

CANADIAN NURSES REPORTING BACK

on national and international events



Opportunities, Updates and Reports on events past and future

President's Message



*2003-04
CANAC/ACIIS
President
Brenda Done*

Even with the lazy days of summer upon us we have continued the work of the organization. The board has continued work on the Standards of HIV Nursing Care that was initiated several years ago. We are hoping to have them updated and complete before our next Annual General Meeting.

Work on the CANAC/CATIE Joint Project for Nurses has continued and new resources have been added to the website. The bulletin board will soon be operational with Jean Clermont- Drolet fielding questions from our francophone members and I will handle the English side. We had hoped to have a CANAC member volunteer to undertake this role; we board members will get the site launched but are hopeful that in the fall we can pass this responsibility on to others. Ted Birse and his conference planning committee have been hard

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at work getting things underway for the 2005 conference to be held in Banff, AB.

As you read the following pages you will see I have had an eventful summer. I was one of the fortunate people who traveled to Bangkok Thailand in July for the XV International HIV/AIDS Conference. I also participated in the Nursing Pre-conference Day hosted by the Thailand Nursing Council and Nurses' Association of Thailand. At the risk of sounding maudlin, I have to say that this trip was a life

altering experience! To attend the meetings and learn cutting-edge information and then to travel and see some of the most beautiful country I have ever seen was a blessing. As always, I returned from the international meeting feeling very lucky to be Canadian and to live in a country where there is accessible health care for all. I am saddened by the news of new and alarming epidemics in Asia and Eastern Europe but at the same time I am heartened and inspired by news of novel therapies being developed and of colleagues who continue to deliver exemplary health care despite overwhelming odds.

I hope you are all enjoying a safe and healthy summer!

Brenda Done
President CANAC/ACIIS

Membership Update

Yvonne Lynch-Hill
CANAC/ACIIS
Secretary



Dear CANAC members, the summer has gone very quickly and soon it will be time to renew your memberships. I'd like to take a minute to keep you up to date on our membership numbers. Generally they are quite stable, however we would certainly like to see our numbers increase. If you know someone who was a member in the past or someone who might be interested in becoming a member, please encourage them to send in a renewal/application form this fall.

Total membership is 143
Atlantic region - 7
Quebec region - 17
Ontario region - 69
Prairies, NWT & Nunavut region - 22
British Columbia - 27
International - 1

Yvonne Lynch-Hill, Secretary

Treasurer's Report



Tracey Stevenson
CANAC/ACIIS
Treasurer

The 2004 Conference in Toronto was very successful and although the final figures aren't in yet the committee is

confident of having made a profit. Look for highlights in the next newsletter.

As you know membership renewal is just around the corner and the Board has decided to maintain the current membership rates. Compared to other organization memberships this is quite a deal. Remember the membership fee is considered "professional fees" for income tax purposes and all donations to CANAC are tax deductible.

Tracey Stevenson, Treasurer

Atlantic Regional Report

Lise Dupuis
CANAC/ACIIS
Atlantic Regional Representative



It's been a very busy summer in the Atlantic region. We are seeing some new cases of HIV diagnoses, including patients being admitted to hospital with AIDS related illness(s) and HIV+ women who are pregnant. Consequently, I have done several HIV/AIDS workshops with nurses in the area of labor and delivery.

Yvonne Lynch-Hill is very busy organizing the fourth annual ACHIVE (Atlantic Collaboration for HIV Education) meeting that will be held in Prince Edward Island in September. The agenda for this year looks to be a very exciting and promising with lots of excellent topics. It is very exciting to see colleagues from all the HIV clinics in the Atlantic region getting together to discuss, collaborate and/or share arising issues, concerns

and/or ideas. It's always such a fun and relaxed atmosphere throughout the weekend.

I do hope that everyone had some time to relax and enjoy the summer months.

Lise Dupuis

Altantic Regional Representative

Quebec Regional Report



*Jean Clermont-Drolet
CANAC/ACIIS
Quebec Regional Representative
Nurse Representative in the
Programme National de Mentorat*

Hello to all of you, CANAC members!

It is my great pleasure to write to you via our newsletter CONNECTION to give you news and information about events in and around Quebec. I hope that you have all had a wonderful summer and vacations as revitalizing as mine. My vacation in California from late April to late May did me a lot of good!

Harm Reduction evening, Thursday, June 3rd in Montreal

In conjunction with CANAC-ACIIS and the Canadian HIV/AIDS Legal Network, the Quebec Province Mentorship Programme in HIV/AIDS organized, just before its 3rd Symposium of HIV/AIDS Nurses, an evening about harm reduction related to drug use. The event, called TWO EXPERIENCES, TWO CONFERENCES featured two speakers presenting two different approaches ; one implemented here in Canada and the other in France.

The INSITE experience in Vancouver

Alan Wood, the CANAC-ACIIS B.C. Representative, described how INSITE the safe injection site works. The site opened in September 2003 and is located in the Downtown Eastside of Vancouver. There were debates surrounding the opening of INSITE and a film called FIX which shows the steps undertaken by VANDU (Vancouver Area Network of Drug Users) to exert political pressure in favour of opening such a site. Proof of the need for INSITE is the substantial

number of daily visits, starting from the very first day it opened. Currently there are between 400 to 500 visits a day during operating hours (10 AM to 4 AM). The role of the nurses at INSITE is to make sure that all visitors use sterile material in an appropriate manner and do not experience the serious consequences of a drug overdose. These nurses are there on the front line to advise, listen, provide care and of course, refer the drug users to useful resources. These nurses are highly knowledgeable about drug addiction, infectious diseases and emergency care. As a matter of fact, there have been no deaths due to drug overdoses within the site. It would be interesting to invite one of these nurses to share their experience at one of our conferences. More information about INSITE is available on the website www.vch.ca/sis/. The Canadian HIV/AIDS Legal Network has also posted a series of articles on the subject on the Web:

In French: www.aidslaw.ca/francais/medias/compilation-LSI.htm

In English: www.aidslaw.ca/Media/compilation-SIF.htm You can also visit VANDU's website: www.vandu.org

The Centres à bas seuil (Low Threshold Drop-ins) in Paris and Lyon, France

I particularly wish to tell you about the second conference because the topic is less known and may inspire some initiatives. Daniel La Roche, in charge of drug addiction matters at l'Agence de Développement des Services Sociaux et de Santé (Social and Health Services Development Agency) in Quebec City presented some very interesting initiatives that have been implemented in France called LOW THRESHOLD DROP-INS. These are sites where drug users can exchange their used syringes for new ones, use the services of a nurse (with a medical examination once or twice a week), a social worker and/or other practitioners, find some coffee, lunches, take a shower, wash their laundry, use the telephone, etc. These are not fully supervised injection sites (not yet acceptable in France), but sites where the threshold of rules and criteria is very low, hence their name; LOW THRESHOLD DROP-INS. Everyone is welcome, whether intoxicated or not, and only violence is not tolerated. These drop-ins are often managed by drug users or ex-users and they work very well as they fulfill numerous medical and social needs. For more information, please visit the following websites (in French only):

-Ruptures (Lyon): www.ruptures.free.fr/

-Espoir Goutte d'Or (Paris): <http://perso.club-internet.fr/ego/>

Another topic addressed by Mr Daniel La Roche is the QUAI 9 supervised injection center in Geneva, Switzerland which opened in 2001, after much participation by the Geneva citizens and health authorities. QUAI 9 is located in a mobile home near the train station. A mobile facility was chosen purposefully so that it could be moved easily if problems were to develop, or if drug consumption locations were to change following neighbourhood re-developments. QUAI 9 works very similarly to INSITE, and was strongly inspired by the experience of the safe injection site in Frankfurt, Germany. For more information on QUAI 9, visit the website of the Swiss bureau for risk reduction related to drugs; in French, German and Italian only: www.fasd-brr-urd.ch/

Given that consumption habits vary from one place to another, and that these realities are different in Montreal and Vancouver, numerous questions were asked about the presence of cocaine users in sites like QUAI 9 and INSITE. In reality, even if consumption habits vary between heroine and cocaine users, their coexistence is very smooth in safe injection sites and all injection drug users are welcome in these centers, regardless of what they consume. These clarifications were important for a lot of practitioners in the drug addiction field in Montreal where cocaine represents a wide market and heroine consumption is relatively low. Montreal could have a supervised injection site one day, while Quebec City could have a Low Threshold Drop-In all these being of course, projections... We will see... as is often said!

Upcoming Activities for Fall 2004

Farha Foundation Walk for Life

The FARHA FOUNDATION fundraiser walk will take place in Montreal on Sunday, September 26th. It is an excellent way to show our solidarity with all of our colleagues and patients. For more information and to download the form, visit the website www.farha.qc.ca/

Symposium and Journées Québécoises VIH-SIDA (Quebec's HIV/AIDS days)

Please note on your calendar: the 10th Symposium sur les aspects cliniques du VIH (Symposium on HIV clinical aspects) will take place on Friday, November 26th, and will be followed that evening

by the *Journées québécoises VIH-sida*. These will continue on Saturday the 27th and Sunday the 28th at the Marriott Château Champlain Hotel in Montreal. We are currently planning a day exclusively for nurses on Thursday, November 25th and I will send you all the information as soon as everything is finalized. For more information on the November 26th symposium see: www.cmeonhiv.com/pnm/ (in French only) For the *Journées québécoises* visit: www.symposiumsida.ca

ANAC Conference in New Orleans

Together with Brenda Done, I will have the pleasure of representing CANAC-ACIIS at the ANAC conference in New Orleans, November 15-18. Furthermore, the Programme National de Mentorat sur le VIH-sida (Quebec Province Mentorship Programme in HIV/AIDS) will be part of the poster session and I will facilitate a round table discussion on the interactions between street drugs and antiretroviral therapies. As that conference draws a lot of people and has all kinds of exhibits, I would greatly appreciate knowing if there is information relevant to your work and workplace I could obtain for you. For example, there are numerous pamphlets in Spanish, items not common here. So, please do not hesitate, and if you are looking for something in particular, I would be pleased to help you by bringing back whatever I can. For more information: www.anacnet.org

CANAC-ACIIS Conference in Montreal 2006

We've done it! We have launched the preparation process for the conference to take place in April 2006. The date and place have not been determined yet, but you will be notified as soon as everything is decided. It seems almost as if the Programme National de Mentorat sur le VIH-sida will be hosting CANAC-ACIIS; I have the pleasure of collaborating with numerous colleagues throughout the province. More information in the next CONNECTION newsletter.

Do not hesitate to contact me for any information requests or any comments.

**Jean Clermont-Drolet,
Quebec Regional Representative**

Ontario Regional Report

Hannah Cowen
CANAC/ACIIS
Ontario Regional Representative



Past and present CANAC members can reflect with pride on the long-standing respect we have earned within Canada and internationally, for our expertise in HIV nursing. The CANAC board continually strives to increase both our capacity and our visibility as an HIV nursing resource; the requests for our advice and feedback - both electronically and in person- are becoming more frequent.

The Canadian Nurses' Association (one of our most important partners) encourages CANAC to bring our voice to different tables. I connected with our CNA colleagues at the CNA biennial conference. Hopefully, my adventures and networking will both inform you about some of your organization's activities and inspire you to attend similar events when the call comes out for a CANAC representative.

CANAC has formed a strong relationship with CNA. We are one of CNA's 31 associate\ affiliate \ emerging groups. We participate in teleconferences and update each other on current nursing challenges, successes and international work (including CANAC's participation in CNA's Jurisdictional Partnering Working Group). As with other associations CANAC shares front line concerns such as the re-emergence of syphilis and various association challenges including dealing with the costs of ACRN certification. CNA in turn informs us of emerging issues and policies at a national level such as CNA involvement and work evaluating the implications of the federal privacy act, PIPEDA.

Each CNA affiliate group is provided with a registration to the CNA biennial conference and general meeting, held this year in St John's, Newfoundland. CANAC's board decided to support a board member to attend and it was my privilege to go. I set off for St John's with the CANAC banner and brochures, prepared to attend

two pre- conference meetings, one on international work and one highlighting the launch of CNA's cultural competency position paper. The main conference was Public Health and Patient Safety- an agenda for action; The CNA General Meeting followed.

I took copious notes trying to highlight issues for CANAC. I listened to a vast array of brilliant nurses, enjoyed Paul Martin's speech praising nurses and raged and ached with Stephen Lewis over our failures against the pandemic of AIDS. Each item below refers to a complex issue from the conference that I can enlarge on in future newsletters, but this will hopefully give you ideas and start discussion....

1) One affiliate group will be highlighted in each Canadian Nurse Magazine. Articles will be about 300-350 words describing mission, vision, issues of concern and areas of collaboration with CNA.

Affiliate members make up 33% of CNA; the President-elect, Executive Director and President of CNA want to increase connections with us. What would we find meaningful?

2) CNA remains committed to defending a public not-for-profit health care system; access is more complex than just waiting lists. RN's are asking politicians to ensure that laws and policies are reviewed with a health-care lens as well as an economic lens. The word "lens" appeared in many contexts throughout the conference - cultural lens, equity lens, etc. as a metaphor for important considerations to keep in mind.

3) There is a global issue of the uses of "indigenous knowledge": how to prevent it being stolen, how to validate the research of "natural experiments" and how to bring this knowledge to other countries. Examples of indigenous knowledge include Kangaroo care for low birth-weight babies and oral re-hydration solutions instead of IV.

4) One of the themes at the 2004 CANAC conference was responding to and correcting inequities in the global AIDS pandemic. A major theme at the CNA conference was the parallel inequity in global health research; various CNA efforts to address this were characterized by slogans such as "Inequity is unfair and remediable", "equality means distribution" and "individuals have the capacity to achieve health outcomes".

5) Another theme was the gap between research and practice; too many research findings are on shelves somewhere and nurses who are trying to bring findings on best practices into the workplace are meeting many levels of resistance.

6) There were multiple calls for more research by RN's exhorting us to "ask the questions and follow through" and providing many examples of outstanding work. There were also many discussions about the costs and difficulties experienced by nurses who do pursue research.

7) Safety discussions ranged from fall prevention and immunization to harm reduction and wound healing complications due to stress.

8) Another powerful theme throughout the conference was the role of nurse practitioners, registered nurses and registered practical nurses working to the full scope of practice.

9) There was a celebration of and calls to continue support for, the CNA partnership with DENOSA-the Democratic Nurses of South Africa. Their struggles to gain recognition for nursing as a profession with so much to contribute relates directly to the struggle against AIDS. (CIDA has funded this project).

It is tricky enough to note what I absorbed and harder to summarize my contribution on CANAC's behalf. I gave out information about CANAC, I brought my politics and CANAC experience to the international workshop, asked practical questions in the discussions about Canada helping to develop universal precautions policies in Southern Africa "what are we doing to make sure they get the gloves?". I helped plan and participated in the affiliate discussion on cultural competency, I shared the Casey House Cultural Competency graphic with the affiliate groups (thanks, Casey House!) and I supported nurses' work in as many workshops and informal settings as I could. I can vouch for the value of CANAC (and all nurses) attending the next conference, to be held in Saskatoon in 2006! What a busy year that will be!

Respectfully,

Hannah Cowen
Ontario Regional Representative

BC & Yukon Regional Report



Alan Wood
BC & Yukon Regional Representative
CANAC/ACIIS

A few last words as I prepare to leave the Board. As I mentioned in the last issue of the "Connection", I am completing my second term and final 4th year as BC/Yukon

Rep on the CANAC Board. A new BC/Yukon Rep, along with other new Board Members, will be elected in September and begin a new chapter in the CANAC odyssey.

In the last Newsletter, I outlined the achievements of the Association during my time on the Board. While I feel great pride in those, I know that my aspirations were even greater. The last 4 years have passed with amazing speed and like others before me, there are many more things I would have liked to accomplish. There remains a great deal to do for the membership and the Association toward increasing our capacity to advance our Mission of recognizing and fostering excellence in HIV/AIDS Nursing.

I would like say a few words in recognition of the amazing support I received from the Dr. Peter Centre for my work with CANAC. I, and in turn CANAC, have been very fortunate indeed to have had such extraordinary support from an employer. In particular, I would like to express my gratitude to the Executive Director, Maxine Davis and former Nursing Coordinator, Judith Thompson for standing right behind me all the way.

As some of you may be aware, I have taken on a new role with the Vancouver Coastal Health Authority on the Transition Services Team and am no longer with the Dr. Peter Centre. No matter where I work though I will always be an HIV/AIDS nurse. I will continue to work as an active member of CANAC and look forward to seeing all of you at future conferences and other CANAC activities.

The nomination process produced the highest calibre of prospects, people who will bring to the

Board table new skills, experience and fresh energy on behalf of BC/Yukon. I am so excited and confident to hand over this seat and am looking forward to seeing where the association will go over the next couple of years, especially given the strong representation from the BC/Yukon membership helping to steer the course.

Good Luck and Best Wishes to all the new Board members.

See you all again soon!

Warmest Regards,

R. Alan Wood, B.Sc.N., R.N.

B.C. Regional Representative



Election to the Board of Directors 2004-2006

It's that time Again!



Every Year we say good-bye to some of the Board members and welcome new people from among our general membership to participate in the development of the organization.

This year there was a call for nominations for a Treasurer and Representatives from the Prairies, Ontario and BC/ Yukon Regions.

The response was great and the results are being tallied. Announcements are due out mid-September so keep watching!



Conference 2005 Update

Conference planning continues over the summer with the selection of the theme of:

“Health Promotion for those Living with HIV”.

The goal of the conference will be to explore ways in which nurses working with individuals living with HIV strive to enhance health in the context of a chronic illness. A call for abstracts will be forthcoming in the near future. If you have any suggestions for plenary speakers please contact me at the email address below.

As a reminder the conference dates are April 30, 2005 to May 3, 2005 in Banff, AB. The site of the conference will be the Banff Centre, a venue that is a magnet for many conferences. In order to entice you to arrive early or stay later than the conference, the Banff Centre will be offering conference room rates for three days before and after the conference. So, please mark your calendars!

Please contact me for any further information!

Ted Birse
tbirse@cha.ab.ca

Job Opportunity CANAC/ACIIS: E-Bulletin Board Moderators English and French Language

Description

- Posting Date:** January 28, 2004
Start Date: Start Date: As soon as available
Location: Not applicable
Position: CANAC/ACIIS E-bulletin board
Title: Moderator(s)
Profession: CANAC/ACIIS Member, nurse involved in AIDS Care
Status: Part-time (1-3 hrs/wk)
Position Description: **Moderators monitor and maintain the electronic bulletin board and its content; primary duties include:**
- post announcements
 - generate discussion and enforce posting policies; remove messages and/or close subjects
 - answer user questions about the bulleting board
 - help to determine the addition or deletion of categories within the bulletin board(s) they moderate
 - maintain the currency of the bulletin board (ie. decide how long inactive threads remain on a bulletin board and number of messages posted to an individual thread before it is closed)
- Qualifications:** Must be
- a CANAC member
 - a nurse involved in HIV/AIDS care
 - able to set time aside weekly
 - Computer literate
 - able to access a computer
 - a team player
 - Experience with online communities is an asset
- Moderators are required for both English and French Bulletin Boards**

Contact

- Contact:** Brenda Done, President CANAC/ACIIS
Telephone: (510) 646-6207
E-mail: Brenda.done@sjhc.london.on.ca
To Apply: to apply, please contact Brenda Done, by phone or e-mail

Nursing Resources for You!

CATIE in partnership with The Canadian Association of Nurses in AIDS Care (CANAC) is pleased to launch its extensive Web based resource centre for HIV/AIDS Nursing Information.

Within this site there is a host of information, including new drug information, symptom management, resources on HIV drugs, side effects, interactions, adherence and post-exposure prophylaxis, Practical Guides for nursing and clinical practice and much, much more. You may use this site to find out about new research, international opportunities and events or programs to help build your skills.

Use this site to find the tools you need to help you care for your patients including: how to meet the needs of diverse individuals and communities affected by HIV/AIDS; information on cases; clinical care; treatment guidelines and policies and programs used by other nurses.

In addition, the site provides useful tools for your patients including: basic HIV/AIDS information, links to local HIV/AIDS services and other HIV/AIDS Web sites as well as easy to read treatment information for patients.

CATIE has collaborated with CANAC to ensure that we deliver information that is valuable to the nursing community and its clients.

CATIE and CANAC gratefully acknowledge an unrestricted educational grant from Hoffman LaRoche Ltd. for production of this resource.

2004 AWARDS of EXCELLENCE Profiles



NEWCOMER OF THE YEAR - Kara Piels

The thrill of being recognized by your peers can only be realized when it happens to you personally. At previous CANAC conferences I thought of how lucky the awards winners were to have had their peers acknowledge their work. When my name was called out as “Newcomer of the Year” I had a surreal experience. In my 32-year nursing career this was the first time my colleagues have said to me, “you did a good job” in such an overwhelming way. This recognition is not only an honour, but also an incentive for me to reach excellence in the field of HIV care. Thank you for your

vote of confidence. **Kara Piels**

Kara Piels for “Newcomer of the Year”!

Kara came to our clinic in January of 2003 for a clinical placement to complete her baccalaureate in nursing. At that time she was essentially naive to the complexities of HIV disease and its’ sequelae. The excitement, wonderment, and new-found pleasure in professional practice she demonstrated as she embarked upon this journey was a pleasure to watch. Kara embraced each learning opportunity with passion and compassion.

Following her clinical placement Kara set new goals for learning. She joined our team in a casual position and later became a member of CANAC and ANAC. She continues to challenge herself by continuing her studies at the Master’s level where she defines HIV as her practice specialty. It is with pride that we celebrate Kara’s personal and professional achievements that have made her so worthy of the “Newcomer of the Year, 2004” award.

Sincerely, **Tobin Brown**

JILL SULLIVAN AWARD FOR EXCELLENCE IN CLINICAL PRACTICE - Caroline Côté

I was totally caught off guard when Jean announced my name as the recipient of this year's Jill Sullivan award in clinical practice.

Throughout his presentation I had been trying to figure out who this male nurse in Quebec was! I also could not believe my colleagues had done this without my knowledge...I usually have an ear to the ground regarding the goings on at the clinic! I remember past Awards ceremonies and felt how deserving those nurses were of this public recognition and how inspiring they were to me. True nursing leaders. What an honour to be considered as one of them! Upon my return from the CANAC conference, I couldn't help but reflect on what this award represented to me. One thing I realized was that we never stop being role models. As experts in our field of practice, we are often called upon to teach, whether in a preceptor mode, giving lectures or in-services to other departments. I think we forget that we continue to look to each other for advice, guidance and experience outside of those "semi-formal" teaching sessions. As one who has learned how to nurse from working within such an extraordinary team as the IDS for the past 10 years, I know the importance of having such dedicated, professional, caring team members to learn from and look up to.

I just can't help thinking how funny it is that the very team members who wrote such touching letters of support on my behalf are the same members that are partly responsible for the way in which I provide



nursing care! They should be getting this award! We all do this, day in day out, trying our utmost to provide the best health care we can in the most professional caring manner we can. As I think back to the excellent Toronto conference, it was made evident we are role models, but no longer only on the local scene. Increasingly, we are being asked to do so on an international level. How impressive that we have amassed the expertise to provide that support.

I love being a "bedside nurse". We are so fortunate to be able to experience what we do. Patients' strength, courage, adaptability and resourcefulness have been a constant source of inspiration for me throughout the darker hours of working as a nurse in HIV. They do not realize that we are the lucky ones, learning from them, sharing their most private moments and being witness to their harsh struggles.

I cannot thank the IDS team enough, and the fellow CANAC voting members for having allowed me the honour of being a recipient of the Jill Sullivan award. What a wonderful gift to know that others you respect consider your talents worthy of such an honour.

Receiving this award has become such a motivator. Thank-you **Caroline Côté**

I have been asked to write a few lines explaining why I submitted the nomination of Caroline Côté for the Jill Sullivan Award for Excellence in Clinical Practice 2004. It is very difficult to describe in a few lines her competence, as well as all the work that this nurse has done with people touched by HIV/AIDS.

Caroline Côté has been working as a nurse at the Immunodeficiency Unit of the Royal Victoria Hospital at McGill University Health Centre (MUHC) for 10 years now. During all those years, she has developed exceptional expertise in HIV/AIDS care, which she has put to good use in helping persons affected by HIV/AIDS, their families, and their friends. Her expertise allows them to face the reality of HIV infection and treatment, and to better live with this reality. Her availability, her communication skills and her great openness to the different realities lived by persons affected by HIV/AIDS has allowed her to adapt and to customize the education and care she provides to her clients. Many times she has successfully advocated for the most vulnerable patients in our clinic, at different levels in the network of health and social services, increasing their accessibility to quality care. With her knowledge and experience, Caroline is a resource person very much appreciated by each one of us.

When I read the definition and criteria for the Jill Sullivan Award for Excellence in Clinical Practice 2004, it was obvious that the person who met all these criteria was Caroline Côté. After having consulted the other nurses and members of our team, we all arrived at the same conclusion; Caroline deserved this recognition as a reward for all the work she has done with HIV/AIDS clients over the past 10 years. This recognition, this "little pat on the back" coming from other nurses working in the same field, in a territory as vast as Canada, provides the encouragement and hope the recipient needs so much to keep going. We are all very happy that Caroline received this Award, because she well deserves it. Once again, we say to her: CONGRATULATIONS CAROLINE!

Jacques Fallu, Nurse, B.Sc.

EXCEPTIONAL CONTRIBUTION TO THE DEVELOPMENT OF NURSING IN HIV/AIDS CARE - Sally Simpson



I have been asked for my thoughts, reactions, and generally what it means to me to have been presented with the CANAC Award for Exceptional Contribution to the Development of Nursing in HIV/AIDS Care at the CANAC Conference, 2004. Quite frankly, this is a difficult task.

The presentation of this award took me completely by surprise. To say that I am honoured is a considerable understatement. I can not accept this honour alone, however. I am reminded of the enormous number of people who have profoundly touched my life throughout my fifteen years in HIV care. My experiences with each of them have contributed to the shaping of my professional and personal self.

To my colleagues, I say thank you to each of you. I am proud to be numbered among you.

To each of my clients, more than a thousand who have honoured me by allowing me to care for them as they lived and died, I shall never forget you. You propel me on, through each day, through each of the easy moments and through the most arduous of situations.

During the conference, I looked across the room at the 200 or so faces of those in attendance and was struck with the thought that together, we have centuries of HIV expertise!! Being presented with this award reminded me how crucial our work in HIV is, especially at this time in the pandemic. We are charged with the enormous task of reducing physical, mental, emotional and political suffering of people living with HIV/AIDS.

Over the years, some of you might have heard me say, “I want to be put out of work, and not because of politics”. That is, I look for the day that HIV is cured and becomes only an ugly mark on our global history. This may be naïve, but it is a happy dream that spurs me onward. I believe that together, through CANAC, we can make the biggest and most positive impact on those who are living with HIV/AIDS, both here in Canada and in nations whose numbers are being decimated by this disease. And who knows, they say sometimes dreams do come true! **Sally Simpson**

We have known Sally for many years; this nomination attempts to capture the specific attributes that make Sally an exceptional candidate for an Award of Excellence.

Official Member of CANAC/ACIIS: Sally has been a member of CANAC/ACIIS for many years. More importantly, she has demonstrated her commitment to the well-being of our association through her active participation as a member of the planning committee for every conference hosted in Toronto.

Demonstrates Excellence in the Practice of Nursing: Throughout her career, Sally has continued to develop her nursing practice and academic credentials. This includes the BScN program at Ryerson University and plans to commence the Acute Care Nurse Practitioner studies specializing in HIV care at the University of Toronto in September 2005. Sally has AIDS certification (ACRN) with the Association of Nurses in AIDS Care in the U.S

As a result, Sally is viewed as an “expert” in the field of HIV/AIDS nursing.

Demonstrate Commitment to Caring and Advocacy for People Living with HIV/AIDS:

Sally has committed 15 years of her career to HIV/AIDS nursing in various roles in the community and has demonstrated a passion for HIV nursing that one rarely encounters. As a strong and endless advocate for people living with HIV (PHAs), Sally approaches her work putting the respect, dignity and autonomy of PHAs first and foremost.

Sally is a keen and innovative thinker. If there is a way to improve patient/client care or to improve the system, Sally will find it.

Act as a Role Model and as a Mentor for Caregivers in HIV/AIDS Care: Working in an Academic Health Science Centre, Sally never misses an opportunity to provide education and support to her colleagues, or to mentor a student who may come her way. Sally is also a strong advocate for HIV education within her hospital and is active in educational activities throughout her organization.

Summary: In a nutshell, Sally is simply awesome. We have never met an individual nurse with such passion for her work commitment to HIV. Maintaining a practice in HIV for over 15 years is an amazing accomplishment. Maintaining the enthusiasm she entered the specialty with is even more amazing.

At times, some may have found her advocacy efforts annoying but for those in HIV/AIDS care, we know all too well how important this aspect of nursing is and Sally is an expert in this regard!

Sally does not seek the limelight in her work and could easily be underestimated by those with a higher profile. This is however, one of the attributes that makes Sally such an important role model for other nurses. Her commitment is to bettering the lives of those living with HIV and she is keen to support others who share this commitment. **Steve Tattle, Cheryl Arneson, John Flannery**

AWARD OF RECOGNITION - June Callwood

I am pleased to be able to write this article on behalf of June Callwood; I was present at the Awards banquets and was delight to see that June was both surprised and pleased to receive the CANAC Award of Recognition for her support and advocacy of HIV/AIDS. June gave a wonderful speech of thanks full of humour and insight, highlighting her life long commitment to helping others and her ongoing support of the nurses and volunteers who help people living with HIV/AIDS. June's special affection for CANAC has always been evident and it was gratifying to see her receive an Award so richly deserved. In conversation later she told me she feels that "Those women and men represent the best of their profession. They have expertise and compassion and a sense of responsibility for others that is glorious to witness"



Jennifer Shaw

The nomination request to present June Callwood with a Special Award of Recognition came from all members of the Toronto Conference planning committee. It was their unanimous opinion that no-one outside of the nursing/medical professions had worked so tirelessly and advocated so strongly throughout the many years since this disease had been identified to focus public and political attention on those in need and the nurses who supported them.

As many of you know June is the Founder of Casey House in Toronto, an idea born of compassion for people wishing home based palliative care and a sense of the impending need of those with HIV/AIDS. June's compassion for people with HIV/AIDS is well known but it is her support of nurses and her understanding of their struggles and triumphs that makes her so deserving of this award.

The 2004 Toronto Conference planning committee

Remembering Jill Sullivan

The following letter was e-mailed to Brenda Done, CANAC president from Steve Sullivan, Jill Sullivan's son. He has graciously agreed to allow us to share this letter with all CANAC members.

Dear Brenda,

Today is the 9th anniversary of the death of my mother Jill Sullivan, and so, having her on my mind, I did a Google Search in her name. I was so happy to find your site and photos of all of those people who have in the past 9 years been honoured with the Jill Sullivan Award in Clinical Practice. My father was present during the first award many years ago and since then has not been involved as far as I am aware or can remember.

I would like to thank you for continuing with this award - it is such an amazing memorial to an amazing woman. If there is ever the opportunity to be present during the awards ceremony I would like to express my wish to be there. I have often thought that I would like to but have been out of the country so often that I did not contact anyone. Please know that nothing would make me happier than to be present at one or more of these ceremonies.

Again thank you for keeping the memory of my mother alive.

Take care, all the best,
Steve Sullivan
Vancouver, BC

Brenda has extended an invitation to Steve Sullivan to join us at the 2005 Awards banquet

Reporting Back – CANAC nurses at National and International Conferences

Nursing Pre-conference of the XV International AIDS Conference Miracle Grand Hotel, Bangkok Thailand July 10, 2004.

CANAC participated in the nursing pre-conference meeting hosted by the Thailand Nursing Council and the Nurses' Association of Thailand. The theme for the meeting was **Strengthening Nursing Contribution to Global and National HIV/AIDS Prevention and Care**. The aim of the meeting was to update and exchange nursing knowledge and practice in national and global HIV/AIDS prevention and care.

Despite a slow start to the planning for this meeting it turned out to be a well-run, well-attended day. There were 157 nurses representing 10 different countries. I was saddened that Canada (and CANAC) only had two representatives at this international meeting of nursing colleagues but Maureen Bratkiw from Toronto and I did our best to make Canada's presence known.

The day opened with a warm welcome by Dr. Tassana Boontong, President, Thailand Nursing and Midwifery Council. She praised nurses for their leadership in helping Thailand to see a decrease in incidence of HIV infections. She sees nurses as the most powerful tool against HIV: a world-wide voice to advocate for *Access for All*.

Following Dr. Boontong was an inspiring lecture from Dr. Tesfamichael Ghebrehiwet, Consultant, Nursing and Health Policy, International Council of Nurses. In his presentation he challenged all nurses to combat the myths and taboos that foster the spread of HIV. He articulated the nurses' role in combating stigma and discrimination, our role in aligning prevention and treatment to limit the spread of HIV infection and our responsibility to advocate for access to information, education, condoms and needle exchange. He also implored us to lobby against societal taboos related to sex, sexuality and HIV, to lobby for political and social commitment and for low cost medicines and differential pricing for resource poor countries.

I was invited to participate as a speaker on the topic, "Nursing Practice Models for Individuals with HIV/AIDS and Their Families in Different Countries". Seven different countries presented during this session and it was fascinating to see how many commonalities we have when striving to provide optimal care to those infected and affected with HIV/AIDS, despite very diverse practice settings.

The afternoon speakers addressed the 3 by 5 Initiative and Nursing Implications. Ways to Strengthen Health Systems for HIV/AIDS Care, Strengthening the Capacities of Caregivers and Strengthening Self-care Capacity of Persons Living with HIV/AIDS were other thought provoking presentations.

The last presenter, Dr. William Holzemer gave an inspiring talk on Preparing Nurse Scientists for HIV/AIDS Research. He strongly advocated for more and more advanced education for nurses, to have nurses work to develop a program of research, to foster mentorship amongst nurse researchers and to find a productive research environment in which to work.

It was an honour to represent CANAC at this meeting. I continue to be inspired to work hard with CANAC members and our international nursing colleagues to develop a nursing satellite to be held in conjunction with the 2006 Conference in Toronto: a gathering that will allow nurses to share and celebrate together.

Brenda Done



Perspectives on the 15th International AIDS Conference

I was very pleased to attend the International AIDS Conference held in Bangkok Thailand in July. Having attended several previous International conferences I was impressed by the venue, the scientific content and most importantly, by the commitment of the conference organizers to carry the theme “*Access for All*” throughout every area of the program. For the first time conference planners made a concerted effort to involve the local community in the actual conference. Schools were closed for the duration of the meeting not only to help ease the infamous traffic jams Bangkok is noted for, but also to allow students to attend the conference. Each day we saw busloads of school children in their immaculate school uniforms cruising through the Global Village and through the Exhibit Halls. I understand that there were passes made available to many schools for students to attend opening, closing and selected sessions, truly living the “*Access for All*” theme of the conference.

Another important change at this conference was the introduction of “Bridging sessions”. At these sessions a topic was presented and discussed by a panel of experts that included; scientists, clinicians, policy makers, industry and business leaders and PWA’s. In this forum an issue was presented in all of its facets and certainly led to some lively discussions.

There were scientific sessions regarding generic drugs, access to low-cost testing algorithms, health care delivery models for resource poor settings, ways to manage the epidemic under extremely difficult conditions, ensuring scale-up with high quality treatment and other services. In addition there were sessions on novel treatments including some breakthrough developments in the field of pharmacogenomics and unexplored viral targets. The posters and oral sessions were diverse, interesting and cross-

discipline in many circumstances; each provided a stimulating forum for learning.

Unfortunately, with the large number of sessions offered and multiple tracks running simultaneously this attendee felt overwhelmed with the volume of information at my disposal. I came away feeling as if I had only scratched the surface.

Highlights:

The poster sessions were excellent, grouped in clusters according to specific themes and organized to complement the oral program of the day. In keeping with the theme of *Access for All*, there were many posters describing low cost care modalities in resource poor settings, improved ways of diagnosing and preventing mother-to-child transmission and novel approaches being employed in prevention programs in developed as well as developing countries.

The oral presentations, symposia and workshops were also first rate. One of the highlights was a session on novel therapies. One described new vistas in the field of pharmacogenomics-that is using ones’ genetic information to predict response to drug treatment. This holds promise for the selection of treatment for both experienced and naïve patients. There were presentations on drugs in development and early clinical trials that show promise for patients; these included a new protease inhibitor, LEXIVA/r (Fosamprenavir) and REVERSE (DD4FC) a cytidine analog inhibitor. FUSEON (Enfuvirtide/T-20) presented 96-week data to show it has a role in devising a treatment regime for treatment experienced patients who continue to have a detectable viral load.

There were many presentations regarding the challenges in implementing the WHO 3 by 5 Initiative (treating 3 million by 2005). Scaling services up to meet the demands without losing

quality is a huge challenge. In many countries, the most vulnerable populations and those needing treatment most have not even been tested. Many of these individuals have challenges with daily survival regardless of their HIV status. There were many presentations describing models for scaling up voluntary testing, counselling, treatment programs and harm reduction programs. Over the next two years substantial financial and human resources will be dedicated to the task of scaling up HIV testing, care and treatment and prevention programs in the poorest and most affected parts of the world. Canada has a lot to offer in terms of knowledge, expertise and manpower. Some of you are already involved in international initiatives, but there is always room for many more. I hope that by the time Canada hosts the 2006 AIDS Conference in Toronto we have some successes to report in this massive effort to combat the epidemic.

Brenda Done



A dress made of condoms from the 15th Annual International AIDS conference in Bangkok, Thailand

Rainbow Health Coalition

This is another “adventure in networking” to inform and encourage you.

In June, CNA requested CANAC as an associate member, to send a representative to a meeting in Ottawa of the Canadian Rainbow Health Coalition (Coalition sante arc-en-ciel). This group has grown out of the Saskatoon Declaration of GLBT (gay, lesbian, bisexual and transgendered) Health 2001. Rainbow Health Coalition has received funding for a project addressing access to care and other health and wellness issues faced by GLBT people; they had invited CNA to send representatives from among it’s members as stakeholders in professional organizations and educational institutions. CNA supported my attendance by providing a liaison, logistical details, background info including relevant CNA policies such as cultural competence and ethical practice and a helpful list of their expectations (including how to report after the event). My employer was supportive as our HIV specialized agency has been actively increasing our general GLBT health expertise; CANAC’s board evaluated the request and agreed to send a board member or another member with interest and availability. In this case, there was a nice overlap of goals and I was able to attend.

The day turned out to be an excellent learning experience about a health movement related to, but not identical, to the HIV movement. We also learned how important this distinction is to the coalition members. Presenters shared research findings and personal experiences to encourage our advocacy not just for our clients, but also as a workplace quality issue for our GLBT co-workers. As my role was one of information gathering, I had to be mindful not to commit any of “my” organizations to anything other than ongoing interest, however I am excited about the opportunity to share my new-found knowledge. If you would like to know more about this coalition, try www.rainbowhealth.ca and remember to check out the CNA website regularly: www.cna-aicc.ca

Hannah Cowen



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