

CANADIAN ABORIGINAL AIDS NETWORK 2003  
HIV/AIDS Community Project Yearbook  
2004



# Aboriginal HIV/AIDS Yearbook 2002-2003

Produced by Canadian Aboriginal AIDS Network

## About CAAN

The Canadian Aboriginal AIDS Network Inc. (CAAN) is a non-profit coalition of individuals and organizations which provides leadership, support, and advocacy for Aboriginal people living with and affected by HIV/AIDS, regardless of where they reside. One of CAAN's more important roles in the Aboriginal HIV/AIDS community in Canada is to connect organizations from across the country, in the form of national meetings and materials, through its board of directors and other gatherings in the regions in order to trade ideas, experiences, successes, and lessons learned. The Aboriginal HIV/AIDS Yearbook is another tool developed by the Canadian Aboriginal AIDS network to assist in this task. Included in this Yearbook are highlights of HIV/AIDS projects carried out in Aboriginal communities across the country, and the successes these projects have achieved. It is hoped that Aboriginal people involved in HIV/AIDS work across the country will be able to use this document in order to enhance services in their own regions, and that some of these projects will stimulate thought and discussion and new ideas about dealing with HIV/AIDS in Aboriginal communities across Canada.

For information on how to have your project included in future CAAN Yearbook publications, or as a featured project in the CAAN newsletter, e-mail the Canadian Aboriginal AIDS Network at [info@caan.ca](mailto:info@caan.ca) or call us at 1-888-285-2226.

## Using the Yearbook

Each entry in the HIV/AIDS Yearbook summarizes basic information about the highlighted project, including target populations, project activities, coordination contact information and, where applicable, project logos and art work. Projects appear in the Yearbook in random order. For more information on individual projects, please contact the project coordinator in the contact information listed at the end of each entry.



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**Note:** Logos and photos were provided by the organizations who submitted yearbook entries.  
Entries appearing without photos or logos do so at the request of the sponsoring organization.

# Overview of the Canadian Aboriginal AIDS Network (CAAN)

## **Overview of the Canadian Aboriginal AIDS Network (CAAN)**

CAAN is a national and not-for-profit organization, established in 1997.

CAAN represents over 160 member organizations and individuals.

CAAN provides a national forum for members to express needs and concerns.

CAAN provides relevant, accurate and up-to-date information on issues facing Aboriginal people living with and affected by HIV/AIDS in Canada.

CAAN is governed by a twelve-member National Board of Directors and operated by a four-member Executive.

## **Mission Statement**

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

## **Acknowledgements**

We owe our success of this project to the time, expertise and wisdom of those individuals and organizations that contributed their stories.

Thank you.

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## Project Goal

- 1 To create a supportive and non-judgmental environment for Two Spirit people living with HIV/AIDS.
- 2 To assist Aboriginal organizations and communities to develop policies that address homophobia.
- 3 To raise awareness in Aboriginal communities on how to address homophobia when it is a barrier to HIV/AIDS prevention and education.

## Project Description

At CAAN's annual general meeting in June 2001, a resolution was passed by its membership to develop educational tools and resources that restore and enhance the traditional roles of Two Spirited people. In response CAAN submitted a proposal to Health Canada's Aboriginal Community-Based Research Program in November 2001.

The proposal titled, "Addressing Homophobia in Relation to HIV/AIDS in Aboriginal Communities, (AHRHAAC), was approved and became operational in September 2002. The "critical review" process of the initial funding proposal states, "The gaps [in preventing discrimination against Two Spirit people living with HIV/AIDS] are, absence of policy that deal with homophobia, absence of inclusion of Aboriginal gay, lesbian, [bisexual] and transgendered people in cultural aspects of community life, support systems, role models, human rights policies, policy at the community level on sexual health and sexual orientation." Based on these determinants, the following research questions can be posed.

How can anti-discrimination policies be developed and implemented to address the needs and rights of Two Spirit people who are accessing Aboriginal organizations?

How can Aboriginal organizations best implement anti-discrimination policies to improve the quality of services for Two Spirit people living with HIV/AIDS?

In what ways is anti-discrimination policy development an effective strategy for addressing homophobia and heterosexism in Aboriginal organizations and communities?

The project has three major phases:

**PHASE 1** To conduct an environment scan of existing policies that address homophobia in Aboriginal communities.

**PHASE 2** To create an anti-homophobia policy development model for Aboriginal organizations.

**PHASE 3** To develop a communications strategy to promote the implementation of anti-homophobia policies in Aboriginal communities.

The project is under the direction of a Research Team and a National Steering Committee comprised of community members from across Canada.

## Project Contact



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(ASHAC)

## Project Goal

To research and develop a national Aboriginal strategy on HIV/AIDS, and then engage in national consultations to collect input.

## Project Description

Two working groups existed, the first developed a framework and was then disbanded. The second brought in additional expertise, largely from Provincial/Territorial Aboriginal HIV/AIDS strategies, and some regions which had not been represented in the first group. A draft document was presented and reviewed by the second working group. Then, after amendments, a consultation ready version was released. The consultation process was deliberately left open to allow for any region or group to have it tailored to their needs. Critical was the need to allow at minimum, APHA input and the three Aboriginal groups, Inuit, Metis and First Nations. The consultations allowed for individual input (by email, mail or phone); collective input (focus groups or presentations, in-person or by teleconference); and regular mail was used to distribute the document widely. A Backgrounder and speaking notes were developed for members of the Working Group who were willing and able to present the document, as budget constraints did not allow for extensive travel costs, especially for participants. In the end, 173 Aboriginal and non-Aboriginal people provided input. Virtually every Province and Territory was given opportunity, although in some focus groups no representatives were able to attend. A majority of questions centered around the consultation process itself and implementation. Much of the input seemed to validate the document as the issues repeatedly raised were already in the document, and thus were felt to affirm that they were issues requiring inclusion and attention. Most feedback was worked into the new document itself. CAAN hopes to release a Consultation Report and a condensed ASHAC in a simpler language, as the common concern was community levels might not be able to follow the language.

Twenty-one people sat on the second working group, including the Consultant, CAAN staff and Health Canada. There were also eighteen people on the first working group, including all CAAN staff, consultants, facilitators and members. Some

served on both working groups, so the numbers cannot be totalled. A criteria was established to help select new recruits and thereby allow an unbiased, transparent and accountable process. Key criteria included policy development experience and regional balance while important, was less a critical factor. This is why some regions were not represented on the second working group.

## Project Successes

While there were a couple instances which raised issues regarding the consultation process, by virtue of the numbers reached and the overwhelming tone of input, any concerns would be considered minor and not a major hindrance. Secondly, the working group itself actually saved the process because the budget otherwise would have not allowed a broad enough reach.

While still early, it appears that there was widespread approval and support behind a national strategy. Many issues were raised around how to address such, and how to implement the varied aspects found in the document.

## Lessons Learned

By sharing the process used to first develop the document, and second to collect input. In reality, each region or community needs to do this very developmental piece. By outlining and describing lessons learned, this can support regions and communities to undertake these essential steps. In cases where regions already had a strategy, work needs to begin on implementing a mechanism where their experiences and strengths can be shared with regions that do not currently have a strategy. Likewise, this mechanism also needs to share information that is of practical interest to regions where strategies exist. This information flow is what the national strategy is all about.

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## Project Goal

To develop and distribute useful tools regarding harm reduction initiatives among the Aboriginal communities of Saskatchewan

## Project Description

All Nations Hope was successful in obtaining project funds to promote harm reduction among the Aboriginal communities in Saskatchewan. This project has been very successful in identifying that the Aboriginal community need to look very seriously at the existing harm reduction initiated services available.

Harm reduction services such as needle exchange, methadone maintenance programs and treatment centres have been identified as providing services to a majority Aboriginal population. Statistics have proven in the last year that 67% of the newly infected cases of HIV/AIDS were of Aboriginal ancestry.

Injection drug use has been the primary risk factor identified for new infections. ANH would like to share this information with the leaders, community service organizations, correctional facilities, treatment centres and the community in general.

Information on services that are provided such as methadone maintenance, needle exchange programs, testing and treatment are required for adequate referral systems to work appropriately. This will not only include contact information on the services but it would also include the rules and regulations of the services and exactly what the service means.

There is a definite lack of resources in this area, to properly educate and to provide a resource directory to the Aboriginal community is needed. ANH would also like to develop a condom package, which would include information on proper condom use, a condom and lube plus contact information.

We involved all of our partners in this project. This included existing networks, consumers of services we provide, committees and task forces that we hold membership on, and most importantly front line workers.

## Project Successes

Increasing awareness and education of harm reduction among the Aboriginal population.

Create awareness among the Aboriginal population that we have and increasing problem with injection drug use.

Increasing awareness of services and programs regarding harm reduction

The resource guide was in great demand, not only among the Aboriginal community but also among existing systems such as parole groups and the police force.

## Lessons Learned

The guide was written to identify that the injection drug use population need to have several basic needs addressed. We know from past focus groups, surveys and research documents that this hard to reach population, require several systems to change to adequately meet their needs. Until then, this guide will offer front line workers the tool to refer this population to services/ programs that will reduce harm associated with injection drug use.

Our hope is that front line workers dealing with the injection drug use population would have a better understanding of the life of an addict. That the ignorance and stigma associated with blood borne pathogens would be recognised and dealt with in a positive way.

## Project Contacts



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### Project Goal

The goal was to provide Aboriginal-specific harm reduction training to all Aboriginal agencies working with Aboriginal substance users in five regions of Ontario: Toronto, London, Sudbury, Ottawa, and Thunder Bay.

### Project Description

Our goal was to provide enhanced skills to Aboriginal service providers when dealing with Aboriginal people using substances, whether it be alcohol, drugs or other substances. Since many Aboriginal treatment centres in Ontario require abstinence before an Aboriginal person enters treatment, seeking treatment is often an unachievable goal for the average substance user. The goal is to keep Aboriginal people alive long enough to consider and make behavioural change which will improve their quality of life. Whether or not they abstain from substances is not the issue. The issue is to provide health promotion and prevention messages so that they can avoid getting HIV, Hep C and other diseases which may shorten their lives or to provide them with skills and techniques to lessen their drug use or promote safer ways of using so that they can improve their health. Our premise is that most substance users do not use forever. Giving them clean needles, condoms, crack kits etc. and promoting safer use will keep them alive long enough to make change in their lives. Many Aboriginal agencies have a policy of not admitting active users or people under the influence so that they can seek services. Many traditional people and elders will not work with someone who is actively using. It is clear that having access to your culture and traditions is one way to improve your quality of life and self-esteem so that you can diminish the pain of colonialism/paternalism and culture-loss. How can we bring together these two opposing groups?

We decided to develop an Aboriginal-specific harm reduction training package and deliver it to as many Aboriginal agencies serving Aboriginal users as possible. We define harm reduction as protecting yourself and your community and as being very much part of our traditional way of life. To reject users is to keep them outside of the circle and make the circle weaker.

## Project Successes

It brought together the agencies working with Aboriginal substance users and taught them about harm reduction as a set of principles and techniques which will strengthen the Aboriginal community and lessen the devastation of substance use by understanding, accepting and embracing the user as a member of the community. It expanded their tool kit to deal with the many issues substance use brings forward. We have held two regional training sessions and each was evaluated as very successful.

It also allowed the Strategy and 2-Spirits staff to work together on an issue area which demands a lot of work time and energy. They got to share ideas, present together and challenge each other to meet expectations around best practices in counselling skills, oral presentations and addressing an emerging issue in a comprehensive way. Rather than spend time dealing with clients who have been rejected by other agencies who deal with substance use they had an opportunity to be proactive and create supportive environments in other agencies so that clients are treated well from the start.

It gives us hope that we can address these issues in a culturally-appropriate way together to strengthen our communities—using our traditional values— which we truly believe include harm reduction principles and practice.

## Lessons Learned

Substance use continues to be an overwhelming issue in our communities particularly as it relates to HIV/AIDS and other diseases. We all have to find a way to acknowledge that our history has contributed to our substance use and that the self-medication involved in substance use will not end unless a better alternative is available—that simply might be unconditional love and acceptance by our communities.

## Project Contact

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Den Tobias Deane

## Project Goal

To create awareness and support of needs for the poor, the marginalised and the oppressed on; International, Continental, National, Provincial and Municipal levels. (Rural and Urban)

## Project Description

The Sacred Walking Lynx Society is a non conventional Society. The Society's members are Women and Men who remain somewhat or completely anonymous and or Two Spirited who are also somewhat or completely anonymous. We use non-conventional approaches to teaching development and creating awareness of such development. We offer advocacy for the deprived of this world, rallying support at every level, lobbying concerned parties and groups, educating by embracing peacefulness and grace as mediums. We believe, with a fraction of faith, that nothing is too big to deal with and we rise to meet the challenge. ei; Men dancing in a dress, dancing to Women's pow wow songs in front of thousands of spectators, bringing that person and the people around, awareness of the discrimination and endurance that Two Spirited and Women both experience in the world.

This Society recognizes that all three groups are being marginalised, and repressed and create awareness through out the world. This empowers the Women, Men and Two Spirited with healthy levels of understanding, dignity, secured self esteem, acceptance and encouragement in their own life experiences. As a result this creates awareness of the proud opportunities available within our Sacred Circles for all forms of healthy expression, conscience of the larger circle, celebrating life in all its diversity.

Our project involves related community resource organizations, universities, schools, Tribal Councils, committees, various levels of fundraising functions, individual First Nations, traditional gathering and ceremonies, addiction treatment and detox centres, Law enforcement training facilities and units, parades, television interviews, national and private Film Boards, news papers, and coalitions of various and different levels, it has been done with the cooperation of concerned people's of like minds.

Our targets were Spiritual Elders, Political Leaders, Frontline Workers and Community Membership within our Native Communities in the Continent of North America. Over all, it has had impacts on all who have witness to it. The Sacred Walking Lynx Society extends its paw across the cross cultural boundaries, imposed sometimes by even our own discriminations, by doing lectures, presentations, dancing and drumming for other cultures, also within many of our own diverse First Nation's cultures. We educate and create awareness of various aboriginal experiences and history at the Elementary to the University levels. In other words "Everybody" In and out side of Canada.

## Project Successes

It is found that there is a sense of togetherness and acceptance are felt when we learn about one another. For the Two Spirited it is empowering to witness the Two Spirited Dance, and even more so when it is done on their own accord. Traditional dancing is a safe and positive approach in offering another alternative for the younger generations to use as a healthy form of expression. We all learn through dance that, no matter who or what we are, we all belong equally in the circle of life. It enhances the self esteem and traditionally it is a way of life, it is not just a dance it is a discipline of sorts. It offers guidance and direction to ones life and the teachings fulfill the relationship between man and the rest of life. This awareness or way of life, when properly administered, alleviates unhealthy ways of living and helps to defer people from exposing themselves and their loved ones to unhealthy forms of expression and detectable dangers..ei; (HIV, Hept.C., addictions, promiscuity, extra.).

The public pow wow dancing is the most dramatic of all outreach measures. It has highly positive effects on the Two Spirited and their family and friends. It is most beneficial more particularly for the parents, as they feel a sense of relief and healing as homosexual behaviour is most often frowned upon due to religious beliefs in most communities. Apparently the family and friends experience as much shame and discrimination as the Two Spirited themselves. The healing that comes from this experience is of great benefit to all, outwardly from the dancer to the communities that each person carry their memories back home to. All other methodologies that this Society utilizes

intends to create awareness and support, on many levels, about many realities and that allows for tolerance, understanding and acceptance of difference.

Leading By Example is the most positive effect that we can recognize through demonstration of care and concern.

### OUTREACH AT ITS FINEST...

When the dance was first performed it was highly controversial in my territory (Saskatchewan), It was heavily frowned upon. Seven years have passed and each year it has brought an understanding and a sense of pride to all the people involved, the frowns have since been replaced by compliments, handshakes, loving acceptance and admiration. The sense of determination in attendance year after year, in spite of negative attitudes has brought a respect not known or given to any other dance or dancer.

The other education and awareness allows all communities involved, in and out of the native culture, the ability to care for themselves and each other in great measures. It may even be through the delivery of accurate and complete harm reduction practices and the acceptance of everyone no matter who and what they are.

We believe that Drug addicts are human being too you know and deserve care and concern too, this attitude allows for the positive intervention to occur. Over all, this education has a positive impact on all communities.

## Lessons Learned

It is a course of introducing forms of healthy expression and encouragement, opposing the current alternatives available to the Two Spirited and First Nation's. ei; (suicide, family violence, imposed isolation, exiled by shame, lifelong abandonment issues, prostitution, and gay bars, parks, bathhouses are but few examples which all introduce and expose this marginalised group to disease, addictions, and the not so healthy "communities" or "families" (sub-cultures-cults etc.) These encounters reduce long term life expectancy considerably. We encourage healthy expressions in the form of dance and gatherings. ei; Pow wows, Sacred Sundance, also introducing cost effective resources such as Pflag (Parents and Friends of Lesbians and

Gays) to the First Nations and information or knowledge of other important resources. We also introduce complete harm reduction models and practices, ei; ( the “methadone program” and properly explaining the pluses and minuses of such important and needed alternatives.). We provide available scholarship applications for International and National Two Spirited gatherings. The introduction of the Two Spirited to others like themselves is a value of this Society. It allows them the opportunity to rise above the loneliness that is all too common amongst this repressed group. Communicating togetherness and promoting healthier experiences and alternatives for the generations to come.

This Society’s work could not have been accomplished without the knowledge and support of these three Society’s ; The Canadian Aboriginal AIDS Society, The Two Spirited of the First Nations and Pflag,( Parents and Friends of Lesbians and Gays)

My friend Viness Lorens Mangoye of the Tonga Tribe in Zambia, Africa says not to underestimate the ten million people in her country in their support for us (First Nations) in a silent fashion. “She hosts a Women’s Solidarity Movement in Zambia”

My mother had a dream of a Gay Man all alone and by himself in the world, with no one to love him or protect him from the cruelty of the people. She said she could feel his pain and loneliness and proceeded to embrace him, she claims she woke up crying.

My mother and I belong to the Clan of Susimeguan (Cree) pronounced- Susy>Me<Gwan

One of the translations is; “The Little Bird who sits by the Pond, watching the Shiny Reflection on the Water”. I’m not quite sure, I think it has something to do with Healing. It hasn’t ever been fully explained to me.

Thank you Wakan Tanka for the Spirit of Will and the Sacred Sundance Ceremony, and also for the “parting” of the clouds!

## Project Contact

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# Train the Trainers: Prevention of HIV/AIDS among Aboriginal Women

First Nations of Labrador and Quebec and Labrador Health and Social Services Commission (FNQLHSSC)

## Project Goals

- 1 To give stakeholders working with an aboriginal clientele the tools they need to develop HIV/AIDS prevention and awareness activities in their own community / organization.
- 2 To train stakeholders on how to talk about HIV/AIDS and how to animate prevention workshops
- 3 To develop a contacts network within the whole the region of Quebec.
- 4 To present "success stories" that could be used as inspiration for others to build their own HIV/AIDS local project.
- 5 To provide documentation and resources on HIV/AIDS and related issues.

## Project Description

The training, which ran from January 28 to 30, 2003, in Quebec City, was attended by more than 85 persons from various Aboriginal communities and organizations in Quebec and Labrador, as well as from community and government agencies in Quebec. Participants came together to learn and to share their experiences in HIV/AIDS prevention in their own community or place of work. Plenary sessions, which were held during two days of the event, dealt with such topics as the HIV/AIDS pandemic, HIV/AIDS prevention among First Nations women, screening for pregnant women, talking to Aboriginal women about HIV/AIDS, etc. These sessions were followed by testimonies and concrete examples of action taken in the First Nations communities of Quebec. In addition, numerous brochures were made available on various themes to provide additional information on what was discussed throughout the three days of the session (More than 1000 documents - pamphlets, posters, reports, newsletters - were picked up from our exhibition booth). One full day was devoted entirely to the training of community workers. With the help of "Keepers of the Earth: Women, Health and HIV/AIDS," a manual produced by the National Indian and Inuit Community Health Representatives Organization (NIICHRO), our facilitators

explained how to organize and give workshops on HIV/AIDS awareness and information activities for Aboriginal women and other members of their communities (youth, elders, political leaders, etc.). The participants used role playing and simulation activities to apply the strategies they discussed. During the whole event we also addressed the Hepatitis C issue.

Our primary target were stakeholders working in First Nations and Inuit community health centres, treatment centres and urban organizations (i.e: CHR, nurses, addiction workers). We also invited representative of non-aboriginal HIV/AIDS organizations working with an aboriginal clientele. We got funding to pay expenses of one representative of each Quebec First Nations and Inuit community, treatment centre and urban organization.

## Project Successes

According to the responses given in the evaluation survey, the event was a success. 74% of the participants stated that they gained the knowledge necessary to develop HIV/AIDS activities in their community. They mentioned they will be returning to their communities with renewed hope to combat HIV/AIDS, thanks to the new knowledge they gained from the training.

## Lessons Learned

Effects may become visible on a long term only. I guess we motivated people who sometimes work alone in very isolated areas. I hope the main effect will be an increase of local HIV/AIDS project in our Quebec aboriginal communities and organizations.

We used an existing training made by NIICHRO and we adapted it to our regional situation. Such a training may easily be adapted to others communities. Training is an essential part of HIV/AIDS work.

## Project Contact



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## Project Goal

- 1 To create long-term and sustainable HIV/AIDS Aboriginal culturally sensitive harm reduction strategy training program for the Aboriginal service agencies and frontline workers in Montreal
- 2 To create cross-cultural training model to offer HIV/AIDS service agencies, health professionals, social service professionals, police, etc.
- 3 To create a dissemination plan (communication) - website

## Project Description

To develop HIV/AIDS training using the adult education theory in order to develop an educational curriculum with harm reduction and culturally-appropriate training modules: HIV/AIDS Skills Building for Frontline Workers Training.

To develop HIV/AIDS cross-cultural training modules and to develop culturally-appropriate prevention and harm reduction HIV/AIDS strategies which include components of cultural, linguistic and jurisdictional diversity of Aboriginal populations in Montreal for non-Aboriginal HIV/AIDS- related professionals/service agencies: Cross-Cultural and Diversity Training for HIV/AIDS Professionals and Service Agencies.

The harm reduction pilot is targeted to both Aboriginal and non-Aboriginal service providers. The diversity training pilot is targeted to non-Aboriginal service providers with Aboriginal clientele.

## Project Successes

We hope that the modules will have the effect of sensitising both Aboriginal and non-Aboriginal service providers to the needs of Aboriginal clientele facing a variety of issues (such as the legacy of residential schooling). The ultimate goal is to develop train-the-trainer packages that can be readily implemented in different social service agency settings.

## Lessons Learned

Based on a Needs Assessment Report undertaken by Sweetgrass Consulting in 2001, wherein the majority of non-Aboriginal service providers revealed that they knew little about the lived experiences, needs, perspectives, cultures and traditions of First Nations, Inuit and Métis clients. Most stated that they found it difficult to establish trust relationships with Aboriginal clients. Most were at a loss to explain why and expressed frustration with the under-utilization of services by Aboriginal clients (Breaking the Walls of Silence: Aboriginal People and HIV/AIDS in Montreal – HIV/AIDS Needs Assessment Report, 2001, pp3).

We hope that the development of the training modules will help to ameliorate this situation and increase awareness of First Nation, Inuit and Métis issues as it relates to health and service delivery.

## Project Contact



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Nadine Erickson

## Project Goal

To build the capacity for HIV/AIDS education in partner organisations who typically work with high-risk youth in the Brandon region.

## Project Description

To provide skills building modules based on existing Train the Trainer kits to local social service agencies. Many of these agencies serve have a high percentage of Aboriginal clientele.

Many people from many different community organizations, including schools, counselling organizations, and correctional centres were involved in the project. Each contact helps deliver information within their own organizations.

## Project Successes

This project has helped increase knowledge of cross cultural issues in health prevention/promotion in Aboriginal and non-Aboriginal populations. Effective networking at local, provincial and national levels has increased the credibility and acceptance of this program into partner orgs.

The community is slowly becoming more accepting of the health messages we have to offer, and is more willing to provide Aboriginal – based HIV prevention messages within their own workplaces. More people within the adult population are recognizing the importance and need to offer holistic HIV and sexual health programming, and as a result are more willing to incorporate HIV programming into their activities.

## Lessons Learned

We can assist others to help build their own knowledge, skills and toolkits to provide HIV programming in their own communities, no matter what health knowledge level they are starting with.

## Project Contact



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## Project Goal

The goal of this project was to provide Aboriginal communities with appropriate HIV/AIDS resources and information. Develop follow-up and communication plan for participants of Healing Our Spirit Programs. Provide Aboriginal communities with technical and supportive assistance to develop HIV/AIDS initiatives.

## Project Description

Provide workshops for community development explorations. Assist in developing services, resources and policies for Aboriginal communities in BC . Assist communities in



Staff of the Community Development Initiative, Healing Our Spirit

Prevention, Support & Advocacy, Research & Evaluation, Care Treatment & Support, of HIV/AIDS issues in Aboriginal communities. Follow up various Education workshops that have been provided in the province.

Our program was targeted to any Aboriginal organization, band or individual from a community who wanted to bring change to their community.

## Project Successes

Our project brought certain communities recognition on their fight against HIV/AIDS and strong community commitment to support their infected and affected members. It is still in the process of bridging communities with one another, communities that are strong can help assist the communities still in need of development.

Healing Our Spirit's community is BC it is a Provincial Society. The effect on the province is different from community to community. The hope is that the effect will be a positive one ,

so far there are only a handful of communities that have an HIV/AIDS policy in place out of close to 200 bands in BC. Many of the Aboriginal communities are still in the process of learning the basic facts about HIV/AIDS. Being that some communities are very small and the fear is high in bringing recognition of this disease in their home communities. The Community Development Project has been a buffer in some communities to bring the topic of HIV/AIDS up and take the first step to get people talking, especially community leaders, it then makes the process for members of the community to start their initiatives.

Some communities are fine with Healing Our Spirit providing regular workshops and information, some communities believe it needs to be an on-going process for themselves to keep their community updated on HIV/AIDS. Some communities have not yet had a Basic IOI or have services or any resources on this issue.

Every Community Development target group is different and has been provided with different levels of support from the program.

## Lessons Learned

That project can help in standardizing HIV/AIDS information that is available to all communities. It also can track how a province on the whole is effective and can point out areas with no immediate resources and services. It can evaluate the needed area of education IE the issue of APHA's and their decisions of treatment.

It would be a dream if every province in Canada had a specific Aboriginal Community Development HIV/AIDS Coordinator and that the Coordinators network and develop a strong nation of awareness in the HIV/AIDS issue in Canada

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## Project Goal

To build awareness on HIV/AIDS issues in Inuit communities.  
Save the lives of Inuit.

## Project Description

10 or more AIDS Fairs are coordinated in Inuit communities. Each community is given the opportunity to have a special guest judge. The judge is an HIV + youth. The judge then talks to the community members about his/her experience. The fair projects are displayed to the community and then sent to Pauktuutit. Here Pauktuutit staff use some of the projects to make National messages/materials. Some materials that have come out of the fairs are:

**THE HICKEY POSTER**, released 2001/2002

**THE AIDS PUZZLE**, released 2001/2002

**THE RIP POSTER**, to be released.

**LAIDSIES MAN** CD-rom and discussion guide, to be released.

**AIDS WALKS**, 40+ Inuit communities participate in the AIDS walk.

This is all done with no funding. -Lifesavers, the project "Lifesaver" addresses the issue of the threat of mobility among people in Isolated communities. This project was developed for youth by youth. This project has been well received by all age groups.

Plain language fact sheets have also been made for CHR's. This is a joint project between CATIE and CIHAN. No funding is received to do the fact sheets specifically.

## Project Successes

Are project has been well received, and has initiated community action. Community messages came from the community. It has built community awareness. AIDS is not such a taboo topic anymore. Signs of awareness can be seen in the communities.

## Lessons Learned

Our project has a simple mechanism: go to the community. We get all our messages from the community. We simply provide the tool to share the message.

## Project Contact



Aideen Reynolds, HIV/AIDS Project Coordinator

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## Project Goal

- 1 To have all 31 Atlantic First Nation communities participate
- 2 To raise \$15,000 region wide
- 3 To have 500 walkers region wide
- 4 To raise awareness of HIV/AIDS

## Project Description

Healing Our Nations is a member organization of the Canadian AIDS Society (CAS) who organizes the National AIDS Walk each year. In March, a partnership agreement is signed in order for HON to receive National AIDS Walk materials to give to each Atlantic First Nation community. Every May an AIDS Walk Coordinator (student) is hired through HRDC funding to coordinate AIDS Walk in each Atlantic First Nation community.

The student begins by contacting the previous year's Community AIDS Walk Contacts in each community to see if they are interested in helping to coordinate AIDS Walk for the current year. The AIDS Walk coordinator then arranges in person meetings with the community contacts over a two- week period. The student will then go on a tour to all the communities interested, to drop off materials and explain the communities' participation in AIDS Walk. The AIDS Walk Coordinator will keep a progress record and contact each community about once every three weeks to see how they are coming along with planning the walk and to see if they have any questions or need any help.

AIDS Walk or an AIDS event in the First Nation communities will usually take place in August or September. After the fundraiser has taken place in the community, the AIDS Walk community contact will send any pledge forms and money raised to HON's AIDS Walk Coordinator. The AIDS Walk Coordinator will then develop certificates for participants, gather any prizes for the walkers that raised enough money (at least \$25), and write a cheque to the community for the percentage they receive back.

This process takes place for every community that sends in money. Once all the communities have sent in the money they raised, the AIDS Walk Coordinator will compare to determine the three people who raised the most money, the community that raised the most money and the community that had the most participants. The top three walkers will receive special certificates and monetary prizes and the top communities will receive plaques.

Once this process is completed, the AIDS Walk Coordinator will report the numbers and statistics to CAS in order to fulfil our agreement. HON usually has two Coordinators or an overlap because the student position is completed by September; however, the work to complete the Walk may continue until November or December.

## Project Successes

Over a four-year period, we managed to raise over \$50,000 and have almost 1,000 participants. In addition, each walk or event helped raised awareness of HIV/AIDS.

## Lessons Learned

At least 20% of what the community raises will remain in the community (depending on a sliding scale). The more money a community raises, the more they will get back. For example, this year Tobique First Nation raised \$6,000 and got back 60% (\$3,600)! The communities will use this money for things such as; HIV/AIDS resources, an AIDS Committee fund, the cost of holding the Walk (BBQ, decorations etc.), the Boys and Girls Club, Christmas Daddies, and some even donate it back to Healing Our Nations!

The rest of the money raised for AIDS Walk is donated to HON's APHA fund. Healing Our Nations does not receive funding to help support our APHAs; so, through AIDS Walk we are able to provide them with a monthly cheque to help with costs of medication, healthy food and travel to Doctors appointments.

Last, but certainly not least, AIDS Walk in the First Nation communities helps to bring the community together to raise awareness of HIV/AIDS and to acknowledge the effects it has or can have in their community.

AIDS Walk can be a very fun and productive way to raise awareness of HIV/AIDS and at the same time, money for communities and APHAs. AIDS Walk does require excellent organization and planning; nonetheless, it has worked for HON over the past four years and the communities still want to participate. The one word I can use to describe the Atlantic First Nation AIDS Walk is SUCCESSFUL!

## Project Contact

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## CAAN Membership

Many of the projects featured in this Yearbook are hosted or conducted by CAAN members. However, inclusion in this Yearbook was not limited to members or associated members of CAAN. To find out more information on being a CAAN member or associate member, and the benefits of membership, contact the Canadian Aboriginal AIDS Network at 1-888-285-2226 or e-mail us at [info@caan.ca](mailto:info@caan.ca). To become a CAAN member, cut and fill out the attached membership application form:

## Membership Application

Canadian Aboriginal AIDS Network #602 - 251 Bank Street, Ottawa, Ontario K2P 1X3

Phone: (613) 567-1817 Fax: (613) 567-4652 e-mail: [info@caan.ca](mailto:info@caan.ca) Toll Free: 1-888-285-2226  
Charitable Organization #88878 0178 RR0001

FULL MEMBERSHIP                       ASSOCIATE MEMBERSHIP

(a) Organization = \$50.00                      (a) Organization (\$25.00)

(b) Individual (APHA\*) = Free                      (b) Individual = (free)

\* APHA = Aboriginal Person Living with HIV/AIDS

Date: \_\_\_\_\_

(Insert name here) \_\_\_\_\_  
supports the mission and objectives of the Canadian Aboriginal AIDS Network Inc.

\_\_\_\_\_  
Signature of authorized representative

(Please Print )

Name of Organization, Group, or Individual \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(if different from street address)

Office Telephone No. \_\_\_\_\_ Office Fax No. \_\_\_\_\_ E-Mail \_\_\_\_\_

Name of Representative \_\_\_\_\_

\*Please Note: Each organization or individual is responsible for their travel expenses to the Annual General Meeting. Only current board members and delegates of the APHA Caucus shall be covered.

Administration only

Date of Application: \_\_\_\_\_ Approved: Yes \_\_\_\_ No \_\_\_\_

Date of Decision: \_\_\_\_\_

N° Membership #: \_\_\_\_\_



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