



Regional HIV/AIDS Connection

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Community Inspired. Courage Driven.

Mission 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.

Vision Voice Knowledge Hope

Values The courage to do what is right..

Contact Us:
Executive Director- Brian Lester ext. 243

Client Services:
Director of HIV Support Services – Kelly Wright ext 237
Director of Counterpoint Harm Reduction Services Sonja Burke ext. 244
Case Manager- Miriam Rivera ext. 235
Case Manager- Richard MacDonagh ext. 228
Peer Support Worker- Rob Newman ext. 253

Community Relations: For volunteer information please contact
Community Relations and Volunteer Coordinator – Martin McIntosh ext.252



Regional HIV/AIDS Connection

SPEAK OUT

A Newsletter For and By PLWHA

Community Inspired. Courage Driven.

Winter edition

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THE ONTARIO ACCORD

Commitment to GIPA/MIPA

The staff and board of Regional HIV/AIDS Connection (RHAC) hold an annual ceremony to publicly demonstrate our commitment to GIPA/MIPA (Greater/Meaningful Involvement of People Living with HIV/AIDS (PHA) within our organization. Each year we and hold this meaningful event to re-state our commitment to this philosophy of service delivery and share ways in which GIPA can engage PHAs and serve the organization’s mission. The annual event is developed by a PHA lead committee (staff volunteers and clients) and held in spring of each year.

GIPA is about human rights, inclusion, self-determination and dignity of the full human being and RHAC deeply embraces these concepts as we strive to deliver on our mission. The history of this movement is a testament to the profound power of individuals when they come together to effect change. At the 1989 International AIDS Conference, AIDS Montreal activist Tim MacCaskell lead a denouncement of the Canadian government for its inaction on AIDS and read the *Montreal Manifesto* – a declaration of the universal rights and needs of people with HIV/AIDS. This was a defining moment along with similar actions taken around the world such as *Denver Principles 1983*, *Paris Declaration 1994* and *UNGASS 2001*. They are all historical markers of the powerful individual and collective voices of PHAs. These watershed moments profoundly influenced subsequent approaches to HIV research, access to early medications and available health care, as well as community-based responses and government involvement in issues related to HIV/AIDS. GIPA was about seizing control of the processes surrounding HIV research, health care, etc. to make PHAs active and equal participants as opposed to merely being the subjects and recipients of these processes. PHAs, mostly gay men at the time, served notice to the world that such a status quo would not be tolerated. In the

fall of 2011, “Living and Serving 3” (LS3) was released by the Ontario AIDS Network. It offers AIDS service organizations a GIPA/MIPA engagement guide and framework. It builds on the groundbreaking work of Toronto’s Dr. Charles Roy who authored an important 1996 research document, “Living and Serving” before he passed away from AIDS. The LS3 document introduces *The Ontario Accord* - a declaration of solidarity of PHAs crafted by representatives of organizations from across Ontario. This “made in Ontario” accord reminds us that meaningful PHA engagement is not only core to the HIV/AIDS movement, it is imperative to the work. At RHAC, we believe GIPA is more than a philosophy of service delivery; it is a foundational element that grounds the development of service delivery practices. It is my belief that the application of GIPA is about integrity in HIV/AIDS work. If we aren’t thinking, creating and advancing the philosophy of GIPA we are failing in our mission! At our first annual GIPA ceremony on January 19, each staff and board member signed the accord to demonstrate Regional HIV/AIDS Connection’s commitment to advancing GIPA. We will hold a ceremony on an annual basis to recognize our progress and renew our commitment to this integral element of the HIV/AIDS movement. GIPA is, and will continue to be, in the forefront of our work. If you are living with HIV, we invite you to get involved with RHAC in ways that bring meaning to you as an individual. To those living with HIV who currently help bring GIPA to life at RHAC each day—we sincerely thank you!



**YOUR LIFE DOES NOT
GET BETTER
BY CHANCE,
IT GETS BETTER
BY CHANGE.**

- Jim Rohn

its-possible.ca

**Things that make
you go hmmm ...**



The flower was blue
It said hi, bye, and dye

It was a bumble bee
He loved jumping a flower,
I like them raw, like a steak

It was a dandelion,
He was sad,
Do something,
Kiss me

A rose is a rose,
Everybody wants one,
What about the pansy,
In pale yellow,
Forget those thorns

It was a peony, he wanted music
He wanted to dance
The ants off and do the funky chicken

By: Patricia Helie

PRESENT TENSE

It was spring,
but it was summer I wanted,
the warm days
and the great outdoors.
It was summer,
but it was fall that I wanted,
the colourful leaves,
and the cool dry air.
It was fall,
but it was winter I wanted,
the beautiful snow,
and the joy of the holiday season.
It was winter,
but it was spring I wanted,
the warmth,
and the blossoming of nature.
I was a child,
but it was adulthood I wanted,
the freedom,
and the respect.
I was 20,
but it was 30 I wanted,
to be mature,
and sophisticated.
I was middle aged,
but it was 20 I wanted,
the youth,
and the free spirit.
I was retired,
but it was middle age I wanted,
the presence of mind,
without limitations.
My life was over,
but I never got what I wanted.

Jason Lehman

**Always remember
that your present situation
is not your
final destination.
The best is yet to come.**

**Farewell Shannon
Dougherty**

It is with sadness that we accepted the resignation of our long standing Director of Client Services – Shannon Dougherty. After working at RHAC for 10 plus years Shannon arrived at the conclusion that she needed to resign permanently to tend to her wellness.

During her time with RHAC, Shannon served as a valued colleague to many who experienced the benefit of working with her. She held a strong values alignment with all that RHAC stands for and her wisdom, compassion and experience contributed to our mission in unmeasurable ways. We all wish Shannon the best as she moves forward in her life.



Feeling the love

"When someone reaches from afar to embrace your heart - and when someone inspires through words that provide support and direction - it is all one really needs living with HIV and facing the hidden and unseen challenges many of us have each day. Shannon Dougherty is aware of these pressures on our paths, and is there to help maneuver and show the way to a better light - show us to where our light might shine brighter!" Philip J. H. Dawson

There are very few people in my life that I can look at and honestly say "where would I be today if not for you" ... you are one of those very few people and I thank you. Rob Newman

I will miss you. AMC

Misss ya punkin :)

Shannon's warmth and kindness, her humor, her belief in people, her gift of presence bringing out the best in her colleagues and clients will leave an indelible mark on all our hearts Gloria Aykroyd

Shannon, as my former Director, has highlighted for me the importance of compassion, not solely towards others but also towards oneself. I will always be grateful to have had her as my leader, mentor, and friend. Thank you Shannon for all you have given- Richard MacDonagh, Case Manager at RHAC

**Activism is the rent
we pay for living on
this planet.- Alice Walker**

When ever I would walk into the agency and see Shannon I would instantly feel "home" I will miss her greatly: Andy

Shannon, not only did you bring your skills and knowledge to this work, you brought your passion, heart and commitment to your Agency, the Communities you served and the many Individuals you touched and worked with. Your commitment to TTOA and wanting greater involvement in meaningful ways for PHA's will not be forgotten, only missed. Wishing you all good things for your future, health and wellbeing. Wayne Fitton: AIDS Bereavement and Resilience Program of Ontario

1982 History

Every edition of SPEAK OUT we will have an excerpt from the history of AIDShere is where it all began ... we would love to hear your thoughts on your own journey living with HIV/AIDS. Please contact Rob 519-434-1601 and allow us to share your story in our PHA newsletter

As the disease still did not have a name, organisations were referring to it in different ways. The CDC generally referred to it by reference to the diseases that were occurring, for example lymphadenopathy (swollen glands), although on some occasions they referred to it as KSOI, the name already given to the CDC task force. In contrast some still linked the disease to its initial occurrence in gay men, with a letter in The Lancet calling it "gay compromise syndrome".¹⁶ Others called it GRID (gay-related immune deficiency), AID (acquired immunodeficiency disease), "gay cancer" or "community-acquired immune dysfunction".¹⁶ June a report of a group of cases amongst gay men in Southern California suggested that the disease might be caused by an infectious agent that was sexually transmitted.

By the beginning of July a total of 452 cases, from 23 states, had been reported to the CDC. Later that month the first reports appeared that the disease was occurring in Haitians, as well as hemophiliacs. This news soon led to speculation that the epidemic might have originated in Haiti, and caused some parents to withdraw their children from camps designated for those living with hemophilia. The occurrence of the disease in non-homosexuals meant that names such as GRID were no longer accurate. The acronym AIDS was suggested at a meeting in Washington, D.C., in July.²⁴ By August this name was being used in newspapers and scientific journals.²⁵ AIDS (Acquired Immune Deficiency Syndrome) was first properly defined by the CDC in September.

By the beginning of July a total of 452 cases, from 23 states, had been reported to the CDC.

An anagram of AIDS, SIDA, was created for use in French and Spanish.²⁹ Doctors thought AIDS was an appropriate name because people acquired the condition rather than inherited it; because it resulted in a deficiency within the immune system; and because it was a syndrome, with a number of manifestations, rather than a single disease. Still very little was known about transmission and public anxiety continued to grow.

It is frightening because no one knows what's causing it, said a 28-year old law student who went to the St. Mark's Clinic in Greenwich Village last week complaining of swollen glands, thought to be one early symptom of the disease. Every week a new theory comes out about how you're going to spread it."-
*The New York Times*³¹

By 1982 a number of AIDS specific voluntary organisations had been set up in the USA. They included the San Francisco AIDS Foundation (SFAF), AIDS Project Los Angeles (APLA), and Gay Men's Health Crisis (GMHC).³² In November 1982 the first AIDS organisation, the Terry Higgins Trust (later known as the Terrence Higgins Trust), was formally established in the UK, and by this time a number of AIDS organisations were already producing safer sex advice for gay men.³³

In December a 20-month old child who had received multiple transfusions of blood and blood products died from infections related to AIDS.³⁴ This case provided clearer evidence that AIDS was caused by an infectious agent, and it also caused additional concerns about the safety of the blood supply. Also in December, the CDC reported the first cases of possible mother to child transmission of AIDS.

By the end of 1982 many more people were taking notice of this new disease, as it was clearer that a much wider group of people was going to be affected.

When it began turning up in children and transfusion recipients, that was a turning point in terms of public perception. Up until then it was entirely a gay epidemic, and it was easy for the average person to say 'So what?' Now everyone could relate."- *Harold Jaffe of the CDC for newsweek*

It was also becoming clear that AIDS was not a disease that just occurred in the USA. Throughout 1982 there were separate reports of the disease occurring in a number of European countries.

Meanwhile in Uganda, doctors were seeing the first cases of a new, fatal wasting disease. This illness soon became known locally as 'slim'.



The HIV Client Services team is planning at least 3 more lunch and learns between now and the end of March 2015. Those lunches along with 2 client / ED lunches, social support groups, and special workshops designed by and for women living with HIV/AIDS ... we no doubt have a lot going on at RHAC. The HIV team is looking for your input and will gladly put together a lunch and learn based on what you, the client wants ... please let us know what we can do for you. Next Lunch and Learn:
Monday, January 19th 12:00 —1:30
Thursday, February 12th 12:00 —1:30

New Medical Director at the Infectious Diseases Care Program

Please join us in welcoming Dr. Michael Silverman to the team at the Infectious Diseases Care Program at St. Joseph's Hospital. Joining our team in July 2014, Dr. Silverman comes to us from Lakeridge Health in Oshawa where he had a long history of providing care to people living with HIV and over 2,000 people living with Hepatitis C.

Dr. Silverman brings to us a fresh new perspective on provision of care and a vision for how to expand our services into the community. For a few years now our physicians have been treating many infectious diseases including HIV. Due to his keen interest and expertise, Dr. Silverman is expanding services to include treatment of Hepatitis C. He believes in individually tailoring treatment regimens for quality of life, which may include harm reduction strategies.

We are looking at ways to collaborate in providing care for HIV and/or Hepatitis C with our community partners such as Regional HIV/AIDS Connection and the London InterCommunity Health Centre. Going into the community to provide some of the care will hopefully engage those people who may have been resistant or reluctant to engage otherwise. Enhancing accessibility is crucial for the best provision of care.

If you are new to our program we look forward to seeing you and being part of your health care team. If you are returning to us, welcome back!

.....The Infectious Diseases Care Program team

Hepatitis C Screening Thursdays 1-4PM
Regional HIV/AIDS Connection
Get Informed! Get tested!

What's happening?

SUPPORT GROUPS AND ACTIVITIES @ RHAC

PHA CAFÉ

A social support group for people living with HIV/AIDS. It runs every **second** Wednesday of each month. Check the website for times... **Join us for** Discussions, Guest Speakers, Movies And More!

For more information contact Richard at 519 434 1601 Ext. 228

PHA Women's Group

A social support Group for Women Living with HIV/AIDS. Come and join us for great discussions, good company, laughs and good food... just between us, girls!

The **Last** Thursday of the month. For more information contact Miriam at 519 434 1601 ext 235

HEP C Peer Social

Every Thursday 2-4PM

A chance for people who are either currently living with or have been through Hep C treatment to come out, socialize and meet new people. Light snacks and refreshments will be available.

Contact: **Jesse Huntus @** 519-434-1601 x. 236

Winners Circle

A social support group for long term survivors living with HIV/AIDS

For more information please contact Rob Newman, Peer Support Worker 519-434-1601 x. 253



Client Reminder Call List

Want to get more involved in Regional HIV/AIDS Connection? Contact a member of client services staff and ask to have your name added to the Client Reminder Call List and you will be notified by a dedicated volunteer for upcoming events



Getting involved!!! Are you interested in getting more involved in the programs and activities at RHAC? Would you like to know more about what we do here, how we do it and why? RHAC is looking to expand and define the Greater and more meaningful involvement of People living with HIV/AIDS (GIPA/MIPA). We welcome your input, ideas and thoughts. Let us know, call Rob (519) 434-1601 / rnewman@hivaidconnection.ca



Women's Health – Part II

Regional HIV/AIDS Connection invites you to participate in our Second Women's Health Workshop Series.

Overcoming Procrastination

Speaker: Sophia Bonnie Wodin, M.Ed
www.sophiabonniewodin.blogspot.com

Wednesday January 14, 2015 10:00 AM – 3:00 PM

-Lunch and Refreshments provided-

RSVP is required

We encourage anyone interested in participating to please call a member of our Client Services Team for more information @ 519 434 1601 or 1-866-920-1601

** This workshop is available to PHA women only. For women out of our catchment area who would like to participate, please Contact Miriam Rivera at 519 434 1601 or 1866 920 1601 Ext. 235 for more information.



For more information on RHAC events call Miriam, Richard or Rob at 519-434-1601