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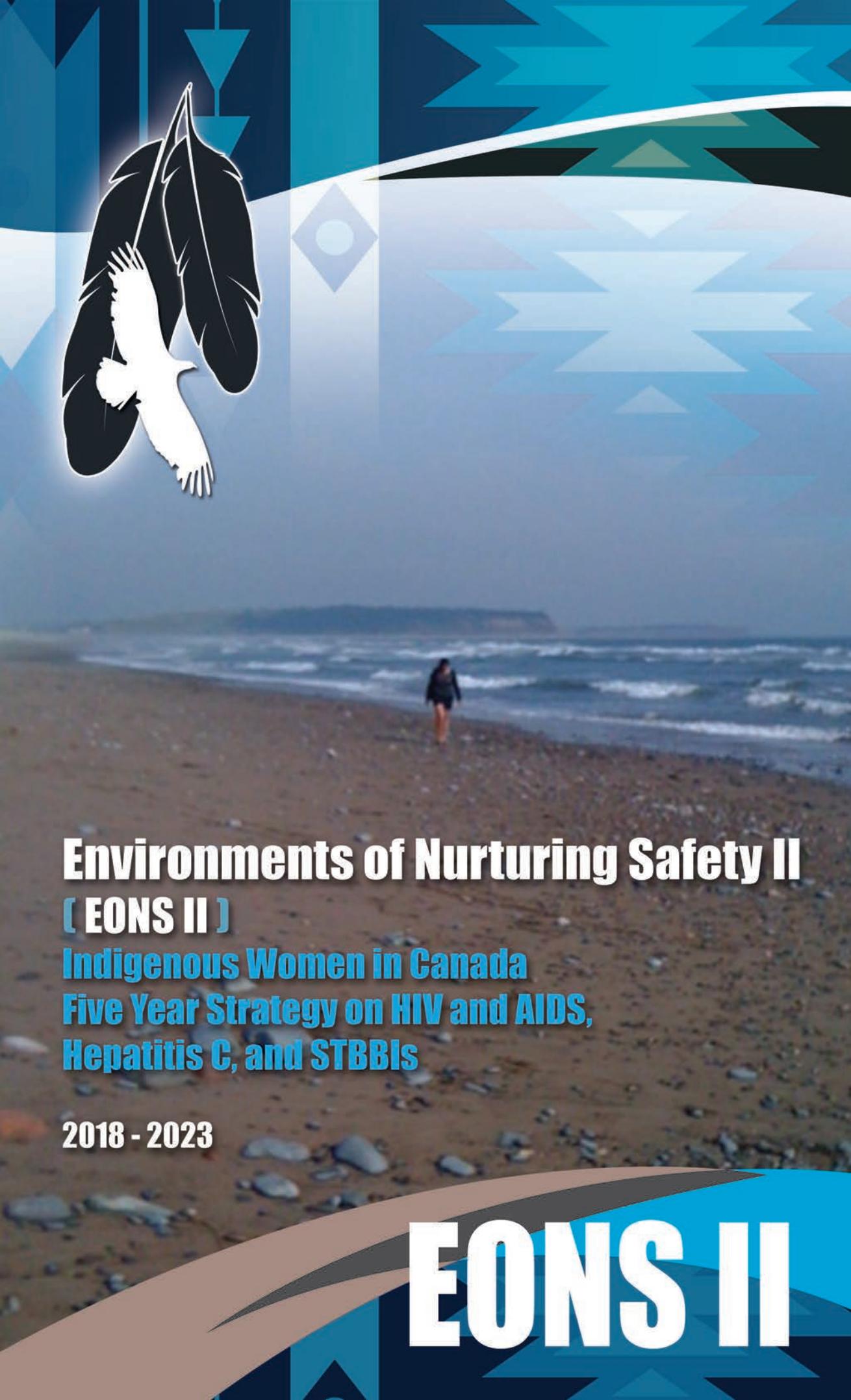
Environments of Nurturing Safety II

[EONS II]

Indigenous Women in Canada
Five Year Strategy on HIV and AIDS,
Hepatitis C, and STBBIs

2018 - 2023

EONS II



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 thirteen-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 and 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 Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV and AIDS). CAAN faces the challenges created by HIV and AIDS in a spirit of wholeness and healing that promotes empowerment and inclusion, and honors the cultural traditions, uniqueness and diversity of all First Nations, Inuit and Métis people regardless of where they reside.

CAAN Vision Statement

CAAN is a national Aboriginal organization and as such is committed to addressing the issues of HIV within a Native context. Although the beliefs of Aboriginal people vary widely from region to region and from person to person, the agency has made a commitment to conduct its activities in a spirit of Native wholeness and healing. This disease can only be overcome by respecting our differences and accentuating our unity of spirit and strength.

Acknowledgments

CAAN acknowledges all the Aboriginal Women and representatives from CAAN member Aboriginal AIDS

Services Organizations and allied community members who participated in the consultation process in the development of this strategic action plan.

Funding Acknowledgement

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Prepared by

Monique Fong,
CAAN Aboriginal Women and Leadership Project Coordinator

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CAAN — Our history

Formally established in 1997 by Aboriginal people, the **Canadian Aboriginal AIDS Network (CAAN)** evolved through the work of the National Aboriginal People Living with HIV/AIDS Network (NAPHAN). A joint project between the Canadian AIDS Society and stakeholders who would later become the first Board of Directors of CAAN created the foundation to register as an independent organization. CAAN is a national leader in addressing the impacts of HIV and AIDS in Aboriginal communities. We have come to understand the connection between the high rates of HIV and the direct links to the social determinates of health such as: culture, poverty, stigma and discrimination, housing, colonization, residential school experiences, foster care and education.

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

Being a national, non-for-profit organization, CAAN represents over four hundred members, organizations and individuals. A national thirteen-member Board of Directors governs CAAN, with a four-member Executive. CAAN provides a national forum for members to express needs and concerns; ensures access to HIV and AIDS-related services through advocacy; and provides relevant, accurate, up-to-date HIV and AIDS information.

ENVIROMENTS OF NURTURING SAFETY (EONS)

Aboriginal Women in Canada: Five Year Strategy on HIV and AIDS

for First Nations, Inuit and Métis Women Living with HIV and AIDS and all Aboriginal Women from 2010 to 2015

Dedication

Laverne Monette was the founding Executive Director of Oahas and a tireless advocate for Indigenous people living with HIV, but particularly women. Her formal education included a degree in Law and her life experience was certainly not boring! She used all of her education and smarts to advance the profile of women and HIV, in the movement and in the larger sphere of Indigenous issues. Laverne was well known in the movement for her outspokenness and while she was a physically small human, her spirit was large indeed! She would stand up in a heartbeat to anyone who was trying to overlook the issues relevant to Indigenous women living with HIV. She got things done in a way that often left others wondering how she did it. Her raucous laugh was often heard at conferences and gatherings – pulling people in to sit with the ‘cool kids’. She was welcoming and often generous but didn’t suffer fools easily. As a boss and a mentor, she had mastered the balance of being supportive and also being able to ‘drop the hammer’ if you messed up. She worked tirelessly and partied just as hard as she worked. She was not a perfect being, but gave her all to her work, her friends and her community. She was a proud Anishinaabe woman and those of us who had the privilege to call her boss, mentor, friend miss her physical presence daily. However, we know that she is still watching over us from the spirit world. Still miss that laugh though!



Key Contributors to the Development of EONS

EONS was developed in consultation with a diverse group of approximately 300 Aboriginal women from communities and regions across Canada. The commitment and strong voices of the women that contributed to this process are woven within this document; each voice spoke strongly about the need for addressing the impacts of HIV and AIDS in the lives of Aboriginal women. Each voice spoke about the immediate need to create a response that will change outcomes for Positive Aboriginal Women (PAW) and change the trend of Aboriginal women being most vulnerable to becoming HIV positive. This strategy demands the creation of ‘environments of nurturing safety’ for Aboriginal women to continue and/or begin healing journeys.

We especially acknowledge the courage and strength of all Positive Aboriginal Women (PAW) in openly sharing their lived experiences and envisioning what must be achieved over the next five years in every region across Canada. A very special thanks is extended to our sister and long term survivor Kecia Larkin for coining the PAW acronym – it imparts a dual meaning to being ‘positive’

and breaks down a first barrier in how our sisters wish to be portrayed by utilizing an assets model approach.

We gratefully acknowledge the contributions of CAAN VOW (Voices of Women) Standing Committee for their ongoing commitment and for their belief in a process of consulting other women, and their willingness to mentor and facilitate leadership for all PAW. In 2010 VOW expanded and achieved standing committee status at the 2010 CAAN AGM in Enoch Alberta. VOW now has an equal representation of PAW and AASO Service Providers and embraces a solidarity approach within this response which is inclusive of all Aboriginal women.

We also acknowledge our Two-Spirit brothers who first faced these issues at the onset of this epidemic and built a foundation; creating a pathway that we can build upon for this targeted response. – There is much the women’s community can learn from you as we begin this work.

Canadian Aboriginal AIDS Network—Goals and objectives

- To provide accurate and up-to-date information about the prevalence of HIV, STIBBIs, TB, Mental Health and related co-morbidity issues; HCV related diseases and their various modes of transmission in Aboriginal communities;
- To offer leaders, advocates and individuals in the AIDS movement a chance to share their issues on a national level by building skills, education/awareness campaigns, and acting in support of harm reduction techniques;
- To facilitate the creation and development of community Aboriginal AIDS service agencies, through leadership, advocacy and support;
- To design materials which are Aboriginal-specific for education and awareness at a national level, and to lessen resource costs of underfunded, regional agencies by distributing and making available these materials wherever possible;

To engage Aboriginal people living with HIV and AIDS (APHAs) by giving them forums in which to share their issues and to facilitate the development of healing and wholeness strategies;

“It should reflect the voices of positive Aboriginal Women and their allies to create a path for all of us to follow. Give the many different ways that we do our work highlight key issues with some flexibility about how to address them would be great.”

Consultation participant

Aboriginal Women and Leadership / Voices of Women:

Overarching goal to project:

Develop and implement an Indigenous Women’s Strategy: that supports the key activities for Indigenous Women within Canada to lower the trends of the HIV and AIDS, STBBI’s, Hepatitis C, Tuberculosis, HIV and Aging & Related Co-morbidities within this population.

Objective:

To implement the Environments of Nurturing Safety and Support the Key Activities for Indigenous Women within Canada to lower the trends of the HIV and AIDS within this population.

15 (PAW) Positive Aboriginal Women Statements

For the creation of safe spaces where Positive Aboriginal Women can continue and/or begin healing journeys we need:

- ✂ To be vigilant in ensuring that increasing the network of PAW in safe spaces supported by other women will be a priority.
- ✂ To be portrayed in a positive manner, and not be further stigmatized in media and through all forms of reporting that currently focuses on the deficit model of who we are.
- ✂ To be included in the design of culturally appropriate service delivery models for PAW and be meaningfully engaged in all research that pertains to PAW.
- ✂ To be a priority when it comes to funding for services that will lessen our isolation and be assured that all funding for women will be supervised to ensure that it gets to women.
- ✂ To be respected and supported in our choices on fertility and reproductive rights.
- ✂ To be assured that our children are also included and supported and that we are given respect as nurturers of our children.
- ✂ To be key stakeholders in the education/training of health care providers and community about the unique vulnerabilities and health risks of Aboriginal women.
- ✂ To be assured that accurate up-to-date information specific to Aboriginal women and HIV and AIDS is readily available and accessible.
- ✂ To be encouraged and supported in developing a “PAW Sisterhood Network” that protects and respects our right to privacy.
- ✂ To be supported in the recognition of our fundamental human rights as PAW including rights to appropriate housing and income security and in particular for women in prisons, women who use drugs and sex trade workers.
- ✂ To be key informants in research into female infectivity, including woman to woman transmission and the recognition and support for lesbians living with HIV.
- ✂ To be involved in all decision making on all levels of policy and programming affecting us.
- ✂ To be encourage and supported in developing economic strategies that will enable positive Aboriginal women to be self-sufficient and independent.
- ✂ To be able to access culturally appropriate care, treatment and support, free from stigma and discrimination.
- ✂ To be able to meaningfully participate at international, national and regional conferences where decisions regarding the issues of PAW are discussed that honors the alleviation of barriers.

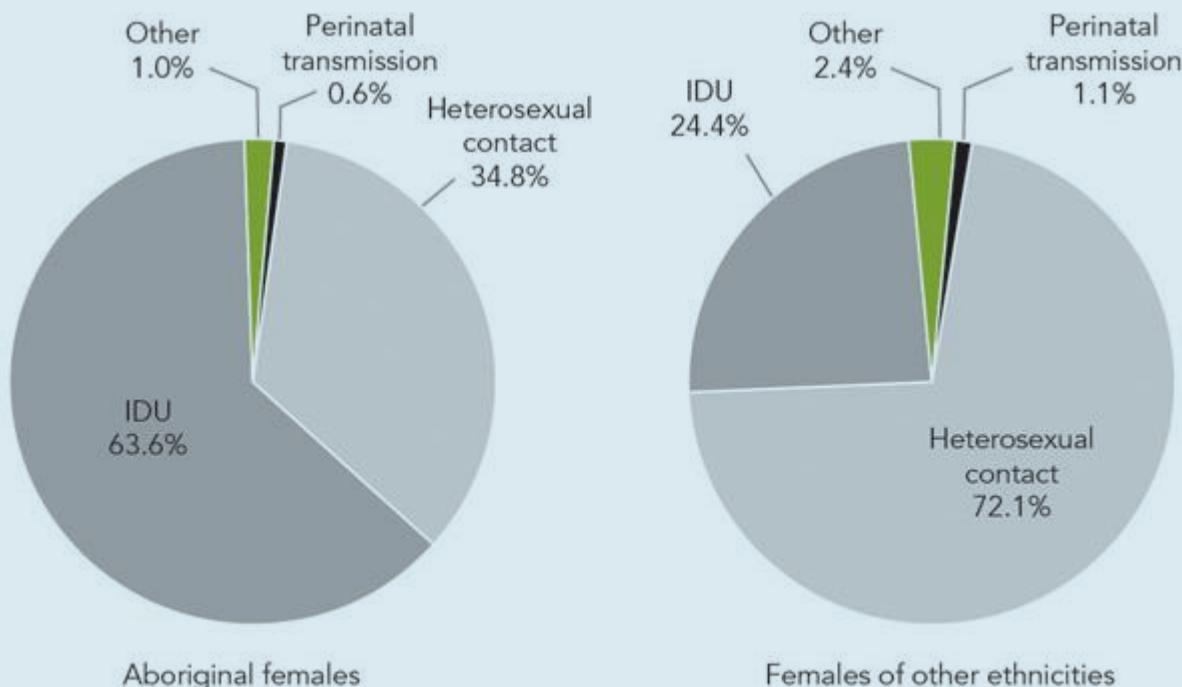


HIV Incidence and Trends for Aboriginal Women: Indigenous women and girls comprise approximately 4% of the total female population in Canada, and their numbers are growing. Of the women and girls who identified as Aboriginal in the 2011 National Household Survey, 61% reported being First Nations, 32% identified as Métis and 4% reported Inuit identity. An additional 1% reported multiple Aboriginal identifies and 2% did not identify with an Aboriginal community but reported having registered Indian Status and/or being a member of an Indian Band,

Indigenous people—and Indigenous women in particular—are disproportionately affected by HIV. While Indigenous people made up only 4.3% of the Canadian population in 2011, they accounted for an estimated 12.2% of new infections and 8.9% of all prevalent (or existing) infections at the end of that year. In 2011, the estimated infection rate among Indigenous people was about 3.5 times higher than among non-Indigenous people. Between 1998 and 2012, nearly half (47.3%) of all positive HIV test reports among Indigenous people were women, as compared with 20.1% of reports for non-Indigenous People. Among Indigenous women living with HIV, 63.6% of HIV infections were attributed to injection drug use and 34.8% to heterosexual contact; the corresponding figures for non-Indigenous women living with HIV were 24.4% for injection drug use and 72.1% for heterosexual contact.

Exposure Category

Figure 2b. Exposure category distribution of reported HIV cases in Canada, comparing Aboriginal females (n = 1,389) with females of other ethnicities (n = 1,579), 1998 to 2012.



EONS Vision:

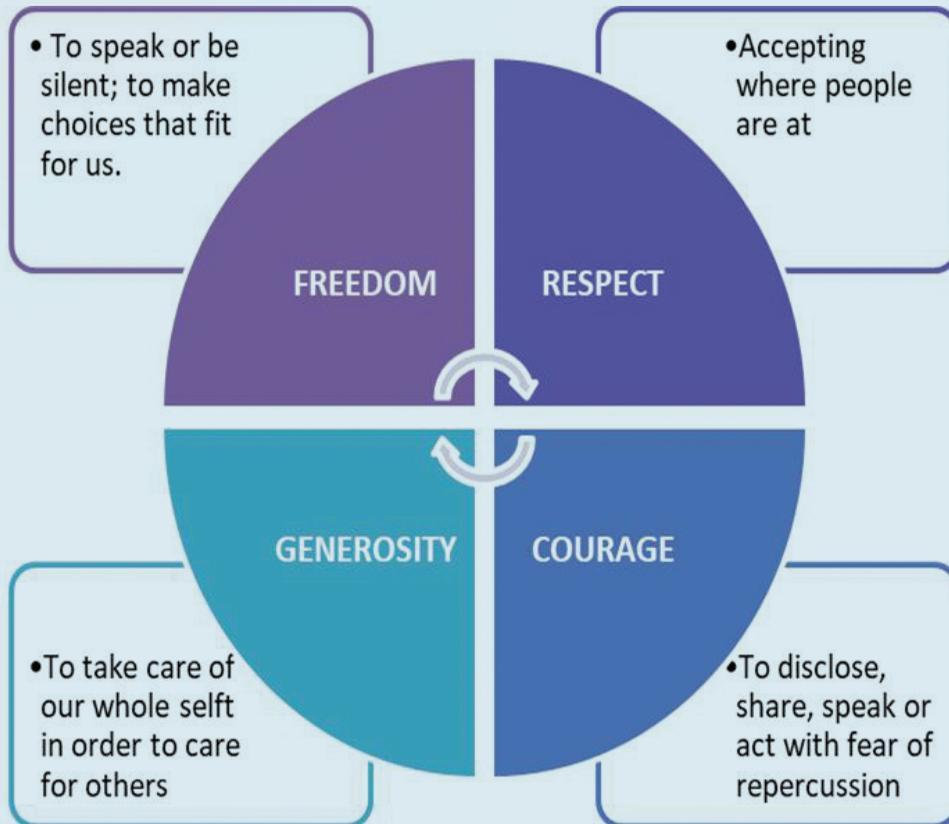
Our ideal future consists of accessible, relevant, effective and women-centered actions where Aboriginal Women will be safe to continue and/or begin their healing.

EONS Mission statement:

We exist to respond to HIV/AIDS women specific issues as equal partners in decisions that impact our health and the health of our children and families.

EONS Values:

We have selected the following four core values to help guide the work.



Strategic Directions

EONS II: Strategic Directions

Overarching GOAL:

Lower the incidence and prevalence of HIV and AIDS, HCV and other STBBIs with Indigenous Women.

Strategic Objective #1: Implementation and dissemination of Environments of Nurturing Safety (EONS II) with stakeholders & partner organizations who offer services to Indigenous Women

- ✂ Partner with existing National/Regional/Territorial partners on EONS II
- ✂ Partner with existing National/Regional/Territorial partners to promote and disseminate EONS II
- ✂ Invite CAAN/CAAN VOW members to present and introduce EONS II to staff, board and membership of CAAN and National/Regional/Territorial partners
- ✂ Invite Women who are living with HIV and AIDS, Hepatitis C to participate in the promotion and dissemination of EONS II
- ✂ Increase collaborations and partnership with regional and national organizations to host series of capacity building sessions on their services through the development of an MOU regarding EONS II

Strategic Objective #2:

To increase knowledge and awareness of HIV and AIDS, Hepatitis C and STBBI's with organizations that provide services to Indigenous Women.

- ✂ Compile referral list of local/regional of HIV and AIDS, Hepatitis C and STBBIs services
- ✂ The referral list will include language translation (if necessary), testing, treatment and hospital liaison services (if the client is from out of town or region)
- ✂ Invite local/regional Aboriginal AIDS Service organizations (AASO's) who can offer training on basic AIDS 101, Hep C 101, STBBI 101 with staff and board members of engaged agencies providing services to Indigenous Women living with HIV and AIDS, Hepatitis C and/or other STBBIs

Review agency Policies and procedures and (if applicable) update to include Confidentiality policy related to HIV and AIDS, Hepatitis C and STBBI's

Strategic Objective #3:

To increase wellness capacity with Indigenous Women who are living with HIV, HCV or other STBBIs.

- ⌘ Host information sessions with Indigenous Women to identify what training is needed
- ⌘ Create a committee that will help with capacity building events
- ⌘ Identify cost sharing opportunities for capacity building events
- ⌘ Work with local/regional/territorial AASO's to facilitate HIV and AIDS, Hepatitis C and STBBI training with Indigenous women who are members/clients/participants/service users of engaged organizations
- ⌘ Partner with existing national partners like CATIE and CTAC and increase access to treatment information and knowledge transfer for Indigenous women living with HIV, HCV, and other STBBIs
- ⌘ Create an on-site resource room of educational material for women and their families
- ⌘ Utilize summer or practicum students to create a "Things to know" manual for Indigenous women who are living with HIV, HCV and STBBIs and for their families
 - The manual may have information on testing, disclosure, treatment, family support, and list of informed traditional elders

Strategic Objective #4:

to assist in addressing Stigma and Discrimination among Indigenous Women

- ⌘ Enhance staff training with staff and board members which includes;
 - Cultural Sensitivity/Cultural Safety
 - Stigma & Discrimination/Anti-oppression
 - HIV disclosure and Criminalization
 - Trauma informed care and support
- ⌘ Develop/clarify procedures, responsibilities and roles to address stigma within your agency
- ⌘ Maximize staff readiness to address patient support and needs by offering bi-yearly staff training
- ⌘ Develop culturally appropriate protocols for health care providers that can meet unique needs of Indigenous women living with HIV and their families
- ⌘ Have referral lists of culturally appropriate and trauma informed agencies who can help with concerns with Health care, treatment, housing, sexual health that have been communicated with to ensure they are culturally safe for Indigenous women

Make your agency a "Safe Space" that incorporates Trauma-informed Care

VOW members:

Danita Wahpoosewyan – VOW Chair



Tansi, my name is Danita Wahpoosewyan. My spirit name is Wawashkoteapyi-asiniy-iswew, translated Lightning Rock Woman. I am from Sakimay First Nation, Saskatchewan, which is in Treaty Four Territory. I was born half Cree from my mother and half Saulteaux from my father. I am now 50 years young. I have two beautiful children. And Creator blessed me with nine beautiful grandchildren. I reside in Regina, Saskatchewan. I was diagnosed with HIV in 2005. I am also living with Hepatitis C.

I was first employed at AIDS Programs South Saskatchewan (APSS) in 2006 - 2012 as the Needle Exchange Coordinator and Peer Support Worker. When I was there, I did numerous interviews with the media and became involved in the HIV Movement as a public speaker living with HIV. I also sat on the Canadian Aids Society (CAS) board at that time. I left Regina for a period to find myself. I returned to Regina in 2014. It was the year I was able to complete my last treatment and I was given the opportunity to raise my son. He was given back to me after years of struggling and accepting my health status. Today we are living happily together and we love our new home. I am currently involved on a volunteer basis with Regina Qu'Appelle Health Region as a Peer Mentor and I am back to facilitating my support group called Anyone At Risk Support Group at Aids Programs South Saskatchewan (APSS) once a week. I am also on All Nations Hope Network Niciwakan Kihiw Committee. I am a member of CAAN's ALSC, the newest female member at large of CAAN's board of directors, VOW member and am also on a few working groups. In closing, I would like to express that I am living my life with a purpose. I thank my Creator for my HIV, because it has been my teacher and my friend. HIY HIY

Gayle Pruden – VOW Member



Gayle Pruden, Dancing Bear is my spirit name from Little Saskatchewan First Nation Manitoba. I am a Two Spirit Trans jingle dress dancer which follows with strong traditional teachings and pipe carrier as well as a Sundancer and sing my own hand drum songs. I have strong cultural knowledge, which was taught over a number of years by female Elders and protectors of my way of life. I am an alcohol and drug-free woman and share my teachings in a good way and only to those who will accept me for who I am. My kindness is not forced in my teachings. I am also very proud that I raised a daughter as a single parent and she is now a good adult and non-judgmental. I pray as I dance for healing and all good things for people of all walks of life.

I am involved in many committees where I can be of help to make this world a better place and understand that Two Spirit Trans are strong people.

Material things are not important to me. You are given life to live and do your best. There is way too much suffering I see as I travel and one-day hope our people of all Nations will help and stand with each other.

I have been in quite many documentaries and also movie. I have held many professional positions breaking down barriers. I am 51 years old and an Objibwe woman with lots of love and care to share my life. I am an open book I have nothing to hide and my feet will take me on longer journeys that I am ready to face. If I am ever needed I will do my best to be there for you.

Jaqueline Anaquod – VOW member



Jaqueline Anaquod is a nêhiyaw woman from Plains Cree territory located in Treaty 4. She holds a Bachelor of Health Studies with a Concentration in Indigenous Health from the First Nations University of Canada and an Aboriginal Addictions diploma through Keyano College. Jaqueline is currently pursuing her Master of Arts in the Social Dimensions of Health program at the University of Victoria. Jaqueline’s research interests include language revitalization and its connection to Indigenous health and wellness. In addition to her academic achievements she has traveled extensively taking part in international and cultural exchanges learning from others and sharing her own knowledge. Jaqueline was a teen mother and now a very young grandmother. As a matriarch she has a strong commitment to the preservation and revitalization of her nêhiyaw culture, traditions and language. Jaqueline works to further the advancement of Indigenous women in health and education through social justice work locally, nationally, and globally. Jaqueline is the founder of Sisters in Spirit, which is a grassroots initiative that raises awareness about violence against Indigenous women through educational presentations, social justice gatherings, and working with families of missing & murdered Indigenous women. Jaqueline has overcome racism, sexism, discrimination, cycles of poverty and violence - today she is an inspiration to many women who face similar challenges. Jaqueline has a unique leadership style that is rooted in her traditional values and teachings as nêhiyaw woman. Jaqueline is currently a Community Research Associate for the AHA Centre with Canadian Aboriginal AIDS Network (CAAN), a committee member of the Voices of Women (VOW) committee with CAAN, and the Vice-Chair on the Board of Directors for All Nations Hope. She credits her knowledge keepers and mentors for their guidance on her journey. Jaqueline believes the land is the greatest teacher and that our first classroom should be our ancestral homelands. “Once you begin walking the path of success it is hard to stop. Keep moving; do not let your path grow over.” ~Jaqueline Anaquod.

Sharp Dopler – VOW member



Sharp Dopler has been an educator, community worker and activist for over 20 years and has been a member of CAAN VOW since its inception. Sharp is originally from Newfoundland and is of Tsalagi/Meshkwakie/Ashkwakie and Irish descent. Living and working in the unceded traditional territory of the Algonquin people for almost 25 years. Sharp is honoured to call Ottawa home. Sharp has presented at various venues at the local, regional, national, and international level on topics including but not limited to: Cultural Competency, History of Indigenous People in Canada, Decolonization, HIV/STI's Healthy Sexuality, Anti-Oppression and Anti-Bullying. Sharp is honoured to be considered a Traditional Knowledge Keeper and carrier of Ceremony. Sharp uses this traditional knowledge and Indigenous ways of being in the world to inform how the work is done. We all have a place in the circle. Sharp excels at creating that sense of belonging which enables us to see the strengths in our difference.

Julie (Julez) Thomas – Executive Director



My name is Julie Thomas; I'm from Paq'tnkek First Nation. I was born and raised in Dartmouth, NS. I graduated from the Nova Scotia Community College in 2007, Business Administration with a concentration in Management. I have been working for Healing Our Nations (HON) since the summer of 2005 as a summer student/Communications Assistant with cost sharing through my band. In 2007 I became the Hepatitis C Coordinator, 2008 a Community Health Educator, 2013 Program Manager and in 2015 I was given the title of Executive Director. I truly believe that Culturally Relevant Interactive Education is the key to preventing transmission and new infections, reducing stigma and discrimination and increasing access to treatment for HIV, Hepatitis and other Sexually Transmitted Blood Borne Infections within our Indigenous communities across Atlantic Canada.