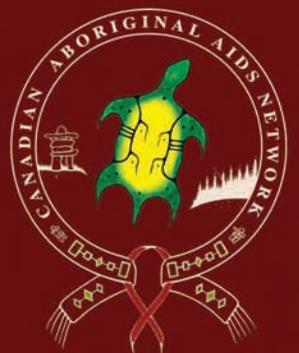


**NATIONAL ABORIGINAL
HIV AND AIDS...**

TOOLKIT



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Organizational Overview

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

- Established in 1997
- Represents over 340 member organizations and individuals
- Governed by a national thirteen member Board of Directors
- A four member Executive Board of Directors
- Provides a National forum for members to express needs and concerns
- Ensures access to HIV & AIDS related services through advocacy
- Provides relevant, accurate and up-to-date HIV & AIDS information

Mission statement

As a key national voice of a collection of individuals, organizations, and provincial/territorial associations, CAAN provides leadership, support and advocacy for Aboriginal people living with and affected by HIV/AIDS. CAAN faces the challenges created by HIV/AIDS in a spirit of wholeness and healing that promotes empowerment, inclusion, and honours the cultural traditions, uniqueness and diversity of all First Nations, Inuit and Metis people regardless of where they reside.

Acknowledgements

CAAN would like to acknowledge the expertise and wisdom of the National Aboriginal HIV and AIDS Toolkit Steering Committee;

Art Zoccole – Art is an amazing man, friend and mentor. Art has been involved in HIV and AIDS activism for over 3 decades. I would like to thank Art for paying attention to the small details, and using your eagle eye when reviewing our documents.

Geri Bailey – Geri has been working within the Inuit community for many years. She is open-minded, energetic and always brings her sense of humour to all our gatherings. Thank you Geri for being strong advocate for Inuit community especially our women.

Leona Quewezance – Leona is a strong woman and a beautiful spirit. Leona brings a life experience which enables her to reach out and embrace the most vulnerable people. Leo has been working front-line for years with All Nations Hope AIDS Network.

Melisa Dickie – Melisa is a gentle soul. She brings life to our table and has a way to give guidance and direction with her empowering words. Thank you to CATIE for sharing the expertise of Melisa.

Sue Ann Phillips – Sue Ann has always been a woman I strived to be.. an amazing educator. When I started this project I knew that Sue Ann was a woman that I wanted on the Steering committee. Her understanding and knowledge of our Aboriginal traditional ways reminds us to include those teachings into all of our HIV and AIDS awareness and education.

Special mention also goes out to Greg Pierre for his creative graphic design. Greg you are truly talented and continue to show the world your incredible art. It was always fun and an honor to work with you. Thank you for your patience.

Megweetch (thank you) for caring and helping our people...

Introduction

Human Immunodeficiency Virus (HIV) is a virus that breaks down the immune system. It can be transmitted by blood and other bodily fluids. Ways of transmission include but are not limited to unprotected sexual activities and sharing needles. HIV, if not treated, will eventually develop into Acquired Immunodeficiency Syndrome (AIDS), a terminal disease that often results in death because it shuts down the immune system completely. There is no cure for HIV but it is preventable.

HIV and AIDS is a growing problem in Aboriginal communities. The National Aboriginal HIV and AIDS Toolkit will be focusing on the following four target populations; Aboriginal women, Aboriginal Youth, Men who have sex with men, and People who are incarcerated or who were incarcerated.

According to the Public Health Agency of Canada (PHAC), Aboriginal people are overrepresented in the HIV epidemic in Canada. Between 1979 and December 31, 2008, there have been 21,300 AIDS cases reported to the Centre for Communicable Diseases and Infection Control (CCDIC), of which 16,824 (79%) included information on ethnicity. Of these 16,824 cases, 690 were reported to be Aboriginal people (4.1%). Yet, according to Census Canada (2006), Aboriginal people only make up 3.8% of the population.

In 2008, PHAC surveillance data demonstrated that Aboriginal people make up a growing percentage of positive HIV test reports and reported AIDS cases, with injecting drug use (IDU) being a key mode of transmission in the Aboriginal community. IDU accounts for more HIV infections and AIDS cases among Aboriginal women than Aboriginal men. Between 1998 and the end of 2006, IDU was the exposure category for 53.7% of HIV-positive test reports among Aboriginal men and 64.4% of HIV-positive test reports among Aboriginal women. In reported AIDS cases among Aboriginal people between November 1979 and the end of 2006, injection drug use was the exposure category for 62.3% of reported AIDS cases among Aboriginal women and 32.1% of reported AIDS cases among Aboriginal men.

This draws attention to the need for community based culturally appropriate interventions to reduce the spread of new infections. It is essential that as members of these communities that we are prepared. Being prepared includes having the tools on hand to respond to the needs of our people. CAAN believes that education is the key to building HIV and AIDS awareness. Therefore, when developing this Toolkit, is actively partnering with organizations across the country to help gather resources to help you reach the target populations who are at highest risk.

CAAN asks that you as a Health Care Professional consider the following 10 reasons to create HIV/AIDS resources;

1. HIV/AIDS impacts Aboriginal people at higher rates than among non-Aboriginal people.
2. HIV/AIDS information developed by, and for, Aboriginal people will respect Aboriginal needs and Aboriginal culture,
3. People who want to know more about HIV/AIDS will know where to go.
4. HIV/AIDS information can be gathered, up-dated and controlled by Aboriginal people.
5. HIV/AIDS resources developed by Aboriginal people will be seen, heard, and used by Aboriginal people.
6. Knowledge about HIV/AIDS leads to power about HIV/AIDS.
7. HIV/AIDS resources in the Community will reflect the choices and needs of the Community.
8. Everyone, - youth, women, elders, parents, persons living with HIV/AIDS, families, health workers, can be involved.
9. Communities can actively plan and control their response to HIV/AIDS.
10. “Everyone is part of our traditional healing circle including people with HIV and AIDS. Communities in balance keep the circle strong by working together in caring, supporting and healing.”

These reasons along with the Public Health Agency of Canada’s statistics are a way to start the dialogue of why it is essential to provide HIV and AIDS education to community members.

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