Brenda is one of three Aboriginal women who are the subjects of an autobiographical video outlining their challenges and accomplishments with HIV and substance use. This documentary video was developed by an AIDS service organization, AIDS Prince George (AIDS PG) in partnership with Pattison Broadcasting. "Women, HIV and Addictions: Before, During and After" is intended to be an educational tool for those who work in the field of HIV/AIDS, substance use, and other areas of marginalization.

This video is the focus of a workshop, developed by AIDS PG and co-facilitated by Brenda, to address the use of video as an educational and therapeutic tool. In addition, a booklet is being developed to enhance the usage of the video.

Brenda is also the focus of another educational video project for healthcare professionals and other service providers who are involved with Aboriginal women. In "Hospital Curtains Are Not Walls" Brenda will address her concerns and experiences within the health care system around HIV/AIDS healthcare for Aboriginal women, sex trade workers, injection drug users, and other marginalized groups. Brenda will also discuss the need for enhanced sensitivity regarding issues of confidentiality and ways in which hospitals, and other health service organizations can better ensure privacy and confidentiality. She will also talk about the need for women to be informed and involved in their own health care from prevention to management of HIV/AIDS.

Brenda is worlds away from her old life; she is also just one slip away from that old life. She has traveled further in 37 years than most of us could ever imagine traveling in our lifetime. When she speaks to me of her journey, I am humbled by the strength and determination with which she forges ahead despite the never-ending roadblocks she encounters. I am also humbled by the grace with which she conducts herself in a society that often judges her according to her past. She embodies the spirit and strength of every Aboriginal woman I know and I am honoured to write her story.

Brenda is a Cree woman from Northern Alberta. She is very much her own person. She is also a mother, a partner, a daughter, a sister, a niece, a cousin, an auntie, and a kookum (grandmother in Cree). She is a friend, a co-worker, a feminist, and always an inspiration. She is the Peer Counselor and advocate at AIDS Prince George. She has multiple diagnoses of HIV, Hepatitis C, and Hepatitis B. She is battling diabetes, chronic bronchitis, and other physical ailments that are a result of her multiple diagnoses. She struggles with addiction to injection drugs.

Other than a brief period of time when her parents separated and her home life disrupted because she had to live with her grandmother, Brenda had what she claims was a happy childhood. By the time she was 21 she was married with two small children. Her husband worked while she raised their children. Her life was "normal."

But, when Brenda was 21, her sister Sharon was murdered. It was a horrific death. She and her sister Sharon were very close. When they were kids their mother used to dress them in identical clothing and people thought they were twins. Like most sisters, even though they loved each other dearly, they sometimes fought. The last contact Brenda had with Sharon was during one of their arguments. Sharon was shot in the head with a rifle. The person who shot her has never been held accountable and so, in the courts, her death is recorded as a suicide. Her family knows differently. The pain, the loss, and the lack of justice haunt family and friends still. The ensuing 15 years has not lessened the impact of Sharon's death or the implications of a system that failed to address the murder of yet another Aboriginal woman in this country.

Brenda was devastated by her sister's death. She went on a drinking spree that lasted more than ten months. She left her husband. She knew she was not in any shape to take care of her kids so she put them in her husband's care. She got a job in a bar in a small northern Alberta community. She lived in a room she rented above the bar. She ate, drank, worked, and slept at the bar. The alcohol dulled her
Women
One Woman’s Story

pain and deadened her feelings. That was all she wanted.

It was in that small northern community that she first injected drugs. Brenda had a fear of needles. She couldn’t stand the thought of poking a needle into anyone, least of all herself. Someone else did it for her. She lay on a bed with her arm outstretched and a pillow over her face while the other person made the injection. That first needle contained Talwin. The relief from the emotional pain was instantaneous. She realized she could achieve emotional numbness without having to drink all that alcohol. Things progressed quickly from there. The need to numb the pain was replaced by a need more consuming than anything she had ever experienced. She became addicted. For at least a month after her first high she needed someone else to shoot her up. It didn’t take long, however, before her fear of needles disappeared and she was able to inject herself wherever necessary—even in her jugular vein.

While Brenda was using drugs, her first two children returned to her care and she gave birth to three more children. One of those children was born addicted to heroin. The Ministry subsequently attempted to apprehend all of her children. Although she had just given birth and had very little energy, her survival and protective instincts kicked into gear. She arranged for others in her family to take the children into their own custody. As a result, none of Brenda’s children ended up in foster care. Despite those years of injection drug use, Brenda always made sure her children were in the care of family members whenever she was unable to care for them herself.

At times, Brenda supported her drug habit by working the streets. Brenda was often a “collector” for drug dealers and collected debts from other working girls. She was well known as a tough person that others did not want to cross, but there was another side to Brenda. Even while using injection drugs, Brenda would counsel others to get their lives in order and try to stop using drugs.

At some point, Brenda contracted HIV, Hepatitis C, and Hepatitis B. She was diagnosed with full-blown AIDS in 1997. At the time she was gravely ill, she weighed 97 pounds and was literally at death’s door. This was a turning point in her life. She knew she would not survive unless she made drastic lifestyle changes. Brenda began her first HIV treatment regime and went on a Methadone program. She had connected with the local needle-exchange program and was one of the first to register with that agency. The support of the nurse who operated the needle-exchange then—and still does—played a key role in Brenda’s recovery. Today, they work closely as peers to provide services within the community.

Brenda has had both good and bad experiences while accessing services related to HIV/AIDS. Once, she walked out of the hospital while being prepared for hernia surgery. She was frustrated with the medical staff’s refusal to listen as she tried to tell them which veins they would, and would not, be able to use for the intravenous. After many painful and futile attempts to draw blood from veins that have too much scar tissue to allow access, and feeling judged based on the colour of her skin, the tattoos on her arms, her HIV status, and her past as a sex trade worker and injection drug user, she wrapped the sheet which covered her body around herself and stormed out. Two weeks later, her hernia ruptured and she needed to be admitted for emergency surgery.

Brenda says that if the medical staff had listened to her and valued her opinion she would never have ruptured her hernia. She feels strongly that many people do not hear the “ex” part of “ex-sex trade worker” and “ex-injection drug user.” Healthcare professionals have talked clearly about her HIV status in front of her children, to whom she had not yet disclosed, and loudly enough to be heard through the curtains that separate one emergency cubicle from another. Brenda is committed to addressing issues such as these in her work as an HIV...
Brenda Loyie is a Cree woman. She is the Peer Counselor/Advocate with AIDS Prince George. She has lived in Prince George for 34 years. She has been clean for four years.

Shirley Adelman

Vanishing

My daughter has disappeared, not in one full swoop like one who runs away while on an errand, but slowly, pound by pound, week by week, until her face became all eyes and mouth, like an ancient mask stored far from sunlight.

Shirley Adelman’s work has been published in the United States, England, and South Africa, most recently in Lilliput Review and Jewish Affairs.