



Environments of Nurturing Safety (EONS)

Aboriginal Women in Canada

Five Year Strategy
on HIV and AIDS

DEC 2010 - DEC 2015



Canadian Aboriginal AIDS Network
December 2010

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 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 Service Organizations and allied community members who participated in the consultation process in the development of this strategic action plan – your wisdom and vision has given this important strategy the *‘shape of a woman’*.

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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

This document is dedicated to all Positive Aboriginal Women (PAW) living with HIV and AIDS, and in memoriam to all the women that have gone on into the Spirit world as a result of AIDS and left us the honor of continuing this important work.

It is our hope that all women see themselves in this document. We embrace a wide spectrum of our diversity that includes women at all stages in the lifecycle (infancy to elder-hood); inclusive of women who are involved in high risk activities including survival sex, drug use, those experiencing family violence and sexual abuse. We also want to acknowledge women who are teachers, who are sharing what they learn about HIV prevention to their families, and communities.

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.

Contextualizing Aboriginal Women's Vulnerability to HIV

"Historically, Aboriginal women have been portrayed in derogatory terms. Through [the imposition of] various laws, regulations, policies and Christian edicts, a demeaning and demoralizing portrayal became the identity of the Aboriginal woman in Canada, forcing them into an oppressed position in society, which are serious mitigating factors as to their poor health of today."

The Role of Culturally Relevant Gender-Based Analysis in Reconciliation
– E. Wolski (Aboriginal Healing Foundation Research Series 2009)

"...the current vulnerability of Aboriginal women and youth is linked directly to the impacts of colonization, including the residential school systems and the social environment that created it. One of the outcomes of this history is that many Aboriginal women today continue to be challenged by fundamental issues of safety and survival".

Legacy of Residential Schools: Missing and Murdered Aboriginal Women
– B. Jacobs & A.J. Williams (Aboriginal Healing Foundation Research Series 2009)

Preface:

*It is widely agreed that the gender role of Aboriginal women shifted dramatically as a result of the imposition of Eurocentric governance systems and social values (Mehrabadi et al. 2008; NWAC 2007; Mann 2005; Neron & Roffey 2000; LaRocque 1994; Chester et al. 1994; Maracle 1993). Many Indigenous and allied scholars contend that most, if not all, Indigenous cultures were once matriarchal or semi-matriarchal in their social structure (NWAC 2007; Brunen 2000; LaRocque 1994; Turpel 1993). Within these societies, women held unique roles and responsibilities vis-à-vis their Nations and their Creator. They were considered the givers of life and the keepers of the fire, meaning that they were responsible for passing on cultural knowledge and traditions - **Women were seen as sacred human beings and were protected by the men of their communities.** Although much diversity existed between populations, there was a prevailing trend of honour, respect and value afforded to Aboriginal women (NWAC 2007). It has further been argued that prior to colonization, Aboriginal women held influential positions of authority and were substantially involved in the political, social and economic governance of their Peoples (ibid. 2007)*

Our Search for Safe Spaces: A Qualitative Study of the Role of Sexual Violence in the Lives of Aboriginal Women Living With HIV/AIDS
K.Hawkins, C. Loppie-Reading, K. Barlow (Canadian Aboriginal AIDS Network - November 2009)

The above quote taken from a recent and important CAAN research study entitled *Our Search for Safe Spaces* highlights a shift that has had rippling effects to the present and has direct links to the vulnerability of Aboriginal women.

The sentence that I have highlighted makes me think of a story that was recently imparted to me by a strong male ally during the course of my discussing a visioning exercise that I sometimes do before a presentation. I explained to him that the visioning exercise takes the listeners to a place where everyone knows their roles, to a time when we had healthy communities. It is a vision of a circle; inside the circle are the elders, women, two spirit people, trans-gendered people, pubescent boys and girls and young children, and encircling those inside the circle are the men in their role as protectors. Perhaps some are facing out ready for any threats that may come from outside to hurt those inside the circle. It is a vision of a circle of protection. He shared the following story with me about the caribou in his region.

How Stags Provide a Circle of Protection (As told by Fred Andersen)

I was raised as a hunter. I can still envision the hundreds of thousands of caribou in our region; as hunters we knew their migratory patterns and we knew how they moved together as one huge herd. The caribou have a natural enemy (the wolf), and have to be on constant alert to any attacks from wolf packs. Each spring when it was time for the does (female caribou) to give birth, the entire herd of caribou would travel annually in the thousands to a special place, a location that offered safety and protection for the pregnant does to give birth to new life. This special place was a huge plateau in the region, which is perhaps a place where the caribou have been traveling to from time immemorial when it was time for the does to give birth.

Once the caribou reached this special place, the pregnant does would climb up to safety to the top of the plateau while the stags (male caribou) remained below and stationed themselves around the perimeter of the plateau. This was a truly amazing sight to see; to see thousands of stags encircle the entire breadth of the plateau. In doing so, the

stags were providing a circle of protection, protection for the does so that they can give birth in safety.

The stags were prepared to fight off any encroaching wolves or threats to the does and the new life they were about to bring forth. The stags would simply take on this protective role as it was the natural order of life that they still maintain to this day. The stags would wait in a circle around the plateau until the does gave birth and descended with the baby caribous and rejoined the herd to continue their migratory journey.

I love the analogy of this! I have asked for permission to use this as I think it is the preamble to a much-needed discussion on the importance of relationships. It suggests a series of workshops that needs to take place focusing on how we relate to each other as men and women. It also suggests that in order for the healing to take place, we have to come to a common understanding that we are all working towards a common goal of health and healing and this cannot be done in silos or in isolation away from each other.

“We cannot heal alone as women, our men also need healing, because we have to be able to relate to each other in healthy ways. Don’t forget the men; our men also need to heal.”

Elder Betty Smith – Piikani Nation
(CAAN Aboriginal Women’s Consultation – Red

It is a visioning piece that denotes respect for the life giver (the female) and honors her. This could be received in a good way as it is a holistic view that embraces the whole and is inclusive of the roles of ALL within our nations and communities.

Doris Peltier – Aboriginal Women and Leadership Project Coordinator

Message from VOW Co-Chair:

Today is a day for Positive Aboriginal Women (PAW) to stand proud for the life they have given to this strategy. It is the first of many layers of work to remove systemic barriers for women within the Aboriginal HIV and AIDS movement. This document cements the spoken and unspoken voice of PAW, who have been touched by HIV and AIDS, and born with a genetic memory from the first epidemics of Smallpox, Tuberculosis and Influenza.

*From the very beginning since colonization, Aboriginal women have struggled to preserve the very essence of their identity and their roles; as fire keepers, care givers, warriors, grandmothers, mothers, daughters and leaders. This struggle has spanned generations and will continue until there is balance among the ones we hold most dear to our hearts. The very reason many of us have survived these struggles stems back to the vision each woman is born with when she takes her first breath – **to give life**. That life which we instinctively need to give comes in many forms. Some women choose to give life to the future generations, becoming mothers, while others give life to a voice, forever changing minds and hearts.*

Whatever life a woman gives, she takes on her role and responsibility with the memories of her ancestors and the vision of future generations. This is both a gift and burden, because the burden is great and comes in many forms. It comes in the form of poor communities or poor health. It comes in the form of homelessness and food deprivation. Despite all these challenges, women have always found a way to give of themselves, selflessly and with a spirit of generosity and love. This way of finding one's gifts is what brought us here today. Today we honour this within each and every one of our sisters; today we acknowledge the struggles, but also the successes of PAW.

Women continue to be leaders within the Aboriginal HIV and AIDS movement. Previously, they came in the form of grandmothers like Jackie Macpherson aka Condom Granny, and mothers like Flora Mike, who despite not knowing what impact this would have in the future, responded because of the love they had for their families, children and nation. Mothers like Flora Mike, stood helplessly and buried their sons and grandsons, outlived their children, but never gave up hope and never stopped loving. It was women like this that modeled care, treatment and support for HIV positive people. It was these women that remained strong and kept vigil, so that others could do the "work" and push the issues forward, but it was these women that did the hardest job of all, living each day, knowing they may need strength to bury more children.

Today we honour these women for offering their seat to others, so they could get well. Today we ask that you remember where you come from and the responsibility each one of us has to bring balance and harmony to our communities, families and nations, as modeled by our grandmothers and mothers. PAW has always been here, living with HIV, and will always be here, till HIV is no more.

Kecia Larkin – CAAN VOW Co-Chair

EONS – Introduction:

The face of HIV and AIDS is changing within our Aboriginal communities; Aboriginal women are now experiencing the most new infections and to date very little has been done to coordinate a response that addresses the particular ways HIV and AIDS impacts Aboriginal women. The incidence of HIV among Aboriginal women continues to climb, which means HIV and AIDS is impacting Aboriginal women in increasing numbers – it is certainly time for a targeted, strategic, community-driven response to these trends.

In view of this, it is increasingly important that women-centered policies, programs and interventions are scaled up and developed for PAW (Positive Aboriginal women). The strategic action needs to also address the removal of barriers through policy shifts, slowing disease progression and improving women's quality of life by increasing support systems for PAW within every region, as well as the development of positive prevention messaging directed to all Aboriginal women.

Currently there is a startling lack of gender specific service delivery models or programs for Aboriginal women; most services have not been designed with the needs of women in mind. There are also gaps in research that addresses the particular way that HIV impacts Aboriginal women; most research that has been done is not readily accessible. It was noted by a number of PAW that existing research too often focuses on the 'deficit disease model' which although necessary further stigmatizes Aboriginal women, and these women suggest focusing on 'assets models' that would help to alleviate stigma and discrimination for an already marginalized population. This view also suggests that the definition of '*resilience*' perhaps needs to be re-visited and perhaps redefined when referencing Aboriginal women in particular. As one PAW stated, the term resilience puts out an "*I can take whatever you dish out to me*" definition. This suggests perhaps a move towards coining a new definition that embraces 'beyond resilience' that rests on holistic health and healing within the Aboriginal context.

It is also important to recognize the long term survivors who have lived with HIV for many years and honour the roles they played when the face of this epidemic first began to impact Aboriginal women. Many of these courageous women blazed the trail for other women by repeatedly voicing the importance of addressing gaps in services for Aboriginal women and the need to address women-specific issues at all levels, because they recognized that PAW have unique needs. To coordinate a response, this group of active, vocal PAW found allies with other women who were involved within the Aboriginal AIDS movement and working as service providers with Aboriginal AIDS service organizations (AASOs). It also needs to be noted that women have been involved within the Aboriginal AIDS movement from the onset when they supported the two-spirit community especially as the men first felt (and dealt with) the loss and grief within their community as a result of HIV and AIDS.

Today, many of these long term survivors and their allies continue to be leaders in advocating for women specific needs within the Aboriginal AIDS movement because they recognized the emerging trends and knew that one day HIV and AIDS would greatly impact Aboriginal women.

EONS – Honouring Our Diversity as Aboriginal Women

This strategy honours the diversity of the Aboriginal women community irrespective of differences with regards to nation(s), language, cultural background, age, sexual orientation, religious beliefs and most importantly life choices.

The diversity is inclusive of two-spirit women, heterosexual women, transgendered women, women who are in prison, women who have sex with women, women who are involved in survival sex, women who use substances, women who are involved in gangs and for all women involved in high risk behaviours.

It is not the intent of this strategy to homogenize Aboriginal women with a 'one size fits all' approach. It is important to recognize and be inclusive of all populations of Aboriginal women and be representative of the full spectrum of our women's community. For the purposes of this strategy, the term 'women' shall be inclusive of Aboriginal women from infancy to elder-hood.

Why from infancy? It is vital that the needs of children impacted by this epidemic are also met. This approach will ensure that the needs of infants born with HIV and the children of HIV parents are included. There is also a need to address root causes that can create vulnerability to HIV for young girls, namely around experiences of sexual abuse, sexual violence and incest. Evidence shows that experiences of childhood sexual abuse impacts the future health and wellness of young Aboriginal girls and places them within a high risk group vulnerable to HIV.

Coordinating Our Response

It is important to also recognize how the Aboriginal women's strategy and the Aboriginal youth strategy can find innovative ways to work together when it comes to addressing intersecting issues – of women and girls.

In June of 2010 at the CAAN AGM in Enoch Alberta, Jessica Yee, Chair of the National Aboriginal Youth Council on HIV and AIDS (NAYCHA) gave her support of the Aboriginal women's strategy, and this support was reciprocated by the VOW Standing Committee members. VOW effectively supports the work of NAYCHA and will seek opportunities in which we can respectively collaborate and cross-pollinate the issues as they relate to young Aboriginal girls, and young Aboriginal women.

Partnerships and collaborations with regional AASOs and other stakeholders will be vital to broadening the support base for PAW and their children in every region. The establishment of support groups in every region may be a first achievable goal until such time that resources are increased. Other initiatives to broaden support will also include seeking the support of other Aboriginal NGOs that have a women's mandate, like the Native Women's Association of Canada, Pauktuutit Inuit Women of Canada and the Aboriginal Nurses Association of Canada.

Creating and establishing a support base for VOW Standing Committee members will also be a key component to implementing this strategy, through partnerships and collaborations with groups within each region. This may be in the form of having a space made available and providing access to office equipment like computers, printers and fax machine for committee members within each region as well as space for support groups to meet. These are achievable goals which will only require accessing current resources at the onset.

HIV Incidence and Trends for Aboriginal Women:

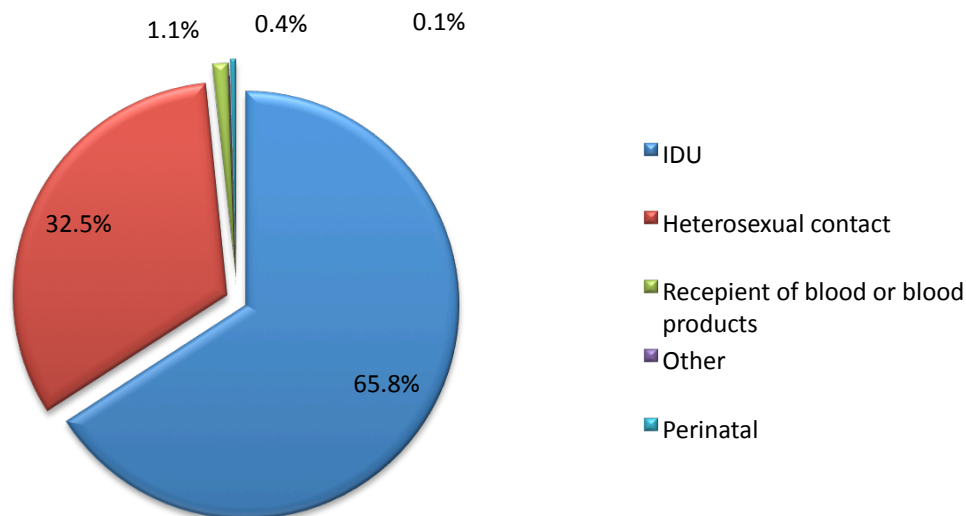
The incidence rates of HIV and AIDS are on a continual increase for Aboriginal women and the following trends need to be noted:

- ♀ Aboriginal women are being diagnosed later, many at the AIDS stage
- ♀ Aboriginal women are being diagnosed younger than non-Aboriginals
- ♀ Aboriginal women account for nearly half of all cumulative HIV infections among all Aboriginal people
- ♀ Aboriginal women represent the highest proportion of HIV infection due to the IDU exposure category

Exposure category

People who inject drugs (IDU) continue to represent a significant exposure category in the Canadian HIV epidemic. Trends observed in surveillance data suggest that injecting drug use is a particularly important risk factor for HIV and AIDS among Aboriginal people and accounts for more HIV infections and AIDS cases among Aboriginal women than Aboriginal men. (PHAC – HIV/AIDS Among Aboriginal People in Canada, July 2010)

Distribution of exposure categories of positive HIV test reports among Aboriginal females (n = 893), January 1998 to December 31, 2008



(PHAC July 2010)

EONS Statement on Statistics

It is the intent within the writing of this strategy to give one snapshot of the surveillance data released by the Public Health Agency of Canada to highlight alarming evidence that pertains to Aboriginal women and in particular to the IDU exposure category. We would like to use this as a point of reference as we enter the implementation stage of this strategy and it is our vision that these numbers will begin to decrease in increments over the course of the next five years and beyond. It is important that we recognize that these numbers represent lives and not just statistics! These numbers represent our sisters, daughters, aunties, nieces, cousins, mothers, granddaughters and grandmothers.



Environments of Nurturing Safety

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:

1. **TO BE** vigilant in ensuring that increasing the network of PAW in safe spaces supported by other women will be a priority
2. **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
3. **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
4. **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
5. **TO BE** respected and supported in our choices on fertility and reproductive rights
6. **TO BE** assured that our children are also included and supported and that we are given respect as nurturers of our children
7. **TO BE** key stakeholders in the education/training of health care providers and community about the unique vulnerabilities and health risks of Aboriginal women
8. **TO BE** assured that accurate up-to-date information specific to Aboriginal women and HIV and AIDS is readily available and accessible
9. **TO BE** encouraged and supported in developing a “PAW Sisterhood Network” that protects and respects our right to privacy
10. **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.
11. **TO BE** key informants in research into female infectivity, including woman to woman transmission and the recognition and support for lesbians living with HIV
12. **TO BE** involved in all decision making on all levels of policy and programming affecting us
13. **TO BE** encouraged and supported in developing economic strategies that will enable positive Aboriginal women to be self sufficient and independent
14. **TO BE** able to access culturally appropriate care, treatment and support, free from stigma and discrimination
15. **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

This was developed utilizing a template of 12 Statements from the (ICW) International Community of Women Living with HIV which was agreed upon at the first meeting of the ICW in Amsterdam in 1992. As PAW, we support and stand in solidarity with all the women represented by ICW.

Creating a Process for Strategic Action:

The women have aptly named this strategy: **Environments of Nurturing Safety**. The title reflects what PAW across Canada said they needed to continue and/or begin their healing journeys; space to talk about their experiences with HIV and to be able to do this with other women. They suggest that any strategy to address their needs must be built on a strong foundation that embraces issues of 'safety' and the creation of 'safe spaces' where Aboriginal women are respected.

The two overarching goals in EONS are equal in importance; a primary goal will focus on addressing gaps in services and support and the removal of barriers that addresses quality of life issues for PAW. An equally important secondary goal will focus on prevention of new infections that will utilize positive messaging in order to break down the negative messaging that Aboriginal women have received which in turn have created vulnerabilities. This dual approach will be grounded in solidarity and sisterhood that embraces all Aboriginal women with the recognition that this strategic response needs to be in the hands of women and have the 'shape of a woman'.

The primary and secondary goals of EONS are as follows:

- ☐ To provide a forum and create supportive environments for PAW to speak openly about the impacts of HIV in their lives and to be supported by other women through this process
- ☐ To reach all Aboriginal women 'at risk' and work towards the prevention of new infections

PAW will be meaningfully engaged and will act as the 'inner guides' through every step of this strategy that fully recognizes that the PAW voice is an integral piece to the shaping of this response. The CAAN VOW Standing Committee has been re-structured and adopted a mentorship model in which leadership development will be an integral component that will create opportunities for PAW to empower themselves and others. PAW will be integral to the development and increasing of support networks in every region in partnership with CAAN and with regional CAAN members and will be supported by AASO Service providers who represent half of this committee and are allied with PAW. Together we will discover our shared healing journey. A first step in this process is creating the safe spaces for sharing, listening and visioning together.

Finally the process of consultation and guidelines arising will be grounded in concepts of holism and culturally relevant models of health. We will undertake to integrate shared concepts of women's health and wellbeing across cultures, understanding our shared responsibilities within our own nations.

Utilizing EONS within the Regions:

EONS can be utilized and adapted and made region-specific to address Aboriginal women's issues on HIV and AIDS within each region. This important resource can also be viewed as complimentary to the renewed (ASHAC) Aboriginal Strategy on HIV/AIDS in Canada II which *"promotes targeted efforts that will respond to the unique circumstances of diverse groups within our populations"*. ASHAC grounds our approach and all stakeholders in this process. ASHAC II informs the broad based goals of this targeted response to address the needs of PAW and all Aboriginal women and we encourage you to use it to guide your work.

The overall goals, objectives and actions in **EONS** are in line with the goals from ASHAC II and speak directly to the impacts of HIV and AIDS on the lives of Aboriginal women.

Specifically, this strategy is directed at linking with these ASHAC II goals:

- ☐ *Ensure that the best possible efforts, in all areas, are placed to meet the needs of Aboriginal people living with HIV/AIDS*
- ☐ *Prevent the further spread of HIV/AIDS among Aboriginal populations, through education, awareness, diagnosis, care, treatment and support programs for those at risk of, living with and affected by HIV/AIDS guided by research data and evidence-based decisions.*
- ☐ *Respond to the diversity within the Aboriginal population through culturally relevant and targeted initiatives including harm reduction approaches and group specific resources.*
- ☐ *Support Aboriginal People living with HIV/AIDS to improve quality of life by maintaining consistent services and promoting relational care.*

Aboriginal Strategy on HIV/AIDS in Canada II (2009 – 2014) – Canadian Aboriginal AIDS Network

EONS – Vision Statement:

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:

FREEDOM – To speak or be silent; to make choices that fit for us

RESPECT – Accepting where people are at

COURAGE – To disclose, share, speak or act without fear of repercussion

GENEROSITY – To take care of our whole self in order to care for others

EONS – Guiding Principles: While ASHAC II informs the process of this initiative, it seems appropriate to preface ASHAC II guiding principles with the following Aboriginal women-centered guiding principles:

- ☐ Aboriginal women are diverse but can demonstrate unity amongst each other to benefit their children, themselves, and the communities in which they live.
- ☐ Aboriginal women are nurturers, healers, and keepers of women’s knowledge and keepers of culture and must honour these gifts in how they work with each other, their children, and their communities.
- ☐ Aboriginal women are resourceful, flexible, and responsible for themselves, their children, and their communities and for these reasons are self-determined in their work for and with each other.

ASHAC II Guiding Principles:

- ☐ Change is possible and must occur
- ☐ Honour the “Statement on the Meaningful Engagement of Aboriginal People” and the “Greater Involvement of People Living with HIV (GIPA) Principle”.
- ☐ Respectfully accepting that HIV/AIDS exists in the Aboriginal community will reduce stigma and discrimination.
- ☐ Act with pride and dignity that Aboriginal heritage demands, respecting and honouring all Aboriginal beliefs, practices and customs.
- ☐ First Nation, Inuit and Métis peoples have diverse, rich histories and strong cultural foundations to ground our actions and guide our hearts.
- ☐ Demonstrate unity amongst all Aboriginal peoples regardless of where they reside and without distinctions between Status and Non-Status First Nations, Métis or Inuit peoples.
- ☐ Integrate the holistic Aboriginal worldview engaging the mental, physical, emotional and spiritual aspects of a person.
- ☐ Honour, respect and connect with the family, the community and the whole population consistent with our family-based cultures.
- ☐ Mentorship is an effective approach for demonstrating opportunities, supporting someone to invest in their life and contributing towards sustainability for the Aboriginal HIV/AIDS movement.
- ☐ Recognize we have inherent rights which guarantee good health and well-being as Aboriginal Peoples.
- ☐ The strategy supports initiatives at the national, regional, provincial and local levels.

Aboriginal Strategy on HIV/AIDS in Canada II (2009 – 2014) – Canadian Aboriginal AIDS Network

Timeline: Strategic Action Implementation 2010 – 2015

Based on cross-Canada consultations with approximately 300 Aboriginal women, a list of priorities and actions are identified in EONS to assist stakeholders involved in the response. These strategic actions will be our focus and encompass a 5-year period beginning in December 2010 through to December 2015.

Strategic Objectives

EONS highlights five key strategic objectives. These objectives intersect and support each other, as do the activities that support the objectives. The intention is to build understanding and broaden the support base for positive Aboriginal women and their allies over the course of the 5-year strategic plan implementation through a comprehensive approach.

1. Strengthen the network and support for PAW and their children in every region; and
2. Increase the availability and accessibility of culturally appropriate care, treatment and support services for PAW in every region; and
3. Lobby for policy shifts to remove and/or alleviate existing systemic barriers for PAW and their children in every region; and
4. Increase prevention, education and awareness on HIV and AIDS for 'at risk' populations of Aboriginal women in every region; and
5. Increase Aboriginal women-specific community based research.

It is vitally important to Aboriginal women that there be an equal representation of women at every table that reflects the current high prevalence rates impacting our sisters. Systemic barriers that hinder meaningful engagement of Aboriginal women need addressing, and we all have a role to play to ensure that this happens.

STRATEGIC OBJECTIVE 1: Strengthen the network and support for PAW and their children in every region

The focus will be on creating pathways to meaningfully engage PAW and initiate outreach to those who are not yet connected to the network to broaden the support base for PAW within regions. We will also work towards integrating the children of PAW in order to build their capacity for the future.

ACTIVITIES:

- Seek increased funding commitments within regions and at the national level from government and other funding bodies to support the full five year strategic action
- Negotiate further MOUs with NGOs that have an Aboriginal Women's mandate within regions and nationally where possible
- Increase opportunities to do 'in-reach' for Aboriginal women that are incarcerated and develop outreach models with Aboriginal women who are newly released from prison
- Initiate Barrier Relief Funds within regions and nationally that PAW and their children can access to attend conferences or to assist with support groups within the regions
- Increase collaborations and partnerships with regional membership organizations to host a series of regional capacity building sessions for PAW and their children beginning in 2011 or 2012
- Support VOW members to initiate PAW support groups within their regions with a view of broadening the network
- Develop programming for children of PAW that builds their capacity, and begin to integrate this programming aspect at all events, both nationally and regionally
- Create an online Sisterhood Network for PAW with culturally relevant up-to-date HIV and AIDS information and features such as a Blog and Chat mechanism
- Collaborate with national partners on the development of the 2nd National Conference for Women and HIV and AIDS in Canada

STRATEGIC OBJECTIVE 2: Increase the availability and accessibility of culturally appropriate care, treatment and support services for PAW in every region

The unique needs of PAW are not being met within mainstream health delivery systems that are currently available. PAW continue to face stigma and discrimination when accessing treatments; greater education needs to be a focus for health care providers and also needs to include the families of PAW.

ACTIVITIES:

- Develop culturally appropriate protocols for health care providers that meet the unique needs of PAW and their families
- Develop a culturally appropriate Best Practices Manual specifically for PAW to be widely circulated to health care providers in every region and institution
- Increase Harm Reduction outreach activities that specifically targets PAW in every region
- Increase education on fertility and pregnancy for PAW utilizing the National Pregnancy and Fertility Guidelines in every region
- Partner with existing national partners like CTAC and CATIE and increase access to treatment information and knowledge transfer specifically for PAW
- Develop educational materials for families of PAW on care, treatment and support and palliative care in every region
- Develop information packages for families on death and dying issues and funeral home protocols that may be encountered

STRATEGIC OBJECTIVE 3: Lobby for policy shifts to remove and/or alleviate existing systemic barriers for Positive Aboriginal Women and their children in every region

Shifts need to occur in current existing policies that address the low socioeconomic status of PAW and their children. The children of PAW are also impacted and face stigma and discrimination when it becomes known that their parent(s) are HIV positive. The Aboriginal AIDS movement needs to be forward thinking and consider this future generation by creating policies that embrace the family unit(s).

- Conduct an environmental scan to review existing policies within the regions
- Develop a national 'Removal and Alleviations of Barriers Policy Paper' that embraces the family unit and will also be available for single HIV positive fathers to access
- Advocate for shifts in policy to begin to occur at various levels and within the membership
- Develop a policy position at all levels that addresses violence against Aboriginal women that ensures 'safety' for all Aboriginal women both regionally and nationally

STRATEGIC OBJECTIVE 4: Increase prevention, education and awareness on HIV and AIDS for 'at risk' populations of Aboriginal women and girls in every region

HIV/AIDS awareness campaigns need to be more than a once a year campaign and prevention work needs to increase that targets all Aboriginal women. PAW will be integral to the prevention messaging.

Activities:

- Secure funding from government, the private sector and industry to develop a long term media campaign utilizing all forms of media directed to all Aboriginal women and girls
- Secure various levels of regional and national partnerships which will include media sponsors, member organizations and possibly pharmaceutical companies
- Design a positive messaging campaign that implements an assets model and showcases the beauty and strength of Aboriginal culture
- Invite well known Aboriginal celebrities to champion healthy sexuality in all regions
- Celebrate International Women's Day (IWD) annually with an Aboriginal women's focus – this may involve making a declaration on behalf of all Aboriginal women and conducting activities for IWD within each region
- Increase HIV testing opportunities that ensures the privacy of the women being tested is protected in every region in partnership with health care providers
- Develop a PAW Aboriginal Speakers Manual and a Speakers Bureau regionally and nationally
- Seek agreements with school boards to develop an Aboriginal Girls Healthy Sexuality curriculum

STRATEGIC OBJECTIVE 5: Increase Aboriginal women-specific community based research

Most research has focused on the deficit disease model which has had the effect of further stigmatizing Positive Aboriginal Women. There needs to be an increase in community-based research partnerships and collaborations both nationally and within the regions that supports this initiative. Research opportunities will also be initiated as new trends appear.

Activities:

- Initiate an environmental scan with PAW to identify gaps in research and prioritize research needs within the regions

- Partner with CAAN Research on research initiatives specific to Aboriginal women whenever possible which will ensure that a body of research is available regionally and nationally
- Consult with Aboriginal women on clinical trial needs in order to collaborate with CTN
- Research Micro-financing opportunities that will help PAW towards being self-sustaining
- Compile a collection of stories of empowerment by Positive Aboriginal Women

Monitoring the Strategy

It is the vision of EONS that this strategy be supported by CAAN and all regional member organizations with an increasing of partnerships and collaborations to support this initiative. A review and evaluation process will be initiated annually at both the regional and national levels and will involve **VOW** members within their regions. The role of **CAAN VOW** (Voices of Women) will also include monitoring the strategy and promoting EONS at all levels and identifying new trends to ensure that the needs of PAW and women at risk are consistently being addressed. It is also the vision of this strategy that VOW members be supported within the regions towards the creation of safe spaces for Aboriginal women.

It should be noted that the composition of CAAN VOW has a number of Executive Directors and/or Service Providers of AASOs strategically placed within the committee and will have a dual role as this strategy begins to roll out. They will be able to identify what resources are currently available to support this initiative within their regions, as well as lobby for greater support from within their region.

It also needs to be noted that PAW make up 50% of this standing committee and will play a pivotal role in ensuring that the unique needs of PAW are being met and will be integral in identifying gaps in services and ensure that these gaps are addressed within this five year strategic action. Many of these women were chosen for their leadership skills within their own regions, and also for the recognition that some have already received nationally and internationally as strong spokespersons. And more importantly, many of these women are public about their HIV status, and by this very fact can serve as role models and mentors for their sisters who have yet to find their voices. This is an amazing group of strong courageous women.

It also needs to be noted that the role of the Chair of this standing committee will now be a shared seat for two women, one from the west and the other from the east or from the prairies. The Aboriginal Women and Leadership Coordinator (AWLC) stepped down from the Chair role, to ensure that this strategy is not perceived as a national organization telling its members what to do. The role of the AWLC will be an ex-officio member of VOW and will represent CAAN's interests. The AWLC will provide administrative support to the VOW Committee and will report all activities to the CEO and Director of Operations at CAAN.

CAAN VOW will work towards establishing and forging a new relationship with the Canadian Aboriginal AIDS Network in the development of a Statement of Intent outlining how to improve relations with the Aboriginal

women's community. CAAN VOW will also be involved as appropriate with other CAAN initiatives and align this strategic plan in such a way that while the women of CAAN benefit, the whole organization does too. CAAN will be a leader in addressing Aboriginal women's issues as it will gain the recognition as the first national organization to move forward with a women-specific strategic plan.

Fiscal Responsibility

Like any strategy, establishing sustainable funding to pursue the work can be one of the biggest challenges. CAAN VOW will work in collaboration with CAAN to identify, seek out and apply for grant funds that are appropriate to the work outlined in the plan. Monetary contributions may come through Foundations grants, programming funds, corporate donations/grants (e.g. pharmaceutical money), fundraising drives, and other sources that will be determined over the course of the five years.

CAAN will manage and administer any funds secured for the purpose of implementing activities related to the strategic action plan.

CONCLUSION:

Environments of Nurturing Safety is about Aboriginal women taking their rightful place and being meaningfully engaged in their own healing, and it is our hope and vision that the healing will ripple out and touch the lives of all within our communities. It has often been said that Aboriginal women are the heart of the nation in that we were born with a natural capacity to nurture those we hold most dear to our hearts. This strategy is an inclusive and important document that comes from community members like our elders, our grandmothers, our mothers, our sisters, our aunties, our transgendered sisters, our young girls and our male allies.

It must be stated that the name for this document was carefully chosen for its significant meaning of *'time that goes on forever'* and this is equally supported with the name of the women's committee 'VOW', which signifies a promise. It rests strongly within our indigenous world view and has elements of what our ancestors said when they negotiated the treaties with the newcomers in eloquently stating, 'for as long as the rivers flow and the grass is green'.

This strategy is in no way intended to replace what people are already doing within the regions, but it is about finding a place for this to work within the regions. It is our hope that this will have the effect of strengthening and increasing the network by forging this important new relationship with our sisters and the future generations to come!

Appendix A: CAAN VOW Standing Committee

VOW Members:

K. Larkin – CAAN VOW Co-Chair (West) – British Columbia

TBD – CAAN VOW Co-Chair (East or Prairies)

Elizabeth Benson – British Columbia

Denise Lambert – Alberta

Krista Shore – Saskatchewan

Leona Quewezance – Saskatchewan

Priscilla Billsborrow – Manitoba

Billie Kozub – Manitoba

Tania Dopler – Ontario

Louise Tanguay – Quebec

Candy Gunner – Quebec

Mina Ekomiak – Nunavut

Monique Fong – Nova Scotia

Tracey Nolan – Newfoundland

Doris Peltier (Ex-officio member) – CAAN Aboriginal Women and Leadership Coordinator

Appendix B – Background Summary of VOW (Voices of Women)

In 2007, the Canadian Aboriginal AIDS Network Board of Directors reinvigorated the Aboriginal Women's file and CAAN VOW was formed within months of this response.

It is important to note that the composition of this inaugural committee who adopted the name VOW was primarily made up of service providers/Executive Directors of AASOs/CAAN board members (female) and two Positive Aboriginal Women. In the beginning, it was evident that barriers would need to be addressed to meaningfully engage PAW for this committee. The initial VOW members acknowledged the need for PAW participation and recognized that the removal of barriers was critical to ensuring PAW participation.

Despite the lack of equal representation of PAW, the women pushed forward. In 2008, following an Aboriginal women's mini-gathering a Terms of Reference was formally adopted.

In 2008, VOW initiated the writing of an important resolution that was presented at the CAAN AGM in Ottawa, which urged CAAN undertake the development of a five year strategic action plan to address HIV/AIDS issues for Aboriginal Women. This was unanimously passed by the CAAN membership. As a follow-up, in the fall of 2008, a position was created by CAAN and the Aboriginal Women and Leadership Coordinator (AWLC) was hired to begin the developmental process of creating the Strategic Action Plan.

In 2009, the (AWLC) began a long process of consultation in order to hear priority issues and suggested actions. These issues and actions assisted with the development of a framework for the Strategic Plan. Throughout the consultations, the (AWLC) consistently raised the issue of finding a way to include Positive Aboriginal Women at the advisory level.

In 2009, the Coordinator received a directive internally from CAAN to begin working towards developing a council of PAWs, wherein PAWs could be involved in an advisory capacity in the development of the strategy. The coordinator made a recommendation to CAAN that in order to facilitate this, that a different approach would have to be used, in lieu of a public posting to fill this committee. It was recommended that the inaugural council should be comprised of a core group of women, hand-picked and chosen for their leadership skills. Many of these women worked on regional, national and international levels. Several women stepped up to the plate to make up the inaugural core group and a Terms of Reference was drafted in January 2010 for the Aboriginal Women's Council on HIV/AIDS. The Terms of Reference took into account the barriers and challenges that would have to be addressed/alleviated and removed in order to facilitate PAW participation in the Strategic Plan. An Alleviation of Barriers clause was drafted and included in this Terms of Reference, and has been approved in principle. (See BELOW)

6. Alleviation of Barriers:

The Canadian Aboriginal AIDS Network will honor and support VOW members in the alleviation of barriers which may hinder the full participation of committee members to fully participate by:

- ☐ Providing a minimum of \$25.00 honorarium to *eligible PAWs for each teleconference *(those not working)
- ☐ Providing childcare monies for those members that may require this for face to face meetings utilizing the CAAN Childcare Policy. (Attach as an appendix)
- ☐ Providing upfront monies for ground travel for PAW members when requested

- ☐ Utilize CAAN's travel per diems for face to face meetings
- ☐ All pertinent documents for each meeting will be sent out by mail 7 days before each meeting by the Aboriginal Women and Leadership Coordinator
- ☐ CAAN may provide headsets for PAW's for Skype teleconferencing and/or telephone calling cards

7. Alleviation of Barriers for PAW members of VOW within regions:

CAAN will utilize regional partners to support PAW members of VOW with the creation of support mechanisms that will include:

- ☐ Providing space and use of a telephone at regional AASOs for the regional PAW member to participate with scheduled VOW teleconferences; (if required)
- ☐ Providing equipment support for printing of documents, and access to a computer (if required);
- ☐ Assisting with transportation, (if required)
- ☐ In the case that an AASO is not in close proximity, the CAAN Women's Coordinator can negotiate an arrangement with a local ASO for all of the above support for the regional PAW member

In February of 2010, CAAN brought the two advisory bodies together (CAAN VOW and the Aboriginal Women's Council on HIV and AIDS) for their first face to face session in order to facilitate moving forward with this national strategy and begin visioning together. At the end of this working session the women came out as one unified voice as one committee after amalgamating, and have chosen to keep the name VOW.

In June 2010, at the CAAN AGM the women pushed through another resolution that they be recognized as a Standing Committee and this was unanimously endorsed by membership. It should be noted that this was an important step, in that it assures the Aboriginal women's community that the current and alarming high HIV prevalence rates impacting women will have priority, until such time as the numbers begin to decrease.

Currently, VOW is comprised of an equal representation of Service providers, CAAN board members and PAW from the CAAN membership.

Barriers will need to be addressed to ensure the meaningful participation of PAW. VOW and CAAN will continue to work together to remove the barriers faced by PAWS, by reviewing current policies and making recommendations to amend those policies.

Appendix C – Chronology of (CAAN) Interventions for Aboriginal Women

- 2001 CAAN AGM Resolution urges CAAN to address Aboriginal Women's issues
- 2003 Aboriginal Strategy on HIV/AIDS in Canada (ASHAC) is developed which identified women as one of the sub-groups under 'Groups with special Needs'
- What was specific to women in ASHAC *"To provide access to accurate, up-to-date information and support for Aboriginal women regarding HIV/AIDS, including providing information on testing, prevention, sexual assault issues, choices/treatment options around pregnancy and HIV/AIDS, perinatal HIV and HCV transmission, and research on culture/gender specific care and treatment issues."*
- 2004 HIV/AIDS and Aboriginal Women, Children and Families (Position Paper) which states *"Aboriginal women are greatly overrepresented in HIV/AIDS statistics yet there is a startling lack of gender-specific, Aboriginal-specific HIV/AIDS resources, programs and services to support them"*
- 2005 Aboriginal Women Living with HIV/AIDS: Care, Treatment and Support Issues (Position Paper) in which new information is presented on key services required and identified barriers faced by women in accessing HIV/AIDS related services
- 2007 Board of Directors directive to reinvigorate women's committee – CAAN VOW is formed
- 2008 CAAN National Aboriginal Women's Mini-Gathering – (February 2008, Toronto)
- 2008 Women-specific Resolution is passed directing CAAN to develop a five year strategic action plan for Aboriginal Women (June 2008, Ottawa)
- 2008 Aboriginal Women and Leadership Coordinator is hired in (October 2008)
- 2010 CAAN VOW has equal representation of AWHAs and Service Providers
- 2010 Our Search for Safe Spaces: A Qualitative Study of the Role of Sexual Violence in the Lives of Aboriginal Women Living with HIV/AIDS (Report is released)

Appendix D – Canadian Aboriginal AIDS Network - Declaration of Rights for Aboriginal People Living with HIV/AIDS

1. We have the right to privacy and confidentiality regarding our HIV status.
2. We have the right to support from our community, family, partners and individuals.
3. We have the right to access spiritual teachers and participate in ceremonies as children of the Creator.
4. We have the right to be given quality health care as guaranteed in the Treaties of Canada, Aboriginal rights and those given to citizens of Canada.
5. We have the right to engage in and continue intimate and sexual relationships ensuring risks will be addressed through safer-sex awareness, practices and respect.
6. We have the right as mothers and fathers to bring children into the world and care for them ourselves.
7. We have the right to live a free and dignified life, including having the right to meet basic human needs such as decent housing and income security, and assistance to meet special needs.
8. We have the right to access all services and programs, including AIDS service organizations, treatment centres, counseling services, education, and child and family related services such as support for our children and pregnancy guidance.
9. We have the right not to be condemned, judged or forgiven as to how we acquire this disease.
10. We retain our right to be gay, straight, two-spirited, lesbian, bisexual or transgendered. This should not now or ever determine the quality of our care.
11. We have the right to be provided addiction treatment without disclosing our status and the right to access treatment for our disease while in an addiction treatment program.
12. We have the right to freely choose where we live.
13. We have the right to use legal avenues to protect against discrimination everywhere including health care facilities and work place environments.
14. We have the right to medical transportation to and from medical facilities without fear of discrimination.
15. We have the right to rely on traditional Aboriginal approaches to healing first and as an alternative or complement to our care.
16. We have the right to access medicines of our choice including medical marijuana.
17. We have the right and the need to be involved in all aspects of HIV/AIDS policy, project design, implementation and evaluation.

This declaration is based on "Rights of Native Person Living with HIV/AIDS", originally developed by the Atlantic First Nations AIDS Task Force (now known as Healing Our Nations). It was presented in a joint HIV/AIDS Legal Network and Canadian Aboriginal AIDS Network Information Workshop at the Canadian Aboriginal AIDS Network Skills Building Symposium held in Vancouver on September 27, 2001. This version was edited and ratified by the CAAN APHA Caucus June 17, 2008.