

Speak Out

Self Care

APRIL 2011

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SPECIAL POINTS OF INTEREST:

- Learn techniques to embrace health and wellness
- Read poetry and see artwork by PHAs
- Understand health from a PHA's perspective



Dedicated to the woman I love

I spent the past weekend celebrating the 30th birthday of my daughter Jennifer-Lynn. I arrived at her office in Toronto on the Friday afternoon with a bouquet of roses and the promise of a fun night ahead. We were both home and asleep by 1 in the morning...a little too much karaoke. On Sunday we gathered for dinner with the whole family; a surprise for the party weary birthday girl.

When I first met my daughter she was a bright eyed girl of 5 ½ who used to sneak into my office on a Saturday morning while I worked overtime. She giggled and laughed constantly and particularly liked it when I would turn her upside down and dangle her over garbage cans. I worked every Saturday morning to catch up on work from the week past; a practice many of us at this busy insurance company did including Jennifer's Mom. As I got to know Jennifer's Mom, I got to know Jennifer as well. My future wife Kim was a strong and proud single Mom who doted on this precious young girl and Jennifer was a carbon copy of her Mom in every way. When Kim and I moved in together I was personally very aware that Kim was Jennifer's only parent, I had no role in that department. I was the man her Mom was living with; she called me by my name.

Like most young kids Jennifer was not a fan of bedtime; and would call out from her bedroom to her Mom for drinks, books, toys etc, whatever would get attention. After a while Kim caught on and decided the best way to deal with it was to ignore it. On April 25th 1988 Jennifer figured out how to get around this....this time she called for Dad.

Jennifer was 11 when her Mom passed away, just 5 years after that day in April 1988. The strength that I witnessed in her Mother was proudly evident in this fired up angry, sad and confused 11 year old activist. Jennifer took on with a quiet dignity the work of her Mom and spoke publicly wherever and whenever she could. She travelled across the province raising AIDS awareness and educating by sharing her story. She gathered an armload of awards for her work including the Ontario Junior Citizen of the Year award in 1994. Of course, I could not have been prouder.

Teen years dawned and I had my hands full. Jennifer was obstinate, defiant, and rebellious; she was a teenager. I can share now in my writings that although I think that I went gray between 1995 – 2000; I also secretly cheered my "normal" teenage daughter for bringing normalcy to an

otherwise chaotic life. I believe now looking back that I was completely lost when it came to navigating through this turbulent time of teenage angst, but had faith that my award winning 13 year old would one day shine through.

As a young adult she partied constantly and spent way too much money...I felt as though I was looking in the mirror. Somehow my daughter had truly become my daughter (nature vs. nurture) and I was now dealing with many of the same things my parents dealt with when I was her age. It was a path I knew well having just recently traveled it myself. I was however not the maker of this path, she was.

Jennifer's path lead her to a career she has worked at for 10 years she lives in a great home in a comfortable neighborhood and enjoys a busy personal and social life. Her life is her friends, her family and her job and whatever she wants it to be. Once again, and like always I could not be prouder.

I have enjoyed her success because there are those that would say that I should be proud of the job I did raising her. I am of course also very aware of the belief in the importance of the first 5 years of a child's life. She was 5 ½ when I met her. Whatever I

may have been able to contribute along the way was added to that strength I mentioned she got from her Mother. A parent's job in a nutshell is simply to point and hope.

As she turns 30, I soon turn 50 and we have been to hell and back. I know, trust and believe in her. Our bond is deep and unbreakable. Together we raised her little brother and at the same time we both learned how to be what we had become; Father and Daughter. Life has a way of allowing you the time to giggle and laugh while simultaneously dangling you over a garbage can and what you do with that is up to you.

'On April 25th 1988 Jennifer figured out how to get around this....this time she called for Dad'



Message from the Executive Director

;Over the past decade hepatitis c virus (HCV) has been identified across the province as a growing health issue. Regional HIV/AIDS Connection (RHAC) along with many other AIDS service organizations in Ontario is expanding its response to the call for action to address the health and social needs of individuals impacted by HCV.

While people might think this is a new undertaking for RHAC, in truth, we have been delivering HCV services and providing support to clients co-infected with HIV and HCV for many years.

Epidemiological reporting indicates that HCV is a significant risk issue for individuals who inject drugs. Our hepatitis c services, including education, prevention and materials distribution, have naturally occurred through our needle & syringe program, which has been in existence for nearly 20 years, funded by the Middlesex London Health Unit.

It is estimated that well over 60% of individuals who access the Counterpoint Needle & Syringe Program are living with HCV. Our harm reduction philosophy ensures we meet clients "where they are at" with each contact. This often includes ad-

ressing issues related to HCV.

To formally acknowledge hepatitis C virus in our expanded service delivery mandate, Regional HIV/AIDS Connection's Board of Directors articulated a new mission statement in December 2009:

"We are a community-inspired organization dedicated to enhancing the quality of life for individuals and diverse communities living with, at-risk for or affected by the challenges associated with HIV/AIDS."

The phrase "...associated with HIV/AIDS" opens the door for RHAC to be responsive to the needs of the diverse populations we serve.

It is important to note that HIV/AIDS continues to be our core mandate. This is strongly reflected in our new name, Regional HIV/AIDS Connection.

We will continue to address HIV/AIDS prevention, education, advocacy and support until stigma is eradicated and a cure is found. RHAC is committed to working with local, provincial and federal health initiatives to ensure we are effectively serving our agency's mission on

both fronts. Our HIV/AIDS programming will remain strong while concurrently building our HCV programming as funding and resources become available.

As always, please do not hesitate to be in touch with me should you have any questions about this or any other matter related to Regional HIV/AIDS Connection.

Executive Director-
Brian Lester ext. 243



" While people might think this is a new undertaking for RHAC, in truth, we have been delivering HCV services and providing support to clients co-infected with HIV and HCV for many years "



Saturday Sept 17th Wonderland Gardens Springbank Park

Registration 9:30 a.m.— Walk 11:00 a.m.— Lunch 12:00 p.m.— wrap up

Our new website ... check us out!!!

We are excited to announce the new agency website went live the morning of Monday, July 25!

If you haven't already visited the site, please go to www.hivaidsconnection.ca and take a leisurely look around. Feel free to send informal comments or suggestions to dpratt@hivaidsconnection.ca or call me at 519-434-1601 to discuss your thoughts. Your feedback is valuable and welcomed.

Most organizations now embrace websites as a major avenue to get credible, timely and up to date information for their audiences. Regional HIV/AIDS Connection is no exception, especially in light of the fact we serve six counties covering over 15,000 square kilometers and a population base of over 800,000 people. With such an enormous service area and mandate we recognize the internet is a major way for us to communicate with and link to

people living far away and in potentially remote locations with little access to HIV/AIDS and hepatitis C services.

For several months we worked closely with Lashbrook Marketing and Public Relations to determine the type of information, tone and imagery our many audiences need. We believe we've been successful in creating a comprehensive and attractive resource that is easy to use for our many audiences such as women, youth, gay men, and MSM and Black, African and Caribbean communities.

We are also pleased we've been able to incorporate images of people who look like the individuals we serve and want to connect with. That's because the pictures are of us! Many clients, volunteers and staff offered their time and images to help us make the best

website possible with limited resources.

Many thanks to all who participated in our focus groups and photo shoot. You have played an integral role in bringing an important communications resource to life!

Sincerely,
Darlene

www.hivaidsconnection.ca



Regional
HIV/AIDS
Connection

Artwork and Poems by PHAS



Kiss Me

Oh love
 Kiss me once
 Then kiss me twice
 Nay kiss me three times more
 When heady love o'ertakes us
 Kiss me again a score
 For affection not to be sparing
 And twenty be near not kisses
 enough
 A hundred more kisses might our
 soft lips be preparing
 To merge our souls to delight
 So my love
 Just kiss me
 And let us be
 One in our affection
 From you to me
 And From me
 Always and only to thee.

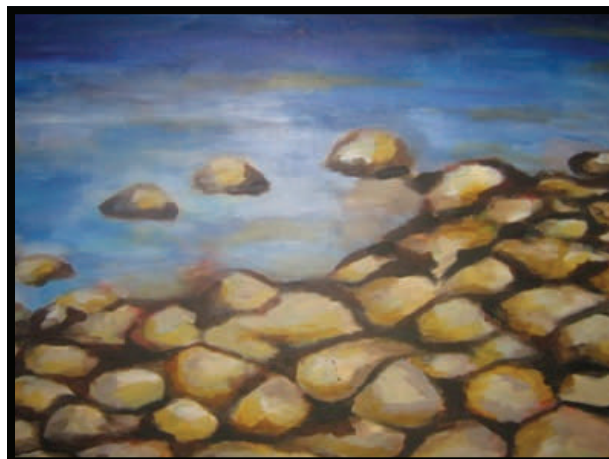


A yearning, a desire
 Secrets kept within
 Slowly, ever so softly
 Truth,
 Freedom is allowed in
 Tortured by pain, guilt, dis ease
 Love makes a breakthrough
 The air seems lighter, sweeter
 Butterflies are symbolic again
 Flowers give rise to smiles
 Colours are not just colours
 Vibrant,
 Fluid,
 uncompromising
 Life's harsh touch
 Bleeds out
 the colours caress in
 A yearning is a needing, evolving,
 a wanting
 A pact it has become
 a promise restored,
 for self and world

By: Gaspar Bartko

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Billy I

Attachment vs. Detachment

Brandon Williams C.P.C. Personal Life Coach brandon@coachbe.me

In life suffering often comes down to attachment vs detachment. We can attach / detach to a variety of people, things, concepts, dreams and thoughts. Attachments are about bonds that we form to those things in relationship to ourselves. It is what gives us a working model of how our world works.

Attachment: Attachment is formed out of our primary relationships in our early years and It is founded from our bonds with our parents and / or primary care givers. There are 4 basic styles that humans use to attach later on in life. They are:

Secure Attachment (passionate) Securely attached people tend to agree with the following statements: "It is relatively easy for me to become emotionally close to others. I am comfortable depending on others and having others depend on me. I don't worry about being alone or having others not accept me. These people think: I achieve my goals with relative ease and I am ok with any outcome I adapt as I go along"

Insecure Attachments (obsessive) / Anxious preoccupied attachment:

People who are anxious or preoccupied with attachment tend to agree with the following statements: "I want to be completely emotionally intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don't value me as much as I value them". These people think: I can't do it but I can get others to do it for me.

Dismissive- Avoidance attachment:

People with a dismissive style of avoidance attachment tend to agree with these statements: "I am comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me" These people think: I am independent I can do it best on my own.

Fearful- avoidance attachment:

People with the fearful style of avoidance attachment tend to agree with the following statements: "I am somewhat uncomfortable getting close to others. I want emotionally close relationships but I find it difficult to trust others completely, or to depend on them. I sometimes worry that I will be hurt if I become too close to others." These people think: I want to achieve this but I just don't know if I can and I am not sure who can or would help me.

Over the course of many interactions we form expectations about the accessibility and the helpfulness of the things of which we become attached. These expectations reflect our thoughts about ourselves and about our world. It is our thoughts about ourselves together with the thoughts about our world that form our working model for attachment. Bartholomew and Horowitz examined the relationship between attachment style, self esteem, and sociability. The diagram below shows the relationship they observed. In this diagram we can clearly see the relationship between our thoughts of ourselves, "I believe that I am worthy or not" vs our thoughts about the world outside of us "I believe that the world outside of me thinks I am worthy or not worthy" Detachment is the release from desire and consequently from suffering is an important principle, or even ideal, in the Baha i Faith, Buddhism, Christianity, Hinduism, Judaism, Jainism, Kabbalah, and Taoism. It is the state in which a person overcomes his or her attachment to desire for things, people or concepts of the world and thus attains a heightened perspective.

Self Application Don Miguel Ruiz author of the four agreements speaks about desire and how it has two components. When desire expressed in a healthy fashion, it becomes passion and when it's expressed in a harmful manner it becomes obsession. We attach to our desired outcome.. Detachment is the ability to overcome an attachment to a desired outcome (obsession) which leads to true passion.

Reflection / What are you attached too?

What areas of life , things, people or concepts are you willing to detach from?

Knowing that detachment is about not having a desired outcome or being obsessed **what are you truly passionate about?**

Interview

Richard and Anna Maria:

Experiencing change
and
asking for help

Richard: Can you talk a bit about the change you're going through?

Anna Maria: I'm planning to rent an apartment with my son, so it's a very new experience for me.

Richard: What kind of feelings does it bring up for you?

Anna Maria: I'm excited but I'm very scared. I'm very, very scared that maybe things aren't going to work the way we wanted.

Richard: Yeah, because it's something you've never gone through before.

Anna Maria: No, I've never gone through- I've paid bills and stuff, it's like oh my god, I have to learn because I've never done this.

Richard: Right. Okay, what kind of attitude or skills do you think helps people get through a change in their life? What makes it easier to go through something like that?

Anna Maria: I think, well I have a lot of support at home with family, and especially here at RHAC so I'm pretty sure if I have anything that I'm not sure about, I know that I can get help and probably they can guide me through whatever I have to go through.

Richard: So for changes, it helps to have people around you that can help?

Anna Maria: Yes

Richard: Okay, what would you like to see, and this is kind of-it can be a hard question, but what changes would you like to see in yourself, if any? **Anna Maria:** To learn how to manage, like, by myself.

Richard: Are there any other things about yourself that you want to see change in the next little while?

Anna Maria: I don't know. I'm trying to get better day by day but I'm right here, then I go to over here and then I go really down. I find I'm very, very edgy. Everything is happening-

Richard: Who is a person who you think has changed your life? For the better or-let's go with for the better.

Anna Maria: I think my friends, and especially my family. Or the workers here at RHAC, they always help me a lot, when I go through a lot of stuff, so-I think the people here and my friends, they really help me. I think my son a lot. He gives me a lot of strength, love and support. But my son is very stubborn, and he will tell you things right away. You're going to do it right, or you're not going to do it right.

Richard: Right.

Anna Maria: But it's not like I'm just going to do it, that's too easy, I have to look and I have to talk to Richard, and maybe Richard will talk to my ODSP and make sure we have enough money, because we are really concerned about that. Like what happens if next month I don't have the money for rent? Or I don't have money for food? It's like I can't call ODSP and say "Oh can you help me", because you know I don't like to ask for help. It's really bad actually.

Richard: Is that something you want to change?

Anna Maria: I don't know if I want to change. I don't think so because in my culture it's like that, and I hate to bother other people. Like I hate to tell people what's wrong with me, like, I think it's my culture. I think my parents taught me to be like that.

Richard: To be self sufficient and independent?

Anna Maria: Yeah, I'd like people to know that I need help or that I can count on you guys, it just bothers me to bother people. It's just hard for me.

Richard: No, I get it. So, what changes would you like to see in the world?

Anna Maria: I think that we should think more about giving than receiving. Also I think the change that we have to have; I think that-we are all equal, it doesn't matter if you are gay or lesbian or whatever, straight, I don't know, or if you come from another country. I think to be, more together.

For Your Information...

Groups at the Regional HIV/AIDS Connection

PHA Café 2nd Thursday of every month; contact Richard (519) 434-1601 / 1-866-920-1601 / rmacdonagh@hivaidsconnection.ca

Women's Group: 4th Thursday of every month; contact Miriam Rivera (519) 434-1601 / 1-866-920-1601 / mrivera@hivaidsconnection.ca

Men's Discussion Group: Contact Kevin to find out when his next discussion group takes place. kmurphy@hivaidsconnection.ca

For more group information contact Client Services at the
Regional HIV/AIDS Connection
519-434-1601 / 1-866-920-1601

Regional HIV/AIDS Connection

Annual General Meeting /Thursday September 8 2011

Civic Gardens Complex 625 Springbank Drive London ON.

Refreshments 6:00 p.m. AGM to follow 7:00 p.m.—8:30 p.m.

Special guest speaker

Brian Francis



Who we are...

As of January 1st 2011 The AIDS Committee of London will be doing business as The Regional HIV/AIDS Connection. We will be providing the same services and programs for people living with and affected by HIV/Hep C.

Our Mandate is to serve the 5 counties surrounding London and to:

- Improve quality of life for those living with & affected by HIV/AIDS
- Reduce the number of new HIV infections
- Increase community awareness about HIV/AIDS

Our service users include thousands of people: those living with HIV/AIDS, their partners, friends and family, and those who are concerned about HIV/AIDS—anyone at risk for HIV, and anyone who provides services to people with, or at risk for, HIV. All of our services are free and confidential.

We are a registered charitable corporation, #11877 9008 RR0001.



Regional
HIV/AIDS
Connection

Community Inspired. Courage Driven.

“NOTHING ABOUT US WITHOUT US”

Contact Us:

Executive Director- Brian Lester ext. 243

Support Services:

Director of Support Services- Shannon Dougherty ext. 237
Case Manager- Miriam Rivera ext. 235
Case Manager- Richard MacDonagh ext. 228
PHA Peer Support Advocate- Rob Newman ext. 253

Communications and Partnerships:

Coordinator of Volunteer Services— Natalie Hebert ext. 257

This newsletter made possible by the generosity of...



Editor of Speak Out: Billy Irwin
We are looking for feedback
Contact us at:
speakout2editor@gmail.com

A pivotal point in HIV/AIDS history ...

The Denver Principles

STATEMENT FROM THE ADVISORY COMMITTEE OF PEOPLE WITH AIDS (1983). WE CONDEMN ATTEMPTS TO LABEL US AS "VICTIMS" A TERM WHICH IMPLIES DEFEAT, AND WE ARE ONLY OCCASIONALLY "PATIENTS" A TERM WHICH IMPLIES PASSIVITY, HELPLESSNESS AND DEPENDANCE UPON THE CARE OF OTHERS

RECOMMENDATIONS FOR HEALTH CARE PROFESSIONALS

1. Come out, especially to their patients who have AIDS.
2. Always clearly identify and discuss the theory they favor as to the cause of AIDS, since this bias affects the treatments and advice they give.
3. Get in touch with their feelings (e.g., fears, anxieties, hopes, etc.) About AIDS and not simply deal with AIDS intellectually.
4. Take a thorough personal inventory and identify and examine their own agendas around AIDS.
5. Treat people with AIDS as a whole people, and address psychological issues as well as biophysical ones.
6. Address the question of sexuality in people with AIDS specifically, sensitively and with information about gay male sexuality in general, and the sexuality of people with AIDS in particular.

RECOMMENDATIONS FOR ALL PEOPLE

1. Support & Membership in our struggle against those who would fire us from our jobs, evict us from our homes, refuse to touch us or separate us from our loved ones, our community or our peers, since available evidence does not support the view that AIDS can be spread by casual, social contact.
2. Not scapegoat people with AIDS, blame us for the epidemic or generalize about our lifestyles.

RECOMMENDATIONS FOR PEOPLE WITH AIDS

1. Form caucuses to choose their own representatives, to deal with the media, to choose their own agenda and to plan their own strategies.
2. Be involved at every level of decision-making and specifically serve on the board of directors of provider organizations.
3. Be included in all AIDS forums with equal credibility as other participants, to share their own experiences and knowledge.
4. Substitute low-risk sexual behaviors for those which could endanger themselves or their partners; we feel that people with AIDS have an ethical responsibility to inform their potential partners of their health status.

RIGHTS OF PEOPLE WITH AIDS

1. To live as full and satisfying sexual and emotional lives as anyone else.
2. To receive quality medical treatment and quality social service provision without discrimination of any form, including sexual orientation, gender, diagnosis, economic status or race.
3. To obtain full explanations of all medical procedures and risks, to choose or refuse their treatment modalities, to refuse to participate in research without jeopardizing their treatment and to make informed decisions about their lives.
4. To ensure privacy and confidentiality of medical records, to receive human respect and the right to choose who their significant others are.
5. To die--and to LIVE--in dignity.

