Feast Centre for
Indigenous STBBI Research

Transcript:

A Feast Centre Conversation: Revisiting "Know Your Status" - March 1st, 2024

Elder/moderator: Albert McLeod Panelists: Darren Skibinsky, Dr. Ibrahim Khan, Jacqueline Flett, Martin Morberg, Lane Bonertz

Will: Hello, everyone. I would like to welcome you on behalf of the Feast Center for Indigenous STBBI Research to the recording of our conversation revisiting Know Your Status. My name is William Gooding. I'm a mixed-race person with Quechua, Spanish, and Irish ancestry. I've lived with HIV for 16 years and have worked and volunteered in the sexual health field and HIV for over 20 years. My pronouns are he and they. I have the privilege of being the National Director for the Feast Center. I'm calling today from the territory where McMaster University is located, the Dish with One Spoon wampum agreement territory, and the traditional territories of the Mississauga and Haudenosaunee Nations. We're excited that the reach of this series is from Sea to Sea to Sea here in Turtle Island as the Feast Center is a National Research Center. I'm here today to welcome you to today's timely and important conversation in which we revisit the Know Your Status model. We will be discussing the history of the model and its effectiveness in responding to HIV in Saskatchewan First Nations communities and more broadly in the Prairies. To ground this conversation in lived reality, we will be sharing personal stories about living with HIV as an Indigenous person, the fight against HIV stigma in the community, and access to care that is grounded in culture. In doing so, we will highlight the importance of culture in the work that we do and explore systemic challenges to effective change. As always, please put any questions you may have in the chat box. Panelists will have a chance to respond to questions at the end of the conversation. We value your participation and support for events such as this and welcome you to follow us on our social media platforms like

Facebook and Instagram. The Feast Center has a host of resources that are open to the public, and you can find us online at www.feastcenter.mcmaster.ca. Our conversations are available both on the Feast Center website and by searching for the Feast Center's YouTube channel. Elder Albert will be leading this conversation and will be opening it for us. Elder Albert, would you be able to open for us now?

Albert: Thank you, Will, and also the panelists and participants in this online event. In the traditions of Indigenous people, when we come together to do this work on behalf of our community, we are told by our Knowledge Keepers, Elders, and Medicine people to call in the spiritual world to guide us. As humans, we don't know everything about creation, the universe, or being human, so we rely on those more ancient powers and entities to guide us in the work. We open those doorways, those portals to that dimension, awaken those spirits, and call them in to see us, hear us, guide us, and help us if they can. Principally, they are the winds that bring change to our Northern Hemisphere as we transition to Spring from Winter. This is a significant time when we come out of the darkness and coldness, which is a metaphor for when we face mental, emotional, spiritual, psychological, and physical challenges, as we do in dealing with HIV/AIDS or the stigma related to that in our communities. We open those four doorways: the East, the South, the West, and the North. We thank the earth below for the water, the good water we have, the plants and animals we rely on to survive, the sky world above, our connection to the universe, the planet, the moon, the sun, and the stars that connect us to Creation itself and the great mystery of the universe. Finally, we call in the humans, the last creation, and honor each of the humans on their life journey right now in the universe on this planet. There are 7 billion people on this planet, over 200 Nations, each with their worldviews, identities, and cultures. They have all responded to the HIV pandemic in different ways and have experienced it differently as well. We know today there are 4 million people in the world who do not have access to the care that people in other nations do. That is a point to understand that as humans, we have good intentions, but there are barriers around HIV and AIDS globally. Welcome, everybody. Are you going to introduce the panel, Will?

Will: Okay, sure. Let me do that. I'm going to introduce the panel in the order in which people will be speaking. Dr. Ibrahim Khan is a Public Health Physician and works as a regional medical officer in the First Nations Inuit Health Branch, Saskatchewan region, Indigenous Services Canada. Dr. Khan has worked in several health-related positions internationally, and the most rewarding work to date has been with Indigenous people in Canada. Dr. Khan says, "I am an immigrant to Treaty 4 territory. I am truly honored to be working with Saskatchewan Indigenous people in health and very fortunate to be part of exciting health transformation and health service delivery at the community, tribal council, and regional levels."

I'll also introduce Darren Skibinsky, a seasoned registered nurse with 15 years of experience working in acute, teaching, and community settings. He's a graduate of First Nations University of Canada and hails from Treaty 5, his home community being Red Earth Cree Nation, Saskatchewan. Darren's passion for over the last decade has been working with Indigenous communities in the realm of harm reduction, communicable diseases, HIV, and Hepatitis C case management. Thank you both for being here. Albert?

Albert: The first comments or questions will be about the Know Your Status, which is principally about HIV testing back in 2011 and how it was introduced in Saskatchewan at Big River First Nations. I think Ahtahkakoop was also involved in that process. We know now, with the recent report of the Public Health Agency of Canada from 2022, that Saskatchewan has four times the national rate of HIV transmission compared to mainstream Canadians, and Manitoba is not far behind at about 14 per 100,000 compared to 4.7 per 100,000 generally in Canada. Dr. Ibrahim, can you talk about the origins of the Know Your Status initiative and the campaign and what it's looked like over the preceding years?

Dr. Khan: Thank you so much. I hope you can hear me, Albert? Okay, good. Good afternoon to all the panelists and my dear Albert and Will for inviting and hosting this event. Good afternoon to everyone listening and joining us in this webinar. I'm really happy to have Darren with me to speak a little about the Saskatchewan situation. I'm joining from Treaty 4, and I'm very happy to be part of this conversation because there is so much to learn when it comes to the Know Your Status program in Saskatchewan. I'll just give you the highlights of what I remember from my involvement since the beginning in 2009 and 2010, and then I'll be available for questions. Thank you so much for this opportunity. The journey, inception, and evolution of the Know Your Status program in Big River First Nation is unprecedented. There is everything for everybody to hear, to inspire, and to see how it has worked. The journey of the Know Your Status program in Big River First Nations was not easy or smooth at all in the beginning. It involved a lot of sacrifices, devotion, and commitment expressed, shown, and demonstrated by the Chief and Council, the leadership at that time, and until today. I'm really happy that Darren is with us, so he can certainly speak to the current status of the program. What I recall from memory is that the way it started was that historically, in Saskatchewan, the level of racism and discrimination when it comes to HIV and Indigenous people has been very high, particularly in the healthcare system and rural areas. At that time, there were unprecedented rates of STIs and HIV cases in that area, driven by intravenous drug practices, poverty, and access to care. The leadership at that time, including Chief Bruce Morin, Derek, and Leslie Anne, who was the nurse manager, brought a huge level of commitment to this program. The slogan "Know Your Status" and the logo were designed

by the youth in Big River First Nation. The program's core component was universal testing to normalize testing and make it available to everyone. The nurse-led model, with support from medical health officers like Dr. Skinner, brought care directly to the community. The program's success was due to the strong leadership, community involvement, and culturally grounded care. The program evolved to include harm reduction, mental health support, and primary care services. The success of the Know Your Status program led to its adoption in other communities, and it has now expanded to more than 42 communities. The program's success has been recognized internationally, and it continues to evolve and improve.

Albert: Thank you, Dr. Khan. Darren, could you share your insights at the community level and how things are going now, especially with the availability of HIV self-tests and dried blood spot tests?

Darren: Thank you. First, I want to acknowledge how beautiful and powerful that opening was, Elder McLoud. I appreciate that. I'm joining you from Big River First Nation today, Treaty 6. I am privileged and honored to be part of this panel. I want to thank you for the invite. I want to echo some of Dr. Khan's remarks about how honored I am to be part of the staff and the Know Your Status initiative. I have to acknowledge the dedicated staff over the years and the leadership in this community that is fully immersed in the goals of the program. I am fairly new to the community, and what I see is a community that is open and supportive of the vision and care of its community members who may be affected by chronic diseases, substance use, and overall health. It is quite amazing to see and another remark I need to make is how the community has been pioneers and not only in in this Know Your Status program but also in community readiness. Back in a time where I can remember it was about 2013 I was at a neighbouring First Nation and I was giving a harm reduction presentation to the community and the leadership there and at this time they wanted nothing to do with harm reduction I had leadership walk out of my presentations because of it. So I do need to acknowledge this community in their Community Readiness and they've been there for a very long time so right now I just feel that the program itself has been has been highly effective by giving people access to care, STBBI testing, harm reduction, case management with infectious disease Physicians, providing care for people who use opioid-based substances, so we have an Opioid Agonist Therapy Program here engagement with the community teaching and engaging youth in the schools. Overall, it's been very effective in engaging the community and providing care to community members that is typically only offered in urban centers. This is a testament to the ingenuity and dedication of the community, leadership, and staff involved. It's created an open, honest, and caring community. It's also inspired many other First Nations and communities to create their own Know Your Status models.

Right now, we are excited about the point-of-care, self-care, and self-testing kits. We are currently obtaining those. I think it's going to be a great addition for people finding out their status. We need to ensure that people are able to cope and have the necessary supports available when they do these tests. It's crucial to have mental health support available for people doing these self-tests.

I'm also excited about the testing for syphilis and the dried blood spot testing. We generally do phlebotomy here, as Dr. Khan mentioned. We have nurses out in vehicles doing pre-test counseling and testing. I'm very excited about these two initiatives and look forward to seeing them in the community.

Albert: Great thank you. Will's going to introduce the next three panelists and then we'll ask them particular questions.

Will: Just a reminder, if you have any questions at any point, please put them in the chat box. We'll be answering those questions afterward, and this will become more interactive once we have your questions. Thank you for doing that.

I'm going to introduce everyone. Jacqueline Flett is a two-Spirit Métis woman from Winnipeg, Manitoba, and a proud mother of two boys. Jacqueline is a consultant in Manitoba involved in the HIV movement. She has worked with different walks of life and is an advocate and spokesperson for those who live with HIV. Jacqueline is currently an Auntie and Community host with Ka Ni Kanichihk's MINO-PIMATSWIN Sexual Wellness Lodge. She's also a member of CAAN communities alliances and networks and sits on the collective impact Network.

I'm going to introduce our other two panelists as well so that everyone feels they can contribute at any part of the conversation. Lane Bonertz is Blackfoot and a proud member of Piikani Nation, growing up in Southern Alberta. Lane's work ethic is guided by collaboration and uplifting the community, instilled by a rural upbringing in ranching and agriculture. He is currently the two-spirit program lead at the Community-Based Research Center, contributing to sexual health-related programming and research that centers Indigenous identities, cultures, and realities. Lane is currently based in unceded Kanien'kehá:ka territory in Tiohtià:ke/Montreal.

Lane: Kanien'kehá:ka territory in Tiohtià:ke/Montreal.

Will: Thank you, Thank you, Thank you, thanks Lane.

Martin Morberg is a two-Spirit Northern Tutchone and Tlingit man born and raised in the Yukon Territory. He's a member of the Na Cho Nyak Dun First Nation. Much of Martin's work and activism is rooted in community and grassroots initiatives, and he acknowledges that many Indigenous leaders and community members have guided and supported him in growing into the activist he is today. He hopes to pay this knowledge and support forward to Indigenous communities and two-spirit people and contribute to the meaningful work and reclamation of two-spirit culture. Martin is a two-spirit Program Coordinator at the Community-Based Research Center. Thank you all.

Albert: My question is for Jackie Flett. I know Jackie personally because we lived together in Winnipeg during the COVID-19 pandemic. We had a unique experience in that we kept together as a community for two years on Zoom. We met every week for two years on Zoom, and I think in other parts of the world that was done as well to keep people together, to keep a community together, and to maintain those supports. Jackie, what does HIV testing and care mean to you?

Jacqueline: HIV testing and Care um meaning about Know Your Status is once you become you finally find that knowledge what do you do with that information. So how you can contribute to um Knowing Your Status um and combating STBBIs and getting access and care to treatment. Can you elaborate? I'm sorry.

Albert: Yeah some of the work that you're doing now around doing the Sexual Wellness Lodge. and the role of grandmothers or kokums, and the role of aunties in that whole testing experience.

Jacqueline: With the testing and treatment here, we have a lot of HIV self-testing care that we've brought into our agency. We really focus on that cultural component. When somebody is tested or reactive, I'm there to walk them through that process and let them know how it is to live well with HIV. Also, parenting issues for Indigenous women and many cis heterosexual women are being diagnosed at a rapid rate here in Manitoba. Shifting that focus to everybody, every single person should know their status and take on that initiative and incentive to get tested.

Albert: Well, I know that you have an HIV drop in, for positive people. That's that that's monthly right?

Jacqueline: Yes, we have bi-weekly sharing circles. We used to have Sisters of Fire, which mainly supported HIV-positive women who were newly diagnosed. Getting them access to care and support groups, like Albert was saying, we had monthly or weekly sharing circles over the phone during the pandemic because there was a lot of crisis where women weren't able to get access to care or support while they were going through HIV care and transitioning. We had a few people who were newly diagnosed and weren't able to access supports here in Manitoba. Using that cultural component, here at Ka Ni Kanichihk, we took the initiative to hire Kokums and Mushums, so you can come into our center and talk to a Traditional Knowledge Holder or wisdom carrier. You can use medicines with your Western medications and antiretrovirals to support your care, ensuring you are at the forefront of your own care and how you want to be tested and treated.

Albert: You also bring in a medical clinical team to do the testing along with the Kokum and the Mushums and the Aunties. What is that relationship like?

Jacqueline: We have Northern connections and NECM. Indigenous doctors come in, and we have Indigenous-led focus programs at the grassroots level. We meet community members where they're at, walking alongside them on their journey, whether they come in for STBBI testing, treatment, pregnancy testing, or HIV testing. We walk alongside them, whatever they may be going through.

Albert: Now I know with some of the tests around HIV or STBBI some of those tests require a medical signature like from a physician that has been an issue at your current location.

Jacqueline: The issue with these HIV self-testing treatments is the language on them. Nobody wants to hear "you're HIV positive," so we use language that is more sensitive. If there is a reactive result, we walk alongside community members to ensure they are not left without support. We link them up with a nurse or an AIDS service organization here in Manitoba, ensuring they receive support from myself or others involved in community work and engagement with HIV. We support those who live with HIV to ensure they live well.

Albert: And what are some of the cultural practices at the sexual Wellness Lodge?

Jacqueline: So here at the sexual Wellness Lodge we really we really look into Gathering people for more of a cultural component so if that's smudging, that's more of accessing Cedar bath, ask asking asking a traditional knowledge or wisdom carrier for guidance, using traditional medicines and really going back and allowing that individual to specialize their care with that cultural component if they feel if they feel like they need to?

Albert: And your location is in it's not in a clinical setting it is in a neighbourhood location ?

Jacqueline: It's in a neighborhood in the core area of Main Street. We're targeting and focusing on those experiencing houselessness and those who may not feel safe getting treatment in a clinical setting. We also introduced sexual assault nurse practitioners to address gender-based violence. We're trying to be a one-stop shop for people to know their status and access the care they deserve.

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Lane: Yeah, absolutely. Thank you, Albert. My name is Lane Bonertz. I'm Blackfoot from Piikani Nation, and I grew up in the Prairies. I was born and raised in my home territory in Treaty 7. Even though I'm far from home now, that perspective and experience have always guided me in my work today. When I was younger, my understanding of HIV and sexual health was influenced by religion, misinformation, or no information from my small community. Moving to the big city, I wasn't prepared for that environment. My early relationships revolved around fear and anxiety, and I needed to seek out information to feel better in these spaces. With initiatives like Know Your Status and the Medicine Bundle, information is starting to find people, so they don't need to search for it as they did before.

I am not living with HIV. I've been on PrEP, accessing it through non-insured health benefits since it was added to the formulary in 2016. The biggest impact of being on PrEP was on my mental health, giving me a sense of choice and control, improving my relationships, and

allowing me to enjoy life more. The Medicine Bundle aims to accomplish the same with HIV self-testing, ensuring that all aspects of health are accounted for. The bundle contains HIV self-testing kits and traditional medicines selected by the person accessing the bundle to reflect their beliefs and teachings. Most bundles contain medicines like sage, cedar, and sweetgrass to nurture the spiritual aspect during this potentially stressful and uncertain process. Resources are included to inform people about what can happen next.

I use HIV self-testing in my own life to know my status regularly. Between my PrEP appointments, I use HIV self-testing for peace of mind, keeping mental health front and center. Bringing these resources to a prairie context, I think of my hometown and how you need to be from that space or have an ally who understands the community. During times of grief or crisis, everything stops, and the community takes care of each other. In smaller communities, you often surrender to the environment. Bad weather can shut down the town's infrastructure, limiting how we can provide resources. In areas influenced by agriculture and ranching, you respond to the weather in the moment. Sometimes, people don't have the space to discuss sexual health because other priorities come first. Having someone who understands the community allows for a more consistent and intentional approach to these initiatives.

The Medicine Bundle was special because it was accessible to anyone across Turtle Island. People could fill out a form online requesting HIV self-testing kits and medicines, and we shipped these resources directly to their door. This was our initial response to getting these tests to the communities that need them most.

Albert: Great, thank you. Martin, you're with the Two-Spirit program at the Community-Based Research Center in Vancouver, BC. During the COVID-19 pandemic and its intersection with the HIV pandemic, I saw many young women recommending on Facebook to use traditional plants, smudge, and use tonics and teas to prevent COVID transmission. This segued into art and creativity, with many people beading and making ribbon skirts during the pandemic, a practice that continues today. It's a phenomenon of using art to promote wellness and health. Your Medicine Bundle involves sewing traditional cloth and medicines. Can you describe how it became a physical entity with cloth, sewing, medical information, testing kits, and medicine? What was that process like?

Martin: Thank you for the question. One important aspect was the visibility of Indigeneity. Often, Western healthcare settings can be very foreign and alienating for Indigenous people. It's rare to walk into a clinic and see anything culturally significant. Personally, I've

found that spiritual health is largely overlooked in Western healthcare settings and settler approaches to care. There were many gaps I discussed with other Indigenous people living with HIV.

When I was diagnosed with HIV 12 years ago, there was very little available to me. I was overwhelmed with pamphlets full of jargon and information from people I couldn't relate to, along with fear-mongering and pressure around disclosure and medication adherence. It took me a couple of years before I was ready to seek HIV care.

From my engagement with the community, I understand that these tools, like HIV medication, are effective. People can live with an undetectable viral load and lead long, healthy lives when they adhere to their medication. HIV self-test kits work, but the approach and knowledge translation from settler hierarchies often miss the mark or create harm in Indigenous communities.

The creation of the Medicine Bundle addressed the missing spiritual health component. We saw self-test kits becoming available in Canada, but few were promoted to Indigenous people. Two-Spirit people at CBRC started consultations and interviews throughout BC with Two-Spirit and Indigenous people and healthcare providers to explore the feasibility of an HIV self-test kit in rural and remote communities.

From these consultations, we understood the need for community involvement. We needed the community to lead the way, so we invested time, money, and resources into community consultation. We established a committee to make decisions and lead the Sexual Health Medicine Bundle. Together, we created an approach to Indigenous care that included spiritual health, visible Indigeneity, and a holistic approach.

Regarding my own status, I understood that medication would keep me alive, but I needed love, nourishment, and support for my spirit. Indigenous women in the HIV movement loved, nurtured, role-modeled, and mentored me, teaching me how to journey with HIV. This nourishment made me strong enough to adhere to the medication, which was vital for my overall health.

In approaches to testing and seeking care and support around sexual health, we need to use culturally appropriate tools for Indigenous people. We have never claimed ownership of the Medicine Bundle. We've been generous and transparent, engaging with the community to make it accessible. We're looking at national expansion and addressing barriers Indigenous people face in accessing testing.

Albert: Thank you Martin. One of our kokum's at the sexual Wellness Lodge is behind Jackie there, Gail Prudent, longtime active for transgender Indigenous people in Canada but also are on HIV and and STBBIs and works as one of the pride, you want to say hi Gail I know you just came from the Pas. say hi .

Gail: can you hear me?

Albert: yeah

Gail: Hi I'm heading out to the Pas tomorrow I'm going to be trying my jingle dress.

Albert: okay we'll see you there

Gail: I went to Shoal Lake 40 already danced my tea dress so I'm getting there

Albert: okay Miigwetch.

Gail: all right nice seeing everybody hello I miss you

Albert: Going back to Jackie you had the opportunity to attend the international AIDS conference, the 24th one, in Montreal a couple years ago what was that experience like for you?

Jacqueline: It was actually my first big conference. It was really good to network and be around so many other positive people who knew their status and were doing something about it effectively and dynamically. It was great to be around positive people from all over the world, hearing their initiatives and incentives on how they combat STBBI stigma and how they get access to care and treatment in their locations.

Albert: Great, thank you. The Pope came from the Vatican in 2022 to apologize for the harms of the Roman Catholic Church in running Indian residential schools and day schools for over a hundred years. This affected many Indigenous people's ideas about sexuality, relationships, and the concepts of sinning and shame. In terms of U=U (undetectable equals untransmittable) and HIV-positive people being sexual, what are your ideas about that in campaigns around self-testing or support services at the community or urban level with the U=U campaign? Is there work we need to do on that?

Lane?

Lane: With U=U specifically, I think back to conversations with my family. They know I'm engaged in this work, and I've been working in HIV and sexual health for a long time. When I tried to describe the concept to my relatives, they heard the word "undetectable" and had a reaction I hadn't heard before. They thought it was a good thing, a beautiful thing, that I was teaching them about medication adherence and not being able to pass on the virus. However, the word "undetectable" scared them because, in a close-knit community where everyone knows everyone, it felt like something was being hidden or passed under the radar. It had a sneaky quality.

How can we communicate it in more familiar language so people understand it's not something to fear but something to welcome and embrace? Growing up in rural spaces, there's discomfort with sexuality and conversations around it, heavily influenced by religion. However, in environments where agriculture is persistent, people are willing to talk about sex. They discuss what they're doing in the fields all day, but anything personal becomes taboo or juicy. Recognizing and paying attention to people's comfort levels and the context in which they're comfortable discussing sexuality is essential for bringing initiatives like the Medicine Bundle and Know Your Status into smaller communities.

Albert:

Yeah, because some people assume that if you're diagnosed with HIV, you should not be sexual anymore. These are initial reactions from the public. Martin, do you have any perspectives on U=U and reaching Indigenous leadership, like First Nations, Inuit, and Métis leaders, who guide health development across Canada? Have these conversations about U=U reached that level of awareness with our leadership?

Martin: From my experience and work across the country in Indigenous communities, I've realized there's a lot of privilege in urban centers. There's jargon and code we understand in the sector, like U=U, undetectable, or PrEP, and we have a lot of access. Knowledge translation and mobilization within Indigenous communities need to come from Indigenous faces translating the messaging in ways and contexts people understand.

I've never been to rural or northern communities in Manitoba, so I don't understand their dynamics or how they mobilize knowledge. It's about local engagement and exploring how Indigenous people talk to each other and mobilize knowledge. The Two-Spirit program is working on engaging with communities in culturally safe ways.

There are many generous, powerful, articulate, and knowledgeable warriors in their communities who want to contribute to this movement but aren't given the microphone,

spotlight, resources, or funds to mobilize their knowledge. Indigenous people with these intersections often have a more effective reach in their regions than settler executive directors. Translating knowledge into communities we've never been a part of can feel like a modern version of assimilation, telling them what we think they should know in jargon and terminology that works for us, assuming it will work for them.

It's about local engagement, leaders, warriors, elders, and the community mobilizing knowledge among themselves and engaging meaningfully with sustainable resources and funds. I can't assume that because I can say "I'm undetectable" on Davie Street and it lands, it will land the same way in northern Yukon. It's about local language, local dynamics, and the vital role of warriors in the movement of knowledge translation for HIV prevention.

Albert: Thanks, so we do have a question, William do you want to read it?

Will: Sure, I'd be happy to. This is a question from Doris Peltier: "In listening to all the speakers, it is obvious that community resourcing and involving communities are so needed. Community-led responses are an integral piece in reaching those who most need support. It is also an opportunity for communities to be part of the response. Three tremendously good models have been discussed here, giving me hope that communities are responding, albeit the response came at a time when this was becoming a health emergency. As in Big River, lots of resources went into the community to respond, and it is good to hear about their initiatives, as Darren talked about. My question is about the need for more resourcing of communities responding to HIV and STBBI, i.e., syphilis. Should this be considered moving forward rather than always responding in emergency mode? Why do we have to wait until HIV and STBBI have become an emergency?" The question is about temporality: Do we need to wait for things to be an emergency before we respond?

Albert: That could be for everybody, but from my perspective, the Public Health Agency of Canada released its renewed STBBI action plan this week. We can look at that to get a sense of what is specific to dealing with the urgency of Indigenous peoples and HIV and STBBI in Canada. From my perspective, colonialism is a machine without eyes or a brain; it just does what it does. HIV and syphilis outbreaks are outcomes of that machine. Underfunded anti-Indigenous racism and lack of housing in communities naturally result in high incidents of HIV. The colonial structure must be addressed to truly tackle these

outbreaks in Manitoba, Saskatchewan, and likely Alberta. These outbreaks are symptoms of colonialism, and Indigenous people bear the brunt of it. I'll open it up to the other panelists. Why does it have to become an emergency before HIV or STBBIs get attention? Anybody?

Dr. Khan: I can say a few words Albert

Albert: go ahead

Dr. Khan: Thank you so much, Albert. You said it beautifully about the impact of colonial structures and practices. In Saskatchewan, the response to STBBI and the syphilis crisis is very much on the minds of our partners. From ISC's standpoint, since before the Know Your Status program, there has been a strong partnership and coalition among Indigenous leaders in Saskatchewan. We work closely with them, and the feedback and input on how the response should be in Indigenous communities come from our leaders, from FSIN to the tribal councils, chiefs, and health directors.

The structures for collecting input have changed over time, but the basic elements of partnership and input remain. I'm happy you attended last year's two-day CAAN session, which discussed the barriers and issues Indigenous people face with STBBIs across the country, particularly in Saskatchewan. Our partners spoke loudly, and PHAC, ISC, Health Canada, and many others heard that. They heard how the STBBI crisis is being dealt with and what can be done to respond more effectively. I agree that we shouldn't wait for it to become a crisis before responding.

In terms of resources, we work with Dr. Wong and other partners to get as many resources as possible for communities. So far, we've been lucky in directing those resources directly to the communities, which then decide how to use them. We have an STBBI technical working group led by our Indigenous partners in Saskatchewan, including tribal councils and Big River First Nations, Ahtahkakoop Cree Nations, and many others.

From day-to-day responses to crises to routine matters, the input, insights, and wisdom come from our communities and are translated into action at the community level. The response in Big River and neighboring communities like Ahtahkakoop Cree Nation is similar. Many communities and tribal councils have launched their programs, have their own nursing, and connectivity with wellness fields. The evolution of the Know Your Status program is remarkable in each community and tribal council.

I'm very proud to work with you, Margaret, and many other Indigenous leaders to lead this response. The leadership and operations of the program come directly from the

communities and the input from the people on the ground. I'm happy we're moving in this direction, and I see a reversal of the impact of colonization in our day-to-day programming and services. Let's keep that momentum, and more communities will have the chance and opportunity to provide input and lead their programs, understanding what works best for each of their members.

Albert: So I'll ask Darren to respond. Why do we have to be reactive around HIV after 40 years of knowing about its transmission? In the 21st century, the Prairies are becoming a hot spot for HIV transmission, even though we have the technology, knowledge, and treatment. Why do we wait until it's a crisis?

Darren: Great, thank you. I really agree with Doris. I don't know why we have to wait until it's an emergency. Waiting until it's an emergency is a downstream approach. We need to be in an upstream approach, securing sustainable resources, providing plans, and engaging with communities to build capacities. From my experience working in rural First Nations in Saskatchewan, we are given a lot of workload with limited funding and mandatory programs to run. It's tough to increase workloads on nurses who already have a lot to do without additional support. I totally agree that we should not wait until it's an emergency and need to move forward with an upstream approach. Thank you.

Albert: I think the same for Lane and Martin. How could your Medicine Bundle be applied in this situation where it is now becoming critical or an emergency in the Prairies?

Lane: I want to speak to Doris's question quickly. From a community perspective, many people don't seek out information until it impacts them directly. Conversations about HIV often exclude folks in rural areas. There are still misconceptions that it largely impacts the gay community, leaving many affected people out of the conversation. The medical system often responds to symptoms instead of preventing them.

I commend the Mino-pimatisiwin Sexual Wellness Lodge within Ka Ni Kanichihk for addressing many needs and resources at once. Someone might come in for something different, and the opportunity to discuss sexual health can also occur. There needs to be more emphasis on service providers broadly, not just clinicians, doctors, or nurses. Service providers may have a responsibility to initiate conversations that haven't happened before. Until people experience a crisis, they may not think to ask about it. We need a more

proactive approach to initiating conversations with the community in varied circumstances.

Albert: Martin, how would you apply the Medicine Bundle concept to an emergency situation with HIV in Canada?

Martin: I too just want to address a little bit of Doris's question first.

Albert: sure

Martin: I think it's really about funding distribution and eligibility criteria. Often, you need published articles, grad degrees, and principal investigators to prove you're going to do this work for the community. Indigenous organizations and First Nations are often overwhelmed with the amount of work needed in their communities and have limited capacity to pursue larger funding bodies for sustainable resources.

Funding bodies often overlook these groups, deeming what is valid knowledge and eligibility. When you see programs like Know Your Status mobilized in Saskatchewan in collaboration with First Nations, that's the approach. The Medicine Bundle is dynamic, differing depending on the group and their needs. It's a tool offering spiritual nourishment and access to effective tools for sexual health. In different regions, the medicines and resources could look different. We've discussed harm reduction bundles and women's bundles.

It's important to engage and provide resources to local leaders and warriors who understand their region's landscape. They take the lead on what they need in a bundle, who to engage with, and the care and support required. Our job is to support their self-determination and autonomy, providing resources, knowledge, capacity, and care so they can do the work in their communities. We're there to support them in implementing something like the Medicine Bundle, which would be culturally specific to their needs.

Albert: Thank you. Jackie, in Manitoba, we had 260 HIV diagnoses in 2022, and 350 new cases in 2023. It's becoming a crisis for individuals and communities, impacting testing, treatment, and engagement. How do you feel about your work at the Wellness Lodge and dealing with these new populations and larger numbers of people coming forward for care?

Jacqueline: I think it has to do with under-education and lack of funding. There aren't enough nurses going to Northern Communities to reach the populations that need to be seen. To access these communities, you need community engagement and capacity

building with the members, including elders and youth, which is challenging in Manitoba, especially in fly-in reserves.

Here at Ka Ni Kanichihk, we see people from all walks of life and provide transportation to and from wherever they are. We also have a traveling lodge, allowing us to make community partnerships and go to different agencies. Instead of waiting for individuals to come to us, we seek them out to ensure they get the care they need.

Albert: Thank you so we're sort of coming to the end of our session today I want to thank you all for participating and do you want to talk about how we can contact you I know Darren with a Big River website.

Darren: Yes, I don't even know if I'm on the Big River website yet, but I can get my contact information to someone on this panel who might be able to send it out. I can put it in the chat box or whatever works.

Albert: Great, thank you. Lane and Martin, how can we learn more about the Two-Spirit Medicine Bundle?

Martin: I think our website is currently under construction. Lane could probably answer this better, but we're listed under cbrc.net. If anyone wants to contact us, it's just our first name and last name at cbrc.net. I can post it in the chat, but it would only be available to the hosts.

Albert: Yeah, we'll add a link to each after this. This conversation will be on the Feast Center YouTube channel, and we can add those links, as well as Jackie with the "Go Ask Auntie" and the Mino-Pimatisiwin Wellness Lodge.

Martin: I think Lane wanted to add something to that.

Albert: Sure, Lane.

Lane: No, I think Martin said it all. The best way to get in touch with us about the Medicine Bundle and other initiatives at CBRC is to contact one of us directly.

Albert: Great, thank you. Any last words from Will or any of the panelists before we close off?

Will: I would like to thank all of you—Albert, Jackie, Martin, Lane, Darren, Ibrahim—thank you for participating in this panel. It's been a fruitful and important conversation to share more broadly. Our audience has been about 30 people most of the time, but since this will

be recorded, please share it more broadly. We want to get this out because it's important. Thank you to the audience for attending. We value your participation and being here. This is part of an ongoing series, and we're always open to suggestions for upcoming conversations. If you have any, please feel free to reach out. All our contact information will be shared with the recording.

Everyone: Thank you so much. See you again. Have a nice weekend, everyone.