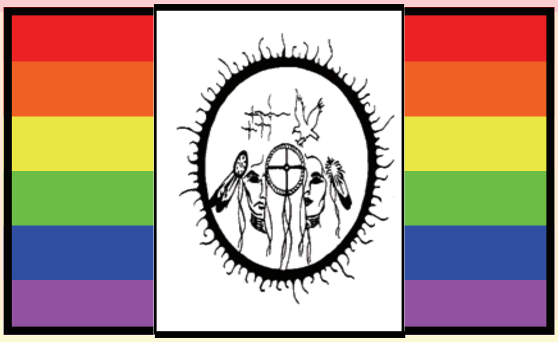
ODE’ING JI-GIIZHWED

2-SPIRITS
A.P.H.A
SPEAKERS
MANUAL

SPEAKING FROM THE HEART



2-Spirited People of the 1ST Nations

A.P.H.A. Speakers Manual

Ode’ing Ji-giizhwed
Speaking From the Heart

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ACKNOWLEDGEMENTS AND ORGANIZATIONAL INFORMATION

Mission Statement

2-Spirited People of the 1st Nations is a non-profit social services organization whose membership consists of Aboriginal gay, lesbian, bisexual, and transgender people in Toronto. The 2-Spirits organization's programs and services includes: HIV/AIDS education; outreach; prevention; support and counselling for 2-spirited people and others living and affected by HIV/AIDS.

Vision

To create a space where Aboriginal 2-Spirited people can grow
and come together as a community, fostering a positive image,
honouring our past and building a future.
Together we can work toward bridging the gap between 2-spirited lesbian,
gay, bisexual, and transgendered communities, and our Aboriginal identity.

For more information or copies of this manual, please go to: www.2spirits.com

Acknowledgments

2-Spirited People of the 1ST Nations would like to thank the steering committee for its guidance over this project. They are:

1. Claudia Medina, Toronto PWA- Toronto People With AIDS Foundation
2. Trevor Gray, PASAN- Prisoners' HIV/AIDS Support Action Network
3. LaVerne Monette, OAHAS- Ontario Aboriginal HIV/AIDS Strategy
4. HIV/AIDS Legal Clinic of Ontario– HALCO

In addition, we also would like to thank the trainees in both Phase I and II who shared their lives and experiences to help make this manual, hopefully a more useful tool to support Aboriginal People living with HIV/AIDS to be public speakers. They are:

PHASE I: Troy, Dallas, Shane, Russ, Corey, Dave.
PHASE II: Kerrigan, Roderick, Jonathan, Danny, Mike.

For more information or copies of this manual, please go to: www.2spirits.com

Trevor Stratton – Project Coordinator

WHY WOULD YOU TELL YOUR STORY?
Aboriginal People Living with HIV/AIDS: Honouring Our Sacred Stories

Aboriginal People Living with HIV/AIDS (APHAs) have so many gifts to share. Our stories touch the hearts and change the lives of our families, friends and the larger community. Every Aboriginal person living with HIV is connected to many people who know us, who love us, and who are also affected by the issues, fear, stigma, and complexities of the disease in their own way.

Many Aboriginal communities began to wonder how they could protect themselves and fears swelled. Fear of HIV is very real. Unfortunately, some people are even afraid of APHAs. This fear of HIV and fear of APHAs can really hurt APHAs and their friends and families. This fear is 'real'. But this fear of APHAs is not based on fact. Most HIV positive people live in close intimate contact with others. It's ok to hug us and share the same plates and silverware. For contact with body fluids like blood or semen, there are very manageable precautions that can be taken; ways to reduce the risk.

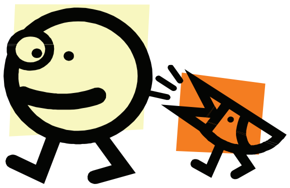
The more information we know about HIV, the better prepared we are to reduce our risk of getting HIV. Aboriginal communities need to hear from Aboriginal People Living with HIV/AIDS who are educated on the issues.

HIV/AIDS is an Aboriginal issue and needs an Aboriginal solution

Back in the early 1980s, it was easier to deny that HIV had reached Aboriginal communities. AIDS was called a gay disease or white disease. Some thought it happened in 'other places' like off-reserve, in cities, or only in Africa. And others thought that Canada's North could not be affected. Few Aboriginal people really noticed as our 2-Spirit people were getting sick and dying, mostly in the cities at first. And so, APHAs began to gather where they lived, organize and help themselves. We spoke out and we got active as APHAs.

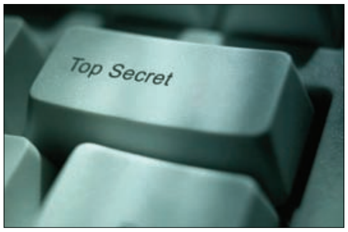
We spoke out and we got active as APHAs.

In those seemingly dark days, some APHAs decided to start sharing teachings about HIV/AIDS - speaking out and spreading awareness about HIV prevention. On their own initiative, some APHAs began to contact community health workers offering to come and visit Aboriginal organizations and communities to speak out about their experiences living with HIV/AIDS. This story-telling and sharing of experiences became a very popular and very effective way of raising HIV/AIDS awareness in our communities.



WHY WOULD YOU TELL YOUR STORY? con't

Many APHAs have found that, in the process of telling their experiences living with HIV, something very special begins to happen - many refer to this as 'healing'. Each time they told their story, it would develop a little more and so did the speakers. Each time they told their story, they learned something new about themselves. If you tell your story, an Aboriginal person might think, "Wow! That sounds a bit like me. Maybe I have taken some risks like that too. I can relate to that." Everyone has a good story inside of them. But not everyone is a good story teller. Back in the early days of HIV, we did not have a networked, organized collection of APHA speakers, no special training and no guidelines. We just went out and did what we thought we had to do.



But how do we know if we're really helping? How does an APHA know if our story-telling is really doing any good?

Those early APHA speakers blazed the trail for us. They went into the communities and warned of the HIV outbreak that was already here and getting bigger. In those days, we kept saying that this was not a "gay disease". And now we see that it is true. Our Aboriginal women, straight men and young people are getting HIV and much higher rates than non-Aboriginal people. Injection drug use is becoming a HUGE issue in our communities - even in the North - and we can no longer pretend that it will go away without our attention. Aboriginal people living with HIV/AIDS must speak out and be heard. We can help. We are part of the solution.

Of course, speaking in public is not for everyone but using this manual and some other resources can really help you consider how you might think about your own experience and story in a way that you be willing to share. You don't have to talk about everything and share *all* of your secrets; it is your choice and decision to disclose what you want.

As a public speaker, an APHA can do a couple of talks a year or one or two a week. Some "APHA Activists" become AIDS educators and begin an exciting career in Aboriginal HIV/AIDS advocacy.

Be a leader. Take a stand. We can't start the healing without you.

Part 1

TELLING YOUR STORY

1. INTRODUCTION

This Speakers Manual is to support you, as an Aboriginal person, to tell your story of living with HIV/AIDS.

Before writing this manual, 2-Spirited People of the 1st Nations in Toronto delivered two Speakers Training Sessions. Each training session had five APHA volunteer mentors. Their advice and support taught us how to write up this manual. Without the help of our APHA community, this manual would not have been possible.

The *2-Spirits Speakers Bureau Project* was based upon a 2005/2006 pilot project - Phase I - funded under the Toronto Urban Aboriginal Strategy (TUAS). The teachings we learned during Phase I provided guidance for the Phase II project, which was held in 2006/07. The goals were similar in both projects. Phase I trained a group of speakers for 6 months by providing guest speakers and professionals presenting at training sessions. The trainees got practical experience by sharing their stories with each other (for some people it was the first time they told their story to a group of 'strangers'), and then they went out to the communities to gain on-the-job training and experience, as well as to develop comfort in the community. Phase II trained a new group of speakers over 3 months, but also created the *2-Spirits Speakers Bureau* and developed this APHA *Speakers Manual*.

The Speakers Manual - Developing a New Resource

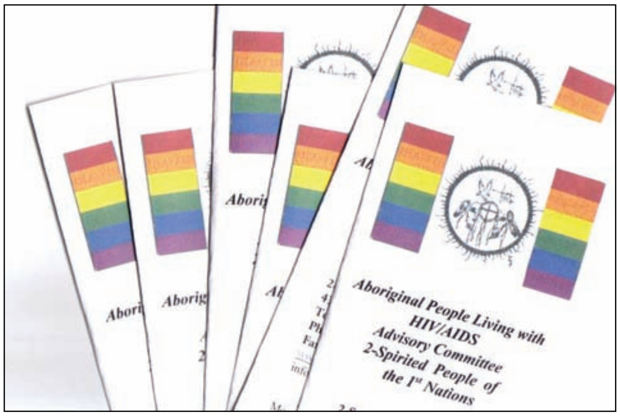
2-Spirited People of the 1st Nations developed this APHA Speakers Manual as a training resource and it is a developing, growing document. Through this work, policies were created which tie in lessons learned from both Phase I and II. Policy guidelines are provided at the end of this manual.

We try to be flexible in how the Speakers' Bureau works and delivers community presentations. There are many considerations, for example: What happens when someone wants to be a trained APHA public speaker? What happens when a community contacts the Speakers Bureau and wants a speaker to visit them next week? What is the process from when someone calls to the time an APHA is telling their story to an audience? Tools and resources are also included in this Manual to help answer some of these questions and offer creative advertising and marketing strategies for how this new service can benefit the Aboriginal community.

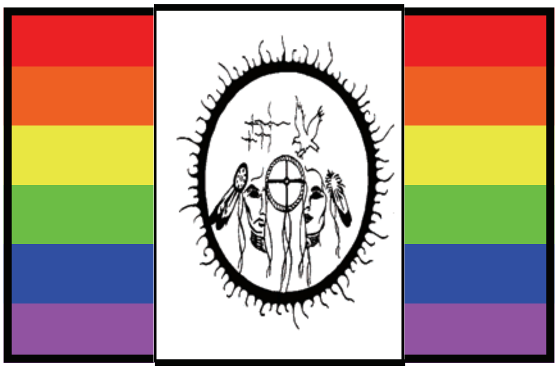
HOW CAN THIS SPEAKERS BUREAU MANUAL HELP?

This manual will:

- **Increase APHAs capacity (skills and ability) to respond to the realities of HIV/AIDS in the Aboriginal community by providing accurate, culturally-appropriate, Aboriginal HIV/AIDS information to community members, health service providers, and social service workers;**
- **Provide a printed and digital resource, for any organization and individual to use, so it may increase our capacity to respond to HIV/AIDS long after the project money is gone;**
- **Address some of the gaps in the Aboriginal community's response to HIV/AIDS;**
- **Increase Aboriginal organizations' ability to design, develop, implement and promote/advertise a better response to the requests for Aboriginal HIV positive speakers and presenters, enhancing programs and creating new opportunities; and**
- **Increase levels of confidence and the ability reduce risky behaviour. These issues can be communicated to other Aboriginal people through the Speakers Bureau, creating opportunities for meaningfully engagement and a strategic response.**



Companion Documents



This 2-Spirits APHA Speakers Bureau Manual is called a "companion document" to *Lives Lived with HIV/AIDS: Speaking in Public the Perspective of Canadian Aboriginal Peoples* developed by the Canadian Aboriginal AIDS Network. Companion means they go together or work together.

Lives Lived is a book of tips for APHAs who are thinking about speaking and sharing stories of their experiences in public. The concept and document were developed by the APHA Coordinator at CAAN (now called APHA Advocate) under the CAAN National APHA Advisory Committee. The Lives Lived resource is a tool that can help APHAs prepare for public speaking with some basics. Rather than repeat things here, you can request a copy from info@caan.ca and they can mail it to you -- this will help you build your own library of companion documents!

Healing Our Nations in Nova Scotia which serves the Atlantic Provinces also developed a speakers' manual called "***Through Our Eyes and In Our Words: Speaking From Experience an APHA Voice***". It also has very useful insights and information for how to put together your talk and understand your audience. You can request it by going to www.healingournations.ca if you think it may be useful.

Both this Manual and the *Lives Lived* document were created for and by APHAs through an engaging, hands-on approach. APHAs who participated in either Phase I or II had direct input into the development of this manual.

Instead of re-inventing the wheel and attempting to create something 'new', this manual draws on and will refer you to other excellent Aboriginal HIV/AIDS resources. We don't need to re-write everything here that has already been written somewhere else -- we want to move things forward. We are building a response to HIV/AIDS and improving the lives of APHAs by drawing on the work, experiences, and teachings of those who came before us.

Other documents which support this manual:

Aboriginal Strategy on HIV/AIDS in Canada
Ontario Aboriginal HIV/AIDS Strategy
Young Eagles Challenge

Young Eagles Challenge: Youth Peer Education manual done by the Assembly First Nations is an excellent manual to reach Aboriginal youth. The Ontario Aboriginal HIV/AIDS Strategy has satellite offices throughout the Province of Ontario and has developed numerous resources, especially around harm reduction. Their website is www.oahas.org.

1.1

ABORIGINAL CULTURAL NEEDS (KNOWING WHERE WE CAME FROM)

What is Aboriginal Culture in a modern world? Well, to make a long story short, it's kind of about how we grew up, how we learned about how the world works, the way we use language (English too) and our values, among many other things that make us who we are. There are many, many Aboriginal cultures and each one is different. Few people question the need for culturally specific information. This is true with this document. Both the document and how it was developed look at how Aboriginal people learn and take in information. They show how we are - as Aboriginal people - even though there may be different Aboriginal groups among us, we share common histories.

One such history is how we have had our whole way of life changed as Europeans settled here. Some call this colonialism, which is a big word that refers to all of the political, economical, social effects of the arrival of Europeans to Turtle Island . Even those of mixed heritage, like the Métis, who as a people came after European settlement, have not held a good place in this country now known as Canada. Marginalization, or being pushed to the side and treated with disregard, is explanation for why many Aboriginal people have never felt welcomed into the 'new' society. Many did not want to change and adopt the foreign cultural way of living and thinking.

As Europeans settled here, government and churches were used to tell Aboriginal people that our ways were wrong and that we must learn new ways. We were forced to attend Residential Schools where our Aboriginal teachings and beliefs were taken away from us - even outlawed in some instances. This government attempt to take away what makes us Aboriginal hurt our people very much. We are still trying to recover from that cultural damage; some people call the generations of hurt the Residential School Legacy.

This gets even harder to deal with, when some Aboriginal people turn to alcohol and drugs or other substances to deal with all the things they may have experienced that they continue to deal with emotionally, like physical and sexual abuse in Residential Schools. We know that Canadian government policies of the past hurt Aboriginal people in many ways which continue to affect our health in negative ways today. Self-medicating with powerful substances has become more common with Aboriginal people. We now know that many, many Aboriginal people get HIV from sharing needles while injecting drugs. There are also many personal stories of struggle and survival from the past that give meaning to the Aboriginal experience of today. Each of our personal stories helps to explain the Big Picture.

Why we raise Aboriginal cultural needs here, is for two reasons:

1) It is important to acknowledge our history and how it affects us still today; and
2) It helps us to understand the next subject, which is: *harm reduction*.

Personal Notes

1.2 HARM REDUCTION

(KNOWING WHERE WE ARE AT AND WORKING FROM THERE TO REDUCE THE RISK)

There are many reasons that some people use alcohol and drugs. When we look at how some drugs are being used, we need to talk about harm reduction so we understand what to do to offer support. Keep in mind that we are talking about people: Aboriginal people who are addicted to substances. Often, our people use drugs or alcohol to numb the pain they are carrying. Usually, the person who starts taking alcohol or drugs wants to feel a little better, or to forget something painful. This could be me. This could be you. This could be your mom. Harm Reduction means that we would like to reduce the risks taken.

The Ontario Aboriginal HIV/AIDS Strategy describes harm reduction this way:

"There are no moral, legal or medical judgments made about drug use. There are no moral judgments made about people who inject drugs because drug use is not seen as immoral or irresponsible. The dignity and value of all human beings is respected. The concern is the potential harm from injection drug use. The focus is the problem of reducing the potential for HIV infection among people who inject drugs. The Harm Reduction approach provides options in a non-judgmental and non-coercive way. The focus is not on abstinence. Harm reduction accepts that people who inject drugs may continue to use drugs. Abstinence can be part of the program for people who inject drugs who want to quit using drugs, but it is not the goal: reducing harm from drug use is the goal. Harm reduction recognizes that people who inject drugs are competent to make choices and change their behaviours."

Harm reduction approaches to drug use are about providing non-judgmental support and teaching people how to reduce their risk of getting sick or dying because of how they are using drugs. In particular, harm reduction has been used a lot to address the spread of HIV and Hepatitis C with people who inject drugs or using needles to take their drugs. By using a clean needle every time they inject drugs, the risk of getting HIV and other blood diseases goes away.

This is
Harm Reduction.

Needle exchanges, methadone maintenance are some harm reduction programs that have been developed to meet the needs of people who inject drugs. Needle exchanges tend to get the most attention - society tends to have strong opinions and judgments about injection drug use, the people who do it, and how they should make things better for themselves. Often debated dekiissues include whether providing these kinds of services help a person stay addicted (giving out needles) or whether they help a person stay alive by connecting them to a resource and outreach organization that believes everyone deserves to be given the tools to avoid harming themselves by becoming infected with HIV and/or Hepatitis C or overdosing.

Harm reduction really is not a new idea to Aboriginal people; it has been around for quite awhile for certain things. Even before there were treatment centers, sometimes alcoholics would be given small amounts of alcohol so that when they were trying to sober up, they would not have Delirium Tremens, a side effect of alcohol withdrawal. Condoms are a harm reduction tool, so is designated driving. Harm reduction simply means “to reduce risk of harm”.

There is proof that harm reduction works. It is way more than simply giving out needles; there are other services that usually go along with a needle exchange services. Some services might include access to counselling, referrals to other health services when needed, housing support, and connections to programming and community resources.

The important thing to remember about substance use is that no matter what you and I think or do, there will always be people, who for whatever reason, simply may never stop using alcohol and/or drugs. If this is true, we need to consider what our response will be - how can we support the person to reduce or avoid harm?

Sometimes you may find that you have to explain or defend harm reduction when you speak. It's really good to talk about it. There is no 'one size fits all' solution to substance use. But harm reduction offers a practical way to deal with some of the health risks to both the people using the drugs and their neighbours. Sometimes, no matter how much sense it might make to some of us, audience members may have very strong reactions to the idea of providing services that use harm reduction approaches. This is okay; there have been many approaches to achieving sobriety. Twelve step programs like Alcoholics Anonymous and others provide a roadmap for achieving abstinence. But even these meetings do not require members to abstain from using.

It is important to acknowledge that there are many different paths that can lead out of addiction such as rehab, day programs, twelve step programs, weaning, and cold turkey. Harm reduction is just one more option that seems to meet the needs of people who, for reasons of discrimination, stigma, and poverty (among others), are not in contact with mainstream health care services.

The next section will highlight some of the lessons learned in Phase I and help you, As APHA speakers in-training, look inside, find your voice , and decide what you need to prepare yourself to public speak.

Personal Notes

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2. LAYING THE GROUNDWORK

2.1 GETTING ORIENTED

Ask yourself: WHY AM I DOING THIS?

Before anyone does public speaking, there is an important period where they need to look inside themselves and ask why they want to do it. The main reason is because it is not as easy as it sounds. In reality, it is telling your life story, opening yourself up to people you do not even know, and becoming vulnerable to questions and maybe even judgments. It can be scary at first but it can also be very rewarding. Be sure to begin creating your own support network of friends, relatives and professionals. These people can be good listeners and support you in many ways. Nobody should be expected to do this alone. We're a team.

In this section, we will learn:

What is involved
Purpose of this project
Benefits and drawbacks
Creating a basic foundation

More tools will be introduced that will help you tailor your story for different audience sizes, ages, time limits, and help you in beginning to work with different groups of people. The purpose of developing this resource and working with you to become a public speaker is to slow down the spread of HIV/AIDS through educating communities, making HIV real for them so that new understandings are developed to create more community support for any of its members who become HIV-positive.

THE BENEFIT:

Many people who learn to tell their story become stronger from the experience. It helps to make sense of the things APHAs experienced in life and then APHAs can share their new understanding. Before teaching lessons through your story, it really helps if you first understand your own life-story and your relationship to HIV/AIDS.

Questions for Discussion:

1. Why do you feel you want to do public speaking?
2. Have you done public speaking before?
3. Do you feel ready at this stage of your life to open yourself up?
4. What aspects of your life are you willing or not willing to share?
5. What do you think is the main benefit you will get from telling your Life story?

What are the benefits the audience may get from hearing your life story?

At this point, it may be useful to get a copy of the Lives Lived manual and read this over. It could help give some basic tips and background that could help you answer these questions. After you have given some thought to the questions above, next we will present some ways you can do your public speaking with more confidence.

Personal Notes

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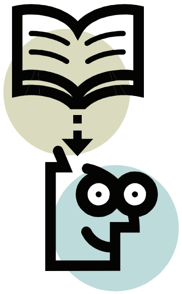
2.2 SPEAKING TOOLS AND TECHNIQUES
(Learning how to use them)



In this section, we will learn:

- different ways of story-telling
- references
- toolkit worksheets and fact sheets to print off

We also mention some important manuals and resources that you may want to get a hold of to read on your own in between talks.

In section 2.1, we talked about checking in with yourself to figure out what your reasons are for wanting to do public speaking. Now we want to talk a bit about different styles and about how to use a theme to guide, or 'spin', your story. What do we mean by spin? Knowing how to make your talk fit a different community groups (for example, young people in a treatment centre).

It's important to know how to frame your talk because sometimes APHAs are asked to speak to a certain groups or to specific issues instead of just a general talk to the general public. This makes it important to decide ahead of time what you want to share with a particular group of people. When Aboriginal communities know APHA public speakers are out there and ready to come and talk, APHAs will be invited to all different kinds of groups and situations to share their experiences and teachings - we see this happening through the 2-Spirits Speaker's Bureau as we grow. Some APHAs simply may tell their life story to a cross section of the community. Other APHAs may feel comfortable helping to train front-line workers while other speakers get chances to speak to the media (TV, radio, internet and newspapers) for example.

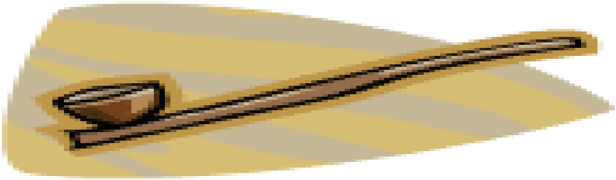
After reflecting on your reasons for wanting to be a speaker and deciding to move ahead, you should write up your life history. Most APHAs need to write their story down first - it might take a few tries to get it all down and making sense. Sometimes it has been a long while since we have really thought about our personal story. Having your story written out will also help you prepare speaking notes. Not all APHA speakers use cue cards or notes while they are speaking but almost all public speakers sit down and write out their story before their first speaking engagement. Believe me, it helps.

There really is no right or wrong way to write out your history and it can be a very emotional experience. Work at it in a way that is okay for you - a few years a time or whatever you can handle - but take breaks when you need to. Make sure you have someone to talk to before and after you write your story down, especially if you think it might be hard for you to write really personal stories down.

As far as speaking styles and feeling emotional when telling your story, some people find it easy to share emotion and may cry while they talk. Don't be afraid to cry. Take a moment to feel what you're feeling and maybe ask the audience to give you a minute. Then slowly continue. If the subject is too difficult, find something else that you can talk about that you know works for you. Cue cards can be helpful in these situations where you forget your place in your story. Sometimes having a funny story to tell about your self, a friend, child, or parent can be enough to shift gears for both you and the audience. It is important to take care of yourself during these times. Some speakers ask for water and tissues to be provided when they speak as one way of taking care of themselves.

Some speakers are not as emotional and may share thoughts and information from different conferences or work related experiences while working these lessons into a story that supports or complements their own life experiences. Why some people are more or less emotional is not important - some people just have more experience, some have been speaking openly for many years, and some have found 'spins' or 'themes' that they are more comfortable speaking about in public. Everyone went through a process to get to there spot of comfort. Chances are, they were uncomfortable, nervous, and scared of speaking in public at one time too.

An APHAs life story is very sacred and carries a lot of meaning. Aboriginal people will listen. They will ask themselves, “What message is this APHA trying to give to me?” You need to ask yourself that question while you plan your story telling.



WHAT MESSAGE (OR THEME) AM I TRYING TO GIVE TO THE AUDIENCE?

When APHA speakers go out to Aboriginal organizations or communities to raise awareness about HIV/AIDS we meet the people who have the job of putting some kind of workshop or conference together. As APHA Speakers we usually refer to them as the “Contact Person.” Usually the Contact Person already has a theme or title chosen for the conference or event. APHA speakers are then asked to fit in to the theme of the conference. If they happen to ask you to speak about something you are not comfortable talking about, don't. If you think you might need tissues or water, you might want to make sure you pack some of your own or request them from your hosts upfront so they can be prepared for you. Sometimes, the contact person is new and may not know much about HIV/AIDS. In the past, some APHAs have been asked to present HIV/AIDS education. Unless you are experienced in education, you should let them know you are only there to tell your story.

> If you think you might need tissues or bottled water, you might want to make sure you pack some of your own or request them from your hosts upfront so they can be prepared for you

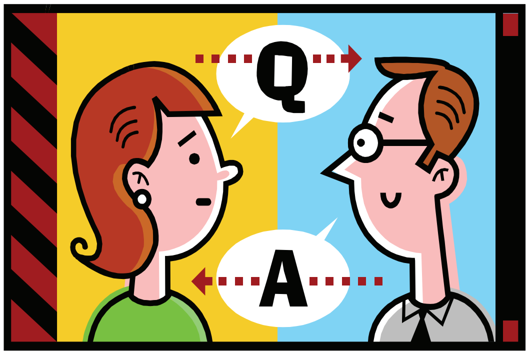
There is no right or wrong way to tell your story, and usually, even if you feel like a talk does not go well, chances are someone in the audience, even one person, will take something away from your sharing. There are some techniques that are helpful to use when you plan what you want to say. Planning ahead is a great way to help deal with nervousness too!

Technique means the way you deliver your talk. Some Aboriginal people talk around or in a circular way building up to a key point -- drawing on different personal stories to explain a key idea or issue. Others may use a timeline approach, starting with childhood stories and walking the audience through their whole life to where they are at now. You might choose to use both of these techniques but at different times, depending on how much time you have and who you are speaking to. Remember that your story changes every time you tell it. And that’s a good thing. You grow each time. Each time you’re a little older. Your life keeps going. You get more mature and see things in a different way.

WHAT CAN I TALK ABOUT?

Becoming involved as an APHA speaker is about sharing what you want to share. You have lived an extraordinary life and have much to share. It's probably a good idea to get keep stories of your history and past a little shorter. Understanding our past helps us to take actions today and plan for the future. Our stories are past, present and future. Our lives are in motion. So remember to talk about where you are now, too. For example, you could talk about how you came to be a speaker or what you're doing these days. Let the audience know what your life is like now and what is important to you. What about the future? What are your plans? If you don't tell the audience what your hopes and dreams are, they will probably ask you in the question period. They will be naturally curious. As APHAs, we are there to talk about living our lives with HIV. The key word here is "LIVING".

HOW SHOULD I DEAL WITH AUDIENCE QUESITONS?



One speaker may find it easy to take questions as they are speaking, like when they are training or facilitating a group, while others get mixed up if someone interrupts them with a question or there are people in the audience getting up and down to go to the washroom or outside for a smoke. Make sure to tell the audience how you will do YOUR talk. Will you ask them to save questions until the end? Or is it ok with you if they interrupt along the way? How you decide this might depend on the number of people, the size of the room, or the age of the audience, but it is up to you. Just be sure to let the audience know what is okay so they can do their best to meet your needs. Sometimes, you don't have the answer to a particular question. Just say, "I'm sorry. I am not sure how to answer that, but maybe I can find out for you."

Each speaker needs to know themselves well enough to find what works for them. As mentioned before, this manual is a companion document to ***Lives Lived with HIV/AIDS: Speaking in Public from the Perspective of Canadian Aboriginal Peoples*** that is meant to draw your attention to how you can play a part as an APHA speaker and where you can learn more about developing your story so it can be shared in a meaningful way. It's available online at www.caan.ca or you can call or email and ask for them to be mailed to you!

TIP: Go to the resource section of this manual and make copies of the speech recipe. Then start putting your life story together. Once you are done, find at least 2 or 3 people and practice. Take what they say and use it to tell your story stronger. The more you tell your story, the easier it will come.

In this next section, we will speak to how you can watch your energy and emotional levels to make sure you do not get too drained or out of balance. Sometimes sharing really personal stories in public can stir up very strong emotions. This is normal; this is okay. But it's important to do good things for your self. Some APHAs bring a trusted friend with them so they have support in the room; you can call a friend or take a bath -- whatever you need for YOU! Taking care of your self is a very important part of being a speaker. Because you are sharing very personal details of your life, it is very important to have a plan for doing self-care.

Personal Notes

2.3 SELF-CARE

In this section, we will learn:

We can't help anyone else without helping ourselves

Self-care is about knowing ourselves well enough to know when we need to slow down, take a break, ask for help or simply do something good and relaxing for ourselves. Be kind to yourself. Self-care is self-love. Being around other people can cause stress, so there may be times where APHAs need to turn off the phone, close the door and the curtains or simply do what is good for us. Self-care is a core value for how APHAs ourselves can be empowered to take an active part in meeting our own health needs.

As part of 2-Spirits APHA Speakers Training sessions, we brought in a Traditional story-teller to talk about Traditional teachings and also about Self-care. In Chapter 2 (page 10) of Lives Lived with HIV/AIDS, it talks about support for APHA speakers. It talks about how APHA speakers can give support to one another. The trick is to make sure we don't cut ourselves off completely or for a long time from outside support. It's important to see that there is a line that separates taking time to ourselves AND totally cutting ourselves off from the world. Human beings are social. HIV is a social disease. We need to talk about that.

HOW AM I FEELING ABOUT ALL THIS PUBLIC SPEAKING AND TRAINING?

During the APHA Speakers Training at 2-Spirits, we soon realized that Self-care was a big deal. Self-care became the centre of the whole thing. How we feel today makes a difference in how we tell our stories. We learned from the beginning of the training, that we have to focus on Self-care. At every step, while we were taking the training and doing public speaking we asked ourselves the question, "How am I feeling about all this public speaking and training?"

As a group of APHAs, we talked about how we were feeling. Not everyone knew how to do self-care; we needed to share information with each other so we had a lot of choices. Connecting with nature, being around pets, taking a long bath, burning some incense or smudge or just reading a book in the shade are some of the things we talked about. Again, there really is no right or wrong way; it is about learning how you and your mind work. It is about knowing when you are stressed out or needing to slow things down. And it's about being connected.

And since we're talking about being connected and supported, we should also say that there are many Aboriginal AIDS Service Organizations out there to help. Of course, at times they may not be right next door but there are ways of staying in touch and making friends and pen-pals. For example, CAAN has an APHA Caucus (membership group) of hundreds of Aboriginal People Living with HIV/AIDS who see each other at different events throughout the year, like the:

CAAN Annual General Meeting and Skills Building Forum.

It can help when you stay in touch with CAAN or its member groups; when they produce new resources, like manuals or pamphlets you will be the first to know! And you can take copies with you to a community to share with others. The more informed a community is, the better planning they can put into the workshops they invite you to speak at.

TIP: Bring something that you feel is sacred to you. Sacred means it has special meaning. This can be an Eagle feather, a rock, a picture of a grandparent, or anything else that reminds you of something good. You can get strength from this while you are speaking.

Questions for Discussion:

1. Do you think Self-care is important?
2. How would you do Self-care?
3. How could Self-care be a good thing for you?
4. Do you think it takes money to do Self-care?

Personal Notes

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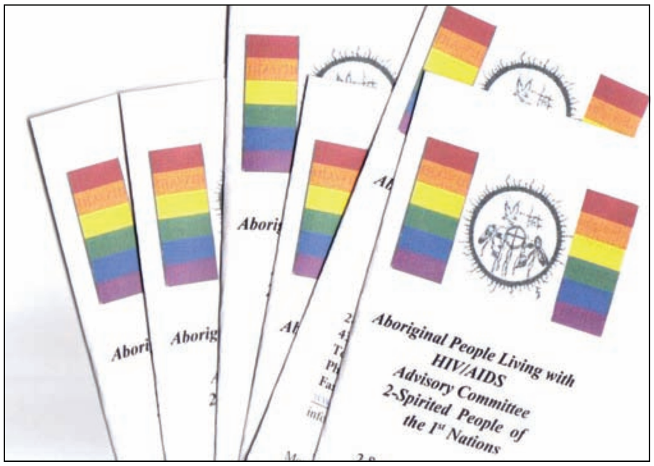
So far, we talked about why we developed the manual and what the 2-Spirits Speakers Bureau Project was about. We also talked about some history of Aboriginal people and some of the hardships we face in our lives. We also talked about how some Aboriginal people use drugs, alcohol and other things to feel better or take some pain away; self-medicating. We talked about harm reduction and choices people can make. Knowing your self and learning ways to keep yourself strong was also discussed.

This next section will cover two things: HIV/AIDS statistics and some questions about what this means and why the epidemic is happening the way it is. This can help an APHA to take questions from audience members after a talk and a lot of resources are available online. You could refer the audience to some of these resources if they want more information about the numbers.

It’s always a good idea to come to a speaking engagement or “talk” with a lot of handout information. Bring them resources and education materials they don’t already have. Let them know where they can find more information. If you can, team up with an AIDS Educator for talks because they have the 'technical' and 'medical' knowledge and can speak to those things if questions come up. There are many Aboriginal and non-Aboriginal AIDS service organizations that can help provide support for this.

Teaming up with an AIDS Educator can really help an APHA get their story out there. As APHAs create awareness the AIDS Educator tells people about what HIV/AIDS is; how it is spread; how it is NOT spread; how you find out if you are HIV-positive; and the things that can increase risks. This is usually called HIV/AIDS 101 as it is a basic introduction. There is more information about HIV/AIDS 101 in Section 3.1. Learning more will also help you develop your knowledge and understanding of how HIV/AIDS works and how we might be able to slow it down and/or help stop other people from getting it at all.



3. HOW HIV/AIDS WORK CAN BE LAID OUT:

In this section, we will learn:

- HIV/AIDS statistics and some questions about what this means
- Why the epidemic is happening the way it is

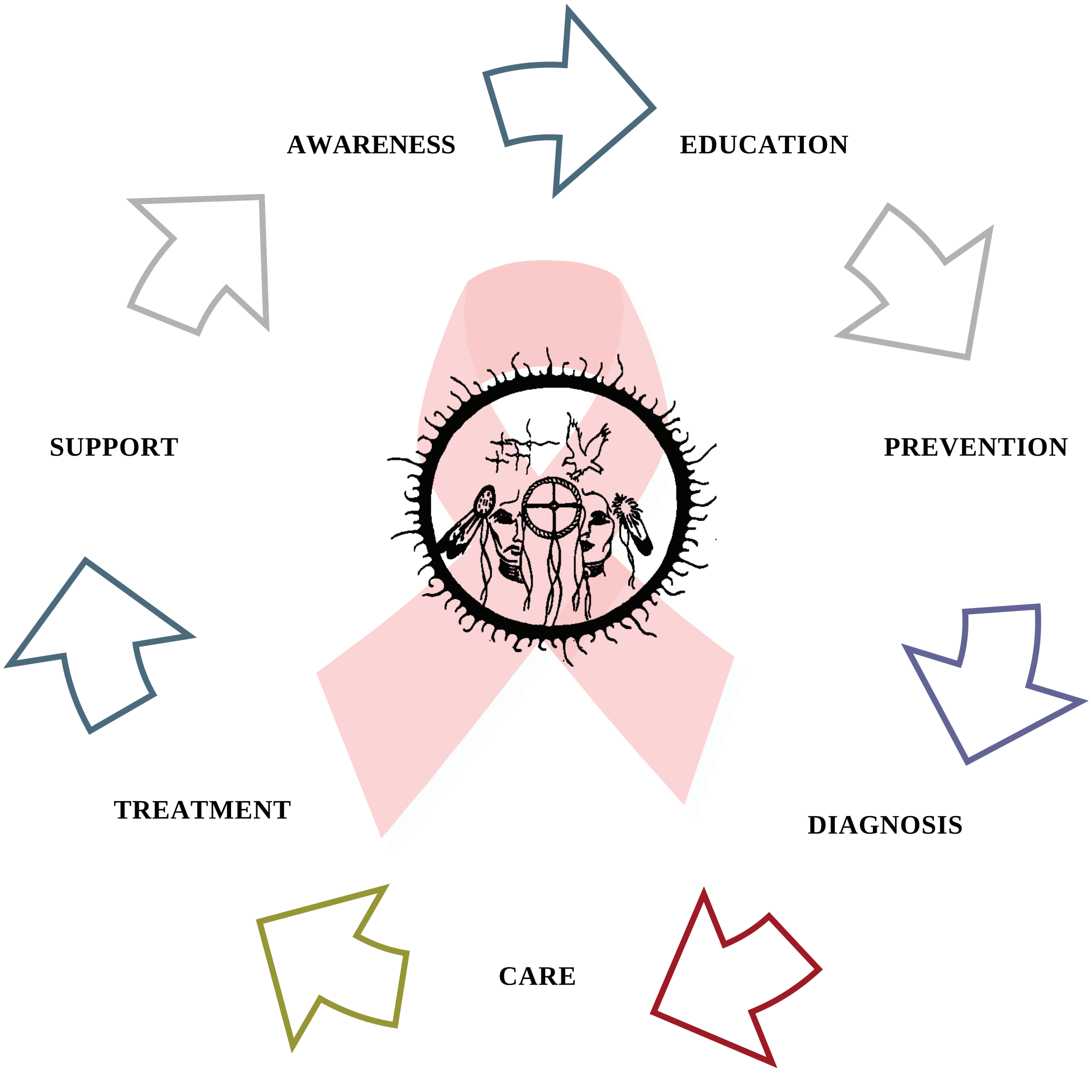
After reading the next two pages, please return to answer the following:

Questions for Discussion:

1. What are your thoughts about the 7 stages presented on the next page?
2. Do you feel comfortable speaking about them?
3. Do you understand how or why they are related?

Personal Notes

Diagram A: HIV/AIDS Overview



The diagram shows how HIV/AIDS work can be dealt with overall, in a big picture way. It shows the different areas of work and each part flows into the other. It is not a model for individual action but for groups, networks, and collectives to use to guide their efforts. Individuals are an important part of the group action and APHAs themselves have a very important role in all these aspects, such as helping to raise awareness, preventing new infections, working in service organizations, learning about research, and advocacy. They also have a key place in taking control of their health, and making sure they have all the information they need to make choices that they understand and feel comfortable with.

1. **Awareness** is what happens when short messages are used to teach people something they never knew before, like HIV/AIDS is not a gay disease. It usually is the type of thing that goes out to the general public, like a community talk, a radio/TV announcement, or on a poster.

2. **Education** is when you give more detail instead of general statements or short messages. One example might be letting people know that HIV is not a gay disease and that in 2006 half of new HIV infections in Aboriginal people are women. These are facts.

3. **Prevention** comes next when you give people information and show them ways to make choices. This also includes things like giving out condoms, teaching people how to use them properly, and teaching about harm reduction programs. We are trying to prevent more Aboriginal people from getting HIV.

4. **Diagnosis** is when a doctor tells you that you are HIV positive after an HIV blood test. Now that somebody knows they have HIV they may seek out counselling.

5. **Care** is offered after a diagnosis and involves seeing a medical professional like a doctor or nurse. Care is the stuff that happens when you find out something is wrong with your health. A doctor usually takes blood samples and does other tests to find out if there are any other things that need attention like a prescription to deal with an infection, or having a cut cleaned up and then stitched. An HIV Specialist usually becomes involved, if there is one in the area.

6. **Treatment** will eventually be necessary and usually involves going on medications to keep the immune system stronger and healthy. Treatment options and choices are different depending on when someone is diagnosed and how their blood tests come back. This can make a difference in how mild or aggressive treatments may need to be and which medications are prescribed.

7. **Support** is about freely offering information, keeping people 'in the loop', being non-judgmental, and caring. For instance, if you make someone aware of how HIV is spread, and they realize they may have taken risks, that person could be supported by being given more accurate information, counselling and then a test to find out their HIV status. Likewise, if someone goes into a hospital because they got sick, were tested there, then found out they had reached the AIDS stage, they too could benefit from support. Some medical people do not always offer the right support, but we are working to change that.

(Please return to page 25 for further discussion)

3.1 BASIC HIV/AIDS INFORMATION

What is HIV? Human Immunodeficiency Virus

HIV is a virus that attacks your immune system. A virus is a very small organism or 'germ' that uses other living things to make more of itself - this is often referred to as replication. Your immune system helps fight disease to keep you healthy and works with the blood and lymph systems. Human immunodeficiency virus (HIV) lives in blood; it gets inside particular immune system infection-fighting cells and shuts down the normal activity of the cell, forcing it instead to make and release more HIV into the blood stream to takeover more immune system cells. For more detailed information about the immune system, HIV, and how the two overlap in this context. (Please visit the www.catie.ca to check out a "must see" document called Managing Your Health by the Canadian AIDS Treatment Information Exchange).

How Do People get infected with HIV?

HIV is spread by certain types of contact with an infected person! HIV is passed from person to person, so only humans can get it -- insects, like mosquitoes, or animals **do not** pass on HIV!

There are ***four body fluids*** that can pass HIV and they need a direct way into the body through an open sore, skin tear, or mucous membrane, like the eye. Body fluids of concern are:

- blood,
- vaginal fluids,
- semen - cum/pre-cum, and breast milk.

Only the human body can get HIV!

COMMON WAYS HIV IS PASSED THROUGH BODY FLUID EXCHANGES INCLUDE:

- Blood to blood (e.g., sharing needles)
- Unprotected vaginal and anal sex (i.e., oral sex is lower risk, and
- Mother to baby during delivery and through breast milk.

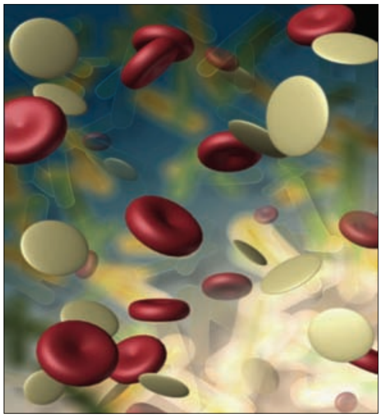
(See the section on pregnancy for more information.)

Once a person has HIV they can be infected again with more HIV! They still have to practice safer sex and safer drug use in order to not be infected with more virus or other strains of the virus and to not infect others!

When diagnosed early, with proper attention to taking care of yourself, and working with your doctor, you can still feel healthy for many years. When medications are used - not everyone chooses to take medications right away, especially if they are feeling okay - they work to keep the healthy immune systems cells strong enough to keep from getting infected. There are a number of different medications that can be used, each with its own benefits and risks. If you are not on medication and are not sure if you should be, it would be wise to talk with your health care provider.

If you want the audience to understand about care, treatment and support issues, you can refer them to Managing Your Health, a publication of the Canadian AIDS Treatment Information Exchange. The document, and others can help health care workers and APHAs understand different aspects of living with HIV/AIDS and how to have greater control over their health planning.

What is AIDS? Acquired Immune Deficiency Syndrome



By definition, a person is diagnosed with AIDS when they have tested positive for HIV and have one or more 'opportunistic infections'. An opportunistic infection (OI) takes advantage of a weak immune system and may be a rare pneumonia, rare cancer or an illness like tuberculosis. There are 20-30 common OIs that people with HIV may get and these are the illnesses that people who are diagnosed with AIDS usually have and often die from. A PHA is not considered as having AIDS unless an OI is present. AIDS, today, is incurable, although we have great hope and faith in medical research to change things.

It can take a very long time - some people are living more than 25 years - before HIV develops into AIDS!

It can take a very long time - some people are living more than 25 years - before HIV develops into AIDS! The average time it takes for HIV to turn into AIDS is 8-12 years but it is different for everyone! The antiretrovirals or HIV medications may help some people live many more years before developing AIDS! Good nutrition is also important to a healthy immune system as well as rest, low stress and exercise! Taking care of your mind, body and spirit may also help you live longer and healthier!

Excerpted from: 2003 Chee Mamuk, Aboriginal Program, BCCDC
604-660-2088/2087 with permission.
Please visit http://www.bccdc.org/downloads/pdf/std/1.whatisHIV2.pdf

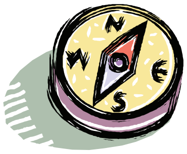
Only a doctor can tell you if you have AIDS!

Symptoms of HIV, such as fever diarrhoea, swollen glands, night sweats, or cough, are often the same as other viruses! Because the symptoms are similar to other illnesses, the only way to know if you have HIV is to get tested.

Testing can be a scary thing to go through, but you have to remember that it is better to live your life in the 'know' than to hide your head in the sand. The more you know, the easier it is to decide how you might be able to make things better. The first step after deciding you want to have an HIV test is figuring out what kind of testing program might be best for you.

There are three kinds of testing programs in Canada

Canadians choosing to be tested for the presence of HIV infection may have three different testing options, depending on where they live and what is available in that region. You will have to consider the different options, find out what is available to you in your region.



THERE ARE THREE KINDS OF TESTING PROGRAMS IN CANADA

NAME-BASED (NOMINAL) HIV TESTING

This type of testing may be carried out in many different kinds of locations, including clinics doctor's offices. With name-based testing, the person filling out the paperwork to request the blood test knows the name of the person to be tested for HIV. The test is requested using the name of the person, demographic information like age, gender, city, name of doctor, among other things is noted, and questions might be asked about HIV-related risk behaviours. The amount and type of information collected depends on where the testing is being done and the policies of the clinic and/or care provider.

NON-IDENTIFYING (NON-NOMINAL) HIV TESTING

Similar to name-based testing on all points except the non-identifying HIV is requested without using the name of the person to be tested. Instead, a number code or name initials are used - full or partial names are not used. This is to help maintain privacy and confidentiality for the person being tested.

ANONYMOUS TESTING

Anonymous testing is available at specialized clinics, are often organized and supported by public health departments, and some health care providers. During anonymous testing the staff person requesting the test does not know the name of the person having the HIV test. The test is carried out using a code - the name of the person having the test is never used. Medical and laboratory staff do not which code belongs to who - only the person being tested for HIV know the unique, non-identifying code. Information such as gender, HIV-related risk factors, and the ethnicity of the person being tested may be collected during anonymous testing, depending on which region the HIV test is requested. Test results are not recorded on the health care record of the person being tested. It is only the person being tested who may decide to give his or her name and include the HIV test result in the medical record.

In order to be more effective when doing your talks, it is useful to understand how HIV/AIDS is affecting the Aboriginal population. It can also help to have some understanding or reasons why the epidemic is happening. You don't need to be an expert but it does help to know some numbers. This is what we will present in the next section.

3.2 HIV/AIDS NUMBERS AND WHERE THEY COME FROM

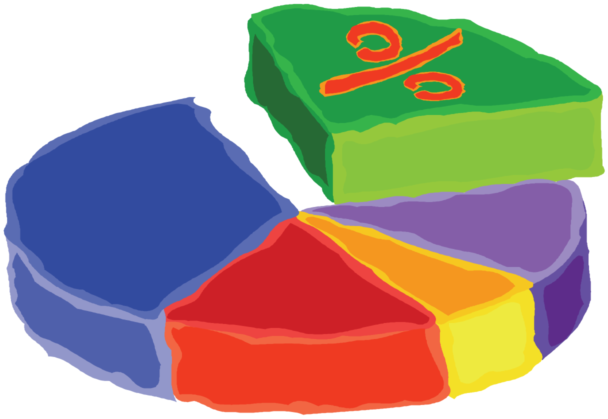
To create awareness, part of our job is to build a story that people understand. It can be hard to figure out government and media reporting about HIV/AIDS numbers - or statistics - because it can seem like it changes or no one is talking about the same thing. Sharing some of this information is important, but it is also important to find a way of saying it that means something to the people who are listening. Some often mentioned 'talking points' about Aboriginal people and HIV/AIDS include:

- "Every day in Canada, one Aboriginal person becomes infected with HIV".
- Right now, our Aboriginal women have the fastest growing rate of HIV in Canada! Half of the Aboriginal new infections are women. That is higher than non-Aboriginal women.
- Aboriginal youth are also becoming infected in increasing numbers.
- Injecting drug use makes up almost 2/3 of new Aboriginal HIV infections.
- People who are currently, have been, and/or are going to be in prison.

ABORIGINAL WOMEN HAVE THE FASTEST GROWING RATE OF HIV IN CANADA

Understanding the Numbers

Government and researchers use two types of information to figure out the numbers of people who have HIV. One is based on medical reports completed by doctors when someone comes in for an HIV test. This report notes things like gender, age, risk factors that could have caused the infection (needles, unprotected sex, etc.) and, in some regions, you may be asked what ethnicity (race) you are. Unfortunately, there are many difficulties with this kind of reporting because doctors are often too busy to complete the forms fully. This means the doctors reports are only so helpful in keeping track of the HIV situation on their own. That is why research draws on more than one source of information.



A second source of information are HIV estimates; these are also figured by the government and health departments. This mean there are not actual real-time 'now' numbers to go on, but they look at numbers they collected previously and make guesses - or estimates - about where things are in the 'now' based on the information available. They take different pieces of information and bring them all together to make a good guess at how many people may be HIV-positive. The government of Canada estimates there were between 3000 to 4000 Aboriginal people living with HIV in Canada in 2002. They also estimate between 250 and 450 Aboriginal people are infected each year. The numbers vary because they are 'estimates' rather than exact figures.

Based on studies, we also know that:

- Injecting drug use is how almost two-thirds (55%) of Aboriginal people got infected with HIV.
- Two-Spirited (gay/bisexual) men make up 8% of HIV numbers compared to 37% for non-Aboriginal gay males.
- Aboriginal women make up almost half (46%) compared to non-Aboriginal women (20%).
- More Aboriginal youth (27%) are HIV-infected compared to about 19% for non-Aboriginal youth.

Government officials and health representatives have been collecting information and there are reasons to be concerned about HIV/AIDS and how it is impacting our Aboriginal communities. The reports and research information has been used by CAAN and its member groups, like 2-Spirited People of the 1ST Nations and Ontario Aboriginal HIV/AIDS Strategy to help create awareness. While working with the information which government and health departments provide, Aboriginal organizations are also working at gathering their own information - doing their own research - to influence and change how HIV/AIDS is being addressed.

Summarized from HIV/AIDS Epi Update - May 2004 “HIV/AIDS Among Aboriginal Peoples in Canada: A Continuing Concern” Public Health Agency of Canada.

We know the numbers; the 'target populations' have been identified. One thing we have learned along the way is that creating access to resources and getting people to choose ways which reduce risky behaviours so that they do not get sick with HIV, Hep C, and among many other things is complicated. Change is complicated. There are many forces at work and they need to be challenged with many different approaches - a response including awareness, prevention, harm reduction, care, treatment and support, among many other things. Creating the Speakers Bureau is one way we are trying to create change, let people know that there are choices, and share information so everyone can benefit.

What was just presented is the foundation for this manual. It contains the general pieces of information an APHA speaker will need to go out and do public speaking. It is always good to keep up to date and look at other information to make sure you know more about different areas. Some good places to find good prevention messages and 'talking points' about Aboriginal people and HIV/AIDS. This kind of information can be found by checking out our Related Websites listed in Part 3 of this manual: Resources and Toolkit.

Questions for discussion:

1. Why are Aboriginal people more at risk for HIV?
2. What else can be done?
3. What role do APHA speakers have?

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In Part 2, Section 4, we will give information that will help you add to your story. We’ll have a look at “The Big Picture.” All of this will be presented to help you see how your life story can fit into the big picture.

OVERALL NOTES – TELLING YOUR STORY

Part 2

MORE TO THE STORY

4. THE BIG PICTURE

TIP: HIV is growing in Aboriginal communities. Keep this in mind when you do your talks: Why is this happening? What can we do to turn the situation around?

Aboriginal people come from oral traditions or story telling. Done right, it can be a powerful teaching tool. As we do public speaking, each APHA has a chance to create awareness and educate people about how living with HIV has changed your life, and the experiences you have -- some might be negative some might be positive. It's not easy to face the negative stuff. Sometimes, the stigma and discrimination comes from those we love the most. And that hurts. It can make living with HIV a lot more difficult than it needs to be. Sharing your personal stories is the beginning of the lesson, and as you become more comfortable speaking in public, you might want to add to your story. 'Adding more to your story' is about taking what you learn on your HIV journey - about research, policy decisions, funding, strategies, prevention messaging, harm reduction, or whatever - and starting to weave it into your story - showing how your experience and story is related to the "The Big Picture".

* * *

Each action is tied to the Big Picture.
We're all in this together.

What do we mean by "The Big Picture?" Each action is tied to the Big Picture. We're all in this together. Each of us has a different role to play and different gifts to share. HIV is a growing crisis in our Aboriginal communities. Why is this happening? How can we turn this situation around? That's what we mean by the big picture - thinking about things in the past and present while planning for the future. There are many pieces to the big picture - prevention is one piece among many. If you focus on one area, like prevention, there are other areas like care, treatment and support that may not get talked about - it is important to balance your story with a few pieces of the big picture. In other words, APHA story-telling is one way to teach people about the different pieces, how to take action, and have a role in "The Big Picture". As well, story-telling contributes to preventing others from becoming infected.

An APHA speaker is not meant to know everything, but it does help when they know of key documents that can help a community plan its work

HIV/AIDS is the quilt. Each issue is a patch on the quilt. One issue overlaps with many, many other things. There are both Aboriginal history issues and HIV-specific issues to think about. One example of Aboriginal history issues is that we sometimes experience racism. Some people are afraid of us because we are Aboriginal. An example of an HIV issue is stigma and discrimination. Stigma is when someone thinks you are a bad person simply because you have HIV. It's a negative feeling people have when they think of HIV. Now put racism, stigma and discrimination together and you have triple trouble.

Do you see what we are getting at? The layers make it complicated. Part of the purpose of bringing together the Speakers' Bureau was to start sharing more stories about the layers, rather than just the 'talking points'.

Putting your story together

TIP: Do not glamorize the alcohol and drug use or sexual activity you may have been involved in. This does not help to educate and may have the opposite effect.

Questions for discussion:

1. What are your thoughts about oral traditions?
2. Do you see value in telling your story in a way to educate people?
3. How do you think an audience might react if someone spoke only about partying and sex?

Now that we have covered some of the issues that are part of doing HIV/AIDS work, this next section is going to look at the how you can incorporate the Aboriginal Strategy on HIV/AIDS in Canada into your talk. An APHA speaker is not meant to know everything, but it does help when they know of key documents that can help a community plan its work

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4.1 AN ABORIGINAL STRATEGY ON HIV/AIDS IN CANADA - ASHAC

Also known as ASHAC, the title of this document is called Strengthening Ties – Strengthening Communities. It has two broad, main goals and nine strategic areas to reach those goals. The original document was written in 2003. The ASHAC strategy can help community members, health care professionals, leaders, and friends and family find answers to questions about what is being done in Canada to deal with HIV/AIDS in the Aboriginal population. It is available through the CAAN webpage (www.caan.ca).

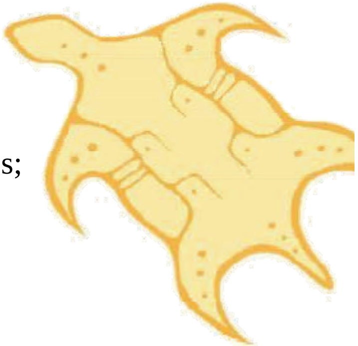
TIP: Try and bring documents like the ASHAC or others to give to a community when you do a talk, you can order them from CAAN for free.

THE TWO BROAD GOALS OF THE ASHAC ARE:

- Ensure the best possible efforts, in all areas, are placed to meet the needs of Aboriginal People living with HIV/AIDS; and
- Prevent the further spread of HIV/AIDS among Aboriginal populations, through education, awareness, and whatever means available and necessary.

THE NINE STRATEGIC AREAS OF ASHAC ARE:

1. National Coordination & Technical Support for Regional and Local Levels;
2. Community Development, Capacity Building and Training;
3. Prevention and Awareness;
4. Sustainability, Partnerships and Collaboration;
5. Legal, Ethical and Human Rights affecting APHAs;
6. Engaging Groups with Specific Needs;
7. Supporting Broad-based Harm Reduction Approaches;
8. Holistic Care, Treatment and Support; and
9. Research and Evaluation.



“Diverse Groups - Many Needs.”

In addition to all the examples and details listed under each of the 9 strategic areas, there is also a section called “Diverse Groups - Many Needs.” What this section talks about is all the different groups in our communities that are being infected and affected - sometimes called 'target populations' or 'population specific issues'. The solution is not as easy as saying we are all Aboriginal and one answer will fix all - we need a comprehensive response that includes everything from HIV prevention campaigns to care, treatment, and support for people who are living with HIV.

Questions for Discussion:

1. Why is it important to have an Aboriginal Strategy?
2. How can understanding Aboriginal HIV Strategies help me in my speaking?
3. What other work activity can I do once I understand these strategy documents?

The next section talks about how a regional strategy can help design work closer to home and describes how regional work can be done that feeds into national efforts.

Personal Notes

4.2 AN EXAMPLE OF ONE REGIONAL STRATEGY
THE ONTARIO ABORIGINAL HIV/AIDS STRATEGY (OAHAS)

www.oahas.org

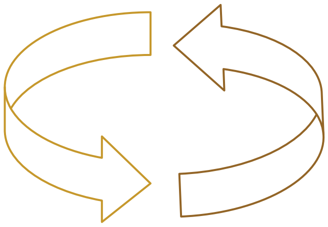
In 1995, the Ontario Aboriginal HIV/AIDS Strategy was developed and implemented. As a result of an evaluation of the Strategy in 2006, and with the changing face of HIV/AIDS in the Aboriginal community, a newer version of this document was developed. Currently, the Ontario Aboriginal HIV/AIDS Strategy (OAHAS) has A Strategic Plan for the Years 2006 – 2010.

The goal of the OAHAS is "To provide culturally respectful and sensitive programs and strategies to respond to the growing HIV/AIDS epidemic among Aboriginal people in Ontario through promotion, prevention, long term care, treatment, and support initiatives consistent with harm reduction principles.

OAHAS STRATEGIC DIRECTIONS INCLUDE:

- Promotion and Prevention
- Care, Treatment and Support
- Delivery Supports
- Determinants of Health
- People who are increasingly vulnerable due to determinants of health
- Leadership
- Accountability

In the 2.0 OVERVIEW of HIV/AIDS section of the OAHAS document, Issues and Trends in the Ontario Aboriginal Community are examined,
including the following:



- HIV Testing
- Aboriginal Women
- Aboriginal Prisoners
- Substance Use
- Leadership and Networking

The reason why a national and a regional Aboriginal HIV/AIDS strategy is listed here, is to help show how these documents can guide an organization or a region by laying out a plan. It helps show what priorities need to be looked at and how they reflect local needs.

TIP: Try to find out before you travel to a community what Aboriginal HIV/AIDS groups are in the area, so you can show the value of networking.

Questions for discussion:

1. How are the two strategies the same?
2. How are they different and why?
3. Do they go together?

In section 5, we will continue along by looking at Aboriginal issues. It will describe our histories, things that make us Aboriginal.

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5. ABORIGINAL HISTORY

The purpose of this section is to tell Aboriginal history. This is followed by current issues or things we are facing today because of these kinds of histories.

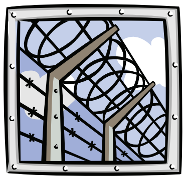
PRE EUROPEAN CONTACT

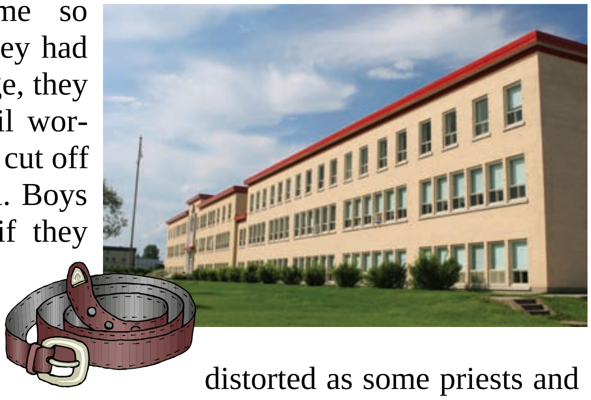
It was not perfect but Aboriginal communities were a lot better off than they are today. Men and women walked side by side. Women had particular roles, as did men and 2-Spirit people. Aboriginal people had their own healing practices, were keepers of the earth, had natural medicines and social rules that were passed from adults and grandparents to children. Certain ceremonies were used to mark the passage of time; rites of passage.

There were special things that women did that men were not involved in; men had special things that women were not involved in. Women understood and had special women's medicine and men did not generally have anything to do with it. This was different than with European people. Except with earth religions all over the world like with the Celtic Druids and Wicca, organized religions were controlled by men. Up until organized religion came to North America, power between male and female roles was fairly balanced in Aboriginal communities.

POWER AND CONTROL

Many laws were in place in Europe explaining how one country could take over another country. To invade, they had to show that people were pagans for example. These rules did not recognize or understand our Aboriginal systems. Bit by bit, our Aboriginal systems were taken apart and destroyed. Then we were hit hard by diseases which our bodies had no defence against.





Residential Schools were the main way that our Aboriginal societies were forever changed. Aboriginal people who lived under a big family system saw their children taken away, sometimes by force. Children returned home so very different. Often, they had been beaten for speaking their language, they were told their ceremonies were devil worship and they had their hair and braids cut off while they were at Residential School. Boys and girls were kept separate, even if they were brother and sister. There were many losses through this 'schooling', including parenting skills and healthy sexualities, which were distorted as some priests and nuns abused children. Cultural loss resulted in identities of shame. Violence between friends and family took hold and alcohol became a way to deal with it or to try to forget about it.

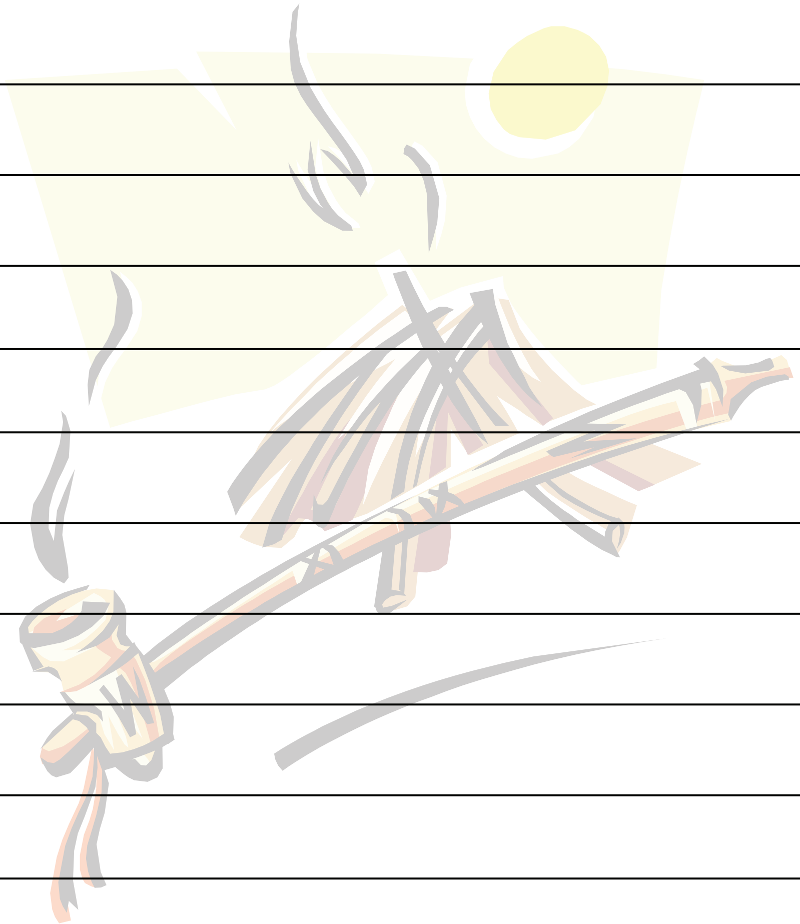
“The 60s Scoop” was another example for how Aboriginal communities were invaded by others and lost their children, again; but this time, the children didn't get to come back from school. Some well meaning non-Aboriginal social workers in the 1960s came into Aboriginal communities and said children were being neglected. They did not understand the extended (big) family system and community culture - they thought that the children were not being cared for by any ONE person, which was what they believed was important - and so children were removed not only from family but taken completely ("scooped") out of their community. There is some evidence that Aboriginal children were sold to families in the United States and other countries through church run agencies at that time.

TIP: YOU DON’T HAVE TO BE AN EXPERT ON HISTORY, BUT IT ALWAYS HELPS TO TALK WITH PRIDE ABOUT HOW OUR CULTURES HAVE SURVIVED A LOT AND THAT TRADITIONAL STRENGTHS CAN BE USED TODAY TO DEAL WITH HIV/AIDS AND OTHER HEALTH ISSUES.

Questions for Discussion:

1. What stands out for you, as an Aboriginal person?
2. Do you feel this type of history telling is about living in the past or is it important to talk about?
3. How do you feel it relates to HIV/AIDS and why our infections are so high?
4. How do you think culture and traditions can help build up Aboriginal communities to face HIV/AIDS?

Personal Notes



5.1 TWO-SPIRIT HISTORY

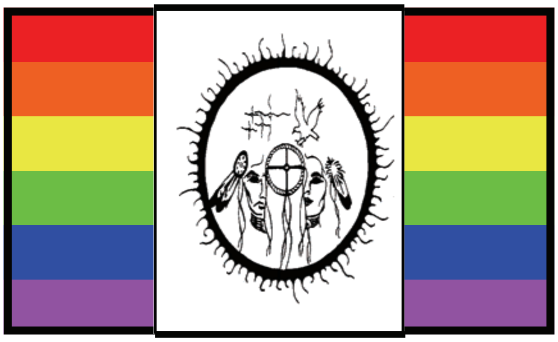
Some Two-Spirit people have asked questions to Traditional teachers. Some of these teachers, who have looked into how their societies once were, believe that Two-Spirit people held an honoured place in our communities. Some were called ‘Contraries’, others known as ‘Persons of Power’, and all held a central role and performed certain ceremonies. The term Two-Spirit refers to a balance between male and female spirit. Some feel the best examples are trans-gendered or inter-sexed people or the androgynous person who you cannot tell whether is male or female.

Two excellent documents available at www.2spirits.com from 2-Spirited People of the 1st Nations are:

- ♦ Leading an Extraordinary Life: Wise Practices for an HIV prevention campaign with Two-Spirit men
- ♦ We Are Part of a Tradition: A Guide on Two-Spirited People for First Nations Communities

In the Aboriginal Strategy on HIV/AIDS in Canada, a definition is given for what is meant by Two-Spirit:

> *Inuit do not use the term “Two-Spirited”. Likewise, some Aboriginal people and communities do not use this term at all, as traditionally they did not assign labels or speak publicly in terms of sexual orientation. The term itself is a* ***generic term*** *to fill the place of words in various Indigenous languages which include Traditional roles not based solely on sexual orientation, such as the Winkte in Lakota culture. It is important to point out that this section is about risks and issues facing men who have sex with other men. This can and does include married men. (CAAN, 2003:29)*



This is an example of how Aboriginal societies had their own structures and traditions. It is also an example of how colonization has influenced something natural - like being with the person you are in love with or who you are attracted to sexually - to be considered a sin and bad It is generally believed that most, if not all, Aboriginal societies did not have negative views of Two-Spirit people. In fact, many priests and religious people wrote about what they saw when they first arrived in Turtle Island (North America). This included observations about special people who did not seem to fit a 'usual' role -- Two-Spirits were active, engaged, contributing members of the community.

HIV doesn't care what religion you are

Our communities are very diverse. Christianity is central to many Aboriginal people and communities. Aboriginal people are good learners and we can all learn to work together. HIV doesn't care what religion you are. There are some Aboriginal people who speak against this idea. They don't believe that it was culturally normal to include and cherish Two-Spirit people in Aboriginal communities. They may have been made to believe this either in residential schools or by wrongly linking homosexuality with the priests and others who sexually assaulted children in the care of the school. This does not mean all priests or nuns were sexually abusive. However, some church-linked people did terrible things to young children and it can be confusing when an adult teaches one thing and then does another.

The abuses of the Residential School System and the churches are well documented and there have been financial settlements to residential school survivors. It's very important to approach this topic from the heart. When speaking about our Aboriginal history with the churches, we have to remember that we are all in this together. We have to remember how we got here.

TIP: Make sure you have a good feel for a community before you talk about these types of cultural or traditional beliefs, unless you feel very strong on the subject. Some communities have very strong Christian beliefs that may not easily accept these kinds of discussions and may challenge them.

5.2 HISTORY OF 2-SPIRITED PEOPLE OF THE 1ST NATIONS

In the early 1980s, the current Executive Director of 2-Spirited People of the 1ST Nations (2-Spirits), Art Zoccole, remembers how friends approached him telling him that they got the HIV infection. He noticed that Aboriginal Two-Spirit people were hanging out in the gay community and in bars but they weren't talking to each other. Art and some others began to socialize and finally, a meeting was held at The 519 Church Street Community Centre (a gay community centre in Toronto) and it was a full house. Our group later became known as Gays and Lesbians of the First Nations (GLFN) in 1989 and they got some City of Toronto funding for a project.

Between 1983 and 1989, many members of the Aboriginal community in Toronto began to get sick. In 1990, 2-Spirited People of the 1ST Nations was formed. Not only were they struggling with the HIV/AIDS issue, but Two-Spirit people were also trying to find their place. They were trying to find their identity. At the time, HIV/AIDS was mostly known as a gay white man's disease. Both the Aboriginal HIV/AIDS movement and the modern Two-Spirit movement began to grow side by side. In 1990, the first gathering on Aboriginal Women and HIV/AIDS was held. Even back then, the Aboriginal community knew it was not going to be just a "gay" disease.

Questions for Discussion:

1. Why do you feel it is important to know about 2-Spirit History?
2. Do you think you can handle an audience or community saying negative things about gays?
3. Why do you think so many Two-Spirit men have been infected with HIV?

<u>Personal Notes</u>

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Art Zoccole
June 2004 Toronto City Hall–
Official Opening of Gay Pride Week

5.3 HISTORY OF THE ABORIGINAL HIV/AIDS MOVEMENT

A brief timeline of key events in the Canadian Aboriginal HIV/AIDS Movement includes:

1989 First national Aboriginal Conference on HIV/AIDS

1991 Second national Aboriginal Conference on HIV/AIDS

1992 National Aboriginal People living with HIV/AIDS Network NAPHAN formed and incorporated

1993 NAPHAN changes name to CAAN

1993 Ontario First Nations HIV/AIDS and Healthy Lifestyles Study, Dr Ted Myers

1993 first prevention poster by 2-Spirited People of the 1ST Nations

1994 third national Conference on HIV/AIDS and Related Issues

1995 2-Spirited People of the 1ST Nations incorporates and applies for charitable status

1995 Ontario Aboriginal HIV/AIDS Strategy formed (off-reserve)

1996 Fourth national Aboriginal Conference on HIV/AIDS and Related Issues in Halifax NS

1997 CAAN reincorporated and establishes offices in Ottawa ON

1999 Red Road Pathways to Wholeness, An Aboriginal Strategy for HIV and AIDS in BC

2000 Circle of Hope, Quebec Labrador First Nations and Inuit HIV/AIDS Strategy

2000 Assembly of First Nations HIV/AIDS Action Plan

2001 Alberta Tree of Creation Aboriginal HIV/AIDS Strategy

2001 Inuit Action Plan, Canadian Inuit HIV/AIDS Network (CIHAN)

2002 Assembly of First Nations develops an Implementation Framework

2003 Aboriginal Strategy on HIV/AIDS in Canada was developed

2004 As Longs as the Waters Flow, Manitoba Aboriginal HIV/AIDS Strategy

These order of events are not intended to be a complete record but highlights of some key points. While some Aboriginal HIV/AIDS groups formed in the early 1990s, most came later. Also, most had only special project funding, which means they did not receive funding for a long time, and some still are not funded in a way that makes sure the doors can stay open. Both the first and second conferences were held in Vancouver[1] by the University of British Columbia (UBC).

At one point during a national meeting in 1991, a group of community advocates, including APHAs, took control of the agenda and made an attempt to formalize a national body. This group was incorporated and known as the **National Aboriginal People Living with HIV/AIDS Network** (NAPHAN) in 1992. The third and fourth conferences were held by community groups, 2-Spirited People of the 1ST Nations in Toronto, Ontario in 1994 and Atlantic First Nations AIDS Task Force (now Healing Our Nations) in 1996.

NAPHAN changed its name to CAAN mostly because not all people involved were living with HIV/AIDS. Because the Aboriginal HIV/AIDS movement was young with not much experience and because there were no operational money, a couple of national projects were funded but did not do too well and NAPHAN officially shut down operations in 1997

When NAPHAN began to reorganize itself it came at a strange time because it was the last year of the National AIDS Strategy - Phase II (NAS-II). In both NAS-I and NAS-II, no dollars were dedicated to Aboriginal programming.
Most AIDS Service Organizations (ASOs) were preparing to close offices if the federal strategy was not renewed. Intense lobbying and pressure was put on government to continue funding an HIV/AIDS initiative. Eventually government funding was released and the Canadian Aboriginal AIDS Network (made up of a lot of former NAPHAN members), finally established itself. CAAN secured project funding in 1997 and, a national Aboriginal AIDS organization in Canada was formed. Unlike mainstream (non-Aboriginal) organizations, many of the Aboriginal ASOs only began to organize themselves around 1993 and later. For example, the "Canadian AIDS Society was created in 1986 by seventeen local AIDS organizations across Canada,"[2] making them about twenty-seven years old in 2007. Most Aboriginal groups have been around ten years or less.

TIP: Most Aboriginal HIV/AIDS Activists believe that the lack of federal funding to support Aboriginal HIV/AIDS programs and services is one of the main reasons there is now an epidemic.

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[1] Current Realities: Strengthening the Response, Canada's Report on HIV / AIDS, Health Canada, 2001. P. 7.
[2] Current Realities: Strengthening the Response, Canada's Report on HIV / AIDS, Health Canada, 2001. P. 6.

Questions for Discussion:

1. What stands out for you when you read this history?
2. Do you feel comfortable repeating key points about the Aboriginal HIV/AIDS movement?
3. What is the future of the Aboriginal HIV/AIDS movement?

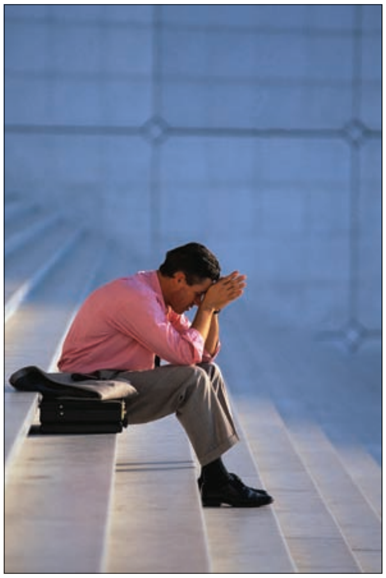
Personal Notes

6. FACTORS THAT AFFECT HIV/AIDS WORK

This section of the manual is also about adding to your story. In Phase I, many guest speakers were brought in to the training sessions to talk to the speakers-in-training about different topics that relate to the needs of APHAs. The themes of the issues that we talked about in Phase I were:

- Social Justice and legal, ethical and human rights issues: This discussion focuses on stigma and discrimination, and educating the average person about how to respect the rights of and stop the discrimination against APHAs.
- Aboriginal People who are or have been in Prison: Understanding HIV/AIDS is also about learning about Aboriginal people who are in the prison system; some of them may be living with HIV/AIDS and others may be at risk for HIV because of drug use or unprotected/ or unwanted sex inside prisons.
- Sex , Sexuality and Sexual Health: Because HIV can be spread sexually, it is helpful to understand that many things contribute to why it happens. 'Sexuality' inludes sexual practices, like oral, anal, or vaginal sex, and then there are the sexual identities and feelings that go with the practices, like two-spirit, lesbian, and/or gay.. In other words sexuality is about more than who you have sex with - it's also about how people view themselves as sexual beings, who they are attracted to, and how they like to express their sexual identity. This is their sexuality. This is a very broad area, all the way from teenage pregnancy to sex trade work.
- Homophobia: Even after 25 years of HIV being here on Turtle Island, many still think HIV is a gay disease. This session focuses on homophobia and how it can impact on whether people listen to HIV prevention messages or protect themselves because they may think they are not at risk.

These four main topics will provide more background information for you to include in your story. As you tell your story, some things may come up, for example if you are a 2-Spirit male, your own experiences of being beaten up or discriminated against because of your sexual orientation may come up. Adding to your story includes being able to talk about issues or subjects that we know affect our communities and the lives of APHAs.



Being denied work or housing; becoming infected while in prison; not having a good self image or acceptance of your own sexuality are all things that can be worked into your talk whether they are part of your story or part of other APHA stories that you may have heard. People want to hear about your life, how you are dealing or living with HIV/AIDS, and how to avoid risks.

This is where adding to your story can be about educating people about some of these issues and sharing your wisdom and experience by being connected to other APHAs who have had similar or different struggles. Like a mother who is HIV-positive and may have lost her children because social services may have felt she was not able to take care of her children. It is not about speaking on their behalf but speaking about these real examples so that people understand how APHAs may be discriminated against.

Just keep in mind that you may choose not to answer any particular question. Just say, "I'm not comfortable answering that question right now but another related experience I have is…"

TIP: Remember that your story is an important one. There are also others who have not found their voice yet. When you speak, knowing that you are a voice for them can give you strength.

6.1 SOCIAL JUSTICE AND LEGAL, ETHICAL AND HUMAN RIGHTS ISSUES.

It is difficult enough to live with the physical challenges of HIV, but stigma and discrimination are two of the biggest problems that APHAs face. These occur when services are denied, assumptions are made about personal histories, and people are treated differently because of their HIV status.

Stigma means people have an image that they give when they hear something, so for example, when they hear the words HIV-positive, they may think "That person got it from drugs" or "They might infect my children if they come in contact with them" or "They must be gay if they have HIV". Stigma is about the thoughts that people have about something, in this case HIV/AIDS.

Discrimination is what happens when people act on stereotypes and stigma - what they do with those negative thoughts. So if a landlord does not want to rent to you because you are HIV-positive, or you are turned down for a job, this is discrimination. APHAs and other people with different illnesses have rights to access safe, affordable housing like everyone else.

Social justice really is about making sure our society is fair. Social justice is about keeping a safety net in place to catch anyone who falls. It is to make sure that when someone faces life challenges, they simply do not fall through the cracks and end up on the streets. According to law (and also Aboriginal thinking) everyone has the basic right to be helped by the community to help them climb back up from a difficult place. When we know discrimination is happening, we work to have a system and process that stops discrimination. Fighting for and defending social justice means that things that were wrong get put right. For example, a landlord might have to accept a tenant without ever knowing or discussing their HIV status.

Because of the stigma and discrimination associated with living with HIV/AIDS, some legal organizations provide specialized services to PHAs. One group called HALCO, which stands for HIV/AIDS Legal Clinic of Ontario (www.halco.org) is one example of a "free" service that is there to support people living with HIV/AIDS who have legal needs.

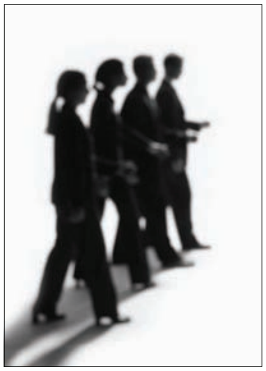
HALCO's areas of practice include:

- Social Assistance (Ontario Disability Support Program, Ontario Works)
- Income Support (Canada Pension Plan Disability)
- Housing (landlord/tenant disputes)
- Human Rights (federal and provincial)
- Employment Standards
- Some Private Insurance Matters
- Substitute Decision Making
- Regulated Health Professions Complaints
- Prison Matters
- Other Administrative Law Matters

HALCO's areas of practice **do not include**:

- Criminal matters
- Family Law
- Immigration" (*Taken from http://www.halco.org/whatwedo.html Jan 25, 2007*)

Their services are designed to serve low income people living with HIV/AIDS who have certain legal needs and meet their criteria. They offer assistance through the processes and help clients understand different options or ways of being heard and meeting their needs. Because stigma and discrimination are common for many Aboriginal and non-Aboriginal people living with HIV/AIDS, accessing these types of services can be a good support so that you do not have to fight a system alone.

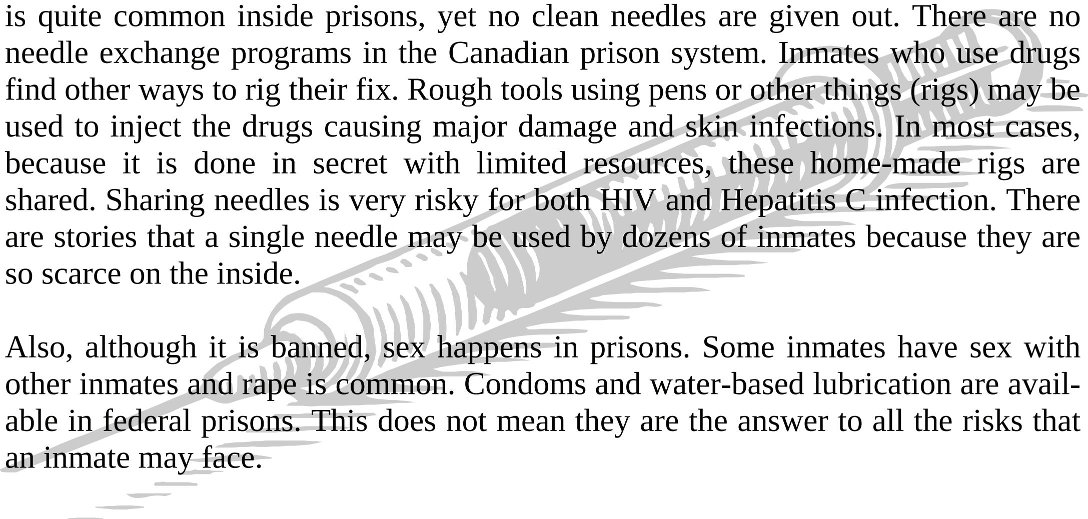


The next section will look at some of the needs that people on the inside may have, whether they are HIV-positive or involved in things that may place them at risk.

6.2 ABORIGINAL PEOPLE WHO ARE OR HAVE BEEN IN PRISON

In many parts of Canada, Aboriginal people are a large part of the inmate population in both provincial and federal prisons. Prisons are a place where the risk of HIV infection is much higher than in the general population. Many people are HIV positive and don't know it. Depending on what risks an inmate takes on the inside, they are probably at higher risk for getting HIV. Hopefully, they know enough about HIV and/or Hepatitis C when they get released to go for testing. If somebody doesn't know they have HIV or Hepatitis C, it means they are not getting treatment. It also means that they may be continuing to put others at risk for infection because they don't know they have it.

Even though drugs are illegal, inside prisons drugs are used a lot. Injection drug use is quite common inside prisons, yet no clean needles are given out. There are no needle exchange programs in the Canadian prison system. Inmates who use drugs find other ways to rig their fix. Rough tools using pens or other things (rigs) may be used to inject the drugs causing major damage and skin infections. In most cases, because it is done in secret with limited resources, these home-made rigs are shared. Sharing needles is very risky for both HIV and Hepatitis C infection. There are stories that a single needle may be used by dozens of inmates because they are so scarce on the inside.



Also, although it is banned, sex happens in prisons. Some inmates have sex with other inmates and rape is common. Condoms and water-based lubrication are available in federal prisons. This does not mean they are the answer to all the risks that an inmate may face.

Being an Aboriginal person in prison and living with HIV/AIDS is not an easy thing to be dealing with, especially if you are a woman or 2-Spirit or trans-gendered. Other inmates may threaten your safety because they are afraid of getting either HIV or Hepatitis C.

(REMEMBER THAT) **APHAs DON'T WANT TO INFECT OTHERS**

CAAN developed several tools to help raise awareness and do HIV/AIDS and Hep C prevention. One key manual is called **Circles of Knowledge Keepers, a Peer Education HIV/AIDS Manual for Aboriginal Offenders**. It is there to help teach Aboriginal Offenders to learn about HIV/AIDS and Hep C, and to educate one another about protecting yourself against these infections.

> It is very important for our Aboriginal people to hear about the experiences of APHAs inside prisons.

In Ontario, there is also one organization design to support these types of needs; it is called:

PASAN or Prisoners' HIV/AIDS Support Action Network (www.pasan.org)

"*PASAN is a community-based network of prisoners, ex-prisoners, organizations, activists and individuals working together to provide advocacy, education, and support to prisoners on HIV/AIDS, HCV and related issues. PASAN formed in 1991 as a grassroots response to the AIDS crisis in the Canadian prison system. Today, we are the only organization in Canada exclusively providing HIV/AIDS education, support and advocacy to prisoners, ex-prisoners, young offenders and their families.*" (Retrieved from www.pasan.org on Jan 25, 2007)

Working with people who are on the inside on how to reduce their risk of getting HIV/AIDS and Hepatitis C is important for many reasons:

- Aboriginal people make up a large number of those who are in the prison system.
- We know there are risk behaviours that still occur in prison like drug use and sexual contact that can lead to HIV and/or Hepatitis C infection.
- Most inmates get out at some point and return to their community.
- If they have never been told about HIV/AIDS and Hepatitis C, or shown how to prevent these infections, or where to go for testing, they go undiagnosed, untreated, and unaware that they may be putting others at risk.

It is very important for our Aboriginal people to hear about the experiences of APHAs inside prisons. There are special health and safety needs of inmates who know they are HIV positive. Unfortunately, once an APHA is in prison, it is very difficult for outside HIV/AIDS workers and advocates to reach them. Most efforts to provide HIV/AIDS services and resources for incarcerated APHAs are focused on when they are released back to the community.

As Public Speakers, it can be helpful to know something about these issues because questions can come up about things beyond your own personal experience. It is helpful to take the time to educate people about how complex and complicated it is to do HIV/AIDS work, especially with people on the inside. It starts with changes in our own lives so communities and individuals can better deal with all the different needs that are out there

TIP: In many regions of Canada, Aboriginal people make up high numbers of the people inside prisons. The importance of talking about prison issues is to make sure education and prevention occur, as well as testing and care if someone becomes HIV and/or Hep C positive.

What you will find next is some basic information about another key area, and that is sex. HIV is often transmitted through sexual contact so we need to understand some things about healthy sexuality. Thing like: the human body, risks, and sexual identity to help be effective in reducing risks for anyone who is or thinking of becoming sexually active.

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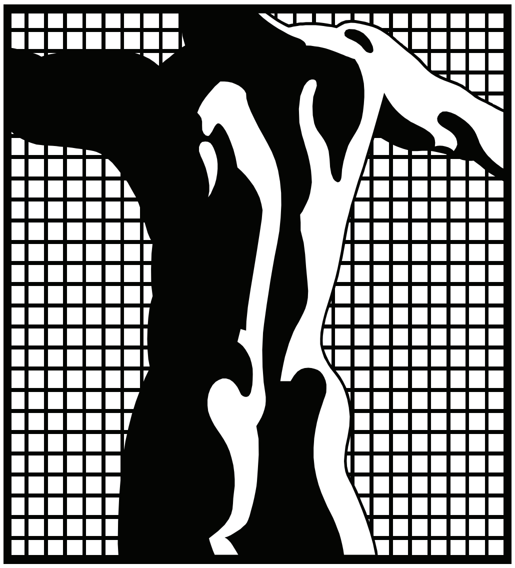
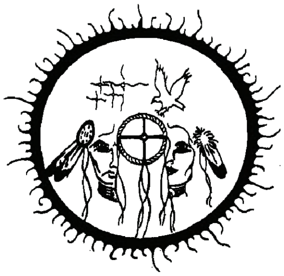
6.3 SEX, SEXUALITY AND SEXUAL HEALTH



Sex. Young Eagles Challenge developed by the Assembly of First Nations in 2004 says that "sex involves the physical acts… oral sex (blow job on a guy or going down on a girl); anal sex (entering the butt); vaginal sex (entering a woman); and masturbation (jerking off or pleasuring yourself)." (AFN, 2004:27) Each of these sexual acts has different risks for HIV. Safer sex is about knowing what the risks are and making choices about whether to continue taking risks or doing something different, like wearing a condom, to reduce the risks. When an APHA does a talk, they likely will get a lot of questions about what is risky and how to avoid risks.

NOTE: Refer to CAAN's website to get a copy of YOUNG EAGLES CHALLENGE or get it off the cd-rom for this manual

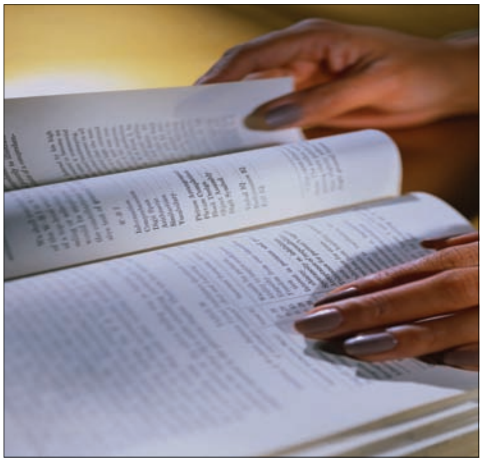
SEXUALITY. Sexuality, as described earlier is about your identity. It is how you identify as a sexual being. Some people are bisexual meaning they are attracted to both males and females. Others are homosexual or gay, meaning they are attracted to the same sex. Others are heterosexual meaning the attraction is between a male and female. Still others may use the term 2-Spirit to bring another identity, a cultural one to how they see themselves. Trans-gendered people are those who feel they are members of the opposite sex from which they were born or identify with a "middle gender." Inter-sexed is another term for hermaphrodite, a person born with genitals that show characteristics of both sexes.



SEXUAL HEALTH. So what is the link between sexuality and HIV/AIDS work? Part of it is that people and families do not always have an easy time accepting someone's gender identity or sexual orientation. Being 2-Spirit may bring about discrimination and lead to someone feeling outside of the circle or not accepted by their family or community. Or others may face very serious traumas like abuse or assault which creates confusion and trust issues. Normal sexual development also brings challenges as hormones kick in and young adults may begin to have sex and not know the risks involved. They may not know how HIV is transmitted.

THE LEADING CAUSE OF CONDOM FAILURE IS NOT USING ONE!

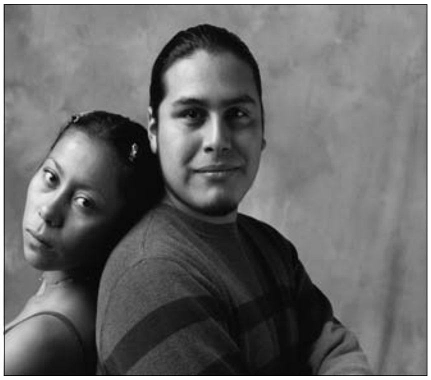
PPROTECT YOURSELF
PROTECT YOUR LOVER!



Sexual health education should be delivered by someone with experience. An APHA speaker should not be expected to be an expert on healthy sexuality. It is helpful to partner with sexual health educators or health professionals, to make sure public speaking workshops cover all the bases. An APHA speaker should know the basics for how HIV is spread through sexual contact and which activities have more risks than others. Sexual intercourse without a condom is high risk behaviour. The leading cause of condom failure is NOT using one! HIV is just one concern with unprotected sex - there are other STIs like Chlamydia, gonorrhoea, herpes, and genital warts among others, as well as the risk of unplanned pregnancy.

Your self-esteem and how you feel about your sexuality can affect whether you feel the power to speak up for yourself. Not all of us had someone to teach us when we were young and so we learn what is okay for us as we go. Healthy sexuality education is an important way to protect ourselves from sexually transmitted infections (STIs). The more we know about sexual health, the better off we are. And we can teach it to our kids so that we protect our future generations.

NO DOUBT ABOUT IT, SEX FEELS GOOD.



Healthy sexuality education doesn’t have to be all scary and gross. It can be sex-positive, meaning that we can be honest and tell people that sex can be very enjoyable and fun. No doubt about it, sex feels good. The more a person involves the physical, emotional, mental, and spiritual, the deeper the sexual experience can be. One excellent resource is a book called “All The Way: Sex for the First Time” by Kim Martyn which you can get through a bookstore. So approaching talking about sexuality is about the combination of your own life experience, who you are, how you have dealt with HIV, and then do your best to answer their questions about HIV/AIDS.

This next part is a story that explains in its own way what we are trying to accomplish with the Speakers' Manual. It can be used to talk about the Speakers' Bureau, to show why you have come to a community to do your talk, as a tool to get the attention of your audience at the beginning of your talk, or however you like! Feel free to add to the story for dramatic effect if you want.

Story of a Village

There once was a village, and one day, a baby came floating down the river. A woman waded out and retrieved the crying baby. The people in the village were all running around trying to find clothes, parents, a home, food, etc. for the new baby. It all worked out fine but two days later, another baby floated down the river and the village once again scrambled to care for this new little one. More and more babies floated down the river in the following weeks. The village was in a constant crisis and they had to arrange for people to stand and wait by the river to catch all the babies floating down. Eventually, the village people had a meeting and decided to send someone up the river to find out where all the babies were coming from.

This is what Sexual Health and HIV/AIDS educators do. They go up the river to find out where all the babies (or new infections) are coming from, and work to help make things different. APHAs who are willing to be these messengers and runners, can help make a difference – both in their own lives and the lives of those to come.

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The next section will speak about one major form of discrimination and one that still is a key roadblock for doing HIV/AIDS prevention, and that is homophobia.

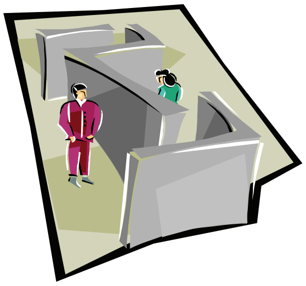
6.4 HOMOPHOBIA

Homophobia is the fear of homosexuality. As we said earlier, homophobia also remains a big barrier when doing HIV prevention. Just like with mainstream society, most (but not all) Aboriginal HIV infections were happening in gay males, or 2-Spirit men. Some people still think that if they are not gay, that they are not at risk for getting HIV. This is not true.

TIP: Remember, Straight Aboriginal men and women get HIV too!

Today, we know that in the Aboriginal population, HIV is hitting Aboriginal women, Aboriginal youth, Aboriginal inmates, and both straight and 2-Spirit men are also being infected. So what do we say when people ask, "If it is not a gay disease, then why do so many gay men have it?" Or what do we say when they say they are not at risk because they are not gay?

Homophobia blocks education. **Homophobia is a barrier** to raising awareness about HIV/AIDS in our communities. This is especially important because this manual was developed by a 2-Spirit organization and it is very likely that many (but not all) speakers who come from this 2-Spirits APHA Speakers Bureau will be 2-Spirit people.



By giving thought to the questions listed above and others, it can be useful to try and form some answers. This can be done by talking about how homophobia may have created problems for you or someone you know growing up. It can also be about feeling pushed aside or unsafe about being what you are. Even for those who are not gay, they may be able to relate to how feelings of not being accepted can lead to making risky choices that can lead to getting HIV.

TIP: Never feel you have to defend your sexual orientation. When you're doing a talk, focus on how homophobia as a barrier that keeps many Two-Spirit people feeling isolated. Be prepared because some may question why you talk about 2-Spirit people by saying HIV is not a gay disease, so why talk about 2-Spirit issues?

Questions for Discussion:

1. Do you think you need to always say you are 2-Spirited when you do a public talk? Why or why not?
2. How do you think you would react if you suddenly did not feel safe to be open about your sexuality?
3. Do you think it is important to speak about homophobia and how it may have had an affect on you?
4. What kind of strategies or ideas can you think of to help prepare yourself for this type of subject or discussion?

Personal Notes

7. Closing: “I’m So Excited… Now What!!”

This manual used the experiences of training APHAs. It became the basis for how a Speakers Manual and Training Outline could be developed. It also used the experiences from the second round of training - Phase II - to guide the writing of this manual as they occurred at the same time. The result is this four part manual that lays out a simple plan with some tools to help an Aboriginal person living with HIV or AIDS tell their story. Whether you want to just get up and be heard and tell your story as an Aboriginal person living with HIV/AIDS or to go further to become a paid professional speaker, the process is the same. You can be an active part of the larger Aboriginal HIV/AIDS movement who can help make Aboriginal people more aware of this journey.

You can be an active part of the larger Aboriginal HIV/AIDS movement who can help make Aboriginal people more aware of this journey.

It is a not a simple task to put your life out there for others to look at, yet some people find strength in telling their journey so that others may learn from it. It can help to make sense of things in our lives that once baffled or confused us. It can make us stronger when we know where we came from and how we have survived many hardships, and are still surviving and thriving into the future.

THE FOUR PARTS OF THIS MANUAL INVOLVE:

- ● Telling your story;
- 🔴 More to the story;
- 🟡 Resources and Toolkit;
- ○ Speaker's Bureau Policies
  with Notes to Facilitators.

It is meant to work together with other manuals and tools that have been already developed. The advantage of working through a process of training sessions with a group of APHAs helps make this manual more realistic to our realities. Only you know what your dreams are and whether public speaking can help give voice to things previously unsaid.

What does a person do though now that the training is over and this manual is sitting on your coffee table or bookshelf? Again, only you know whether it has helped bring you together with other people walking the same walk as you. In some ways, it will now be about you promoting yourself or getting to know people better working in Aboriginal HIV/AIDS service organizations, like 2-Spirited People of the 1ST Nations or the Ontario Aboriginal HIV/AIDS Strategy.

Through those connections and also staying in contact with other APHAs you will become known – your story becomes known and when a community or organization calls for a speaker, you may be the one to go. Becoming a member of the Canadian Aboriginal AIDS Network and attending some of their events or projects can help you network. All of this can help you stay active and maybe even mentor someone who is new eventually.

As an APHA speaker, your work is only as good as your reputation. In other words, if you do a good job, you will be asked to speak again and again and your name will become known. If you are REALLY GOOD, maybe it's time you started to train other APHAs how to speak in public

Maybe it is time for you to be a leader. Take a stand

Before we end this manual, here is a write up that captures the spirit of how a team worked together to put into practice the training it received in Phase I. As can be seen, there are many benefits which help people connect to one another to do serious work, yet with much laughter and understanding. You too can be part of this kind of team that helps to change Aboriginal communities and make them stronger – for you and for other APHAs.

PRESENTATION AT A FIRST NATION - POSITIVE LIVING WITH HIV - GAAGIIGIDOK OGOKWEK

By: *Russ, Shane, Corey, David and Trevor*

Picture this: Four laughing Toronto city-Indian guys driving a rusting, 20-year-old station wagon through the great white north on their way to present at a speaking engagement at a First Nation up in the great white north. We were certainly getting more and more lost in the blizzard blowing in from Georgian Bay. The car was dying but the Aboriginal youth were counting on us so we pressed on.

Upon arriving, the car died in the parking lot of the Community Centre. Luckily Philip, the Community Health Representative (CHR) offered to drive all the way to town to buy a new battery for the car.

We were welcomed by Nichole, the National Native Alcohol and Drug Addiction Program worker who made us feel right at home. We quickly began setting up our projector, laptop and resource table. After a healthy lunch, we began our panel presentation.

The audience consisted of about 30 youth and 10 adults. They were all ears. We drove all the way to their community to share our experience as 2-Spirit Aboriginal men living with HIV/AIDS.

Trevor, Corey, Russ and David introduced themselves and began by giving a brief overview of the contemporary and historical 2-Spirit identity. We explained how we are messengers who have come to educate our communities around HIV/AIDS prevention and awareness. This is an Aboriginal issue.

Our collective stories touched on many issues of the crisis faced in our communities by HIV/AIDS. We talked about the downside of living with HIV and AIDS such as bereavement and loss of loved ones, self esteem, substance use issues and how it impairs one's judgment and decision making process. We discussed issues around cultural loss through adoption and the "Sixties Scoop".

There wasn't a dry eye in the house when we spoke of basic human dignity, dying with dignity and how no Aboriginal person should have to die alone. The speakers discussed in detail about how Aboriginal people living with HIV/AIDS often must leave the community either to be closer to specialized medical care or because of high levels of stigma and discrimination they experience when living at home.

Youth were encouraged to get tested for HIV and they were told the address and phone number of the nearest place to get anonymous HIV testing. Growing up gay in school and being ridiculed for being gay was talked about and how that affects a 2-Spirit youth's self esteem. We also talked about how children and youth have a hard time coping with a parent's HIV-positive status.

We strongly believe as a group that we made a positive impact about the realities of life that we have shared about HIV/AIDS. Even though some of us were diagnosed recently and some have been HIV-positive for over a decade, each of us has an important and valid story to tell.

We feel that the training from this 2-Spirit Organizational Capacity-Building Project has helped fulfill or enhance our holistic well being; spiritual, physical, mental and emotional. And with these new strengths we feel that we can confidently educate, promote awareness and teach accurate information in all of our communities.

The End!

TIP: Make sure you take time to think back on your training and remind yourself that you are a valuable part of helping to create awareness and make our communities a better place. Keep in contact and make a plan for how you will use this training and manual. Do not be afraid to ask questions or ask for help to get yourself well set up to be a speaker.

OVERALL NOTES – TELLING YOUR STORY

Part 3:

RESOURCES AND TOOLKIT

- A. Speech Recipe
- B. Creating a Bio
- C. Writing a Basic Report
- D. Talking to the Media
- E. Debriefing Tips
- F. How To Research A Community You Will Speak In
- G. Understanding What a Community Needs
- H. Sample letters (Introduction and Follow Up)
- I. Speakers' Request Form
- J. Aboriginal People Living with HIV/AIDS Speak Out (sample flyer)

Appendix K: Sample template for Confidentiality Agreements and Release

Appendix L: Sample template for Equipment Use and Loans

Appendix M: AIDS 2006 Abstract as a promotional piece for project

RELATED WEBSITES

www.2spirits.com
www.caan.ca
www.thebody.com
www.vopw.org
www.halco.org
www.pasan.org
www.oahas.org
www.health.gov.on.ca/english/public/program/hepc/hepc_mn.html
www.healingournations.ca
http://www.bccdc.org/downloads/pdf/std/1.whatisHIV2.pdf
www.healingourspirit.org
www.allnationshope.ca
www.red-road.org
www.inac.gc.ca
www.pauktuutit.ca
www.itk.ca
www.statscan.ca
www.afn.ca
www.metisnation.ca
http://www.gov.nu.ca/Nunavut/

PUBLIC SPEAKING:

Effective public speaking skills can be learned by following a few simple points. A good speaker will be organized and have the confidence to present the substance of the speech to an audience.

THE SPEECH RECIPE:

The organized speaker will avoid the errors of people who talk in public but don't necessarily make good speeches. The organized speech will follow the three point recipe:

HEADLINE:

Capture your audience's attention by giving them a reason for listening. This establishes a theme for your speech and can be a provocative quote, statistic or story. The thesis or main idea of your speech is then presented here and it relates to your theme. This is where you tell your audience what you are going to talk about.

MAIN BODY:

Break your idea into separate points (three is suggested) that explain or support your thesis and expand upon your theme. This is where your audience is told about your topic.

ECHO:

Revisit your headline and summarize your main idea by referring back to the points made in your main body. This provides your audience with a complete package and tells them what you have told them.

BETTER SPEECH TIPS:

- Don't point out your own mistakes. You are the expert on this topic during the time your speech is made.
- Be yourself. Your audience will forgive your nervousness, but false modesty or bravado will turn them off.
- Speak in the level of language that is suitable to the occasion. If the occasion demands a tux, then your words should be addressed appropriately.
- Look for a creative angle on your topic. Capture your audience's attention this way.
- Think and speak in outline terms. Avoid reading every word to your audience.
- If you stumble, don't repeat sentences or phrases unless they are pivotal to your speech.
- Finish your speech before the audience does. Don't overstay your welcome on the podium. An audience appreciates a short organized speech over a long rambling one.
- Be confident in presentation. A speaker's poise and confidence communicate as effectively as the words that are spoken.

The purpose of any form of communication is not to make the sender the object of praise or derision. It is the message that really counts. With good organization and a confidence in your topic, you will be able to address any audience and provide them with substance of your communication.

Note: *One exercise to help you speak clearly and loud enough is to practice while you are in the shower. Simply keep repeating things like saying your name and where you are from, etc.*

Tool # A: **SPEECH RECIPE**

INTRODUCTION:	
HEADLINE:	
PLAN:	
MAIN BODY:	
Point #1	
1.	
2.	
3.	
Point #2:	
1.	
2.	
3.	
Point #3:	
1.	
2.	
3.	
CONCLUSION:	
1. Summary	
2. Echo	

The above recipe card may be used as the cue card for a speech.

Taken from: ***Canadian Association of Student Activity Advisors***

CREATING A BIO

In Traditional Aboriginal societies, it was common to introduce yourself properly when you entered the territory of another People or if you visited a village within your own territory. This was done so that the community would know the purpose of your visit and know who you were, so they would know whether you were friend or foe.

This same way of introduction can be done on paper and as you begin your talk, in many ways for the same reasons Aboriginal people used to do it. That is, to state your purpose, who you are, where you come from, and gain acceptance.

Tool #B: CREATING A BIO

Bio Outline	
English Name: (Some people may want to only put their first name on a written bio so they have some privacy)	
Spiritual Name (If you have one; also some people will speak in their language first to connect with the people):	
Aboriginal Identity (First Nations, Inuit or Métis):	
Home Community or Where you live now:	
Background (Anything you feel comfortable putting in writing: sexual orientation, # of years living with HIV or AIDS; traditions you may follow; what you do or used to do for work; why you do public speaking; etc)	
Contact Information: (mailing address, phone # or place where people can leave messages; email, etc.)	
Picture (optional, some people put their picture on their bio so people can see who they are)	

WRITING A BASIC REPORT

It may not be needed each time you do public speaking, but it could be a good idea to practice writing a basic report each time, so you have a paper history that you can look back on, especially if you get invited back in to the same community. Also, it could be useful for the community to get a report you write up so they can attach it to the one they send to government. It may help to keep it fairly basic and not share too much personal information in writing because you don't know how many copies will be floating around and you want to be the one to have control over what people, including government knows about you.

Tool # C: WRITING A BASIC REPORT

Basic Outline:	
Date:	
Place where talk took place:	
Time:	
# of people there (even if you guess):	
Other details (what grade (s) if it was a school or if it was a conference, give name of conference)	
Length of talk (also, if it was a panel, say how many on the panel)	
How it turned out (explain how it went, like did people ask questions, was it emotional, did you feel people listened well, etc.)	
Challenges (here you could list things that did not work so well, like if the room was really hot, too small, not set up properly, etc. Object is to help them improve)	
Follow up (did you promise to send them anything, like a manual you may have shown them or video you may have talked about)	
Thanking them (it is always nice and proper to thank them for the opportunity.	

TALKING TO THE MEDIA

A speaker is not expected to be comfortable talking to the media. It also depends on what kind of media, like newspaper, radio or TV, which can make someone feel more comfortable or nervous. Practice helps, but a speaker can always say no and not speak to the media simply saying you prefer not to for personal reasons. It is always best to know your limits and decide way before whether or not you want to be on TV or in a newspaper with your picture beside it.

Tool # D: TALKING TO THE MEDIA

SOME BASIC TIPS:

If it is print (newspaper), you do not have to worry about having a TV camera on you, so you can use some of your cue cards to help when they ask questions.
It is always best to take a few moments before answering, instead of speaking of the top of your head. This gives you a little bit of time to think about how you want to answer.
Radio is also easier than TV because you are in a studio and nobody is watching. Here, it is good to sit close to the microphone, speak clearly, and try not to bang into things like the table or hit the microphone.
TV is likely the hardest, because you have the cameras on you. Some people freeze up when they look right into the camera. Tips include:
looking at the reporter as he asks questions;
look above or to the side of the camera if the reporter is not in front of you;
try not to fidget or move around;
remember most interviews are short and it is easier to answer 3-4 questions instead of talking for an hour;
try to pause before answering and try not to give a really long answer;
remember that it is your life story they are interested in, so they may ask some very personal questions about how you got infected; how long you have been living with HIV or AIDS; and they may want to know what you think needs to be done to make things better or to prevent more infections. Answer the questions you are comfortable with.

Important note: There are different levels of anonymity or privacy. You DO NOT have to agree to an interview even though you are talking publicly. Most communities expect you to be open about being HIV-positive. They may post flyers at the local store, Band/Community Hall or school with your name and picture even. It is YOUR right to have privacy, and you need to let them know of any limits you have to respect your privacy. Be clear at first contact with them because they may think you are totally or 100% open about your HIV status. Some speakers are ok with being completely open. Others may want to only be open when they do their talk. This goes for both the media and the community staff. It is up to you to let your needs be known. It will be harder to make school children understand not to talk about things you have shared as that is the main reason why you are doing the talk. But staff and media can be told of any limits you have.

DEBRIEFING TIPS

Debriefing simply means talking to someone about how things turned out; ideally within a short time after you have done your talk. The idea is to get things out in the open, especially if it has been very hard on you or emotional. It is not about trying to find blame, but to clear the air so you do not carry it around.

Tool # E: DEBRIEFING TIPS

Some examples of some things you could encounter that make it harder for you to focus on your role as a public speaker, could be:

- nobody picking you up at the airport and you are low on cash and do not know where you are staying in the community;
- the local staff are emotional or burning out and turn to you to support them or unload their problems with you about hardships they are facing, including losing relatives to AIDS;
- someone in the audience gets 'triggered' or angry and makes judgmental statements to you;
- you don’t take enough of your medications or your meds are in your checked luggage which gets lost and takes days to get to you;
- you don’t have all the information or details about where the talk will take place or you want to use a PowerPoint but they don’t have the LCD projector;
- your flight gets delayed overnight halfway to your destination, and you don’t have the cash or credit card to book a local hotel;
- the community is very Christian and resist or ask you not to talk about Traditional type ceremonies like sweetgrass or sweat lodges;
- the school asks you not to speak about homosexuality or does not want condoms given out.

This list are some things that make it hard for you to focus and be effective as a public speaker because you may be frustrated or over tired or unsure how to deal with strict instructions by a community or school that go against your beliefs or identity. A buddy system is one way to talk about how your speaking event went, and this can include good or positive things too. For example, if the community overwhelmed you with support and affection, this may get you emotional where you simply need to talk to someone.

Be careful in picking your buddy support. Some friends are good for some things but may not be good listeners. Some supports can be staff at a local agency you go to, or others may be part of your circle now. Try them out and see how they react when you share a small example of a serious topic or personal experience. If they show they care and listen and offer support to you, they may be good to have as your support. Debriefing or talking it out, helps you to not carry resentments and frustrations, as well as being able to look back on things as they are fresh in your mind so that you learn from these experiences and can plan for future talks better. Short term support may be the local contact who invited you, or they may not be. Make a plan before each trip to talk to someone who is willing to listen well and

HOW TO RESEARCH A COMMUNITY YOU WILL SPEAK IN

The following information is to help you learn more about the community, organization or conference you may be invited to speak in. It will help you get prepared and avoid as much as possible, things going wrong that can affect your talk, including not reaching the community on time. There are also some other ways you can use the internet to find out more details to help your travels go well

Tool # F: HOW TO RESEARCH A COMMUNITY YOU WILL SPEAK ING TO.

What is the nearest airport, bus or train station and which way will you be traveling?
Do they know the costs of taking a cab or shuttle bus to where you will be staying or will they pick you up? If they are picking you up, make sure you get name and a couple of phone numbers so you can call if they are late or a no show.
What hotel will you be staying at? Does the hotel need a credit card or deposit when you check in? How far is the hotel from where your talk is and how will you get to and from, if it is not at the hotel you are staying at?
How will you be paid if they are offering an honorarium? How will they cover your expenses, including flight, bus or train ticket? How will they cover meals and cab fares? If they are mailing you a check after your talk, you will need to make sure you have enough cash to cover your expenses and ask them how long will it take to get your check? They'll need your address.
Is there a hospital in case you get ill?

For a First Nation community, you can go to the website of Indian and Northern Affairs Canada which used to be Department of Indian Affairs, and search community profiles to find out population, age breakdown, gender breakdown, etc. www.inac.gc.ca

Once there, select the region you want to look into. There you will find a link that says “Aboriginal communities map and profiles”. Once you click that, you will see the full list and then click on the name of the community. It gives you all the basic information.

For many Inuit communities, you can visit http://www.gov.nu.ca/Nunavut/
There are also Inuit communities in parts of Quebec and Labrador, and some in a small part of North West Territory. You would go to Tourism section and there you can locate the area you want to visit.
You can also visit the websites of some of the national Inuit organizations who have community information on their websites. Inuit Tapiriit Kantami is www.itk.ca and Pauktuutit Inuit Women of Canada is www.pauktuutit.ca

You can also go to Statistics Canada, www.statscan.ca and look for “Community profiles” for Métis or other community information.

UNDERSTANDING WHAT A COMMUNITY NEEDS

This section will talk about what a community may be looking for and what it needs when it calls in guest speakers. It will help a guest speaker know that there are different ways to support a community who may not have all the information that you have or has different ideas on how and where to set up HIV/AIDS presentations.

Tool # G: UNDERSTANDING WHAT A COMMUNITY NEEDS

These can include:

- Basic awareness level type talks (such as Grades 7 to 9, with general public);
- More detailed talks to certain groups (for example Grade 12 students only or those at a local community addictions treatment center);
- Supporting Community staff (speaking to staff about different resources you know of and helping them to understand the information);

It is always best to know your limits, so if you feel you are more a public speaker and not a trainer, then you can still share information but not as formal or detailed. When a community calls, that is the perfect time to have a list ready of types of talks you feel sure you can do. They may only want you to do one or two talks to the community. Or if they know you can do separate talks to community workers to help staff know how to support anyone in the community who is HIV-positive, then you can be prepared that way too to offer it.

One example is depending on your own training and skills, there can be homecare training for when a HIV-positive person needs to be cared for at home, and you could help staff know about this type of resource. Canadian Red Cross offers it, so do some AIDS Service Organizations. Here you would know before hand where to get this type of training before offering it to a community. This is one example of more advanced type speaking you could offer if you had the training.

The following questions can be used to find out what they need:

1. **When do they want you to talk (date and time)?**
2. **Where will you be talking (what building and community)?**
3. **Who is the main audience? How many people do they expect?**
4. **What do they want the focus to be?**
5. **Ask them if there is anything else they need? (you could be prepared with a list of other talks or services you can provide)**

Make sure you take good notes. If you get the call out of the blue and are not near a pen and paper, ask them to hold while you go get these to write down the information. Get the name of the contact person and phone, fax and email information. If they had a hard to pronounce last name, ask them to spell it.

SAMPLE LETTERS

The first letter is after you have collected the information about what type of talk they want with all the details, they may want more information about you. This is where you would send your bio and anything else, like a picture or news articles of you. This helps them know more about you. You would send all this along with the introduction letter.

Tool # H: SAMPLE LETTERS

A: Introduction Letter

Insert their name and address
Insert the date of your letter

Dear ___________________________

Thank you for inviting me to speak about HIV/AIDS and my life story. I am sending copies of my ___________________________ (list whatever it is you are sending, bio, pictures, news articles, letters of recommendation from other communities that asked you to speak, etc.) to help you get to know a bit about me.

I am looking forward to doing this talk. I understand your community wants me to talk to ____________________ (repeat what you know of who you will be talking to, like Grades 7 to 9 and Grades 10 to 12, or addiction treatment center clients, etc). This is a very important subject and I thank you for taking the time to help raise awareness about HIV/AIDS.

You can reach me at _____________________ (phone # or even two if you need to get messages or faxes somewhere else). My mailing address to mail me my ticket is ________________________________ (full address with postal code). If you need me to bring any pamphlets or other materials, please let me know how many. Once again, thank you for the invitation and look forward to meeting you.

Signed,

____
Sign and then print your name.

Note: If there are other arrangements you have made, like getting paid in cash because you bank puts a hold on your cheques; or needing to be picked up at the airport or bus/train station, etc. this should be put in this letter too so there is less chance of confusion. It could be written as follows:

"Because my bank puts a hold on anything I deposit for several days, you have said you can pay me in cash or help me cash the cheque locally. This is a really big help and I appreciate it. I also understand you will have someone pick me up at the ____________ (name the place and time you arrive) and thank you." (You can also explain you have little cash to cover expenses up front if that is the case)."

Follow Up Letter

This letter can be used to send after you have done your talk and have got back home. It keeps the contact with the community and makes you look more professional. It is especially important if you have promised to do something like mailing or sending them a resource that you may have used in your talk.

B: Follow Up Letter

Insert their name and address
Insert Date

Dear ______________________

As promised, here is the resource __________________ that I said I would send. I hope it is helpful. You can get more copies by calling _______________ or going to this website _____________ (Insert those details, this whole paragraph can be deleted or reworded if you didn't say you would send anything).

I wanted to let you know how much I enjoyed visiting your community. Please tell others how much it was a good experience to be part of your community for that short time. I really enjoyed _________________ (highlight any details like traditional foods, the kids in the class, teachers or CHR or anyone that really made you feel welcome).

I have done up a short report on my experience that you can file or give to funders. I hope it helps (use tool # 3 to complete this). If ever you need me to come do another talk, I would be pleased to. Thank you again and I hope to meet again.

Signed

____
Sign and print your name.
Insert your address.

Note: If you did not promise to send anything but have extra copies of any resources you like, you could also end your follow up letter by writing something like this:

"I thought I would send a copy (or copies) of this resource (or these resources) to help with your community planning (name the resource or resources, like a pamphlet or Young Eagles Challenge or whatever). I find it a good source of information and hope you find it useful too. Thanks." (If you don't have anything to send along, giving information like a website or names and phone numbers of agencies like Canadian Aboriginal AIDS Network or other organizations can always be helpful)

Tool # I: SPEAKERS REQUEST FORM

Name of Community: ______________________________________
Address: ______________________________________
Prov/Terr: _______ Postal Code: ______________
Contact Person: ___________________________________
Job Title: ___________________________________
Phone #: ____________________ Fax #: ____________________
Email: ________________________________

Date of Talk: ___________________________

Is more than one talk requested: _______________

Time(s) of Talk: _________________________

Location of Talk: _____________________________ (e.g. high school, etc)

What age group(s): ____

Estimated Population of Community: ___________________
Languages Spoken: ______________________________

Travel Planning:

Nearest airport: ________________________
Nearest Bus or Train Station: ____________________
Where will you be staying: _________________________________
If a hotel, phone # and address: _________________________________
____

Who will pick you up? _____________________________________
Phone #: _______________________________
When will you get your air, bus or train ticket? ________________________
If driving, what do they pay for mileage: _____________________________
Will you receive cash or check on-site? _____________________________
If check, can they arrange to have it cashed? ________________________


Come See ME

Tool J: Aboriginal People Speak Out Flyer (Sample only)

WE INVITE YOU TO JOIN US FOR THE
2-Spirits' Speakers Bureau

ABORIGINAL PEOPLE LIVING WITH HIV/AIDS SPEAK OUT

A Panel Presentation by:

Jackson Buddy
Kelilha Stevey

Our HIV+ Aboriginal community members talk about living with HIV

WHY? To raise awareness of the HIV outbreak
In the Aboriginal community and beyond

WHEN? February XX, 2007 1pm to 3pm

WHERE? 2-Spirited People of the 1st Nations
593 Yonge Street, Suite 200
Toronto, ON M4Y 1Z4
Ph: 416 944 9300


X

Appendix K: Sample Confidentiality Agreement and Release

The following confidentiality agreement is between 2-Spirited People of the 1^{ST} Nations (referred to as 2-Spirits) and ________________________________. 2 Spirits agrees to maintain the confidentiality of all Speakers who submit their names to the 2-Spirit Speakers' Bureau. This means that anyone who is part of the Speaker's Bureau will only have their name released when they sign the following statement and only when a community or agency is requesting a speaker.

Any person who does not wish to have their name publicly stated can feel assured that their name will never be released without their prior consent. However, in order to be considered for public speaking, some level of personal information may need to be agreed to in order to assist a community or agency select who they want to speak. This can include but is not limited to:

- Gender
- Estimated length of time living with HIV or AIDS
- Aboriginal identity (i.e. Inuit, Métis or First Nations, such as Ojibway, etc)
- Some topics the Speaker is most comfortable talking about
- Preferred audiences (i.e. general public, men or women only, inmates, etc.)
- Sexual orientation
- Any other details that have been agreed upon or stated in a bio

The Speaker must authorize and understand that some information, up to the level they feel comfortable with, will be used only to assist a community or agencies select a Speaker.

RELEASE

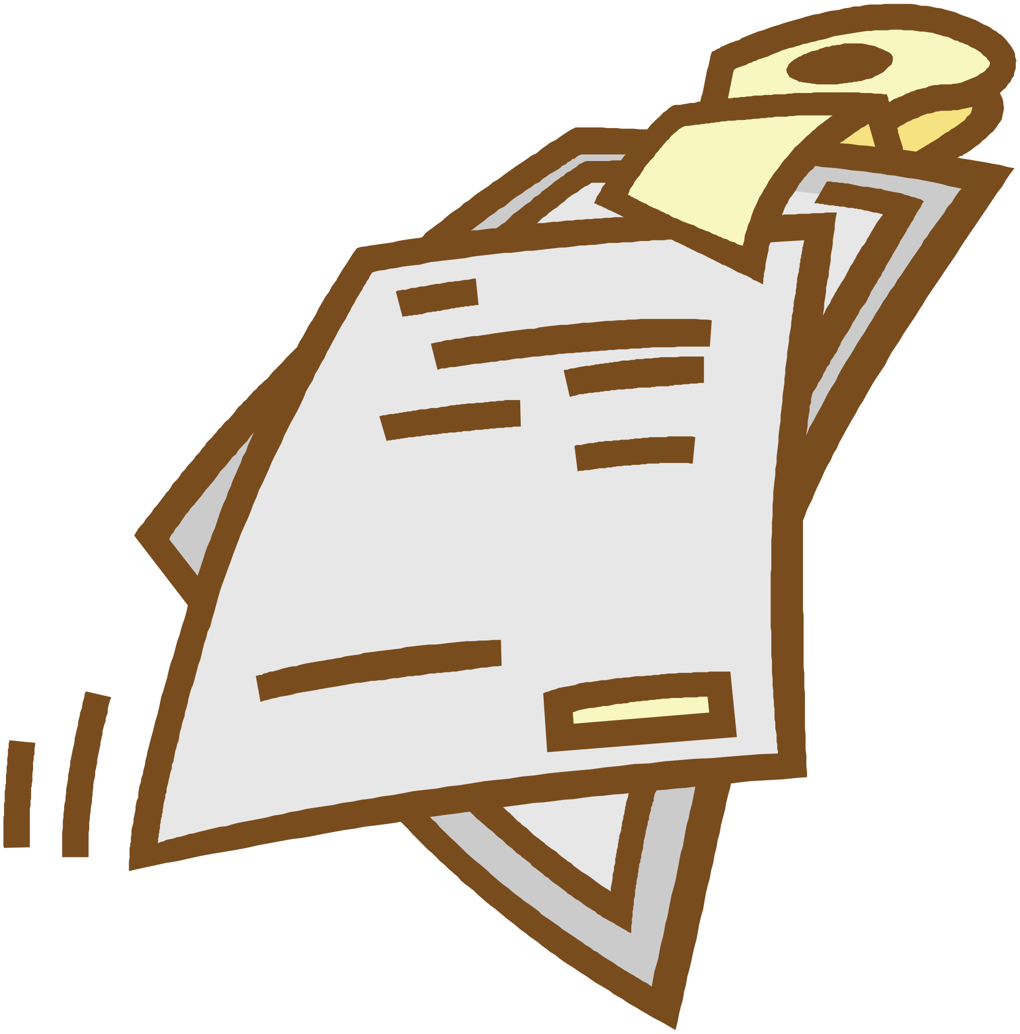
I ________________________________ hereby submit my name to be part of 2-Spirits Speakers' Bureau. I agree and authorize staff at 2-Spirits to keep personal information about me based on written documents like my personal bio that I have provided to 2-Spirits. I also authorize 2-Spirits to give out some personal information to any community or agency that is seeking a Public Speaker. I understand this will be done in a respectful way and only to support the goals and objectives of the Speakers' Bureau to help raise awareness about HIV/AIDS. It is my responsibility to inform the community or agency once they have selected me to speak, about any conditions I have about using my personal information, such as posters or community newsletters or other media. I will not hold 2-Spirited People of the 1^{ST} Nations legally responsible for giving out personal information about me and my story. I am also responsible for informing 2-Spirits when I no longer want to be part of the Speakers' Bureau or if I wish to be removed temporarily from speaking.

________________________________ ________________________

Signed Date

____

Witness



Appendix L: Sample Equipment Loan and Use Agreement

I ____ a member of the 2-Spirits' organization and Speakers' Bureau hereby agree to be fully responsible for any equipment I am borrowing to assist me do public speaking. I understand the equipment must be returned in good working order. I also agree to protect the equipment by not leaving it unattended.

The following equipment is being borrowed for my use:

____

____

____

I have signed out this equipment on ____________________, 200____ and will return the equipment on _____________________, 200___.

____
Signed

____
Authorized by
2-Spirited People of the 1ST Nations

Appendix M: AIDS 2006 Abstract

Capacity-Building in the Aboriginal HIV+ Community: Challenges and Successes

AIDS FOR BREAKFAST
AIDS FOR LUNCH
AIDS FOR SUPPER

Issues: How do we recruit, retain and keep morale strong with Aboriginal HIV-positive volunteers and AIDS-Educator trainees who are overwhelmed with in-depth HIV/AIDS information?

Description: Presentation on experiences delivering a project training 5 HIV+, Aboriginal, 2-Spirit men to tell their stories of living with HIV/AIDS and become AIDS Educators traveling to Aboriginal communities and organizations. This project was created to help build capacity in Aboriginal communities, organizations and Aboriginal HIV+ individuals to address a lack of education, prevention and awareness about HIV/AIDS.

Lessons learned: Recruiting HIV+ volunteers who are willing to commit to 6 hours of training per week for 6 months presented a challenge. Once volunteers began the training, many dropped out of the project for a variety of reasons.

Determinants of health for Aboriginal people leads to our increased vulnerability to HIV/AIDS. Through learning of historical injustices experienced by Aboriginal people and the current state of our overall health as a people, many trainees seem to become emotionally troubled. One trainee who withdrew and returned to the project described being overwhelmed "having AIDS for breakfast, AIDS for lunch and AIDS for supper." This can have a negative "domino effect" on the other volunteers, sometimes creating difficult group social dynamics. The trainees also received training from Aboriginal AIDS counsellor/educators as well as traditional Aboriginal Elders who made themselves available for one-on-one support. None of the trainees have connected with these counsellors or Elders other than in the scheduled project trainings sessions.

Recommendations: Ideally, if funding were available, it would be best to hire a project coordinator who is not only HIV-positive but who is also a certified counsellor with extensive traditional Aboriginal knowledge. Unfortunately, our HIV+ Aboriginal community does not yet have this professional capacity. Projects like these hope to address this need.

2-Spirited People of the 1st Nations

My Story-

-Our Lives

Part 4:

MAKING IT HAPPEN

8. DRAFT SPEAKERS BUREAU PROJECT POLICIES: 2-SPIRITED PEOPLE OF THE 1ST NATIONS

Policy development areas: 2-Spirited People of the 1ST Nations agree to host a formal Speakers' Bureau and a key resource will be this manual. In addition, two supporting policies or statements of principles will be:

1. **Mentoring and Support:** 2-Spirits will have staff or peer support available to debrief and mentor APHA Speakers. It will make sure emotional issues are handled, especially if someone arrives back on a weekend and are distraught. It will provide guidance to support active involvement of APHAs who identify as wanting to do public speaking. It will work toward offering opportunities to upgrade skills and support a local network of APHA Speakers.
2. **Resource Library/Materials**: In addition, 2-Spirits will work with APHA Speakers to request various resources and keep them at the office. Where possible and if enough time if provided, extra copies will be requested to take to conferences or communities where speaking engagements are set up. Resources could be DVD or videotapes; manuals and other print materials, sample policies or promotional materials.

Financial Responsibility: 2-Spirits is not responsible for any financial costs; however it is willing to work with Speakers so they can secure funds upfront from a requesting community or agency. It may be able to offer limited ground fare to get to the airport.

The following two areas have supporting templates that can be used to support formal ways of working with people who want to be part of the Speakers' Bureau. Explanations are provided here and the templates are found in appendix K and L:

1. **Confidentiality and Release agreements:** This is for Speakers to allow staff to reveal some details, including names of Speakers who are available. This is because requests may come through the organization first and there may be some need to sort of go back and forth with the requesting agency/community before 2-Spirits actually contacts a speaker. (see appendix K)
2. **Equipment Loan Agreements:** 2-Spirits has equipment that can be used to help do public talks. There is a need to ensure proper use and loan of equipment is handled properly. (see appendix L)

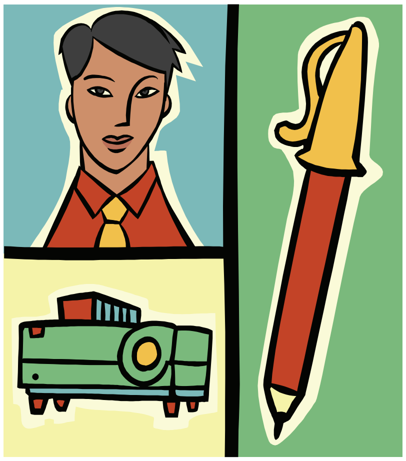
9. NOTES TO FACILITATORS

There are different ways to use this manual. First, it can be divided up into the main parts so that one or more individuals can organize themselves through a series of training sessions to become more prepared to do public speaking. The two main parts are: Telling Your Story and More To The Story. In some ways, the individual themselves may determine what they want to do, that is, either learn to tell their own story and leave it at that; or learn to tell their story and support it by adding some of the related issues mentioned throughout this manual.

START WHERE THE PERSON IS AT.

Some individuals may be self-directed enough to be given a copy of this manual and they go it on their own. Others may want ongoing guidance. Bear in mind the first phase of this training delivered over forty presentations and sessions with tons of valuable information. The second phase focused more on the needs of the individual and used a shorter series of presentations to support the training. This manual was written based largely on daily logs of training sessions from Phase I of the project. In Phase II, a draft Speakers Manual was written and then edited to the end result printed here.

A combination of guest presenters and working sessions was provided. Organized talks also gave the trainees opportunity to learn their skills and get feedback from peers. Copies of print resources were also made available. The working sessions themselves allowed the trainees to use the speech recipe to create their story outline. Trainees practiced telling their stories to each other from cue cards with point form notes. In addition, use of internet and learning how to use tools such as PowerPoint were taught in case individuals wanted to use different tools to tell their story.



An APHA peer facilited the training. The type of training that appeared to work best is a flexible approach, allowing individuals to set the pace for themselves. Having opportunity to practice in a safe environment with peers is also very important. Each section has discussion questions which can help guide why the various pieces of information are in the manual. Again, the goal is to support a greater understanding for how individual life stories can have other issues worked into their story to help educate and raise awareness of the related issues, such as stigma and discrimination. Both go hand in hand.

Basic steps include:

A. Self-assessment where the individual is guided along to determine interests and skill sets.
B. Commitment to take on training and skills building.
C. Delivery of working sessions enhanced by guest speakers, including traditional teachers.
D. Practice sessions, arranged by the group as individuals or on a panel presentation, with feedback by peers incorporated into talks.
E. Support to become active member of a speakers' bureau or have all the tools to support independent speaking engagements.

One key element for how the training was set up is the mentoring and support that needs to go into it. Individual trainees come from very different backgrounds and may have totally different sets of skills. All are valuable; however individual plans can help make the training more personal. Empowering APHAs to lead these types of initiatives is crucial. Peer accountability also supports the goals and objectives when APHAs themselves hold one another responsible for individual choices and actions that affect the training and spirit behind the work, such as when one person does not seem committed or attacks others and disrupts work. By having peers ask them if they are committed, or whether they need something else or asking them to clear the air so the work can move on is a valuable exercise. It is team building at work.

Put very simply, when working with APHAs - start where the person is at.

Reproduced Fact Sheets with Permission by:

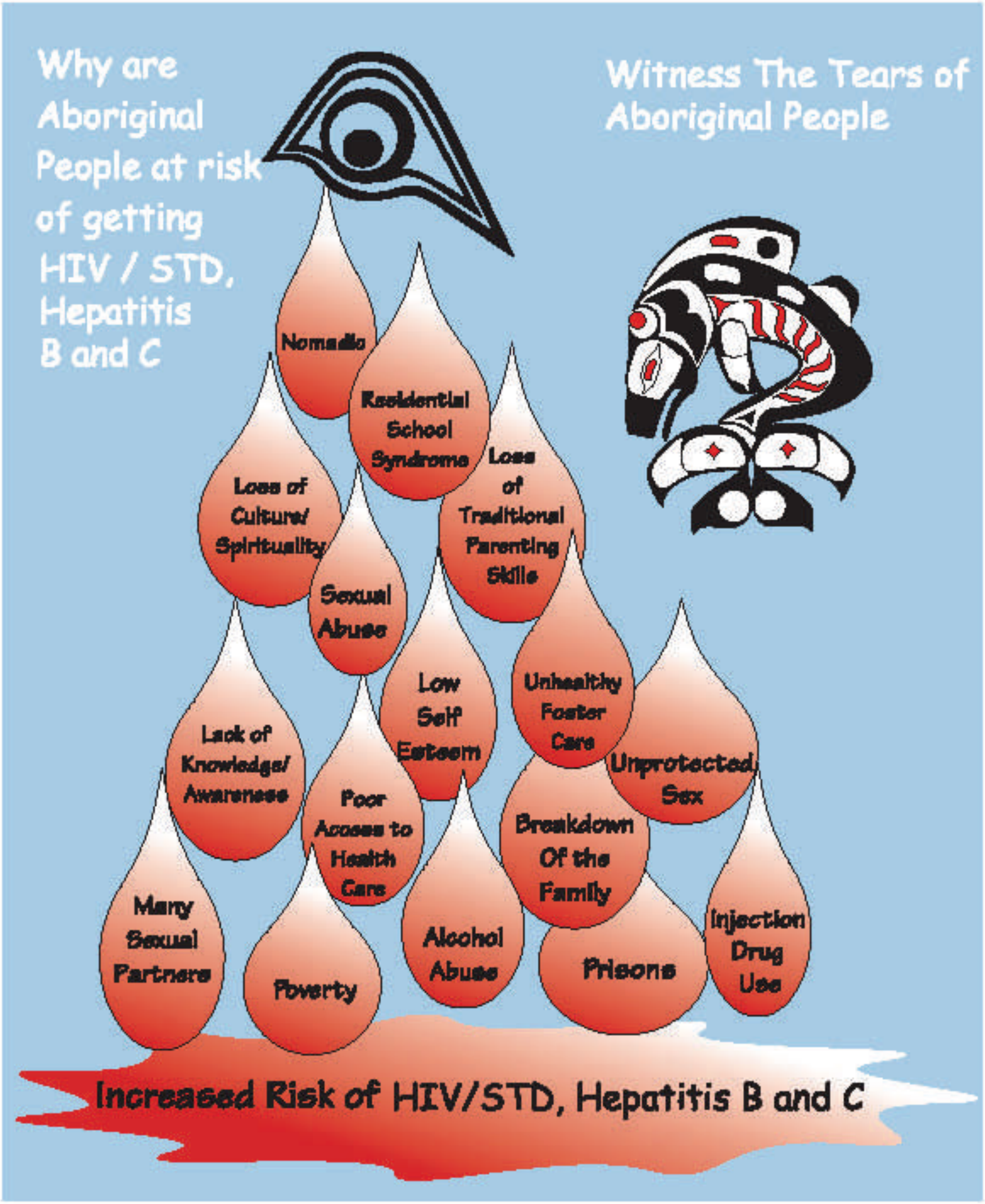
Chee Mamuk

Our mission is to share information and build skills around the subject of HIV/AIDS, Hepatitis and STDs. To help participants explore their lives and lifestyles in a way that encourages spiritual, mental, emotional and physical health.

Chee Mamuk is funded by the Aboriginal Health Division of the BC Ministry of Health Services

BC Centre for Disease Control

AN AGENCY OF THE PROVINCIAL HEALTH SERVICES AUTHORITY



BC Centre for Disease Control, 2003

Do I Have HIV?

It takes strength and courage to go for a blood test to find out if you have HIV, the virus that causes AIDS.

HIV Testing

Why Go for Testing?

- If you have had sex without a condom or shared a needle you are at risk for getting HIV.
- To find out if you have HIV.
- To live longer and healthier with HIV by learning how to take care of yourself.
- To protect partners
- If you are pregnant you can reduce the chance of passing the virus on to the baby.

What is the Test About?

Learning about HIV/AIDS.
It's your choice to take a test.
Your blood is drawn and sent to a lab. Results take 2-3 weeks.
You may need a second blood test in 6 months.
All tests and results are confidential

Where Do I Go For HIV Testing?

A Doctor: You give your name but all results are confidential

A Health Unit or Clinic: You may not have to give your name.

STD/AIDS Control Information
Telephone: 604-660-6161
Information line: 604-872-6652
Toll free: 1-800-661-4337

What do the Results Mean?

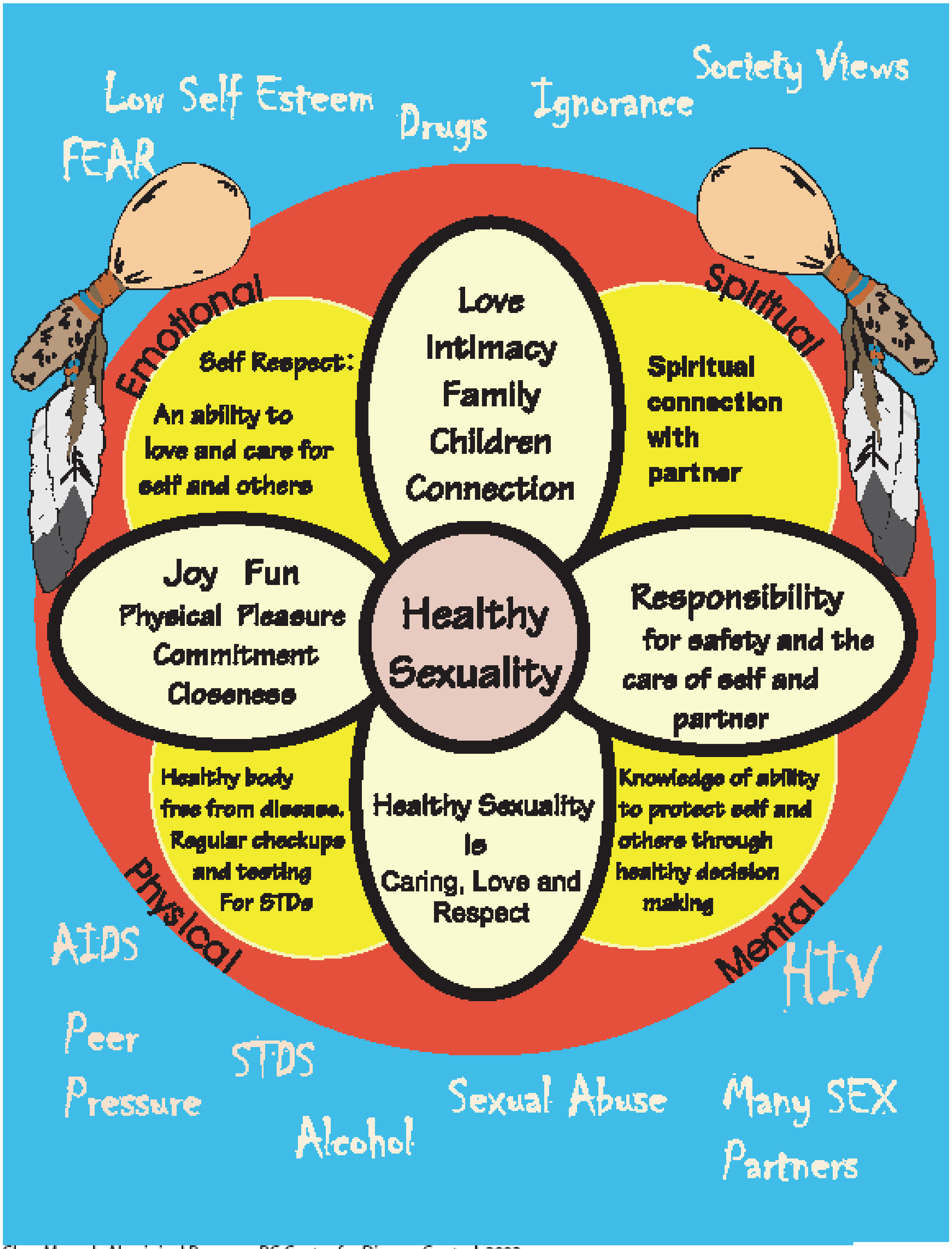
The blood test looks for antibodies (cells that fight HIV).

HIV Positive means the blood test found HIV antibodies and HIV is present.

HIV Negative means the blood test did not find any antibodies so:

- You do not have HIV or
- It is too early to test, wait 2-6 months and test again

Chee Mamuk, Aboriginal Program STD/AIDS Control, BC Centre for Disease Control 2002



Low Self Esteem

FEAR

Drugs

Ignorance

Society Views

Emotional

Self Respect:

An ability to love and care for self and others

Love
Intimacy
Family
Children
Connection

Spiritual

Spiritual connection with partner

Joy Fun
Physical Pleasure
Commitment
Closeness

Healthy Sexuality

Responsibility for safety and the care of self and partner

Healthy body free from disease. Regular checkups and testing For STDs

Healthy Sexuality is Caring, Love and Respect

Knowledge of ability to protect self and others through healthy decision making

Physical

Mental

AIDS

HIV

Peer Pressure

STDS

Alcohol

Sexual Abuse

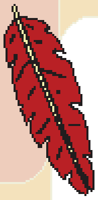
Many SEX Partners

Chee Mamuk, Aboriginal Program, BC Centre for Disease Control, 2003.

Steps on the Red Road
Harm Reduction for IDUs

If you use injection drugs, there are some steps you can take to reduce risks to your health and the health of other people. Each one of these steps will help a little. Taking two or more steps will help even more.

1. If you reuse your own needles, snorting equipment or crack pipe, find out how to properly clean them from your health care worker. Cleaning reduces but does not get rid of risk. Never bleach and share.
2. Stop sharing needles or drug equipment; this will reduce the risk to you and other people.
3. Always use a new needle.
4. Stop using needles for drugs.
5. Getting clean is hard work but it's the best way to improve your health. There are people who can help you.



Harm Reduction for Safer Sex Practices

- Always use a condom
- Reduce the number of partners
- Choose No risk activities
- Abstinence
- Have only one sexual partner with both tested for HIV and STDs

Harm Reduction practices build self esteem and help people regain life control and live healthier.

Chee Mamuk, Aboriginal Program, BC Centre for Disease Control, 2003

NAADMAAGEHWIINAG– The Helpers
Personal Support Workers & Volunteers
For Aboriginal People Living With HIV/AIDS

RIGHTS OF ABORIGINAL PEOPLES LIVING WITH HIV/AIDS
WE HAVE THE RIGHT TO:

1. Be dealt with by the service provider in a courteous and respectful manner and to be free from mental, physical and financial abuse by the service provider.
2. Be dealt with by the service provider in a manner that respects the person’s dignity and privacy and that promotes the person’s autonomy.
3. Be dealt with by the service provider in a manner that recognizes the person’s individuality and that is sensitive to and responds to the person’s needs and preferences, including preferences based on ethnic, spiritual, linguistic, familial and cultural factors
4. Information about the community services provided to him or her and to be told who will be providing the community service.
5. Participate in the service provider’s assessment of his or hers requirements and a person who is determined under this act to be eligible for a community service has the right to participate in the service provider’s plan of service, the service provider’s review of the person’s requirements as well as the evaluation and review of the person’s plan of service.
6. Give or refuse consent to the provision of any community service.
7. Raise concerns or recommend changes connection with the community service provided to him or her in connection with policies and decisions that affect his or her interests, to the service provider, government officials or any other person, without fear of interference, coercion, discrimination or reprisal.
8. Be informed of the laws, rules and policies affecting the operation of the service provider and to be informed in writing of the procedures for initiating complaints about the service provider.
9. Have his or her records kept confidential in accordance with the law.
10. Live a free and dignified life, including having the right to be given quality health care as guaranteed in the treaties of Canada and those given to citizens of Canada.
11. Access to Spiritual teachers and participate in ceremonies as children of the Creator.
12. Not to be condemned, judged or forgiven as to how we acquired this disease.
13. Expect our service providers be sensitive and knowledgeable about HIV/AIDS and act in the best interest of all living with or affected by HIV/AIDS
14. Engage in and continue intimate and sexual relationships ensuring risks will be addressed through safer-sex awareness and practices, and respect.
15. LIVE!

Tel: 416-944-9300

2-Spirited People of the First Nations Long Term Care Program
NAADMAAGEHWIINAG– The Helpers
Personal Support Workers & Volunteers
For Aboriginal People Living With HIV/AIDS
Tel: 416-944-9300

Living with HIV/AIDS can be confusing and stressful. A support worker can assist individuals and families function effectively living with HIV/AIDS.

The Naadmaagehwiinag program consists of Aboriginal Volunteers who are trained and certified as Personal Support Workers (PSW) supervised by the Long Term Care Coordinator. This also includes hospice trained volunteers who are Native and non-Native.

Naadmaagehwiinag Volunteers are supervised to provide palliative and supportive care to APHA's (Aboriginal person living with HIV/AIDS) in their homes, or place of choice, utilizing a case management model of care.

Direct services are provided to Aboriginal People living with HIV/AIDS including care plans, power of attorney kits, advocacy, referrals to traditional & western medicine people.

DAILY ASSISTANCE

The Volunteer helps you with routine and often physically challenging tasks such as doing laundry, grocery shopping or making meals, to help keep you comfortable at home or wherever you reside. They can also assist with personal care.

RESPITE CARE

Family members, friends or significant others who care for you may find themselves in a physically taxing and emotionally wearying situation. By having a personal support worker, your support people will have opportunity to get some rest, run errands or take some personal time.

PALLIATIVE CARE TEAM

If you require 24 hour care, we have Volunteers available to assist you. Our Volunteers are trained through a partnership with Alliance Hospice. Alliance Hospice is accredited through the Hospice Association of Ontario (HAO). This service is available for you at your residence, shelter or hospice.

NAADMAAGEHWIINAG– The Helpers
Personal Support Workers & Volunteers
For Aboriginal People Living With HIV/AIDS
Tel: 416-944-9300

OUR VOLUNTEERS

There are a variety of Aboriginal and non-Aboriginal Volunteers available. All PSW Volunteers are fully certified and the Naadmaagehwiinag Volunteers receive 40 hours of training. Our drivers are fully bondable and familiar with the GTA.

MEDICAL TRANSPORTATION

With the assistance of a Volunteer driver, you will be able to make your doctors appointments without having to worry about transportation. Please give the Long Term Care Coordinator 3 days to fill the request. They will arrange for a Volunteer driver to pick you up and take you home after your appointment. If you have a wheelchair or walker, the driver will assist you with these items.

TRADITIONAL MEDICINE/PEOPLE

Referrals available for Traditional Medicine People.

HARM REDUCTION

Part of taking care of our community includes promoting harm reduction. We offer tools, options and information that promote harm reduction. These include; referrals for addiction counselling, condoms, lube, needles and safer crack kits.

FOOD BANK

As a member you have access to our food bank. The food bank is open Monday-Thursday 1-5 pm. You must present your membership card to access the food bank. Please bring your own bags. New food bank items are brought in every two weeks. Please call the Long Term Care Coordinator to qualify for free delivery.

BEADING AND CRAFT CLASSES

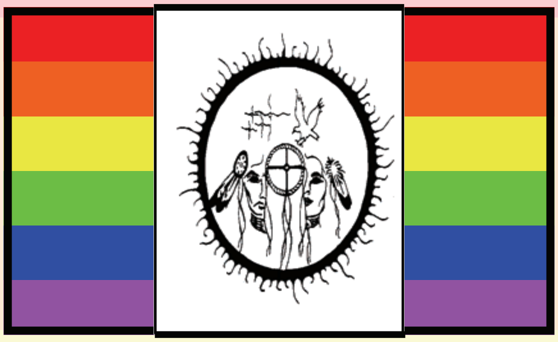
Weekly beading and craft classes take place on Tuesdays. You are welcome to join the group craft or bring in your own project to work on. Refreshments provided. Materials provided for group craft.

We also acknowledge our funding agency-
The Toronto Urban Aboriginal Strategy
for their financial assistance.
The views contained herein do not reflect the position of the
Toronto Urban Aboriginal Strategy.

Canada

This project was funded by
The Government of Canada's

Indian and Northern Affairs Canada



www.2spirits.com