

# NEWSLETTER



February 2002 (Vol. 1) Issue 1.

## Joining the Circle, Harm Reduction, Phase II, Study - *Robert Friday*

The Canadian Aboriginal AIDS Network (CAAN) has currently undertaken Phase II of its Harm Reduction Model with the hiring of Robert Friday, Researcher: Harm Reduction Project. Over the course of two years, I will conduct research that expands upon the work completed in Phase I of "Joining the Circle: An Aboriginal Harm Reduction Model, A Guide For Developing A Harm Reduction Program in Your Community" in 1998. The focus of "Joining the Circle" was to collect and assess all available information on injection drug use (IDU) and the transmission of HIV infection which has reached crisis proportions in Canada. The Harm Reduction approach is a pragmatic, non-judgmental way of dealing with HIV infection through injection drug use, and aims to address the issue of transmission of the virus rather than focus on the use of drugs. In a survey conducted with 126 Aboriginal IDU's, both in and out of the prison system, Phase I identified the social and economic profile of Aboriginal IDU's, their needs and the barriers that prevent them from accessing social and health services.

The second phase of "Joining the Circle" will build on the concept of harm reduction by collecting and examining additional information that was omitted from or is new to HIV/AIDS issues and injection drug use. With this project, CAAN aims to provide more specific information on how to link with regional health authorities, acquire needles for needle exchange, establish methadone programs and secure funding for community-based Harm Reduction programs. It will also allow for the development of Harm Reduction Policy for Aboriginal communities across Canada and provide a broader base for information sharing and literature distribution including municipal, provincial, territorial, and federal health departments and correctional facilities. I will work in collaboration with Mac Saulis, an academic community consultant from Carleton University, Ottawa to develop an information gathering tool. The tool will enable us to focus on the challenges and successes of Aboriginal Harm Reduction programs and identify programs and services currently accessed by the Aboriginal community. The first task of the project is to set up a national steering committee that will lend its expertise to the project and assist in guiding data collection and the development of a draft guide. The guide will be appropriately distributed upon completion and approval. The project staff will strive to conduct its research in a culturally appropriate manner. The Canadian Aboriginal AIDS Network will have ownership, control, access and possession of all data collected. For more information please contact me at (613) 567-1817.

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## Announcing!

The Canadian Aboriginal AIDS Network is pleased to announce our new and improved newsletter format. In coming issues, the newsletter will provide an opportunity for interactive exchange. CAAN is actively seeking articles, letters, etc., that are life affirming and appropriate to Aboriginal people. Submissions will be reviewed by members of an editorial committee.

## Summer Training Awards - *Randy Jackson*

The Canadian Aboriginal AIDS Network (CAAN) is pleased to announce it has received a "conditional recommendation" from Health Canada on January 11, 2002 to host the Summer Training Awards for 2002. Please watch for future announcements and application forms from CAAN to apply.

For your information, the Summer Training Awards is a program component of the Aboriginal Capacity-Building Program for Community-Based Research (ACBPCBR) and is an innovative approach within the HIV/AIDS research landscape in Canada. At the HIV/AIDS community level, it is the first of its kind in Canada. The Summer Training Awards Program strives to increase the number of Aboriginal people undertaking community-based research by stimulating undergraduate students to continue their formal program of studies. Working within a local Aboriginal host organization, the student receives guidance from her or his academic advisor in conducting a short-term community-based research project. To this end, the Summer Training Awards program enables the Aboriginal HIV/AIDS community to benefit from a research project while simultaneously cultivating a relationship with the academic community.

Also, The Canadian Aboriginal AIDS Network has submitted an abstract to the Canadian Association of HIV Research. The abstract, titled "Community-Based Research Capacity-Building in Action," will highlight the Summer Training Awards Program. As well, CAAN will be a participant in one day symposium on community-based research at this year's Canadian Association of HIV Research conference to be held in Winnipeg, Manitoba on April 25-28, 2002 where we will present for discussion the Aboriginal Capacity-Building Program for Community-Based Research.

## Words from the Executive Director *- Art Zoccole*

As most of you are already aware, on January 15, 2002 the Federal Government announced a shift in Ministerial Cabinet postings. The Canadian Aboriginal AIDS Network wishes

to take a moment to recognize the considerable contributions of the Honourable Allan Rock, who has left the health portfolio, in the fight against HIV/AIDS.

Additionally, we wish to welcome the Honourable Anne McLellan to health and to impress upon her the importance of continuing to plan for future, particularly where the Canadian Strategy on HIV/AIDS is concerned. Since its inception, the strategy has remained at mid-1980s funding levels. From our perspective, given that each day **one more Aboriginal person contracts HIV**, more adequate funding levels are necessary in the areas of prevention, education, outreach, care, treatment and support. We trust, our new Health Minister, will ensure adequate funding levels under the Canadian Strategy on HIV/AIDS through continued consultation with Aboriginal community leaders, such as those represented under the National Aboriginal Council on HIV/AIDS.

## CAAN Office Update *- Cindy Ashkewe*

Hope everyone enjoyed the Holidays! The staff have been getting busier as the month of January goes along. We are presently preparing for the upcoming Board of Director's Meeting scheduled for Jan 23-26, 2002 here in Ottawa at the CAAN office. The first two days will be Strategic Planning and Orientation with the Board of Directors meeting the last two days. We have also been busy moving the office furniture around to make room for more office space, the staff room has been rearranged and changed into two new offices, one for the bookkeeper and the researcher. The resource library has been organized and all the materials have been sorted and placed on the shelves for easy access for all. Until the next newsletter

Cindy

## A Message from the Chair *- Ken Clement*

First and foremost, I wish to begin by offering my best wishes for a happy, prosperous and healthy New Year! For many of us, the New Year is a time for honest reflection and appraisal. It is also a time to begin planning for the future, for making resolutions. On this note, early in the New Year, the Canadian Aboriginal AIDS Network will begin preparations for a board strategic planning ses-

sion, to be held at the end of January. Within this session, the board will be looking at a mentoring program, thereby enabling greater leadership roles for Aboriginal people in community-based HIV/AIDS work. We look forward to participating and welcome the opportunity to share our strength and vision of the future. The end result, we hope, is continued success towards addressing issues presented by Aboriginal people living with and at risk of HIV.

The Canadian Aboriginal AIDS Network has also been a strong participant on the National Aboriginal Council on HIV/AIDS. From a community perspective, we are represented on Council by individuals living with HIV/AIDS, by staff, and board members. Representation is vitally important to the development of the work the Council will undertake. Our objective is to entrench Aboriginal HIV issues on the national agenda. Again, this important work will continue into the new year.

In closing, may the many new and exciting challenges ahead of us be tackled *together*. May we collectively encourage successful outcomes in addressing Aboriginal HIV/AIDS concerns and issues.

## Aboriginal Persons Living with HIV/AIDS Coordination Program - *Randy Jackson*

This short article provides you with a snapshot of work that has been accomplished or is in progress under the APHA Coordination Program.

First, in the last newsletter (November, 2001) I briefly outlined that a research project has been developed and submitted to the Aboriginal Research Program, Health Canada. However, in this article, I would like to provide more detail about this important project. In short, CAAN hopes to increase understanding of the needs of Aboriginal people living with HIV/AIDS and of barriers they may encounter in obtaining services or programs. Such an understanding is particularly important given increasing rates of HIV infection and tightening funding controls that require service organizations provide evidence of need. To this end, the main goal of this study is document the need for services and program by geographic region, disease stage, gender, age and transmission risk. This information will be collected using one of

three methods per participant. The first method is a survey that participants will complete while the second and third options being a telephone interview or in-person interview. I would like to thank members of the Research Advisory Committee for this project for their assistance in developing and supporting this important project. Please watch CAAN (website and email) for future announcements about this project and plan to participate. Hopefully, I'll be able to provide news that the funding application was successful.

Second, two abstracts were developed to present at the XIV International AIDS Conference. The first abstract is based on the information about the research project while the second outlines the development of an Aboriginal Persons Living with HIV/AIDS Coordination Program. CAAN should be informed in April whether the submitted abstracts were successful.

Given the research project has been submitted for funding and abstracts developed, it was time to turn attention to other worthy projects. Until the end of March, the APHA Coordination Program has two key activities. The first is the development of a fact sheet that outlines the First Nations and Inuit Health Branch's program for Non-Insured Health Benefits and provides a list of currently available HIV medications. The second is the development of a position paper from the perspective of Aboriginal people living with HIV/AIDS. A position paper advisory committee has been selected and will review the draft document when it is finished. The goal of this paper is to sketch out recommendations of what a compassionate and empowering model of service delivery could be. That is, one provides effective and culturally appropriate health care responses. This position paper, a first, takes the first-person perspective of Aboriginal people living with HIV/AIDS.

In closing, if you have any questions or comments about these activities please don't hesitate to give me a call at the CAAN office.

## A Proposed Inuit Plan of Action

The Canadian Inuit HIV/AIDS Network (Pauktuutit Inuit Women's Association) released "A Proposed Plan of Action on HIV/AIDS" at their AGM in December, 2001.

For more information, please contact Pauktuutit, the national voice of Inuit on issues related to HIV/AIDS, at 613-238-3977 or by email to [cihan@pauktuutit.on.ca](mailto:cihan@pauktuutit.on.ca).

## CCORA

### - *Randy Jackson*

On January 30, 2002 a number of community-based AIDS organizations, national non-governmental organizations and professional organizations, CAAN included, met in the Parliamentary Press Gallery in Ottawa to officially launch CCORA, the Canadian Coalition of Organizations Responding to AIDS.

The Canadian Coalition of Organizations Responding to AIDS (CCORA) has been launched to press the federal government to increase its response to HIV/AIDS. CCORA members agree that the current federal commitment is inadequate to fight the HIV/AIDS epidemic in Canada. As CCORA co-chair and Executive Director of the Central Alberta AIDS Network Society, Phil Rauch states, "CCORA grew out of a realization that HIV/AIDS has completely fallen off the federal agenda, despite the fact that as many as 5,000 Canadians are being infected each year."

With a current membership of dozens of community-based AIDS organizations, national non-governmental organizations and professional organizations, CCORA has a broad base of expertise to draw from in its advocacy efforts. "There are many different perspectives that need to be brought to the table," says Michael Yoder, member of CCORA and chair of the Canadian AIDS Society. "Different groups have experienced the effects of inadequate funding in different ways. We will be sharing these stories with the Canadian public in the months to come."

CCORA's primary focus is advocating for an increase in funding for the Canadian Strategy on HIV/AIDS (CSHA). When it was introduced in 1990, the CSHA indicated political will on the part of the federal government to fight HIV/AIDS, but the promise of that initial commitment has never been fulfilled. "The Strategy has remained stagnant since 1994, while the annual incidence rate is double what it was at that time. This is one of many indications that Canada's commitment to HIV/AIDS is insufficient," notes Ken Mews, CCORA member and Executive Director of the Canadian Association of HIV Research.

One of the most devastating challenges of the epidemic over the last five years is the spread of infection into populations that are vulnerable to the HIV; for example, Aboriginal communities have experienced dramatic increases in HIV incidence. As Art Zoccole, Executive Director for the Canadian Aboriginal AIDS Network states, "One Aboriginal person in Canada is infected every day. The federal government needs

to make a much stronger commitment to funding targeted prevention information to slow the spread of this devastating epidemic."

CCORA's position was bolstered by an independent report commissioned by the Ministerial Council on HIV/AIDS, which was released in 2001. Authored by Dr. Martin Spigelman, the report called funding for the CSHA inadequate and inappropriate. A summary of this report is available from the CAAN office.

## National Programs and Projects

### - *Kim Thomas*

Greetings everyone, and I hope that everyone is having a Happy New Year. We're beginning to look towards the end of another fiscal year, which means wrapping up lots of projects and looking forward to a new round of projects in our future. There are a few new projects in the works and one big one wrapping up that I would like to share with you.

### LinkUp Wrap Up

The LinkUp site is getting its finishing touches and will be ready for release in March of this year. We are very excited about this project and see a lot of potential for its use in future operations and communications with the membership of CAAN and with the world on the Internet. Right now we are in the process of getting information pages up for our member and associate member groups. These pages will provide information about the groups, how to contact them and what their mandate is. We're also collecting publications from our groups to make accessible in our on-line library. As an added bonus, we were able to add a discussion forum where people can post notices and registered users can send and receive private messages. Watch the CAAN website at [www.caan.ca](http://www.caan.ca) for a link to LinkUp in March!

### Getting Started: Joining the Circle, An Aboriginal Harm Reduction Model – Phase II

In collaboration with Carleton University we have undertaken a research project to explore the issues of Harm Reduction, to create an Aboriginal Harm Reduction Model, and to carry out a pilot test of the Harm Reduction model. Robert Friday (see article, page 1) has been contracted to carry out this work.

### Prevention Messages for Aboriginal Youth in Canada

We have recently been funded to carry out a National Program Inventory of successful prevention activities for Aboriginal Youth in Canada. This is a two year project that will call on Aboriginal AIDS Service Organizations and other Aboriginal service providers

to work with Aboriginal Youth to help gather program information for this project. Look for this project to begin in April of 2002.

### **Aboriginal Capacity Building Program on Community Based Research**

Last summer four groups took part in the pilot test of the Summer Training Award Program hosted by CAAN in partnership with Health Canada. We have recently submitted a proposal to continue this program of capacity building of community based research skills for Aboriginal students, Aboriginal organizations and academic partners. In addition to the Summer Training Awards, we have also received conditional approval for a National Aboriginal HIV/AIDS Community Based Research Initiative. This project will be getting under way this year with another two years of work planned to develop training in community based research for Aboriginal researchers and organizations. This program will be driven by a National Steering Committee of Aboriginal researchers and academics and will begin with an environmental scan to determine the community based research capacity building needs of the Aboriginal HIV/AIDS community. The action plan developed from the results of the environmental scan will identify themes for research training sessions that will be further outlined by the project coordinator.

Well, that is about it for the new projects for this time. I'm really looking forward to seeing these projects get started. If you would like any more information about any of these projects, please do not hesitate to contact us at CAAN.

## **Chang Mai or Bust: An Aboriginal AIDS Worker's Journey to Thailand** *- Arlo Yuzicapi Fayant*

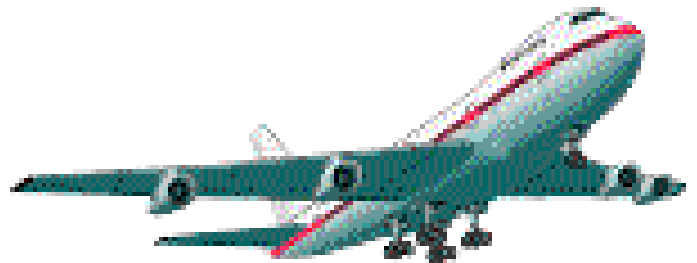
Going to Thailand as a Canadian AIDS volunteer this past December was not one of my 2001 resolutions, believe me. It started out innocently enough. A friend is was always sending me web sites and one day sent me one for the Fifth International Conference on Home and Community Care for Persons Living with HIV/AIDS. The theme was "The Power of Humanity". Not only did they address all the needs of every person I met living with HIV/AIDS, but had a track that allowed the non-status people living with HIV/AIDS to participate in such things as community organization, mobilization and global action. It was integrative and participatory and I wanted to go. That night I sent a letter to the conference chairperson telling them who I was, what I did in

Canada, and why I wanted to attend this conference. I didn't think I had a chance, but crossed my fingers and applied for a scholarship anyway.

Around Thanksgiving I get a letter from Dr. Tannasugarn inviting me to Chiang Mai, Thailand in December. They would pay my airfare and registration but I would have to find someone to sleep with and feed me.

Now here is where it got dicey. Later, the conference organizers called back when I advised them of airline costs. They reminded me I had really only asked for accommodation and registration. They were sorry, but they would only pay my costs of attending the conference, but not my airfare (\$2650CDN). I then remembered, thinking of that time in July when I applied to go, that if necessary I could use my air miles. So I phoned Air Canada and five hours later finally got someone who said, yes I can use my points if I could get to Los Angeles and then not come home until Jan. 6. The actual conference was December 17 to 20. I certainly thought an extra 2 weeks in Thailand would be helpful for my health, but one look at my assembled family and that idea was pretty much cooked. I'd have to be home by Christmas no matter the cost, or else.

I now had a mission. I had the technology. I wasn't adverse to blackmail. I had a \$2000US scholarship that would pay my registration, shared room and food, but only if I could get there. I wrote to everyone I knew, or who I had helped, or just loved me. I asked for them to help pay for my ticket to Thailand. People were generous, not asking for big things - a post card, a souvenir, an article and/or Noah my 4-year old. In mid-November, I booked my ticket and on Dec. 11<sup>th</sup> I boarded a plane for Bangkok via London. During the 2 days it took to get there, I gave thanks to all the people who had shared. In fact, I was blessed.



## Aboriginal HIV/AIDS Strategy Enters Phase II- *Kevin Barlow*

For the first time in the history of the Aboriginal HIV/AIDS movement in Canada, a national strategy is about to become a reality. CAAN has kicked off the next steps in developing the Aboriginal HIV/AIDS Strategy in Canada (ASHAC). From a historical perspective, the Aboriginal population had an almost non-existent presence under Phase I of Canada's National AIDS Strategy (NAS). Phase II of NAS saw mobilization take greater hold, but dollars were essentially frozen under the AIDS Community Action Program (ACAP), where most community-based AIDS organizations get their funding. As Canada renewed a third phase and brought forward the Canadian Strategy on HIV/AIDS (CSHA), an opportunity to strengthen a national voice (CAAN) was realized, which could provide central coordination to the Aboriginal AIDS movement.

To begin the process of developing the ASHAC, a working group established a framework which would guide the actual development of the strategy. This group held its last teleconference on January 15, 2002. A consultant has been hired to facilitate this next phase, the first step being re-opening selection of a working group that has broader representation than the first. The voice of Aboriginal people living with HIV/AIDS is strongly encouraged. A key desired requirement is experience in policy development and an ability to actively and fully contribute to this process. Recruitment for the second phase working group was decided on January 30, 2002 through a steering committee that reviewed applications. Another important piece in this next round is to have representation from the four provincial Aboriginal AIDS strategies currently in existence, Ontario, BC, Quebec and Alberta.

AFN has also been developing an HIV/AIDS implementation framework for use by First Nations communities, which will also be tied into the national strategy. The Inuit HIV/AIDS action plan will be reviewed as well, to see how it can be linked into the broader strategy. A series of teleconferences will drive the process between now and March 31, 2002 when an almost final draft will be presented. An in-person meeting of the working group to review this document and approve a work plan which will outline next steps for the following year. A wider consultation process is expected in the next year to firm up all aspects of the ASHAC. Tentative dates for the in-person meeting have been set for March 21-24, 2002 and the location is to be announced. People are strongly encouraged to provide input to this important process directly to CAAN. The email address is: [ashac@storm.ca](mailto:ashac@storm.ca), or call toll-free at 1-888-285-CAAN (2226).

An evaluation piece will also be conducted on work to

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date for ASHAC, to ensure the process and end result was effective. CAAN looks forward to bringing this long awaited dream to reality. For more information, please contact CAAN. For the first time in the history of the Aboriginal HIV/AIDS movement in Canada, a national strategy is about to become a reality. CAAN has kicked off the next steps in developing the Aboriginal HIV/AIDS Strategy in Canada (ASHAC). From a historical perspective, the Aboriginal population had an almost non-existent presence under Phase I of Canada's National AIDS Strategy (NAS). Phase II of NAS saw mobilization take greater hold, but dollars were essentially frozen under the AIDS Community Action Program (ACAP), where most community-based AIDS organizations get their funding. As Canada renewed a third phase and brought forward the Canadian Strategy on HIV/AIDS (CSHA), an opportunity to strengthen a national voice (CAAN) was realized, which could provide central coordination to the Aboriginal AIDS movement.

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## Uncoming Events

**9<sup>th</sup> Conference on Retroviruses and Opportunistic Infections**  
*Seattle, Washington, February 24-28, 2002*  
<http://www.retroconference.org/2002>

**Building on the Strength of Aboriginal Communities**  
*Kamloops, British Columbia, March 3-6, 2002*  
Healing Our Spirit's Annual HIV/AIDS Conference that brings relevant information into the region.  
<http://www.healingourspirit.org>

**Harm Reduction in Alberta**  
*Red Deer, Alberta, March 14-15, 2002*  
This conference addresses hot topics, emerging trends and current strategies used in harm reduction.  
[caan@direct.ca](mailto:caan@direct.ca)

### **10<sup>th</sup> Canadian Association of Nurses in AIDS Care Conference**

*Vancouver, British Columbia, April 14-17, 2002*

This year's conference theme explores Social Justice: The Essence of HIV/AIDS Nursing. The Opening key note speaker is Stephen Lewis, Former Deputy Executive Director of UNICEF and Canada's Ambassador to the United Nations.

<http://www.canac.org>

### **Facing North**

*Prince George, British Columbia, April 25 to April 27, 2002*

Facing North is a three-day conference for community workers, clinicians and people living with HIV/AIDS and Hepatitis. Conference themes focus on developing partnerships and formalizing action plans.

[facingnorth@casper.ca](mailto:facingnorth@casper.ca)

### **Canadian Association of HIV Research, 2002**

*Winnipeg, Manitoba, April 25 to April 28, 2002*

An annual multi-disciplinary scientific conference to exchange information in the ongoing search to understand, control and prevent the spread of HIV infection and to improve the care of people living with HIV/AIDS.

[http://www.cahr\\_acrv.ca](http://www.cahr_acrv.ca)

### **First National Aboriginal Hepatitis C Conference**

*Edmonton, Alberta, April 30 to May 3, 2002.*

To increase awareness and prevention of Hepatitis C in the Aboriginal community and to promote care and support for individuals, families and communities dealing with the disease.

<http://visions.ab.ca>

### **2002 International AIDS Candlelight Memorial**

*May 19, 2002.*

The largest memorial and mobilization in recent history with a goal of registering over 1000 communities. With your registration you will officially be part of the largest AIDS mobilization event in the world as well as receive a coordinators kit, the official poster, and be added to the e-mailing list.

<http://www.candlelightmemorial.org>

### **XIV International AIDS Conference**

*Barcelona, Spain, July 7-12, 2002*

<http://www.aids2002.com>

### **Canadian Harm Reduction Conference 2002**

*Toronto, Ontario, November 28 to December 1, 2002*

This conference will target those most directly involved in receiving, developing and delivering harm reduction strategies for drug use, mental health issues and the prevention of HIV, hepatitis and other blood-borne illnesses, in communities across Canada. This

includes drug users, service users and service providers. The conference will also include policy professionals, community-based researchers, educators and the general public as a secondary target group.

<http://harmreduction2002.ca>

### **2002 National AIDS Treatment AIDS Advocates Forum**

*New Orleans, LA, December 8-11, 2002*

Open to anyone interested in broadening their knowledge of HIV/AIDS research and treatment issues, and learning to use this knowledge to advocate on behalf of everyone living with HIV/AIDS.

<http://www.nmac.org/nataf/2002>



## **The CAAN Cool List**

The CAAN Cool List is sent out via email approximately 3 to 4 times weekly.

The CAAN Cool List provides information on recent Aboriginal HIV/AIDS news, developments and events from around Canada and the World.

To receive the "CAAN Coolest List" in Canada, send an email to [randyj@storm.ca](mailto:randyj@storm.ca) with the word subscribe in the subject line of the message.

Get connect, be informed, participate by providing submissions on what is happening in your area of the country.

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## CAAN Mandate

The mission of CAAN is to 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

# Breaking the Walls of Silence

This article presents key findings of an HIV/AIDS needs assessment. The study was sponsored by the Montreal Native Friendship Centre.

It is interesting to note, particularly given recent calls for increased funding under the Canadian Strategy on HIV/AIDS, that this study highlights the wide range of high risk behaviours that occur within the Aboriginal population without full and accurate knowledge. As the study's authors state, "Almost all [...] respondents engage in a wide range of HIV risk behaviours, [yet] most do not see themselves at risk for HIV. Too many of them know little about HIV/AIDS." Why do individuals lack basic knowledge of HIV/AIDS? For many, it may be the result of a preoccupation with the cycle of poverty, under/unemployment, unstable housing or homelessness, etc. As the study's authors state, "Unless the root causes of high-risk behaviour is addressed - the underlying sexual/physical abuse and concomitant lack of self-worth - no amount of HIV/AIDS prevention will be effective."

The study also found, that when Aboriginal people test positive for HIV infection they often do not access services. The study states, "As a consequence of multiple stigmas associated with HIV and AIDS, both within the Aboriginal and non-Aboriginal communities, most Aboriginal people living with HIV/AIDS prefer to remain invisible, silent and anonymous [...]. Many Aboriginal people [will] not seek out care, support and treatment upon HIV diagnosis, but rather [do so] at later stages of the disease." This is often the case when no other choice is available. As a result, services providers know little about their experiences, needs and perspectives. It's rather sad that most die "alone in hospital without friends, families and the necessary spiritual support."

In interviews with service providers, the study concludes that little is known about the "lived experience, needs, perspectives, cultures and traditions of First Nations, Inuit and Metis clients." Service providers often cited difficulties in establishing relationships of trust, were at a loss to explain why, and expressed frustration with the under-utilization of services by Aboriginal clients. However, seven primary barriers were identified. These include; cultural, linguistic, and structural barriers, divergent expectations and experiences around medical service delivery, financial and non-insured health benefits, or lack of knowledge about existing services.

## Recommendations for Action

The development of a coordinated Aboriginal AIDS Network in Montreal could better serve the needs of Aboriginal people living with and at risk of HIV infection. This would include increased collaboration between service providers, promoting a free flowing exchange of information and expertise, provide identifiable contact individuals, and provide for cross-cultural and anti-racist education for non-Aboriginal service providers. For more information please contact the Native Friendship of Montreal at (514) 499-1854 or email [uaaa@nfc.org](mailto:uaaa@nfc.org).