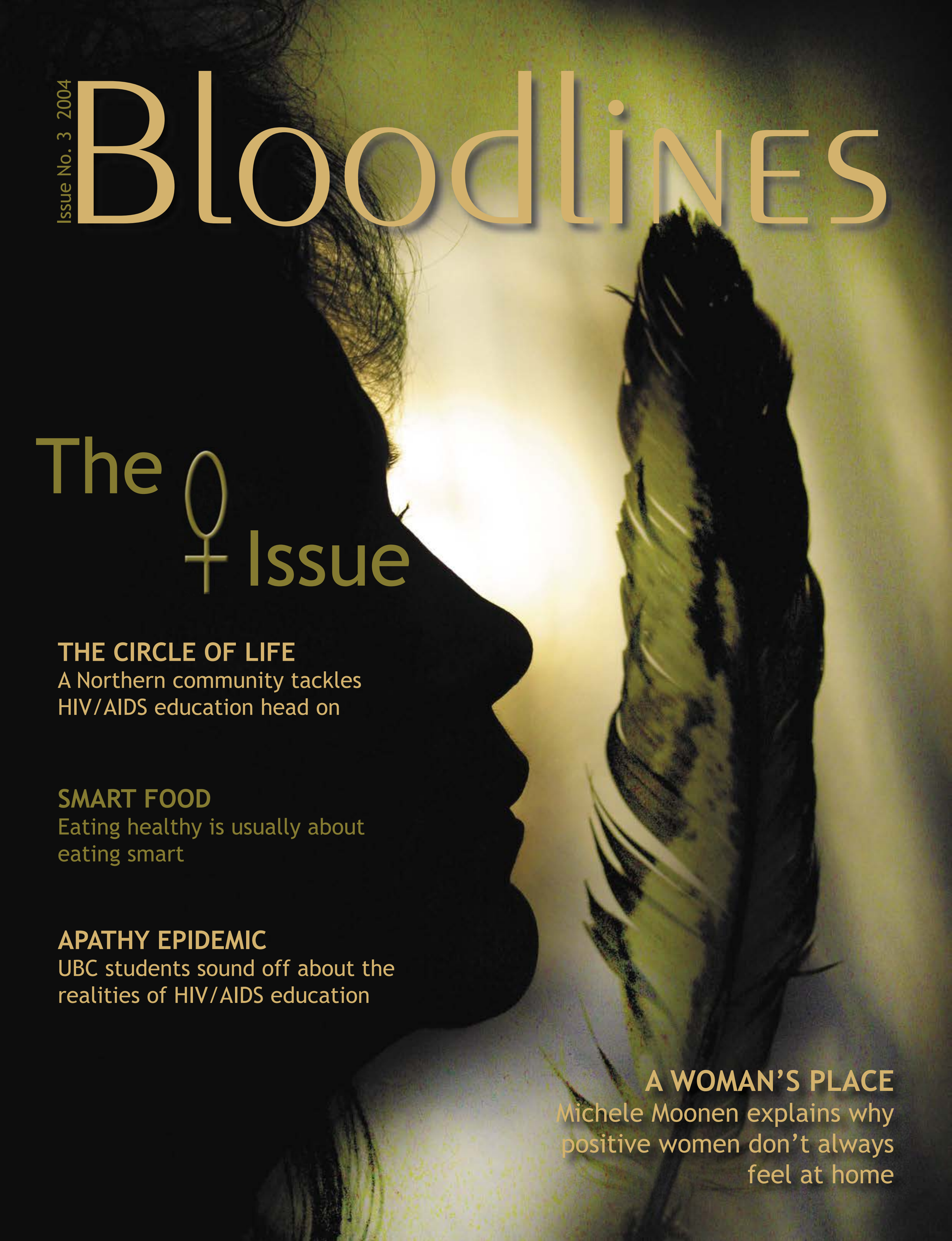
Issue No. 3 2004

Bloodlines



The ♀ Issue

THE CIRCLE OF LIFE

A Northern community tackles HIV/AIDS education head on

SMART FOOD

Eating healthy is usually about eating smart

APATHY EPIDEMIC

UBC students sound off about the realities of HIV/AIDS education

A WOMAN'S PLACE

Michele Moonen explains why positive women don't always feel at home

HEALING OUR SPIRIT

WHERE YOUR NEEDS ARE

In countries all over the world children, families, communities – people like you and me – are affected in some way by HIV/AIDS. All over the world, people of all cultures are using resources to help fight the spread of HIV/AIDS. They carry the message: HIV infection is preventable! Resources are tools: they can inform, motivate, assist and inspire…to bring change. They can be books or pamphlets, posters or skits, videos or kits… and with the right resources you can play a part and be the best resource of all – sharing knowledge about HIV/AIDS. HIV/AIDS is a complicated disease, but learning about it can be simplified. You can arrange for a Speaker to come and talk about it, or you can ask for a FactSheet, a Teach-Yourself Kit; or maybe a video is right for you, with an emphasis on your culture? Pamphlets and posters on HIV/AIDS are sometimes designed by Native artists – these can carry a very powerful message. Sometimes embarrassment, or fear, can get in the way of learning. This could be when we ask for support – a community health worker, a Youth leader, an Elder…or a favourite relative. People can be the most important resources of all! Never underestimate your own power to bring change, however small the first step may be. Throughout human history, no disease has impacted us like HIV/AIDS. We must use all our knowledge and creativity, our wisdom and skill, to prevent the spread, and protect those we love, and even those far away, whom we may never even meet. Be bold! Step forward and take a lead for your own community, friends and family – protect yourself and those you love.

Finding HIV/AIDS Resources is now quicker, easier, and free from these websites:

www.healingourspirit.org
www.red-road.org
www.bccdc.org

Bloodlines

A publication of the Red Road HIV/AIDS Network Society

On the cover: Joey Torres gazes skyward while holding a juvenile Eagle feather honouring female strength. Photo by Yvie Stafford

FEATURES

PERSONAL STORIES

Treatment for HIV in women, p. 30

AWARENESS

Bloodlines

A publication of the Red Road HIV/AIDS Network Society

TREATMENTS & ALTERNATIVE THERAPIES

Bloodlines welcomes Editor in Chief
Michelle Morning Star Doherty

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www.red-road.org

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Editor's Words

Dear Readers;

I will never forget the moment I picked up the first issue of Bloodlines.

I was with my Mother, Misty Morningstar, at the Indian Residential School Survivor's Society where we had gone to seek information on the status of residential school claims in Canada, which included my Mom's own claim. Mom was stolen from her Grandmother and interred at Marivale Residential School, a Catholic institution located on our Reserve, Cowessess First Nation in Saskatchewan (we are of Cree & Ojibway descent).

Having lived in San Francisco, California and Melbourne, Australia for almost thirty years after leaving Vancouver in the early 1960's, we were both so excited to be back home on our own soil, surrounded by the limitless love of our ancestors. The IRSSS confirmed our feelings and made us welcome, especially Counselor Linda Epps and Trial Support Worker, Gerry Oleman.

In the few precious hours we spent with these kind and compassionate souls, I learned so much – especially about being an intergenerational survivor and what the effects of colonization has had on not only our own lives, but the lives of all our people. I found I could not stop myself from crying – really crying – right in front of strangers!

I went into the reception area of IRSSS and thought I would do some 'light' reading in order to calm myself down and picked up 'Bloodlines'. I realized that we as Aboriginal people are feeling the effects to this day of the systematic genocide that was perpetrated on us. This time, though, it is through a virulent yet relatively new disease called HIV/AIDS and its wicked sister Hepatitis C.

I was very impressed with 'Bloodlines' as I found it to be a great information source – it was full of fascinating editorials and local, provincial and national resource information, as well as personal profiles of people living with HIV/AIDS – and it looked fabulous! Well, little did I know then that I would become Editor in Chief of 'Bloodlines', literally within weeks of seeing the magazine.

It is therefore with great humility that I take on this important role. I shall endeavor to give you, dear reader, the opportunity to speak publicly about issues related to HIV/AIDS and Hepatitis C that affect you and your community, and to educate those who do not understand the impact that this disease has and will continue to have upon all of us. Please contact me with story ideas, issues you feel need to be discussed or information about what your community is doing to support those infected or affected by HIV/AIDS.

I look forward to successfully tackling the challenges of my new position, to fulfilling Red Road HIV/AIDS Network Society's Philosophy of building healthy families and healthy communities, and to walking the Red Road with all of you. 🎗

With love, kindness and compassion
All our relations . . .
Michelle Morning Star Doherty
Editor in Chief

Red Road HIV/AIDS Network Society MISSION STATEMENT

Each of us is a stepping stone on the pathway to wholeness. As we walk together along the red road of the cycle of life – towards death and rebirth – together, through love, respect and caring, we can find, in the wholeness of time, the strength to complete the circle. And that's the way we're going to make change and reach the person on the street.

THE RED ROAD PHILOSOPHY

The road being taken is a long one, with gentle slopes and steep mountains to climb before we reach its end. The health of the community and the individual is linked by many pathways. Following any one of the paths recommended below will begin a journey that leads to what we are all searching for – healthy family and a healthy community.

- Building Healthy Communities
- Raising Awareness of HIV and AIDS
- Preventing HIV Transmission
- Diagnosing HIV Infection and Starting Treatment Early
- Maintaining the Health of Aboriginal People living with HIV
- Caring for Aboriginal People Living with AIDS
- Providing Leadership
- Securing Funding for Aboriginal HIV/AIDS Services
- Training the Necessary Personnel
- Research to Support Effective and Relevant Program Planning

This is not a complete list of what the Red Road HIV/AIDS Network does to address HIV/AIDS among BC's Aboriginal population, nor does it strictly focus on HIV/AIDS. It is up to each of us – and it is up to all of us – to walk together on this journey, as healthy individuals taking our own best pathway until we reach our journey's end.

WHAT IS RED ROAD?

The Red Road HIV/AIDS Network (RRHAN) is a coalition of AIDS Service Organizations (ASO).

WHAT DO OUR COALITION MEMBERS PROVIDE?

Support programs; education; treatment and care; peer counselling; advocacy; workshops on HIV/AIDS & Hepatitis C

WHAT DOES RED ROAD PROVIDE?

Quarterly Skills Building for: RRHAN Membership, Frontline Workers, Facilitators, Caregivers, Health Care Workers, Educators.

Presentations focus on: Emerging issues; residential school issues; harm reduction; nutrition; traditional medicines; integrated health care; holistic healing.

Resource material: The Red Road – Aboriginal Strategy for HIV/AIDS, The Red Road – HIV/AIDS Education Manual, Resource Directory, Implementation Guide, Evaluation Report, Funding Manual.

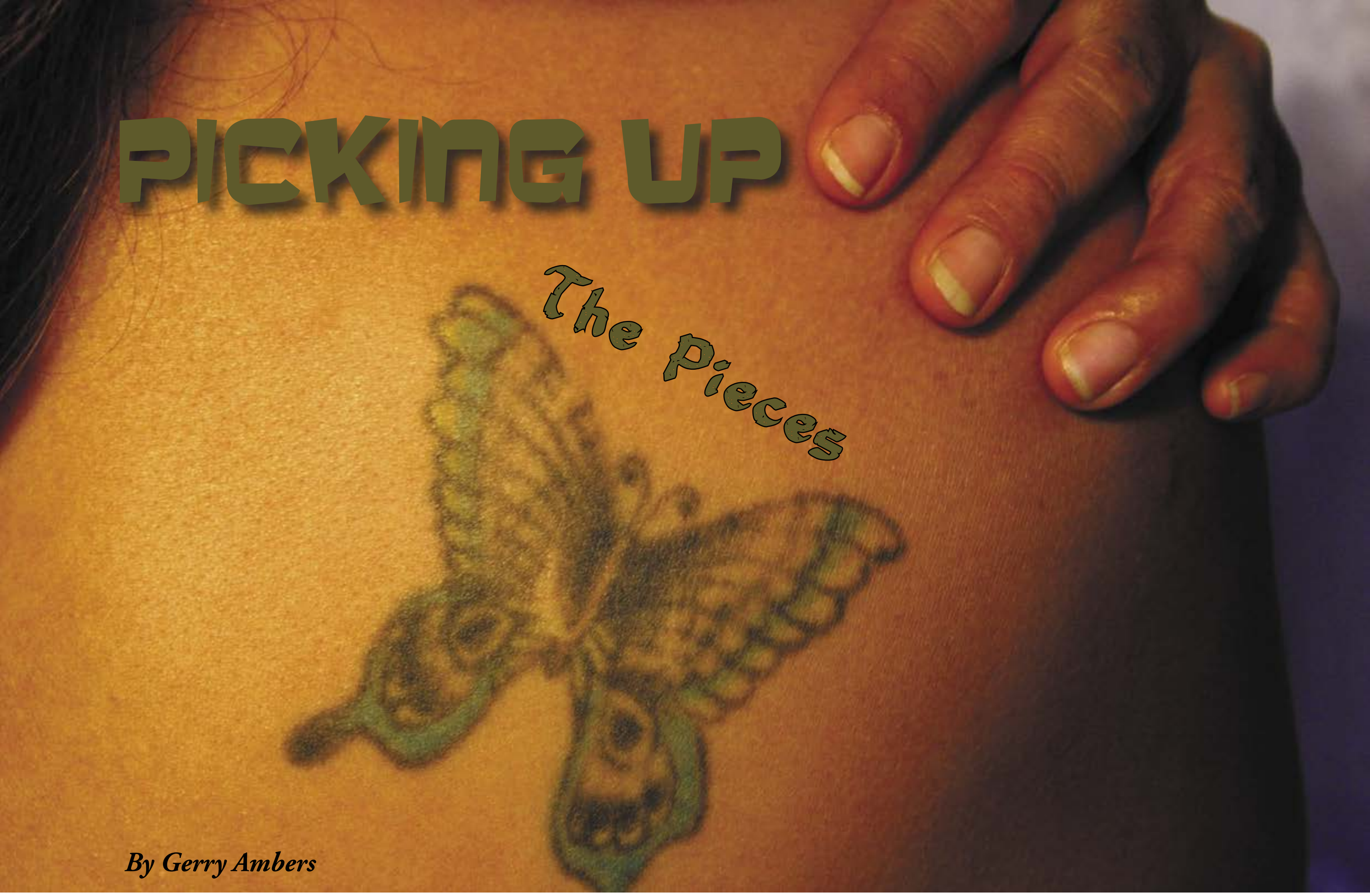
Geography Information System (GIS): Provides current data on the services available to Aboriginal people throughout BC, within and outside specific communities; Tracks the spread of HIV/AIDS among the Aboriginal population; Identifies the services available and the gaps in services; Provides data that will help plan additional services and back funding requests for local HIV/AIDS projects.

WHAT DOES RED ROAD OFFER MEMBERS?

Skills building meetings; travel subsidies to attend our skills building meetings; educational material; assistance and support to communities wanting to develop HIV programs; information on HIV treatment and care.

RED ROAD HIV/AIDS NETWORK SOCIETY MEMBERSHIP FEES

Full Membership – $50.00
Associate Membership – $25.00
Individual – $5.00
Elder – no fee
Aboriginal Persons Living with HIV/AIDS (APHA) – by donation
Membership form available at: www.red-road.org



PICKING UP

The Pieces

By Gerry Ambers

When I met Kevin, we were both working in a restaurant on Whistler Mountain. We met in November 1987 and by March 1988, I was pregnant. We left Whistler and moved to Vancouver in February where I was going to school and working. We were homeless, penniless and we had no possessions.

Out of desperation, Kevin called his parents and they offered him a job. So we moved to Ontario and in with his parents in November 1988. That was a big mistake! Kevin's mother decided that I wasn't good enough to be with her son because I was First Nations. Kevin told her where to go and we moved out and into a mouse-infested, hole-in-the-wall motel. It was close to Christmas and I was so depressed!

I called my sister and she flew me to Alberta on Christmas Eve and I had my son, Jared, in Alberta on January 5, 1989. Kevin stayed in Ontario and I stayed with my sister for four weeks. But I wanted to come home to Victoria, so my child and I came to stay with my sister-in-law until Kevin came from Ontario. We stayed with my brother for a week and then we got kicked out.

We ended up at the Douglas Hotel. We dealt with a lot of racism in Victoria and finally got a one bedroom apartment when Kevin went apartment hunting without me. By May 1989, we finally had our own place, but being homeless for a year had taken its toll on our relationship. We got married on July 1989 and by November 1989 we were split up. Kevin moved to Vancouver and I went back to school. Kevin and I went back and forth for a couple of years, trying to get it together.

When he came over to visit from Vancouver, I noticed Kevin was starting to have a sickly odour and he was really skinny. That was in late 1991 and I'm pretty sure he had it then. I knew something was wrong with him. I just knew it. Then I didn't see him for a long time, basically an entire year.

In October 1992, I got a call from a doctor's office that my son Jared and I had to go for tests. We had to wait ten days after the tests and it was the longest ten days of my life. Every day seemed like a year. It was horrible. Emotionally, I was a wreck. I didn't know much about the virus but I knew there wasn't a cure and everyone always died from it. I told my brother and sister that we had to get tested. I didn't want to tell anyone else because people wouldn't want to hug you, touch you, even if you were just the wife of an APHA (or Aboriginal Person with HIV/AIDS). And I didn't want Jared to be treated differently.

A friend of mine gave me a medicine pouch and I went to AA meetings two and three times a day. My first thought was that if Kevin had AIDS, I wanted to go out and get really drunk. But I prayed a lot instead. I told a woman from AA that I wanted to go to AIDS Vancouver Island, so she offered to come with me.

I only went there once. I saw an acquaintance at the meeting but I knew he would never mention seeing me there and I would never mention seeing him there. The representative I talked to was really nice and answered all my questions. I liked the anonymity of AIDS Vancouver Island but I never went back because I didn't want to get too comfortable needing them.

Our test results came back negative and I didn't even know if that was good or bad. At the moment I found out it was good. I felt absolutely grateful for my life and my health. But grateful is really too small a word for what I was feeling. Jared was four years old when I explained to him about the tests and why we had to have them. Three weeks later, I got a call from St. Paul's Hospital and they told me that Kevin wasn't doing well.

I went to see Kevin and he was in a wheelchair. He cried a lot and didn't want to see his son. I told him he had to fight, that he couldn't just give up, that he had to use his inner strength to fight. He asked me, "Inner strength – what's that?" I realized then that he didn't know how to fight the virus and if he did, he could have lived another ten or fifteen years.

I went to see Kevin three times. I took Jared the second and third time. I told Jared that his dad was really sick and we were going to see him in the hospital. Jared's eyes got really big when he saw his dad because he hadn't seen him in a while. On his first visit, Jared was very careful around his dad. He sat very still on Kevin's bed and watched TV, although he's normally very active. I thought that if Kevin saw his son it might give him the strength to live. But he had already given up.

When Jared asked questions about Kevin's illness, I had to explain in a way that a four year old would understand. I didn't use the word AIDS because of the stigma attached to it but explained about armies fighting sickness. I told my son that when the armies get sick, they can't fight illness. He was happy with that explanation.

I had to break time down into small pieces. I couldn't think: it got too overwhelming. I had to remind myself that Jared and I were fine. I was grateful for my sobriety and made sure I went to AA meetings at least once a day. All the time I questioned if I was doing the right thing by bringing Jared to see Kevin.

When I got the call that Kevin was dying, the social worker could only give me twenty-five dollars for transportation to Vancouver. No one could help me. After an AA meeting, I reluctantly went for coffee with a friend. I was so worried about how I was going to get the money to get to Vancouver. I recognized a guy from our AA meeting sitting next to us and he overheard our conversation. At first, I was mad because he was listening in. He came over and said "Excuse me, I couldn't help but overhear." He asked me about my problem. Inside, I wanted to tell him to go away but I managed to be courteous. He left and when he came back, he had four hundred dollars. He said, "I'm sorry. That's all I can give you at one time. Just don't go and drink with this." I told him I wouldn't. I just sat there. I couldn't believe it! My donor was a well-known actor in town, making a movie. That act of generosity allowed Jared and I to stay in Vancouver with Kevin for two weeks. When Jared got older, I told him that story. Whenever my son sees him on TV he says, "Hey mom, there's that guy!" I love that guy.

While we were visiting him, I told Kevin that he needed to call his mom because he still hadn't talked to her about his situation. His mom visited Kevin in the hospital and when he died, she stepped in and took over the funeral arrangements.

The hardest thing for me was to leave the hospital that last time.

Kevin's death ripped us apart. Jared was not doing well and my feelings were all over the place. I was angry when Kevin died. But we weren't together, so why should it affect me? I didn't look for an answer to that. Jared blamed me for his dad's death and I was angry with Kevin for leaving me to raise Jared by myself. Most of all, I was mad at the Creator for leaving a little boy without a father.

It was five years before Jared asked how his dad died so you could say that I had five years to think about what I was going to tell him. I never lied to my son and I still don't know if what I told Jared was right or not. I told him the partial truth. I sat down and told him that his dad died of AIDS. But Jared wasn't surprised. I think he probably knew.

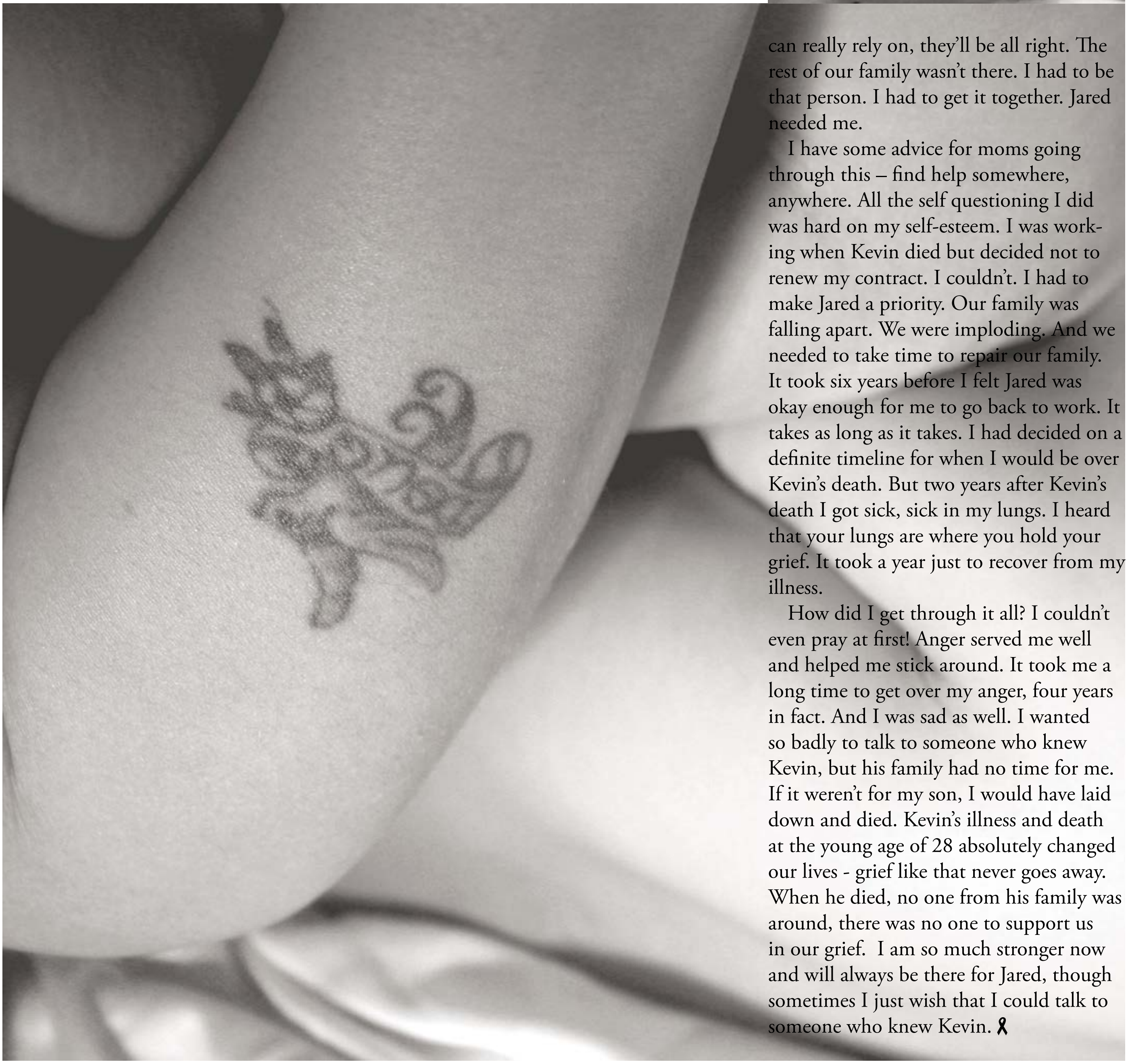
He next asked how his dad got AIDS. I knew this was going to come. I didn't tell him how Kevin got infected. I didn't know how traumatic that would have been for him. To me, it shouldn't have mattered to our family how he got it. He got it and that's all.

When I was struggling through it all, I wondered if I was messing up Jared.

Jared put his dad on a pedestal. He was his hero. His dad could do no wrong. I loved Jared but idolizing his dad made me angry because that was not what I knew about Kevin. Someone told me that kids are resilient and if they have one person they can really rely on, they'll be all right. The rest of our family wasn't there. I had to be that person. I had to get it together. Jared needed me.

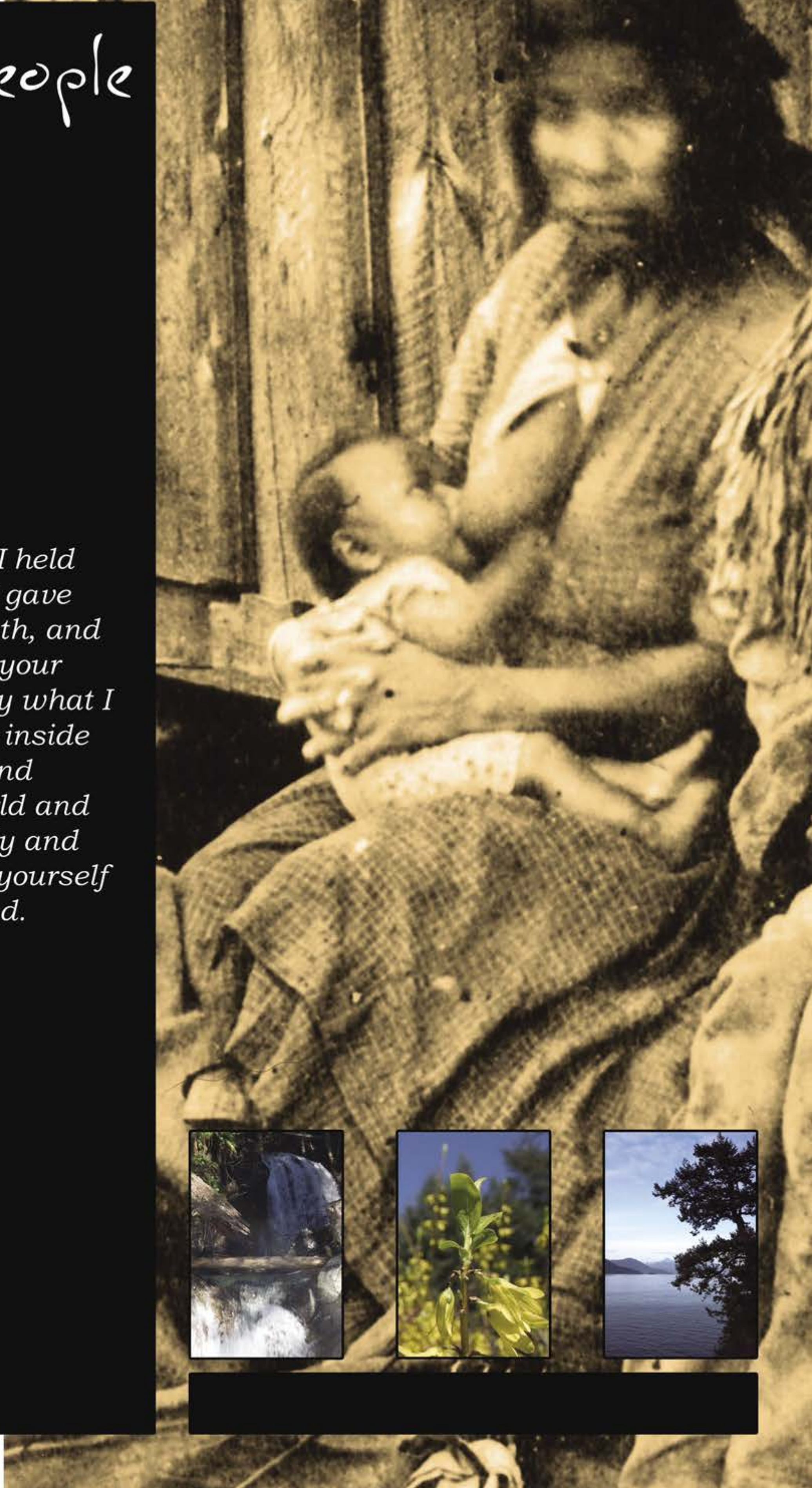
I have some advice for moms going through this – find help somewhere, anywhere. All the self questioning I did was hard on my self-esteem. I was working when Kevin died but decided not to renew my contract. I couldn't. I had to make Jared a priority. Our family was falling apart. We were imploding. And we needed to take time to repair our family. It took six years before I felt Jared was okay enough for me to go back to work. It takes as long as it takes. I had decided on a definite timeline for when I would be over Kevin's death. But two years after Kevin's death I got sick, sick in my lungs. I heard that your lungs are where you hold your grief. It took a year just to recover from my illness.

How did I get through it all? I couldn't even pray at first! Anger served me well and helped me stick around. It took me a long time to get over my anger, four years in fact. And I was sad as well. I wanted so badly to talk to someone who knew Kevin, but his family had no time for me. If it weren't for my son, I would have laid down and died. Kevin's illness and death at the young age of 28 absolutely changed our lives - grief like that never goes away. When he died, no one from his family was around, there was no one to support us in our grief. I am so much stronger now and will always be there for Jared, though sometimes I just wish that I could talk to someone who knew Kevin.



“If it weren’t for
my son, I would have
laid down and died.”

My Old People Say



Daughter

When you were young, I held you against my body. I gave you nourishment, warmth, and love. But you stand on your own now, and hopefully what I once gave you still lives inside your heart. You must find nourishment in this world and warmth from your family and friends. You must love yourself the way we love the land.

A Woman's Place

A verbatim interview with Michele Moonen shows positive women don't always feel at home.

Interview by
Michelle Doherty

How long have you been HIV+?	10 years.
How did you find out?	Through a doctor in Victoria. The experience was horrifying.
Do you have a personal Wellness Plan that addresses your Spiritual, Physical, Emotional and Mental needs?	Yes.
How do you keep your Spirit in tune?	I pray a lot.
What do you do to keep your Body healthy?	Eat as well as possible on a limited budget – I get a lot of my meals from the Lovin' Spoonful – and I also exercise through walking as much as I can.
How do you keep your mind sharp and alert?	I read and watch television, keep up with the news.
What do you do for your emotional health?	I see a counsellor regularly.
As a woman living with HIV, what services do you use to help manage your HIV?	AIDS Vancouver.
Do you feel HIV+ women are supported adequately?	No. A lot of the agencies are not even dealing with women adequately and services are not offered to the same extent as they are to gay men. For a heterosexual woman that does not use drugs and is not a street person, there is very little support. I find that organizations such as Positive Women's Network are too gay-based for me and I find that intimidating. It is really hard for a person like me - a heterosexual woman who does not use drugs and is not a street person.
How would you educate women in the prevention of acquiring HIV/AIDS?	I find it very concerning that more and more heterosexual women are becoming infected who do not fit the 'profile'. Love your husband and boyfriend and everything, but do you know where he always is? It's so simple to go and get a blood test and a check up! I know there are a lot of married men and boyfriends who come in to town for the weekend to 'play' with the girls in Vancouver – then they go home to their loving partners! These men don't get check-ups or get tested, and they certainly don't tell their partners what they've been doing. I find it so unfortunate that this disease has now come into the heterosexual world as many innocent women will become infected through no fault of their own.

THE APATHY Epidemic

By Marisa Chandler

Every person who has attended a high school in the last ten to fifteen years can recall having to sit through numerous yawn-inducing sexual education videos, diagrams, and embarrassing lectures on abstinence and safe sex from the school guidance counselor; however, despite all the efforts at educating youth about HIV and AIDS, how effective are these lectures? These measures have obviously helped to promote understanding and awareness in general, but as far as making youth see HIV and AIDS as a reality or a real possibility, the results are questionable. Is preaching abstinence and lecturing on safe sex an archaic practice to begin with? Or is it all a matter of timing?

Kecia Larkin, who is a representative for the Aboriginal HIV and AIDS community, mentions in her interview from a previous issue of "Bloodlines," that "They (the HIV and AIDS educators in communities) want to try and deal with the issue after the fact or as its happening in a crisis moment." She points out that not only is preaching abstinence ineffective, it is rendered irrelevant by teaching it to an age group that is already engaging in sexual activity. Larkin argues that HIV and AIDS awareness programs are not only being conducted at the wrong time in the lives of Aboriginal youth, but also that prevention should be integrated into the education system as soon as possible.

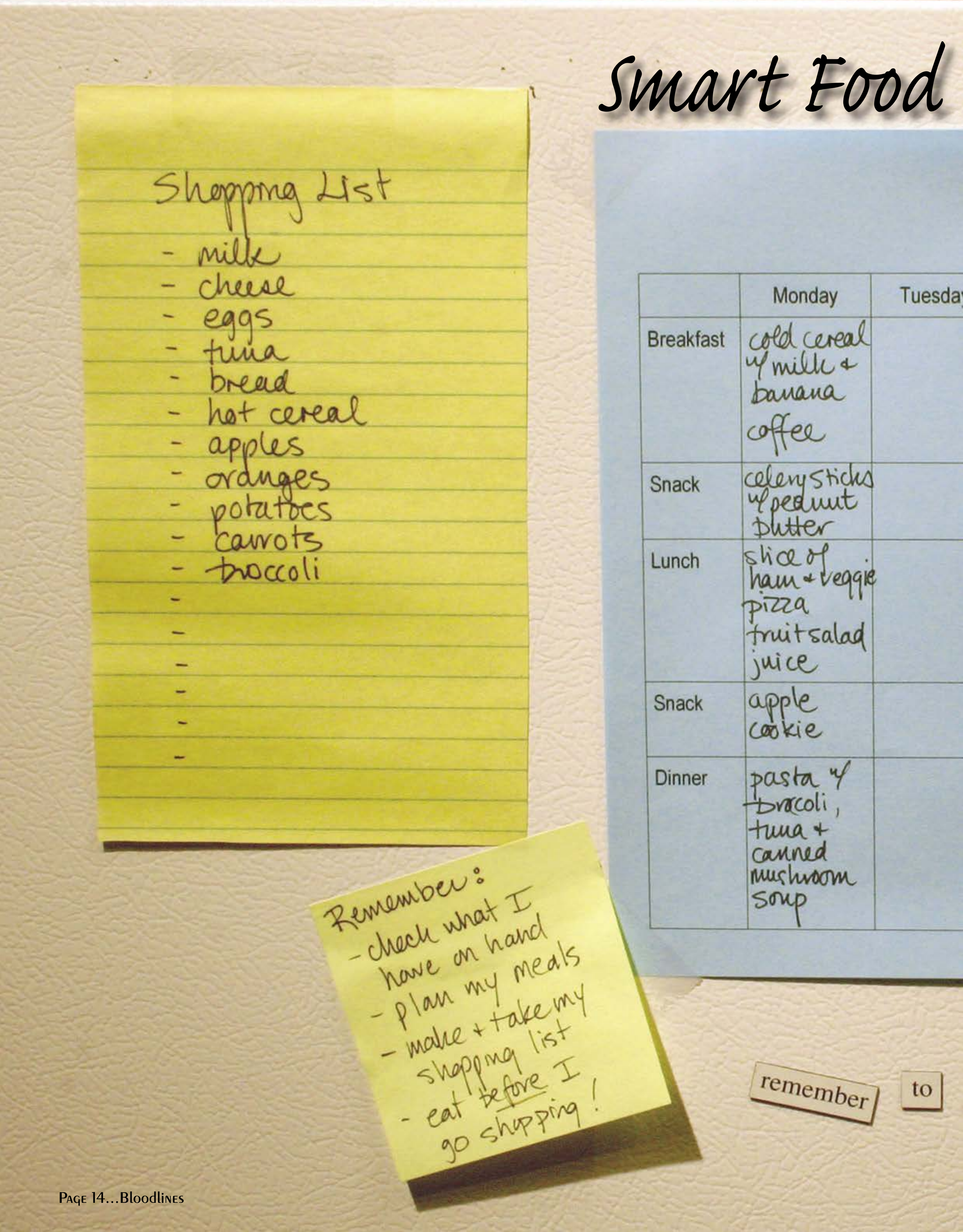
Preaching abstinence to teenagers and hoping that it will take effect is a somewhat unrealistic and naïve view on the part of HIV and AIDS educators. Many Aboriginal youth are already engaging in different sorts of experimentation by the time they receive these information sessions, and as much as abstinence provides an "ideal" solution, it simply is not fair to ask people to not have sex. This sort of educa-

tion strategy may induce youth to take sex education less seriously. If the educators are not going to be realistic, why should they listen to them? By ignoring reality the educators may be rendering youth apathetic to these information sessions, which negates the entire point of HIV and AIDS education.

Some Aboriginal students on the UBC campus reflected on what they had thought about the sex education they had received when they were younger and in particular what they thought about sex educators using the abstinence tactic. One girl emphatically replied, “It just shouldn’t be done! You are just at the point of acknowledging your sexuality, you don’t just tell someone to not do that. It’s unnatural, sex is a part of life.” This question was also greeted with a bit of eye rolling. When asked what they thought of implementing awareness programs earlier in the education system, the general response seemed to be “the earlier the better.” Another student noted that they thought that even the awareness they did teach in school was “unclear, and not specific enough. They tell you that so many sexually transmitted diseases can be cured now that it just doesn’t seem to matter how cautious you are. You forget that there are real dangers.”

The efforts made by HIV and AIDS educators are commendable, but unfortunately they are having much less impact than they used to. They are successful in that most people are aware of AIDS, but in other respects they might benefit from changing their educational strategies and reaching Aboriginal youth at an even earlier stage. They have an apathy epidemic to deal with, which luckily, may have a cure.

Smart Food

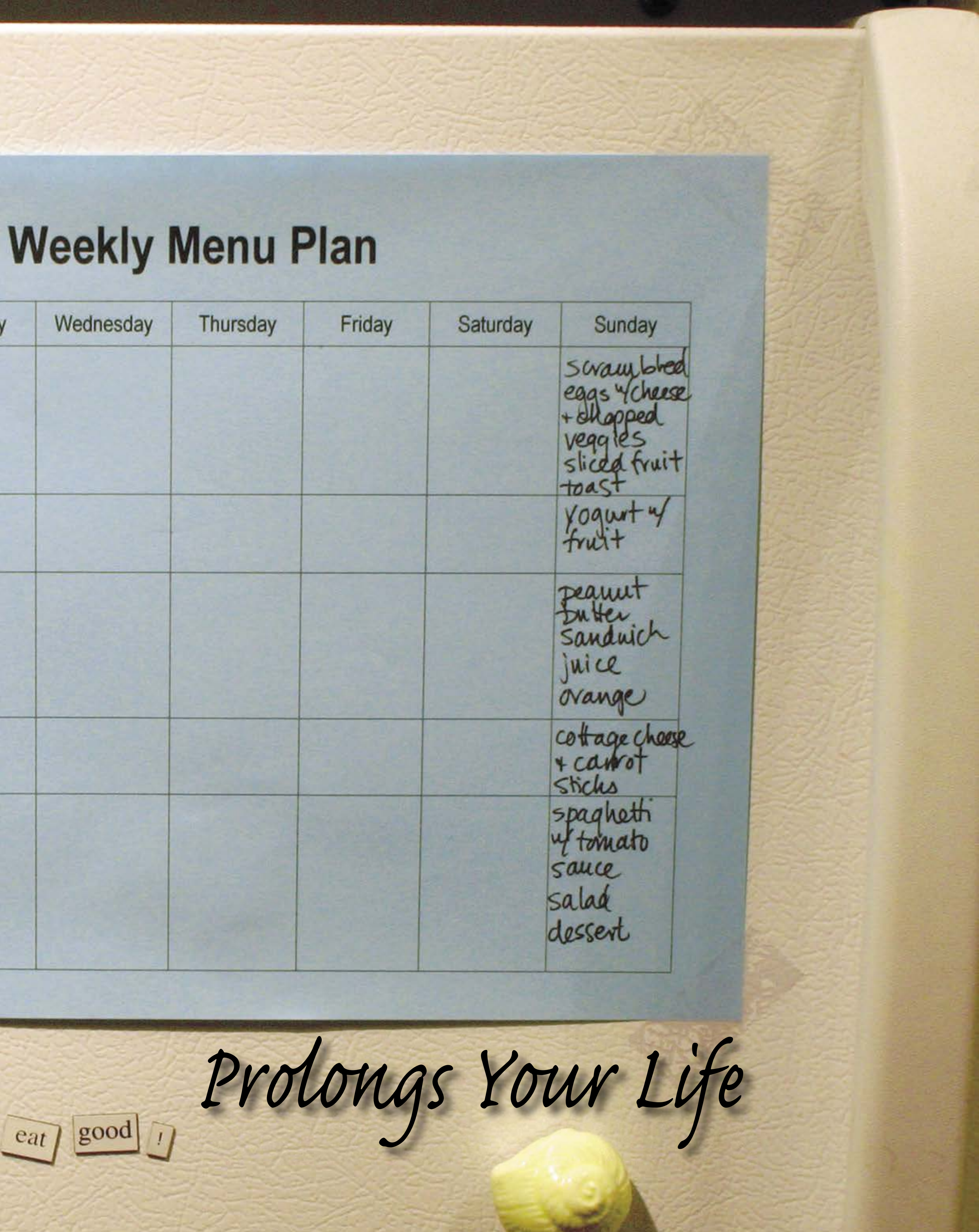


Shopping List

- milk
- cheese
- eggs
- tuna
- bread
- hot cereal
- apples
- oranges
- potatoes
- carrots
- broccoli
-
-
-
-
-
-

	Monday	Tuesda
Breakfast	cold cereal w/ milk & banana coffee	
Snack	celery sticks w/ peanut butter	
Lunch	slice of ham & veggie pizza fruit salad juice	
Snack	apple cookie	
Dinner	pasta w/ brocoli, tuna & canned mushroom soup	

Remember:
- check what I have on hand
- plan my meals
- make + take my shopping list
- eat before I go shopping!



Weekly Menu Plan

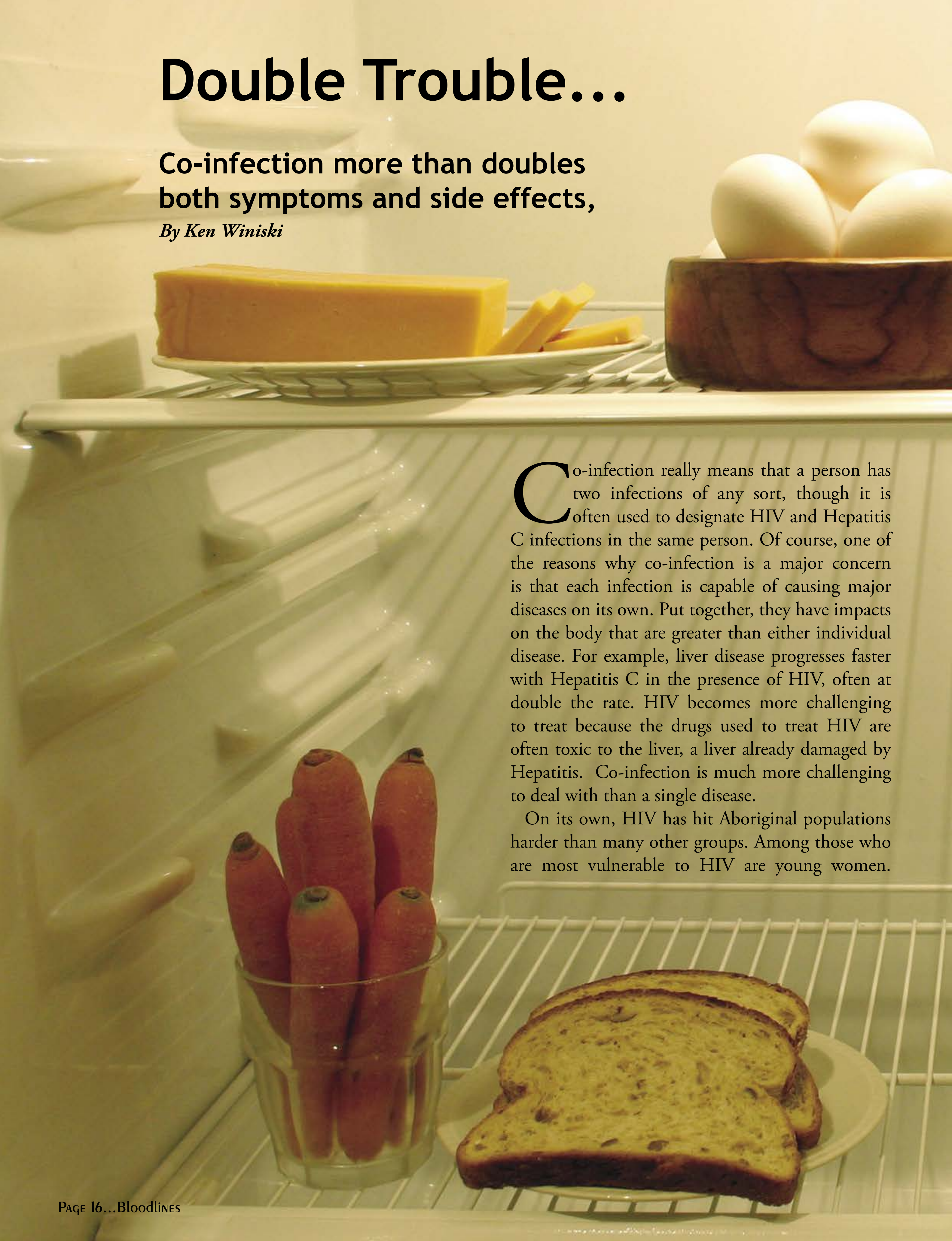
y	Wednesday	Thursday	Friday	Saturday	Sunday
					scrambled eggs w/cheese + chopped veggies sliced fruit toast
					yogurt w/ fruit
					peanut butter sandwich juice orange
					cottage cheese + carrot sticks
					spaghetti w/ tomato sauce salad dessert

Prolongs Your Life

Double Trouble...

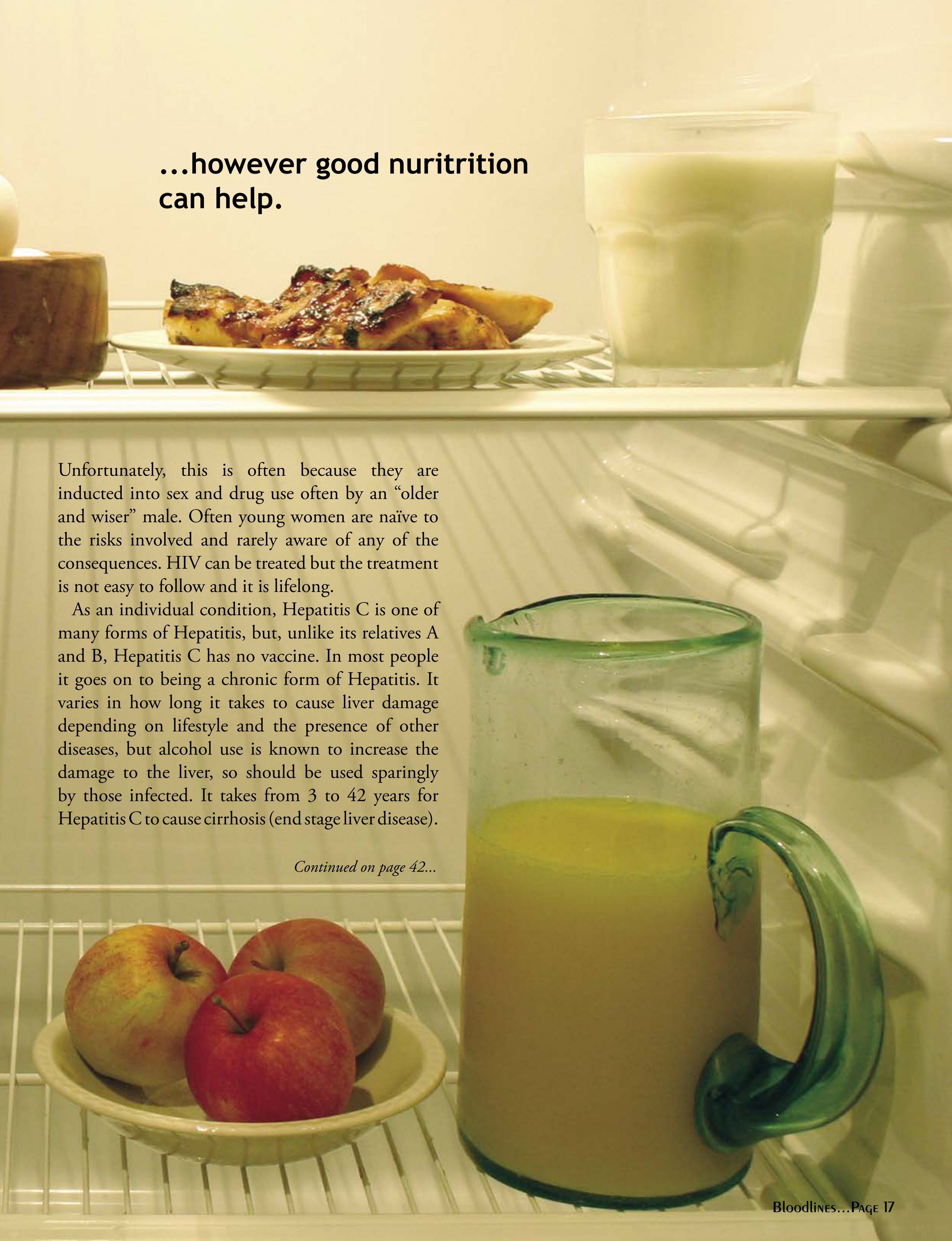
Co-infection more than doubles both symptoms and side effects,

By Ken Winiski



Co-infection really means that a person has two infections of any sort, though it is often used to designate HIV and Hepatitis C infections in the same person. Of course, one of the reasons why co-infection is a major concern is that each infection is capable of causing major diseases on its own. Put together, they have impacts on the body that are greater than either individual disease. For example, liver disease progresses faster with Hepatitis C in the presence of HIV, often at double the rate. HIV becomes more challenging to treat because the drugs used to treat HIV are often toxic to the liver, a liver already damaged by Hepatitis. Co-infection is much more challenging to deal with than a single disease.

On its own, HIV has hit Aboriginal populations harder than many other groups. Among those who are most vulnerable to HIV are young women.



...however good nuritrition can help.

Unfortunately, this is often because they are inducted into sex and drug use often by an "older and wiser" male. Often young women are naïve to the risks involved and rarely aware of any of the consequences. HIV can be treated but the treatment is not easy to follow and it is lifelong.

As an individual condition, Hepatitis C is one of many forms of Hepatitis, but, unlike its relatives A and B, Hepatitis C has no vaccine. In most people it goes on to being a chronic form of Hepatitis. It varies in how long it takes to cause liver damage depending on lifestyle and the presence of other diseases, but alcohol use is known to increase the damage to the liver, so should be used sparingly by those infected. It takes from 3 to 42 years for Hepatitis C to cause cirrhosis (end stage liver disease).

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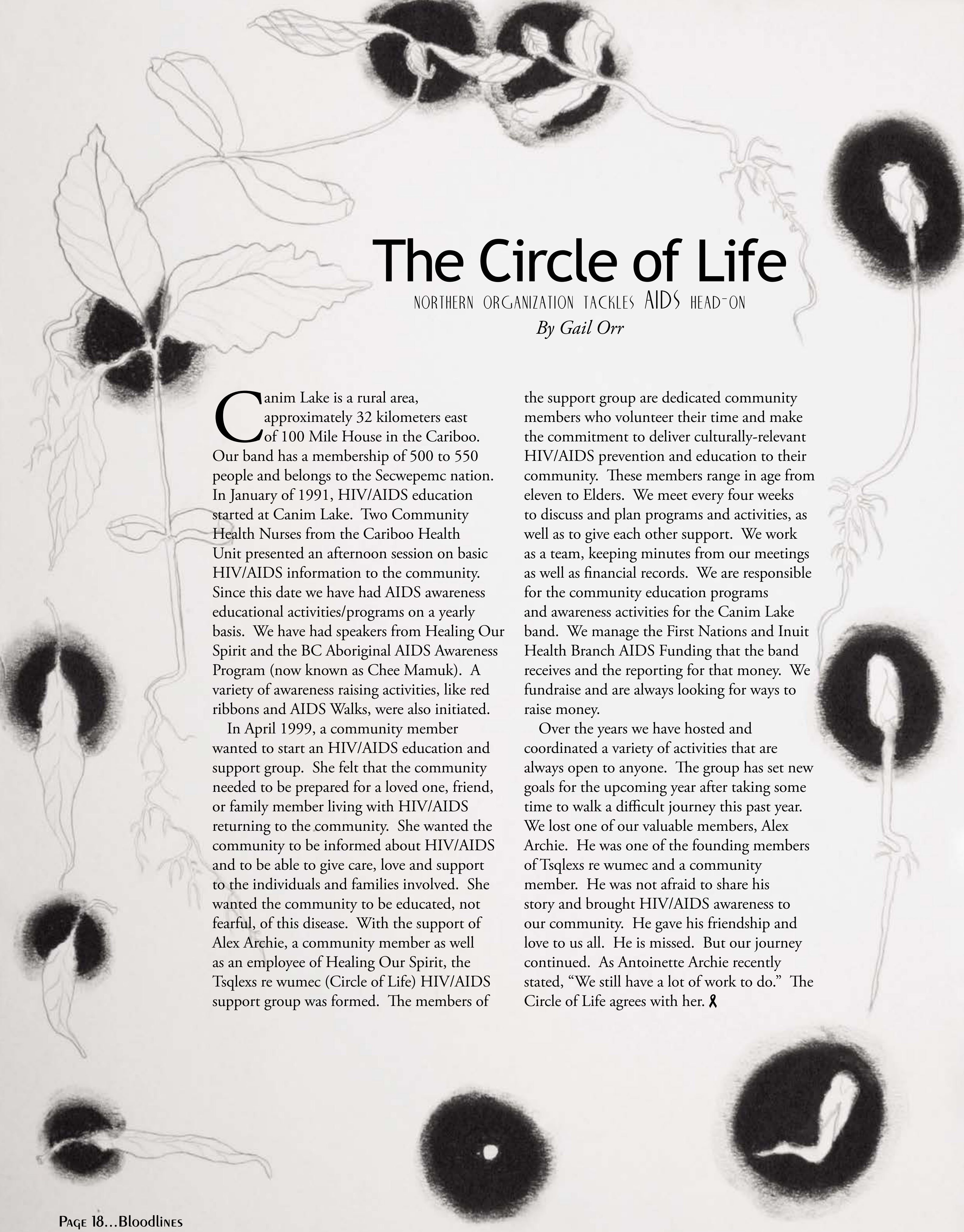

The Circle of Life

NORTHERN ORGANIZATION TACKLES AIDS HEAD-ON

By Gail Orr

Canim Lake is a rural area, approximately 32 kilometers east of 100 Mile House in the Cariboo. Our band has a membership of 500 to 550 people and belongs to the Secwepemc nation. In January of 1991, HIV/AIDS education started at Canim Lake. Two Community Health Nurses from the Cariboo Health Unit presented an afternoon session on basic HIV/AIDS information to the community. Since this date we have had AIDS awareness educational activities/programs on a yearly basis. We have had speakers from Healing Our Spirit and the BC Aboriginal AIDS Awareness Program (now known as Chee Mamuk). A variety of awareness raising activities, like red ribbons and AIDS Walks, were also initiated.

In April 1999, a community member wanted to start an HIV/AIDS education and support group. She felt that the community needed to be prepared for a loved one, friend, or family member living with HIV/AIDS returning to the community. She wanted the community to be informed about HIV/AIDS and to be able to give care, love and support to the individuals and families involved. She wanted the community to be educated, not fearful, of this disease. With the support of Alex Archie, a community member as well as an employee of Healing Our Spirit, the Tsqlexs re wumec (Circle of Life) HIV/AIDS support group was formed. The members of the support group are dedicated community members who volunteer their time and make the commitment to deliver culturally-relevant HIV/AIDS prevention and education to their community. These members range in age from eleven to Elders. We meet every four weeks to discuss and plan programs and activities, as well as to give each other support. We work as a team, keeping minutes from our meetings as well as financial records. We are responsible for the community education programs and awareness activities for the Canim Lake band. We manage the First Nations and Inuit Health Branch AIDS Funding that the band receives and the reporting for that money. We fundraise and are always looking for ways to raise money.

Over the years we have hosted and coordinated a variety of activities that are always open to anyone. The group has set new goals for the upcoming year after taking some time to walk a difficult journey this past year. We lost one of our valuable members, Alex Archie. He was one of the founding members of Tsqlexs re wumec and a community member. He was not afraid to share his story and brought HIV/AIDS awareness to our community. He gave his friendship and love to us all. He is missed. But our journey continued. As Antoinette Archie recently stated, “We still have a lot of work to do.” The Circle of Life agrees with her.

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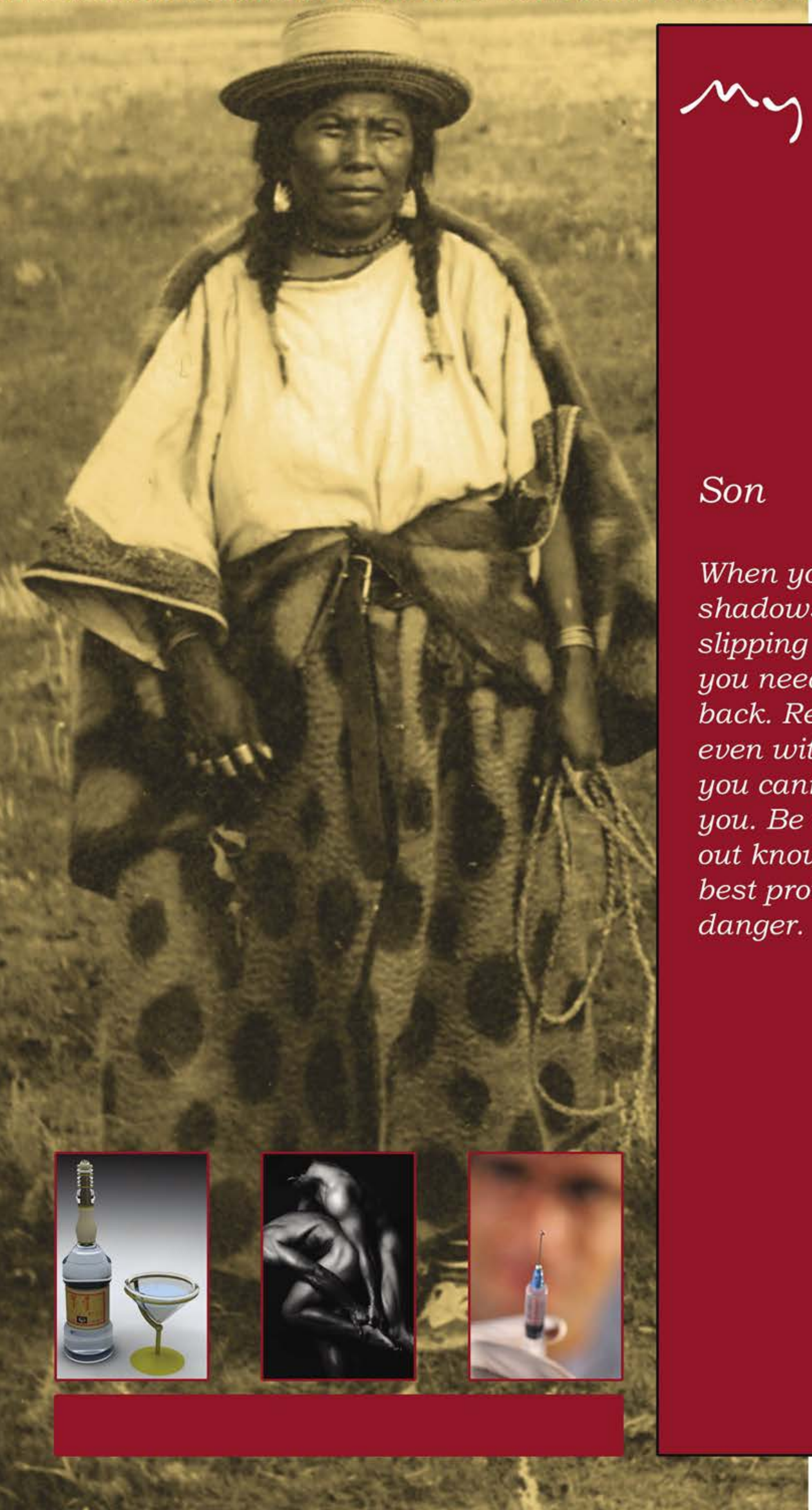


My Old People Say

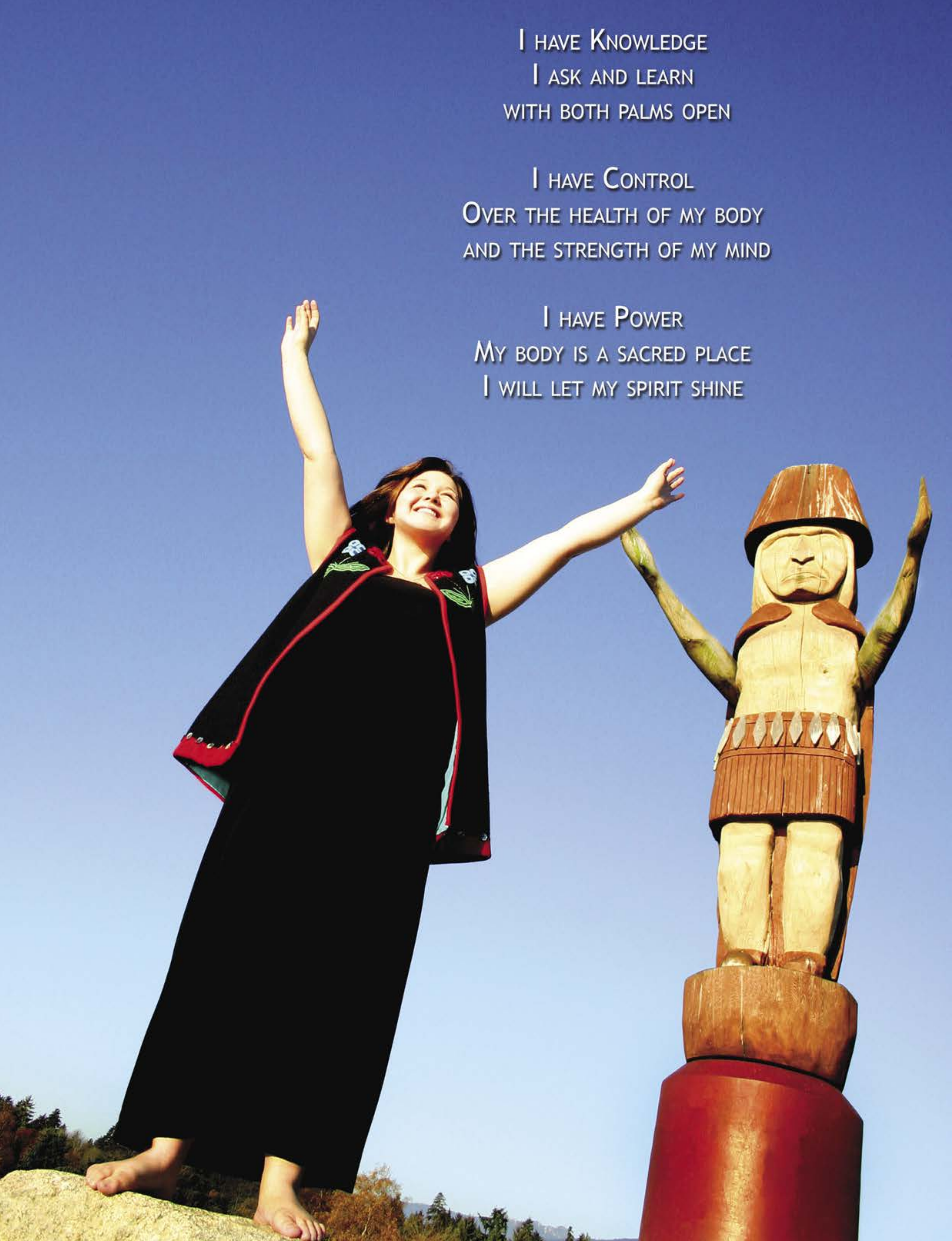
Son

When you walk through the shadows and feel yourself slipping away, there are things you need to find your way back. Remember always that even with your eyes wide open you cannot see what may harm you. Be ever vigilant and seek out knowledge for that is the best protection against unseen danger.

I have Knowledge
I ask and learn
with both palms open

I have Control
Over the health of my body
and the strength of my mind

I have Power
My body is a sacred place
I will let my spirit shine



Busy Work

C.E., a young HIV+ woman keeps her life busy but rich with sports, books and friends.

Interview by Michelle Doherty

How long have you been HIV+?	11 years.
How did you find out?	I got tested during one of my phases of cleaning up – I used to be an IV drug user who was living on the streets - I was a street kid. When I actually cared about myself for two seconds, I got tested, and found out. The thing was, when I did find out that I tested positive, I wasn't shocked, because I had been living an unsafe lifestyle. I knew full well that HIV could happen to me, but I wasn't that educated about it.
How do you keep your Spirit in tune?	I read a lot of spiritual books.
What do you do to keep your Body healthy?	Well, I don't drink. I make sure I see the doctor and I am a sports freak! I love ice skating, working out and do a lot of bike riding.
What do you do for your emotional health?	I come to YouthCo and some of the people here are my friends. I am constantly watching what I am doing. I treat people with the same respect that I would like – it goes back to respecting myself. It has changed my attitude to what I do. I make sure that I maintain one hell of a positive attitude, as there is no time for negativity. It goes back to respecting myself.. I am one hell of a stronger person mentally and am not so worried about the small stuff anymore.
As a woman living with HIV, what services do you use to help manage your HIV?	I use Friends for Life – they deal with the specifics. There are a lot of organizations that I go to for women, my doctor of course and I come to YouthCo for various stuff.
What are your top three support agencies?	YouthCo is my Number 1, Friends for Life and my doctor's office – once or twice every month.
Do you feel HIV+ women are supported adequately?	No. I see a lot of resources supporting the gay male, not enough for women.
How would you educate women in the prevention of acquiring HIV/AIDS?	I would start them off in education really young, especially about sex. Girls are worried about getting pregnant, not about HIV or STDs. I think it would be effective to shock young people with graphic videos, visual mediums they can relate to. 🎗

Provincial HIV/AIDS Resources

Need info, treatment, support? Here's where to go and how to get them.

Aboriginal HIV/AIDS Orgs

The Red Road HIV/AIDS Network
Resource Directory (2001)
and Funding Manual for
Aboriginal HIV/AIDS Prgms,
Implementation Guide
804-100 Park Royal South
West Vancouver, BC V7T 1A2
Tel: 604-913-3332
Fax: 604-913-3352
Toll Free: 1-866-913-3332
Website: www.red-road.org

STD/AIDS Resource Centre
BC Centre for Disease Control
Pamphlets, statistics, videos
655 West 12th Avenue
Vancouver, BC V5Z 4R4
Tel: 604-660-2090
Email: ellen.leung@bccdc.ca

Pacific AIDS Resource Centre
1107 Seymour St.
Vancouver, BC V6B 3G7
Tel: 604-681-2122
Toll Free: 1-800-994-2437

Treatment Information
Exchange Program
BC Persons with AIDS Society
1107 Seymour Street
Vancouver, BC V6B 5S8
Tel: 604-681-2122
Toll Free: 1-800-994-2437
Website: www.bcpwa.org

Aboriginal Organizations

Aboriginal Women's
Health Program
BC Women's Hospital
and Health Centre
4500 Oak Street
Vancouver, BC V6H 3V4
Tel: 604-875-2348
Website: www.cw.bc.ca

Chee Mamuk
Aboriginal Programs
BC Centre for Disease Control
655 West 12th Avenue
Vancouver, BC V5Z 4R4
Tel: 604-660-1673
Fax: 604-775-0808

Healing Our Spirit
BC Aboriginal AIDS Society
100-2425 Quebec Street
Vancouver, BC V5T 4L6
Toll Free: 1-800-336-9726
Tel: 604-879-8884
Fax: 604-879-9926
Website: www.healingourspirit.org

Okanagan Aboriginal
AIDS Society
101-266 Lawrence Avenue
Kelowna, BC V1Y 6L3
Toll Free: 1-800-616-2437
Tel: 250-862-2481
E-mail: info@oaas.ca
Website: www.oaas.ca

Hey-way'noqu' Healing Circle
for Addictions Program
Alcohol and Drug
Counselling Programs
401-1638 East Broadway Avenue
Vancouver, BC V5T 1V4
Tel: 604-874-1831
Fax: 604-874-5235

ARIES Project
c/o Urban Native Youth
Association
1640 East Hastings Street
Vancouver, BC V5L 1S6
Tel: 604-255-1326

Sulsila Lel'um Healing Centre
c/o Musqueam Indian Band
6840 Salish Drive
Vancouver, BC V6N 4C4
Tel: 604-263-2790

Indian Residential School
Survivors Society
911-100 Park Royal South
West Vancouver, BC V7T 1A2
Victims Toll Free Line:
1-800-721-0066
Tel: 604-925-4464
Fax: 604-9250020
Website: www.irsss.ca

Interior Indian Friendship
Society
125 Plam Street
Kamloops, BC V2B 8J7
Tel: 250-376-1296 (1294)

National HIV/AIDS Resources

AIDS Support Groups and Programs

AIDS Society of Kamloops
Tel: 250 372 1148
www.aidskamloops.bc.ca

Nokheyoh T-sih'en T'senhena Society
(Positive Living North)
Tel: 250 562 1172
www.aidspg.ca

AIDS Vancouver Island
Tel: 250 384 2366
www.avi.org

AIDS Vancouver Island Nanaimo
Tel: 250 753 4595
www.avi.org

AIDS Vancouver
c/o Pacific AIDS Resource Centre
Tel: 1 866 692 3001
www.aidsvancouver.ca

Victoria Persons with AIDS Society
Tel: 250 382 7927
www.vpwas.com

Vancouver Native Health Society HIV
Outreach Program
Tel: 604 254 9949
www.vnhs.net

Living Through Loss Society
Tel: 604 873 5013
www.ltlc.bc.ca

Women

Positive Women's Network
Tel: 604 692 3000
1 866 692 3001
www.pwn.ca

Oak Tree Clinic for HIV Positive
Women and Children – Tel: 604 875 2212
www.oaktreeclinic.bc

Children

Hummingbird Kids Society
Tel: 604 515 6086
www.hummingbirdkids.com

Western Canadian Pediatric AIDS
Society (WCPAS)
Tel: 604 684 1701
1888 442 5437
www.campmooba.com

Youth

Aboriginal Youth Safe House
Tel: 604 254 5147

YouthCo AIDS Society
Tel: 604 688 1441
www.youthco.org

Hepatitis

Canadian Liver Foundation
Regional Office
Tel: 604 707 6430
1 800 856 7266
email: clfvan@direct.ca

Health

BC Centre for Excellence in HIV/AIDS
St Paul's Hospital
Tel: 604 806 8477
www.cfenet.ubc.ca

Health Canada BC/Yukon
Tel: 604 666 2083
www.hc-sc.gc.ca

National HIV/AIDS Organizations

Canadian HIV/AIDS Info Centre
Tel: 613 725 3434
www.aidssida@cpha.ca

CATIE
Canadian AIDS Treatment
Information Exchange
Tel: 416 203 7122
www.catie.ca

National Aboriginal Organizations

Assembly of First Nations
Tel: 613 241 6789
www.afn.ca

Canadian Aboriginal AIDS Network
Tel: 613 567 1817
www.caan.ca

National AIDS Support
Organizations and Programs

Aboriginal Healing Foundation
Tel: 613 237 4441
1 888 725 8886
www.ahf.ca

The Oak and the Acorn

Vancouver's Oak Tree Clinic supports women affected by HIV/AIDS… and their children too

By Jillian Mahy

Oak Tree is a specialized health clinic that provides HIV care to infected women, partners, pregnant women, children and youth, and support services for affected families. The clinic is situated in the BC Women's Health Centre in Vancouver between Oak Street and Cambie at 28th Avenue. The program is part of the Children's and Women's Hospital and works with many community organizations that advocate and support people affected by HIV.

The clinic opened its doors in 1994 and has a worldwide reputation for excellence in HIV care for women and children. One of the major accomplishments of Oak Tree is its work in decreasing the HIV transmission rate from mother to baby. In fact, the standards of medical care that Oak Tree has developed are being used throughout North America and parts of Europe to decrease the spread of HIV from pregnant women to their babies. Oak Tree is all about providing a supportive, caring, child-friendly environment and a nuturing team of health care providers.

The team starts with Ria and Lavonne, the clinic clerk and secretary who greet you at the front desk. They will book your clinic visits, help with appointment confirmation letters, and, on request, supply you with ministry travel assistance forms if you live outside the Lower Mainland.

Two outreach workers Cara (604-682-3007) and Jodi (604-687-5454) are available for practical support such as rides to appointments, connecting with resources, housing, and harm reduction advice. Cara works out of Positive Women's Network and Jodi can be reached at Drug and Alcohol Meeting Support for Women (DAMS).

Cathy, the clinic aide will welcome you, take your weight, height, and temperature, and help you get settled into the clinic. She will show you where the coffee and snacks are and guide you to the lab where you can have your blood work done.

Jill is the clinical nurse specialist. She helps organize your clinic visit, give you immunizations that you might need, and is always available to answer your health questions. Jill can be reached at 604-875-2250.

Yvonne is the clinic's research nurse that helps with women- and child-focused HIV studies. You might meet her during one of your visits.

Next during your visit, you will most likely meet Dr. Burdge, our Chief Adult Doctor. He has been working in the area of infectious disease for over 25 years, and is well known internationally for his work in the area of HIV. Other doctors that help are Dr. Arnold and Dr. Mirzanejad.

If you need gynecology care, Dr. Christilaw, director of specialized women health is available on Wednesdays. She can help you get on track with your pap smears and other matters related to women's health.

Dr. Forbes, another important person at Oak Tree, is our medical director and one of the key founders of Oak Tree. He is a pediatrician, a doctor that looks after babies and children, who specializes in HIV and children. Dr. Forbes has just come back after a year in Africa where he worked intensively on a major HIV project involving women and children. He has two other doctors that help him. Dr. Alimenti, a very experienced HIV doctor and researcher and Dr. Finally follow up all of the babies and children affected by HIV (born of mothers who have HIV) and all of the children in the province that are HIV positive. Other doctors that help are Dr. Arnold, Dr. Mirzanejad and Dr. Lester.

Now if you are pregnant or thinking about getting pregnant and have HIV, Dr. D Money and Dr. D Bloomenthal are the doctors to see! Dr. Money is a well-known obstetrician who specializes in HIV and along with the team keeps the HIV prenatal transmission below 1% in our province.

During your first, if not your second, visit at Oak Tree you will meet Diana the clinic's dietician. Diana is very knowledgeable in the area of HIV and nutrition and can help you make healthier eating and lifestyle choices. She is available for consultations in person and by phone anytime during clinic hours.

Two of the most important people in the clinic are the pharmacists, Don and Glenda. They are the experts in the area of HIV and medications and will assist you along the way if your require anti-retroviral drug therapy.

Photos on facing page:
Ria at the reception desk and Cathy the clinic aide
Photos on this page:
Nurse Jill, Dr. Lester, and the examination room

Another key member of our team is Lori, the clinic's medical social worker. She can advocate for you and help you with supports that you might need. Lori is available during clinic hours for consultation and counselling.

All the team members can be reached by phoning 604-875-2212 or fax 604-875-3063. You can also visit our website at www.oaktreeclinic.bc.ca – our patient information section of the website provides information on everything from how to find the clinic to what documents to bring with you to an appointment. Oak Tree also provides support to First Nations people through the First Nations Patient Advocate Program at the BC Women's Hospital and Health Centre located in the same building (tel 604-875-3440). The Oak Tree Clinic provides a supportive, caring, and nurturing environment for HIV positive women, pregnant women, partners, children and youth, and support services for affected families. 🎗

Photos on this page, from top to bottom: Dietician Diana, Dr. Alimenti, and the children's play area at the Oak Tree Clinic

Oak Tree Clinic
B4West, 4500 Oak Street
Vancouver, BC
V6H 3N1

Tel: 604-875-2212
Fax: 604-875-3063
www.oaktreeclinic.bc.ca

Angie Todd-Dennis, MPH, Coordinator
Aboriginal Health Program

The Aboriginal Health Program of BC, Women's Hospital and Health Centre, provides on-site advocacy services for First Nations patients and caregivers.

The Advocate can...

- support and comfort patients and caregivers
- provide information about First Nations rights and benefits
- help you if you have a complaint
- escort patients to medical appointments at BC's Children's Hospital and BC Women's Hospital and Health Centre
- connect you with an elder for spiritual and emotional support and arrange traditional activities
- provide adult, children and infant clothing and hygiene care packages
- liaise with BC Children's and BC Women's healthcare team and Aboriginal services
- connect you with Aboriginal and community services

Lerinda Swain, Nurse Clinician,
Aboriginal Health Program

David Clellamin, BSW
First Nations Patient Advocate

First Nations Patient Advocate Program
BC Women's Hospital and Health Centre
Tel: 604-875-3440

My Old People Say

Grand-Son

Do you remember when I used to watch you play? You and your friends would run and play until you fell down laughing. But you always jumped back up and ran again. Remember those days, grandson because you can make your life over at any moment -- I know that if you fall, you can get up again.

Gaining Strength

Anne Genovy talks about building your own power while relying on others.

Interview by Kecia Larkin

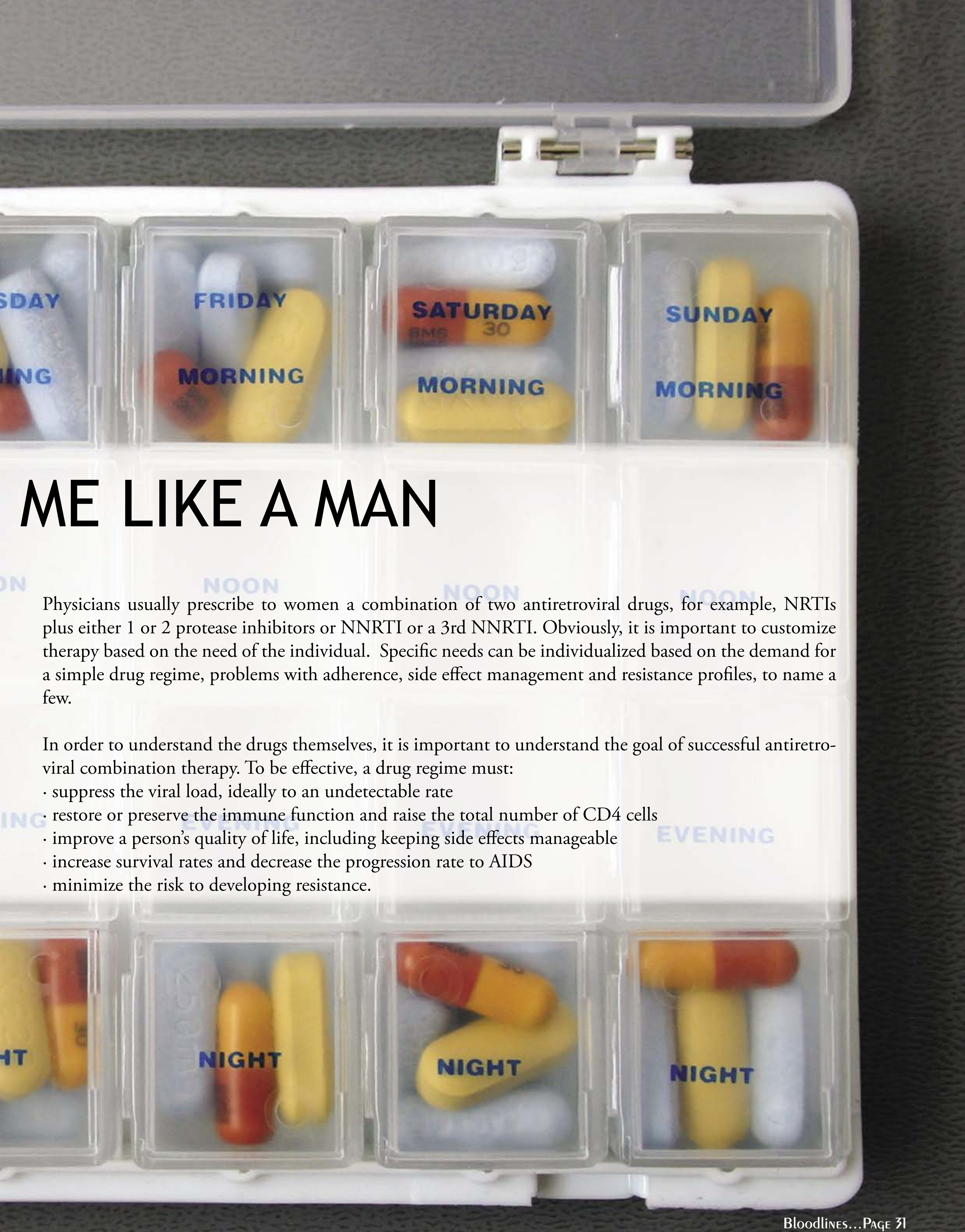
How long have you been HIV+?	14 years.
Who are you affiliated with?	I am a founding member of The Vancouver Island PHA Caucus.
What does VIPHA do?	It is a peer based collective action group that works in conjunction with ASO's regarding advocacy and support for people living with HIV/AIDS and is based in Victoria.
As a woman living with HIV/AIDS, which services do you use to help you manage your HIV infection? Can you tell me how each of these services help you?	*Positive Women's Network*: Great for collective peer support and advocacy. If you have an issue, either health related or just for information, they help you access the services you need, and they do it quickly.
	Vancouver Island PHA Caucus: We are a group of five individuals from five diverse communities who are tired of seeing our peers not being able to access services. We have 16 members already. Our caucus is not run by unions, boards or policy, but by consensus, which means everyone has a voice. It is about taking our voice back.
	AIDS Vancouver Island: Free lunch and I am out of there.
	Oak Tree Clinic: It is a one-stop-shop for my health care. There is confidentiality and it is a safe service. They are a cutting edge health care provider for women, children and families who are HIV positive. I was having complications with my meds and I went to see Dr Burdge. I was nervous about my first appointment, because I did not know what to expect. He helped me through my own personal health issues step by step. He was open minded to the choices that I made for complementary health and the lines of communication were always open. I leave the clinic after each appointment feeling empowered because I know my health care is in good hands. I have used Oak Tree Clinic for five years now.
	Cool-Aid: I like the doctor and pharmacy. I get immediate help when I need help. They work together with Oak Tree.
How comfortable were you accessing these services for the first time?	I found the services through my peers, and once I got connected with the agencies that could help me I felt empowered to take control of my own health.
Anne, you live on Vancouver Island. Does it cost a lot of money for you to travel back and forth to Oak Tree?	No, the Ministry pays for me to travel to my appointment and everyone is allowed to access that service.
What would be your suggestion for other women who are seeking help in managing their HIV infection?	Talk to your peers, join a support group – I find it helps me when we get together.
Where do you see yourself in the future?	I see myself working on a national level, representing women living with HIV. It is time to take our power.

DON'T TREAT

By Carole Lunney

In BC and around the world, access to treatment for women and adherence rates are increasing. But when women stop their therapies due to side effects of the drugs, we question whether current therapeutic guidelines should be different for women. Currently the therapeutic guidelines are the same for men and women, but there are some differences that can affect a women's treatment regime.

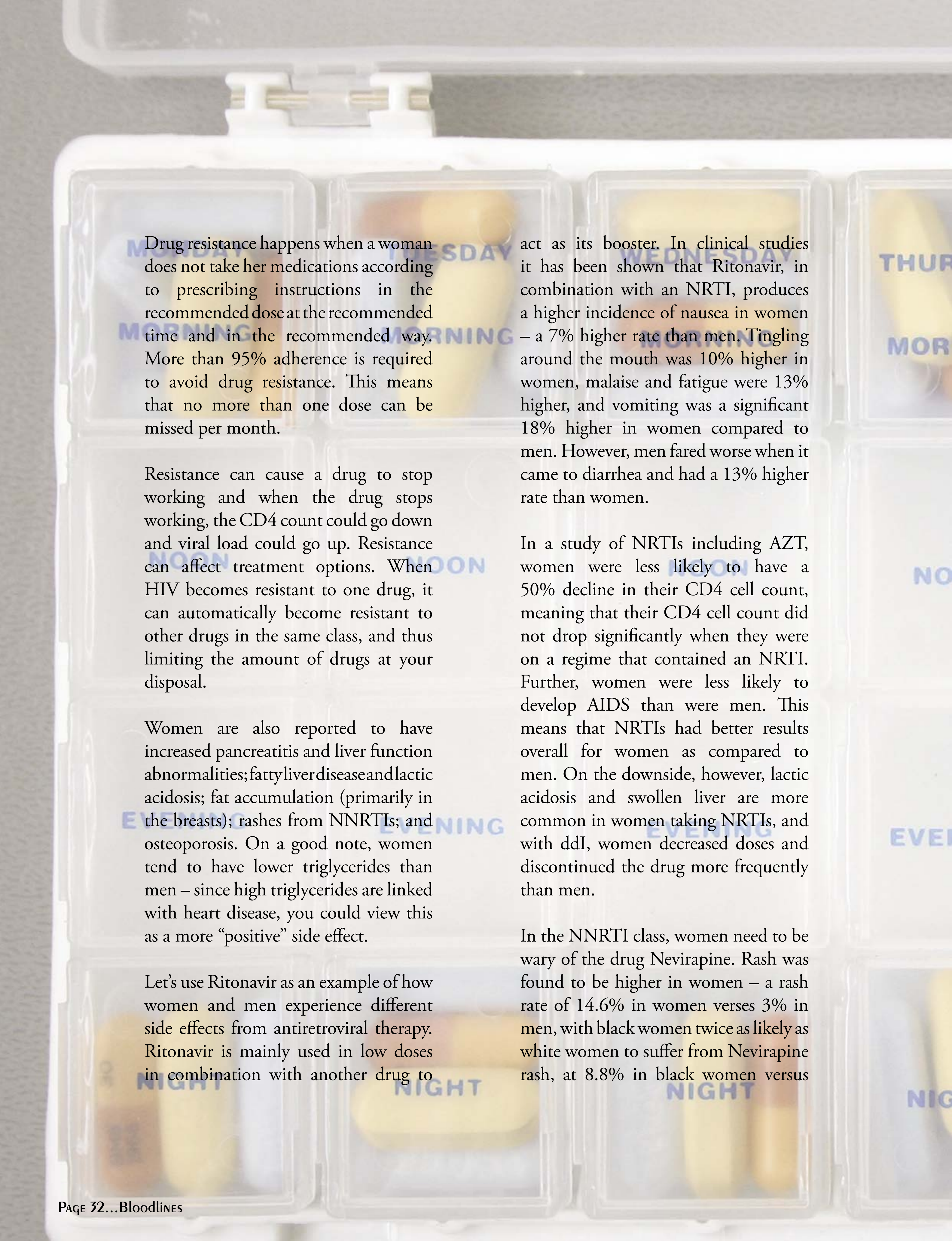
There are now 22 drugs that are approved in BC in the treatment of HIV, some of which may sound familiar to you. They belong to four classes of drugs; NRTIs, NNRTIs, PLs and Entry inhibitors. The two classes of reverse transcriptase inhibitors are Nucleoside or Nucleotide reverse transcriptase inhibitors, also called Nukes or NRTI's. The third class is called protease inhibitors and yet another is the entry inhibitors under which fusion inhibitors fall. Some examples of NRTIs that you have heard of are AZT, D4T, and Abacavir. The one nucleotide is called Tenofovir. The three NNRTIs are Delavirdine, Nevirapine and Efavirenz. The newest protease inhibitor to hit the market is called Atasanavir and others include Indinavir and Kaletra. The only drug that falls under the fusion inhibitor class is T-20, also called Fuzeon.



ME LIKE A MAN

Physicians usually prescribe to women a combination of two antiretroviral drugs, for example, NRTIs plus either 1 or 2 protease inhibitors or NNRTI or a 3rd NNRTI. Obviously, it is important to customize therapy based on the need of the individual. Specific needs can be individualized based on the demand for a simple drug regime, problems with adherence, side effect management and resistance profiles, to name a few.

In order to understand the drugs themselves, it is important to understand the goal of successful antiretroviral combination therapy. To be effective, a drug regime must:
· suppress the viral load, ideally to an undetectable rate
· restore or preserve the immune function and raise the total number of CD4 cells
· improve a person's quality of life, including keeping side effects manageable
· increase survival rates and decrease the progression rate to AIDS
· minimize the risk to developing resistance.



Drug resistance happens when a woman does not take her medications according to prescribing instructions in the recommended dose at the recommended time and in the recommended way. More than 95% adherence is required to avoid drug resistance. This means that no more than one dose can be missed per month.

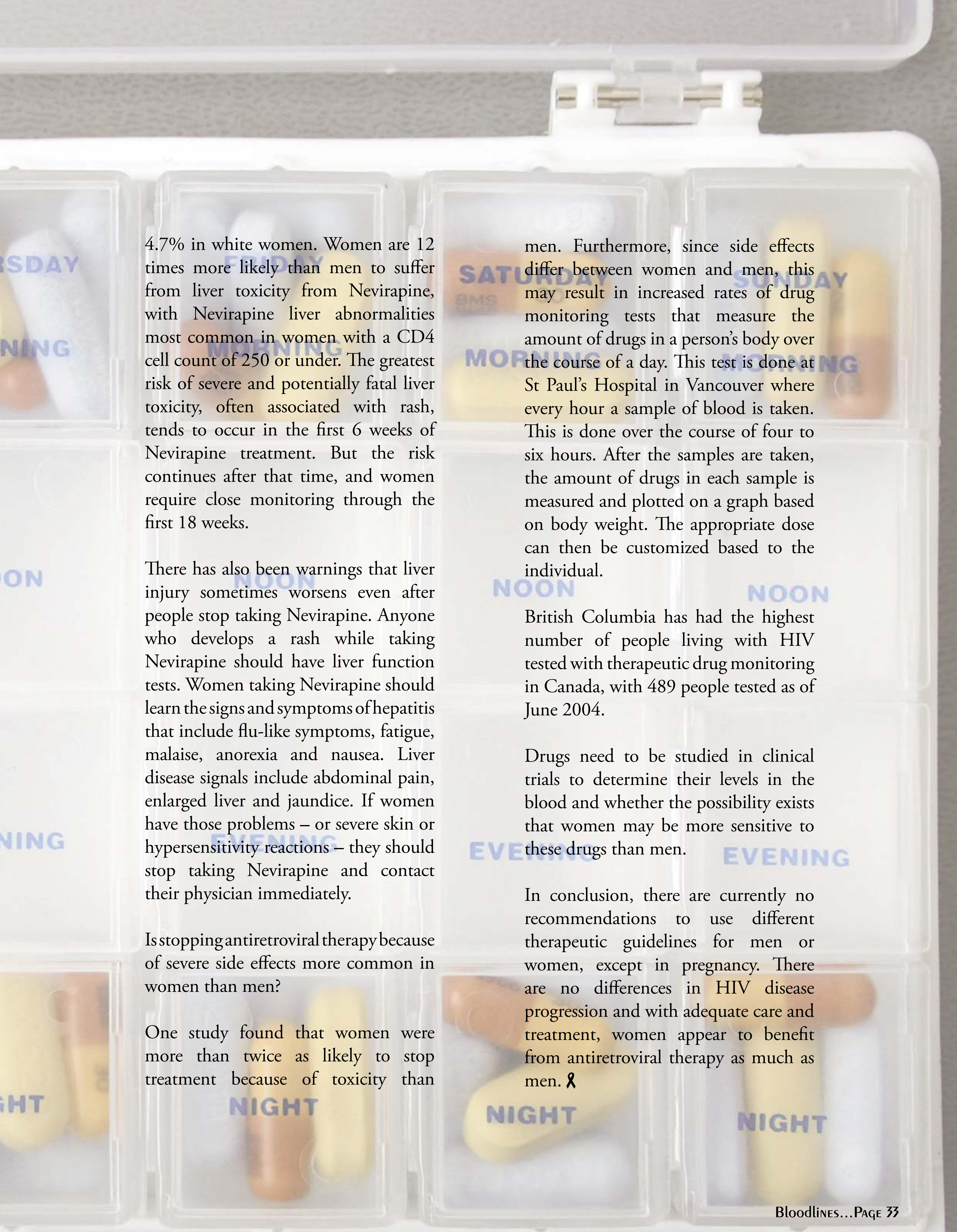
Resistance can cause a drug to stop working and when the drug stops working, the CD4 count could go down and viral load could go up. Resistance can affect treatment options. When HIV becomes resistant to one drug, it can automatically become resistant to other drugs in the same class, and thus limiting the amount of drugs at your disposal.

Women are also reported to have increased pancreatitis and liver function abnormalities; fatty liver disease and lactic acidosis; fat accumulation (primarily in the breasts); rashes from NNRTIs; and osteoporosis. On a good note, women tend to have lower triglycerides than men – since high triglycerides are linked with heart disease, you could view this as a more "positive" side effect.

Let's use Ritonavir as an example of how women and men experience different side effects from antiretroviral therapy. Ritonavir is mainly used in low doses in combination with another drug to act as its booster. In clinical studies it has been shown that Ritonavir, in combination with an NRTI, produces a higher incidence of nausea in women – a 7% higher rate than men. Tingling around the mouth was 10% higher in women, malaise and fatigue were 13% higher, and vomiting was a significant 18% higher in women compared to men. However, men fared worse when it came to diarrhea and had a 13% higher rate than women.

In a study of NRTIs including AZT, women were less likely to have a 50% decline in their CD4 cell count, meaning that their CD4 cell count did not drop significantly when they were on a regime that contained an NRTI. Further, women were less likely to develop AIDS than were men. This means that NRTIs had better results overall for women as compared to men. On the downside, however, lactic acidosis and swollen liver are more common in women taking NRTIs, and with ddI, women decreased doses and discontinued the drug more frequently than men.

In the NNRTI class, women need to be wary of the drug Nevirapine. Rash was found to be higher in women – a rash rate of 14.6% in women verses 3% in men, with black women twice as likely as white women to suffer from Nevirapine rash, at 8.8% in black women versus



4.7% in white women. Women are 12 times more likely than men to suffer from liver toxicity from Nevirapine, with Nevirapine liver abnormalities most common in women with a CD4 cell count of 250 or under. The greatest risk of severe and potentially fatal liver toxicity, often associated with rash, tends to occur in the first 6 weeks of Nevirapine treatment. But the risk continues after that time, and women require close monitoring through the first 18 weeks.

There has also been warnings that liver injury sometimes worsens even after people stop taking Nevirapine. Anyone who develops a rash while taking Nevirapine should have liver function tests. Women taking Nevirapine should learn the signs and symptoms of hepatitis that include flu-like symptoms, fatigue, malaise, anorexia and nausea. Liver disease signals include abdominal pain, enlarged liver and jaundice. If women have those problems – or severe skin or hypersensitivity reactions – they should stop taking Nevirapine and contact their physician immediately.

Is stopping antiretroviral therapy because of severe side effects more common in women than men?

One study found that women were more than twice as likely to stop treatment because of toxicity than men. Furthermore, since side effects differ between women and men, this may result in increased rates of drug monitoring tests that measure the amount of drugs in a person's body over the course of a day. This test is done at St Paul's Hospital in Vancouver where every hour a sample of blood is taken. This is done over the course of four to six hours. After the samples are taken, the amount of drugs in each sample is measured and plotted on a graph based on body weight. The appropriate dose can then be customized based to the individual.

British Columbia has had the highest number of people living with HIV tested with therapeutic drug monitoring in Canada, with 489 people tested as of June 2004.

Drugs need to be studied in clinical trials to determine their levels in the blood and whether the possibility exists that women may be more sensitive to these drugs than men.

In conclusion, there are currently no recommendations to use different therapeutic guidelines for men or women, except in pregnancy. There are no differences in HIV disease progression and with adequate care and treatment, women appear to benefit from antiretroviral therapy as much as men.

Hey gIrl! got your bases covered?

Hey there, everyone. My name is Bronwen Tigar and since 2003 I've worked on a project called "Bases Covered." The project is a joint partnership between YouthCO AIDS Society and Positive Women's Network in Vancouver, BC (two very amazing organizations!) and it's all about HIV and AIDS prevention for young women.

Now first thing first. You're probably asking yourselves what the project is all about and how we came up with such a cool name as "Hey gIrl, got your bases covered?" Well, for some time the project was referred to simply as "The Young Women's Project" (BORING!). Then, after months of wondering what the hell are we going to call this project?!!!, we came up with the tag phrase "Hey gIrl, got your bases covered?" The line went on all our posters, club cards, flyers, and videos. From there, it was easy to call the project "Bases Covered."

The idea for the project came about years ago when Marcie Summers, Executive Director at Positive Women's Network, and Evin Jones, Executive Director at YouthCO AIDS Society, were attending a conference where people were talking about how the rate of HIV in young women was steadily increasing. They both thought that something needed to be done to combat this trend and decided to create a partnership between the two agencies.

The "Bases Covered" project is incredibly important as there are little or no resources out there specifically addressing young women's sexual health and substance use issues in relation to HIV/AIDS. For prevention and awareness we needed to say more than "just use a condom" because often it's not that simple. There are issues surrounding self-esteem, coercion, violence, substance use, trust, love, the list goes on and all of these topics can be directly (or indirectly) linked to a young woman's sexual health. I'm sure you know that even talking about condoms in general, let alone in a sexual relationship, can be, well, really difficult!

So with "Bases Covered" we're hoping to reach young women aged 14 to 24, which is quite an age gap. Many positive women who have been involved in the creation of this project became HIV positive in their teens and twenties, so you can see why we wanted to target that message. Since young Aboriginal women are becoming HIV positive at a rate higher than the general Canadian population, we wanted to provide a message specifically for young Aboriginal women. Myself, Tania Willard (editor for RedWire Magazine and designer of all the "Bases Covered" materials) and Genevieve Leis (Co-ordinator for Sunfire Aboriginal Youth Project, Healing Our Spirit) joined in a partnership to create a poster and card that is specifically being made by and for young Aboriginal women. The end result of the poster and cards is to encourage empowerment and loving oneself , an incredibly important and powerful message.

The process for the creation of the project has been incredible. The response from young women, at large, has been overwhelming, supporting

What are HIV/AIDS?

HIV is the virus that leads to AIDS. AIDS means having HIV and at least one of 27 or more illnesses. HIV affects the body's natural defense system (your immune system),making it more vulnerable to disease and infection.Although there is still no cure for HIV & AIDS, with the right care, treatment and support, you can live a long and healthy life with the virus.

How is HIV Transmitted?
(Ways you CAN get HIV):

*By having unprotected sex (sex without a latex/polyurethane condom or dental dam): vaginal, anal or oral (penis in the vagina, anus, mouth; mouth on the vagina or penis).
*By sharing needles/syringes used to inject drugs, or needles used for piercing or tattoos.
*Where there is an exchange of body fluids (blood, semen, vaginal fluid, and/or breast milk) that have HIV present in them. These fluids can have access to your bloodstream through special cells on the penis, in the vagina and in the anus; through open cuts; and through needle injection.

Ways you CAN'T get HIV:

HIV only happens to humans you cannot get it from mosquitoes, pets, toilets, door handles,kissing, hugging, or sharing utensils.

YouthCO AIDS Society and Positive Women's Network
Have teamed up to create a public campaign by and for young women addressing their real & complex issues that can be related to HIV/AIDS, sexual health and substance use. YouthCO AIDS Society
1-877-YOUTHCO or Positive Women's Network
1-866-692-3001 www.basescovered.ca

Production of this document was made possible by financial contribution from: AIDS Community Action Plan, Health Canada. The views expressed herin are solely of the authors , and do not necessarily represent the official policy of Health Canada.

and guiding and valuing the importance of a project like this. There has been a lot of momentum behind this initiative and it definitely continues to grow! It took us ten months to create the poster and card series — a direct result of wanting the project to be community driven. The women who created this project are the backbone, brains and heart of it. These materials are the direct result of a ten-month process of community focus groups involving women infected with and affected by HIV/AIDS. The focus groups consisted of women from a range of backgrounds and identities, with wisdom and experiences spanning from 14 to 55 years in age. The women identified along different racial, gender, ability, cultural, spiritual, sero-status, sexual orientation and socio-economic spectrums — a truly diverse group of women. I facilitated groups where we would brainstorm ideas, then critique and comment on them, and then pass that feedback on to Tania to present the message. We had help from some pretty fabulous young women at Healing Our Spirit/Sunfire Aboriginal Youth Project, Surrey Reconnect, Positive Women's Network Members, and Future Cents (Prince George). There have also been a number of amazing young women, on an individual basis, who have helped to guide and give feedback and input to the project.

Right now, we are just finishing up the poster series and card series, and they will be completed in two weeks time. For the following year, we will be completing the website, organizing a series of workshops to be offered for young women, and creating a comprehensive pocket resource guide book for the Lower Mainland that will include art, essays, journal entries, and poetry submissions. The resources and materials created from this project will then be sent across the province.

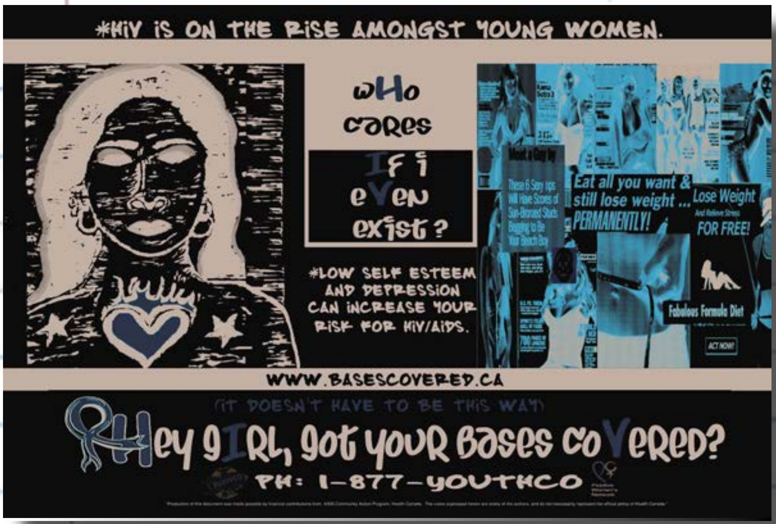
I know that this project has already become a success, but I have wide vision and I can see more coming along for "Bases Covered." Ideally, this project should continue for many years to come — young women, including Aboriginal women,

IV/AIDS/HIV/AIDS/HIV/AIDS/HIV/AIDS/HIV/AIDS/HIV/AIDS/HIV/AIDS/HIV/AIDS/H

My Old People Say

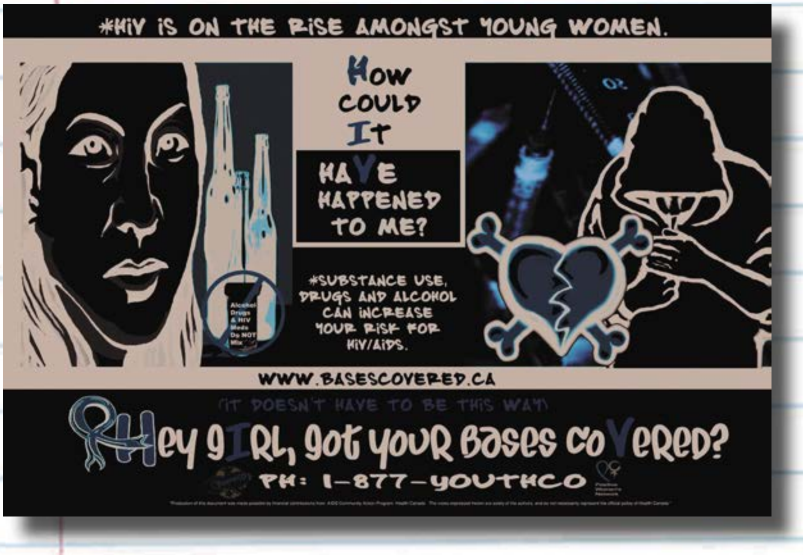
Grand-Daughter

Our peoples once roamed all of Turtle Island. We numbered in the millions like the once mighty Buffalo. But sickness thinned our communities and sickness again threatens us once more. Spread the word of education, caution and restraint. For if we continue to behave as though we are untouchable, we shall surely become a memory.



aren't going to lose interest in expressing their ideas about how HIV/AIDS affects them. Unfortunately, it doesn't look like we're going to beat infection any time really soon either. For the near future, we could figure out how to print "Bases Covered" in other languages and, well, wouldn't it be wild to see our posters all over billboards and buses? "Hey gIrl, got your bases coVered?" fifteen feet tall and standing proud!

Now, I know that seeing "Bases Covered" everywhere would be an incredible achievement but to be honest, before I let you go, I want to get back to covering the bases, back to the message of the posters and cards and videos. The real success that I want to see? It's what started this whole thing. It's young women taking control of their lives, truly loving themselves. It's seeing our sisters and daughters happy and healthy. It's fewer infections amongst young women . . . and it's all about HIV and AIDS awareness and prevention for young women.



TTFN 🎗

YouthCO Fact Sheet

Who is YouthCO AIDS Society?
YouthCO is a non-profit organization working to involve youth ages 15 to 29 from all communities in addressing HIV/AIDS and related issues. We provide educational initiatives and support services to youth infected with and affected by HIV/AIDS and/or Hepatitis C. As a youth-driven agency, we provide outreach, prevention/education, training, volunteer opportunities, advocacy and support to our peers. We have worked with the Positive Women's Network to produce "Bases Covered: The Young Women's HIV/AIDS Prevention and Awareness Campaign"

What percentage of positive HIV tests is from women?
Women accounted for 26% of positive HIV test reports in Canada in the first half of 2002, compared to 10% of tests less than a decade ago.

What about YOUNG women?
In 2002, young women between the ages of 15-29 accounted for almost half of all new infections among women in Canada.

How many women in BC are living with HIV/AIDS?
An estimated 1,300 women in BC are living with HIV/AIDS. Many of these women were infected with HIV/AIDS before they reached the age of 30.

Why is there a need for reliable information on HIV/AIDS for young women?
According to the Canadian Youth, Sexual Health and HIV/AIDS Study, released Fall 2003 by the Canadian Council of Ministers of Education:

- 50% of Grade 9 students and 66% of Grade 7 students believe that HIV/AIDS is curable if treated early enough
- 53% of young women in Grade 9 and 43% of young women n Grade 11 are worried about catching HIV/AIDS
- 19% of young women in Grade 9 and 46% of young women n Grade 11 have had sexual intercourse
- 36% of young women in Grade 9 did not use a condom during the last time they had sexual intercourse because they did not expect to have sex and 16% noted that they or their partner did not like to use condoms
- almost one third of young women in Grade 9 did not use condoms if they had used alcohol or drugs prior to sex (this group is less likely to use contraceptive measures such as condoms and are therefore at a high risk to becoming pregnant or acquiring HIV)
- almost one quarter of young women in Grades 9 and 11 are too embarrassed to buy condoms

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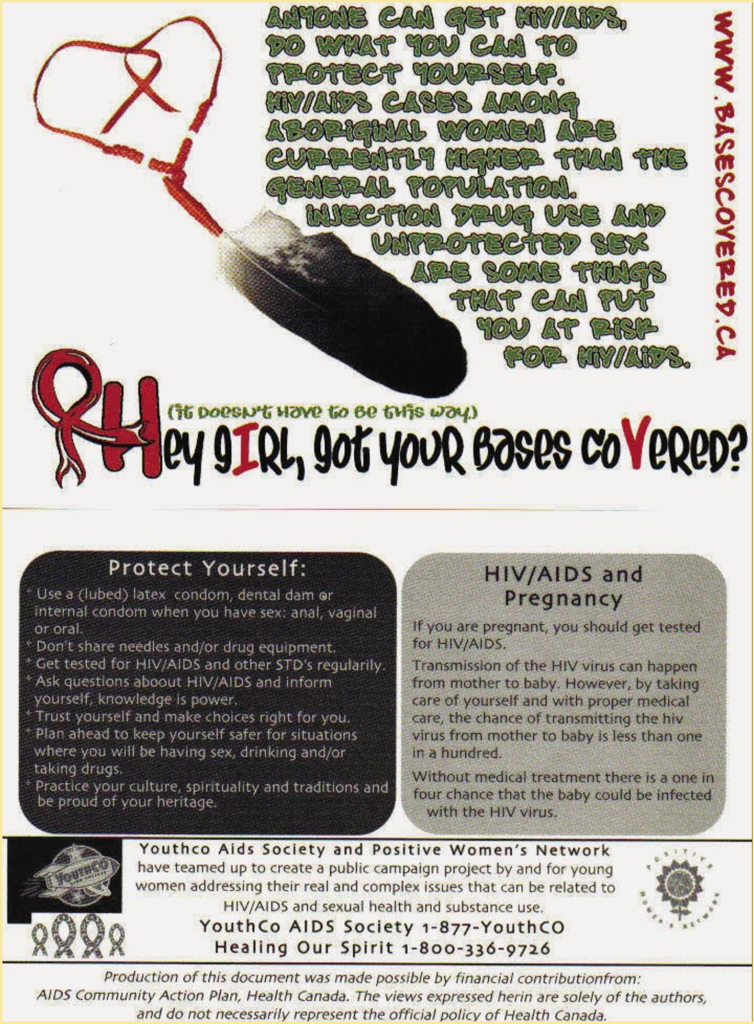

Protect Yourself:

* Use a (lubed) latex condom, dental dam or internal condom when you have sex: anal, vaginal or oral.
* Don't share needles and/or drug equipment.
* Get tested for HIV/AIDS and other STD's regularily.
* Ask questions aboout HIV/AIDS and inform yourself, knowledge is power.
* Trust yourself and make choices right for you.
* Plan ahead to keep yourself safer for situations where you will be having sex, drinking and/or taking drugs.
* Practice your culture, spirituality and traditions and be proud of your heritage.

HIV/AIDS and Pregnancy

If you are pregnant, you should get tested for HIV/AIDS.

Transmission of the HIV virus can happen from mother to baby. However, by taking care of yourself and with proper medical care, the chance of transmitting the hiv virus from mother to baby is less than one in a hundred.

Without medical treatment there is a one in four chance that the baby could be infected with the HIV virus.

Youthco Aids Society and Positive Women's Network have teamed up to create a public campaign project by and for young women addressing their real and complex issues that can be related to HIV/AIDS and sexual health and substance use.

YouthCo AIDS Society 1-877-YouthCO
Healing Our Spirit 1-800-336-9726

Production of this document was made possible by financial contributionfrom: AIDS Community Action Plan, Health Canada. The views expressed herin are solely of the authors, and do not necessarily represent the official policy of Health Canada.

On A More Positive Note

Positive Women's Network provides positive resources for positive women

Positive Women's Network (PWN) supports women living with HIV/AIDS to make informed choices. We provide sage access to support, advocacy, and education/prevention to women and communities throughout British Columbia.

Aboriginal-specific activities: PWN offers comprehensive support and programming in this area, including facilities access to unique events such as sweat lodge, mother's groups, sharing circles and ceremonies. Support workers at PWN offer relevant information and referrals to Aboriginal members.

Advocacy: PWN Support Workers provide one-to-one advocacy for member struggling with non-responsive agencies.

Annual wellness retreats: Held at a retreat centre, this event is a wonderful opportunity for HIV+ women from across BC to come together for peer support, fun, relaxation and information exchange. All costs are covered by PWN, including traveling costs for women coming from across the province.

"Personally, the retreat benefited me by giving me a safe place to be among other (HIV) positive women and I find this very empowering and I feel secure in the knowledge that I am not alone."

Day retreats and outings: We like to have fun at PWN! The Support Program hosts celebratory events and community outings, with input from members. Examples are picnics, "Beauty nights," wellness and self-esteem workshops, going to the theatre, etc. Check out our monthly calendar for upcoming events.

Drop-in Centre: Open Tuesdays through Fridays, 11:30 - 3:30, the drop-in is comfortable and confidential. Come in and meet other women, connect with a support worker. We are located on the 6th Floor of 1033 Davie Street. Buzz #614 if the door is locked! Check out our monthly calendar for details and special events, and for days we are closed.

"I am so happy there are places like PWN. I feel so much better in my spirit having come in today. Often I'm feeling bad, and I come in, and I always feel better. Thank-you SO much to the staff."

Email and phone counselling, information and referrals: Not everyone contacts PWN in person. We can provide support and information over the phone and via email, too. PWN staff provides a wile-range of information on HIV-related subjects and answers to questions. These services can be provided in person, over the phone, via email or by mail. We provide referrals to a wide-range of community and medical services to members and the public alike.

Food Bank: the PWN "grocery" is a partnership with AIDS Vancouver. Regular grocery clients of AIDS Vancouver who are also PWN members can pick-up groceries at 1033 Davie St. on Tuesdays between 12:00 and 2:00pm Fresh produce, milk, bread and canned goods are some of the items available.

Hospital Visits: PWN Support Workers and the Oak Tree Outreach Worker will visit members who are receiving medical care at St. Paul's Hospital. We can also do new members intakes in the hospital.

Lunch Program: hot lunches are served on Tuesdays from 12:00 – 2:00pm. Thursdays we have sandwiches available. Lunches are free for PWN members and their children.

Support for Family and Care Providers: many friends, partners, and family members of HIV+ women have concerns and questions, too. We try to meet these needs by providing up-to-date information and informal support over the phone or in person.

"Everyone listens and cares. No one judges."

Support Groups: PWN offers a variety of Support Coups for HIV+ women. Our ongoing Thursday night evening group, "Taking a Break" is open to new and current members alike. Please see our calendar and newsletter for upcoming groups, and to confirm dates and times.

OUR EDUCATION INITIATIVES:

•The Women and HIV Toolkit: an accessible, “hands-on” manual to support BC communities to learn more about women and HIV

•The HIV Information Handbill Project: simple easy-to-read handbills on over 13 different languages.

•The Young Women’s Project “Bases Covered”: HIV/AIDS prevention campaign in partnership with Youth CO AIDS Society.

•The WAVE Project: an online, interactive multimedia “e-learning” module, providing support and information to women living with HIV/AIDS throughout BC and beyond.

•The HIV Trends Report: a monthly summary of information relevant to women’s health

•The “Positive Side” Newsletter

“The newsletter is excellent and I spread its message to my community, colleagues, and Gilwest clients. Thanks for your excellent coverage of local, national, and international issues affecting positive women.” Clinical Nurse Coordinator, Gilwest Clinic

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...Continued from page 17

We should all know by now that Hepatitis C is found at very high rates in Aboriginal populations. Hepatitis C can be treated, however it is a hard treatment to go through and only about half of those treated overcome the disease.

Coinfection really means that a person has two infections of any sort, though it is often used to designate HIV and Hepatitis C infections in the same person. Of course, one of the reasons why coinfection is a major concern is that each infection is capable of causing major diseases on its own. Put together, they have impacts on the body that are greater than either individual disease. For example, liver disease progresses faster with Hepatitis C in the presence of HIV, often at double the rate. HIV becomes more challenging to treat because the drugs used to treat HIV are often toxic to the liver, a liver already damaged by Hepatitis. Coinfection is much more challenging to deal with than a single disease.

On its own, HIV has hit Aboriginal populations harder than many other groups. Among those who are most vulnerable to HIV are young women. Unfortunately, this is often because they are inducted into sex and drug use often by an "older and wiser" male. Often young women are naïve to the risks involved and rarely aware of any of the consequences. HIV can be treated but the treatment is not easy to follow and it is lifelong.

As an individual condition, Hepatitis C is one of many forms of Hepatitis, but, unlike its relatives A and B, Hepatitis C has no vaccine. In most people it goes on to being a chronic form of Hepatitis. It varies in how long it takes to cause liver damage depending on lifestyle and the presence of other diseases, but alcohol use is known to increase the damage to the liver, so should be used sparingly by those infected. It takes from 3 to 42 years for Hepatitis C to cause cirrhosis (end stage liver disease). We should all know by now that Hepatitis C is found at very high rates in Aboriginal populations. Hepatitis C can be treated, it is a hard treatment to go through and only about half of the individuals treated will overcome the disease.

With the individual conditions, symptoms, and effects of HIV and Hepatitis C, coinfection makes both diseases more complicated. It increases the rate at which the Hepatitis progresses generally by an additional 50 %. It makes treating Hepatitis more difficult as the treatment can cause problematic side affects and generally has a lower success rate. Many of the drugs used to treat the HIV are toxic to the liver and can end up causing damage to an already overstressed liver. A liver experiencing stress on both fronts (Hep C and HIV) is less likely to stand up as well over time. It is obviously important for people with coinfection to try and keep their livers healthy. This gives them a chance to tolerate the HIV drugs better and may make more kinds of HIV drugs available to them should they overcome their Hepatitis C infection.

In the past people used to see a specialist for HIV and a different one for Hepatitis C. This was often confusing for patients and doctors as communication was not always seamless between medical professionals. But from this has emerged an infectious diseases specialist who looks after both the HIV and Hepatitis C. This is a very skilled doctor who understands the complexities of treating two diseases that usually require very different approaches. There is the potential for interactions between the drugs used to treat both diseases and so the level of knowledge about pharmacology that these doctors have is impressive. They understand how and where different drugs are metabolized and the interactions that can occur. Also the drugs used can not only cause many different side affects, but their side effects can be compounded by each other. With many, compounding side effects, this can make the treatment harder to follow.

It is important to realize that coinfection patients often have greater needs than others, and that these needs may not always be evident at first glance. Past experiences may impact greatly on a person dealing with coinfection. In Aboriginal populations this can be due to the break down of the family caused by the effects of residential schools and colonialism. People often have been living in abject poverty and have many issues other than infection that also need resolution. Good housing, nutrition and treatment of drug use are three main service areas that can be of great support to those with coinfections. And spirituality can also offer people solace and understanding during illness. For many people, exploration of traditional Aboriginal culture is an important part of self-discovery that can profoundly impact lifestyle and health.

Nutrition is a perfect area for people to exhibit some control over their illness, especially in coninfection. To keep body mass up, adequate protein is an absolute must. Less well-known but equally important is the need for micronutrients to keep the body healthy:for example, eating foods rich in antioxidants is an essential practice. Losing excessive weight may actually lead to greater problems in the liver such as fat build up. So eating regularly and eating foods from all the food groups of Canada's food guide is of great importance.

Recreational substance use is a difficult struggle for many individuals. Alcohol is one of the substances that can cause damage to your liver. If possible most people should try to avoid using it at all. Other recreational drugs can cause many health problems and they may impact on your ability to concentrate on things like good nutrition, quality housing and safe practises in your life. The lure of drugs is a powerful one and people must work to stay away from drugs and the lifestyle involved with them. Many people try to incorporate traditional culture and spirituality into their lives to give them the strength to resist substance use and abuse.

People with coinfection **CAN** live well, but it is more important for them to work harder to take care of themselves. Working with health care professionals helps monitor health on a regular basis. And it is important that you tell your health care professionals what you are taking, to identify any interactions with the medications you take. Also you might be doing something that is good for your health that could also be of benefit to others. Sharing your experiences is a way to grow and learn how to deal with your condition. This can be part of your own personal growth – among the most important strengths in your life. 🎗

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