

Transcript of “Positive Women’s Network: Liberation as Women Living with HIV View”

Tammy Kremer:

Welcome to Coming Together for Sexual Health. I'm Tammy Kramer, and I'm thrilled to talk with you about the world we are creating by coming together for sexual health. And yes, the pun is intended.

My background in thinking holistically about health as a facilitator and a doula helps me talk with our guests about celebrating pleasure, combating stigma, and making sexual healthcare both more accessible and more inclusive of the communities we serve. We're powered by nationally recognized experts in sexual health at the University of California San Francisco and the California Prevention Training Center.

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In honor of National Women and Girls HIV AIDS Awareness Day observed on March 10th, we're going to be speaking with Marnina Miller, co-executive director of the Positive Women's Network, a national organization with a membership body of women living with HIV. Enjoy the conversation.

Welcome to Coming together for Sexual Health, Marnina, the Queen, Miller. I'm so glad to have you on today.

Marnina Miller:

Thank you for having me.

Tammy Kremer:

Absolutely. I've heard so much about the Positive Women's Network over the years, just about how much great work you all do, so I'm thrilled to get to talk with you as the co-executive director of PWN, the Positive Women's Network.

And for our listeners, Marnina Miller is a highly accomplished human rights activist, speaker, trainer, and social media strategist with a profound commitment to fostering positive change in society. She's been part of PWN's Greater Houston area chapter and served on PWN USA's board of directors since 2018.

So Marnina brings a lot of experience working with this organization, and I'm just really looking forward to hearing about your story today, how you got involved in PWN, and what keeps you going. So to get us started, can you tell us what is the Positive Women's Network?

Marnina Miller:

Positive Women's Network is a national organization led by and for women and people of trans experience living with HIV. It's really a collective movement that centers our advocacy, our empowerment, and our leadership development to fight HIV stigma, advance racial and also gender justice, and economic justice, and really ensure that policies that are produced really improve the lives of people living with HIV, but really a specific focus on women living with HIV.

Tammy Kremer:

And how long has PWN existed, and what makes it different than maybe some of the other organizations working around HIV?

Marnina Miller:

So Positive Women's Network USA is the only national organization that focuses on policy advocacy for women living with HIV. We are the only member-led organization of its kind in the country. We were founded in 2008, so we just had our Sweet 16 party.

Tammy Kremer:

Woo!

Marnina Miller:

And so Positive Women's Network was founded by 28 dynamic women, super diverse women, women of trans experience, cisgender women, ranging from the ages all the way from 17 to 75, folks with varied disabilities, BIPOC folks, gender-queer folks. And so PWN is a big variety of women that are really centering their leadership.

Tammy Kremer:

I imagine that creates a lot of really rich conversation and process. What's it like to work with women across this big spectrum and across the US?

Marnina Miller:

My passion really stems from my own lived experience as a Black woman living with HIV, and so it creates a world where we all have these empowering conversations. PWN isn't just a place of advocacy and organizing. It's also where I found my tribe, where I found my sisters, where I found friends, where I found solitude, community.

It's also a place where I personally go to get a lot of my news, where and how I should be voting. It's also where I find solace, where I know that I can feel supported, and also where there's some badass activists.

Tammy Kremer:

Sounds like a really inspiring place to be connected. Can you tell us about your experience, like what brought you to be connected with Positive Women's Network, and a bit about your story?

Marnina Miller:

I am 35 years old. I live in Houston, Texas, and PWN came into my life back in 2016. I was newly diagnosed. I was not open about my status. It was a really dark time for me in 2016.

I found out about my diagnosis in 2013. I was a freshman in college. I had just come to Houston from Michigan, but I come from a really, really small town, and so being in Houston, having all this fun, experiencing all of these things was new for me.

But what folks didn't tell me, especially my parents, there was no conversation around comprehensive sex education, so there wasn't conversations around condom negotiation, there wasn't conversations around PEP or PrEP. As a matter of fact, those weren't even available for usage for cisgender women in

2012, 2013, around my diagnosis. And so I was dating a guy, and I fell in love, and had sex as most of us do, and it was unprotected, and I got my diagnosis, and I just really fell into a deep depression.

And it wasn't until in 2016, one of my sisters of trans experience told me, "Hey, girl. You should go check out an organization called Legacy," and they had this class where they were teaching people living with HIV how to be activists and organizers. And at the time, it was a coed space, and there was this real cool chick. Her name is Venita. She used to be the co-executive of Positive Women's Network alongside Naina Khanna.

And she was just badass. She was an attorney. She was a yoga enthusiast, red locks. She was just so cool. And I was like, "If I could do anything like her, and if I could be as brave as her about my own story and my diagnosis, then Positive Women's Network must be powerful." And so when I showed up that day, I showed up with my full self, and I found all of these elders in the HIV movement spaces, women, who loved on me.

And I tell people all the time that my mom raised me to be a woman of course, but they taught me how to be a woman living with HIV, and how to really stand in my own power and in my own truth, and to not let my diagnosis rule my life, but for me to control my own narrative. And so that's how I got started, and PWN has been a lifesaver for me. I'm tearing up. Oh my goodness. I've never done that before.

Tammy Kremer:

I'm getting chills over here as you're telling your story, so I am feeling the power on this side of the microphone. Thank you so much for sharing in that way. I mean, it just sounds like, wow, what a space that you found for yourself.

Marnina Miller:

Yeah. It's not just me. It's 3000 of us. So we are 3000 women deep across the country. We have chapters, we have members at large, which means if you're not a part of a localized chapter, like in Houston, we have a Houston chapter where we organize with each other, but we do have members that may not be a part of a chapter that are just considered members at large.

So we have so many dynamic folks around the country. We have members in every state from Alaska to Hawaii. As a matter of fact, the other co-executive director of Positive Women's Network is in Hawaii. So we have members all across the country, and whenever I travel, I always make sure to connect with one of my sisters.

Tammy Kremer:

That's so beautiful to have that kind of a network. If you could share a bit more about being a member, and also you mentioned that you were a policy fellow with Positive Women's Network before? Can you tell me a little bit about that experience too?

Marnina Miller:

Yes. So Positive Women's Network has many offerings for women living with HIV, and one of them that I took in 2017 was the policy fellowship. And what the policy fellowship does is Positive Women's Network has a policy department. And so inside of that policy department, we have our policy directors, a policy specialist, that really help women understand policy, understand the role of policy in their life.

What I learned from the policy fellowship is that politics is in every part of our lives. The water we drink is controlled by politics, the food we have access to, the air we breathe. And the policy fellowship really talks about federal advocacy, so what are the lanes of federal advocacy that you can get involved in?

What are some state-level advocacy work that you can get involved in? And every week, it's a different component.

And actually, these offerings are also live, and so there's a different facilitator each week that comes in to help train folks. And so the policy fellowship is about 17 weeks long-

Tammy Kremer:

Wow.

Marnina Miller:

... so it is a big commitment. You do have to produce a practicum at the end, but Positive Women's Network really stresses economic justice, and so we do compensate our policy fellows for participating in the policy fellowship to make sure that they have what they need to live and thrive while also being a part of this program.

And so it was really powerful for me to learn all of this stuff because of course we get government in classes, and we get civics, but no one talks about the racial and economic justice issues that are impacting communities of color, women in general specifically. And so throughout this policy fellowship, we not only talked about the different branches of government and how they impact HIV and talked about the ways in which folks living with HIV are impacted by policy, but we also delve deeper into the social justice aspects of federal policy.

And so I learned a lot about appropriations and all types of things, and my practicum really centered wanting to have comprehensive sexual education in schools. In Texas right now, there is abstinence-only education. And so I went to the school board of Houston, the Houston School Board, and I talked about how I wanted comprehensive sex education, and I talked about my own story, and I also created a fold-out sheet for the folks that were there and showed them the ways in which not having comprehensive sex education impacts the lives of young people living with HIV, especially here in the state of Texas.

Tammy Kremer:

Hearing you describe the experience of being a policy advocate helps me really kind of understand what you were saying earlier about that experience of stepping into agency and power and making the connection between your personal lived experience and understanding these governmental policies and systems and structures that can feel so distant, but to understand the impact of that. And I wonder, what are the current advocacy priorities of PWN that you're working on?

Marnina Miller:

So currently with PWN, one of the biggest things that we work to dismantle is HIV criminalization. HIV criminalization creates a patient-to-prison pipeline for people living with HIV. And as you know, criminalizing a public health condition does not make it go away, it does not stop it from happening, and people living with HIV are demonized for having a health condition.

A high HIV incidence in a community is nothing more than a community that does not have what it needs to thrive, and so to dehumanize folks living with HIV in that way impacts health outcomes for folks living with HIV and for other people that are not. And for those who may not know their status, it actually stops people from getting to know their status, because once you know your status, you're responsible for all of these other folks. And we also know that the HIV laws are not modern, so now still on the books in a lot of the states, spitting, as we know, does not transmit HIV, but you can still go to jail for spitting.

Also, it puts a person living with HIV as automatically guilty because to receive an HIV conviction, you just have to be a person living with HIV. Transmission doesn't even have to be a subject. It doesn't have to matter whether you transmitted HIV or not. Someone can say that you didn't tell them or didn't disclose your HIV status, and now you're subject to criminalization charges.

For women living with HIV, it makes us more susceptible to violence. According to statistics, 70% of us will be a part of an intimate partner violence relationship in our lifetime, which is double the national average due to these HIV criminalization laws. And so a lot of these laws are outdated, and it's something that we're trying to dismantle as a practice.

Another thing that we are really thinking about too is anti-trans laws. So anything that impacts folks living with HIV or those most vulnerable to a HIV diagnosis, we are combating. So anti-trans legislation that's coming down the pipeline, you see that in so many different spaces. Those are some of the things that we're trying to dismantle as well.

Also thinking about reproductive justice. We are a reproductive-justice-forward organization, so advocating for reproductive justice. We also host integrated voter engagement, so we have integrated voter engagement in our chapters as well, so in our Texas, Colorado, and Pennsylvania chapters, we do a lot of get-out-to-vote efforts.

And so we galvanize our folks in get-out-to-vote efforts in low-propensity spaces where we know our folks need to have representation that looks like them, that talks like them, and that is fighting for their efforts. And so we let folks know. We send out voting records for folks so that people know what's at stake. We want to make sure that our people have what they need to live and thrive and have representation from legislators and elected officials that care about their existence.

Tammy Kremer:

Thanks for sharing all those priorities, Marnina. There's a lot of important work that y'all are doing. And I just wanted to say personally, when I first learned about criminalization laws around having HIV, and realized how much that could allow people to be targeted, how frustrating that is that these laws that are so outdated and based on really old perceptions of science, that those are even still on the books. I just appreciate the work that you all are doing around that.

And I'd love to hear also, specifically like to talk a bit about Black women with HIV in the South and maybe some of the reasons that the HIV rates are high in this community, and also some of the things that you think need to be done in order to support Black women in the South?

Marnina Miller:

Oh, that's such a good question. So Black women in the South really face higher HIV rates due to a combination of systematic inequalities. First of all, the South has the highest poverty rates in the country. In turn, you have limited access to healthcare. Also, you have really rural spaces who have the limited access to healthcare. You also have this heavy burden of HIV stigma, socioeconomic factors like poverty, lack of education around prevention, from the lack of access to comprehensive sex education.

Also, the misogynoir, which is the misogyny that Black women face, which is rooted in racism, sexism, and it really creates a unique challenge for Black women. Even as a whole, I don't think we have come to the terms that HIV is not a gay disease. I think that homophobia and transphobia and transmisia in Black spaces still perpetuate this idea that HIV is something that queer people get, or that sex workers contract, or you had to do something wrong, or it was punitive.

And also, it's the Bible bill, right? So we know that Black folks and people of color have a really close-knit relationship with their faith, and so sometimes folks see this as a way of God punishing them or a way

that people living with HIV have come to this space of living with HIV because of something they've done wrong.

And really, it's what I stated earlier. It's a community that doesn't have what it needs to live and thrive, and Black women are disproportionately impacted by HIV due to all of that. Even in the HIV movement, in the HIV spaces, we still see misogyny. We still see that women are not given the same access to medication as men. There are certain HIV medicines on the market currently that are not available for folks assigned female at birth. Still to this day.

Tammy Kremer:

Yeah. So many different issues that you named. I wanted to ask next, how can public health more meaningfully involve and support Black women in the South, particularly around HIV?

But what I'm really getting from your answer is it's not just public health. It's all of these different areas that overlap to create conditions that allow HIV to be transmitted and also impact the kind of care that folks living with HIV, that women living with HIV, can access?

Marnina Miller:

Yes. I will also say that for folks in public health, hire subject matter experts, hire people living with HIV. We know what our communities need. We know what we didn't get. We know what would've helped us.

And don't just hire us as a peer support specialist or someone like a peer navigator. Hire us to help create the programming. Hire us in public health sector spaces throughout every level of implementation.

We have something in the HIV movement called MIPA, the meaningful involvement of people living with HIV and AIDS, which started off at the beginning of the HIV epidemic. My queer ancestors, and I don't know if I said this earlier, but I am a queer woman, and so I do know that white queer men really put in a lot of leg work in the beginning of this epidemic to make sure that people living with HIV had what they needed.

And so what I will say is that public health has kind of lost that. We have really put in profit over peoples, especially in the HIV spaces, in the HIV movement, because you see this commodification of capitalism crouching in on our movement, and folks are now having to get degrees for things that they were doing prior to needing degrees. We as people living with HIV connect other people to services all of the time.

And what is that? That's a case manager, right? So they have now professionalized our jobs, which is something that we've been doing since the beginning of time to care for each other.

Tammy Kremer:

Mm-hmm. Yeah. It's like a way of pushing people out who we desperately need to be leading.

Marnina Miller:

Yes, yes.

Tammy Kremer:

In addition to public health, can you talk a little bit about medical settings and medical care, and what kinds of issues of stigma, discrimination or access you see that you want healthcare providers who are listening to this podcast to be thinking about and providing care?

Marnina Miller:

Yes. I would love for my healthcare providers to be more culturally competent, and not that you're going to know everything, right? And maybe it's not culturally competent, maybe it's cultural humility, like continuing to be curious about the cultures around you.

Black women are not a monolith, so there's a varied wide array of a Black women, and so we come from so many different spaces and places. So to make sure that you are showing cultural humility is by showing up and knowing and listening to someone, and putting down your computer for a second and really looking in the eyes of a patient that you're talking to, and thinking of it more as a team, and thinking of as a provider, you're a part of my healthcare team. Not you're just my provider. I'm an active participant in this.

And when I am with my healthcare provider, one of the best things that a healthcare provider has ever told me is to make sure that I write down my questions, make sure that I have feedback for them, because this is not just a one-way-sided relationship where they are giving me information. It should be a flow of them giving me information and me receiving it, and they're receiving my information as well, so it should be a cross-mutual exchange of information when you go to the doctor.

I would also like to make sure that there's access to transportation to be able to get to the healthcare provider, to have non-traditional hours at healthcare provider settings. One thing we always advocate for at PWN as well is to make sure that women have non-traditional hours, because a lot of us work and we have children, and when you're a woman, women are the head of households, whether you're a woman of trans experience or a cisgender woman.

And so we come in with a lot of our family. Our families really depend on us, and so having those non-traditional hours will allow women who may be working or may have children, and also inside of these healthcare provider spaces, having a space where there's toys for children.

I have yet to see in a healthcare provider space for people living with HIV a section with coloring books for kids and little toys for them to play with because women living with HIV have children too. So just making sure that it's a well-rounded space for all of the whole entire family to be able to come into a healthcare setting is important.

Tammy Kremer:

Yeah. Thanks for naming that. I feel like that kind of also points to some of the things you were talking earlier in terms of who people perceive to be impacted by HIV, like still having kind of outdated notions of which communities are most impacted and be like, "We're talking about mothers, we're talking about families," and people forget that.

Marnina Miller:

They do. They do, and they tend to silo us out a lot and think that it's just, "Oh, just take this pill. You'll be fine." Because now, the sentiment is around HIV that, oh, you take the one pill once a day, or you take the shot once a month, or every other month, and you're fine.

But people living with HIV also have comorbidities that come into their lives because of the medication and because of other health conditions that come along with living with HIV. It is still a chronic illness that needs to be managed. When you're thinking about a person, we should be thinking about the whole person in their entire life instead of just, "Oh, just take this pill," because it's more than just that one pill.

Tammy Kremer:

Yeah. I'd love to hear anything else you want to share about some of the common misconceptions or stereotypes you encounter about people with HIV and what people are missing?

Marnina Miller:

Oh. I don't know if I could say this on here, but that we're not having good sex. People living with HIV are still people. We're still dating. We're still having fun. We're still going out. We're still mixing and mingling. We are still thriving. I have a full life. I have a partner who I love, and I'm in love with, and he's in love with me. I have a cat, nieces. I love being an auntie. It's my favorite title in the world.

I just live life. I travel, I have fun, I get out there and twerk. I dance, I go to the club, I drink. People living with HIV have full lives outside of their diagnosis, and I think it is a misconception that living with HIV is like this horrible thing, and for the rest of your life, you'll be sad and depressed.

And I'm not going to lie, the beginning of your diagnosis can be a really hard journey. Really difficult to get to that spot. But over the last 12 years of living with HIV, I have lived a full life, and I'm so grateful to PWN USA, to the HIV movement in general for showing me that there is life after diagnosis.

Tammy Kremer:

I know you all can't see how big I'm smiling, so I'm just going to tell you. I love that fullness of your life that you're bringing into this, and thanks for sharing that with us. I think it's just so powerful to remember to uplift that, and the living, the thriving, the good sex, the going out, the full enjoyment of life that you're able to have as you live with HIV.

Marnina Miller:

And I know I've probably got you cracking up, but there are 5000 nerve endings in your clitoris alone. I tell women that all the time who say, "Oh, I'm not going to have sex anymore." Girl, no. God gave you all of those nerve endings in your clitoris for a reason.

Tammy Kremer:

Thank you.

Marnina Miller:

You should still utilize this.

Tammy Kremer:

Yes, yes. Use that tool. We actually just did a whole episode on the clitoris with this woman, Rachel Gross. So for our listeners, highly recommend going back and listening to that. It was really fun to just dive into what we know about the clitoris and all things pleasure.

Marnina Miller:

Oh, I got to go check that out.

Tammy Kremer:

Please do. Let me know what you think.

Marnina Miller:

I will.

Tammy Kremer:

So we're kind of already getting into this, but what are some things you're hopeful about, both for yourself and for the kind of work that Positive Women's Network is doing now?

Marnina Miller:

Oh, I'm hopeful. I'm optimistic about the future. I am the type of person where I look at the glass half full instead of half empty. I know that there are so many things going on, whether there are natural disasters. Also, the political climate right now is just really crazy. There's so much sickness and death, and it's just so many wild things that are going on in the world.

But I'm just really grateful for this moment in time where I see women in particular really rising up and saying, "You're not going to tell me how to treat my body. This is my body." And I'm so excited about the young reproductive justice advocates that are coming up, especially in colleges and universities, that are not taking no for an answer. Seeing young folks organizing and really getting into activism, building up their power, organizing alongside each other, that's what I'm really excited about for the future.

I'm also excited about the fact that there is this one pill once a day that I could take. There is this shot every other month where I don't have to be worried about my diagnosis if I so choose to take it. I'm really excited about PWN because for the first time in our history, as a queer woman, and then my partner of the organization who's the other co-executive director, is a woman of trans experience, so you have two LGBTQ folks leading a national org.

So I'm really excited about PWN's Future. I'm excited about what we're going to do as a organization. I'm excited about what our members are planning to do. We've got members that are running for public office. We have members who are really kicking ass in advocacy and organizing spaces, opening up their own businesses outside of advocacy, selling stuff, becoming their own entrepreneurs, and I'm just really grateful that I get to witness all of this greatness and be a part of it.

Tammy Kremer:

Amazing. Are there any particular impacts or accomplishments of PWN that you want to raise up for our listeners that you are excited about looking back at?

Marnina Miller:

Yes. So Positive Women's Network has something called the Day of Action to End Violence Against Women Living with HIV. So every year in October, we really focus on that day of action because we know about all of the intimate partner violence that a lot of our sisters face, and so I'm really glad that we created that day.

I'm really excited about all of the continued get-out-to-vote efforts that we're going to continue on in 2025. Also, Positive Women's Network, we just left the White House. We just had a White House convening with the Office of National AIDS Policy, and it was an amazing time where folks living with HIV and also federal officials got together and really talked about what does it look like to end the HIV epidemic, but also to center the lives of people living with HIV?

And what it was called was the Quality of Life Symposium. Instead of talking about the care and treatment of people living with HIV, we're talking about the quality of life of folks living with HIV, so what is our quality of life while we're still here, and how can we get the optimal quality of life for us? And so I'm excited about that chapter of life, like talking about the quality of care that we receive.

Tammy Kremer:

I love that reframe. I love that reframe. It's so much wider of just how do we support people in thriving, including with HIV?

Marnina Miller:

Yes. I think that's the most important part. I think that's that sweet part where I wish that folks who passed away early on from HIV complications, hopefully they're looking up from heaven. And I'm a Christian, so that's my thoughts.

Wherever they are, hopefully they can see this and they can know that we're still living out their legacies, we're still here fighting, and that we're not going anywhere. We're standing 10 toes down.

Tammy Kremer:

And I have chills again. Time number two in this conversation. Yes, I love that, and kind of bringing in their memory and honoring long struggle and that bigger view of all the people that have been impacted by HIV.

Marnina Miller:

Yeah. I would be remiss if I didn't bring into this conversation Katrina Haslip, who in the early 1990s, a Black woman incarcerated was one of the biggest activists and organizers during that time for women living with HIV because women did not get to be included in the AIDS definition until 1994.

Tammy Kremer:

Wow.

Marnina Miller:

Almost 10 years after we knew what HIV was, that women were included in the definition, so our symptoms and things around that. Before then, women couldn't get access to a lot of HIV services, nor could they be qualified for social security because a lot of folks were dying during that time, right? So folks were getting access to all of these social network programs, and women had no access to it, but it took a woman who was incarcerated at the time, Katrina Haslip, and her community, to really create this advocacy lane to tell the CDC like, "Hey, you're forgetting about women. What about us?"

And so during her time of being incarcerated, she founded an organization that once she got out, they really advocated for women living with HIV to be included in that CDC definition of AIDS. And so through her activism and the activism of so many other folks like Dandelions, who are folks that were born with HIV, or other women who during the early days of their diagnosis didn't have the freedom, capacity, or even the access to be able to talk about their diagnosis freely, those are the folks whose shoulders I stand on and I think about every day that I sit in my office, and I'm so grateful for their leadership because without them, I know I wouldn't be here.

Tammy Kremer:

Mm-hmm. Yeah. Thanks for bringing that legacy in. That much bigger picture of the folks whose shoulders we stand on.

To close out our show, I like to ask our listeners the same question, which is, what's one thing you hope we can create by coming together for sexual health?

Marnina Miller:

Oh, that's a really juicy question. I like that. I think we could create liberation. I want liberation. That's what I want. I don't want equity. I don't want equality. I want liberation.

I want to be free of HIV stigma. I want to be free of capitalism. I want to be free of racism and sexism and homophobia and transmisia and transphobia. I want freedom. I want liberation for all of us. I want all of us to have that freedom, but in particular, I want women living with HIV to be liberated and to have liberation in the ways that they see fit, in whatever way that is. And whatever that looks like, I want them to be free.

Tammy Kremer:

Beautiful. Thank you so much, Marnina, for sharing your vision, your wisdom, your story, and for really bringing yourself to this conversation. I really am moved, and I'm excited to hear what our listeners think and how your story touches them too.

Marnina Miller:

Thank you so much for having me, Tammy. I really had a good time talking to you.

Tammy Kremer:

Oh, me too. Thanks for listening, and please follow and rate us wherever you get your podcasts to help more people find us. And hey, how about sharing this with a friend or a colleague you'd like to talk with about sexual health?

Check out the show notes for the resources mentioned in this episode and the transcript of the show. Connect with us on Instagram @comingtogetherpod, on X @CaliforniaPTC, and at ComingTogetherPod.com.

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