

# NEWSLETTER



Spring 03

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## Message From Art Zocolle

After two and a half years as the Executive Director of the Canadian Aboriginal AIDS Network, I will be seeking new challenges as the head of 2-Spirited People of The First Nations in Toronto. My time at the Canadian Aboriginal AIDS Network has been very satisfying, both in terms of the work we've completed and the people I've met. Working at national level has given me an opportunity to see how Aboriginal people from all over the country are working together to cope with HIV/AIDS in their communities. I have been lucky enough to go to community after community and see, first-hand, the progress we as Aboriginal people have made in this struggle and the work we have yet to achieve. I have also had opportunity to work with government, and with other national groups, to express the concerns of Aboriginal people in relation to HIV/AIDS as they have been expressed to me. I have been honoured with the confidence of my Aboriginal brothers and sisters — First Nations, Metis, and Inuit — and it is an honour I will carry with me all my life. I will always be a part of the Canadian Aboriginal AIDS Network, and I will always continue to act as a voice for those Aboriginal people who, for whatever reason, will not or cannot speak on their own behalf. I take what you have given me and carry it with respect. Meegwetch.



### Table of Contents

Message From The ED .....	1
Ken Clement Recieves Medal.....	2
NAHO Conference.....	2
Tribute To Art .....	2
Joining The Circle .....	3
ASHAC Consulations .....	4
APHA Coordination. ....	5
Community-Based Research .....	5
Post Approval Surveillance .....	6
Summer Training Awards .....	6
Upcoming Events .....	7

VISIT THE CAAN LINK-UP SITE AT

[www.linkup-connexions.ca](http://www.linkup-connexions.ca)

## Ken Clement Receives Medal

Twenty-five Canadian AIDS activists have been awarded the Commemorative Medal for the Golden Jubilee of Her Majesty Queen Elizabeth II. The Canadian AIDS Society (CAS) sought nominations for the award from its 115 member organizations. Among them, Ken Clement, Chair Of The Canadian Aboriginal AIDS Network, was a recipient. "On behalf of CAS, I would like to congratulate each recipient for their leadership in the field of HIV/AIDS in Canada," said Paul Lapierre, Executive Director of CAS. "These individuals are among the many Canadians that advocate for the rights and needs of people living with HIV/AIDS. The Canadian AIDS movement appreciates their efforts and dedication in the fight against HIV/AIDS." The Golden Jubilee Medal of Queen Elizabeth II commemorates the 50th anniversary of Her Majesty's reign as Queen of Canada. Medals are awarded to Canadians who have made a significant contribution to their fellow citizens, their community and to Canada.



## Report On the NAHO Conference

January 21-23, 2003 Ottawa Ontario

Members of the CAAN staff set up a display booth at the Health Information Fair and attended the booth during the conference to distribute information brochures and pamphlets as well as to answer questions from conference participants. The conference seemed to be well attended and we had many visitors to our booth. Unfortunately, the area in which the booths were set up was not open to the general public. If the general public had been admitted to the Health Information Fair area this would have greatly added to the conference as important health information would have reached more people.

## Tribute To Art

by Arlo Yuzicapi Fayant

Years ago, Art Zocolle and I made a number of presentations at a national Assembly of First Nations all chiefs meeting in Regina Saskatchewan. My presentation involved what we did as Aboriginal AIDS workers and Art has often referred to that speech and has many times asked I could write it down. Typically I do not prepare formal written speeches but rely on sticky notes and asking Creator's help in saying what needs to be said at the time. Kind of a zingy method I know which is sometimes successful and other times humiliating, but to each her own. But with Art moving on to new challenges, I want to acknowledge the man who has inspired me for almost ten years, has always made me feel good for sticking with the movement and will always remain a mentor no matter where he sets up camp. Here is a rendition based on my rough notes, for Art:

An Aboriginal AIDS worker is more than just a worker. We must have extensive knowledge of HIV, AIDS and its treatment. We must know universal precautions and epidemiology and surveillance. We must know about clinical trials, informed consent, AZT during pregnancy, adverse drug reactions and seroprevalence studies. We are often therapists, social workers, house-cleaners, crisis workers, bankers and babysitters.

We do HIV pre and post test counselling, out reach support, case management, and inter-agency collaboration. We provide palliative care and bereavement counselling. We help partners and families deal with death, dying and grieving. We help ourselves as AIDS workers stay healthy and strong when losing a client, friend or relative to this disease. If we are not HIV positive ourselves, we make sure to support speakers and advisors who are.

Over the years, we've had to learn and teach others about Two-Spirit histories and issues, homophobia and AIDS-phobia. We've had to research and present about residential schools, family violence, and sexual abuse as it relates to AIDS. We've had to develop our own models of self-esteem and healthy sexuality.

We've had to prepare for and welcome the new populations infected with HIV - people who inject drugs, sex trade workers, prisoners, women, youth and children. We've all had to embrace and proclaim a harm-reduction approach because an abstinence-based philosophy wasn't working fast enough.

We've had to develop successful ways to address APHA needs such as effective medication, nutrition, housing, poverty, child care, peer support, disclosure, confidentiality and living wills. We've had to become advocates and activists regarding the rights of all Aboriginal peoples living with, affected by and at risk for HIV/AIDS.

We've had to present thousands of workshops on AIDS 101 and safe-sex practices. We've had to attend hundreds of meetings with non-Aboriginal AIDS workers, provincial health authorities and Health Canada managers and educate them on our unique cultures and diverse populations and consistently justify our separate path. We've had to reach out to mental health workers, addiction counsellors, physicians, nurses and other healthcare professionals, CHRs, social workers, home-care and palliative care workers, and income security workers.

Our work with corrections and justice has only begun. Not only do we have to train police and probation officers, prison guards and youth detention workers about Aboriginal peoples, but we have to lobby provincial and federal corrections officials to make policies that will not put Aboriginal inmates at further risk for or death from.

In our spare time, we conduct needs assessments and actively participate in community-based research and peer reviews in clinical research. We design, develop, implement and evaluate programs that will work for our peoples. We facilitate support groups and focus groups. We are excellent proposal writers and fund-raisers.

We've had to learn about Aboriginal healing, traditional medicines, and burial rituals. We've had to find culturally appropriate rites of passage for our hormone-packed youth. We've had to locate traditional healers and elders who would work with peoples with AIDS. We've had to stay away from funerals of loved clients in case we inadvertently out them post-mortem. We've had to write polite letters stating you can't get AIDS from being a pallbearer so please take off the latex gloves.

If we are lucky enough, we get to have training or skills-building. It can be simple things like program administration or personnel management, but co-infection issues such as Hepatitis C, TB, STIs, FAS/E, diabetes, addictions and mental health disorders are always needing upgrading. Most of us simply don't have time for more exotic training like Healing the Inner Child with Pseudo-Christian Exorcist rituals, Just Saying NO or Just Stay Unfunded or Drumming

Away the Virus. Some of us stay from a destructive inner desire to do 10 jobs at once. Some of us just change jobs and get a life.

I have to admit I added the last paragraph because some things have changed since Art and I presented to five chiefs in 2000. This however hasn't changed: each year hundreds of more Aboriginal people will become infected with and eventually die from HIV. Sobering reality as that fact is, it is far more distressful to have to defend that, as AIDS workers, we are not doing enough. Hello. People like Art Zoccole have and will continue to do so, and this is a good thing. I

## Joining The Circle

The "Joining the Circle: Aboriginal Harm Reduction" initiative is moving into another phase. The deadline for responding to the survey has long since past and the results are in. I am now in the process of assessing the responses and transcribing the information provided into the manual. There a variety of Harm Reduction initiatives in operation, each with its own specific components. From the research conducted, it appears that many of the current programs offer similar services for IDU's though surprisingly few have identified Methadone Maintenance Treatment (MMT). It is possible that the necessity for and unavailability of trained medical staff may be the reason. Another possibility is the perception that abstinence-based models are the only successful way of helping addicts and that methadone, as another addictive substance, simply replaces crack, cocaine or heroine. It is easy to see why some communities believe this to be so. But it should be remembered that methadone is ingested in the same way as cough syrup, thus eliminating the injectable element of the substances mentioned. MMT may assist addicts in remaining free from blood borne pathogens until the IDU is ready to make the change. AIDS and Hepatitis C are preventable illnesses and every effort should be made to keep IDU's and those they have intimate contact with, disease free. On that note, anyone aware of a Methadone Maintenance Treatment program operating in an Aboriginal community should contact the CAAN office (see contact info below), so that we may explore this option. Any information you provide is invaluable to our project. We can keep our communities safe if we all work together.

In addition to these activities, I attended the National Harm Reduction Conference in Toronto, November 22 to 24, 2002. The National Aboriginal Harm Reduction Steering Committee was brought in for an in-person meeting to discuss future activities of the project. This

## Joining The Circle - *Cont.*

was an excellent opportunity for us to finally meet and discuss the information we received in the survey as well as any additional components that should appear in the manual. Committee members were also able to update one another on any current developments around Harm Reduction in their communities and let each other know that their efforts are supported and appreciated. Thanks to 2-Spirited People of the First Nations for the use of their office space. Aside from that, plans to pilot test a safe-injection facility in Vancouver are on the move. I will be sure to keep you informed of its progression in the next news letter. Cheers.

Contact:

Robert Friday, Harm Reduction Researcher

Phone: 613 567-1817, ext. 107 or

E-mail: robertf@caan.ca

## ASHAC Consultations

As the fiscal year-end approaches, a series of consultations have been completed. The original plan was to host between 5 and 7 focus groups. Largely due to members of the Working Group and other CAAN staff, this target reached sixteen sites.

The document was released in June 2002 but summer schedules resulted in very little activity over this normally slow period. Starting in September, planning increased using a Consultation Process that was flexible and adaptable. This approach worked well, with only one group expressing difficulty with the process itself.

Focus Groups were held in: Yukon; NWT; Labrador; BC; AB; SK/MB combined; QC; ON via TPFN Board, OAHAS Reference Group and OFIFC; AFN Health Technicians; and two with the Canadian Inuit HIV/AIDS Network. An APHA Focus Group also took place during the CAAN AGM in Montreal.

One regional MNC affiliate re-directed a review to the Métis Addictions Council of Saskatchewan which provided feedback. Another regional MNC affiliate expressed interest in a teleconference. However, since no other group came forward, so it did not occur. Individual input was encouraged where no Focus Group was possible.

The Atlantic Circle and Ontario First Nations Circle both participated in presentations, but felt neither could officially speak on behalf of their jurisdictions. The Board of Healing Our Nations also held a teleconference to discuss how to consult on the document.

Some Focus Groups had Inuit, Métis, First Nations and APHA representation. As well, some included people outside of the HIV/AIDS field. Verbal or written feedback, many with questions were received which will be answered in the upcoming months.

A total of **139 people participated** in consultations and presentations, in person or through written submissions.

Overall, a clear majority of people echoed support for a national Aboriginal Strategy on HIV/AIDS in Canada. There has been little negative feedback on the document itself, although some changes have been suggested.

Next steps include finalizing a Consultation Report to reflect all input received. An evaluation will be done as well. Lastly, the ASHAC will be revised based on feedback.

The 18 member Working Group, which has broad representation, will review and approve any changes, in keeping with feedback received. ASHAC will be translated into both French and English, and then printed. Efforts to translate it into Inuktitut will also be explored.

## APHA Coordination Program

The Aboriginal persons living with HIV/AIDS (APHA) Coordination Program is still looking to recruit a youth, female and/or Inuit to the APHA National Advisory Committee. This person will join a committee of seven other individuals who are currently providing advice and developing an APHA Speaker's Manual, among other activities. Committee members meet by teleconference approximately four times a year. If you or if you know someone, give me a call at 1-888-285-2226 (ext. 106). A draft of the APHA Speaker's Manual, as well as approved minutes from previous teleconferences, is available at [www.linkup-connexion.ca](http://www.linkup-connexion.ca) in the resource library under projects materials. If you have any feedback, please let me know. This is a first draft and as the manual develops I'll post the revised versions.

In a previous newsletter, I wrote about a research project titled, "*The Influence of Stigma on Access to Appropriate Health Services by Persons with HIV Illness.*" The purpose of this project will be to develop a response in the delivery of health care services to persons living with HIV, including Aboriginal people, that address the impact of stigma on access. Four research questions will be asked, (1) in what ways does stigma influence access to health services for APHAs and PHAs? (2) What practices in health care organizations are perceived to be stigmatizing by APHA and PHA? (3) What design features are optimal for the provision of health care services to PHAs and APHAs to eliminate stigma? (4) What processes are required in organizations to reorient health services for APHAs and PHAs in order to incorporate optimal design feature? The Canadian Aboriginal AIDS Network is listed as co-investigator through the APHA Coordination Program.

Two other projects, including the "*Diagnosis and Care of HIV Infection in Canadian Aboriginal Youth,*" and the "*National PASS Study* (see the article in this newsletter)" have required considerable input to get up and running. The PASS study, for example, is set to begin focus groups with Aboriginal people in late February to early March, while the youth project is hosting a meeting of the advisory committee in early March.

The APHA Coordination Program will have a busy late Winter and

early Spring. Several activities are planned, including giving a presentation on HIV medication and Non-Insured Health Benefit to front-line workers in Thunder Bay at the end of February. I'll also be attending the "*Aboriginal Voices and Visions in HIV/AIDS: Our Ancestors Speak.*" This will be the 7th annual Aboriginal HIV/AIDS conference for Healing Our Spirit in Chilliwack, British Columbia. Other conferences coming up include the Canadian Association of HIV/AIDS Research and the Canadian Association of Nurses in AIDS Care, both in Halifax in April.

On another note, we are still waiting to hear back from Health Canada, whether the "*Canadian Aboriginal People Living with HIV/AIDS: Care, Treatment and Support Issues*" has received funding. I'll keep you posted and let you know and when I know. Until then, take care.

## Community-Based Research

The Community-Based HIV/AIDS Research Survey is now in its final stages. The survey was sent out to 198 recipients, of which 44 surveys were returned to CAAN. The survey was also available on LinkUp at [www.linkup-connexion.ca](http://www.linkup-connexion.ca). Although the final report is still being drafted, it is safe to say that the top two issues are, not surprisingly: **time and money!**

The National Steering Committee of this project will be meeting face-to-face during the CAHR conference being held in Halifax this April. The findings of the Community-Based HIV/AIDS Research Survey will be the focus of discussion and hopefully a final report will be ready in May, 2003.

Other than that, I have been busy collecting resource materials, mainly journals and books related to research. These resources are available to anyone who would like to use them, however we have not worked out a lending system as of yet. If anyone has any suggestions, they would be greatly appreciated. A list of these resources will soon be posted on LinkUp - so keep your eyes open!

## Post Approval Surveillance System

The Canadian Treatment Action Council (CTAC) is conducting a community-based research project called "The National PASS Study." In Canada, anti-HIV drugs become available after short-term clinical trials. Often, their effects are first known and discussed by those taking the drugs. However, the current systems for reporting specific information about what happens while using these medications is not consumer-friendly.

Between November 2002 and July 2003, "The National PASS Study" will be testing four methods of collecting information about the side effects of anti-HIV drugs for people living with HIV/AIDS, including Aboriginal people. Depending on your location, availability or energy, any adult living with HIV/AIDS currently using HIV drugs can choose one of four ways of filling out a brief survey about their experience with anti-HIV drugs.

### Focus Groups

Aboriginal people living in British Columbia (Prince George), Alberta (Edmonton), Manitoba (Winnipeg), or Ontario (Toronto).

Aboriginal people living with HIV/AIDS in these locations or elsewhere can also choose one of the following three methods.

#### By Mail or Fax

Mail (postage paid) or Fax (toll free) your completed survey to the PASS study offices until July 2003. Surveys are available from the Canadian Treatment Action Council, your local Aboriginal AIDS service organization, or the Canadian Aboriginal AIDS Network. Visit the CTAC website ([www.ctac.ca](http://www.ctac.ca)) for a list of organizations which were sent surveys to distribute.

### In Person

There are interviewers in Montreal, Toronto and Vancouver to help fill in the survey from November 2002 to March/April 2003. In Montreal, contact CPAVIH at 514-521-8720, in Toronto, Voices of Positive Women at 416-324-8703, and in Vancouver, BCPWA at 604-893-2239.

### Over the Phone

From January to June 2003, you call toll-free 1-866-253-7277 between 9:00AM and 5:00PM from anywhere in Canada to complete a survey over the phone with a bilingual interviewer.

The study runs from November 2002 to July 2003. Once completed, CTAC will have gathered information about which methods were successful, and for which specific populations and communities. CTAC will make the results available and advocate that policy makers provide effective and ongoing reporting methods for all persons living with HIV/AIDS.

## Summer Training Awards

In December (2002), the Canadian Aboriginal AIDS Network announced Summer Training Awards 2003. In total, six training awards were available to Aboriginal undergraduate students in an effort to build and enhance community-based research skills. Students will, under the guidance of an academic advisor and in partnership with an Aboriginal AIDS service organization, receive training in community-based HIV/AIDS research. Aboriginal undergraduate students in Arts or Science were eligible. Pending any revisions, following a review of proposals on February 15, 2003, this year's training awards will be provided to:

Jonelle Garriock

#### **Blood Ties Four Direction Centre**

*A Model for Elder Involvement in HIV/AIDS Prevention Education within the Yukon Territory*

Dianna Smith

#### **The Red Road HIV/AIDS Network**

*Building the Road to HIV/AIDS Education in Aboriginal Communities*

Kim McKay

#### **All Nations Hope AIDS Network**

*Aboriginal People Living with HIV/AIDS: A Preliminary Investigation of the Reasons for Mortality*

Julie George

**Kettle and Stony Point Health Centre**

*The Needs of Aboriginal Women at Risk for and Living with HIV/AIDS*

Student - TBA

**Montreal Native Friendship Centre**

*Use of Condoms Among Inuit and First Nations Youth Living in Montreal*

Richard Simon Taylor

**Healing Our Nations, Atlantic First Nations AIDS Network**

*Community-Based Research: Moving Forward*

The Canadian Aboriginal AIDS Network extends our warmest congratulations to each of the successful students, academic advisors, and host Aboriginal AIDS service organizations.

Saint Martin, French West Indies, 10-12 December 2003

The workshop will be attended by fundamental researchers and clinicians conducting clinical research into HIV infection. Priority will be given to scientific research and quality. In order to achieve this objective, the number of participants will be voluntarily limited to 120, presenting pre-selected work, in the form of a talk or poster.

Le Meridien Hotel, Saint Martin, FWI

The New Reference in HIV Research VISIT THE MEETING WEBSITE AT: [www.avps.org](http://www.avps.org)

**Aboriginal Voices And Visions in HIV/AIDS: Our Ancestors Speak.** Held March 16-19, 2003 at the Rhombus Inn, Chilliwack, B.C. For more information visit our website: <http://www.healingourspirit.org>

**Northern Conference Thompson Manitoba** March 18, 19, 20

Skills building conference for the Aboriginal communities in the Northern Manitoba Region. If you require more information please call our office or email us Catherine Spence, Coordinator Northern AIDS Initiative Inc. 307-83 Churchill Drive Thompson, Manitoba Ph: 204-677-8552 Fax: 204-778-5538 email: [NAI@digistar.mb.ca](mailto:NAI@digistar.mb.ca) Web: [www.northernaidsinitiative.mb.ca](http://www.northernaidsinitiative.mb.ca)

## Conference Announcements

**AIDS IMPACT 2003:** Biopsychosocial Aspects of HIV Infection 6th International Conference, 7-10 July 2003, Milan, Italy

The Focus of AIDS IMPACT is to foster networking and exchange on biological, psychological and social aspects of HIV.

Early Registration Fee - 1 February 2003 Abstracts Submission - 1 February 2003 Standard Registration Fee - 1 May 2003

Visit [www.aidsimpact.org](http://www.aidsimpact.org) for complete registration information.

**4TH INTERNATIONAL CONFERENCE & EXHIBITION ON TRADITIONAL MEDICINE TRADITIONAL HEALING & HIV/AIDS - DAKAR, SENEGAL - JULY 20-21, 2004** Africa First LLC of Minnesota, USA, in association with the Ministry of Public Health, Republic of Senegal and ENDA TM, proudly invites you to the 4th International Conference & Exhibition on Traditional Medicine "Traditional Healing & HIV/AIDS" on July 20-21, 2004 - a crusade by conventional doctors and traditional healers to combat and eliminate the HIV/AIDS epidemic globally. Abstracts must be submitted before August 30, 2003. Registration must be completed before August 30, 2003. Please visit our website at <http://www.africa-first.com/4thICTM.asp> Email: [info@africa-first.com](mailto:info@africa-first.com). **The New Reference in HIV Research First International Workshop on**

**HIV Persistence During Therapy**

### 11th INTERNATIONAL CONFERENCE FOR PEOPLE LIVING WITH HIV/AIDS

The next international conference for people living with HIV/AIDS will take place October 26-30, 2003, in Kampala, Uganda. Registration is planned to begin February 1, 2003. Please visit

<http://www.gnpplus.net/> for more details.

Visit The CAAN Website at

[www.caan.ca](http://www.caan.ca)

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## CAAN Mandate

The mission of CAAN is provide leadership, support and advocacy for Aboriginal people living with and affected by HIV/AIDS regardless of where they reside.  
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Canadian Aboriginal AIDS Network

## Règle d'action de bulletin

Le Réseau Canadien Autochtone du SIDA (RCAS) focusses de bulletin sur les questions d'importance à la communauté d'Autochtone de VIH/SIDA. Cette publication fournit des individus avec une occasion interactive pour l'échanger d'information. Comme tel, nous activement encourageant soumissions de membres de le et autres affecté par VIH/SIDA.

Toutes soumissions doit fournir perspicacité et donne information qui est de profit à Autochtone infecté et affecté par VIH/SIDA. Soumission doit être original et écrit dans clair et facile comprendre langue. De plus, le travail doit être aussi précis, approprier, utile et l'affirmer de vie. Dans l'intérêt d'espace et clarté, RCAS réserve la droite éditer une soumission. Cependant, l'auteur reste responsable de leur travail. Le Réseau Canadien Autochtone du SIDA réserve aussi la droite pour refuser n'importe quel article qui n'est pas conforme à cette règle d'action de bulletin. En soumettant articles pour considération, s'il vous plaît fait électroniquement et inclut votre nom, complète mailing, téléphone, fax, et messagerie électronique. Auteurs sera identifié par dans le A MOINS QU'ILS PREND DES DISPOSITIONS AVEC UTILISER INITIALES OU UN.

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