



Feast Centre for
Indigenous STBBI Research

A History of Indigenous HIV/AIDS in Canada; A Retrospective with ChangeMakers

(00:00 – 03:07) Miranda Black:

So as I was saying, thank you for joining our call today. My name is Miranda Black, and I'm a research coordinator at Feast Centre for Indigenous STBBI Research, a project that studies the impact of sexually transmitted blood-borne illnesses and their impact in Indigenous communities. I am a person of Mohawk ancestry and mixed bloodlines. My family is from Tyendinaga territory, which is about 2 and a half hours north of Toronto. If you would like to talk today, please follow us on Facebook at Feast Centre for Indigenous STBBI research and on Eventbrite as we host monthly conversations that we would love to share with you.

A couple of housekeeping notes is that there's 3 rules: One, please be respectful to other participants. Please be respectful in the chat. Sometimes, things can come up that might be triggering. So, please keep the chat respectful, and, also, please be inquisitive and put any questions that you might have into the chat. We'll try to get to all of your questions at the end of today's sessions when we do our Q&A portion of the conversation. And then also please be mindful to have your mic and video turned off during the conversation so that we can record this conversation and send it all to you through our Feast Centre YouTube channel.

I'd like to start today with a land acknowledgment. I'd like to acknowledge that McMaster University is located on the traditional territories of the Haudenosaunee, the Anishinaabe, and other nations. What's known now as Paradise Point, located on the McMaster campus, was once a place where families would meet to gather wild rice for generations prior to colonialism. We're gathering today virtually from many locations across what's called Canada. But all of these locations are Indigenous lands that are shared with settlers and peoples from across the globe. It's important to know that parliament of Canada is on unceded Algonquin territory. And that although treaties between Indigenous peoples in Canada are fundamental to the constitution and legal practices in this country, as we approach over 260 years of colonial colonization, the agreements written into these treaties, including the Royal Proclamation, have not been upheld by Canada. Therefore, it is our responsibility as Indigenous peoples, allies, and settlers on Turtle Island to continue the work that we do as researchers, physicians, and frontline workers while increasing

awareness that we are all treaty people, and we all have the responsibility to make change for future generations.

I'll now pass it over to our host Doris Peltier, a longtime organizer for the HIV movement, community engagement coordinator at Feast Centre For Indigenous STBBI Research, and host of the soon to be released podcast, Indigenous Sexual Futures. Doris?

(03:08 – 03:42) Doris Peltier:

Thank you, Miranda, for that beautiful introduction. Before we get started, I'd like to invite our elder who is also on the panel today. He's gonna be functioning in a dual role today on this panel, as an elder, within the movement, and also as a panelist for this conversation today. So I'd like to call on, elder Albert McLeod to get us started in a good way. Albert?

(03:44 – 07:55) Albert McLeod:

Thank you, Doris, and welcome everyone to this session today. My name is Albert McLeod. I live in Winnipeg, Manitoba, and we are in the wintertime here now. It is minus 37 with the wind chill Celsius. So it is quite cold out, and, we can expect this weather to be like this for the next 3 or 4 months. And so, as part of the opening, it is an invitation to the natural world to call into the spiritual world to guide us as humans, when we do this work, particularly talking about, infectious diseases or pandemics like HIV or COVID 19, the recent one. And as Indigenous people, we know that we rely on the natural world, the spiritual world, to guide us in our deliberations. And as we're told in this area, which are, Treaty 1, people as well as the homeland of the Metis people, the Red River Metis in this area. That, the natural world, we're highly dependent on this natural world even though we live in the 21st century. We seem that, we can control it, manipulate it. And in many ways, we're removed, from the urgency of dealing with cold or heat for that matter. So we're told to acknowledge the winds that bring these different seasons we have here, the spring, the summer, the fall, and the winter, because our world tilts away from the sun. And as it spins, it brings these seasons into our world. And we learn to live with them and adapt to them. So today is very cold, and you couldn't be outside with, you know, without good covering. And so, we acknowledge that power of nature. And so we open those doorways of the winds. The winds of the east invite those spirits to join us today, to see us, to hear us, and to help us if they can. We turn to the south doorway, and we open those doorways and invite those winds or spirits to join us. We turn to the west and we open those doorways and invite those spirits to join us, to see us, to hear us, and help us if they can, and we turn to the north, the north wind that brings the cold. And the cold is necessary for this part of the world in the snow would be used in the spring as water, to, replenish our, earth to bring the plants and the animals back and the water back again. And so we look to the earth below, the water, the plants, and the animals that give us life. Look to the sky above, the world, that reflects our natural world here on Earth, the world of the universe where the moon, the stars, the planets, the sun inhabit. We draw on those parts of the natural world to populate our stories that we tell to our children about creation, about the rules of behaviour of humans in relationship to the natural world. And it is a world we will return to one day as spirit. And finally, we encircle all the humans into all of creation, the 7th direction, the last creation, the human beings. And

it's a reminder today that, we are a part of creation. We don't control it, and we have to approach creation with humility, because, it's a lot older than we are. And, the world that we inhabit will be here long after we're gone. So *miigwech* everybody, and welcome to the session today.

(07:57 – 11:49) Doris Peltier:

Miigwech Albert. Aaniin Boozhoo E-amakawaataagoowazid dizhnigaas, waawaashkesh nidodem, waawaashkesh nidodem. So I just, acknowledged, my spirit name and my, my clan to the ancestors so that they know it's me that's speaking, and I spoke in my language. So welcome to the Feast Centre conversation series. This is our 3rd, possibly the 4th conversation in this series, and I'm your guest host today. My name is Doris Peltier. And, as part of Indigenous AIDS awareness week 2022, the Feast Centre For Indigenous STBBI Research is hosting this conversation, which we titled the History of Indigenous HIV and AIDS in Canada; a Retrospective with Change Makers. Today, being the last day of Indigenous AIDS Awareness Week 2022, we felt it was important to look back at key inflection points of the Indigenous HIV and AIDS movement in Canada. Our guests today are key voices, advocates, community-based researchers. In the last little more than a decade, some community-based researchers have stepped out of their advocacy roles into research. We are also the stakeholders of the wisdoms and knowledges of the movement here in Canada. So this conversation is bringing together these community leaders, activists, and elders to discuss that history of HIV and AIDS, and how this epidemic has historically impacted Indigenous people, and how these leaders are working to make change for the future generations.

So I want to welcome our speakers for today. We have Albert McLeod who you just heard from. He's functioning as an elder and as an advocate, in this conversation. And then we have Richard Jenkins, who is also an advocate from Alberta, a Metis, and I also call him an elder. And, we have Martin Morberg, who represents kind of the next generation, in my view, for the work that, you know, moving forward with the HIV and AIDS work, as we continue to address this, in our communities. And he represents the future for me. And then Keisha Larkin is also slated to join this conversation, and we will ask her to introduce herself when she joins the conversation. So without further ado, we're going to get started.

So I'm going to ask each of our panelists today to kind of introduce themselves rather than, you know, the standard kind of presentation. Sometimes somebody reads their bio. I just want each of our panellists to tell us a little bit about themselves, And you just take a few minutes to do that. You have up to 5 minutes. So who wants to go first?

(11:57 – 14:33) Albert McLeod:

Welcome everybody. I come from Northern Manitoba, and I grew up in the fifties sixties in the north. And I'm a gay person, a gay person who has ancestry that is Scottish immigrant as well as Northern Cree. And my family worked in the Hudson Bay fur trade for over a 100 years. I grew up in the north, but I ended up, going to Vancouver in 1979, and I ended up in the midst of the global pandemic of HIV just as it was happening around the world. And I

joined a society there of Indigenous people who were LGBTQ called the Greater Vancouver Native Cultural Society. And I've been very fortunate, because wherever I've gone there seemed to be a strong cultural aspect of welcoming the outsider into your territory, the sharing of culture, tradition, ceremony, and, you know, community as Indigenous peoples, whether it was BC or Manitoba and other parts of Canada. I became an HIV/AIDS educator in 1991 and worked for 10 years doing that in Manitoba and also was a co-founder of the Canadian Aboriginal AIDS Network, now known as Community Alliances and Networks, which again did a lot of education around HIV nationally in Canada, from the Indigenous perspective. And I've also been involved with the 2SLGBTQ movement as part of, I think, my response to HIV, the reality of HIV. And been an educator, outreach coordinator, and an advocate as Doris has mentioned a few times. An advocate at the local level and the national level around issues about, Indigenous culture, Indigenous rights, and around HIV and 2-spirit identity. And living in Winnipeg, I've had a great opportunity to work with Indigenous experts in the culture and in the language which have been a great support to the work I've been doing in health and traditional healing.

(14:35 – 14:52) Doris Peltier:

Miigwech! Okay. I'm just going to not ask for a volunteer. I'm going to voluntold people. So I'm going to pull in Martin Morberg at this point. Martin, could you tell us a little bit about yourself?

(14:54 – 18:19) Martin Morberg:

Thank you for inviting me. It's a real honor to sit with you guys today with the panel. It's kind of like a testament for me when I get to join these conversations because it kind of shows me, like, how much time has passed and the spaces that I'm very fortunate to sit in. But my name is Martin Morberg. And, like, without a bio, I'm a bush kid. I'm from the mountains. I'm from up in the Yukon Territory. I was raised around a lot of Indigenous women and really strong ones too that really helped me shape my views and values was raised around, the potlatch system as well, the Tlingit potlatch system. And then later in my life, started learning about some of the protocols and laws in the way Northern Tutchone people govern themselves. So, I was able to really have kind of an earlier education of how my, Indigenous people where I come from, how they govern themselves.

I've been living with HIV for, like, 10 years, and it wasn't, like, intentional to get into activism. I feel like a lot of the hardships of my own life kind of pushed me into the arms of this Indigenous HIV kinship and this kind of 2-spirit family. And, like, I was just thinking too, like, there was a little I met this 17-year-old 2-spirit person. This 2-spirit guy, when I was just kinda stepping into the movement, and he was living with HIV. And I remember telling him, I said, I've been knocking on all these doors. I'm trying to make things happen. I'm trying to work in the community. I'm trying to get into this grassroots work, and I'll never forget what he told me, this 17 year old. He said, if you wanna be heard, you gotta make some noise. And so it was just these little kind of and for that to come from such a young, powerful voice really resonated with me. So I don't know. Like, I feel like a lot of the activism, and things that have happened have really just, like, come from the community. And, like, I

didn't kind of intentionally set out to start doing this work. It's just been, like, based on the relationships that I've made with other activists, other mentors, and role models that I've had that have kind of, brought me into the work and kind of where I am today, like, working in the community. There's my informal introduction.

(18:20 – 18:44) Doris Peltier:

Yes. Thank you very much, Martin. Yes. I usually like to ask guests to tell about themselves something that's not in your bio so that we get to know who you are in a different kind of way. So I'm gonna move over to Richard now. Richard Jenkins, you're up next.

(18:46 – 24:58) Richard Jenkins:

Thank you, tansi tatawaw everyone. I'm calling in today from Mannawanis, the place where we gather eggs. It's now called Saint Paul, Alberta. It's in the Treaty 6 territory just west of Mussoisee, Moose Hills, which is where I'm from. I'm a bush half breed. I'm a Cree now I say I'm Cree Metis with Indian status. And I struggle with using the term Metis because there's this copyright on it. You have to, you know, fit certain parameters. And I was a Metis - politically, culturally - I had a card for the Metis nation of Alberta. I'm from zone 2 in the Alberta area, what is now called Alberta. Pre confederation was Saskatchewan. I'm close to the Saskatchewan border.

Who else am I? I'm 59 years old. I'll be 60 in April. I'm enjoying the last little bits of my fifties, and next year I won't be able to say that anymore. It'll be forever gone to this body. I'm, the only son to the late Richard Jenkins and the late Teresa Putra who passed away as Teresa Jenkins' whiskey jack. She remarried before she passed. And I'm 7 in a line of 9 of there would have been 9 of us. And the other 8 would have been all girls. And though the 6 that did survive were all alive until a year and a bit ago or a few years ago. My oldest sister passed away a few years ago, so so there's only 5 sisters, living sisters left. And we're all pretty close. We're like a ladder. So we're all fairly close in age, which makes a big difference in terms of - what is it? - comradery... familial... familiarity or familiarness – the act of being in family. And I'm a singer, I'm a dancer, Métis. I love, pop ballads. I wear my heart out of my sleeve when I go to karaoke. I'm the guy who sings all the hurting songs. Because in my life, I try to be, you know, loving hearts, a piece flowers and everything's wonderful and everything's rosy and, you know, an optimist and positive and all that stuff - not just HIV positive, but positive in character and countenance. And so I'm very grateful for what I have in my life and being able to say that I come from a pretty good family, pretty supportive family. And I've done lots of addictions work. I've helped develop addictions programs in Ontario. I've helped develop I was there at the beginning of the Ontario Aboriginal HIV AIDS Strategy. I was one of the co-founders, one of the co authors to that and helped develop I was the 1st Canadian board member of the World Indigenous Nations Higher Education Consortium on behalf of the Nechi Institute where I trained counselors and did marketing and community-based research. Back in the day, my first job with Nechi was a research assistant on an Native Employee Assistance Programs - how do we help people stay well at work? So I have, you know, I come from a long line of activists.

My late grandfather was the late Lloyd Pautra was one of the co-founders to a rehab center here in Alberta. My late mother was a senator with the National Association of Friendship Centres. My great grandfather was one of the founding leaders to the Métis Nation of Alberta as well as the Indian Association of Alberta. Had a dance crew that he took all over the place to Ottawa, here, there, and everywhere, Metis dance crew. And, yeah, he... there's a big story about my name, that late great grandfather, great grandfather, JF Dion, Joseph Francis Dion. And I was named one of my names is named after him. And he's a Métis leader, First nations leader here in Alberta. He was a big he was kind of a middle of the ground person. He's kinda like me, kind of, you know, the in between person. He's not fully Métis. He wasn't fully First Nations. He was kind of in between and he kinda could walk between those worlds. And, so I kinda take that and I've been walking with, how do I be an in-between person. And I'm one of the people who helped found the first Canadian 2-spirit, Indigenous 2-spirit plus organization here in Canada. I was part of the development of the Edmonton 2-Spirit Society and 2-Spirits Emotion Society that Albert is also part of. And, yes, I'm a 2-spirit, gay fella. And when I was younger, I had very short hair. I didn't have all this white stuff. I didn't look like Santa Claus. And I had a lot of privilege with, my looks. And I was in shape: I danced, I played sports. Volleyball and fast ball in the summer, volleyball in the winter, and, I was never a hockey player. It was a little bit too violent for me. I didn't like basketball. It was also a little bit violent. I know it's not supposed to, but, you know, there's elbows and legs and people get tripped. Anyway, that's a bit about who I am. And, I'm currently single and I live in the country. So that creates some challenges in terms of being able to be physical in a world today. And there's all kinds of new things happening anyway, so I'm probably better off being in the bush with very little access to sexuality.

(24:59 – 26:14) Doris Peltier:

Okay, *miigwech* Richard. It sounds like you come from royalty, from Indigenous royalty, in that long line of shakers and movers. I mean, all of you, come from Indigenous royalty in my book. So, you know, when you talk about where you come from and everything, it's, you know, you've got a long heritage that you, very proud, peoples that you come from, each of you. So we're gonna get started with some questions here, and we're gonna begin with Albert. And, you know, and the question has been posted in the chat, and we know that you were involved in the early response in caring for Indigenous people living with HIV from the beginning of the epidemic when 2-spirited people were the first ones that were impacted. Could you tell us a little take us a little bit through what that was like, Albert, as that advocate? You know, what made you put your advocate hat on in that time period?

(26:19 – 31:49) Albert McLeod:

Yeah. In those days, in the early, days of the pandemic, you know, from the eighties into the nineties, it really was a time where there was no treatment for HIV infection. So people, you know, did progress into the end stage of HIV disease or what is called, AIDS, and, had, you know, developed opportunistic infections that were usually only seen in very old people. And they were very serious infections, like toxoplasmosis of the brain, kyphosis, a coma, a skin cancer, wasting disease where you couldn't process nutrients.

So it was very dramatic in terms of seeing young people progress to be quite ill, being palliative, not having family supports or any social supports. The stigma was very virulent then the fear, was, quite, you know, strong of exposure and contact, getting HIV just by touching. So there are a lot of myths about HIV and AIDS. And so that was for us, that generation, we had to learn how to provide palliative care, end of life, care, you know, support people, in dying, in isolation really. Many of the people, usually the gay or bisexual men, never made it back to their families or reserves or communities just because of the fear and stigma. And so for us, it was a steep learning curve about that whole, you know, going from, you know, being in the disco scene in Vancouver or Montreal or Toronto to being in the palliative care wards of hospitals. Like, that was our life. Right? It was both in the gay bar scene and in the hospitals caring for our friends. And, in terms of the mental, emotional, and psychological part of that, there was really no place to bring that.

So, you know, people didn't really necessarily wanna hear about it, So there was a lot of social, psychological isolation in that period. And then what went on until 1988 that, the Indigenous health service or Indian health services in the US held a gathering in Minneapolis because they were obligated to address HIV among Indigenous gay and bisexual men. And that was the first international 2-spirit gathering. So I like to characterize as early as 1988, the Indigenous response in North America, to this HIV pandemic began. And it was led by 2-spirit people in that, we, explored our identities, our histories, our ceremonies, our healing technologies, our languages.

And we've been on that journey for 35 years now. So it's a teaching in that reclaiming identity and culture is a response to a pandemic. And I think we saw it as well as with COVID. So in many ways, it was the coming out of 2-spirit or Indigenous LGBTQ people, because literally our backs are up against the wall. There was no future, because of just the stigma, the lack of any knowledge or support around HIV prevention. And the treatment didn't become effective until the early 2000s. So there was a 20 year period where we really had to stand up for ourselves, and we did. And I think that's why we where we are today, right, is that we broke through some of those barriers. We worked with government. We did research. We went into communities and did HIV 101. And it was the first time in many of these communities, you know, First Nations, Metis, or Inuit communities, that people ever talked about sexuality in a public way because we knew it was sexually transmitted. So we needed to talk about, you know, heterosexual sex, gay sex, drug use, injection drug use. And in many cases, it was the first time that the community ever gathered to have these conversations. So in many ways, it was cutting edge, you know, breaking down barriers. And, so again, my experience goes back 40 years. So there's a lot there. But I like to say I like to center that the annual international 2-spirit gathering is an example of an Indigenous response to the HIV pandemic.

(31:52 – 32:12) Doris Peltier:

Thank you, Albert. I just wanted to ask you a follow-up question in this conversation in terms of the level of stigma, that was experienced, by Indigenous people living with HIV. What was the level of stigma towards our peers?

(32:13 – 34:18) Albert McLeod:

Well, I think at many times, families stayed away. They didn't know what to do. They didn't know how to provide support because, again, those opportunistic infections were very serious. And, you know, sometimes people would go blind. Right? Sometimes they would, lose weight, so they were just skin and bones, or they needed to be in a wheelchair. And so a lot of times, family just did it. There was no path. There was no, toolkit for people to follow. Right? And so, many times, like in Vancouver, Lori McDonald, who was with the Greater Vancouver Native Cultural Society, You know, she was the one who went around, and now she would collect the cremated ashes of people who had died in Vancouver from across Canada, who were Indigenous and, whose family didn't respond at all. You know, people were just cut off, died in a hospital, were cremated, and their ashes were never retrieved. And I believe in Canada, there's still ashes sitting in crematoriums, not just for Indigenous people only, but other Canadians who died of AIDS that there are ashes just still sitting there waiting to be retrieved. So she would go and she would put those ashes into the ocean in beside Vancouver as a way of closure. So like Richard had said earlier, people could cut themselves off mentally, emotionally, spiritually, psychologically from their loved ones because of their fear and the stigma. And I saw it happen many times. And, so, yeah, it is that that fear is real. It's still real in the 21st century. That stigma is still real. And the myths are still real about, you know, not having the accurate information, actually, how HIV is transmitted today.

(34:19 – 35:25) Doris Peltier:

Thank you, *miigwech*, I'm gonna go to Richard now. I mean, I think this is a really good segue, to invite Richard. And I have a question for you, Richard. To prepare for this conversation, I googled all of you actually and, did my homework. And so in googling you, Richard, I found a story titled teacher helper, my relationship with HIV. And I read that article, and in that article, you talk about the first time that you disclosed to your family, that you disclosed your HIV status, how did their response frame your journey of living with HIV from that point onward? And how and the question's also in the, chat box. How has that motivated your continued advocacy in the work that you continue to do?

(35:26 – 43:26) Richard Jenkins:

Okay. Yeah. Good question. Like I said earlier in my introduction, I'm pretty close with my sisters and with a lot of my cousins, my first cousins on both my mom's side and my dad's side, probably less on my dad's side. But, one of the things that, you know, as I've reflected with question is: it helped cement my trust in family because they didn't, they didn't say, oh, you're not welcome in my home. I don't want you. You're there's something wrong with you. Like, I didn't get any of that kind of response. I got, you know, the natural normal tears and, and then I got annoyed. 1 of my sisters was, well, you're gonna come and help me tell my kids. And it was kind of a demand. It wasn't, can you come and please help me? It was like, well, you're gonna come and do this. Like, it was like this very direct expectation that I was gonna help her process the news with her children. And I did that. It was it was fine, and it was anticlimactic. The kids were like, yeah. Okay. Can we go and play now? So,

again, like, trusting in being able to share that with my family. I flew across Canada to I was working in Toronto at the time, and it took me several months to work up the courage to go home, to fly home, to find somebody. One of my friends, Ruth Cardenal de Ubiera is her name now. She used to be Ruth. Ruth Cardenal, Ruth Hunter, Ruth Warren. She used to be the CEO of Nechi Institute. Anyway, I phoned her and I said I had to kinda give her the heads up. I told her over the phone, I feel bad about that, but I wasn't really rich in being able to travel, fly, you know, on a whim. But I did, book that flight, and I booked that that, trip and coordinated with my friend Ruth and met her at her office and I asked her to, you know, call my family in. And, some of them came. They didn't all show up. One of the sisters, I couldn't quite get to her so I did have to tell her over the phone. I felt really bad about that, but it was what it was and it is what it is. But yeah, the thing that it helped me cement into my person and into my place in my family, my place and my power and my family is because I'm the only boy, the only male, that has a certain privilege in my family. I was treated a certain way because I sing, and I dance. You know, I'm a performer. I have that look at me, look at me kind of energy. And a trainer. I was a trainer. I love being standing in front of people and telling story and, you know, sharing information and learning, sharing teachings about, you know, this, that and the other thing and helping people learn skills, knowledge, change their attitudes and their behaviors. So, yeah, so for me, it's family is so important. I come from a very large Metis family who were always about music and dance and performance and being there for each other. And it's interesting, you know, when I came out of the closet, as a gay guy, more of my uncles seemed to be okay with me than my aunts. Just my own perspective in terms of what happened and what's happened since. And I've always felt more, accepted by the male relatives on my mom's side, Not so much my dad's side. Again, didn't have as much interaction on my dad's side. But yeah, family. So trust. It really helped build trust and really gave me the impetus to keep doing the work of, being a community helper in addictions work because there's so many intersections between addictions and the people who experience HIV and other STBIs and other chronic illnesses and mental health challenges. Kind of there's this huge intersection. I just wanted to throw that word in here. Intersectionality is the, you know, the buzzword of the day in terms of gender-based explorations. And so trust in family and trust in myself within that context of family is, is huge. And, you know, I learned to trust in that process and through that experience of doing that sharing and the crying and, you know, the support and come and help me tell my family. And, you know, I don't know how many people, the older folks online, remember the movie, An Early Frost with Aidan Quinn, I think was his name. He was one of the actors in that movie. And it came out in the eighties or something and I was with a guy at the time who was HIV positive. And we did not have a lot of safe sex and I was safe the whole time I was with him. I did not contract the virus. So, yeah, in my brain that created this false belief that I was never gonna get it because I didn't get it from him, how could I get it from anybody else? But, it, you know, I learned later on some of the HIV AIDS 101 sessions I would go to and people say, Oh, you can't get it from oral sex. And I would think to myself, well, actually, yeah, you can. If the guy's really big and you're greedy and you just gotta get it all the way down, it's going to tear and rip your throat. And it's a tender space in your body and that's how I, contracted the virus. The guy did tell me he was HIV positive. He had just lost his partner to AIDS. And I said, yeah. We'll be okay. I'll be okay.

But here I am and I wasn't. I wanted to just point out the intersection between the year that I was that I contracted the virus and the year, our elder, Myra Laramie, had her sacred dream and vision about 2-spirited and that image and the, you know, the ability to shift between male and female. And since that time and in my life and in the early 2000s when I started to learn and connect to 2-spirit teachers, I learned a whole bunch of things about the connection and the intersection between those two experiences. Myra and her connection to 2-spiritedness and my own connection with HIV. Because HIV is a shapeshifter. It shifts the cells to a degree and you know, it contracts and extracts and then elongates and it does whatever it does to your cells and creates changes. And so basically shape shifts you. Like I'm not the same shape that I used to be. Like I literally am shape shifted now. And so I've learned a whole bunch of things in my cultural exploration and journey around being 2-spirited, being gender diverse. That connects to that story about the shapeshifter and being you know, the HIV being a helper. So it has really kind of opened my brain and opened up my mind about, about life and and the the sanctity of life. Even though I have a chronic illness that could kill me and could have killed me, I was protected in some way Cause you know, like shoulda, coulda, woulda, I coulda, I should not be here. I could not be here. I might not be here had I gone a different way - like if I had just gotten lost in addiction I probably would not be here for sure. But yeah, family and trust. And trust in self and trust in relationship with family. And, you know, like no matter what, I'm gonna trust that my sister's got my back and the head.

(43:26 – 44:19) Doris Peltier:

Right. That's very interesting that you were like Martin. You were, raised amongst female energy, and, I don't know if that makes a difference. Maybe it does. It sounds like it does. But, so your experience in in disclosing your HIV status to your family was very different in terms of what Albert talked about, where there were, people that were dying from AIDS related complications who were not welcomed back home by their families. So, there, you know, there were few and far between, scenarios like yourself, I would I believe. Am I correct to kind of assume that, that very few of us went home?

(44:20 – 46:16) Robert Jenkins:

I would agree. I would agree. I mean, I've heard horror stories of, mothers who had their... who would accept their son, And it was a son in this particular instance. And he went home and when the community found out, they harassed that family and they eventually got- like he passed away- and they burnt her house down for fear that anybody who might be in that house would contract the disease. Now what community was it? I don't remember. Who was it? I don't remember. It's one of those kind of First Nations legends that people talk about. But I was My heart just broke for that family and for that young man who passed away with that level of discord in his own home community, someplace where, you know, all of us should be able to feel safe and protected and supported, and he was not. You know? And a lot of that has to come from fear and shame and guilt and finger-pointing and judgements and all of those kinds of things. And that's not our traditional way. And so I'm so glad that I have a family that, you know, that really lives those protocols of kindness and compassion and love and acceptance. Now we still have our our bad days as family

members. We still, you know, don't come to my place for a little while. But, yeah, like, I nothing like you know, I've never had to worry about my family coming in and burning my house out, and telling me to get out. And I've never been denied, you'll come and stay with us. Come and watch my kids. I'm on Bush duty often these days, with the grandkids and nieces and nephews want me to watch their kids. I've never had children of my own. But, all my sisters took care of all of that, so there's lots of them, so I don't have to worry.

(46:16 – 48:03) Doris Peltier:

Yeah. Maybe we'll circle back to that whole scenario at some point through this conversation because that's an interesting experience actually. When I read your story, I thought, wow. I think you're right to say it's the family, you know, and that trust. And, but maybe it's more than that too, but we'll circle back to that. I wanna jump to Martin now. And, Martin. We wanted to actually, have somebody that's kind of, not living as long term as some of us, you know, somebody that came into the movement. Because I remember when you came into the movement as a young person, and I thought, wow, look at this young, youthful person, and you came in tentatively. You were a bit tentative when you came into the movement. And, anyways, I as that younger person living with HIV in this panel, you've essentially are being passed the baton, so to speak. Like, if we pass the baton in this movement in 35 years of this movement that we've experienced already, some of us so if you've been passed the baton to keep the HIV response moving forward, what does that feel like, and what are you currently doing to help future generations? You know, it's a big question.

(48:04 – 1:00:46) Martin Morberg:

Yeah. It's definitely like a big auntie energy question. I think it's, like, important to give a little bit of context of how I started to do the work, just kind of, like, briefly is... there was people that pulled me into the circle, and I did have some light involvement, you know, with CAAN and other organizations, a little bit of volunteering at a much younger age. And so I did kind of make an appearance and met a few people. And then I left, because there was some really dark places that I had to journey through in order to, I guess, be prepared and and really grow as a human being. And I didn't come out unscathed from that. And even with the knowledge that I had about HIV I still contracted it. I was I was still diagnosed with HIV. And I remember thinking, like, I need that family now more than I ever have before, And I don't know how to reconnect with them. And I'm not gonna name names, but there was a really beautiful Indigenous woman, that was hosting a conference in Victoria at the time. And I reached out to her and I disclosed to her and she said we need you there. I really need you to be there. And so it was instances like that. And, you know, I started volunteering and really hearing the stories of other people living with HIV and started to create, and started to kind of pitch these presentations to these national organizations. And I started getting invited to these conferences. And it was at these conferences and at these gatherings where I was hearing these really powerful stories. And a bulk of those stories were coming from Indigenous women. And, they were literally educating me through story. They were and I was so observant and I was so attentive and they were literally demonstrating to me, this is possible. This is how I journey with HIV, and this is the work that I do in my

community. And these are the results, and this is how we increase visibility, and this is how we elevate community, and this is how we gather our stories, and this is what grassroots looks like. That was probably the best education I could have ever gotten at that time of my life because not only was it an education for my knowledge, but it was also medicine for my spirit. Because I believe my HIV diagnosis did not just impact my physical body. It really impacted my spirit as well, and I needed that medicine. And so those Indigenous women, and those 2-spirit people, and those HIV activists, and people living with HIV, they helped me transform the way that I walk with HIV. And so, it was through them that I became inspired to start doing the work. And, there's some very specific instances of me going to these pharmaceutical, you know, really scientific conferences where the majority of people were non-Indigenous. And me being invited there feeling like I don't belong here. I'm a bush kid. What am I doing here? And having Indigenous women pull me to the table and sit me down and literally translate the knowledge of what they're speaking and giving me that information in a way that I could understand and take back into my own work and into my own communities, or the regions that I was working in. And I remember, like, feeling overwhelmed at times, and other people living with HIV telling me, you belong. You belong here. There is a space for you. And so there was like... that is a demonstration of what, working in the community looks like of putting that hand down and pulling up those young people to the table and welcoming them, including them in those circles. And so fast forward about a year from when that instance happened, you know, when people were doing things like that for me, I did a project with this 2-spirit trans woman who's also living with HIV where we were around the same age, and, I, we got invited to the United Nations in New York City to present, one of our projects. And I remember we were standing outside of the UN in New York, and she was saying, I don't belong here. I don't I'm scared. What am I going to say? What am I going to do? And I was able to demonstrate to her the same things, and the same values, and lessons that were taught to me about pulling somebody up, about elevating them. And so, really, that's been kind of my education in the movement. Is, like, through the demonstrations of other activists, and how they've included me, how they've engaged with me, and how they've kind of elevated me, and given me opportunities to be a part of these conversations. So, fast forward a few years later, I feel like there is a responsibility. And I feel that responsibility, and I don't think that it's an obligation. And, I mean, it's scary to think about it as a baton. Because in a lot of ways, like, I still struggle with seeing myself, like, in leadership roles. I see myself just standing with community and just helping with coordination. I'm here as a helper. I'm here to help and serve. And so I think what's happening now in the work that I'm doing, and I really love what one of my colleagues, you know, says, is like, we don't get to take our 2-spirit hats off at night. Like, I don't get to take my HIV hat off tonight. I don't get to take my res hat off at night. And, so we're living the work that we're doing. So this isn't just text book stuff. Like, we're creating from a place that we're living. And so, I think what's happening now in some of the work that I'm doing is really trying to engage community and make a lot of the initiatives, a collective effort. And with this being said, trying to put a lot of focus on, you know, community members, and their voices. So just a quick example is: I had a conversation with a young 2-spirit person in Winnipeg yesterday. And I was telling them, hey. We're working on this initiative and, just wondering what sort of, like, experience you have doing this kind of work.

And they were a bit intimidated, and they were saying, oh, well, I'm not a professional this, and I'm not an established that. And I said, that's that's not what we're looking for. And so we started to have this conversation about the community work, about the relationships they have, about the cultural knowledge they have, how they can kind of weave through their community as a 2-spirit person. And that relationality and that establishment they have in community that I find to be the most, I guess, impressive and useful of all. So really looking to engage these younger community members in the work, establishing, like, guidance committees of, like, 2-spirit people that can guide and offer recommendation to the initiatives that we work on. I think there's a real, like, understanding - and this is what I'm learning more and more in the movement - is, like, how much privilege I have to have access to ARVs, to have knowledge of U=U, to have knowledge of PrEP, to live in an urban city center, because this isn't the truth and true for everyone across Turtle Island. Like, we are still seeing HIV people diagnosed with HIV. There is increased rates happening. And just because some of us have access, does not mean that all of us have access. So there's still a lot of work to be done. And I think a lot of that is just highlighting and making them visible and really advocating and pushing this knowledge forward that it isn't fair across the board. So, you know, you hear all these targets of these goals that people wanna reach, and it might be happening in some parts of Canada. Downtown Toronto, Downtown Vancouver, Downtown Montreal, we have knowledge and access to this stuff. But, you know, let's think about rural and remote communities, you know, 2-spirit people that journey into the city that become vulnerable, you know, to HIV diagnosis, and then go back to their communities living with HIV and not having the support that they need in order to access. So I think another thing too, like - sorry, I'll just try and close, I'm close with this. One thing I've noticed, and I'm becoming more and more aware of, is, like, the limited visibility of Indigenous people in sexual health promotion and campaigning. We look at some big national organizations, and there is a lot of focus on white, cisgender, gay men. And, like, a lot of western perspectives, a lot of western knowledge, a lot of, you know, and it's focused on these urban city dwellers that are non-Indigenous. So where are we in the medical system? Where are we in these campaigns? Where are we in this visibility? So I think moving forward for me just as an individual is really trying to coordinate, like, collective efforts, seeing value outside of academia. The way I view academia is how to move through a colonial world just to better support Indigenous people and not use that in Indigenous communities, but really put a lot of value on community, their voices, and, you know, wisdom and community. Right? And then just increasing visibility. So, still very much like grassroots vibes. I've learned a lot from the aunties, and the uncles, and the kokums, and the people that have adopted me. So it's, again, it's not an obligation. It's not something I intentionally set out to do. It just kind of unfolded that way. And I'm just really grateful for the Indigenous people that taught me and nurtured me and really helped me transform the way that I journey with HIV. And so that sense of responsibility is there. Yeah. So thank you.

(1:00:47 – 1:02:11) Doris Peltier:

Miigwech! Yeah, the aunties are very, key, in this movement. And, we've been waiting for our next guest, Keisha. If you could introduce yourself and tell us a little bit about yourself and not the bio version. Usually, we're used to, you know, having somebody read your bio and

all that, but we really just wanna hear from you instead of having me or somebody else read your bio. And we also have a question for you. So we're gonna weave the 2 together, Keisha. So the question for you is, you have had a remarkable journey with HIV as the first Indigenous woman to disclose your HIV status publicly in Canada. What was that like being the first woman to come out as HIV positive? You travelled across the country to share your story. Why was that important for you, and what was the message you shared with the communities? So that question's in the chat box, if you wanna... I know there was, like, about 3 questions there. So let's meet Keisha first, and then you could respond to the question.

(1:02:12 – 1:02:15) Kecia Larkin:

Just remind me how much time I have, sorry.

(1:02:16 – 1:02:20) Doris Peltier:

You have about 15-20 minutes.

(1:02:20 – 1:18:06) Kecia Larkin:

Okay. Thank you. Thank you for having me, Greetings. I'd like to, say thank you to everybody who's here today. I believe there's a large community that has weaved a beautiful story and history, herstory, our story in the Indigenous, Aboriginal, and HIV/AIDS community. I have, I guess, a long-lived experience, being HIV positive, and that really changed the trajectory of my life. One of the things that I think really helped me was the place that I was living and sort of struggling at this time in my life, being a young girl, and a young woman out sort of out on my own, was challenging, but I grew up really fast. And, currently, I'm living in Lekwungen territory, which is the Coast Salish territory. I've lived here off and on since I was five, and I have two beautiful children, my daughter, Rickya, and my son, Owen. And I've always felt very grateful that I'm able to include them in my experience and my world, and, she's met my children. Definitely, my daughter has met a lot of you, and a lot of you are considered aunts and uncles and brothers and sisters to her. So I just wanna say thank you for that. I've seen the new generation now really blossoming. I see the new generation now being able to balance and live and walk in 2 worlds and navigate, you know, the challenges no matter what those challenges are. And, as a woman, I definitely have had my share of intersections, and that's just a fancy word for experiences with gender violence, identity, culture. There are many different challenges, when I first started even travelling. So, right now, I'm in my fifties, and, I'm quite happy just where I'm at in my life. And, it's very quiet, and I've been using the time as, I guess, a lot of reflection. And when I was asked to be part of this, it's a wonderful opportunity to share that. So once again, thank you so much. Being the first woman and, I guess, youth because I was, well, 19, 18, what? 18 when I found out. And I think it was just such a shock to the system at that time. In the early eighties, or late eighties and early nineties, there were a lot of people dying. And the language that was used was so different than it is now. Like, there's a lot of stigma that has been removed, especially from a lot more people who are out there doing the work and

have been committed to removing those, that type of stigma and prejudice that a lot of us experienced when we first started talking about HIV and AIDS. It was very taboo. And if you talked about it, a lot of people assumed that you were HIV positive. A lot of people were very afraid. I was terrified to go into those doors of a non-Indigenous AIDS service organization, which would have been AIDS Vancouver and BC persons living with AIDS. And at that time, there were a lot of organizations available, especially in the nineties. And that's when the government responded in a bigger way. When I first started, I was talking to my family, actually, about my experience. And one of the things that we have or had done as, I guess, a practice in my family and a cultural thing is when you talk, you talk openly with, you know, you're family. So, we had a family meeting at my aunt's house, and this was my time to disclose to my entire family. And at this point, it was just a few people that knew, and then more people started finding out. And I just thought, well, I better just tell everybody what's going on. And during that family meeting, I found a lot of support, a lot of love, but I was still so terrified, and I really didn't know what I was gonna do. And my family just said, whatever you do, we support you, and we love you. You know, you're not you haven't stopped being our granddaughter, our niece, our, you know, my mom, my daughter, my brothers and sisters. Like, it just it they were so accepting of, you know, just of me, and that's such a big cultural teaching, you know, that I didn't realize was being gifted to me at that time, which was compassion and acceptance and respect. And, during that time at that meeting, there was a woman there who was working for medical services branch, which is was non-insured health benefits and then has now changed to First Nations Health Authority. But the provincial doctor, one of the doctors at that time, his name is Jay Wortman. He is a Métis doctor, and he was told about me. And sort of I said, you know, whatever I can do to tell people about what's going on in the city, I would like to tell people, like, disclose and show people what's going on. Putting a face to it was really important to me because it broke a lot of myths about who was getting HIV. And so Jay proposed that he and I travel together. My first community that I went to was Ucluelet. I was terrified, petrified, just because I knew how fearful people were of HIV. And Jay was able to do the scientific stuff. I learned that later, but I just told my story. And storytelling is such a powerful way for us to connect to each other. And that became one of the first responses to HIV - was having somebody like me that doesn't fit the stereotype go out and travel. So once communities started hearing about this young woman, who was me. They called me the AIDS lady out here, and it didn't offend me because it, at that time, even saying AIDS was a big deal. There was no medications. People were dying left, right, and center. People were being infected. So it was really important for us to get out there and show people, you know, this is happening in our communities. And through that, I met some amazing people like Litcha Gita, Nolan Mamakiszek, Dolan. Today is the 10-year anniversary for Dolan Badger, and I wanna just recognize him and his tenure of death. And it's also for me, I met my first family of peers. They were my first family. Leonard Johnson and Frederick Cano, who started Healing Our Spirit. Just two 2-spirited men who wanted to be there just as support. You know, when I did have to deal with a lot of challenging of myths, educating community, especially around taboo issues. Like, children were very curious at a young age. So when I would talk about HIV, they were so curious about sexuality. And that showed me at that point that they weren't getting the information they needed. You know? And I still

have a funny feeling. I'm hoping it's changed, but I hope that there has been more people integrating it into spaces where people can connect or learn from it. And the new the new generation that we have, the intergenerations we have now, I believe, we have from the eighties, nineties, 2000s. We've got a few generations now of people coming up 40 years or 30 some odd years of our community responding. And everybody that's here has been a part of that. You know, Martin and Doris. So we're in a very different time now. We're in a time where research is really big, where there are a lot more people who are expanding and challenging a lot of the history, but also the systems that are in place that push us down. And for that, I'm really excited. I am grateful, and I appreciate the people that are doing that work, especially the policy work. It can be very hard and challenging. And the longer that people continue the voices, I always have hope. And I always believe that if I could reach one person, then I did my job. Because there's gonna be one person in that room who needs to hear what you said, and those were teachings that were passed on to me from elders that I met along the way, a lot of who are gone now. But, I'd like to just also really quick wrap up. I also was a... I think in many ways, I challenged a lot of beliefs. And one of the things that I did was I got pregnant twice, and I had two live births. I talk about my children a lot. My daughter started travelling with me at 3 weeks old to her very first conference. And I really pushed for change with, having formula covered from the First Nations Health branch because for a lot of us Indigenous women, we couldn't breast feed when we had a baby. So formula wasn't even covered in the formulary. And those are really fighting for childcare in sometimes a boys club that really didn't, you know, value and put value into children being present or young people or family members. So I'm so grateful that that's changed. People recognize how important it is to have families and children present. So I'm really proud of the way that people have become family and, you know, chosen or otherwise, but this is a larger extent of a family. So, with that, I would like to say thank you. I just sorry I wanna just quick go back to the pregnancy thing. That was such a challenge because people were literally calling me a murderer and were very upset. There was a lot of, I think, confusion and fear because they were just learning about HIV, and then all of a sudden, there are challenges that we have to further break down, but those beliefs and the culture, sometimes religion, was very challenging. So being pregnant, I felt very vulnerable, and I had to step away for a while, actually, which was safe for me. But I'm very proud. I wouldn't change anything. And, I'd just like to say, Thank you, for having me here today, and I look forward to hearing the next person. Thank you.

(1:18:07 – 1:20:23) Doris Peltier:

Thank you, Keisha. You, certainly broke a lot of trails. You are a change maker. Like, when you talk about that pregnancy, the first pregnancy you had, that's part of the stories that we hear sometimes when people are talking about looking back in the movement and that took a lot of courage. Like, I was wondering if you were gonna bring that up. You know? You've done so much for the community, and we're so happy you're here to join this conversation today. You know? And, I really wanted a woman here represented, you know, somebody living with HIV. I didn't disclose my own HIV status as the host of this conversation today, but this that's that's for another time. But I'm here to ensure that we have that woman voice here, that auntie voice. So big auntie energy to you and much love.

So I think, we had, another question that I think each of you had answered that question. But... so I'm changing the question that I the questions that I sent you. So the last question, just rapid fire, is, you know, the movement has morphed into a lot of other tasks that look like they're much more important than that community grassroots voice. So how do we continue supporting that community grassroots voice amongst everything else that's going on. Like, sometimes, we feel like we've lost our places where our voices can be heard. How can we shift that, you know, as we move forward?

(1:20:24 – 1:23:12) Albert McLeod:

Yeah. I went back to the early days of activism of ACT UP. And I'm really branding that now in Canada because I really see that HIV, along with other illnesses, are in the toolkit of genocide in Canada. And the models that have been developed for us are not working because they're developed on Western ideology. Western logic models don't take into account, historic trauma or harm reduction or genocide. And so I'm really galvanizing the aids ACT UP energy from the early, days, where there was no treatment, where there was a lot of stigma and discrimination because that's what's happening to us now. And the systems are not responsive. They're just you know, there's no awareness of prevention for Indigenous people in Canada around HIV today, and we need it. You know, how many generations have grown up in the last 40 years? And I know governments assume everybody knows about HIV prevention or treatment or any of that. And it's not true. You know, the system had dropped the ball 20 years ago about doing thorough education and awareness. And that's why we have younger people being diagnosed with HIV, is they don't know what is out there. You know? And, in Manitoba, we have more heterosexual transmission than among gay people. And you know, I was in the Montreal International AIDS Conference, and I was looking at the booth on the female condom, which is very high-tech today. But I knew in Manitoba, I could never promote it because no one would be interested. Right? And this would be a great prevention tool for Indigenous women, but it's just not anybody's agenda, with that high level of technology that's evolved just with the female condom alone. You know, I would just be, you know, swimming upstream, just trying to get it to women. Right? So yeah, I've become more of an advocate and activist. The, you know, I'm brushing off my old advocate shoes and signs and bringing it back, you know, because people like - you're right - people have sat back on their laurels and thought everything was done. It is not true. This is an active virus. We're still in the pandemic of HIV. Right?

(1:23:12 – 1:23:18) Doris Peltier:

Right. Does anybody else wanna kind of weigh into that? Like, the importance of grassroots, Keisha?

(1:23:19 – 1:25:56) Kecia Larkin:

Actually, yes. When I first, ended up on the streets, you know, the Downtown Eastside Youth Association Society was created by a recovering heroin addict named John Turvey, and they ran not just a needle exchange program, which was harm reduction before it was

even called harm reduction. And the idea was keeping the intravenous drug users who were using cocaine highly at that time, but they also had street nurses going out and handing out condoms and then different like, the bleach kits. Even though they weren't allowed to, they did it anyways. And to me, that was a successful program because they were able to connect with the women, and then when the bad date started, then they created a bad trick sheet. So these are evolving. These are tools that have worked in community for a very long time, especially communities like rural or urban populations. I just wanted to mention I just came from an event, and an organization was able to get a hold of a bunch of HIV self-testing kits. But the question has been, how do we roll this out to community to get it into the hands of community? And when Albert was talking about the female condom, the female condom had a campaign out here with the BC Centre of Disease Control back in the nineties, and it was the same thing. It just didn't go anywhere. And I agree wholeheartedly with what he says, but now we're dealing with testing kits, COVID testing kits, HIV self testing kits, but where do you go once you know the pre and post test counselling has been taken out? So we're seeing these navigating programs after how long that people get tested and get positive. That worries me a little bit, especially in the rural communities. So, definitely something I wanna talk a lot more about. Thank you.

(1:25:56 – 1:26:23) Doris Peltier

Mhmm. Thank you, Keisha. I mean, yeah, I think we, there needs to be more conversation about those things, certainly. You know? And I know maybe we can jump to Martin because they've created the medicine bundle through the CBRC, and you might have an answer to the question that Keisha just raised in terms of the HIV testing kits.

(1:26:25 – 1:32:08) Martin Morberg:

I think, in regards to like Indigenous approaches to the HIV Self Test Kit is prior to the Medicine Bundle pilot, consultations were being done with 2-spirit and Indigenous queer and trans folks around the province of BC. And the intention of those consultations was to explore the feasibility of adequate testing and the HIV self test kit in rural and remote Indigenous communities. And so the responses that we were getting in those consultations was 2-spirit people expressing to us and identifying the needs and barriers that they were experiencing in their communities. And so a lack of confidentiality and anonymity, you know, we're all very much aware of how alive and well racism is in the quote-unquote healthcare system. Also, like the intersectionalities of gender identity or, you know, sexual diversity. 2-spirit people, trans folks, you know, homophobia, transphobia. And then also just like the access of, you know, travel, finances, gas money, these kinds of things. And me, being from a rural and remote community in the interior of the Yukon Territory, I understand. When that physician or specialist comes to town, everyone knows why they're there. And when you line up outside of that clinic, it is known why you are there. And so these are the kinds of things, this is what I was saying about we live the work that we do. And so these consultations were really disheartening and hard to process. And we took them. We took these consultations and established a 2-spirit guidance committee and brought the consultations to them. And said, how do we respond? And so there is the pre-counselling and the post-counselling that was a concern that was brought up. But the

community spoke, and they needed these HIV self-test kits. So, we did the best that we could with what we had. Created the medicine bundle. And then created a follow-up pathway of how they could access support and get in contact with Indigenous 2-spirit people living with HIV, with a registered sexual health nurse, with one of the top doctors in BC to, you know, get linked to care, you know, to another 2-spirit person who's like a strong advocate and very knowledgeable on PrEP. And really, make that accessible to them. And then actually employed and hired people within those regions to disseminate the medicine bundle. To be there as a messenger. To be there as someone that could link them to other people living with HIV. And so, the community spoke and we had to respond. And so we responded to the needs and the barriers that were identified by these community members and made the HIV Self Test Kit available to them, put messengers within their health regions, brought them to the decision-making tables of how we were gonna do it, tried our best to create those pathways because I think they spoke and there was a responsibility to answer. And I just wanna touch briefly, kind of, on what Doris said earlier about this community voice. Is, like, we put a lot of emphasis on academia. And for myself, I'm going to school. I've returned to school because other people have shown me that there's a space there for me. But I think that there's such expertise, in the community voice. And I've seen this time and time and time again. Like, I know an Indigenous woman in Winnipeg. Tons of lived experience. Been sober for 10 years. Living with HIV. Working with young people. And these young people just flock to her. And they're so open to her and tell her their stories and tell her what they need. And she's able to help them in a way that nobody else can. Like, where do you learn that in a textbook? So it's these relationships that these IPHAs, these 2-spirit people, these Indigenous women have in their own communities and the access that they have to those communities. So, I think there's this collaboration of, okay, these Western sexual health resources work, but they need to be those tools need to be given to Indigenous people so that they can take their, that kind of knowledge, and help with the dissemination in community. And, like, you know, our creating services are, you know, elevating those community voices. So, I think that's a lot of the work that's happened with the Medicine Bundle is a collective effort, is bringing in a lot of other 2-spirit and Indigenous people, consultations with 2-spirit people, and really, like, putting a lot of focus on community-driven initiative.

(1:32:09 – 1:33:49) Doris Peltier:

Right! And, you know, all of you spoke to, like, when we think about community voice, you know, is there a space for those community voices anymore in this response? And what I'm hearing is that that network is really key still. We still need that network of those community voices that are doing the work on the ground, and I think that's really vital. Like, putting stuff out on project basis too is problematic. Like, you know, that medicine bundle needs to be funded, for example. That's why I say that and not funded through project or something like that. Richard, I'm I'm gonna come to you. And before we... I just wanna make an announcement to our listeners here that have joined us today for this very important conversation. We're going a little over your, and please stay with us, and we'll come to some Q&A session after. I think we can go till maybe just before 3 o'clock, maybe 10 to 3, so we still have a bit of time. So, Richard, I'm gonna go to you now in terms of, you know, the

importance of that community voice, that grassroots voice. Is there a place for that? Do we need to reinvigorate and bring that voice out again?

(1:33:50 – 1:42:29) Richard Jenkins:

Well, given my history and gender identity and sexual orientation exploration and cultural knowledge gathering over the last 20 years, absolutely. One of the things that I've been... you know, a little statement that's rattling around in my head is beyond the family, what's the need for government? And I know that's kind of a provocative thing for some folks even here, particularly people who are on the line who work for the government. I'm one of them. I have a part time contract with Indigenous Services for Alberta region, do some work with the BC region, and it's all internal to the government work. It's not like reaching out to communities at this point. It's looking at what do we need to do inside the government, particularly that new department called Indigenous Services Canada. What can we do to help improve our internal supports for the people that work for the government? And how and so for me in that space is how do I impact and how do I influence how they're getting ready to serve the 2-spirit, gender diverse plus populations in our country. How do how does the government serve us? And I'm so... I'm on one hand, I'm so happy that I've been there. On the other hand, I wish I did have to. But I've got this kind of interesting place of kinda being in the middle place again. I'm an in between person in so many ways. Because I'm mixed blood, part of me thinks like a settler. Because I'm mixed blood, part of me thinks like a First Nations kind of person when I'm deep in my cultural continents or my character. And, there's sometimes when I'm in that middle place of being a mixed blood person, a Metis, a half breed, that allows me the privilege of being able to figure things out from a number of different perspectives. But it comes back to, how do we strengthen families in terms of being loving and kind and compassionate to their children and to their young people who are coming out as gender diverse. I'm non-binary. I'm gender fluid. I'm gay. I'm 2-spirited. I'm all these different things. I don't wanna I, you know, I don't wanna kind of identify what I am or how I am. I just love people. What I like pansexual or bisexual. Like, there's just that whole bundle of information and knowledge and practice and way of being as human beings, it's, I mean, it's timeless to be and and you've had this kind of cultural interference that says, no you have to you have to bind yourself into this narrow, binary experience called Adam and Eve experience or Jack and Jill or any of the other stories. Madame Thibault, if you took French in Western Canada, Monsieur Thibault and Madame Thibault, there wasn't a language that said there's fluidity. There's these other things. And you have kind of this cultural intervention called religion that kind of helped narrow us into, you know, you gotta walk this fine little line. And in the last 23 years, we've really been pushing the envelope and reminding ourselves that we're more than Adam and Eve. We're more than Jack and Jill. We're more than all of that. And, that's a pretty narrow definition of being a human being and how do we connect to all of that information? And certainly religion has played its part in, blocking, minimizing, preventing, mitigating against natural knowledge, natural law knowledge and all of those kinds of things. So for me, it's we can't not empower and give back autonomy. Not even give back because I already have a ton - communities are autonomous. I just I just wanna say that. But within the community, you have all these interrelated family groupings doing their own thing and and, you know, then,

you know, love and desire and passion kinda requires them to integrate and connect with each other because this one's niece married, that one's nephew, and that one's son married, that one's wife, and that one's son is now with that one's son. And so there's all this interrelated connectedness. And so it comes back to, for me, beyond the family, what is the need for government? So it's a question not to like say, Oh, I'm down for I'm down with government. You know, like get rid of government. No. It's how do we support as a governing process of human beings? How do we do that that respects and acknowledges the varied ways of being and the belief filters that we all carry in a moment, around how do we express our gender? How do we express our orientation? And how do we keep ourselves safe in that process? AKA, you know, dental dams, female condoms, male condoms, you know, all of that kind of safety stuff, safer sex. What is all of that stuff? And how does it maintain and support family and still let new children come through? Right? So somebody's gotta be protected to be able to manage that process. And that's knowledge and knowledge transfer. And if you've got another culture saying you can't talk about them, we don't want you, you know, you can't educate people about sexuality. That's too much. That's not your purview. It's like, well, yeah, it is because I'm a parent and I have a responsibility to ensure that my child gets the best information possible about their body, their basic anatomy, and how their feelings, their passion, their drive, their desires impacts their day to day functioning. That's real. That's the most real thing about being a human is our passion and our sexuality and our gender expression and all of that stuff. It's what's is what typically gives us joy in a day when we're able to find that and express that and cherish it. And so it's being able to shift out of this government knows best and, you know, like academia knows best, they know all the best ways to research and all, do all that stuff. There's challenges that, you know, when we send our young people off to academia, a settler nation, higher education institutions. And then bring... and then they come back and then they wanna implement all that information and the information is culturally biased against the very community they're supposed to be helping. It's a challenge for the community. It's a challenge for the person who's gone to university. I didn't go to university because I figured, you know what? They had my brain for 12 years. I think that's enough. I wanna have community teaching. So I went to work in community organizations called Franklin Centres and learned from amazing Elders across the country, not just First Nations, Métis, and Inuit as well, but also some settler Elders. You know, there's some mainstream non-Indigenous "white," Caucasian, Black, Chinese Asian, people from different cultures all over the world that are now living in our territories, and they have some amazing information. And, you know, with just a open door and an invitation, they could come and share that. And, we might be able to move through all of this gender-based violence stuff that's going on quicker because old people will be supporting their parent, their, you know, their children, parents of the new young people and the babies. And the life cycle will be able to move again because it's a little bit stuck. And shame and guilt and resentment and judgement and right-wrong stuff, morality, all of that stuff. And you know, I just wanna end with my grandkids always remind me when I get hurt, I feel hurt, laugh it off, it's what we do. And so as a nehiyaw, we're all about joking around, like, you know, like crack a joke. Have those have those humour hormones race through your body and help

reconnect you to your humanity and to your basic ability to laugh at all kinds of silly stuff that we do to each other as human beings and to ourselves. So thanks for listening.

(1:42:31 – 1:43:06) Doris Peltier:

Oh, thank you, Richard. Yeah. We need to take those moments. And I see that with our people. You know? We, we we're... what's that word? Self-deprecating sometimes with our humour. And, it's, sometimes I go, oh, okay. That's funny. But is it? So, anyways, and it is usually funny. So we have some time for some questions here from, did you wanna moderate the questions, Miranda?

(1:43:06 – 1:43:17) Miranda Black:

Yeah. I guess the first question that you have was from Rajon. Everything else in the chat so far has been comments and, but, Rejean, what was your question?

(1:43:18 – 1:45:00) Rejean

Hi. Hold on. I'm not sure if you all are seeing me. Can you oh, can you see and hear me? Yeah. You said my name right, which is great. Okay. So I actually have 2 questions. 1 is, so in light of what we've been seeing so far in, like, Indigenous rights with, like, the residential schools and, like, the colonialism, and there's been a lot of recent talk about reconciliation in light of what's been going on with the residential schools. But in terms of, like, the HIV Indigenous movement, how can awareness be raised to make this part of the talk of reconciliation? Because you reconciliation covers everything, but then it will also cover, like, the Indigenous. So that's the first part of my question. And then secondly, Martin, you were talking about accessibility and the... to meds and, like, the you touched a little bit upon the racism and the and the colonialism part of it. But to act in terms of access accessibility, I know that there's PrEP and PrEP drugs for, HIV. So why is this being funded? Like, why this should be free because when you're talking about, like, accessibility, there are people who can't access this because of the cost. So then you're putting another barrier on top of trying to get what people need for help. So one is so my questions again are, what should PEP and PrEP be reduced or free for accessibility? And then how can the HIV Indigenous movement be part of the conversations with reconciliation?

(1:45:01 – 1:47 :29) Albert McLeod

Well, I think with PEP and PrEP, PrEP has been available to First Nations as part of their treaty rights for quite a while now, but there's been never a campaign directed towards First Nations that it is available. And that's about, you know, if you know it's there, you can ask for it, and then we'll help you. But you have to find out on your own. That's what I mean that the awareness and prevention are not priorities anymore. But how are people supposed to guess that there is a drug that they could be taking that could prevent HIV? Right? Like, in rural northern and remote communities, people don't have access to Wi-Fi the way

everybody else does, or cell phones or laptops. Like, in the south, we're making a lot of assumptions about how people are communicating and what information they get. So that's been a real, dropped ball in Canada is the awareness to First Nations that PrEP is covered and available. But, again, you would still need to navigate the medical system to have monitored access to PrEP, which is another barrier. So those are just examples of sort of, like, western southern style interventions that are not adaptive enough to the diversity of First Nations across the different, you know, landscapes of Canada, like rural, on reserve, northern, and remote communities. Like, you know, they need to do better in terms of doing that just a general awareness out there and, funding the supports. Like, if someone goes on PrEP, that is a managed process. You know? And you have to have a physician involved, and it's labour intensive, and someone has to pay for that. Right? It just doesn't happen. You know, you don't just get a script for PrEP because you want one. Right? So, again, for me is really there is no strategies in Canada that directly advise on Indigenous people with HIV. We fit into larger strategies that are generalized to the major populations, and that's a huge gap.

(1:47:30 – 1:47:59) Rejean

Yeah. Because I find - just to touch on that - because I find that, like, you can't have these conversations without the people that you want involved. So, like, you can't talk about, like, HIV without having those, like, lived experience to talk like, to help consult. But, I mean, when you look at the rates of HIV and who has access, it tends to be that the marginalized communities are underserved. They don't have the accessibility.

(1:48:00 – 1:48:50) Albert McLeod:

Well, it's always been part of the colonial plan for Indigenous people. Right? And that's why we're overrepresented in all of these statistics around diabetes, you know, suicide, HIV, syphilis, cancer. You know, it's a product of colonization. And like I said earlier, genocide. You know, it's been mentioned 3 times, 1 by our prime minister, 1 by the pope, and 1 by the National Inquiry into Murdered and Missing Indigenous Women and Girls. But I don't see Canadians asking what is... why is there genocide in a 21st nation... century nation like Canada, our first world country? Everybody's just moving on. It's odd.

(1:48:50 – 1:48:56) Doris Peltier:

Mhm, Any other, responses? Kecia and Martin.

(1:48:57 – 1:50:19) Kecia Larkin:

Yeah. Yeah. I... just hearing this question, I'm thinking we've had several provinces that have been consulted, decades ago to create in provincial and Indigenous provincial policies for HIV and AIDS and for, well, for Indigenous people. And these have never been implemented. But this is part of the challenge is we're often consulted for many different reasons, but a lot of those consultations, even within the HIV and AIDS community, if you're grassroots, they don't have a lot of power. And that it has been very frustrating knowing that these policies are sitting on a shelf somewhere. But I do believe that health in general has

been dropped to a level that the rest of Canadians are starting to feel this equalizing going on where everybody's getting kind of dropped through the system. It's all I have to say.

(1:50:22) Doris Peltier:

Martin?

(1:50:22 – 1:50:24) Miranda Black:

Jessica D said in the chat if anyone knew...

(1:50:26 – 1:50:30) Doris Peltier:

Oh, Martin was gonna respond to that last question Miranda. Martin?

(1:50:32 – 1:54:17) Martin Morberg:

I'm so tempted to pull in my colleague who's sitting in the room. He's like the PrEP knowledge person. We're actually, like, in the middle of creating a service provider module in accessing PrEP. And then also looking at an Indigenous focused PrEP campaign in a province in the prairies. And so we're in partnership working on these kinds of things. And it's actually... I think the mobilization of that kind of knowledge really needs to come from, like, that knowledge translation. When I think of it, I think of how do Indigenous people talk to each other? Like what sort of language do we use to communicate with one another? And how does, how have I learned some of the knowledge? And I know that for me, a lot of it has come from story. And I appreciate Kecia putting an emphasis on the importance of storytelling. And like how much knowledge can really be transferred through those processes. And so when I think about campaigning and in resistance to very white-centered cis-gendered sexual health campaigning. How I would love to see visibly indigenous people sharing their experiences in accessing PrEP and how that improves the quality of their life and how it improves the quality of the lives that they're involved with and interact with. I think another thing around, U=U and addressing the kind of stigma of Indigenous people living with HIV is, you know, a lot of times we... I have seen the role that, PAWS people play in that. Is like, they play a huge role in that and carry a tremendous amount of weight and responsibility of having to be the advocates and the educators around U=U. When really, everyone has a responsibility in educating and understanding the benefits of undetectable equals untransmittable. So, you know, a a mother, a kookum, a child, a partner in a serodiscordant relationship, non-Indigenous people, elders, we can all share that knowledge and mobilize that knowledge within our communities. And so there's some campaigning that we're gonna be working on in the coming year. There's PrEP modules that we're creating in helping people access things like PrEP. And this is what I mean. Like, I'll just end with this is like, I live in downtown Vancouver. If I go down baby street and use the acronym U=U, they're gonna know exactly what I'm talking about. They're gonna know exactly how to navigate oh, that's okay. They're either U=U or they're on PrEP. This is knowledge we have in urban centers. But across Turtle Island, there is provinces, there is communities that have no idea what U=U means, or what we're referring to when I say undetectable. You know? Like, and so I think that knowledge translation really

starts in community conversation, and then us as Indigenous people mobilizing that knowledge amongst each other. So there's some big...

(1:54:17 – 1:54:34) Rejean

So there's some big Because, the reason why I was the reason why I was kinda bringing up the reconciliation part of it and then the PrEP part of it is because you can't reconcile like, you can't you have to have the knowledge in order to reconcile. Because if you don't have the knowledge, what are you reconciling with, and how are you gonna reconcile?

(1:54:36 – 1:54:45) Doris Peltier:

Thank you for that question. That really opened up a lot of, responses, and, I'm gonna hand this over to Miranda now.

(1:54:47 – 1:55:03) Miranda Black:

I think that you touched upon it as well, Martin. But before we go, Jessica D was asking, if there's specific programs that will be available to her as a Metis person. But I think that you touched upon a program that you're running in the prairies. What is that called? Martin?

(1:55:07 – 1:55:14) Martin Morberg:

Sorry. I'm a bit distracted. I'm supposed to be meeting, someone for lunch as like a work meeting.

(1:55:14 – 1:55:18) Miranda Black:

Oh, I just wanted to ask the program that you're running in the prairies. What was that called?

(1:55:18 – 1:55:28) Martin Morberg:

So it's a partnership that's happening. But if anybody's interested in learning more, they can reach out to the 2-spirit program at the community based Research Center.

(1:55:29 – 1:55:58) Miranda Black:

Great. Thank you. I just wanna close today and thank all of you for being here. It's been a wonderful conversation. There's been so much shared and so much learned. We're going to be posting this for the 91 people who joined up for this conversation today. This information is so necessary for communities, and I'm so grateful that you're all here to be able to share it. Albert, would you like to give a short close?

(1:55:59 – 1:56:35) Albert McLeod:

Yeah. Thank you everyone for joining us today, and we acknowledge those spirits that joined us to guide us, to hear us, to, see us and listen to us, and to help us if they can. We understand the answers to our questions, our needs, our intentions will come in the future

and that we are told to be aware and to look and observe and recognize when we have received what the spirits have given us because of our work today *miigwech*.

(1:56:36 – 1:56:47) Miranda Black:

Miigwech [Indigenous Language] I just wanna thank all of you, and have a great day. And thank you all for being here.

(1:56:48) Albert McLeod:

Bye

(1:56:49 – 1:56:51) Kecia Larkin:

Thank you

(1:56:54) Doris Peltier:

Bye everybody