



# The Positive Side

Positive Women's Network

October- November- December 2005

[www.pwn.bc.ca](http://www.pwn.bc.ca) ○ [www.pwn-wave.ca](http://www.pwn-wave.ca)

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## Challenging Science and Attitudes

3rd International AIDS Society Conference, Rio de Janeiro, Brazil, July 24-27

by Janet Madsen

While reviewing information presented at the 3rd International AIDS Society Conference, I kept seeing the same theme: changes in HIV research and care must focus on connections between what's happening in our bodies and what's happening in our communities. Research on cells is essential to understand how HIV acts, but research on social behaviour and social expectations is just as important. People are the connections doing the work and living the work's results.

These issues were examined at the 3rd International AIDS Society Conference. The conference was hosted by the International AIDS Society (IAS), an international non-profit organization for researchers, health care workers and others in the field of HIV/AIDS. (Check out the International AIDS Society 2005 at [www.ias-2005.org](http://www.ias-2005.org)).

Over 5,000 people attended the three day conference, which the IAS sees as a space "for the interaction of science, community and leadership." (International AIDS Society 2005: [www.ias-2005.org](http://www.ias-2005.org)). Craig McClure, the Executive Director for the IAS explained, "We are really aiming at a program that narrows the gap between discovery and intervention- what is being learned in basic prevention in clinical sciences that can be quickly adapted for use in the field" (Balderas, Jill Braden. Newsmaker Interview, July 24th, 2005, [http://www.kaisernetwork.org/health\\_cast/hcast\\_index.cfm?display=detail&hc=1483](http://www.kaisernetwork.org/health_cast/hcast_index.cfm?display=detail&hc=1483)). Dr. Judy Auerbach (Vice president for Public Policy and Program Development for the American Foundation for AIDS Research) highlighted the opportunity of translating scientific findings into life changes. Auerbach said, "A lot of scientists work in their labs, dealing with very small units, whether it's a cell or a molecule or a gene and they often do forget the whole person and the whole environment. I think these conferences are really important to bring communities together- scientists and activists and policy makers, positive people, negative people- to have these kinds of dialogues and learn how to talk to each other in understandable and respectful ways" (Balderas, Jill Braden. Newsmaker Interview, July 26th, 2005, [http://www.kaisernetwork.org/health\\_cast/cast\\_index.cfm?display=detail&hc=1483](http://www.kaisernetwork.org/health_cast/cast_index.cfm?display=detail&hc=1483)).

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In the space on these pages, I want to highlight the themes of microscopic and mighty and how it affects women. I'll start with a mighty issue: women's rights and how that affects our vulnerability to HIV infection, then move on to look at some specific things that also can affect us: violence, and prevention issues. Because this report can't begin to cover all the information that was presented, you can see more for yourself at the IAS website: [www.ias-2005.org](http://www.ias-2005.org) or [www.kaisernetwork.org/health\\_cast](http://www.kaisernetwork.org/health_cast). If you can't get on-line, call PWN and we can help you find what you're looking for.

### Stephen Lewis Makes Connections

Stephen Lewis, UN Envoy on HIV/AIDS in Africa, was part of the opening ceremony on July 24th. His speech was about connecting scientific work to action, and becoming advocates for millions. He appealed to those attending the conference, "Precisely because the work you do speaks to the rescue of the human condition, you carry an immense public and international authority." (Statement by Stephen Lewis, UN Envoy on HIV/AIDS in Africa at the Opening of the 3rd International AIDS Society Conference, [http://www.kaisernetwork.org/health\\_cast/uploaded\\_files/Lewis\\_Remarks.pdf](http://www.kaisernetwork.org/health_cast/uploaded_files/Lewis_Remarks.pdf). All following comments from Lewis are from the same source).

At the beginning of presenting seven key advocacy issues, Lewis stated "I must say that the greatest single international failure in the response to HIV/AIDS is the failure to intervene, dramatically, on behalf of women." Lewis pointed out that "One of the vexing problems, believe it or not, is that we have no major multilateral organization to represent the needs and rights of the world's women. Does it not tell you something about the way in which men have run the world?... Every [specialized international] organization pretends to address the needs of women, and no one gets around to it."

Lewis ended his speech by sharing a

**"The greatest international failure in the response to HIV/AIDS is the failure to intervene on behalf of women."**

**- Stephen Lewis**

story of an orphaned little girl whose mother had died from AIDS only days before. "Most of you in this room probably feel distant from the orphans," he said. "You're not. Nothing in this pandemic works in a vacuum, or works in compartments. Everything is linked inextricably to everything else. That young girl is at the end of the continuum which starts with your scientific inquiry and moves, inexorably, to her intense human anguish. That's why I appeal to you to enter the fray as advocates."

### Violence Against Women

Moving between the individual and the community was at the heart of a Monday night session on women, violence and HIV. In an interview about the session, Dr. Judy Auerbach of AmFar said that she agreed with Stephen Lewis' argument about the world failing women and that "There is still a sort of resistance, to dealing with women, which one can argue is just a reflection of gender inequities that exist in all ways, in all societies." (Balderas, Jill Braden. Newsmaker Interview, July 26th, 2005, [http://www.kaisernetwork.org/health\\_cast/hcast\\_index.cfm?display=detail&hc=1483](http://www.kaisernetwork.org/health_cast/hcast_index.cfm?display=detail&hc=1483). All following quotes from Auerbach are from the same source).

The session brought together panelists from around the world to talk about the issues of sexual violence and cultural, institutionalized violence. “[Violence] is something that happens all over the world, to women of all classes and education levels,” said Auerbach.

According to Auerbach, AmFar decided to sponsor the session because “It occurred to us that people are vaguely aware, in a general sense, of the contribution of violence to susceptibility or vulnerability to infection among women, but there’s actually a lot of science that just hasn’t been well presented in a large venue like this where you have a very diverse group of people... Our intention was to say what we know, from the biological through clinical behavioural and social research that could inform our understanding of how and why violence contributes, sexual violence in particular, to the increased vulnerability of women.”

Auerbach responded to Stephen Lewis’ observations about women’s engrained poverty of rights: “What Stephen Lewis is referring to has to do with really grappling with some really fundamental ways in which women and men are treated differently in all societies. It’s institutionalized in laws and policies and structures and religion, all our social institutions. And to get at the HIV infection risk and the impact, we actually have to deal with these larger issues.”

## Prevention Issues

A hot topic that has been mentioned in much of the conference material I’ve read so far is the results of a study on male circumcision (surgical removal of the foreskin on the penis). According to the study, which took place in South Africa, male circumcision might reduce the risk of female to male HIV transmission by about 65%. While female to male transmission is not as effective as male to female, it is a significant consideration.

## Could male circumcision reduce infection from men to women? It may decrease the risk for men.

The study followed over 3,000 men who were not infected with HIV. Half of the men were circumcised, and by the end of the study period, researchers determined that circumcision “prevented six to seven out of ten potential HIV infections,” according to researcher Bernard Auvert (Male Circumcision Might Reduce Risk of Female to Male HIV Transmission by about 65%, Study Presented at IAS Meeting Says, [http://www.kaisernetwork.org/daily\\_reports/print\\_report.cfm?DR\\_ID=31647&dr\\_cat=1](http://www.kaisernetwork.org/daily_reports/print_report.cfm?DR_ID=31647&dr_cat=1)).

Scientists were cautious about making a general statement about the benefits of circumcision given that this was one study’s result. Questions remain as to whether circumcision may also give women better protection (bidirectional). Scientists also don’t want these findings to be seen as a reason for men to have another reason not to use condoms for prevention.

As Dr. Helen Gayle said, “One of the more important things is that this is the first trial... The evidence may not hold up in subsequent trials.” (Balderas, Jill Braden. Newsmaker Interview, July 24th, 2005, [http://www.kaisernetwork.org/health\\_cast/hcast\\_index.cfm?display=detail&hc=1483](http://www.kaisernetwork.org/health_cast/hcast_index.cfm?display=detail&hc=1483). All following quotes from Gayle are from the same source).

A different prevention option that could have a greater effect on women is microbicides. Microbicides (gels or foams that a woman will be able to use without needing her partner’s cooperation, as she does with a condom) are in testing phases now. Researchers don’t expect one to be on

the market for another five to seven years, although Stephen Lewis mentioned the necessity of them in his opening remarks. When they do become available, women's HIV prevention options will expand. But microbicides are not the only women-controlled tool being researched.

"[In addition to microbicide research] There are also exciting research studies... looking at the diaphragm that covers a woman's cervix, a site that we know is a prime site for HIV acquisition for women," reported Dr. Helen Gayle, International AIDS Society President and conference co-chair. Gayle continued, "It is critical that we really look at this issue of increasing the options for women to reduce their risk of acquiring HIV infection."

Imagine the conference: over 1400 abstracts, 19 forums, 14 satellite session, 9 plenaries. What gives me hope is that women's issues were emphasized by Stephen Lewis, Drs Helen Gayle, Judy Auerbach and others. Women are not only struggling to protect themselves from or live with HIV infection, but also from violent partners, unfair laws and social expectations that make life an ongoing challenge. As Conference Co-Chair Dr. Celso Ramos, said in the Closing Ceremony, "The vigilance of the world community of scientists, activists, health workers and persons involved in HIV and AIDS can never cease." (International AIDS Research Concludes with Call for Expanded and Integrated Global Response to AIDS, <http://www.ias-2005.org/admin/images/upload/575.pdf>).

## World AIDS Day 2005: Stop AIDS. Keep the Promise

This year December 1, World AIDS Day is a challenge: Stop AIDS. Keep the Promise. The "promise" known as the UNGASS Declaration of Commitment, pledged a number of things, including the "3 by 5" initiative, which was to ensure that 3 million HIV-infected people in developing countries would be receiving treatment for HIV by the end of 2005.

Although the UNGASS Declaration of Commitment has failed to meet all its goals, progress has been made. For more information on UNGASS and 3 by 5, go to Avert: <http://www.avert.org/>.

Positive Women's Network will honour World AIDS Day by emphasizing local, provincial, national and international partnerships. Our focus is *One woman, a world of women*.

**Locally**, we are working with YouthCO AIDS Society to address young women's vulnerability. For information on our Women's Initiatives for Support and Education (WISE) project, contact Ray Croy: [rayc@youthco.org](mailto:rayc@youthco.org).

**Provincially**, World AIDS Day is the target for delivery of PWN's education handbills to health care providers in BC. The handbills focus on HIV+ women's issues and offer information on referrals to PWN.

**Nationally**, PWN is part of the Blueprint for Action advocacy group threading women's voices throughout the next International Conference on HIV/AIDS (Toronto, August 2006).

**Internationally**, we are a partner in bringing the photo exhibit *In Her Mother's Shoes* (see page 6) to the West Coast. We are working with CAS, the Global Campaign for Microbicides, and other Canadian ASOs to highlight the present and future of women's HIV prevention options.

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## Prevention

# Making Peace with Religion and Safer Sex Choices

Looking after your sexual health means caring for your body and your thoughts. For your body, it includes prevention of infections, contraceptive choices (if you are heterosexual and sexually active), and regular Pap smears whether you are sexually active or not. For your mind, it includes thinking about how to negotiate the safer sex that supports prevention.

Safer sex messages can be challenging for women. The universal "Use a condom" prevention message still requires discussion with a sex partner, whether using the male or female condom. It can also involve a religious component that isn't always recognized.

The contradiction between safer sex messages and the interpretation of some religious teachings can cause a lot of heartache for people who want to practice safer sex but are part of a spiritual community that forbids condom use, condemns homosexuality or certain sexual practices. For example, if you are an HIV+ Catholic who wishes to follow the Vatican's statement that abstinence is the answer to HIV/AIDS prevention, how do you resolve that with your husband?

Many women struggle with feelings of shame, embarrassment, anger, and pain in regards to their sexuality. In order to look after yourself as well as possible, it's important to think about what helps and what hurts. These words are not meant to criticize religion or religious beliefs, where many people find great comfort. They are here to point out that sometimes there is a break between religion and safer sex education, and that it is normal and even important to question. You are worthy of health and healthy expressions of sexuality.

If you'd like to read more on HIV/AIDS and religion, check out the website of The Body:  
<http://www.thebody.com/religion.html>

## Changes in Tradition

Asking religious leaders to promote sexual health can be a challenge because it often goes against traditional teachings. Yet two developments in Catholicism and Islam indicate some shifts.

Despite the Catholic Church's ban on condoms for HIV/AIDS prevention, there is a group of Catholics who are pushing for change. The International Movement of We Are Church, a reform group within the Catholic Church, states "Among the human rights still crying out for recognition in the [Catholic] church are: gender equality - including... the right to be respected for one's sexual orientation, and decisions regarding reproduction and the use of condoms to prevent the spread of HIV-AIDS." (International Movement We Are Church <http://www.we-are-church.org/>). And at the 2005 Catholic World Youth Day in Germany in August, "Good Catholics Use Condoms" ads were launched by Condoms4Life ([www.condoms4life.org](http://www.condoms4life.org)). The ads state "We believe in God. We believe that sex is sacred. We believe in caring for each other. We believe in using condoms."

Condom use is now allowable (on a limited basis) for Muslims. African Islamic leaders decided in the spring of this year that the use of condoms for HIV/AIDS prevention was okay, but for married couples only. Faithfulness should still be the number one prevention method. (Muslims back condoms, <http://www.aegis.com/news/nv/2005/NV050334.html>).

## Photo Exhibition: Mothers, Daughters, AIDS In Her Mother's Shoes

The picture of the little girl trying on a pair of adult sandals is not so different from a picture of any little girl trying on dress-up clothes. The bigger clothes allow her to see a new version of herself. This idea is familiar, because most children play dress-up in some form or another. But Martha, the five year old trying on shoes in this particular photo, is an orphan whose mother Ruth died of AIDS only days before. The impact of Martha stepping into an adult's role is too real, yet a common one for many children in the world these days.

Martha's picture is part of a photo exhibition called In Her Mother's Shoes, which will be shown across Canada in the next year. The Canadian AIDS Society is coordinating the exhibition's progress, and PWN has been chosen as the Western partner for the exhibit to make its Pacific debut (most likely in the spring). Other partner organizations will host exhibitions in Toronto (Voices of Positive Women), Halifax (AIDS Coalition of Nova Scotia), Calgary (AIDS Calgary), and Montreal (CRISS). In August 2006, the exhibit will go to the International AIDS Conference in Toronto.

In Her Mother's Shoes recounts African women's struggles with HIV, explains microbicides, and the impact they could have on millions of women worldwide. Seattle Times photographer Betty Udesen capture HIV-positive Ruth, her family, and others in the community. A powerful story shows a neighbourhood where everyone is struggling with the stigma, secrecy, health disasters and never ending presence of HIV.

Ruth, like millions of other women in the world, became infected by her husband. And like millions of other women, she worried about the future of her children. But the

exhibit is more than the story of Ruth's community. It is also the story of the activists and scientists who are determined to bring microbicides to the world's attention, not to mention pharmacies.

Microbicides will be used vaginally to reduce the risk of infection with HIV and other sexually transmitted infections. They are being researched and tested, but none are yet available for general use. Microbicides may be developed in the form of gels, foams, suppositories, or

lubricants. Women will not need to tell their partners they are being used. The safest use will be to combine them with condoms, but if women are in situations where their sex partners won't use condoms, at least there will be some prevention option.

The need for microbicides is evident across the world as infection rates in women rise and the primary prevention tool for people who are going to have intercourse remains the condom. Ten years ago, the late Dr. Jonathan Mann said "Being a married and monogamous woman is not a guarantee of protection against HIV. In fact, in some countries, being married and monogamous is considered a risk factor for infection." (*The Next Step: AIDS, Communities and Human Rights, Keynote address at the 2nd International Conference on Home and Community Care for Persons living with HIV/AIDS, Montreal, May 1995*). Priscilla Misihairabwi, a member of parliament in Zimbabwe, echoed Mann years later when she said "I think in Zimbabwe, the greatest risk factor for AIDS is marriage." (Photo Exhibit background info).

PWN will work to bring home the message that women are vulnerable and microbicide development is a must. The newsletter will keep you up to date on exhibit dates and times.

**Ruth, like millions of women in the world, became infected by her husband.**

## Lemon and Lime Juice as Potential Microbicides: Questions and Cautions

by Global Campaign for Microbicides, June 2005

You may have heard that lemon and lime juice are potential microbicides. There is a lot of public discussion about this possibility, but not a lot of factual public information. In a climate where everyone urgently wants new ways to prevent HIV, it is sometimes hard to sort out facts from hopes.

### Here's what we DO know:

- Women in many cultures have used lemon or lime juice for contraception and hygiene purposes for centuries.
- Citrus juice is acidic. The pH of a healthy vagina is acidic, except when semen is present. An acidic environment kills sperm and many disease pathogens, including HIV. The semen raises the vaginal pH temporarily to help sperm survive.
- Some scientists have suggested that using lemon or lime juice vaginally could reduce the risk of HIV transmission by keeping the vagina acidic even in the presence of semen. Any product capable of doing that without damaging the vagina would be a contraceptive microbicide.
- Studies with monkeys have not shown any negative side effects of lime juice on vaginal lining.
- Phase 1 safety studies are being conducted in California and in Virginia (USA) to determine whether using lime juice vaginally is safe for healthy women at low risk of HIV.
- Preliminary data suggests that, at some concentrations, lemon juice may be significantly less effective than lime juice in killing HIV in test tube cultures.

### Here's what we DON'Tknow

- Does lemon juice or lime juice affect the cells of the human vaginal lining, causing disruptions or irritations that can enhance HIV transmission?
- Does lemon or lime juice induce an inflammatory response that could enhance HIV transmission?
- Does lemon or lime juice negatively affect the naturally occurring micro-organisms that keep the vagina healthy and resistant to infections?
- How much lemon or lime juice is safe to use, and how frequently?
- Does lemon or lime juice actually work to prevent HIV transmission in human beings? What concentration is necessary to be effective?

Until we know the answers to the questions above, our messages about lemon and lime juice as potential microbicides must reflect caution. Otherwise, we risk misleading people who may use lemon or lime juice for prevention, when it could have no effect or be harmful.

We desperately need an effective, affordable and accessible microbicide. But the only way we can know if a product is really safe and effective is by doing ethically-conducted trials. Until the trial data are collected and analyzed, we can only guess whether a product works or not. Just because a product is "natural" rather than chemically manufactured does not automatically mean it is safe, or safe at all dosages or for all people. We must conduct scientifically rigorous research specifically designed to answer these questions.

For more information, go to [www.global-campaign.org](http://www.global-campaign.org).

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## Adventures in Online Dating

by Sydney

**“I was always stressed out about how to disclose...”**

Nine years ago I woke up to find myself HIV positive and alone. I believed no man would want to touch me, let alone share my life. I thought my love life died the day I was diagnosed, but I was wrong.

As it turns out there are some men out there who can handle the fact that I live with this virus. I met a few who just wanted to get laid and didn't care that HIV might be along for the ride (those are the ones to avoid). I also met a few worth dating and getting to know (those are the ones I chose to spend my time with eventually).

Dating as a positive person is difficult, to say the least. I found that whenever I was getting ready to go out with someone new, I was always so stressed out about how and when to tell that I'm positive. While my friends were preparing for their dates by buying new outfits, and getting all dressed up, I was home taking meds, feeling crappy and stressing over how to disclose.

Would I be safe afterwards?

Would he leave right then and there?

Would he give me the dreaded look of “Oh you poor pitiful thing.”

I have grown to despise that look. Anyone who has seen it knows exactly what look I mean. It is a look of dashed dreams, pity, heartbreak, fear and anger all boiled into one. It's a horrible look and my wish is that no one ever has to see it again, but sadly many people will still see it until things change and stigmas about this disease stop being a factor.

It is lonely, scary and stressful trying to date as a positive woman. You might be asking yourself why disclose if it is so stressful? Well the answer to that is simple-

1. If you ever plan to have an honest relationship with another person, you have to disclose. This is something that affects them too. Lives are at risk if you are not honest about your health status.

2. You need to practice safer sex and be very open to conversations about what is safe for both of you. You can still have a happy, healthy love life but now you must be more aware of what happens between you, what you are both comfortable with, and what is safe for both of you as a couple. When the heat of the moment takes over little else is heard and people rarely think of these things until it is too late.

3. If you don't disclose, you could be legally charged with an offence. Sad but true. Check out information on the Canadian HIV/AIDS Legal Network site for more about how and why: <http://www.aidslaw.ca>

I tried to date negative men but found that eventually my health always became an issue. I chose to try something very new to me: on-line dating. This is not for everyone, and very certainly not fool proof.

I met some wonderful people and got a lot of support from HIV positive chat rooms. I also met a lot of idiots who were just looking for sex or looking for someone to belittle. They had the foolish impression that they were better than I was because they were not positive. They were not, and haters always lose out in the end.

I met guys who said they looked like Brad Pitt but really resembled Elmer Fudd and guys who were "down on their luck " which means they needed someone to pay their way. I met some lovely friends and finally met a great guy that I ended up falling in love with. We are still together and it has been almost three years since the day we met.

I always say the best revenge is to live a happy life, so I am doing just that. I have finally found my prince, and just in the nick of time because I was tired of kissing frogs! We share a nice home together with our two dogs. It's not a castle but it's on the water and we love it.

As I am glad to help out fellow romantics, I will share with you some things I learned along my travels of the online dating world. You never know where your Prince or Princess Charming may be hiding out.

The dating sites I used were:

[www.livingpositive.com](http://www.livingpositive.com)  
[www.hivdate.com](http://www.hivdate.com)

You can also type in HIV dating services in Google and see what comes up, that's how I got started. Try chat rooms , personal ads or just browse them to see what kind of people are out there. I don't know how many sites are active these days, but you can also try Yahoo chat - HIV room or MSN - HIV chat room, and ask in those rooms what is still up and running. Talking to others who have made successful matches is the best way. Find out which sites they used and try your luck at it too.

Your best defense is a good offense so here are some tips to help make the experience good. There are some great people on line, but there are also a lot of idiots, creeps and all around bad souls. Have fun but be careful!

## Your personal ad

- Don't put anything too detailed in your personal ad as many people out there like to go to those sites to gay bash and just be idiots in general.
- It's best to use an alias and never give your address until you are sure the person your are connecting with is ok.
- Be very vague about your living arrangements, just give a city, or area like East Vancouver, on the Island etc. but nothing else.
- Don't mention you live alone or are away at work during the day until you know it's a safe person and they really are who they say they are.

## Connecting with someone off line

- Give your phone number as a last resort. Cell phones are better because it is harder to track you that way (if they are a creep ).
- If you call from home dial \*67 as this will block the number from call display.
- If you decide to meet someone, choose a well populated area, and tell a friend where you are going. These warnings are more for women then men because of safety issues but everyone needs to be careful nowadays.

There are some wonderful people who are looking for a partner, but there are also those others, and no one wants to waste their time with them. Best of luck to you all and stay happy alone or in love!

## 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 Closed	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
Administ- ration 9:00-4:00	Lunch 12-2 Foodbank 12-2	(Closed on Cheque Issue Wednesdays)	Lunch : 12-2 Women's Wellness, 12 Support Group, 5:30PM. See details below.	

### WAVE Computer Training

Thursday October 13 Janet will be providing a tour and training on navigating our WAVE website. Join us for lunch at noon and the WAVE session at 12:30.

### Mind/Body Connection Support Group

Sangam will run a six week group that will focus on stress reduction. The group will be on Thursdays at 5:30, starting October 6th. For more information, or to confirm scheduling with Sangam (sometimes things can change!), call 604.692.3006.

### Representation Agreement Workshop

Tuesday October 18 at noon: Talk about legally appointing someone you trust to look after your health care and financial decisions in case you get ill.

### Foodbank

The Foodbank is open Tuesdays, and there is no pick up on any other day. The foodbank is closed the day before cheque issue (October 25, November 22, December 20). The special **HOLIDAY Foodbank will be held on December 13**. Pick up some holiday delights! The grocery will be closed on **December 20 and 27th**.

### Post-Holiday Lunch

As we did last year, we've decided to hold a post holiday pick me up. Watch for news of the January extravaganza in the next newsletter!

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## Events and Program Information

### Staff Changes

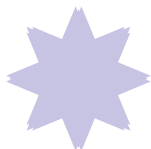
It's with sadness that we say goodbye to Allison Ducharme, who has been on staff as a Support Worker for the past year. Allison's warmth and wacky sense of humour will be missed. Good luck, Allison!

With Allison's departure, we welcome the return of Stacie Migwans, who has been on maternity leave. Drop by and say hello to welcome Stacie back! She's in the office Tuesday through Friday.

We are also happy to welcome Caroline Johnson as Office Coordinator. Caroline will be answering calls, supporting staff and administrative work. She's in Wednesday through Friday.

### Spread the word about PWN

We are preparing to do a huge mail out of PWN information cards to general practitioners, medical clinics, community health reps, and numerous support services across BC. Our aim is to make more communities aware of our services so that women are not isolated! Do you have a destination we shouldn't miss? Please let us know by November 15. Call us toll-free (1.866.692.3001) or e-mail: [pwn@pwn.bc.ca](mailto:pwn@pwn.bc.ca)



### AIDS Walk for Life a success

Once again, PWN was the top community partner thanks to our dedicated walkers! We are grateful to *everyone* who made the Walk a success, including the organization that hosts the walk- BC Persons with AIDS Society. September 25 was a gorgeous day, and spirits were high. Many thanks to our teams from

- Abbott Laboratories
- BC Hydro
- Girlgig Productions
- HIV Trials Network
- Oak Tree Clinic
- Street Nurses

Thanks also go to the many individuals who walked on our behalf. Please make it a tradition.

### Canadian AIDS Society Skills Building Conference

For those of you who are registered for the Canadian AIDS Society Skills Building Symposium, you can see updates to conference information on-line: [www.hivaids-skills.ca/](http://www.hivaids-skills.ca/)



*Do you have something to share with other members?  
Deadline for submissions to the next newsletter is  
December 9.  
Send submissions to [janetm@pwn.bc.ca](mailto:janetm@pwn.bc.ca)  
or by mail (see last page).*

## in person or by mail

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## online

meet us: [www.pwn.bc.ca](http://www.pwn.bc.ca)  
find support: Women and AIDS Virtual Education:  
[www.pwn-wave.ca](http://www.pwn-wave.ca)

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## Positive Women's Network

*Positive Women's Network supports women living with HIV/AIDS to make informed choices about their health. We provide safe access to HIV/AIDS-related support, advocacy and education/prevention to women and their communities throughout British Columbia, Canada.*

## DISCLAIMER

*The information provided herein cannot replace the information provided by a medical professional.*

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