

for your information

Voices of Positive Women's newsletter



Culture and Diversity and HIV

I'm excited to introduce our first multi-lingual issue of the FYI. I've had a great time putting this together as I have been able to make some wonderful connections with Community Partners and members, specifically our Spanish speaking members. It is so liberating to speak to women in my own language as I have not been connected with the Spanish community in Toronto all my life. My family always kept a distance from the Hispanic community and what I always heard was that the Spanish community enjoy talking a lot about each other's personal business. Because of this, when I found out about my HIV status, the Spanish community was the last place I wanted to go to for support. In my experience, what I have noticed is that a lot of HIV positive women feel the same way about disclosing their HIV status to their Hispanic friends and family.

This issue of the FYI will be an opportunity for many women from diverse ethno-cultural backgrounds to connect with each other in their own first language. We have articles in Swahili, Ghanaian, Spanish, and French (which is also a language that is spoken in many parts of Africa).

This is one issue I hope of many more to come that Voices can do to reach out to women from various multicultural communities and also provide information about organizations that are there to support them. I hope you enjoy it!

Claudia Medina, Community Partnership Coordinator

Asian Community AIDS Services

There are many factors affecting Asian women living with HIV/AIDS in seeking support and services within our community. Similar to other ethno-cultural communities, HIV/AIDS related stigma and discrimination remains the core factors and challenges for women to access support and services. Asian women living with HIV in particular are often affected and faced with multiple barriers which include socioeconomic inequality, systemic marginalization, gender inequality and cultural and language barriers. These factors and barriers increase Asian women's vulnerability to HIV infection, diagnosis, and isolation and worsen the impact of HIV/AIDS infection on their lives.

Socioeconomic position is a key factor affecting Asian women with HIV. In general Asian women are more likely to be economically dependent and have fewer resources, which limits their ability to seek for adequate support and services and advocating for themselves. Economic dependency for some

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Asian women PHA may be tied into immigration sponsorship. Not only are women in these positions more vulnerable to violence and isolation they are reluctant to disclose their HIV status to avoid abandonment by sponsored spouse.

Asian women living with HIV also have difficulty accessing information and support because of cultural and language barriers. This is especially true for immigrant women who are not able to speak or read English. Due to the lack of resources and visibility of Asian women with HIV in the media and the AIDS community, it has created difficulty for this population to seek help or to even realize that they are at risk. In addition, Asian women living with HIV also need to deal with the restricted attitudes about their sexuality. In a culture where HIV/AIDS is stereotypically associated with promiscuous and immoral activity, it is extremely difficult for Asian women to disclose of their HIV status, which contributes to low self-esteem and increase isolation.

Patrick Truong
Support Program Coordinator

South Asian Women Living with HIV/AIDS

*"I will not die. I will not kill myself over this.
Trust me; you will see me with gray hair."*

Simran

Estimates based on the 1996 census figures suggest that approximately 439 South Asian adults may be infected with HIV in the Greater Toronto Area. The gender breakdown is not precisely known but three South Asian women living with HIV/AIDS recently shared their experiences with the Alliance for South Asian AIDS Prevention (ASAP).

Fifty-three year old Ayesha found out that she was HIV positive in 1992 when her husband was hospitalized with AIDS related complications. She has kept her diagnosis a secret from her family back home in Tanzania, and the only two people who know about it are her adopted son and daughter-in-law with whom she currently lives in Canada.

Thirty-three year old Simran found out she was HIV positive ten years ago, five days before her daughter was born. Unknowingly infected through a blood transfusion in India during a prior pregnancy, she subsequently passed on the virus to her husband. Her ten-year-old daughter has tested HIV negative.

Twenty-four year old Kalyani was not as lucky and has an infant son who tested HIV positive. Kalyani got the virus from her husband who is not sure how he got it, but presumes it was through the use of unsterilized needles in a South Asian hospital years before he met and married Kalyani.

These women's accounts of how they contracted the virus are not uncommon. UNAIDS estimates that more than four-fifths of all infected women get the virus from a male sex partner (approximately 10 million out of the 25 million HIV infected adults worldwide). The rest become infected from blood transfusions or from injecting drugs with contaminated needles.

ASAP's experience of working around HIV/AIDS in South Asian communities has shown that prevailing religious, cultural and social beliefs often restrict open discussion about sex amongst South Asians. Discussions about HIV/AIDS are further limited because this issue is perceived to be a Western phenomenon linked with homosexuality, drug use and promiscuity. These three women's lives do not fit the South Asian preconception of the type of people who contract HIV. However, as a result of such stereotypes about who gets HIV, all three women have hidden their condition from their friends and extended families. Simran uses "cancer" as a shield. Ayesha, too, has instructed her adopted son and daughter-in-law that if she ever has to be hospitalized, they are to tell her family in Tanzania that she has leukemia.

"Sometimes my brother calls asking how I am feeling, and I lie to him. I hate living this lie but if my family comes to know they'll die before I do."

Ayesha

The primary factor influencing this deception amongst South Asians living with HIV/AIDS, both men and women, is the fear that their families and friends will ostracize them. In Canada the situation is compound-

ed by the fact that many newer immigrants do not speak English as their first language, and may not be economically self-sufficient, and therefore cannot afford to alienate connections within their ethnic communities.

Although these women are forced to hide their condition from their families and friends, the three women show tremendous optimism in the face of an illness that is considered by many to be socially taboo and can often be physically debilitating.

I lost my vision for two years and I still do not know how I got it back. It's a miracle. I was pronounced dead for 45 minutes but I recovered. I have had every opportunistic infection you can think of but I am still here.

Simran

They live full lives, looking after their homes and children, socializing and keeping themselves busy. As a measure of their hopefulness about the future, Simran and her husband want to have another child.

After my daughter was born ten years ago, I became pregnant again almost immediately. But because of my HIV status I decided to have an abortion and had my tubes sewn. Now I wonder why I did that, so I recently had the tubal ligation reversed. I am now on fertility drugs. In 1992, there was a 70% chance of passing on the virus from mother to child. In 2001, it's 20%. And of course you can take other precautions like medication for the mother and the baby. You can have a Cesarean section and not breast feed the baby. All of this will drastically reduce the chance of transmission to the baby.

Simran

One of the main factors influencing their positive outlook has been the knowledge that they are not alone. For those who have disclosed their HIV status to their immediate family, the response has surprisingly been extremely supportive. For others, having the support of other South Asians living with HIV/AIDS has been instrumental.

If there was no support group, I would have died years ago. Not because of HIV, but because of the loneliness and isolation.

Ayesha

The taboo surrounding HIV AIDS in South Asian communities often extends to other aspects of women's sexual and reproductive health as well, including infertility, other sexually transmitted diseases, and sexual abuse. This is not only true amongst South Asian communities in the Indian sub-continent and in the Afro-Caribbean Diaspora, but also amongst South Asians settled in the West. Young South Asian women are often at a disadvantage because their parents may not give permission for them to attend sex education classes, assuming that this will promote promiscuity. The double standard about dating and premarital sex also carries on whereby women are expected to remain chaste, while men are tacitly permitted to have multiple partners. No wonder, women are unwilling to bring up sensitive issues like safer sex or HIV AIDS.

If you talk about HIV/AIDS or other sexually transmitted infections, people will assume you have it. Otherwise why would you want to talk about it!

Kalyani

One of the consequences of the social restrictions around talking about sex is that many young women grow up with little knowledge of their reproductive system, intercourse or the mechanics of HIV/AIDS transmission and prevention.

I learned about the condom at ASAP's support group, after I had been infected with HIV. I had never seen or heard about a condom before.

Ayesha

The Alliance for South Asian AIDS Prevention (ASAP) offers a range of HIV/AIDS services to South Asian communities, including HIV Prevention Education & Outreach, HIV Testing, and HIV/AIDS Resource Centre/Library & Advocacy. We also provide confidential services for South Asians living with HIV/AIDS,



including case management, health promotion and community development. Our services are available in Tamil, Punjabi, Hindi, Urdu, Gujarati, Bengali and English. All of our services are free of charge.

For more information, please call us at 416 599 2727 or email us at aids@interlog.com.

Contact Jose Franco Life Enhancement Coordinator email: phasupport@asaap.com

The Canadian Africa Centre

The Canadian Africa Centre is a place where we desire to build a community among our people and our friends. We try to extend our support to as many as we possibly can, and we constantly attempt to care for each other through various programming opportunities.

We have developed a team of volunteers who serve with dedication. These volunteers bring hope, peace of mind for new and recent immigrants from Africa and other countries.

We`re a needs-based community with culture, language, employment, education and settlement as our main focus programs, This model emphasizes the need to meet the particular needs and sensitivities of our members. We use a case-management format to assess and follow up the progress of our clients. We hope you join us, for together is better.

Please feel free to contact us if you have any questions about The Canadian Africa Centre at 416 691 7407 x 234.

Sebastian Wanzama-Piro

York Community Services

Hi. My name is Grace Diaz. I am a young 2nd generation Canadian of Caribbean descent. I currently

work as a Peer Educator for the Caribbean Community in York Community Services' HIV/AIDS Prevention Project.

York Community Services is a community health centre which provides health services, legal services, housing assistance and advocacy, and counseling services to people living in the former City of York. We also offer community programs such as Bridging the Gap specifically for Caribbean women and their families to help them access community resources, address settlement issues, and gain valuable information on issues specific to our health and well being.

My work involves going out into the community to do outreach and workshops to raise awareness about healthy sexuality as well as HIV/AIDS education in the former City of York. Currently, we are looking to expand some of our services by providing a chance for those in the Caribbean community affected by HIV and AIDS to enjoy a Creative Arts experience where you can have unique opportunity to meet your peers, express yourself and share experiences around having HIV and AIDS in a safe discreet environment here at our health centre. We hope to start this Creative Arts program in the late fall.

For further information about our programs and services please feel free to contact me at 416 304 0250 or at gdcarmel@hotmail.com. or Michelle Ries Amores at 416 653 5400 ext 227.

Grace Diaz

2-Spirited People of the 1st Nations

Searching Blindfolded for Aboriginal Women who are HIV+

The statistics tell us that more and more Aboriginal (First Nations, Métis and Inuit) Women are becoming HIV+. But we have yet to see them in our office at 2-Spirited People of the 1st Nations. There are many possible reasons why they are not coming to see us,



and I will outline three of the most obvious. One, they simply don't know we exist as an Aboriginal AIDS Service Organization, which will service any Aboriginal person who is infected or affected by HIV/AIDS. Two, they don't feel comfortable coming to an agency that is known to employ and service Two Spirited, Lesbian, Gay, Bisexual, Transgender and Transsexual Aboriginal People. Or three, they don't know they are HIV+ because they have not been tested. Whatever the reason, we are concerned that Aboriginal Women in the GTA community are not getting all of the services that are available to them.

At 2-Spirited People of the 1st Nations we have a number of services that they may access. The Support Worker is Terry Sands, and he is willing to meet at a neutral space if someone is uncomfortable coming into the office for the first time. That being said, we do have a drop-in that is only open during the afternoon (1 to 5 pm). Thus, the office is only open in the mornings for those who have appointments to ensure confidentiality. We have an Aboriginal Person Living with HIV/AIDS (APHA) Fund. This fund is fairly flexible, and each client uses it in a different way. For the most part, it is geared towards raising the quality of life for the client. For some, that means having a telephone or cable, and for others, it could mean putting money towards a TTC pass. Once approved, a client is eligible for up to \$75.00/month. A new activity to begin on October 28th, 2003 is a Grief Recovery Support Group, which will run on Tuesday evenings. Please call Terry for more information and to ensure a seat with the group. We also have needle exchange. The yellow containers for drop off are in the bathroom, and needles can be picked up in any Worker's office. Each door can be closed for easy confidentiality and pick up. These are just highlights of what we offer. We have learned that most people are looking for anything and everything on top of HIV issues. As a Support Worker, Terry tries to help each client with his/her individual needs on any given day.

If you are looking for a way to pass some time, there is also the opportunity to volunteer at 2-Spirited

People of the 1st Nations. Call the Coordinator of Volunteers, Corena Ryan, for more details.

It is only when we have the women here that we can know what their particular needs are. If you know of any Aboriginal women who are HIV +, please let them know that we are here, and we are down to earth and easy to talk to – after the first shot of caffeine in the morning!

Doe, HIV/AIDS Outreach Worker
 2-Spirited People of the 1st Nations
 43 Elm Street, 2nd Floor, Toronto M5G 1H1
 T 416 944 9300 E info@2spirits.com

Programmes sur le VIH/sida au Centre médico- social communautaire de Toronto

Problématique

En 2003, les femmes et les filles représentent pour la première fois plus de la moitié de la population vivant avec le VIH/Sida dans le monde. Plus elle se déploie, plus l'épidémie dévoile sa face féminine. La vulnérabilité féminine vis-à-vis du VIH/Sida ne fait plus de doute. D'après l'Organisation Mondiale de la Santé (OMS), la séropositivité féminine risque de devenir un des défis majeurs de la santé publique au cours des prochaines années.

Les femmes sont de plus en plus concernées par cette épidémie notamment en Afrique où la situation est alarmante. De toute évidence, cette fragilité est due à l'infériorité du statut des femmes et entraîne une propagation de l'épidémie parmi elles à un rythme bien plus rapide que chez les hommes et les jeunes garçons. Le fait que les jeunes filles aient davantage de probabilité d'être contaminées que les jeunes hommes¹ signifie que la proportion de femmes contaminées va continuer d'augmenter.

Pourquoi les femmes sont-elles si vulnérables à l'infection du VIH ? La réponse n'est pas simple. Il est possible toutefois de grouper les différentes

raisons. Ces raisons sont notamment d'ordre physiologique, socioculturel, économique, sexuel et relèvent de la pure ignorance.

Beaucoup de femmes ignorent ou ne comprennent pas les données élémentaires sur le VIH/Sida, de sorte qu'inconsciemment et sans le vouloir, elles s'exposent au risque de l'infection. Cette ignorance est souvent associée à une forte croyance aux pratiques culturelles et traditionnelles. Conséquemment, les femmes sont souvent moins aptes que les hommes à éviter des relations sexuelles non désirées ou forcées. Finalement, les racines de la vulnérabilité des femmes au VIH sont communes à bien d'autres maladies et problèmes socio-communautaires, notamment la discrimination, le racisme, l'inégalité entre les sexes, la violence, la consommation de substances, etc.

En dépit de multiples campagnes d'information et d'éducation, les circonstances font que la plupart des femmes continuent d'ignorer ce qu'est le VIH/Sida et les risques encourus. Considérant que l'éducation préventive VIH/Sida constitue une des stratégies accessibles et efficaces pour amener à une prise de conscience sur la nécessité de protéger les femmes, les programmes et les interventions doivent cibler tout particulièrement les femmes et les jeunes filles afin qu'elles puissent acquérir des compétences sociales et économiques et un certain pouvoir de négociation qui leur permettra de se prémunir contre le risque de contamination.

Bien entendu, les programmes et les interventions dans le domaine VIH/Sida doivent en plus, cibler les hommes et les jeunes garçons, pour les responsabiliser dans leurs relations sexuelles, en reconnaissant dans la pratique l'égalité parfaite des femmes et en assurant un bien-être sanitaire, économique et social à leurs épouses et leurs enfants.

Action

Le Centre médico social communautaire, est le seul organisme de santé communautaire qui offre un ensemble de services/programmes/activités en français dans la région de Toronto. Plus de 60 % de notre clientèle provient de pays où le VIH/sida est endémique (Caraïbes et Afrique) et les services offerts

reflètent cette réalité. Nous ne nous préoccupons pas seulement de la qualité des services mais nous nous assurons également que lors de la planification des programmes/activités, les déterminants importants qui influencent la santé des individus principalement en ce qui a trait à la culture, au racisme et au système de valeurs de nos clients sont prises en compte.

Le CMSC, conscient du problème de la prévention du VIH/sida dans la communauté que nous desservons offre deux projets VIH/sida :

Premier projet « VIH/Sida: Vous et les Vôtres » fut conçu et développé dans un premier temps pour contrer la vulnérabilité des femmes face au VIH/Sida. Le but de ce projet est de donner aux femmes francophones de Toronto, plus particulièrement aux femmes des pays où le VIH/Sida est endémique, de 18 ans et plus, infectées et affectées par le VIH/Sida, des moyens de significativement préserver leur santé et se protéger contre l'infection du VIH/Sida. Parmi les activités de ce projet, Un manuel de formation des formatrices en éducation par les pairs a été développé et est offert aux femmes de la communauté enfin de les sensibiliser et les conscientiser aux risques d'infection, à l'accès aux préservatifs masculins et féminins, aux conseils, aux tests de dépistages anonymes et/ou nominales incluant le dépistage chez les femmes enceintes. Le but de ce manuel, accompagné de sessions de formation est de développer un réseau d'information, d'éducation et de soutien géré par les femmes des communautés francophones de Toronto.

Dans un deuxième temps, ce projet s'adresse également aux professionnels et intervenants francophones en santé et services sociaux et communautaires de Toronto. Le VIH/sida doit être identifié, adressé et / ou soutenu à travers différents points d'accès, à différents niveaux et par divers organismes dans la communauté que les personnes à risques ou atteintes fréquentent régulièrement. Les professionnels et intervenants doivent être tenus informés des questions entourant la problématique du VIH/sida afin d'être en mesure d'offrir un service efficace ainsi

que du soutien aux personnes infectées ou affectées par le VIH/sida.

Ce projet demande l'engagement autant des femmes infectées et affectées que des professionnels et intervenants en santé et services socio-communautaires. L'implication de ces deux groupes – cibles permet de garantir un accès équitable à la prise en charge, au soutien social et au développement des compétences communautaires en matière de VIH/sida. Leurs rôles sont significatifs et indispensables dans le comité consultatif, les groupes de consultation, les sessions de formation des formatrices en éducation par les pairs, les rencontres de partage et l'élaboration de manuels d'intérêt commun ainsi que de répertoire de ressources /programmes/services reliés au VIH/sida.

Deuxième projet « Quand la communauté se prend en main » qui s'adresse à tous les membres de la communauté francophone de Toronto et plus particulièrement dans les communautés où le VIH/sida est endémique et aussi les jeunes. Le but de ce projet est de prévenir la transmission du VIH/sida dans la communauté francophone par le biais des activités d'informations tels que : Le souper africain, des sessions d'éducatives communautaires, une ligne d'information téléphonique ainsi que des articles dans les journaux et médias francophones.

Lors des programmes /activités offertes par ces deux projets, les participantes ne sont pas obligées de divulguer leur séropositivité. Le CMSC offre également des services de dépistage anonyme du VIH, un suivi médical, thérapie et counseling.

Conclusion

C'est dans le souci de réduire les barrières au niveau des vulnérabilités, du stigmatisation et de la discrimination, du développement des compétences communautaires et de la mobilisation et participation des membres des communautés ethnoculturelles que le CMSC entend participer à la lutte mondiale contre le VIH/sida.

Pour de plus amples informations sur nos services/

activités/programmes, contactez :

Béatrice Nday wa Mbayo, coordonnatrice projet « VIH/sida : Vous et les Vôtres » au numéro de téléphone : 416 922 2672 poste 231 ou par email : beatrice@cmsctoronto.org

ou Fanta Ongoïba, Intervenante communautaire au numéro de téléphone : 416 922 2672 poste 225 ou par email : fanta@cmsctoronto.org

Olumbe Mukenyanya

Tewali muntu mu Uganda atakoseddwa bulwadde bwa mukenyanya, abangi bwe bakazaako erya SIRI-IMU. (Ekigambo 'siriimu' kiva mu kigambo 'slim' eky'olufuutifuuti, ekitegeeza okukogga). Bangi bafudde, n'abandi bafiiriddwa ab'enganda zaabwe. Bamulekwa beyongera buli lukya. Olumbe mukenyanya luyitibwa HIV/AIDS mu bufunze (lufuutifuuti).

Emiranga egya buli kiseera mu maka ag'enjawulo, givudde ku nnawookeera wa siriimu atugumbula abantu buli kakedde. Anti eddagala eritwazatwazako obulamu liri ku buseere. Abantu abasinga obungi tebasobola kulyetusaako. Edda kyatwaalanga akaseera okuwulira omuntu afudde. Naye kati enkokoto ebeera tennakala nga baziika mulala ku kiggya kimu!!!!

Abasinga okukosebwa obulwadde buno, be bakaala n'abaana. Uganda y'emu kunsu erimu abaaami abalina endowooza enkyamu nti omusajja talina kuba na mukazi omu. Kuba balina n'enjogera egamba nti "kiri mu butonde omusajja okusajjalaata nga buli gwayagadde amufuna". Embeera eyo tesaasanyizza mukenyanya woowe!! Kuba, omusajja ajja naaba n'omukyala 'ow'awaka'. Oyo nga y'amanyiddwa abangi, katugambe nti nga ye 'w'emikolo' nga okwabya ennyimbe n'okugenda mu ssinzizo. Ku mukyala oyo kwagattika olukunkumuli lwa bakazi; era mu mazima nga mu bo temubuzeemu alika kawuka ka siriimu. Kati teebereza 'olujegere olwo'. Tebakoma okwo, ne badda ku bawala abato abasoma, nabo ne babavulubanya!!!

Mu Uganda, abaami b'ebalama nnyo obuvuunaanyizibwa mu maka. Osanga amaka mangi nga

abakyaala be betisse obuvunaanyizibwa bwonna, gamba nga okuweerera okujjanjaba, n'okwambaza abaana, wamu n'omukyala okwelabirira yye ke nnyi ni. Oba ssente z'abaami be Uganda zidda wa!!! Omukyala yesanga nga talina ssente zigula ddagala liweweza kawuka ka siriimu olwomugugu gwe yetisse. Jjukira nti eddagala eryo omulwadde bwali-tandika talekaayo kulimira. Bwalekayo, entaana nga basima. Kati mukazi wattu asalawo byonna kubik-waasa Katonda. Anti mu Uganda, okusosola abal-wadde ba siriimu, naddala mu bantu bannaffe betubeera nabo, kungi ddala. Kekatunda n'obaako akakwate oba akabonero konna akalaga obulwadde, nga olwo tebakayagala kutuula, wadde okulya naawe. Batandika okukwogerako n'okukuyisa mu ngero. Kabe kasinge n'okugobwa ku mulimu nga bek-wasa obusongasonga obutaliimu. Mu bitongole ebinene, bwe kutuuka okusala ku bakozi, ku bal-wadde ba mukenenya kwe basookera. Awo omuntu natuuka okufa nga yeezinze. Anti nga talina wadde ennusu egula emmere, eddagala, oba eweerera abaana. Mumaka agamu osanga omwami nga yefaako yekka, mu bubba, mungeri y'obujjanjabi (nga yegulira eddagala lya siriimu) nga omukyala tamanyi. Kitalo!!

Engeri abalwadde ba mukenenya gye basosolwa evuddeko abantu okutya okugenda awajjanjabirwa n'okubuudabuuda abalina akawuka. Abantu batya okukeberewa kuba balaba nti tebagasibwa. Engeri gye batasobola kugula ddagala, bwe bakizuula nti balwadde, baggwamu amaanyi nekiviirako abamu okufa amangu.

Omuwandiisi ye Kaddu Justine, mu nna Uganda
– October 10, 2003



Mimi Catherine Benson nilikuja Canada mwaka wa 1990. Wakati nilipokuja niliwekwa kwa jela ya wahamihaji kwa wiki mbili. Baadaye nilitolewa na jamii moja ya waafrica hapa Toronto. Sasa nimekaa hapa kwa miaka kumi na tatu nab ado sijapata makaratasi yangu ya uhamiaji Kwa sababu sikuwa na cheti changu cha kuzaliwa. Nilizaliwa nchi ya Uganda na nikakimbilia nchi ya Kenya wakati wa vita. Nilikuja hapa Canada kama mkimbizi na mpaka sasa sijapata makaratasi yangu. Nilipaticana na ugonjwa wa

UKIMWI mwaka wa 1997. Nilikuwa nimeogopa kuji-tambua lakini sikurudishwa nyumbani. Kwa hivyo nashukuru Mungu nikiomba nipate makaratasi yangu haraka ndiyo nilete motto wangu mwengine kutoka nyumbani.

Immigration and HIV

Since the introduction of the new *Immigration and Refugee Protection Act* (IRPA) in June 2002, many people have wanted to know about how being HIV positive might affect the immigration process. This article will discuss how immigration is affected by an HIV positive status and some of the issues to watch out for. Immigration law and the problems you encounter can be very complicated. It's a good idea to seek legal advice if you have questions. Contact HALCO for basic information. HALCO can help to refer you to an immigration lawyer who may be able to assist you, and tell you whether you might be able to get legal aid assistance to pay for a lawyer.

In a number of ways, the *IRPA* is better for People Living with HIV/AIDS (PHAs) than the old legislation. Some problems remain unsolved, however.

Currently, Immigration's policy is that everyone who goes for a medical exam who is 15 years old or older, must have an HIV test. If you are under 15 when you go for your immigration medical exam, you will only be tested for HIV if you have an HIV-positive parent, have had a transfusion sometime in the past, or are being adopted in Canada.

Canada's immigration law has rules about who can come to Canada and who can stay. The law uses the word "inadmissible" to describe people who cannot stay in Canada. There are different kinds of "inadmissibility". For example, you could be inadmissible because of a criminal record, for security reasons, for committing crimes against humanity, or because you have a medical problem (medical inadmissibility). For people with HIV, it is "medical inadmissibility" which usually causes a problem.

A person may be found to be medically inadmissible if their health condition means that they are likely to be a danger to public health or public safety. In Canada, we do not believe that people with HIV

are a danger to public health or safety. A person may be found to be medically inadmissible if their health condition means that they might need a lot of care in the future from Canada's health and social services. Immigration officials in Canada usually believe that someone who is HIV+ will need a lot of care in the future from our health and social services ("excessive demand"). People with HIV are usually found to be medically inadmissible on "excessive demand" grounds.

However, it is important to note that with the new IRPA a number of important changes were made which make things better for PHAs who are immigrating to or making refugee claims in Canada.

First, successful refugee claimants are exempt from the "excessive demand" rules. This means that if you make a refugee claim and you are found to be a Convention refugee or a person in need of protection, your HIV status won't be a barrier. It is very important to note, however, that HIV positive refugees should make sure to make their application for permanent residence in Canada within 6 months of being found to be a refugee. If you wait longer than six months to make your application for landing, then your application for landing could take a lot longer and would be much more complicated.

Second, the rules under the Family Class sponsorship have changed. "Sponsorship" is when a person who is already a Canadian citizen or permanent resident "sponsors" another person to become a permanent resident. This means they sign an agreement saying that they will be financially responsible for the sponsored person for a set period of time. For spouses and partners, sponsorships agreements have been changed from ten years down to three years. For dependent children, the sponsorship lasts until the child is 25 years old, or 10 years, whichever is shorter.

Usually, sponsors are in Canada and the sponsored relative is outside of Canada. Sponsorships under the family class include spouses (someone you are legally married to); common-law partners (someone you have lived in a conjugal, or marriage-like, relationship with for at least one year); conjugal partners (someone you have been in a conjugal relation-

ship with for at least one year, but who lives outside of Canada); dependent children (under 22, not married or common-law and without children of their own); parents; and grandparents. It's also possible to sponsor some other relatives, like brothers, sisters, nieces or nephews, but only if they are orphaned.

Under the new immigration laws, some of these sponsored relatives will be exempt from the excessive demand rules: spouses, common-law partners, conjugal partners and most dependent children. This means that even if the spouse you are sponsoring to come to Canada is HIV+, the excessive demand rule will not be used to deny them permanent resident status. It's important to remember that the ONLY family class sponsorships that are exempt from the excessive demand rules are spouses, common-law and conjugal partners and most dependent children. So parents, grandparents and other relatives would still be denied because of the excessive demand rule.

Another change means it is now possible to sponsor a spouse or partner who is already here in Canada with you. This is called the "Spouse or Common-Law Partner in Canada Class". In order to qualify, the person being sponsored must already have some legal temporary status in Canada, like a work or study permit, or a temporary resident permit.

Some people who are denied under the excessive demand rule might still be able to get some temporary status in Canada. This is called a Temporary Resident Permit (TRP). You might get a TRP even if you're not eligible for permanent resident status if there are very good reasons (such as humanitarian and compassionate or national interest reasons) why you should be allowed to come into and/or remain in Canada. TRPs are usually valid for one year, and can be renewed or cancelled at any time. Most TRPs do not let you leave Canada and then come back. If you have a TRP and you have to leave the country, make sure to request a change to the TRP to allow for multiple entries. Unfortunately, people on TRPs are not eligible for health care coverage. If you have a TRP for three years, you can apply for landing, and you will be landed as long as you haven't become inadmissible for any other reason (like being on social assistance,

or committing a crime). People who are granted TRP's can also apply for work permits so that they can find work legally while they are here.

HIV, Immigration & Health Care

One of the most common questions for PHAs who are moving through the immigration system is about where and when they can get health care coverage.

If you are claiming refugee status, you will be covered under the Interim Federal Health Plan (IFH) as soon as your claim is acknowledged. IFH covers essential medical and dental care. If you are found to be a convention refugee, you are eligible for OHIP once you apply and wait three months.

If you are sponsored under the family class and you are not stopped by the excessive demand rules, then you will be eligible for OHIP three months after you apply for it as a permanent resident. OHIP covers the cost of medical care, but not the costs of medications. If you are eligible for OHIP, you might be eligible for the Trillium Drug Program, which will help you to cover the costs of expensive medications. You can find an application for the Trillium Drug Program at your pharmacy.

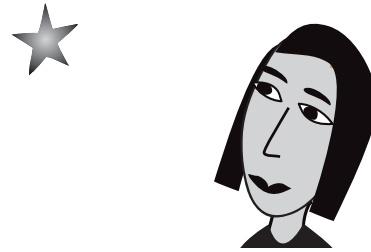
If you are here on a Temporary Resident Permit, or you're in Canada as a visitor, student or worker, the only way to get health care and drug coverage is to pay for it. Some Community Health Centres have the ability to provide care to uninsured individuals, but this does not include medications. It can be helpful to connect with local AIDS Service Organizations to discuss what options there are for accessing HIV medications.

You can also get coverage for medications through social assistance. If you are on social assistance (Ontario Works (OW) or Ontario Disability Support Program (ODSP)), then you will have a drug card, which provides coverage for medications on the Ontario Drug Formulary, including most HIV medications.

However, you should know that if you were sponsored, and you go on social assistance during the sponsorship period, then your sponsor will be required to repay the social assistance you received.

Also, if you are a TRP and are on social assistance at the time you make your application for landing, you might be denied landing because you are inadmissible on financial grounds.

Immigration law is complicated and can be very confusing. Remember to ask lots of questions and seek good legal advice to help you make decisions.



La Mujer Latina/ Hispana y el VIH/SIDA

Las mujer Latina/Hispana continúa siendo un grupo de alto riesgo para adquirir el VIH. Son muchos los factores que influyen, entre ellos: El "machismo" que continúa teniendo una fuerte influencia en la decisión de tener sexo protegido o no.

La mujer Latina/Hispana, todavía tiene dificultad para hablar abiertamente con su pareja sobre los riesgos de ser infectada; además, el que él/ella pueda pensar que hay desconfianza, o que está teniendo sexo con alguien más. El hecho de que hombres que tienen sexo con hombres, pero no se consideran homosexuales ni bisexuales, tienen sexo desprotegido tanto con hombres, como con mujeres.

En Canada, las mujeres jóvenes aunque la mayoría tiene la información sobre sexo seguro, existe la tendencia entre los jóvenes (ella/él) de tener sexo desprotegido: ya sea por efectos del alcohol/uso de drogas, por la falta de habilidades para negociar sexo seguro, por el temor de perder a la persona que ama (novio/a pareja) y/o ser rechazada.

El índice de mujeres diagnosticadas con VIH ha aumentado en un 26% y entre mujeres de 15 a 29 años, el aumento ha sido de 44.7% (de acuerdo al Reporte de VIH/SIDA en Ontario-2002).

Factores Que Afectan a La Mujer Latina/Hispana Para Adaptarse a Vivir Con el VIH

Cuando la mujer de origen Latino/Hispano, se dá cuenta que es VIH positiva, la primera reacción es aislarse... por vergüenza, temor al rechazo de su pareja, familia, amigos/as.

Esa tendencia tiene mucho que ver con los mitos, el nivel de información que la persona tiene sobre el tema, el desconocimiento de los recursos de apoyo que existen, y su temor a no encontrar a quien poder confiarle su “terrible secreto”.

En muchos de los casos, este “secreto” se une a otra serie de problemáticas que la mujer ha tenido que enfrentar como el ser inmigrante en un país nuevo, sin recursos económicos, con la barrera del idioma, estar o haber pasado por situaciones traumáticas como abuso físico, emocional, sexual o todos, ser rechazada por su orientación sexual y lo que ello implica.

Verse enfrentada a esta nueva situación de ser VIH positive, le aumenta sus niveles de angustia, ansiedad, tristeza, depression, ira, culpabilidad, desvalorización y muchos otros sentimientos que le impiden pensar claramente para buscar ayuda adecuada a sus necesidades físicas, emocionales y de salud.

Es importante saber que si no tiene una persona cercana en quien confiarle “su secreto” y que pueda orientarla; sí existen recursos que pueden ayudarle a tener información adecuada para seguir adelante con su vida, lidiar con sus emociones y tener la oportunidad de tomar decisiones informadas sobre lo que más le conviene.

El Centro para Gente de Habla Hispana le ofrece a las mujeres VIH Positivas, un espacio individual, confidencial y en su propia lengua, para hablar sobre sus temores y necesidades, a través de Terapia Psicológica individual, un Grupo de Apoyo para compartir con otras mujeres sus experiencias como personas VIH +, intérprete español/inglés para sus citas médicas, Información telefónica o en persona sobre temas relacionados con VIH/SIDA, otras Infecciones de Transmisión Sexual y su Salud Sexual.

Llamanos A Nuestra Línea Informativa Confidencial y en ESPAÑOL: 416 925 2800

La Flecha Rota

LAFLECHA ROTA: es mi “seudonimo” iuso este termino porque-asimeciento, Al principio aberllegado a este paraíso que es parami la bella ciuda de CANADA fue ermoso verlas ardilla por primeves en mivida me pasaba horas pegada ala ventana tantas que mi esposo pensaba talbes que miraba algo mas luego la blanca nieve fue- ermoso para “mi y mis hijos era como estar en el cielo si solo me faltaban los angeles.(PERO UN DIA ESTE PARAISO EMPESO A OSCURESER) hasta llegar a terminos graves desiciones bruscas y definitivas. Corriendo con la mala-suerte de en con trarme con algo que nuncame ymagine como es el (H I V) esto vino a cambiar completamente mi-vidad mis iluciones mi alegria.

En cuanto a descriminacion pues no estoise gura. porque no se exactamente que es loque sienten los de mas cuando ven que tienen que- tomar una muestra de sangre a una persona con (SIDA,O, HIV). pero lo unico que te puedodecir es que se siente horrible que alguien tepregunte en frente de todo un consultorio que estan buscando los medicos que siera HIV. yo quise morir en aquel momento tan vergonzoso.jamas antes abia centido tanta vergüenza y dolor ala vez por- que esta enfermeda duele cada dia cuando te miras al espejo.

La imagen que miras es cada dia diferente si por unas horas te logras olvidar de que eres una FLECHA ROTA que llanuncamas vorbera-hacer igual nique la sorde el mejor soldador del mundo creo mas bien que volber a quebrarla seria como una desintegracion anatomica don solo que darian los fragmentos de lo que un dia fue una flecha de guerra salvando la vida de su poseedor integra firme apuntando siempre al blanco dando la victoria a suposeedor.

Pero Hoy solo soy una flecha rota. con fundida illena de frustraciones.

Member of Voices of Positive Women
C.S.

Resources for HIV Positive Women

2-spirited People of the 1st nations
416 944 9300

Access Alliance Multicultural Community Health Centre (Multicultural Community Health Centre)
416 324 0924

African Community Health Services (ACHES)
416 591 7600

Africans in Partnership Against AIDS
416 924 5256

Alliance for South Asian AIDS Prevention (ASAP)
416 599 2727

Anishnawbe Health Toronto
416 360 0486

Asian Community AIDS Services (ACAS)
416 963 4300

Black Coalition for AIDS Prevention (BlackCAP)
416 977 9955

Centro Para Gente de Habla Hispana Centre for Spanish-Speaking Peoples; AIDS Prevention and Support Program
416 928 2800

Centre Medico Social Communautaire (CMSC)
416 922 2672

Immigrant Women's Health Centre
416 323 9986

Lawrence Heights Community Health Centre
416 787 1661

Philip Aziz Centre
416 363 9196

St. Stephen's Community House
416 926 8221

The Canadian Africa Centre
416 691 7407 ext 234

VIVER (Portuguese Speaking HIV/AIDS Coalition)
416 340 8484 ext 290 or 242

Women's Health in Women's Hands
416 593 7655

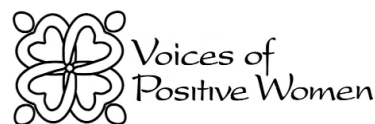
York Community Services
416 304 0250 or 416 653 5400 ext 227



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for your information

is produced and distributed by members, volunteers and staff of Voices of Positive Women. VOPW produces this publication for HIV positive women in Ontario. We encourage HIV positive women to share this publication with other positive women who may not be on the mailing list, and anyone who may benefit from the information.

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