **Boehringer Ingelheim (Canada) Ltd.**



Minerva Foundation for supporting our Transition House training initiative.



RBC Foundation for supporting our Health Enhancement Program



SISU for sponsoring our Holiday Voucher program.



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

**DISCLAIMER**

The information herein cannot replace the information provided by a medical professional. In using this material, the user acknowledges these limitations and does not hold Positive Women's Network or its funders liable for any damages, costs or consequences that may result from use of this material.

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