

Meet the New CANAC Board of Directors for 2006 / 2007



President

Greg Riehl of Regina, SK is the new President of CANAC. Greg started on the Board in November 2004 as the Prairies, NWT and Nunavut Regional Rep. and became President-Elect in 2005.



Secretary

Yvonne Lynch-Hill of Halifax, NS has been Secretary of CANAC for 3 years. The Secretary is primarily responsible for maintaining CANAC's membership and other records



Past President

Deborah Randall-Wood of Oshawa, ON is leaving the role of president to become the past-president of the Board. The role of past-president is to provide mentorship and continuity.



Treasurer

Brenda Done of London, ON will start her role as Treasurer on November 1st 2006. Brenda has been on the board in the past as Ontario Rep and President.



Atlantic Rep

Lise Dupuis of Moncton, NB will be starting her 4th year as Atlantic Region Rep. Lise will tell you that the Atlantic region is small but active and she has regular contact with members

Prairies Rep

Susanne Nasewich of Regina SK. Susanne has been involved with CANAC since 1996 but this will be her first time on the board. She has inherited a large region with a passionate membership



Interim Quebec Rep

Gino Curadeau of Montréal, QC. Gino was appointed to the Board in June of 2006 Gino was a member of the 2006 Conference committee and fills the vacancy left by Jean Clermont-Drolet.

BC & Yukon Rep

Sonja Rietkerk of Vancouver, BC stepped into the role of BC Rep when Denise Thomas left for Africa. She was acclaimed as rep this summer and is very busy with the 2007 conference.



Ontario Rep

Lynn Muir of Toronto, ON. Lynn is the newly acclaimed Ontario rep but has been involved with CANAC for many years.

A Change in Role

Hannah Cowen

Hannah will be finishing up 4 years as Ontario Regional Rep this fall. Although Hannah will no longer be on the board she is still very active, representing CANAC as representative to the CNA and as the chair of the 2008 CANAC conference committee.

Judy Latendre-Paquette

Judy took over as Treasurer in the fall of 2005 when Tracey Stevenson left. Judy has done an amazing job of finishing work started by other board members to simplify and clarify the CANAC financial records. Judy is staying in HIV nursing and remains a CANAC member.

Membership Update



Our total membership is:

179



Atlantic Region	8
Québec Region	24
Ontario Region	79
Prairies, NWT & Nunavut region	24
British Columbia	43
International	1

Thank you to everyone for such a successful membership year! Please remember to renew your membership for the new fiscal year starting November 1st.

Some Interesting Facts:

- 1) CANAC membership rates will be increasing for the first time in more than 4 years (\$10 increase in each category)
- 2) There is always a surge in membership directly after the conference and this year 40 people joined CANAC after the Montréal conference.
- 3) Of the 40 people who joined CANAC after the conference 24 were from Ontario, 10 from BC, 2 from Quebec, 3 from the Prairies and 1 from the Atlantic region.

Treasurer's Report

As the CANAC 2005-2006 fiscal year end approaches I will be ending my year as Interim Treasurer. It has been a busy year and an excellent learning experience.

The year will end on a positive financial note thanks to the success of our conference in Montreal and a strong membership. Revenues to date are \$85,846.00 while expenses are \$65,757.00. Funds in GICs remain at \$21,571.67.

I am pleased that Brenda Done, a seasoned CANAC Board member, has accepted the role of CANAC Treasurer and I am confident that she will continue to do excellent work for the Association.

I would like to thank the Board for this opportunity. They are an outstanding group of people devoted to the work that they do, not to mention a lot of fun. CANAC is an excellent association to be a part of and I will continue to see you all at future CANAC conferences.

Sincerely, Judy Latendre-Paquette

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Atlantic Region Update

Greetings everybody,

As always summer goes by way too fast but I do hope that you have all had some time to enjoy the sun and the warm weather.

Halifax just hosted the 8th annual ACHIVE (Atlantic collaboration for HIV education) meeting. All the HIV clinics in the Atlantic region get together once a year for this event. The organizational team, but mostly Yvonne Lynch-Hill, the CANAC Secretary, did an amazing job of coordinating the gathering; it was an exceptional conference. The group is getting bigger every year. This year there were over 30 health care professionals attending. On Friday night the meeting started with a game of “ACHIVE Jeopardy”. It was a fun way to meet people with a lot of competition amongst the different teams.

The ACHIVE conference included discussions and presentations on different topics throughout the weekend such as metabolic bone disease, new therapies for HIV, talking to children about serious illness and many more. The 2 guest speakers, Dr. Martin from the Southern Ontario Fertility Technologies Inc. and Dr. Badley from the Mayo Clinic College of Medicine discussed their individual specialties. Dr. Martin talked about fertility options for HIV discordant couples and Dr. Badley presented the identification on a novel HIV-specific mediator of infected cell death.

Looking forward to hearing from you,

Lise Dupuis
Atlantic Rep.

Quebec Region Update

Hello everyone,

My name is Gino Curadeau. It is with great pleasure that I introduce myself as the new Québec representative. I am from Montreal

and I am the assistant head nurse for the Immunodeficiency Service of the Royal Victoria Hospital of the McGill University Health Center. I have occupied this position since early 2005.

Most of my past experience has been in healthcare administration in the United States. So working with HIV/AIDS has been a new challenge for me, ever since I took this position. Working with this population has been the most rewarding. The learning curve is long but at the end of the day, we know we have helped someone.

I was a member of the planning committee of the 2006 CANAC conference in Montreal. I had the chance to work with my predecessor as Quebec representative, Jean Clermont-Drolet. He provides a prefect example of the dedication nurses have to HIV/AIDS. I will try my best to fill his shoes.

I have communicated with all the Quebec members and I am available if they have any questions or would like to organize any activities. We will make things move forward for CANAC in the province of Québec.

Sincerely,
Gino Curadeau, Interim Quebec Rep.

...A Note from Hannah

Dear CANAC colleagues,

The Board has asked me to write on a topic we have begun discussing lately, and wish to bring to all members. We had received a letter from the HIV/AIDS Legal Network about the Canadian government’s proposed bill to enact mandatory minimum sentencing for drug crimes. This is similar to what has been done in the US and recently the Ottawa Metro headline read “Tories eye three strikes for offenders”; you have received the email from us and may have read in your newspapers

about the bill. For more info, go to www.aidslaw.ca.

Any time we receive such items, the board does its best to figure out what level of response is required, appropriate and feasible. In a flurry of e-mails we considered many of the issues and options. Should we endorse it actively? Could it offend our supporters and have negative consequences for CANAC if we did? Should we pass it on to all members for individual consideration? Should we add comments?

We had a range of opinions. As you know, we sent along the message. Several of us felt we would respond to the call from the Legal Network in our personal roles, but we hesitated to send an official CANAC endorsement.

The board will continue our discussion of how to respond to controversial and political items. Your ideas will enrich and guide this process. Please communicate with us; contact your regional representative, send an email to info@canac.org to address the board as a whole and/or join in the regional discussions at the Annual General Meeting.

The following paragraphs are excerpts from one of my e-mails on the topic. May they serve to stimulate your ideas and correspondence!!

“I have many concerns about the push to more criminalization in our country of people with addictions e.g. the 3 strikes law; of women with HIV – e.g. the story about the conviction of the Ontario HIV positive mom who hid her diagnosis; and of homelessness –e.g. recent changes to laws in Montreal re: staying in parks or squares, even if all shelter beds are full.

All these concepts:

- 1) do not do what they promise or pretend to want to do
- 2) make our HIV work harder!!! and

3) ignore our many Canadian and global successful programs which do work and do help society!! e.g. court diversion programs and InSite (the safer injection site in Vancouver).

One of the themes of the International AIDS Conference was a call on us anti- HIV folks to reject proposed "solutions" which come from ideology, religion, and wishful thinking or ignorance- ideas such as abstinence only - and to support evidence based solutions. The U.S. style of war on drugs means, among other things, that because of prison brutalization, the US is now the only country in the world where more men get raped than women (this from a presentation by Street Health in Kingston a few years ago). It's not a model I want Canada to follow!!

I think the larger issue we are talking about is the balance between tackling HEALTH issues and tackling POLITICS; this is a long-standing discussion in HIV....

Well, is there a difference? If there is, how do we decide our positions, which battles to take up and how best to do it? To me, social determinants of health, who has a fair share of them and who doesn't, discrimination, sexuality and human rights are all core to HIV nursing as much as grasping the significance of viral load. I look forward to more discussion with all you caring nurses!

I won't be the Ontario regional representative after Oct 31, but I will continue to be passionate, as you are, about HIV nursing and about CANAC. Truly, I look forward to the ongoing discussion!

Best wishes,

Hannah Cowen

*International Nurses Forum
Nurses at the Forefront of HIV/AIDS
Saturday August 12th, 2006*

It took eighteen months of planning, hundreds of volunteer hours, collaboration between the Canadian Association of Nurses in AIDS Care, the Canadian Nurses Association and the International Council of Nurses, support from many other national and provincial nursing organizations and global consultation to achieve but on the Saturday preceding the International AIDS conference we realized the fruits of our labors.

The International Nurses Forum “Nurses at the Forefront of HIV/AIDS: Prevention, Care and Treatment” was an unqualified success.

We played host to 210 nurse delegates from 40 different countries. The day provided an opportunity for these nurses to network; to discuss issues, challenges and policy gaps along with innovative strategies, best practices and perspectives on how to effectively address the pressing challenges of this pandemic.

Stephen Lewis, United Nations Special Envoy for HIV/AIDS in Africa started the day with an inspirational and passionate call for nurses to continue to be leaders in the HIV/AIDS pandemic. He praised nurses for their contributions and challenged political leaders to ensure nurses had the resources essential to do their jobs.

Nurse leaders from five regions of the globe reported on the status of HIV/AIDS in their respective countries to help us have a “snapshot” of the global HIV/AIDS situation.

There wasn't a dry eye in the room while Sister Christa Mary Jones provided her lunch- time

plenary address on her experiences working for 30 years as a nurse in South Africa. Her impassioned speech highlighted the unflagging courage and commitment of nurses working in deplorable conditions.

After lunch, five concurrent sessions, each addressing a key nursing challenge allowed participants to have fulsome discussion with global counterparts and expert facilitators guiding the proceedings.

Bringing the forum participants back together, rapporteurs reported on the key themes from each of the concurrent sessions, which will be used to help identify priorities for the future.

Sheila Tlou, Minister of Health from Botswana closed the day with a thoughtful plenary address again praising nurses for their integral role in providing HIV/AIDS care

Obviously this meeting was the result of work by many but CANAC members were well represented. Many CANAC members provided leadership throughout the planning process, provided their expertise as presenters at the concurrent sessions and by offering help wherever needed on the day of the forum. To all of you involved, I offer heartfelt thanks.

For those of you who were not fortunate enough to have attended in person, the proceedings of the day are being written and will be available mid October on the CANAC, CNA and ICN websites.

Brenda Done
Steering Committee Member

Forum Opening Remarks By Greg Riehl

Welcome, willkommen, bienvenido, bonjour et bienvenue a tous, Kia Ora (Key or ah)

On behalf of the Canadian Association of Nurses in AIDS Care, I welcome you to the International Nurses' Forum. CANAC (Nursing) has always had an important role to play in HIV prevention, care, treatment and support. As nurses, we advocate for the promotion of health, human rights and dignity of all persons affected by HIV/AIDS. Nurses around the world are called upon to give their support and expertise to those infected or affected by HIV.

In 1986, the Ottawa Charter for Health Promotion talked about setting priorities, making decisions, and implementing them to achieve better health. The message of the Charter was for **action**, to achieve "Health for all by the year 2000 and beyond" . . . Nurses work with all members of society, to decrease obstacles and remove barriers, to care for people and promote health... We are now past the year 2000, we are in the **beyond**, and what is needed is **action**.

Nurses have a great appreciation for the issues surrounding HIV and have seen and gotten to know the people primarily affected. HIV is more than numbers, percentages and statistics. It is about people. HIV is often like a 20 way tug of war pulling for resources with little cooperation, limited momentum, no fixed alignment and no winner. Nurses play a vital role in this HIV tug of war. Nurses need to engage the players to increase cooperation, decrease confusion, and to align, build and maintain momentum. Nurses are able to look at the big picture and ask the question "Why *is* there a tug of war in the first place?"

There are viruses and bacteria that challenge mankind every minute of everyday. Local and international media communicate the latest news on avian flu, SARS, malaria, Ebola, and HIV. Nurses need to look and listen to what is

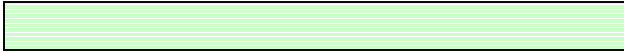
happening locally, and also be knowledgeable of the bigger picture. Assess the needs of your communities and the people that you care for on a daily basis. I live and work in Saskatchewan, and I know that First Nations and Aboriginal people, particularly women, are most vulnerable and at greatest risk for contracting HIV. The infection rate for Aboriginal people in Canada is nearly 3 times higher than among non-Aboriginal people. Globally, the HIV pandemic has been raging on for more than 20 years. The human rights atrocity that fuels the fire of HIV continues to grow, **in spite** of our best efforts. We are currently battling the worst health care crisis of all time, one that crosses all geographical, political, cultural, social and economic environments. We need to ask ourselves, what challenges lie ahead in the next 20 years?

The risk factor for HIV that we all share with those affected by HIV...is being human. HIV touches everyone. Over the course of your professional life as a nurse, you will hear loud voices on the subject of HIV . . . remain focused. It is important for us to listen to the people who are most vulnerable, the most marginalized and most susceptible. Listen to those people most at risk of infection, and those people with living with HIV. These people often do not have loud voices, but often have the most important things to say.

We can find HIV in every corner of the world; we can also find nurses in every corner of the world. Where there is HIV, there are nurses. We need to collaborate and use our position in responsible ways. Nobody should live in hopelessness. Our best asset in the fight against HIV is people; people are our main health and human resource. In many places around the world, governments are simply not able to do the job because of limited access to resources, or because of outright denial. Leaders hold the power to help. As nurses, we are the leaders in our communities and around the globe. We have an important role to play in this HIV tug of war. With our leadership role comes challenges and opportunities. Use your leadership to work with

people, today, and tomorrow, and beyond. On behalf of CANAC, have a great conference.

Greg Riehl, RN, BScN
President-Elect, CANAC



16th International AIDS Conference – Health Clinic Experiences

The 16th International AIDS Conference held in Toronto August 13-18, 2006 was an outstanding success using any parameter available. Attendance by registered delegates, speakers, press and volunteers was close to 25,000. Delegates came from every corner of the globe with the highest number of course from Canada and the U.S. The Global Village, the PHA Lounge and the Health clinic were highly visible and well attended.

I was involved in the planning of the Global Village Health Clinic and early in the spring of 2006, I had sent an email to all CANAC members asking if they would be interested in volunteering at the conference. I received positive responses from across the country and was delighted that so many nurses were willing to volunteer their time and talents to this exciting adventure.

This did not however, pan out as I had anticipated. In discussions with RNAO and the College of Nurses, it was decided that only Nurses registered in the province of Ontario would be accepted to volunteer. The primary concern was the workload in having so many nurses from outside our region registered here for such a short period of time.

That necessitated plan B; we sent out another e-mail to our Ontario CANAC counterparts; contacted the entire list of HIV clinic Co-coordinators in the province and called on the staff of Casey House in Toronto.

Each nurse was asked to volunteer for 3-six (6) hour shifts between Sunday and the following Friday. Shifts were from 0800-1400 and 1300-1900. In return for this support volunteers received free admission to the conference.

At the beginning of the conference, under the capable leadership of our Medical Director, Dr. Brian Cornelson and our Nurse Manager, Joanne Daly Wooder, we set up a working clinic in the bowels of the Metro Toronto Convention Center. St. John Ambulance and Toronto Emergency Medical Services (EMS) personnel supported us in our efforts. As well, EMS covered the PLWHA lounge and referred any un-well clients to our clinic. The Works operated a needle exchange on request and Hassle Free Clinic conducted HIV testing.

All areas were well planned months in advance. We were prepared for any emergency including births, deaths, HIV testing, needle exchange, psychiatric emergencies, and dental emergencies and there was no charge to clients walking in.

At the clinic:

- All clients were assessed by an R.N. and triaged into Emergency, Urgent, and Elective or out of scope (e.g. not needing to see a physician).
- A small stock of medications was available on site and prescriptions could

be written as needed by the M.D. on call.

- Methadone treatment was available by a physician approved by CPSO (College of Physicians of Ontario) to prescribe Methadone.

- The Canadian Memorial Chiropractic College provided staff and interns for assessment and treatment of MSK conditions as needed in the PLWHA lounge.

We saw 512 clients in 6 days. It was a very busy week for all involved that gave us an opportunity to hone our skills.

Conditions seen included:

- Cardiac, EENT, GE, Gi, GU, Mental Health, Metabolic, MSK, Neuro, Resp and Skin.

- The most common was URTI with 50 visits followed by 37 strains and sprains. 14 people presented with symptoms of Diabetes and 4 presented with symptoms of Malaria.

- 106 were HIV+. 36% of this group presented requesting replacement of HIV meds.

- 23 were counseled for HIV and tested. All were negative.

Most importantly, we met people from all over the world and had an opportunity to assess HIV from a worldwide perspective.

Many thanks to all the CANAC nurses involved in this wonderful adventure and my personal thanks to Deborah Randall-Wood for her encouragement and support in working with this incredible group.

Bill Wade R.N.

Time to Deliver: a Conference Report

The 16th International AIDS Conference held in August in Toronto was the largest conference of its kind ever held. It was a far cry from the first International AIDS conference in 1985, where a handful of scientists gathered to try and make sense of the virus and the increasing number of reported cases.

AIDS2006 brought together over 26,000 delegates from more than 170 countries. This included researchers, activists, health-care workers, AIDS organizations, NGO's, political and religious leaders, people living with HIV/AIDS and volunteers to discuss, challenge, share information and partner to seek an end to the devastation this pandemic has wrought.

Over the five days of the conference there were more than 4000 abstracts including oral and poster presentations, 100 skills building sessions, 140 satellite meetings, 4 plenary sessions, 40 Global Village and youth sessions. There were also many affiliated events and other activities such as the cultural and the outreach programs. The conference guide was larger than the London telephone book so you can imagine we were all overwhelmed with new information.

A new feature of the conference this year was the identification of five key challenges, which framed the discussions of the meeting. These were:

~ Accelerating research to end the HIV/AIDS epidemic

~ Expanding and sustaining human resources to scale-up prevention and treatment

~ Intensifying involvement of affected individuals and communities

~ Building new leadership to advance the response

~ Scaling up: lessons from the field

There was a mix of optimism and anger, hopefulness and impatience throughout the conference. The sobering report of the increasing number of people infected with HIV worldwide (nearly 40 million, the majority in developing countries) was contrasted with the encouraging news that now 1.65 million people receive ART worldwide; representing in Africa a ten-fold increase in Africans on treatment since December 2003. We learned of innovative research being done, new prevention strategies and exciting treatment options but this was sadly juxtaposed with the news that 70 % of those needing treatment worldwide have no access to ART.

I believe Conference Co-Chair Dr. Mark Wainberg summed it up best saying,

“ This conference cannot be deemed a success unless we collectively realize our theme of Time to Deliver. Indeed, we will have failed unless we dramatically and rapidly expand by millions the numbers of people around the world with access to antiretroviral drugs and simultaneously scale up prevention. Progress cannot be achieved if more people become infected by HIV each year than the numbers that are able to access treatment.”

Brenda Done



It's never too early to start planning!

HIV/AIDS Nursing: A Global Perspective, a Local Response

**15th Annual CANAC
Conference**

April 14th – 17th, 2007



Coast Plaza Hotel
Vancouver, BC

Call for Abstracts:
December 15th, 2006

For more info email
canacvancouver2007@yahoo.ca

A Letter to Stephen Harper

The following letter was sent to the Prime Ministers office on behalf of the CANAC Board regarding Mr. Harper's absence from the AIDS2006 Conference. The second letter is the response.

Rt. Hon. Stephen Harper, Prime Minister

Dear Mr. Harper,

The Board of Directors of the Canadian Association of Nurses in AIDS Care (CANAC) is the national organization representing and supporting nurses who work in HIV/AIDS care. We were shocked by your absence from the International AIDS Conference. This indicates a lack of understanding of the effect HIV/AIDS has had on the health, physical and social wellbeing of all members of the Canadian public.

Canada can and should have a leadership position in the international fight against HIV/AIDS. Initiatives to export Canadian medical expertise around the world are highly successful. The ability of Canadian medical personnel, especially nurses, to witness what is happening locally and globally, integrating the two viewpoints with unparalleled compassion and access to excellent research, training and experience is highly regarded. As some examples of this, CANAC has members teaching and providing care in Lesotho, Botswana and various regions of Africa. Our members have taught in Bosnia and lectured at other international conferences in Dubai and Bangkok.

Nursing has always had an essential role to play in HIV prevention, care, treatment and support. As nurses, we strongly advocate for the promotion of health, human rights and dignity for all persons affected by HIV and AIDS. Nurses work with all members of society, to decrease obstacles and remove barriers, to care for people and promote health.

The International Conference has ended and an important chance for your government to show its commitment to the fight against HIV/AIDS has been missed; we urge you to learn about the effect this disease is having in Canada and globally, to take a stance to support the efforts of communities, nurses and other professionals who are trying to meet the challenges of HIV/AIDS and to show that this is a priority. We are very happy to talk to you about how we may be able to assist you.

What we need from you is action on your own initiatives and support for our work and that of our colleagues in Canada and throughout the world. Leaders such as you hold the power to help, to educate and to bring into the light issues that must be resolved before the fight can be won. We need you to assume your role as leader in the fight *against* HIV/AIDS and *for* all those affected.

Our members are bravely on the forefront, walking hand-in-hand with people living with HIV/AIDS, and with their families and communities. The question must be asked.
. Where are you?

Sincerely,

CANAC Board of Directors

The following was sent via email to CANAC in response:

Dear Ms. Shaw:

On behalf of the Prime Minister, thank you for your e-mail regarding the sixteenth International AIDS Conference in Toronto. We are pleased to have this opportunity to respond. Please be assured that the Prime Minister and the Government of Canada supported this biennial conference. We contributed over \$4 million to the event and were directly involved in organizing several conference sessions including a leadership forum.

As you are aware, the Prime Minister was unable to attend the conference in August. Unfortunately, the demands on the Prime Minister's schedule are significant and all event considerations have to be balanced accordingly.

The Government of Canada was represented at the conference by two Cabinet Ministers, including the Minister of Health, the Honourable Tony Clement, as well as the Minister of International Cooperation and Minister for la Francophonie and Official Languages, the Honourable Josée Verner.

Our government remains committed to providing the resources that are needed to combat the growing public health crisis caused by the global AIDS epidemic.

Once again, thank you for taking the time to write.

Sincerely,

Susan Ross
Executive Correspondence Officer
for the Prime Minister's Office /
Agent de correspondance
de la haute direction
pour le Cabinet du Premier ministre

Both the letter to the Prime Minister and the response from his Correspondence Officer are posted on the CANAC website. If you have any questions or would like to comment please contact your regional representative.

Nursing Events & Resources

Coming Events

October

- Oct. 26 - 29: 2006 ANAC 19th Annual Conference: **Scaling the Heights of HIV/AIDS Nursing**. Registration is now open, go to www.anacnet.org for more information

November

- Nov. 18th and 19th – CANAC Board meeting face-to-face in Toronto for the 1st 2006 - 07 board meeting
- November 27 & 28, 2006 "Walking Together: HIV and Co-Existing Conditions" Norwood Hotel, Winnipeg, MB Contact Betty Thomson bthomson@sbgh.mb.ca.
- November 30 – December 1st: **All Nations Hope AIDS Network: *Beyond the Epidemics - From Knowledge to Action*** Regina Saskatchewan.

December

- December 15, 2006 – Call for Abstracts for the 15th Annual CANAC Conference

April, 2007

- April 14 to 17: CANAC 2007 Conference in Vancouver: **HIV A Global Perspective, A Local Response**.

Internet Resources

Nursing Resources:

CANAC: www.canac.org

CANAC/CATIE nursing resource
www.catie.ca/e/nurses/index.htm

Canadian Harm Reduction website:
www.canadianharmreduction.com.

Toronto Harm Reduction Task Force:
torontoharmreduction@yahoo.ca

General Interest Websites:

Katrina info:
www.anacnet.org/aboutkatrina.php

Make Poverty History website info:
<http://www.makepovertyhistory.ca>

CANAC partnerships and linkages

CATIE: www.catie.ca

Canadian HIV/AIDS Legal Network:
www.aidslaw.ca

CNA: www.cna-nurses.ca

Canadian Aboriginal AIDS Network:
www.caan.ca

ANAC: www.anacnet.org

ICAD: www.icad-cisd.com

* If you have any suggestions for website listings please contact Jennifer Shaw at jennifer.shaw3@sympatico.ca

[For more information on any of the above events or resources go to www.canac.org](http://www.canac.org)



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