



*It takes the whole community  
to support change!*

**Newsletter**  
**FALL /WINTER 2011/12**

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## The Canadian Aboriginal AIDS Network (CAAN)

Overview – The Canadian Aboriginal AIDS Network is a national, not-for-profit organization:

- Established in 1997
- Represents over 400 member organizations and individuals
- Governed by a national 13-member Board of Directors
- Has a four member Executive Board of Directors
- Provides a national forum for members to express needs and concerns
- Ensures access to HIV and AIDS-related services through advocacy
- Provides relevant, accurate and up-to-date HIV/AIDS information

### CAAN Mission Statement

The Canadian Aboriginal AIDS Network (CAAN) is a not-for-profit coalition of Aboriginal individuals and organizations which provides leadership, support and advocacy for Aboriginal people living with and affected by HIV and AIDS, regardless of where they reside.

### CAAN Philosophy

The philosophy of this agency is that all Aboriginal people deserve the right to protect ourselves against infectious disease. Education and prevention is focused on empowerment as Aboriginal people are encouraged to learn about the risks of HIV and AIDS and protect ourselves accordingly. To provide Aboriginal people with accurate and up-to-date information about the nature of the disease, the risks of contracting it, and the issues of care/treatment and support for those infected is the challenge that CAAN employees and directors face each day of their involvement with the agency.

### CAAN Vision Statement

A Canada where First Nations, Inuit and Métis people, families and communities achieve and maintain strong, healthy and fulfilling lives free of HIV and AIDS and related issues where Aboriginal cultures, traditions, values and Indigenous knowledge are vibrant, alive, respected, valued and integrated into day-to-day life.

### Acknowledgments

CAAN acknowledges the Board of Directors for their ongoing leadership and guidance. We thank the staff for their dedication and for always going above the call of duty.

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Prepared by Merv Thomas, National Programs Communications Manager  
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## **CANADIAN ABORIGINAL AIDS NETWORK RÉSEAU CANADIAN AUTOCHTONE DU SIDA**

### **Fall/Winter 2011/12 ISSUE**

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**Doris Peltier** – National Women's Coordinator/APHA Advocate  
**Trevor Stratton** – APHA Advocate/Consultant  
**Jann Ticknor** – WPIII Coordinator, Evaluator (AAAW 2010)  
**Amy McGee** – Substance Abuse Project Consultant  
**Hugh Dale-Harris** – Substance Abuse Project Consultant  
**Dave Pranteau, Tracey Prentice** – Evaluator Consultants

## Chief Executive Officer's Message

By Ken Clement

Hello and a Happy New Year everyone,

May 2012 bring you all good health, happiness and peace.

The past few months have been very busy and filled with many activities. The projects have compelled the CAAN team to think critically while bringing us together to make a difference in the lives of Aboriginal people in Canada.

Most recently we gathered in Ottawa, ON to celebrate World AIDS Day on December 1st and Aboriginal AIDS Week (AAAW), December 1st-5th. AAAW had a significant impact on the way our organization spreads the message of HIV and AIDS and in the way our audience hears it. We are extremely grateful for the different regions and their abilities to share the work they've accomplished in the movement with their communities. It was especially challenging as many different regions stepped up by taking on new roles across Canada. However, the outcome of the week's events was a success and the CAAN staff was thrilled to be a part of the festivities.

Our office is ringing in the New Year by beginning preparation for the upcoming AIDS 2012 conference this summer, July 22nd-27th, in Washington, DC. Our team encourages you to go online and apply for the conference at: <http://www.aids2012.org/Default.aspx?pageId=368>.

We at CAAN are very excited for what this year has to offer and are looking forward to sharing the details with you in the future.

In Solidarity,

Ken

## National Programs and Communications Update

By Merv Thomas, National Programs/Communications Manager

Tansi! Our work continues with many exciting projects currently being accomplished by CAAN. During these past few months we have held two national conferences, and have attended many others.

### **CAAN ANNUAL GENERAL MEETING**

This year the CAAN Annual General Meeting (AGM) was held in Quebec City, Quebec at the Hotel Plaza Quebec, a beautiful hotel in the province's capital. Attended by over 200 people, the event was well received. There were twelve (12) skill building and plenary sessions, and the CAAN staff presented an overview of all the current projects they are currently working on and what the plans are for the upcoming years.

Through it all, we received direction from the membership through the passing of various resolutions, and for which we will now begin to find resources for and or begin to implement immediately. Some of the resolutions included: 1) CTN resolution for HIV vaccine testing in Saskatchewan, 2) Child and Family Services, 3) APHA comfort seating, 4) Social networking templates, policies and procedures, 5) review of scholarship funding, 6) Men who have sex with women project, 7) Aboriginal women, and Aboriginal youth. These are just a handful of resolutions that were discussed and passed unanimously during the June AGM.

I want to acknowledge the hard work of all the staff and the steering committees of each of the projects. They ensure that the voices of the community are heard whenever CAAN does its work.

## **ABORIGINAL AIDS AWARENESS WEEK**

Throughout this newsletter you will see our Aboriginal AIDS Awareness WEEK (AAAW) campaign. Our AAW steering committee guided us through all aspects of the planning and we couldn't have done this work without them. Our Coordinator, Jann, and Trevor helped move the project along in a timely manner.

This year, CAAN once again attended the Canadian Aboriginal Festival in Toronto, Ontario. CAAN's involvement focused on conducting evaluations of the attendees seeking information on what people know about HIV and AIDS. We handed out posters and many other materials.

Our National Chief, Shawn Atleo, and his team once again assisted us in the development of the national Public Service Campaign. This will be aired throughout Canada and it can be viewed on the website, [www.aboriginalaidsawareness.com](http://www.aboriginalaidsawareness.com).

### **Peace and Dignity Journey – HIV and AIDS Staff**

CAAN is very excited to place an HIV and AIDS staff on behalf of all people who are living with and are at risk of HIV and AIDS into the sacred bundle of the Peace and Dignity Journeys. The HIV and AIDS staff was selected in BC following a ceremony and was beaded by Ron Horsefall. Tobacco ties will be sent in from each region from those who are living with HIV and/or AIDS (APHA) and these ties will be placed on the staff. During the festivities at the December 1st, 2011 launch of AAW, a ceremony was held and we presented the main bundle to the staff. The National Lead Coordinator for Canada's Peace and Dignity Journey's Glenda Abbot will receive the staff on behalf of Peace and Dignity Journeys.

There are many different staffs within the Peace and Dignity bundle; the staffs were

placed by communities coming from different countries in North and South America. For example: there is a staff for all murdered and missing women; there is a staff in the bundle for a church in Mexico where women and children were massacred as they hid in a church; staffs from small communities where they have no running water; staffs that come from places where the countries are at war, and many others. In total, there are over 200 staffs.

These staffs are carried by runners who generally run from sunrise to sunset, and they are in prayer and ceremony for the whole day. CAAN is extremely thankful that we were allowed to include a staff for our brothers and sisters who are living with HIV and AIDS and also for those who are at risk. We also ask that finding a cure for HIV be incorporated into the prayers.

### **The following excerpt was taken from the Peace and Dignity Website:**

"Peace and Dignity Journeys was started in 1992 to continue in the spirit of the traditions of our ancestors. Every four years Indigenous communities all over North, Central and South America witness and partake in the tradition of receiving runners with ceremonies unique to their community, sharing stories, song, dance, and the wisdom that comes from community elders and ceremony. Peace and Dignity Journeys runners start simultaneously from both ends of the continent in Chickaloon, Alaska and Tierra del Fuego, Argentina traversing the entire continent by foot from community to community and joining together for a final gathering in Central America, Panama. The 2012 run is dedicated to Water, reminding all who have forgotten that Water is an important resource and a shared resource for all.

Our native communities are scattered, having been pushed to the remote corners of this great land. In spite of this, we remain connected through the core traditions our

ancestors have given us which have passed the test of time and space. These traditions not only serve as a binding connection to our communities, but provide us with the medium to solve our common problems.

Peace and Dignity Journeys was started in 1992 to continue in the spirit of one such tradition. Every four years Indigenous communities all over North, Central and South America witness and partake in the tradition of receiving runners with ceremonies unique to their community. Through this process runners and participants share stories, song, dance, and the wisdom that comes from community elders and ceremony. At the same time Peace and Dignity Journeys runners take on the spiritual task and honor of running from community to community starting simultaneously from both ends of the continent in Chickaloon, Alaska and Tierra del Fuego, Argentina traversing the entire continent by foot and joining together for a final gathering in Central America, Panama.

Each journey is dedicated to a specific theme: 1992 500 Years of Indigenous Resistance/Dedicated to the Children; 1996 Dedicated to the Elders; 2000 Dedicated to the Families; and, 2004 Dedicated to honor Women and the feminine spirit, particularly Mother Earth. The 2008 journey is dedicated to the honoring of and preservation and protection of Sacred Sites.

This is an inspiring event, impacting thousands of Native, Aboriginal, and Indigenous Peoples. As you may know, it takes a considerable amount of coordination and funds in order to provide the support runners need to move from one community to another (over eighty communities within a six month period.) Peace and Dignity Journeys is a grassroots organization supported by host communities, coordinated by a dedicated network of volunteers, and manifested through our strong runners." \*

\* <http://sandiego.indymedia.org/pdj/node/11>

## National Toolkit/Assessing Community Readiness update

By Monique Fong, National Toolkit and Assessing Community Readiness Coordinator

Tansi (greetings)!

Since my last update there have been some changes in my role here at CAAN. In May, I was given the responsibility of the National Toolkit (NTK) and Assessing Community Readiness projects Coordinator. These two projects fit nicely together and will offer capacity building opportunities to CAAN membership and partner organizations.

### The National Toolkit (NTK)

The NTK will be created to meet the need for culturally relevant HIV prevention resources and tools. The four objectives for this project include;

- To help the audience in providing an understanding of the cultural background necessary for tailoring their HIV and AIDS prevention and intervention programs to Aboriginal populations;
- To help the audience in examining the historical and sociological factors that put Aboriginal communities at increased risk for HIV infections;
- To help the audience in identifying the reasons that HIV and AIDS spreads in Aboriginal communities in order to strengthen their intervention programs; and,
- To help the audience in providing methods, examples, and tools with which to carry out and assess their HIV and AIDS prevention programs.

The project is progressing as planned. The HIV prevention resources/tools are being gathered and will be made into PDF files so they can be downloaded from the NTK.

CAAN is interested in hearing what Best Practices your organization uses. Any suggestions will be considered for inclusion in the NTK. It is our hope that the NTK will become an ongoing project and that organizations will be able to upload HIV prevention resources.

There are two components of the NTK: the first is a web-based tool and the second is a collection of CAAN resources and tools. CAAN has contracted Possesom Paul to design our web-based tool. He was able to show a mock-up of design at the recent AGM held in Québec City and was open to ideas of making it easy enough to use for all age groups with the workshop participants providing helpful feedback. The second "bundle" of information will be based solely on CAAN's work. It will highlight all the current projects of CAAN, and other important work that may be valuable to the HIV prevention initiatives.

### **The Community Readiness (CR) project**

Many Aboriginal communities continue to be at a loss as to how to develop strategies and implement culturally appropriate interventions that address HIV/AIDS issues within their communities. In particular, those that reduce harm. The main goal of this initiative is to help Aboriginal communities find a starting point to address reducing the risk for individuals and families as it relates to substance use and other potential harmful behaviours.

This project aims to achieve two objectives that will promote knowledge sharing of wise practices and assist communities in assessing where to begin for implementing their own culturally appropriate interventions. The tools and models that will be shared will influence policies and assist communities to improve and/or increase culturally appropriate HIV and AIDS prevention interventions and services. The ultimate goal is

to lower the trends of the HIV and AIDS epidemic among Aboriginal people.

CAAN will achieve this through the following two key project objectives:

- Increasing capacity and knowledge of wise practices on implementing culturally appropriate HIV and AIDS prevention interventions; and,
- Increasing capacity of national Aboriginal organizations to carry out culturally appropriate prevention interventions within their communities.

### **National Toolkit/Community Readiness Projects**

We understand from working with communities across the country that all Aboriginal groups, whether they are on or off reserve, are at different stages of the Community Readiness spectrum. Although many communities seem to be at a loss on where to start, there is definitely a desire to facilitate HIV prevention work to assist Aboriginal people in addressing the HIV epidemic. It is also very important for an Aboriginal community to know where they are at in terms of HIV and AIDS prevention, and to identify where they hope to be.

In our minds, these projects will complement each other. The CR Model will help to assess a community's readiness to do HIV prevention work while the NTK will provide the community with the necessary tools to facilitate said work.

CAAN has pulled together an NTK/CR steering committee with members stemming from Aboriginal AIDS Service Organizations, experts in Harm Reduction and HIV Prevention as well as National Aboriginal Organizations. The members are; Walter Cavalieri, Michelle Godin, Clarence Frenchmen, Dr. Lynn Leonard, Mary-Ann Nortaninni, Jessica Demeria, Geri Bailey, Sue Ann

Phillips, Leona Quwezance, Julie Thomas, Art Zoccole, and Melisa Dickie.

If you have any questions, or if you would like to talk about these two projects, please feel free to contact Monique Fong at 902-433-0900 or by email at Monique@caan.ca.

Yours in the Spirit of Healing,  
Monique Fong

## The Experiences of a National Aboriginal Youth Rapporteur at the Ontario HIV Treatment Network's (OHTN) Research Conference

By Carrie Robinson, National Youth Coordinator

Carrie Robinson and Joey Dore (Ontario representative of NAYCHA) were sponsored by the Canadian AIDS Treatment Information Exchange (CATIE) to attend OHTN's Research Conference in Toronto from November 14-15th, 2011. The conference showcased research findings in basic and clinical science, epidemiology, socio-behavioural, prevention, intervention and community-based research related to HIV and AIDS.

To fulfill the role of being Community Rapporteurs, it was important for Carrie and Joey to maintain contact with the community rapporteur team through debriefing sessions hosted each day by CATIE. At the debriefing sessions, rapporteurs reported on key aspects of the conference and discussed their experiences for CATIE to input into a Community Report after the conference. For example, at every session attended rapporteurs completed a questionnaire indicating the following:

- The name of the session and its presenters;
- The major theme of the session;

- Three key points from the session;
- Important lessons the session holds for People Living with HIV and /or those working in HIV-related Service Organizations; and,
- Important quotes or phrases that stood out.

In particular, Carrie and Joey chose to report on the Aboriginal, Youth and Criminalization content of the conference.

There were four sessions/presentations that were dedicated to **Aboriginal People** and HIV and AIDS and research, including: Visioning Health: Arts and Positive Aboriginal Women's Exhibition; Visioning Positive Aboriginal Women's Research; Risk & Resilience in Aboriginal Peoples; and, Opening the Circle for Aboriginal Research in HIV. According to CATIE's OHTN Research Conference Community Report, issues discussed involved the following:

- Using arts and strength-based approaches to discuss health while combining aboriginal methods and technology to create community has created long overdue opportunities for women's empowerment, community building and the creating on safe spaces to support positive aboriginal women to become a self-actualized participant in research.
- Depression in HIV+ Aboriginal people is very common and we need more mental health supports for this community as the diagnosis may not be the only concern that needs to be addressed in their lives.
- HIV diagnosis is a time when many Aboriginal people turn to tradition-

al practices and medicines; this is an opportunity to (re)connect with community.

- In partnership with All Nations Hope AIDS Network, A-Track will be piloting in Regina very soon and will be monitoring HIV, behaviour and socio-demographic factors among Aboriginal people in Canada.

There was one session dedicated to **Youth** entitled: *Widening the Lens: Digital Storytelling with Youth*. According to CATIE's *OHTN Research Conference Community Report*, discussion of the following issues arose during this session:

- Creating and supporting safe environments for youth to talk about HIV is an important part of prevention efforts.
- Digital storytelling can be a healing way to express stories and experiences but it is challenging so adequate support is important.
- Identity, autonomy and self-esteem play a vital role in youth health.
- *"The experience should be healing, not haunting."*

In general, being a rapporteur at the OHTN conference was a great way to get involved as an Aboriginal youth working in the field of HIV and it was possible to learn a lot about current research on HIV and related issues from scientists, academics, and even peer research assistants. The rapporteur is kept very busy within the conference sessions (reporting), and after the conference (debriefing sessions).

However, one of the downfalls of being an Aboriginal youth rapporteur is learning directly from scientists and the medical pro-

fession. It can be difficult to jump in and follow presentations with complicated and scientific charts about HIV research and clinical trials. The positive aspect of learning directly from the medical researchers is the opportunity to ask questions and bring the complicated research to life. For the most part, the researchers were great at explaining what charts indicate and how they apply to the lives of People Living with HIV and/or people working in HIV.

A Ph.D. student was able to attend CATIE's debriefing session with the rapporteur team to explain the discussions at the conference about finding a cure for HIV. For example, in a very rare and interesting case, a man living with HIV ("the Berlin patient") also had a blood cancer called Leukemia. His treatment involved a bone marrow stem cell transplant in 2007. The donor was immune to HIV and the Berlin patient was cured of both Leukemia and HIV. Scientists and researchers are trying to learn what they can from the very rare case, but it will be very difficult to replicate the unique circumstance and apply it to other situations of People Living with HIV.

For more information about the OHTN conference can be found at: [www.ohtn.on.ca](http://www.ohtn.on.ca)

### **National Aboriginal Youth Council on HIV and AIDS and AAW**

On December 1st, 2011, the National Aboriginal Youth Council on HIV and AIDS (NAYCHA) travelled to Canada's capital of Ottawa, ON for Aboriginal AIDS Awareness Week (AAAW). In addition to team and skill building as a council on November 30th, the youth traveled from different provinces and territories to make their voices heard as more than 50% of the overall Aboriginal population in Canada is under the age of 25. On World AIDS Day, December 1st, NAYCHA members attended the AAW launch events and spoke on the importance of leadership in addressing the realities facing today's youth.

The over-representation of Aboriginal youth in HIV test reports and AIDS diagnoses strongly suggest a need to lower HIV and AIDS levels among Canadian Aboriginal youth. Between 1979 and 2008, 19.3% of reported AIDS cases among Aboriginal people were between the ages of 15 and 29. This was compared with the 14.8% of cases among non-Aboriginals in the same grouping in the Public Health Agency of Canada's *HIV/AIDS Epi Update*, July 2010.

To address the realities behind these numbers, a National Aboriginal Youth Strategy on HIV and AIDS in Canada (NAYSHAC) was created by NAYCHA with a vision that all Aboriginal youth in Canada need to receive empowerment, support, hope and courage to become Aboriginal youth leaders in lowering infection rates; promoting human rights to be educated and talk about HIV and AIDS; eliminating stigma and discrimination about HIV and AIDS; and, to support Aboriginal People Living with HIV and AIDS (APHAs).

Jessica Yee, Chair of NAYCHA and the Executive Director of the Nation Youth Sexual Health Network, referenced the importance of involving Aboriginal youth in planning around HIV and AIDS:

"The time has come for young people to be heard, and we look forward to involving our National Aboriginal Youth Council in every way possible as representative members of their respective communities, provinces and territories. I am reminded of a teaching of the Haudenosaunee Great Law of Peace, which says: 'In every deliberation, you must consider the impact on the seventh generation,'" NAYSHAC.

AAAW is a time for connecting national Aboriginal organizations, government partners, healthcare providers, and community

leaders to support change through their own action and by supporting the action of others. NAYCHA is part of our Aboriginal response to HIV and AIDS: It takes a whole community to support change!

## **International Indigenous Working Group on HIV and AIDS (IIWGHA)**

By Trevor Stratton, Consultant and Coordinator of the IIWGHA

### **Is There a Connection between HIV and Colonization?**



### **Why is it that around Mother Earth, Indigenous Peoples experience HIV and AIDS levels that are higher than other populations?**

Social determinants of health, especially those unique to Indigenous populations as a direct result of colonization and the continuing systemic effects, put Indigenous people at higher risk of being affected by HIV and AIDS. The social determinants of Indigenous health include: "historic, political, social and economic... community infrastructure, resources, systems and capacities...health behaviours, physical and social environment".<sup>o</sup>

### **The Path Leading to the IIWGHA**

During the last 30 years, while the world has been responding to HIV and AIDS, there has been limited opportunity for Indigenous

<sup>o</sup> Health inequalities and social determinants of Aboriginal Peoples' Health. Charlotte Loppie and Fred Wien, National Collaborating Centre for Aboriginal Health. 2009. Available at: [http://www.nccah-ccnsa.ca/docs/social%20determinates/NCCAH-Loppie-Wien\\_Report.pdf](http://www.nccah-ccnsa.ca/docs/social%20determinates/NCCAH-Loppie-Wien_Report.pdf)

people to come together on an international scale to discuss and strategize about HIV and AIDS. However, against the odds, for over two decades, Indigenous Peoples have been on a path leading towards the forming of an International Indigenous Working Group on HIV and AIDS (IIWGHA).

As early as 1989, Indigenous activists in HIV and AIDS had been meeting informally at the International AIDS Conferences with no dedicated funding for an international Indigenous response. The initial leadership was provided by the National Native American AIDS Prevention Center (NNAAPC) in the United States, and by Te Roopu Tautoko Trust in Aotearoa, New Zealand.

Finally in 2005, with financial support from the Canadian government, the Indigenous People who gathered at the early meetings began to formalize and by 2006 named themselves the International Indigenous HIV/AIDS Secretariat (IIHAS). In 2009, the group formally became known as the International Indigenous Working Group on HIV and AIDS (IIWGHA). In 2006 in Toronto, 2008 in Mexico and 2010 in Vienna, the IIWGHA held formal pre-conferences and satellites to the International AIDS Conferences.

### **International Strategic Plan on HIV and AIDS**

The IIWGHA envisions a world where Indigenous communities are empowered to direct the course of their own HIV prevention, care, treatment and support. To operationalize their vision, IIWGHA members worked collaboratively to develop the International Strategic Plan on HIV and AIDS.

The International Strategic Plan on HIV and AIDS has six objectives, and suggested activities to achieve these objectives, designed to provide direction and guidance about HIV and AIDS among Indigenous people to governments and leadership of all levels, HIV

and AIDS Service Organizations, Cooperatives, and Indigenous communities around the globe. The six objectives are:

- Increase the visibility of the impact of HIV and AIDS in Indigenous communities at the international level;
- Improve meaningful inclusion of Indigenous Peoples, and Indigenous people living with HIV and AIDS, in research, policy and program development at the national, regional and international level;
- Work towards the accurate representation of Indigenous peoples in HIV and AIDS epidemiological data within their own countries or regions;
- Provide capacity building and development to raise HIV and AIDS and Indigenous Peoples as a health priority;
- Promote Indigenous specific approaches to the social determinants of health; and,
- Conduct sustainability planning.

### **Sustainability**

It is very important and necessary that the IIWGHA should be fully supported and adequately resourced by governments and their stakeholders. The IIWGHA exists to build a unified voice for Indigenous peoples in collective action against HIV and AIDS.

The Canadian Aboriginal AIDS Network has the honour of acting as host of the IIWGHA, and there is to be rotating positions among the international members.

[www.iiwgha.com](http://www.iiwgha.com)

## **Māori Wahine Appointed to 19th International AIDS Conference 2012 Community Programme Committee**

Marama Pala, Executive Director of INA (Māori, Indigenous & South Pacific) HIV/AIDS Foundation, is a Māori woman living with HIV who was appointed as one of seven Global community representatives on the Community Programme Committee (CPC) for the XIX (19th) International AIDS Conference 2012 (AIDS 2012) held in Washington. This is a volunteer position, with Marama participating in the overall planning of high quality, targeted workshops that will promote and enhance opportunities for knowledge transfer, skills development, and collaborative learning. One of her roles will be to develop the community programme and recommend potential workshop presenters for the largest Conference in the world (30,000+ delegates).

“This is a first for New Zealand” says Marama Pala, “To be nominated and accepted on to this high profile committee, puts a spotlight on HIV in our community and on Indigenous Peoples. Being included as a vulnerable population is all we’ve wanted on an International scale.” The rise of HIV infections amongst Indigenous Populations continues to create a concern Internationally - International Indigenous Working Group on HIV/AIDS.

AIDS 2012 will be held in Washington, DC 22 to 27 July at the Walter E. Washington Convention Centre [www.aids2012.org](http://www.aids2012.org)

Any comments or questions please contact:  
Marama Pala  
078839084 or 0272991535

## **Reflections on the CIHR CBRF Program**

By Marni Amirault, CBRF East

To be a CBRF with CAAN in many ways is to be a ‘research cheerleader’. We offer support to those who want to learn about more about community-based research and help them see that, simply put, they can do it. Historically speaking, research has become a dirty word in our communities due to a long history of unethical research conducted by outsiders who, by and large were more interested in satisfying their own curiosities than working towards a common research priority set by the community. This history has, understandably, turned many Aboriginal people away from research. Over the past ten or more years, a new research approach has emerged: community-based research (CBR). CBR has taken hold in our communities; this research necessarily and intimately involves community in all parts of the research process.

The Canadian Institutes of Health Research has gone through a series of consultations to enhance the HIV and AIDS Community-Based Research program that funds Canadian research on HIV and AIDS over the past 2 years. Through the course of these consultations, and after careful consideration, the Community-Based Research Facilitator (CBRF) component of this program will come to an end March 31, 2012. The CBRF ‘tool’ will be replaced with a new Collaborating Center model. We thought it would be timely and appropriate to take this opportunity to reflect on the CBRF program in this edition of our newsletter.

Certainly, our work as CBRFs has involved to some extent at least, an attempt to contribute to the healing of the historically negative experiences of research in our communities. This healing has been achieved in many ways, most notably by building the capacity in our communities so that we are able to conduct our own research on issues that hold significance for us, not merely be-

cause we are curious about them. CBRFs also assist Aboriginal and non-Aboriginal communities in their work together by building relationships across our two worlds that share a common goal; eliminate HIV in our communities.

One thing has become clear over the years: the interest in and capacity for HIV and AIDS CBR research in Aboriginal communities across Canada is growing. The level of sophistication when discussing research and the increase of research ideas that are communicated to Research and Policy Unit staff at CAAN events by the CAAN membership has been very exciting. The number of communities and Aboriginal AIDS Service Organizations (AASOs) coming to the CAAN CBRFs for assistance and support with research proposals has also noticeably increased. Partly, we can link increased engagement with CBRFs to the increased interest in CBR that we see in our communities, but we must also take in to account the relationships that have been established and nurtured between the CBRFs and our community.

One of the most rewarding aspects of our jobs as CBRFs is the relationships that we are able to form and nurture within our community. Building a trusting relationship does not come easy for many of us. We question motives, we question intentions, we challenge actions until people prove themselves, and rightly so. The importance of relationship is one aspect of the Aboriginal community that is oftentimes grossly misunderstood by mainstream, non-Aboriginal Canada. Our research work at CAAN doesn't start and end with meetings, report writing and grant proposal development. We engage with our colleagues and members in profoundly personal ways, ways that those of us who have worked outside of the Aboriginal community know is not happening there.

CAAN will be submitting a proposal to CIHR on December 15, in the hopes of creating a new Aboriginal-specific research center that we hope will serve to continue moving our research work forward but more importantly continue to build on our relationships with our community. Many thanks to all of our CBRFs (formerly known as Research Technical Assistants) present and past – Marni Amirault, Sherri Pooyak, Renée Masching, Fred Andersen, Melanie Mayoh, Jann Ticknor, Yvonne Allard, Dina Epale, and Lisa Dixon.

### ***PAW Den PAW-licy***

Aboriginal people across Canada are working to address the impacts of HIV and AIDS in the lives of Aboriginal women. The Canadian Aboriginal AIDS Network (CAAN) completed the research project *Our Search for Safe Spaces: A Qualitative Study of the Role of Sexual Violence in the Lives of Aboriginal Women Living with HIV/AIDS* in 2009. This research maps connections between gender, culture, HIV, sexual violence and impacts on health management. The report clearly provides evidence regarding the gendered issues of colonization, poverty and sexual violence. These issues continue to disrupt the collective wellbeing of Aboriginal communities, establishing harmful beliefs and practices that put Aboriginal women and girls at high risk for violence, HIV and AIDS. In response to this context, HIV Positive Aboriginal Women (PAW) along with representatives of CAAN member organizations have organized nationally as the standing committee CAAN Voices of Women (VOW).

*Environments of Nurturing Safety (EONS): Aboriginal Women in Canada, Five Year Strategy on HIV and AIDS, 2010 - 2015* (CAAN, 2010), details a coordinated effort among existing organizations and strategies to make desirable outcomes for 2015 achievable. Central to this effort is the creation of safe spaces and networks which support

Aboriginal girls and women to learn, heal and contribute to the strategy. These “PAW Dens” are havens for women, whose healing and experience will provide guidance, wisdom and support for all other branches of the strategy.

There is an immediate need to improve the circumstances of PAW, by alleviating poverty and improving access to services which help PAW to manage their health and to sustain their families and communities. The continuum of sexual violence present in the lives of many PAW makes it difficult to manage chronic illness. Gender-based violence occurs in public and private domains and includes any act that is likely to or does result in harm or suffering of a girl or woman, including threats of violence, coercion or arbitrary deprivation of liberty (WHO 2009:1). To respond to this, CAAN recommends the creation of environments where PAW can thrive; nurturing spaces to address the impact of trauma and violence. Together, men, women, children, and Elders can all support PAW and their children in every region of Turtle Island. We invite all CAAN member agencies and organizations which provide services to PAW to join us in this work by adopting and implementing the policy statement below;

### **Policy Statement**

*The {insert organization name} is committed to “stand up and speak up” to stop gender-based violence and its role in the spread of HIV and AIDS among Aboriginal women and girls. Specifically, establishing safe spaces that support PAW wellbeing in the context of HIV and AIDS is a priority. These safe spaces, “PAW Dens” are part of rebuilding the sacred circle within Aboriginal communities. As an organization, {insert org acronym or name} is committed to:*

*1. Strengthen the networks and supports for PAW, their children and their partners (whether male or female).*

*2. Collaborate in the improvement of the availability and accessibility of culturally appropriate care, treatment and support services for PAW.*

*3. Contribute to policy shifts to remove and /or alleviate existing barriers to services and safety for PAW and their children.*

*4. Increase prevention, education and awareness of HIV and AIDS for ‘at risk’ populations of Aboriginal women and girls.*

*5. Continue to undertake community based research specific to Aboriginal women and girls.*

**Policy is most effective when it is directed to a specific audience. The following recommendations are suggestions to meet the unique needs of PAW in various settings and/or systems:**

### **Recommendations for Aboriginal Organizations:**

- Allocate space, money, and/or time for Positive Aboriginal Women (PAW) to meet, share and support each other.
- Creatively and directly respond to child care, transportation, scheduling and accessibility needs.
- Use technology and travel to connect PAW who are isolated.
- Consult with PAW about ways to involve men and boys in this initiative.
- Consult with PAW about ways to involve their life partners in this initiative.

### **Recommendations for HIV and STI clinics:**

- Learn about the role/impact of violence in Aboriginal Women’s lives.
- Link services with trauma counseling that is culturally safe and gender specific.

- Account for the context of trauma in all service delivery: sexual, emotional, and discriminatory violence are all traumatizing; services must not re-traumatize.
- Eliminate gender based barriers to accessing HIV and AIDS service provision such as:
  - o accommodating children and/or childcare needs,
  - o building awareness and sensitivity to trauma-based anxiety surrounding medical examinations (particularly related to women's health).
- Provide anonymous testing in discrete settings for women at risk for violence with increased awareness that the risk of violence may be from intimate partners.

**Recommendations for communities and governments:**

- Pursue policy, programs and infrastructure to support secure housing, income, food and clothing for PAWs and their families.
- Provide domestic services for PAW in response to episodic needs which will contribute to supporting families remaining together.
- Educate Positive Aboriginal Women: trauma and illness interrupt learning.
- Implement Harm reduction strategies that reduce HIV and AIDS infection rates.
- Encourage, promote and increase early identification and treatment of HIV to reduce AIDS.
- Fund and promote education by and for Aboriginal people and communities about HIV and AIDS.

**Recommendations related to Justice Systems:**

- House Trans-gendered PAW safely and respectfully when they are in jails or prisons.
- Deliver continuous care and nutritional supplements to PAW inmates.

- Provide opportunities for PAW inmates that include counselling, traditional and cultural healing methods such as access to an Elder, smudge and prayer.
- Create awareness that supports PAW who have partners in institutions and are striving to care for them while also maintaining their own health and possibly caring for a family
- Develop resources that help people newly released from jail or prison and their partners to reduce risk of harm while transitioning to a return to community life.

**Annual General Meet & Greet**  
By Bryan Sparrow, Summer Student

For an organization so deeply rooted in serious subject matter, I was pleasantly surprised with all the fun I experienced at my first Annual General Meeting (AGM) this June.

I resumed my position as Summer Student just in time to begin preparation work for our meeting in Québec City. Although frustrating at times, my new responsibilities of report assembling and presentation organization were a welcome change from the envelope stuffing and resource alphabetizing I had grown accustomed to in the past.

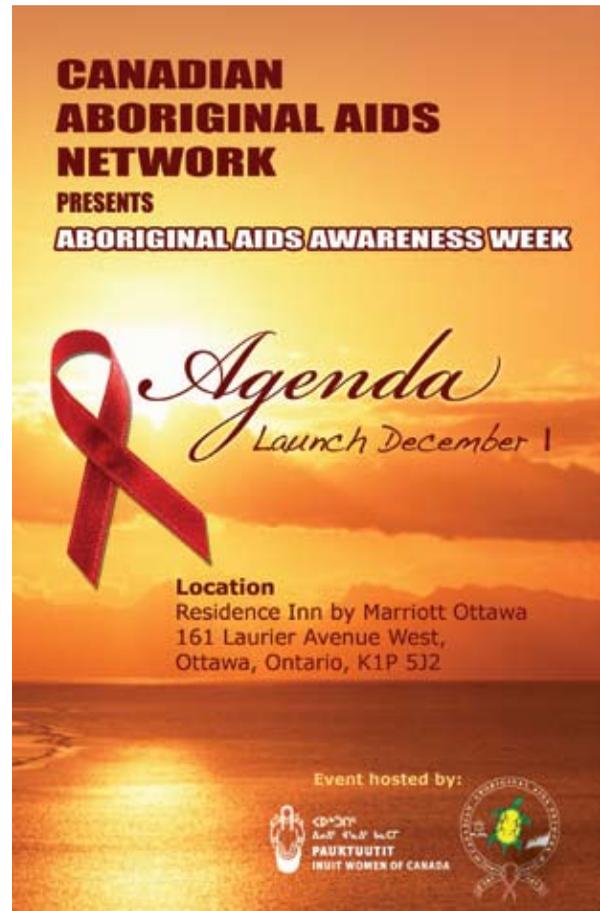
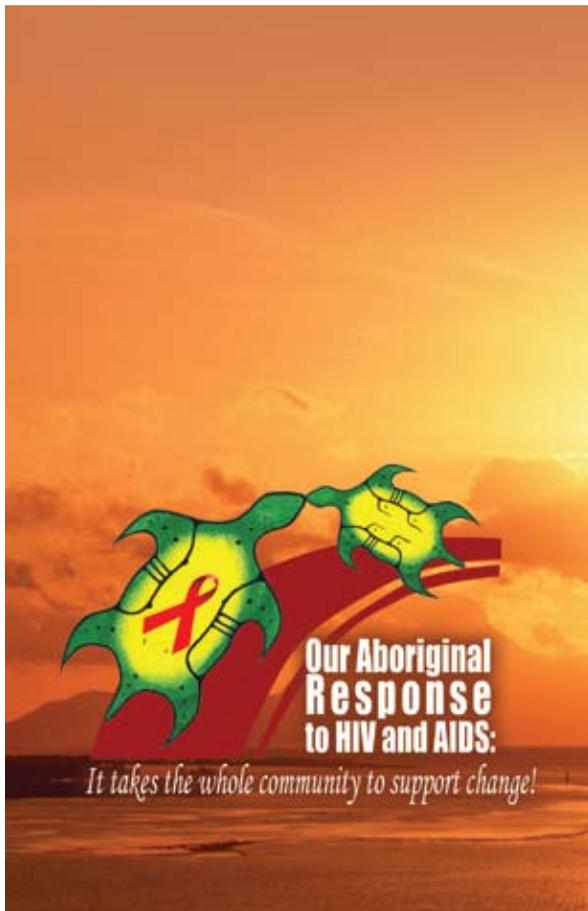
With all the preliminary work nearly completed, I had finally arrived at my destination after a grueling 10 hours of travel. Having never been to a CAAN event like the AGM before, it was safe to say that I was a little bit nervous of what was ahead. However, initial jitters aside, it quickly became clear that I had nothing to worry about.

CAAN, being the tight knit community that it is, welcomed me with open arms as I helped man the registration desk. Seeing as I had been corresponding with many of these people for weeks, some even years,

it was great to finally put faces to names and familiarize myself with those who benefit from and help make CAAN's work possible.

Along with doling out nametags and AGM booklets, I was lucky enough to take meeting minutes and see firsthand what CAAN has planned for the future. Typing up the resolutions on the last day of my stay in Québec City really put everything in perspective for me. It's not too common for a 19-year-old to work for such an influential organization and I was truly honoured and blessed just be sitting in the same room as people fighting to make a tangible change in the HIV and AIDS movement.

Despite encountering a few bumps along the way and spending a day sick in bed, I would say my first (and hopefully not my last) CAAN AGM was a total success. I'd like to say thank you to everyone who made it possible and congratulations on everything that our organization accomplished! Keep up the good work, everyone.



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