



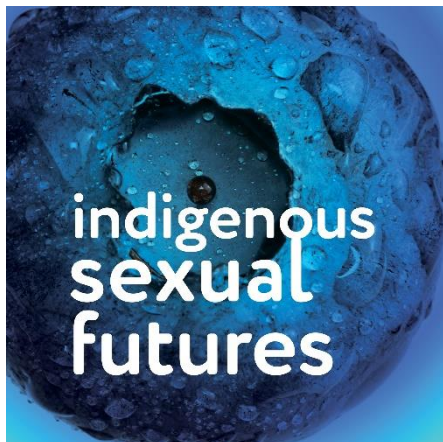
Feast Centre for Indigenous STBBI Research
Centre du festin traditionnel de recherche autochtone sur les ITSS

Introduction to the Feast Centre for Indigenous STBBI Research

The Feast Centre for Indigenous STBBI Research is a five-year, cross-Canada initiative that aims to support the development of community and academic scholars and scholarship grounded in Indigenous knowledges, decolonizing approaches, and community-based research to holistically support Sexually Transmitted and Blood Borne Infections (STBBI) research with Indigenous communities. This project joins key stakeholders (community, research and policy) to advance Indigenous research, programs and services in several key strategic areas related to STBBI research, prevention and care. Our website offers diverse resources on STBBI in Indigenous communities: <https://feastcentre.mcmaster.ca/>

The Feast Centre for Indigenous STBBI Research Conversation Series

The Feast Centre Conversations Series brings together Indigenous and allied speakers in dynamic online conversations offering expert and lived perspectives on topics central to research. Key voices include Elders, Knowledge holders, community, researchers and advocates for the Indigenous HIV movement and STBBI community-based research who are actively working to support Indigenous people living with STBBI into the future. Find our latest Conversations at <https://feastcentre.mcmaster.ca/resources/conversations>.



Indigenous Sexual Futures Podcast

Imagine talking about sexuality like we talk about food! Developed by the Feast Centre for Indigenous STBBI Research, the Indigenous Sexual Futures podcast is a bi-monthly, 45-minute storytelling session with a diverse array of community members, Elders, and scholars. Guests discuss sexuality, STBBIs, sovereignty of our bodies, pleasure, Indigenous understandings of gender, and much more. Indigenous Sexual Futures is about imagining new futures and building on the strengths of Indigenous knowledges on sexuality. Find our Podcast Series at <https://feastcentre.mcmaster.ca/podcasts>.



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Meaningful Engagement of Elders in Response to STBBI

The Feast Centre prioritizes the meaningful engagement of Elders in all our events, research, and knowledge mobilization activities. Elders are community leaders, healers, and teachers; their engagement is essential in decolonizing and Indigenizing our work. The Feast Centre Council of Elders is comprised of First Nations, Inuit, and Métis Elders or Knowledge Keepers, who play an integral role in guiding the Feast Centre. Indigenous Knowledges about sexuality were fundamental to Indigenous communities during pre-colonial times, and many Elders are revitalizing these teachings in their communities. We suggest that you invite an Elder who is comfortable discussing Indigenous sexualities to be part of your reflection activities. Be open to challenging some of your assumptions about sexuality!

How would you ask an Indigenous Elder or Knowledge Keeper to share knowledge around gender, sexuality or sexual health and wellness?

Asking an Indigenous Elder or Knowledge Keeper to speak on gender, sexuality or sexual health is an important consideration when discussing Indigenous knowledges on these topics. When you request an Indigenous Elder or Knowledge Keeper to share their stories and knowledge, follow appropriate protocol for their community such as offering Tobacco or a gift. Ask for direction if you are unsure about the correct protocol.

Ensuring a respectful relationship with Elders and Knowledge Keepers can mean asking them if they are able and comfortable in sharing knowledges on the topics of gender, sexuality or sexual health and wellness. You can ask questions such as the following to inquire if the Elder able to speak to different understandings of sexuality such as:

- Are they comfortable with sharing cultural teachings about sex or sexuality?
- Are they able to speak to youth perspectives on sexuality?
- Are they able to share knowledges on sexuality through an understanding of gender fluidity or Two Spirit knowledges?
- Can they speak to the cultural roles and teachings in connection to Two-Spirit community members?

With effective communication from the requester, the Elder or Knowledge Keeper will be able to let you know if they can accept your request and invitation.



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The Feast Centre for Indigenous STBBI Research Conversation Series

Understanding Mpox (previously referred to as monkeypox) in Indigenous Communities

The Feast Centre's virtual conversation on [Mpox in Indigenous Communities](#) features infectious disease specialists and community leaders Darrell Tan (MD/PhD), Albert Beck, who is also a longtime Indigenous activist and community leader, and John Schellenberg (PhD). This conversation is hosted by Miranda Black, Feast Centre Research Coordinator, and guided by Elder Catherine Martin, Feast Centre Council of Elders member. The speakers address myths about Mpox and discuss how terminology evolves as our awareness and sensitivities shift. Through an examination of stigma and association speakers highlight ways language regarding STBBI and Indigenous commentaries has shifted over the years. This conversation offers relevant information (Fall 2022) about Mpox transmission as primarily skin-to-skin and discusses social determinants of health for Indigenous communities. It is understood that Mpox disproportionately affects specific communities in Canada often facing barriers related to social determinants of health, including Two-Spirit, gay, bisexual, and other men who have sex with men, Trans communities and sex workers; however, our speakers remind us that Mpox is a concern for all of us!

Key Takeaways from Mpox in Indigenous Communities Conversation:

- ❖ First discovered in a lab in Denmark about half a century ago, Mpox was initially referred to as 'Monkeypox'. The Mpox virus can live in rodents and other animals, and contact with these kinds of animals led to human infection through animal spillover.
- ❖ Mpox is an orthopox virus related to smallpox. This viral relationship can be a traumatic reminder of the colonial history of the smallpox virus for Indigenous Peoples in North America. The legacy of colonial genocide is important to keep in mind in understanding how Indigenous people are affected by Mpox and STBBI and have access to vaccinations or treatments.
- ❖ Public Health authorities indicated at the time of this Conversation (Fall 2022), that demand for the Mpox vaccine is low. They hope that through positive vaccine public messaging, people may be more likely to choose to get vaccinated for Mpox. It's critical to be thoughtful and strategic in Mpox awareness messaging to ensure everyone has the information they deserve to protect their sexual health. Updated Mpox information can be found on the Canada Public Health Services website: <https://www.canada.ca/en/public-health/services/diseases/mpox/outbreak-update.html>.
- ❖ Information and access to vaccines and medications are extremely valuable. Some people don't have access to updated online health information.

- ❖ Many community-based organizations are providing access and information on vaccines and medications often without adequate funding. The crucial need for Mpox advocacy and education is informed by lessons carried forward from the HIV/AIDS movement.
- ❖ Discrimination in healthcare can prevent Indigenous people from accessing or receiving appropriate preventative care and treatment for viruses like Mpox. Indigenous people may not feel safe accessing health care. There is a need for culturally competent health services and initiatives grounded in Indigenous communities.
- ❖ It is crucial for health practitioners to access current scientific, clinical, and prevention information. Indigenous scientific perspectives focus on developing Knowledge Holders' abilities to make informed decisions and share information through collective care with families and communities.

Key Concepts

Colonization: the process of settling among and establishing control over Indigenous people's territory. Colonization has fundamentally impacted the health of Indigenous peoples (Allen and Smylie). Settler Colonialism is a form of colonization in which outsiders come to land inhabited by Indigenous peoples and claim it as home and primary source of capital in perpetuity (Tuck and Yang, 2019). Settler colonialism is not a specific event in history, and encompasses the ongoing structures that reiterate settler epistemological, ontological and cosmological relationships to land (Wolfe, 2006).

Ideology: "a set of ideas, beliefs and attitudes, consciously or unconsciously held, which reflects or shapes understandings or misconceptions of the social and political world. It recommends, justifies, or endorses collective action to preserve or change political practices and institutions" ([Routledge Encyclopedia of Philosophy](#)).

Intersectionality: originally coined by K. Crenshaw (1989) to describe specific bias and violence against African American women, intersectionality continues to be a "lens through which you can see where power comes and collides, where it interlocks and intersects" (Crenshaw, 2017). It interrogates systems of inequality based on intersections of gender, race, ethnicity, sexual orientation, gender identity, disability, or class ([Centre for Intersectional Justice](#)). An intersectional analysis can build bridges between Western and Indigenous perspectives through a strengths-based approach to understanding peoples' experiences ([How does intersectionality relate to Indigenous and Western frameworks?](#))

Rhetoric: the study and use of various language (written, spoken or visual) and how language can be employed "to organize and maintain social groups, construct meanings and identities, coordinate behaviour, mediate power, produce change, and create knowledge" ([San Diego State University Rhetoric and Writing Studies](#)). In the study of public communication through a decolonizing lens, the practice of "*indigeneity as analytic* offers an ancestry/kinship lens that understands racialization and indigenization as interwoven colonial processes" and exists as a provocation to understand histories of colonization and racism within how rhetoric is analyzed and understood (Tiara R. Na'puti, Speaking of indigeneity: Navigating genealogies against erasure and #RhetoricSoWhite).

Social Determinants of Health: "the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems

shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems” ([WHO- World Health Organization](#)). Social determinants of Indigenous (First Nations, Inuit and Métis) health include structural determinants such as the history and ongoing impacts of colonialism, political, climate or social structures and contexts including racism and discrimination that lead to health inequalities and differing levels of access to income, employment, education, food or shelter for Indigenous peoples ([Allan and Smylie, First Peoples, Second Class Treatment](#)).

Stigma: “the negative social attitudes or biases attached to individual characteristics that may be regarded as a mental, physical, or social deficiency. Stigma implies social disapproval and can lead to discrimination against or exclusion of an individual” ([APA Dictionary of Psychology](#)). Stigma is a central element of feeling “othered” “isolated or stereotyped” and affects how people access health care because “when people feel stigmatized, they may feel isolated, unworthy of services, and unwelcome – and therefore unsafe and uncomfortable about going to health centres or hospitals to access services. This, of course, impacts our ability to provide relationship, care and support” ([Andrea Medley, First Nations Health Authority Indigenous Wellness Educator](#)).

Mpox Conversation Reflection Questions and Exercises:

1. Consider what you learned from the Mpox conversation about stigma. How might stigma impact population health outcomes or Public Health responses to STBBI in diverse Indigenous communities? What might be the affects on the health of communities that experience higher levels of stigma?
2. How might the accessibility of vaccination and testing and experience of healthcare be impacted by stigma for Indigenous peoples? In what ways can addressing health through a strengths-based approach, or an Indigenous wholistic health approach might lead to positive or increased accessibility for sexual health and wellness care. How might the integration of cultural practices and collective care benefit the sexual health of Indigenous communities?
3. What could Public Health learn from Indigenous communities? How can Public Health incorporate messaging that addresses Indigenous STBBI stigma through the use of language, images, and knowledge translation to benefit Indigenous communities?
4. Identify important elements of equitable sexual healthcare and consider how they intersect. If you were going to create a sexual healthcare centre that serves diverse Indigenous peoples, what services and features would you include?

Exercise

5. Closely analyse the imagery and language used in the following public health advertisement campaigns. Observe shapes, colors, textures, the position of people and/or objects.
 - What concepts or power relations might the image and language be invoking or relying on?
 - Consider, what might be the social/ historical contexts of the campaigns? Who is the intended audience?

- What questions do you have about this picture that you would need to have answered before you can begin to interpret it?
 - How is language and/or argument being used? What words or adjectives are being used or repeated? What imagery or concepts are being invoked, emphasised or connected? How does the language and imagery together alter your understanding?
 - Can you connect your understanding of what is being conveyed in the posters to stigma and social determinants of health gained from the Mpox conversation?
 - What do the campaign posters rely on in terms of rhetoric or ideology around viruses and pandemics? (i.e., references to battle and war against viruses- check out: Enloe, "Pulling my COVID-19 language out of the trenches") Consider how you might internalize this messaging. How does being at war with our bodies contribute to internalized stigma?
- A) [The Enemy is Syphilis \(1940s\)](#)
- B) [Edmonton Public Health Syphilis poster](#)
- C) [HiM: Health Initiative for Men](#)
- D) [Stick it to Hep C](#) from Te Wahatu Ora: Health New Zealand

Resources

[Mpox Resources for Indigenous Communities \(BC CDC\)](#)

[Mpox Recommendations \(Vancouver Coastal Health\)](#)

[HiM Health Initiative for Men](#)

[Let's Talk Pox! \(CBRC\)](#)

["Outfox Mpox" \(the well\)](#)

[Mpox campaign toolkit \(California Public Health\)](#)

[Mpox epidemiology update \(PHAC\)](#)

[BC Centre for Disease Control](#)

[World Health Organization \(WHO\)](#)

[Mpox for Health Professionals \(PHAC\)](#)

[National Library of Medicine \(STATS Pearls\)](#)

[Guidance for People living with HIV \(CDC\)](#)

[Mpox for people living with advanced HIV \(The Lancet\)](#)

Further Reading

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Wolfe, P. (2006). Settler colonialism and the elimination of the native. *Journal of Genocide Research*, 8(4), 387–409. <https://doi.org/10.1080/14623520601056240>.

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THE ENEMY IS SYPHILIS



Enlist employees in a campaign against it



**Syphilis
ALERT!**

**Use condoms.
Get tested.**

**call 413 5156
STD Centre**

 **Capital Health
EDMONTON AREA**

The monkeypox vaccine

Immunization is one of the most effective ways to protect yourself and your community from monkeypox (Mpox).

Find out how you can access the vaccine.



checkhimout.ca/mpox

*Monkeypox is here,
but HIM is here for you!*

HIM | HEALTH
INITIATIVE
FOR MEN



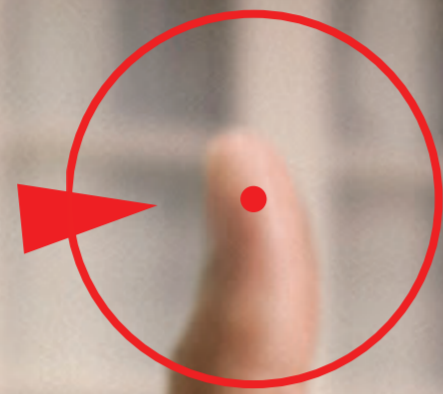


Stick it to hep C.

Many people are unaware they have hep C, and don't realise the impact it can have on their body or mental health.

Now hep C is easy test, easy cure.
If you think you're at risk, ask about getting tested today.

[Find out more at stickittohepc.co.nz](http://stickittohepc.co.nz)



A hep C test is now a win-win.

An easy finger prick test can tell you if you've been exposed to hepatitis C. If you test negative, it's a win. If you test positive there's a new easy cure that, for most people, takes just 8 weeks – so either way, it's a win-win.

Visit stickittohepc.co.nz to find out more.

**Stick it
to hep C.**



Katoa ka toa i te whakamātau atekakā C.

Mā te oka noa i te matikara e mōhio ai koe ki te pāngia rānei ōu e te atakakā C. Mēnā kāore he tohu e tautuhia, kua toa. Mēnā he tohu kua tautuhia, tērā tētahi rongoa māmā e hou ana ka rongoa i te mate i te 8 wiki noa iho nei mō te nuinga o ngā tāngata – nā reira, ahakoa pēhea, katoa ka toa.

Pātaihia ngā āhuatanga o te whai whakamātautanga mō te atekakā C i tēnei rā.

Mō te roanga ake o ngā kōrero, tirohia te stickittohepc.co.nz

**Werohia te
Atekakā C.**