



# WORLD\*

\*WOMEN ORGANIZED TO RESPOND TO LIFE-THREATENING DISEASES

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Number 154

by, for and about HIV positive women and their loved ones

## This Issue: International Focus on Women Living with HIV



Drop-in centre in Kenya, Africa

### An African Woman's Story

This is the story of Jane, interviewed by Naina Khanna

I grew up in a big family. Things were good when I was young, but when my dad took a second wife, my parents started to fight. Things were so bad at home I often spent the night at a friend's place. She had a 25-year-old brother who took care of me. He bought my school uniforms and even my sanitary pads. We got married and three years later he told me he had a son whose mother had just passed away. So we took in the boy. I had two children of my own shortly after that. I had been teaching for some years but transferred to the hotel industry because the pay was better. I was doing a lot of traveling for my job and that's when my own marriage started to take a turn.

My husband and my close friend had an affair. She died of AIDS and two years later my husband got very sick and passed away. In my country, we mourn for 40 days. When I came back from burying my husband, everything in the house had been taken by my in-laws: my teaching certificate, our car, even my husband's death certificate. Without that death certificate, I had no rights to our property. I left my job and moved to the countryside to be with my family. Everyone told me to keep quiet about my problems. In our society we care about the reputation of the family more than the family itself.

I got tested for HIV five times in remote provinces of Kenya before I finally accepted my own positive result. My father wouldn't allow me to leave the family

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### A Brave Teenager

by Anna Jackson,  
WORLD Peer Advocate

I recently attended The International Women's Summit on HIV in Nairobi, Kenya. The experience was one I will treasure, not only because of the people, the country and the hospitality—but because of one 15-year-old young woman.

This story is about a teenager named Stephanie who is HIV+ and living in Australia, the country referred to as "down under" or "the lucky country." Here is what Stephanie has to say about the lucky country:

"Lucky, perhaps if you aren't HIV+—and unlucky because in a land of beautiful and unique living things such as kangaroos, koalas and platypus, teenagers like me live in fear. You may believe that because the medical care is good in Australia, so is the social side. You would be wrong.

When HIV/AIDS was first discovered in our country, the community response was immediate and strong. Medical teams were mobilized into action and AIDS wards were established in our hospitals.

When I was playing with building blocks, there was an HIV/AIDS campaign with images of the grim reaper 'bowling' over women and

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compound and I became a shadow of my former self. My older brother came to visit. He said, "I'm not leaving you here. You will come to Nairobi, join a

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*Michael said, "I can't hire you to work in the school, because there is too much stigma. What else can you do?" I said, "I can paint and draw." He hired me to help remodel the church and was very pleased with my work.*

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support group and life will go on." So I went to his house.

My brother's wife stigmatized me. All my utensils were separated and the maid washed my sheets with a whole bottle of disinfectant. Even my clothes weren't hung on the same line. My brother would give me the bus fare for support group and I saved some money each time. Six months later, I went to live on my own in a slum area outside Nairobi. I paid 1500 Ksh (US \$30) for a few months' rent. All I had was a padlock and some scarves. The second month I was there I got pneumonia and TB. The neighbors heard me coughing and called Michael, a priest from the Catholic Church, who brought me a mattress and warm clothes and took me for treatment. After a few months I got stronger. Michael said, "I can't hire you to work in the school, because there is too much stigma. What else can you do?" I said, "I can paint and draw." He hired me to help remodel the church and was very pleased with my work.

My monthly supply of food came from the parish. But Michael left and a new African priest came into the church. That new priest wouldn't give me food unless I had sexual relations with him. He was very forceful. I was dying of hate, humiliation, and shame—but I had to put food on the table for my kids. Finally I reported him to the diocese. The priest beat me and was eventually transferred to another parish. He continued to send me threatening

messages and told all the places that had ordered art from me to cancel their orders. I had a hard time getting work and started to look for work at the NGOs (Non-Governmental Organizations). Through one of the organizations, I was trained in facilitation and public speaking. We didn't get paid much for the work we did and I was still trying to feed my kids. The founder of that NGO was a polygamist and wouldn't increase our salaries unless we had sex with him. So I left. I survived by sheer luck—doing some public speaking and with my art. But in 2006, my body started to reject the ARVs (anti-retrovirals). One evening I collapsed and was rushed to the hospital. I had dropped from 78 kg (172 lbs.) to 36 kg (70 lbs.). Everyone thought I was dying. But after one and

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*We started a support group called "Christians Changing Lives Indentured by AIDS and Poverty."*

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a half months, I got up and went home. My landlord said, "Nobody with AIDS is dying in my house." Even the friends from my support group were afraid to come and help me move.

Last year I gave a testimony in my new church. Afterward people came up and talked to me. We started a support group called "Christians Changing Lives Indentured by AIDS and Poverty." Three of us are willing to speak out. The rest are still afraid to come out publicly. So far I have talked in two Pentecostal churches. But they don't let us talk about condoms. They believe HIV comes from sin.

I don't have my kids right now, because I can't afford to pay their school fees. I support myself through my art, and survive by the sheer grace of God. Most of my public speaking work is voluntary.

The biggest challenges facing women in my community are the loss of property and the loss of rights. Poverty leads people to desperate actions. Many of the women I know are getting involved with married men

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*The donor community must work hand in hand with the grassroots communities.*

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as their mistresses. One month into the relationship the man starts to demand sex without a condom but he won't get tested.

They say the situation is getting better, but from the slums, nothing is improving. The woman with a computer in her office is the same woman who gets the latest information. She is the same woman who knows about the International Women's Summit. She is the same woman who attends. Nothing is penetrating down to those who need it most. Some of the people who sit on the committees allocating resources have never been to the Kenyatta National Hospital. They have never been to the slums. NGOs fund big cars for their directors, but I've been in a village where people don't yet know about ARVs. The donor community must work hand in hand with the grassroots communities.

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*Women should learn to speak with one voice. We must develop leadership and stand together.*

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Some people in Kenya are gaining from the AIDS funds. A lot of them are not HIV+. Most of the groundwork is accomplished by volunteers.

Donors should bring the money directly to FBOs (Faith Based Organizations) or CBOs (Community Based Organizations). If you want to know whether people's lives have improved, look at whether the environment around them has improved. People's environments are not improving. You can see this where I live.

Women should learn to speak with one voice. We must develop leadership and stand together. ♦

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children in a horrific 'bowling alley of death.' It dominated the airwaves. The community was so fear stricken, they wanted nothing more than to get rid of the 'diseased people.'

Today, because of that fear, I am unlike other schoolgirls. I have to deal with secrecy, discrimination, uneducated attitudes, what to tell my negative friends, and the constant fear of being "found out."

You see, a normal activity for an Aussie teen is sleeping over at a friend's house. However, for me, it is not as easy as packing a toothbrush and pajamas. I have to hide my medication from my friends and their families.

I am a survivor. I was born and have lived through a war that the newly diagnosed have no concept of. No one expected me to live due to the ineffective treatment available at the time. No one except my mum. She did not listen to what the doctors had to say.

For any teen, high school is hard. But for me the cloud of secrecy looms over my head daily. I have heard the worst of the AIDS jokes. I separated myself from the ones who told the jokes. When I disclosed to the vice principal of the catholic school I attended, I was told to tell everyone or leave the school. Even though it was illegal, the school continued to discriminate against me and told the entire faculty I was positive. I cried for two days. Early on the third morning, my mum and I went to collect my belongings, and I left. I had committed social suicide. You see, it was the middle of my seventh school year. That is the year when most of your life long relationships are formed.

Living with all the secrecy, discrimination, and stigma, there is one time every year that I can be me. That is at national camp, Camp Goodtime. It is for HIV+ children and their families. At Camp Goodtime having HIV is no big deal. It is all about having fun, seeing old friends, remembering friends you have lost, and celebrating life.

I will never forget a speech given by 16-year-old Shannon at a camp remembrance ceremony, where we release balloons that contain messages of love for family and friends who have died. Shannon had just lost his



Anna Jackson (l) with Stephanie (r)

parents. Because Shannon was at Camp Goodtime he knew that he was loved, supported and in a safe place to talk about his parents. Shannon said something that day that has allowed him to get through every day. "Those who matter don't mind and those who mind don't matter." That saying has stuck with me all this time. And now it is my turn to inspire the younger ones with those same words.

Many positive children in Australia are not told they are HIV+ until their late teens because their parents are afraid to face not only the illness, but the stigma, discrimination and isolation. Imagine being the kid telling the AIDS jokes, and then finding out you are HIV+. If the education were better at schools, these children would know that they are not a 'dirty infected child.' They would know that they could live successful and fulfilling lives."

*Meeting Stephanie taught me a couple of things. One, do not underestimate the power of a young voice. Two, young people have a lot they can teach adults. Every time I saw Stephanie at the Conference, she had a smile that would light up the room and a hug for anyone who wanted one.*

*You go girl, the world is waiting for you! ♦*

## Snapshot from India: A Little Love Goes A Long Way

*This is the story of Surjit, interviewed by Shalini Eddens.*

In December 2006, I went to India to be a part of a program for women and HIV sponsored by the U.S. State Department. I talked with students, community-based organizations and groups of positive women about WORLD and the state of women and HIV in the U.S. It was a truly inspiring and moving experience.

One of the many places I visited was Amritsar in northern India. There is little awareness about HIV in Amritsar and most people living with HIV experience extreme stigma from family, community and medical providers.

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*When I arrived, I was greeted by one of the women with a garland of flowers. I felt like royalty!*

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My first meeting was with a group of positive women organized by Dr. Rakesh Bharti, a local doctor. When I arrived, I was greeted by one of the women with a garland of flowers. I felt like royalty! There were about twelve women, a few with their children. I introduced myself and told them about WORLD and the work that we do. I asked if anyone had questions or wanted to me to talk about something specific. They were silent with glazed-over looks. I panicked!

Finally the same woman who had put the garland on me spoke up. She wanted to know more about positive women in the U.S. and how they lived. After the talk, she hugged me and thanked me for coming. She was so excited and had a smile that brought tears to my eyes. Her smile was so beautiful and vibrant.

Her name is Surjit and I will never forget her. I invited her to come and have tea with me later that afternoon at my

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# International Women's Summit Report Back

by Hazel Betsey and Naina Khanna

More than a quarter century into the HIV pandemic, the International Women's Summit in Nairobi, Kenya, July 4–7, 2007, was the first international gathering that focused on women and HIV. Organized by the YWCA and ICW (The International Community of Women Living with HIV/AIDS), the Summit began on July 4th with a one-day forum open exclusively to HIV+ women, attended by more than 250 participants from around the world. For the next three days, the audience consisted of 1,500 women from 135 countries. Since admission to the Summit cost several hundred dollars, many women impacted by the epidemic were unable to attend. In response, several town hall meetings were organized just outside the gates of the Kenyatta International Conference Center (where the World Social Forum took place earlier this year). Major themes throughout the summit and parallel events included:

**(1) Meaningful leadership of HIV+ people at all levels of organizing around HIV and AIDS, particularly HIV+ women and girls.** Dawn Averitt-Bridge and Alice Wellstone took that a step further, calling upon HIV+ women in positions of leadership to bring another positive woman to the table with them. 15-year old Stephanie from Australia, born HIV+, shared her experiences with school discrimination and requested mentorship from elders in the community in an eloquent speech that brought many of us to tears (See Stephanie's story on page 1.) My Pen of Cambodia shared with us her strategies to train positive women in media skills to amplify their voices in the public domain.

**(2) Sexual and reproductive health rights of women living with HIV.** Gcebile Ndlovu of Swaziland and Candrika Phalita Ratri from Indonesia spoke on the right of a woman living with HIV to choose whether or not to have children; the right of women living with HIV to have sex; and the fact that positive women sometimes stigmatize each other's reproductive choices.

**(3) Gender equality, including land and property rights and economic empowerment of women.** Inviolata Mwali Mmbwavi, founder of NEPHAK (Network of People with HIV and AIDS Kenya), demanded that gender must be taught as a subject in primary school. Additionally, a repeated theme was the gendered approach to HIV testing—women receive testing during prenatal care or labor—but their husbands or male partners often refuse to get tested once the woman has tested positive. In some cases, a husband abandons his wife after she tests positive for HIV, and she has no legal means to claim land, property, or even her children. (See Jane's story on page 1). Furthermore, men and boys need to be educated on how to use protection during sex, and how to end violence against women and girls.

**(4) Vulnerability of Orphans.** When Khadijah was orphaned at the age of 19, she was immediately married to a man from her Muslim community in Kogorocho, a slum area just outside Nairobi. Today, Khadijah is a 26-year-old single mother of two and volunteers her time as coordinator of The Link, a community-based organization that networks 32 organizations working with women and girls in the Kogorocho area. The Link has a number of its own programs, including a support group for women and a bulk food-buying program that 100 women currently participate in. Khadijah is currently running for Councillor of her district against 18 men, and plans to run for Parliament in a few years.

**(5) Education of the Girl Child.** In the context of limited money for school fees and supplies, male children are preferentially educated—further limiting employment options for women. Seventeen-year-old Shakila was orphaned two years ago. She has always been an "A" student, but is sent home from school almost daily because she currently owes 19,000 Kenyan shillings (about U.S. \$300) in school fees for the past three terms. Shakila approached Khadijah recently to ask her to help find a job cleaning someone's

house. Instead, Khadijah is seeking a sponsor to keep Shakila in school.

**(6) Follow the Money.** Much of the work being done on the ground is voluntary— as in the case of Angeline, a home-based caregiver who has been visiting the ill in her community for 14 years to deliver medication and food to those who need it. Angeline became a home-based caregiver after she herself had been bedridden for over a year due to illness. According to Angeline, there are 99 home-based caregivers in the Kogorocho area, about 50% of them HIV+, and most of them women. These women visit five to ten patients each day, every day, year round—voluntarily. They collect and deliver HIV medications, and bring patients who are not bedridden to the local clinic to see a nurse. Angeline says, "If someone becomes sick in the night, we don't even have a car to take them to the hospital – they can just die. Yet we are told there are millions of dollars coming to fight HIV in our country. We want our government and those allocating funds to list exactly where all of this money from the donors is going." Women leaders need to focus on identifying mechanisms for community groups to tap into the monies.

**(7) The need for Food Security.** While access to Antiretroviral Therapy (ARVs) is increasing, in many communities there is a desperate shortage of food—particularly for sick individuals who may neither be able to tend to their own vegetable garden nor work for pay. Lucy, a 35-year-old bedridden patient in Kogorocho with two small children, is entitled to one bowl of food each day from a distribution center. Many ARV regimens have food restrictions—they must be taken with or without certain foods. Access to medication without ensuring access to healthy foods and clean drinking water is virtually meaningless.

**(8) The need for Female-Initiated Prevention Options.** Since women are often not in a position to negotiate

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condom use with their male partners (and since 60% of new female infections are among married women), we must explore alternatives. The development of new HIV and STD prevention technologies, such as microbicides, came up a number of times as a promising option for women worldwide. (Microbicides are gels and creams currently being researched that

*We are proud of the millions of women taking leadership in their communities globally, in founding positive women's networks, treatment action councils, and many community-based organizations.*

can be topically applied on the vagina or rectum to prevent transmission of HIV and other STDs).

**(9) Women, Treatment and Clinical Trials.** Currently women are often only treated after they have become pregnant or have children. Speakers spoke about the need for treatment that is available to all women. In addition, it was recommended that treatment, prevention and support for women be combined to ensure comprehensive care for women.

Women need to be included in clinical trials and educated about their rights. The private sector needs to make medication available to clinical trial participants even after clinical trials end.

The rising rates of HIV among women globally are a symptom of much deeper social issues that must be addressed. We are proud of the millions of women taking leadership in their communities globally, in founding positive women's networks, treatment action councils, and many community-based organizations. WORLD stands in solidarity with our sisters around the globe in advocating for the rights of women and girls and universal access to HIV prevention, treatment, and support. ♦

## Pledge of Action

One of the outcomes from the Nairobi Summit was this Pledge of Action, reprinted below. We believe the themes of this Pledge are relevant to all of us—whether in an urban North American city or a rural area in Kenya. We at WORLD support this pledge and hope readers will also.

*I pledge to do everything in my capacity to respond positively, proactively, and practically to the unprecedented challenges presented by the global AIDS pandemic.*

### IN MY OWN LIFE

- I will continually challenge my beliefs, question my negative assumptions, and confront the seeds of discrimination, prejudice and stigma that perpetuate the spread of HIV.
- I will use thoughts and words which are inclusive and respectful of others, seeking to build on what unites us and not what divides us.
- I will reach out and make connections with those most disenfranchised and affected by HIV, always questioning motives for my actions and showing empathy.

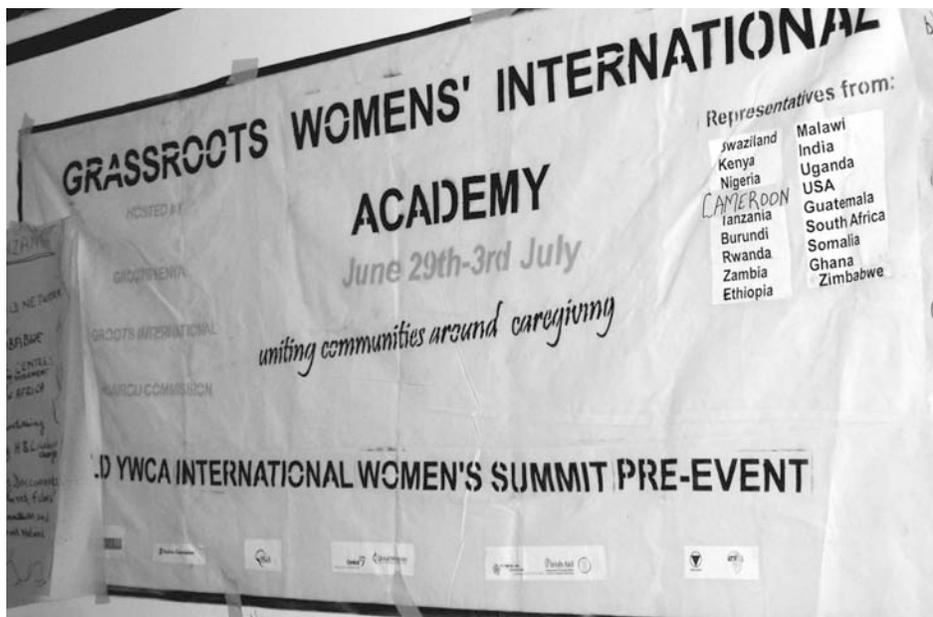
### IN MY HOME, WORKPLACE & FRIENDSHIPS

- I will support others to overcome negative beliefs, attitudes and practices towards HIV and AIDS and people living with the virus.
- I will increase my awareness and that of others about the presence and relevance of HIV and AIDS in all of our communities.
- I will uphold the human rights of all women and girls.
- I will challenge all forms of gender inequality, racism, and other forms of social, economic, political, and legal injustice.
- I will confront individual behaviors and institutional strategies that place women and girls at risk of violence and HIV infection.

### IN MY COUNTRY

- I will create meaningful spaces for the issues and views of women and girls living with HIV and their caregivers to be heard and included.
- I will encourage service providers working on HIV and AIDS to prominently, openly and conscientiously promote equality in all that they do.
- I will commit my time and resources to organizations working toward a better future for women and girls, and especially for those working to address the impact of HIV and AIDS on women and girls.

*By signing this pledge I commit myself to be an agent of the change I wish to see in the world through all I think, say and do.*



Grassroots Women's International Academies ([www.huairou.org](http://www.huairou.org)) provide an opportunity for grassroots women to exchange development knowledge regarding Home-Based Caregiving.

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hotel. She was thrilled to join me. The two hours I spent with Surjit were some of the most special moments of my trip. She is a testament to the courage and strength of positive women.

Surjit was diagnosed in March 2004. She was infected through a blood transfusion that she received after being in a train accident. She is a widow and has two adult children. One day Surjit noticed she had an insect bite on her

This was a university hospital. A group of medical students came in and looked at her. Apparently, they had never seen a person who was HIV+. The group of students and the doctor took pictures and wrote down notes.

Surjit didn't know about HIV. She only knew that it was a serious illness and she was going to die. She was very frightened, not knowing who would take care of her children.

*Eventually the doctors told her that she had HIV and sent her home. She was told that there was no treatment and she was going to die.*

side. She waited for it to go away but it didn't. Eventually her children took her to the hospital, which was very far away. The doctors gave her some medicine, which didn't help. Her children took her to the hospital again. She was so sick that she couldn't walk or sit.

She stayed in the hospital for two or three days and the hospital personnel ran tests. The doctors didn't tell her or her children why the tests were being done. Eventually the doctors told her that she had HIV and sent her home. She was told that there was no treatment and she was going to die. When the doctors came into her hospital room, Surjit could tell they were talking about her and keeping their distance.

It was not easy for Surjit to find good medical care. Her children went through much difficulty to find a good doctor. Both of them had to work to help pay for her medical care. They went to every doctor in the area and they were treated harshly. No help was offered.

Eventually, someone told them about a good doctor. His name was Dr. Bharti and he took care of a lot of other HIV+ people. Surjit went to see Dr. Bharti and he told her that she wouldn't die. He gave her water and tea and called his wife. Mrs. Bharti told Surjit not to worry, and that the doctor would give her medicine at no charge.

Surjit worked at a private school and when she came back from the hospital,

## XVII International AIDS Conference

August 3-8, 2008  
Mexico City

Would you like to help raise the profile of women living with HIV at the next international AIDS conference?

Women have become the global majority of those infected with HIV. We believe it is critical that as many HIV+ women and their allies get to Mexico City as is possible.

Join the women of WORLD as we work with allied organizations globally to demand that women's issues be heard loud and clear.

Visit the conference website for more information: [www.aids2008.org](http://www.aids2008.org).

Scholarship applications will be available on the website in December. The deadline for scholarship applications is February 26, 2008. ♦

she tried to go back to the school. The principal told Surjit to take a vacation and go home until she felt better to come back. The principal of the school called an emergency meeting and told everyone to stay away from Surjit. He announced that no one should eat with her, touch her, or invite her to gatherings. Most of the students followed the principal's orders even though they really liked Surjit.

Surjit went to a meeting in Chandigar, a nearby city where an American professor was doing a presentation. She met other HIV+ people there. They talked to each other and realized that they were not alone.

Surjit has been receiving treatment for two years now. She is back at work, but people still stay away from her.

"My kids just love me. We sit together and eat. Everyone who finds out treats me differently-only my children are loving to me."

This is the power of love, which has given Surjit a new life. ♦



WORLD All-Stars at the 2007 San Francisco AIDS Walk

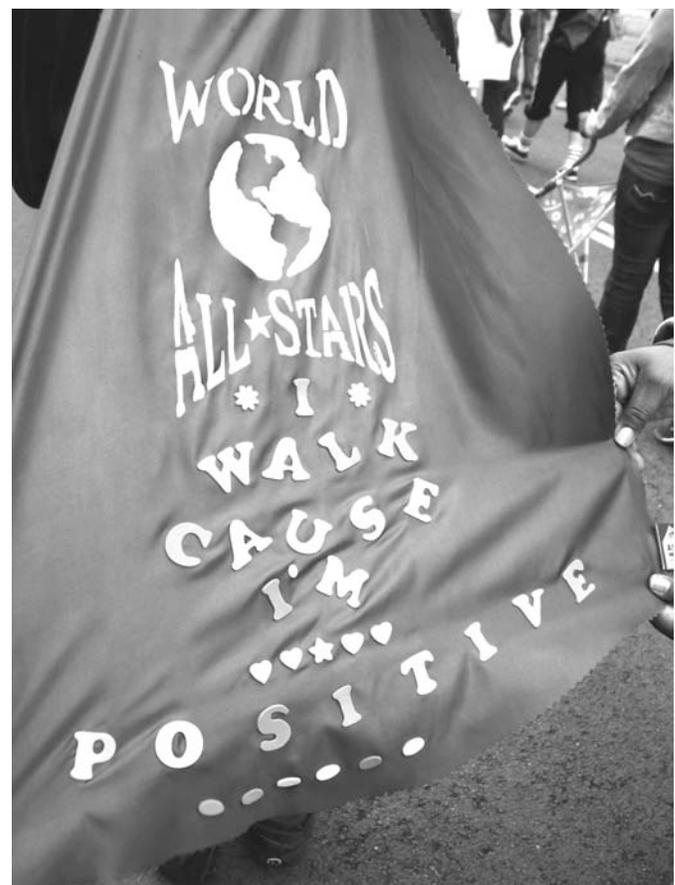
## WORLD Announces First Bay Area Summit on Women & HIV

As an organization working with HIV+ women, WORLD is often asked to represent the views, perspective or “voice” of women living with HIV at meetings, conferences and media events. Over the years, we have attempted to convey the message that we do not represent the views of all positive women or even the majority of HIV+ women. In our planning meeting at the end of 2006, we decided to bring together a large number of HIV+ women to share thoughts, ideas, and inspiration, as well as identify needs in the community. In surveying positive women in the community and allied organizations, we found a lot of enthusiasm and support for this idea!

WORLD is pleased to announce that for World AIDS Day 2007, we will host Live, Love, Learn, Lead: A Community Summit on Women and HIV. The all-day Summit will take place on November 30, 2007 and is open to HIV+ women\* and allies\*\*. Workshops will be conducted in English and Spanish. For the Summit, 150 spaces will be reserved for HIV+ women. We will also host a special event the evening before exclusively for HIV+ women\*. ♦

\* Woman = anyone identifying as a woman, including transwomen.  
 \*\* Allies = Families, friends, male and female partners of HIV+ women, community members, providers, & any other interested individuals.

Registration for the Summit will open in mid September. For more information on the Summit or the Pre-Summit event, please visit: [www.womenhiv.org](http://www.womenhiv.org), or call 510.986.0340.



# National & International Calendar

- October 15, 2007:** National Latino/a HIV/AIDS Awareness Day (U.S.). [www.hhs.gov/aidsawarenessdays](http://www.hhs.gov/aidsawarenessdays)
- October 24–26, 2007:** 15th Annual HIV/AIDS Update & Border Summit, South Padre Island, Texas. For information: [www.valleyaids.org](http://www.valleyaids.org) or [crsmith.vac@tatchc.org](mailto:crsmith.vac@tatchc.org)
- October 31–29, 2007:** Fourth Asia Pacific Conference on Reproductive and Sexual Health and Rights. Hyderabad, Andhra Pradesh, India. For information contact Ms. Francesca Barolo. [www.4apcrsh.org](http://www.4apcrsh.org)
- November 7–10, 2007:** U.S. Conference on AIDS, Palm Springs, CA. National Minority AIDS Council (NMAC). For information: (202) 483-6622 or [www.nmac.org](http://www.nmac.org).
- November 8–9, 2007:** United to Move Forward: Harm Reduction Approaches to Tough Social Problems. Honolulu, Hawaii. For information: email [pupukahi@gmail.com](mailto:pupukahi@gmail.com) or call (808) 853-3280.
- November 29, 2007:** Pre-Summit HIV+ Women's Event (evening)
- November 30, 2007:** A World AIDS Day Summit on Women & HIV—Oakland, CA. Please contact Naina Khanna at WORLD. (510) 986-0340 X316 or [nkhanna@womenhiv.org](mailto:nkhanna@womenhiv.org).
- Dec 1, 2007:** World AIDS Day. Leadership is the theme for World AIDS Day 2007 and 2008. The campaign slogan is "Stop AIDS. Keep the Promise".
- December 2–5, 2007:** National CDC Prevention Conference—Atlanta, Georgia. For more information: [www.2007nhpc.org](http://www.2007nhpc.org) or (800) 772-8232.
- December 5–8, 2007:** International Drug Policy Reform Conference. New Orleans, Louisiana. [www.drugpolicy.org](http://www.drugpolicy.org). or (212) 613-8030.
- December 8, 2007:** Cruzando Fronteras. Northern California Latino HIV Encuentro. Oakland, CA. For more information contact Jorge Zepeda at (415) 487-8034.
- December 12–15, 2007:** International Symposium on Tropical Medicine and Hygiene. Karachi, Sindh, Pakistan. [www.aku.edu/new/seminars/rstmh](http://www.aku.edu/new/seminars/rstmh)
- February 3–6, 2008:** International Union Against Sexually Transmitted Infections—Asia Pacific Congress. Dubai, UAE, United Arab Emirates. [www.iusti.ae](http://www.iusti.ae).
- February 24–27, 2008:** Microbicides 2008 Conference. New Delhi, India. [www.microbicides2008.com](http://www.microbicides2008.com).
- March 10, 2008:** National Women and Girls HIV/AIDS Awareness Day. [www.hhs.gov/aidsawarenessdays](http://www.hhs.gov/aidsawarenessdays)
- April 2008:** 6th Center for AIDS Prevention Studies HIV Prevention Conference. San Francisco, CA. [www.caps.ucsf.edu/conference](http://www.caps.ucsf.edu/conference).
- May 12–14, 2008:** WORLD retreat for HIV+ women. Registration begins in 2008. For more information call (510) 986-0340 or [www.womenhiv.org](http://www.womenhiv.org).
- May 22–25, 2008:** National Conference on Social Work and HIV/AIDS. Washington, D.C. <http://socialwork.bc.edu/outreach/hiv-aids/>
- August 3–8, 2008:** XVII International AIDS Conference. Mexico City, Mexico. [www.aids2008.org](http://www.aids2008.org).

## WORLD's Mission

WORLD is a diverse community of women living with HIV/AIDS and their supporters working together to:

Provide support and information to women with HIV/AIDS and their friends, family and loved ones;

Educate and inspire women with HIV/AIDS to advocate for themselves, one another and their communities;

Promote public awareness of women's HIV/AIDS issues and a compassionate response for all people with HIV/AIDS.

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Consult your physician for medical advice.

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September 2007

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