



# The Positive Side

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## AIDS 2006: Time to Deliver

by Janet Madsen

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The Sixteenth International AIDS Conference Toronto, August 13-18) was so huge it would be impossible to summarize everything that happened. Over 26,000 people were there from all over the world. There were sessions with youth, women, research scientists, faith leaders, activists, politicians, policy makers, philanthropists and more.

As an onlooker who *wasn't* there, I got messages about what was "important" through TV and radio news, newspapers, and websites. I've also talked to PWN women who went to the Conference to see if the information I got through daily news was accurate. I can't report it all- even someone who attended the conference couldn't be at everything, as several women have pointed out.

Here are some of the points I got from coverage and conversations. And here are some great resources if you want to learn more.

**Talk** to these women at PWN: Bronwyn, Marcie, Stacie, Cara, or one of the Board Members: Kath, Yasmin, Margarite, or Peg.

**Read** The official website: [www.AIDS2006.org](http://www.AIDS2006.org).

The Body ([www.thebody.com](http://www.thebody.com))

Kaiser Network ([www.kaisernetwork.org/aids2006/](http://www.kaisernetwork.org/aids2006/)).

Report begins on page 2.

Please note that all quotes are taken courtesy of transcripts from Kaiser Network.org



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Positive Women's Network: Action and Leadership on Women and HIV/AIDS  
toll-free in BC 1.866.692.3001 [www.pwn.bc.ca](http://www.pwn.bc.ca) [www.pwn-wave.ca](http://www.pwn-wave.ca)

# AIDS 2006

## Key Coverage for Women

**“If we want to talk about participation of women, if we want to bring women to the table, then we also need...to have different table manners.**

**And one of the table manners that we need to change immediately is to stop talking about women as if women were objects doing nothing and just suffering, because women are doing a lot of things.”**

— Dr. Musimbi Kanyoro, General Secretary of World YWCA, *High Level Session on Leadership: Time to Deliver for Women and Girls*, August 13, 2006, page 30 of Kaiser transcript.

At the XVI International AIDS conference, women's issues were front and center. They were presented in abstract sessions, chanted in the streets by activists, discussed and debated in the Global Village. The united strength and work of women of all ages was recognized, from youth to grandmothers.

Women's issues were voiced by “celebrities” at AIDS 2006, not just fantastic AIDS celebrities like Dr. Mark Wainberg (who blasted Prime Minister Harper on the international stage for his absence and supported sex worker's rights in a demonstration) or Stephen Lewis (who focused peoples' attention on the grandmothers around the world who are bringing up their orphan grandchildren).

Americans Bill and Melinda Gates, Bill Clinton, and Richard Gere attracted media to the conference and made great statements, despite criticism from some conference attendees who felt celebrity shouldn't eclipse the cause. American singer Alicia Keyes and African singer Yvonne Chaka Chaka showed their support too.

International level policy makers and program developers like Hilde Johnson (Senior Advisor to the President of the African Development Bank) and Dr. Musimbi Kanyoro (General Secretary of World YWCA) also spoke to the human rights work that needs to be done to address women's issues.

All agreed that power imbalances between men and women must be addressed on

all levels: in laws, cultural and social practices, individually and as groups. It was recognized that women and girls are uniquely vulnerable to infection, and that women bear the weight of care. Stigma and discrimination persist, and cannot, if things are to change.

Prevention tools need to be put in the hands of women, and treatment must be available to all who need it, including women who are pregnant. New prevention options like vaccines, pre-exposure prophylaxis treatment and microbicides (which could be the first truly woman-controlled prevention method) must be placed at higher priority for development than they are now.



# AIDS 2006

I was thrilled with the messages from Bill and Melinda Gates. In the Opening Session on August 13, Bill Gates brought the world's attention to the need for female-controlled prevention methods like microbicides, stating "Using condoms is not a decision that a woman can make by herself. It depends on a man... A woman should never need her partner's permission to save her own life." (*Opening Session*, August 13, p. 49 of Kaiser transcript).

When Melinda Gates took the stage, she too emphasized the need for women-controlled prevention tools, but she also hit on the big issue of stigma. "The simple fact is that HIV is transmitted through activities that society finds difficult to discuss, activities that are infused with stigma and that stigma has made AIDS much harder to fight.... Stigma is so cruel. It is also irrational. Stigma makes it easier for political leaders to stand in the way of saving lives." (*Opening Session*, August 13, p. 52-53 of Kaiser transcript).

Stephen Lewis, UN Special Envoy for HIV/AIDS in Africa (who seemed to be at every key event to champion

**"HIV-positive women... are far from hidden, far from silent. We are doing our individual and collective work where it's needed."**

—Marie Josee Vazquez, Chair, International Community of Women, *High Level Session on Leadership: Time to Deliver for Women and Girls*, August 13, 2006, page 39 of Kaiser transcript

girls and women, according to one website report), spoke passionately about girls and women of all ages- from orphaned babies, to girls and young women manipulated into infection, to mothers and grandmothers attempting to deal with the enormous impact of HIV on their families. In an address to those at the August 18 closing session of the conference, Lewis put forth fifteen points that he feels will continue on the Conference's "Time to Deliver" theme. Among his points:

"Now is the time to make certain, in advance, that when the discovery [of a microbicides] is made, it is instantly accessible and acceptable to the women of the world, wherever they may live."

Preventing mother to child transmission through triple combination therapy must be a standard of care internationally, not just in wealthy developed nations, said Lewis. "What kind of world do we live in where the life of an African child or an Asian child is worth so much less than the life of a Canadian child?" (courtesy Kaiser).



# AIDS 2006

## Women's Voices in the Community

**“Historical events and colonization have led to deplorable systemic racism and to the violation of human rights of Aboriginal peoples in Canada... Canada must respond immediately to the specific needs of Aboriginal people.”**

— Blueprint for Action Report Card on Canada, August 16, 2006

Canada's Blueprint for Action on Women and Girls and HIV/AIDS Coalition put out a "report card" on Canada's response to HIV and held a media conference to present the findings. Despite Canada's wealth, good grades were hard to find. Of special note: Stigma and discrimination rated a D, with the notes that "women with HIV continue to face stigma when accessing housing, employment, education, training, medical and social services. Leaders from all walks of life need to speak out publicly... against discrimination."

Aboriginal women were also singled out by the Blueprint report card, and Canada received a D with good reason (see quote above). Blueprint also examined Canada's response to Legal and Ethical Issues, Human Rights, Research, Diagnosis, Treatment, Prevention and Education, Care and Support and more. Contact PWN if you would like to see the whole report card.

In the Daily Voice (the official newspaper of the XVI International AIDS Conference August 13-18, 2006), distributed to over 26,000 who attended, the International Community of Women (an international network of women living with HIV) put out five key conference challenges for attendees to think about.

Their points championed women's rights, including

- Women's right to have safe, chosen sex
- Acknowledging that women face different barriers than men in accessing and using treatments
- HIV policies and practice must be informed and shaped by the experiences of HIV+ women
- Work with and for positive women's networks

- Confronting stigma must include the voices of sex trade workers, children, drug users, prisoners, or else it is not challenging all.

*(HIV Positive Women Challenge AIDS 2006 Delegates, The Daily Voice, August 14, 2006, p 6).*

This point was also made by Melinda Gates: "If you're turning your back on the sex workers, you're turning your back on the faithful mother of four."

*(Opening Session, August 13, p. 55 of Kaiser transcript).*



# AIDS 2006

## Prevention and Universal Treatment

I read several criticisms of the US policy of "ABC" (abstinence, be faithful, use condoms) HIV prevention approach. The US policy also shuns harm reduction, and it didn't go unnoticed by Australian researcher Dr. Alex Wodak, Director of Alcohol and Drug Services, St. Vincent's Hospital in Sydney Australia:

"The scientific debate, ladies and gentlemen, is now over. Harm reduction has been shown to be effective in substantially reducing new HIV infections... This evidence is abundant, consistent and compelling."

(Plenary: *Prevention: Proven Approaches and New Technologies*, August 15, p. 48 of Kaiser transcript).

The big prevention news I saw covered was microbicides, male circumcision, and vaccines. This conference, more than any

other International AIDS Conference, promoted the idea of a woman-controlled prevention method like microbicides that could change the power of sexual decision-making for women who are infected and uninfected. Many speakers talked about the necessity of developing prevention methods beyond male condoms.

In addition to microbicides, vaccines are still being pursued, although it is thought that a microbicide will probably be on the market before a vaccine will (estimated timeline for a microbicide is 2010-2012).

Microbicide activists are thrilled at the attention, but quick to point out that a microbicide will not be magic bullet of prevention. Science still needs to pursue vaccine options and pre-exposure prophylaxis (termed PrEP).

Another hot prevention topic is male circumcision, which some studies have shown to reduce the incidence of infection. Scientifically, the word is that circumcision could be a good prevention method. Socially, there are already worries that it may give men the idea that they are protected, so why bother with condoms? Once again, this could put women at a disadvantage. Worldwide, condom use by men is troubling enough, so the circumcision research is one I will be following.

We have to address the power imbalances in society and relationships that limit decision making power. I know, I know- of course it is easier said than done. But unsaid is undone.

Universal treatment is linked to prevention economically, a topic addressed by

**"I suggest we have to talk about more letters in the alphabet... I would add "D"- A,B,C and D for development of new tools for women and girls, tools that can be under their control.... I would also add an "E"... for education of girls and women, education as education but also sex education. And "E" for equality in social economic fields and legislation and rights.... ABC is not enough."**

— Hilde Johnson, Senior Advisor to the President of the African Development Bank, in the High Level Session on Leadership: Time to Deliver for Women and Girls, p. 57, August 13, 2006



# AIDS 2006

## Stigma and Human Rights

Stephen Lewis, Bill Gates and Bill Clinton. The UN Goals of "3 by 5" (3 million people in developing countries on treatment by 2005) has not been realized, but speakers said no one should give up hope that things will get better, political will in place. The treatment question is tied to prevention, because of the cost of providing antiretrovirals to so many people. Is it really possible to vision that all who need them will get the drugs?

Bill Clinton spoke about his foundation's work to provide drugs to numerous countries at significantly reduced costs. If he and Bill Gates could just agitate governments to pony up the money they've promised-many are failing to give the money they have pledged-perhaps the vision could come to pass.

**"Like the virus itself, stigma remains beyond the reach of conventional interventions."**

- Ian Hodgson and Nadine France, *Dealing With Stigma: Now or Never*, The Daily Voice, August 16, 2006, p 9.

Stigma and HIV go hand in hand, crippling individuals, families, communities and societies.

South African Mark Heywood summed it up well: "The shocking thing is that outside conferences like this, the level of knowledge about HIV remains extremely low.... [B]ut the problem is compounded by the fact that there is no desire to know.... There are governments... judges... business people... religious leaders that think they are not affected, and that remains a challenge for all of us."

(Plenary: *The Price Of Inaction*, August 17, 2006, page 36 of Kaiser transcript).

At the closing ceremony, Canadian Aboriginal activist Kecia Larkin spoke frankly about the HIV rates in Aboriginal communities, the effects of colonization and genocide, and how the Canadian government is failing to recognize the results of these human rights atrocities.

"One of the challenges we have in our aboriginal community, in our indigenous community in Canada, is we are expected to fit into a non-indigenous method of thinking, of doing, of believing, and of educating our own people. I am here to tell you, it does not work. It cannot work. To me, this is a way to further colonize and oppress us and it is not okay."

(Closing Session, August 18, 2006, p.14 of Kaiser transcript).

Stigma, discrimination and human rights go together. All must be addressed for change to happen.

Now the conference is over and people have gone home, to where change can unfold, each within our own means.

"Time to Deliver" was the slogan of the conference. What does it mean to you? What will you do with it?



# AIDS 2006

## PWN Poster Presentation: **Why are Women-Exclusive HIV services needed?**

In spite of discrepancies in wealth, resources, and access to treatment, Canadian women face similar fundamental issues to women internationally. Decades into the AIDS pandemic, women remain at disadvantage to men and are disproportionately impacted by HIV infection.

Challenges women face the world over:

- There is no prevention method that women can control without the cooperation of her sexual partner.
- Acute biological vulnerability to infection during unprotected heterosexual intercourse.
- Controlling partners who limit safer sex, access to health care and support, money, financial resources.
- Social expectation of centralized caregiver role to immediate and extended family members that limits women's self-care opportunities
- Unequal economic power.
- Treatments are still tested mainly in men.
- Disclosure equaling disaster for women, their children, their safety.

Social and cultural customs worldwide promote male dominance economically and socially, but women are expected "[T]o carry all the weight without complaint and with a smile"

**Still we are asked, "Why does Positive Women's Network exclusively serve women?" The answer is complex and multi-layered, much like women's lives**

(Veronica, woman living with HIV). Services exclusive to women are necessary.

Yet still we are asked, "Why does Positive Women's Network exclusively serve women?" The answer is complex and multi-layered, much like women's lives, much like the profound affects of HIV/AIDS. Women specific services are a necessary response to the gender imbalances that exist worldwide in social, community and healthcare settings. Women-centred services based on recognition of multiple barriers can support women in attaining optimum levels of care in their communities. Advocacy is key, and women need other women advocates.

Positive Women's Network (in Vancouver, Canada) provides a safe, comfortable women-only space for women living with HIV/AIDS to come to find sanctuary and validation. At Positive Women's Network (PWN), women support and listen to each other. Programs offer women chances to connect with peers and support workers for information, advocacy and education - in a support

group, at a retreat weekend, or over a cup of coffee.

Women specific services offer space and time for HIV+ women to feel respected and accepted, regardless of race, class, education, economic or health status. *"Even HIV + women themselves look around and see HIV is in all walks of life. It can happen to anyone."* (Funke, woman affected by HIV).

Disclosure and connecting with other positive women are pivotal. *"When I disclosed to the women at PWN, I was loved and appreciated as a human being, a positive woman and mother. I knew that I was not alone. I knew that after meeting many women who have been HIV+ for many years that death was not knocking, it was actually life telling me that I need to engulf myself in healing."* (Veronica, woman living with HIV)

Women need support "where they are at", without judgements. Disclosure, economic security, relationships, community support and treatment are all



# AIDS 2006

## PWN Poster presentation: Why are Women-Exclusive HIV services needed?

topics of discussion at PWN, and each woman is offered information and respected for her decisions. Women need room to do this. *"I was nervous starting new meds knowing that only a handful of women were ever in the clinical trial.*

*I feel*

*invisible in the HIV/AIDS*

*research*

*world."* (Kath, woman living with HIV)

In addition to services for women with HIV, PWN offers education and prevention information to health care and social service providers. Programs are informed specifically by HIV+ women's reported experiences of

risk, infection, diagnosis, daily life, disclosure, treatment and life decisions. *"I was infected in a long term monogamous relationship by a man who refused to wear condoms... Female controlled prevention methods could change the world."*

(Margarite, woman living with HIV)

At

Positive Women's Network, infected and uninfected women work together: "It's not us and them. We are all vulnerable and we all need to be in this together." (Funke, woman affected by HIV) Together, we embrace the vision: action and leadership on women and HIV/AIDS. We believe

that women know the answers, and that a space to speak honestly and frankly is a keystone in improving things for women.

*"Every time a parent discloses her status, she has to take into consideration the possible repercussions for her children."*

(Margarite, woman living with HIV)

Every time a woman speaks about her life with HIV, change can happen.

Authored by: Bronwyn Barrett, Funke, Helenka Jedrzejowski, Kath, Jeannie Lowe, JanetMadsen, Margarite, Marcie Summers, Veronica

## What's up with Recovery?

by Sangam and Tamara Holdal

You may recall the story about the Recovery sculpture in the last newsletter. Recovery had to be completed by June 28 in order to be presented at the AGM. Well...

C was working furiously, applying a layer of papier mache to the life sized model. This layer would cover up her imperfections, and could be sanded and painted in order to create a perfect representation of ... what? Recovery is not like that.

C came up to say that Recovery had collapsed. There she was- foundation of wood, steel, chicken wire and layers

of newsprint, flour and water- a strong core. Yet the additional weight of the papier mache caused her knee to buckle and her torso to bend over backwards (I've seen that dance before). Recovery took on too much.

In life we often can't take on any additional pressure or responsibilities. Even with a strong core, adding more can make us crumble.

We had to hoist Recovery up with rope and weights in order for her to dry in an upright position. It took a couple of days, and Recovery was back on track, a little

changed, but standing on her own.

Recovery's like that. We slip, fall and need support.

Summer came. Things were quiet at PWN. If you don't know the history of Recovery, it would be really easy to judge or have expectations on where Recovery "should" be.

Recovery's not like that. There's no timeline. There is no end. I have not given up.

If you're interested in working on Recovery or recovery, contact Sangam at 604.692.3006.



# Happy Anniversary?

by Janet Madsen

When we hear the word anniversary, we are often expecting joy or a celebration of happiness: one year of marriage. One year clean. Two year old baby. But anniversaries can bite you in the butt too: the anniversary of your diagnosis. The anniversary of a loved one's death. The anniversary of losing your family. The anniversary of bottoming out, again.

An HIV diagnosis is an ongoing thing, just like disclosure is ongoing. You will always have reason to remember your diagnosis: it changed your life. It shouldn't be a surprise if you feel the impact of your diagnosis a year, two years, or even ten years after the fact. You could feel a resurgence of sadness, anger, isolation, or shame. Or you could feel a burst of pride in how far you have come since your diagnosis, the changes for the better you have made in your life.

A day is a thousand emotions. Good feelings, bad feelings, they're all part of a day. Anniversaries can be like any other day, or they can bring up stuff. Maybe stuff we don't want to think

about. But like it or not, the calendar rolls around, and anniversaries happen.

Sometimes your body can tell you when you are stuck. If you are having trouble sleeping (or more trouble than usual), if you are withdrawing from your regular activities, if you find

**An HIV diagnosis is an ongoing thing, just like disclosure is ongoing. You will always have reason to remember your diagnosis: it changed your life.**

yourself not caring about the things you usually do, not eating, using drugs or drinking more than usual, if you have headaches or crying fits... you could probably use an ear. Someone to talk to or at least cry with. Your body is telling you it is stressed.

Stress can be triggered by different events, and anniversaries of traumatic experiences can be, not surprisingly, triggers. Maybe you are so used to stress, that seems normal. But once you find a place to release some of it in a healthy way, you will feel the difference.

If anniversaries make you feel trapped in emotions, you're not the only one. Anniversaries of all kinds can be hard. And when we get stuck in emotions, they are often negative ones: fear, anger, worry, sadness, despair. (Now why can't we get stuck in happiness?) If

you are getting stuck in negativity, you may need help. It may be as simple as a friend to talk to, or as

formal as finding a counselor you can see for a while. If you need an ear of another HIV positive woman, a support worker at PWN, or a referral to counseling (free or cheap), contact us. That's why we're here. You don't have to go through it alone.

**Positive Women's Network:**  
**604.692.3000**  
**Outside the Lower**  
**Mainland: 1.866.692.3001**  
[www.pwn.bc.ca](http://www.pwn.bc.ca)  
[www.pwn-wave.ca](http://www.pwn-wave.ca)



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## Events and Program Information

Quick Calendar: go to [www.pwn.bc.ca](http://www.pwn.bc.ca) for updates

Monday	Tuesday	Wednesday	Thursday	Friday
Drop-in open 11:30-3:30	Drop-in open 11:30-3:30	Drop-in open 11:30-3:30	Drop-in open 11:30-3:30	Drop-in closed
	Lunch 12-2	(Closed on Cheque Issue Wednesdays)	Lunch : 12-2	
	Foodbank 12-2. No pick-up any other day.			
<b>Administration 9:00-4:00 Monday through Friday</b>				

### If you can't come to see us...

... we may be able to come see you. Stacie is doing outreach on Fridays now. She goes to various programs and organizations to familiarize them with PWN. She also makes home visits when possible. If you would like to connect with her, call 604.692.3005.

### Foodbank Hours

The foodbank is open Tuesdays 12-2, but is closed the Tuesday before cheque issue. Days the foodbank will be closed in the next few months: October 24, November 21, December 19.

### Members who have been in a transition house....

Sangam wants to hear from you. There will be a focus group in the fall to get feedback on being HIV+ and staying in a transition house. Call Sangam: 604.692.3006

### Newsletter by e-mail

We are trying to cut down on the costs of mailing, so if you would like to receive the newsletter by e-mail, please let us know at [pwn@pwn.bc.ca](mailto:pwn@pwn.bc.ca) or call 604.692.3000 (BC toll-free number for outside the Lower Mainland: 1.866.692.3001).

### Group for Trans Women

Upcoming groups for trans women: Wednesday October 11th (5:00-7:00) and Thursday November 16th (5:00-7:00). Please call Sangam on the day to confirm: 604.692.3006.

### Welcom Miriam!

Welcome to Miriam Martin, our new Clerical Assistant. Miriam come to us from Heart Of Richmond AIDS Society. Next time you're in, stop by and say hello.

### Drop In hours

The drop in is open Monday to Thursday from 11:30 to 3:30. It is closed Friday.



## Events and Program Information

### BIG THANKS to (yes, we're shouting it out)...

#### ... Boehringer Ingeleheim Canada

who funded the latest edition of the *Pocket Guide for Women Living with HIV* (version 1.3). This small and discreet booklet is designed for the newly diagnosed, and offers basic information on HIV, safer sex, relationships, treatment, pregnancy, etc. It is available in English or French. Contact PWN for small orders (20 or less), and the Canadian HIV/AIDS Distribution Centre for larger amounts:

[www.aidssida.cpha.ca/](http://www.aidssida.cpha.ca/)



...Staff from RBC Dominion, who re-painted and decorated Room 103 (grocery and support group room) thanks to the United Way Day of Caring Program. Here's Cindy- thanks also to Ken, Anita and Jacquie for their work.

#### ...The women from the "What it's like to be on methadone" focus group.

Your thoughts and experiences have gone out to all committee members of the Vancouver area Women and Addiction Service Providers. Many have said it has given them really valuable information in supporting women faced with decisions about methadone use. Your sharing is making positive change for others.

#### ...AIDS Walk for Life walkers

who were there for the AIDS Walk for Life (September 24th). A typical fall day saw walkers through the routes (2k or 10k), and raised money for a great cause. See you next year!

#### ...Rue, manager of LUSH on Robson

We've been giving out soap, shampoo and bath bombs. Everyone smells *sooo* good!



Do you have something to share?  
Deadline for submissions to the next newsletter is December 6. Send submissions to [janetm@pwn.bc.ca](mailto:janetm@pwn.bc.ca) or by mail (see last page).



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



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