



When Anger Takes Control

By Janet Madsen

When Anger Takes Control

"I can't believe it! He always screws up, and I'm the one who has to deal with it."

This statement has the mark of anger: frustration, negative thinking, and feeling caught. Anger is a normal emotion, but if you don't recognize it, express it and deal with it, it can take a toll on your health and show up as stress, heart disease, ulcers, or depression¹. Learning to recognize anger, understand what is causing it, and how to deal with it can change your life.

What's happening to my body?

Anger is a response to a perceived threat to your body or feelings. When you sense a threat, your body supplies adrenaline, the chemical that helps in a *fight or flight* situation. Most people can identify the physical changes anger brings in the moment: racing heart, tense muscles, pounding head, sharp, shallow breathing. Acting on anger can mean shouting, slamming doors, throwing things, hitting something or someone. Depending on the response to an angry outburst ("You're crazy!" your partner responds), the situation could get worse and lead to more anger. Or, it's resolved for the moment ("Okay, okay, you're right," he says) and the energy of anger is spent. The body starts to recover: heart rate slows down, breathing returns to normal.

Being really pissed off at someone takes it out of you, and no wonder: you felt threatened

and responded to protect yourself. All your nerves were ready to fight for your life. Does this make sense over a miscommunication about what time you were going to meet at the corner? No, but this is one of the troubling things about anger. It's a *tip of the iceberg* kind of thing—you may be angry about a lot of things under the surface and not even realize it until you blow up over the littlest thing.

Contents

- 1 When Anger Takes Control**
- 4 Microbicide News:
Finally some promising results**
- 8 Campbell Pledges Funding for Pilot Program to increase HIV Treatment Access, Prevent New Cases**
- 9 HPV Study Update**
- 9 WISER Update**
- 10 Record Attendance at May 2009 Wellness Retreat**
- 11 October 2009 Retreat Announcement**
- 12 Events and Program Information**
- 14 Contact Us**
- 14 Thanks to our Supporters**

When Anger Takes Control ... cont

While the heart-racing, tight muscle, adrenaline rush of anger takes a toll on the body, repressed anger, in the form of depression, can too. “Depression is merely anger without enthusiasm,” it’s been said (from an anonymous yet accurate source). It takes energy to hold anger in. Letting anger out is a better option, making it easier to breathe, move, and live in emotional balance. But how to do so in a healthy way that’s not destructive? Taking a break from thinking that anger is a negative emotion is a start.

Understanding Anger

Anger is what’s called a secondary emotion: it arises as a result of another emotion. According to Dr. De Los Reyes, a therapist in California, anger is preceded by another experience². If we feel vulnerable, attacked, afraid, or trapped, anger kicks in with the physical *fight or flight* response to protect us. Anger can come so quickly it can be hard to realize that something else actually prompted it.

If you think of anger as a positive emotion, you can see it as a flag indicating that something is off balance within. What is going on underneath? Do you feel you’ve been treated unfairly? Do you feel trapped? Identifying the source of imbalance can start the path to its resolution.

Feeling frustrated, sad, or frightened about your HIV diagnosis is totally normal. HIV changes your life forever, whether you are newly diagnosed or have been living with it for years. Any of these emotions can lead to anger. You’re mad at the person who infected you (because you’re hurt they betrayed you). You’re outraged at your sister for

rejecting you when you disclosed to her (because her actions made you feel ashamed and frightened). You’re irate at your partner for telling you to “get on with it” (because you are feeling sad and would really like some support).

You Can Control the Picture (Is it Worth Getting Angry About?)

There are a few tricks to deal with anger when it’s physically upon you, and other strategies to redirect your energy before anger hits. When you feel yourself getting angry (or you’re already there), try to interrupt it by breathing deeply from your belly. Anger causes breathing to become shallow, and taking a few deep breaths before you act can help to slow down the crazy *fight or flight* response. It will also help to interrupt the impulse to say whatever comes into your head that you may regret later. Anger tends to cause us to exaggerate and use words like “always” or “never.”

You can also interrupt the flow of anger by repeating a calming word while deep breathing, or visualizing a relaxing experience (real or imagined)³. (Practice these things when you’re not angry so that you can do them as soon as you feel yourself getting mad). If you find yourself in an angry situation and it’s possible to take a quick break, do it. Breathe deeply, walk with purpose around the block, and try to break up the anger before you come back to the situation.

Physical exercise can help if you feel you carry stress that leads to anger. Daily activities such as brisk walking, jogging, swimming or cycling can help release stress and keep your energy flowing in a balanced way. Calming exercise such as yoga can help to relax the muscles that are tense.



But there's more to anger than dealing with the physical experience of it. Looking at the underlying emotions is important too. You can do that on your own with a journal, in a support group, or with the help of a counsellor (PWN support workers can help you identify what you want to work on and direct you to resources). From little issues (your kids won't pick up their clothes) to big ones (you feel vulnerable in the world because of childhood abuse), understanding the experiences and emotions that lead to anger can help you make change.

Unfortunately, there will be things you cannot change, and that can contribute to feeling powerless and angry. The flip side of that is you always have it in your power to change the way you look at things. If anger is a survival response to a perceived threat, ask yourself, is this situation/event really a threat to me? It's always possible to change the circumstances by changing your perspective.

If you don't look at what makes you angry, it could take its inward form of depression. Anger is closely linked to depression, and a Correctional Services Canada paper found that women are often afraid to express anger because it could change relationships and indicate a need for change⁴. A 2000 study found that women do tend to hold in their anger more often than men and express it differently, but they find ways to express it⁵.

If you're troubled by your anger, you're not alone. On the American website *The Body* (www.thebody.com - a great resource for people living with HIV), there are numerous forums on

anger, HIV and mental health. If anger is getting you down, there's help available online, by calling us, or dropping by. Don't let your rage get you. Find its source and power, then figure out what you want to do with it.

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Microbicide News: Finally some promising results

By *Miriam Martin*

In the face of a long list of failed and even disastrous microbicide trials, two recent developments are encouraging. “We are at the end of a series of disappointments,” says study head Dr. Salim Abdool Karim, “We need something that gives us hope. The HPTN 035 trial results represent that hope.”¹ Hope is a major theme in the microbicide advocacy community. “I am a huge fan of microbicides,” said one young woman in Ghana, “because it fills me with hope for the future. Microbicides will offer women more choices to help us take charge of our sexual health.”²



It is easy enough to talk about safer sex, but so far there is not a single HIV prevention method that women can control without the knowledge and consent of their sex partners. When it comes to making decisions about sex, women have very little say; even in supposedly advanced western countries, we are vulnerable to assault by our partners, dates or even strangers. In the same way that the introduction of the birth control pill was revolutionary, the development of a safe and effective microbicide will put some of the decision-making power back in the hands of women.

What are these developments?

Researchers and advocates have tried to remain hopeful and optimistic about the development of women-controlled HIV prevention methods, but good news about microbicides has been hard to come by. In fact, until very recently,

there has been no good news. Two promising studies were presented at the 16th Conference on Retroviruses and Opportunistic Infections (CROI) which was held in Montreal in February. A phase II clinical trial called HPTN 035 is the first clinical trial (involving human volunteers) to show an encouraging result – the first evidence that a vaginal microbicide gel may prevent HIV infection.

Another promising study tested vaginal gels containing existing antiretroviral drugs (tenofovir and FTC) on a group of female pigtailed macaque monkeys. This use of antiretrovirals (ARVs) as prevention rather than treatment is called pre-exposure prophylaxis (PrEP). The gels were found to be very effective in preventing HIV infection in the monkeys, but we need to learn more about the effect of using ARVs as prevention while they are also needed for treatment of HIV.



How would they work?

There are no microbicides available today because we have not yet created one that is known to be both effective and safe. There are however, several scientists and research firms working to develop and test different possibilities, which are referred to as microbicide candidates. They are all substances that would be applied topically inside the vagina, and hopefully could also be used rectally. They could take the form of creams, gels, foams or films, and might be applied with a dispenser or douche, or even come in a sponge or a vaginal ring that would release the microbicide gradually over a longer period of time.

There are several different ways that microbicides could work to prevent HIV infection. They might inactivate viruses, either by damaging their surface (called surfactants or surface active agents), or by restoring the vagina's natural acidity during intercourse, making it inhospitable to "invaders" and inactivating both sperm and pathogens including HIV (called acid-buffering microbicides). A third option would create a physical barrier, lining the vaginal or rectal wall so that HIV and other sexually transmitted infections (STIs) can't get through. The most promising microbicide candidates currently seem to be ones made from drugs that prevent HIV from fusing with or entering healthy target cells (called entry/fusion inhibitors) and drugs that are used as ARVs for treatment, like tenofovir (called antiretroviral microbicides or topical PrEP). The ARV microbicide candidates that are being tested work by stopping HIV from multiplying after it enters the vagina or rectum during sex. This reduces the chances of infection for the microbicide user.

History

Three of the candidates that have been tested were found to be unsafe, causing a great deal of anxiety among researchers and microbicide advocates, not to mention the communities hosting the trials. Nonoxynol-9 (N-9) is an ingredient in cleaning and cosmetic products, but is also the active ingredient in most spermicides and can be found in many lubricated condoms. As a surfactant, which damages the surface proteins of sperm cells and immobilizes them, it was expected to do the same to HIV and STI cells. To the horror of researchers, a 1996-2000 UN-sponsored clinical trial found that N-9 seemed to increase the risk of HIV infection. The chemical was found to be abrasive, causing tiny lesions in the vaginal walls of participants. The World Health Organization (WHO) now recommends against the use of N-9 where STI-prevention is needed. They also assert that condoms lubricated with N-9 are no more effective at preventing pregnancy than those without, and that N-9 should not be used for anal sex³, as rectal walls are the most vulnerable to abrasion. The clinical trials of another surfactant microbicide candidate, called Savvy, were halted in 2005 and 2006, because it showed no sign of being effective and researchers did not wish a repeat of the N-9 mess.

Trials of the entry/fusion inhibitor cellulose sulphate (also known as Ushercell) were also halted in 2007 because one of the trials showed increased rates of infection among candidates using it. Researchers are currently trying to find out why this one trial had such negative results and whether cellulose sulphate really is ineffective and unsafe for use as a microbicide. In other

Microbicide News ... cont

trials, Carraguard (another entry/fusion inhibitor) and Buffergel (acid-buffering candidate) were found to be safe but ineffective.

Promising Results

Overall, the HPTN 035 study found PRO 2000 gel to be 30% effective in preventing HIV infection. Unfortunately, approximately 33% effectiveness is needed for the results to be considered “statistically significant”.⁴ In other words, it could be a coincidence (or due to some other factor) that 30% fewer women were infected among the group using PRO 2000 compared to the group using a placebo gel (which contained no microbicide). Interestingly, women who reported using the gel more consistently (for at least 85% of intercourse) had an overall 44% reduction in HIV infection compared to women using the placebo. And among women who used the gel consistently but did not use condoms (despite being provided prevention education and free condoms) there was a 78% reduction in HIV infection compared to the placebo group.¹ There is another, much larger, phase III trial of PRO 2000 taking place that involves nearly 9400 women. This trial (called MDP 301) should tell us more definitively whether this microbicide candidate is effective in preventing HIV infection.

The other promising study looked at the effectiveness of two microbicide candidate gels – one containing the antiretroviral (ARV) tenofovir and the other containing a combination of tenofovir and another ARV called FTC. The study involved a group of pigtailed macaque monkeys who received one of the gels, a placebo gel or no gel at all. For ten weeks, the monkeys

were exposed twice a week to SHIV (Simian HIV is a strain of HIV that was created for research and infects monkeys). None of the monkeys who received either microbicide gel were infected, while ten out of eleven who received the placebo or no gel did become infected with SHIV. There are a number of clinical trials (involving humans) that are underway to test the effectiveness of ARVs as prevention, including some topical microbicide trials.

What next?

There are lots of questions that need to be answered about how using ARVs as prevention (called PrEP) will effect women using them as well as those who depend on similar ARVs for treatment. There are also questions about microbicides in general – will women use them? They will not be 100% effective and will likely not be nearly as effective as condoms. Will people think they don’t need to use condoms anymore? And how will we make sure the microbicides are available all around the world?

There are lots of people working to answer these questions. There are some things that we can do in the meantime to help pave the way for microbicides and speed up their development. The more people are demanding microbicides, the more governments and pharmaceutical companies will be pressured to fund their research and development. More funding means that microbicides will be available sooner. If you have the opportunity, talk to people about microbicides, educate yourself on how they might work and how they will serve to empower women. Ask your AIDS Service Organization or



women's organization what they are doing to support microbicide research and advocacy. While a vaccine may be far away, microbicides are on the horizon, and they really truly are about Giving Women Power Over AIDS.

For more information on microbicide trials and advocacy, visit the Global Campaign for Microbicides at www.global-campaign.org.

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Campbell Pledges Funding for Pilot Program To Increase HIV Treatment Access, Prevent New Cases

Premier Gordon Campbell during the recent 18th Annual Canadian Conference on HIV/AIDS Research pledged to commit up to 20 million Canadian dollars ~ or about \$16.1 million ~ annually to a five-year pilot program in Prince George and Vancouver, the Victoria Times Colonist reports. Campbell said the project aims to increase access to antiretroviral treatment, prevent as many as 173 HIV cases and help save a total of 64 million Canadian dollars, or about \$51.8 million, in treatment costs.

"Some of us forget that some people don't know the care is even there, so if you give them the care and support and say ... here's what we can do for you, that's a different approach than we've taken in the past," Campbell said, adding, "We expect over 170 lives to be saved." According to Campbell, the funding for the project comes from a four-year health care budget increase worth 4.8 billion Canadian dollars that was announced in February. According to Campbell, the approximately \$16.1 million cost would be as of the third

year of the program, with lower funding amounts needed during the first two years. Julio Montaner, director of the B.C. Centre for Excellence in HIV/AIDS, said, "We've spent the last five years working on this project. This is not political opportunism ~ this is the culmination of a very long process." Montaner added, "We need to move forward because people that are not accessing care, they are dying, despite the fact services are available. So we need to bring the services to the people so that we can help them to save their lives."

Source: Kaiser Daily HIV/AIDS Report, April 27, 2009





HPV Study Update

By Karen Friesen

The HPV vaccine study at Oak Tree Clinic is well under way. There are currently 60 participants at the site, with 19 who have already received their first vaccine dose. The study is happening across Canada at 16 different sites, and we are hoping for over 500 participants. The purpose of the study is to look at the safety and effectiveness of the vaccine in girls and women who are living with HIV.

The Human Papilloma Virus (HPV) is a common virus that is known to have more than 100 types, and is spread through close skin contact and sexual contact. It is estimated that about 75% of women will become infected with one or more of the sexually transmitted HPV types at some point during adulthood. HPV is the virus that causes genital warts. Long term infection with one or more of about a dozen so-called "high-risk" sexually transmitted HPV types can lead to the development of cell changes in the cervix, called dyskaryosis, which may in turn lead to cancer of the cervix. HPV infection is responsible for the development of nearly all cases of cervical cancer. Although the widespread use of Pap testing programs has greatly reduced the incidence and death rates from cervical cancer in developed countries, the disease still kills several hundred thousand women per year worldwide. A Pap test is a test for cancer, in which cells from the cervix are put onto a glass slide and examined under a microscope to look for abnormal cells.

The HPV vaccine is a series of 3 injections into the muscle at 0, 2 months and 4 months apart. The vaccine is aimed to protect against 4 types of HPV; 2 types which commonly cause genital warts and 2 which are the high risk cancer causing HPV types.

Looking for more information? Contact Karen at 604-875-2000 ext 4875, or kfriesen@cw.bc.ca.

WISER Update

By Sharon Milewski

It's Sharon here again from YouthCO AIDS Society-Canada's first youth driven organization leading the HIV and Hep C movement through peer education, support and leadership.

YouthCO and Positive Women's Network have partnered to create the WISER project. WISER stands for **Women's Initiative for Support, Education and Re-entry**. WISER is a support project with the main goal to give an opportunity to young HIV and/or Hep C positive women (under 29 years old) to come together to increase their life skills, have access to women- and youth-centered support, and most importantly, to connect with each other.

Over the summer, there will be

Women's Nights at YouthCO!

Mondays, 5:00 - 7:00 pm

July 27 • August 24 • September 21

One to one support in and out of YouthCO office is also available (housing issues, appointment accompaniments, treatment centre visits, just to talk, etc.)

Any interest or questions about YouthCO's women's program?

Contact me by:

email: sharonm@youthco.org

phone: 604.688.1441/1.877.youthco toll free

stop by: 900 Helmcken St (first floor) @ Hornby in Vancouver.

Check out www.youthco.org for more information about YouthCO.

Record Attendance at May 2009 Wellness Retreat

By Melissa Medjuck

The Wellness Retreat Weekends that are offered through the Positive Women's Network continue to be a powerful extension of the support program. They are meaningful and highly anticipated events. The May 2009 retreat at the Bowen Lodge by the Sea on Bowen Island was a triumphant success.

*"I'm human again.
I'm woman again."
~Retreat participant*



This retreat had an 81% attendance rate; of the 36 members who were invited to attend, 29 women attended. Most of the cancellations were because members had health concerns that prevented them from coming. More than half of attendees at the retreat (69%) had not attended a PWN wellness retreat before.

HIV/AIDS has a significant impact on Aboriginal women in Canada. The complex vulnerabilities of Aboriginal women stem from a legacy of oppression and colonization and the multigenerational effects of social isolation, discrimination, entrenched poverty, and the residential school system. 10 members who attended the retreat identified as having Aboriginal ancestry.

In addition, 11 members who attended this wellness weekend currently live outside the Lower Mainland. We were able to utilize different modes of transportation to transport these women to the retreat including flights, buses, trains, taxi cabs, ferries, etc. By organizing and covering all the retreat-related expenses including transportation, more members who are geographically isolated

from the Vancouver-based PWN support programs were able to participate in this memorable weekend.

The members who were in attendance at the May 2009 Bowen Island Retreat were given the opportunity to participate in a variety of pampering, fun and therapeutic activities. Professional facilitators continue to make this wellness retreat a supportive, enjoyable and engaging event for our members. Retreat workshops and activities included: Women Against Violence Against Women (WAVAW): Sweat Lodge Teachings; HIV & Women 101 by the Canadian AIDS Treatment Information Exchange (CATIE); Capacitar; Kayaking; BC Compassion Club Society: Using cannabis and other natural therapies; Massage & Bodywork; BC Civil Liberties Association: HIV Disclosure and the Law; Acupuncture; Body Tracing Art Workshop; Nature Walk; Henna Tattoos & Glitter Tattoos; Film Making Experience; Laughter Yoga; Belly Dancing; Fireside Chat.

The PWN Wellness Retreat Weekends provide members with an opportunity for fellowship, friendship and relaxation in a safe and welcoming environment. One member remarked: "The best thing about the retreat was getting to meet a great diverse group of women who all have HIV. We all connected!" Subsequently the retreat serves as a catalyst, enabling women from all over BC to form new connections and to create new informal support networks in their immediate area. The camaraderie and shared learning that occurred during the May 2009 PWN retreat at the Bowen Lodge by the Sea on Bowen Island was magical and the memories created will be cherished for years to come. PWN's next retreat is October 2nd-4th 2009 on Bowen Island - save the dates, applications will be available in August!





Positive Women's Network

Join Positive Women's Network for our annual fall...

Members' Retreat to Beautiful Bowen Island

Connect with other HIV+ women!

RELAX! Have Fun!

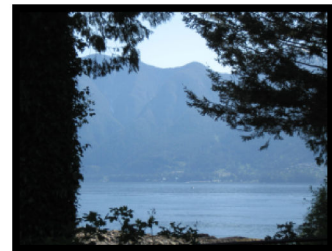
Be Pampered!



Friday, October 2nd to Sunday, October 4th 2009



This retreat is open to ALL HIV+ women living in British Columbia.



It's FREE! PWN covers all retreat & transportation costs.



Space is limited so apply early.



For more information, contact Melissa at Positive Women's Network.

Email: melissam@pwn.bc.ca

Telephone Lower Mainland: [604 692 3007](tel:6046923007) or Toll-free: [1 866 692 3001](tel:18666923001)

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

Kath Webster wins Accolaid!

For those of you who know her, it will come as no surprise that Kath Webster recently won an Accolaid. BCPWA's Accolaid is an annual awards event to recognize organizations and individuals who go above and beyond in the HIV community. Kath was recognized for her outstanding work delivering treatment information across the province. In addition to her treatment advocacy work, Kath is also co-chair of the PWN Board. Congratulations Kath!!



2009-2010 Board of Directors

At the Annual General Meeting on June 23rd, Positive Women's Network elected a new Board of Directors. Welcome to the Board:

- Monique Desroches
- Joni Devlin
- Tamara Holdal
- Elizabeth Holliday
- Helenka Jedrzejowski
- Kendra Loewen
- Magdalena Sweetgrass
- Patti Telford
- Kath Webster

Melissa joins the Staff

You have probably talked to or met Melissa Medjuck in the drop-in or in her role as contract Retreat Coordinator. We are thrilled to announce that she has joined the staff for the coming year and will be working with the Support Team as Support Worker & Retreat Coordinator. Welcome to the staff team Melissa!



Events and Program Information

Lodge for Aboriginal Patients & Families from out-of-town

For Aboriginal women coming from out of town to Vancouver for medical appointments, the big city can be traumatizing and alienating. Lu'ma Native Housing Society operates an Aboriginal Patients' Lodge so that Aboriginal families have a place to stay where they can feel at home amongst other aboriginal families. There are multi-bedroom suites available, and the daily rates are the same whether you stay 5 days or 3 months. For more information call 604.682.7375 or visit the website at www.lnhs.ca.

Strategic Planning at PWN

Looking to the future, Positive Women's Network has been working on a new Strategic Plan to take us through the next few years. Our strategic directions enhance some existing directions as well as going into new areas. Building leadership among positive women, enhancing support services, expanding our prevention education into more health promotion, and pursuing our dream of improved housing for positive women will carry us through the next few years. Connections with other agencies will be further strengthened, and our vision of "Action and Leadership on Women and HIV/AIDS" will continue to guide us.

Scotiabank AIDS Walk for Life 2009

Sunday September 20 is the date for the annual AIDS Walk. As treatments for HIV have improved, HIV is no longer perceived as a problem, and support for the Walk has been waning. Yet support is still desperately needed. While HIV disease can be managed, the other factors of health can't without help. We direct the funds raised for us to our housing subsidy program. Please help us out by walking for PWN. Contact Donna (donnat@pwn.bc.ca) to learn how to register for the PWN team.

Thank You to all of our Retreat Sponsors

The May 2009 Wellness Retreat was a huge success (see page 10 for a full report). We would like to thank all of the sponsors who helped make it happen:

- Lush Hand Made Cosmetics
- MAC Cosmetics
- Below the Belt clothing store
- Homewerx on Davie St
- Tibotec



fax

604.684.3126

email

pwn@pwn.bc.ca

online

www.pwn.bc.ca

phone604.692.3000 (local)
1.866.692.3001 (toll-free in BC only)**in person or by post**#614-1033 Davie Street, Vancouver
Vancouver, BC V6E 1M7**administration****Marcie Summers**, Executive Director
604.692.3010 | marcies@pwn.bc.ca**Donna Tennant**, Director of Development
604.692.3000 | donnat@pwn.bc.ca**Nancy Hoo**, Bookkeeper
604.692.3000 | nancyh@pwn.bc.ca**Rose Busolo**, Clerical Assistant
604.692.3012 | office@pwn.bc.ca**health promotion****Janet Madsen**, Communications Coordinator
604.692.3009 | janetm@pwn.bc.ca**Miriam Martin**, Resource Coordinator
604.692.3011 | miriamm@pwn.bc.ca**support****Bronwyn Barrett**, Support Program Coordinator
604.692.3008 | bronwynb@pwn.bc.ca**Sangam**, Support Worker & Health Promotion Educator
604.692.3006 | sangamg@pwn.bc.ca**Stacie Migwans**, Outreach Support Worker
604.692.3005 | staciem@pwn.bc.ca**Melissa Medjuck**, Support Worker & Retreat
Coordinator
604.692.3007 | melissam@pwn.bc.ca**Cara Moody**, Oak Tree Outreach Worker
604.313.7431 | cmoody@cw.bc.ca

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.

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



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