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**XVII International AIDS Conference
Indigenous People, First Nations and Afrodescendants
Confronting HIV/AIDS: Breaking the Silence
August 5, 2008**

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ALTA HOOKER: [Spanish Spoken] –care for HIV/AIDS pandemic where leaders of these populations will tackle some issues that have to do with the main factors which make these populations to be more vulnerable in comparison to the population [inaudible] AIDS pandemic.

We are concerned and we are aware what are the different contributions of the different groups. There are regional groups of Africa as the ones that we will be hearing today. This will help us to have a better understanding of the pandemic and those who this will allow us to look at the cultural issues of the pandemic. It is time to speak up. It is time to be heard. Our voice must be heard.

Therefore, right now, I would like to take this opportunity to introduce the different speakers in the order they will be speaking to us. Mirtha Colon, she comes from Honduras and from the United States. She is the Chairwoman and founding member of [inaudible] organization which is based in New York City. She is the secretary for Women Issues from the Black Central American Organization. She is executive member.

[Microphone testing]

Alright. Let us go on. Are we ready? Let us move on. So, I was saying Mirtha, she was born in Honduras and despite the many years that she has been living in the U.S.A, she maintains a very close relationship with Honduras and the Black communities of Central America through Oneca [misspelled?]

Association. She has a Masters degree in Social Work from her University in New York City and currently she is working with children with emotional and behavioral problems.

Mirtha always says, and I quote, "This is the work that pays for her rent." Because the work, for the rights of her people is volunteer work. She works her days of leave, her vacation to work, she is proud of her condition as a colored person and her identity.

Now, we will hear from Wili Morales. Wili Morales comes from Chile. [Laughter] She is from Silway [misspelled?] island and he is the President of the only indigenous organization that works in the field of HIV/AIDS in Chile. So, when it is time for his presentation, Wili will be sharing a bit more with us. And the [inaudible] indigenous epidemics are [speaking in a foreign language] -are we invisible.

And then, next, we have Amaranta. [Applause] Amaranta Gomez [inaudible]. She is 27 years old. Well, that is what you said. She is a transgenic [inaudible] indigenous from the city of Wichita Oaxaca [misspelled?]. She studied a degree in social research in the University of [inaudible] in the city of Oaxaca and she coordinates the collective with working with our people in Wichita, an organization that works for the sexual health and the cultural identity as well as working on the second preconference with indigenous people sexuality.

Amaranta is an activist in her fight against HIV as she is a promoter for sexual reproduction. She has been so since

1995. She is a scholar receiver for the MacArthur Foundation based on the project called Educating and Strengthening— are you listening? Can you hear the translation? Is the translation coming in? Thank you very much. She formed the National Political Agrupacion [misspelled?] called APN Diversa.

Next, we will have the presentation from each one of these colleagues. They will each have seven minutes and afterwards, we will have a Q&A session. Afterwards, we will be listening to the reactions from each one of the participants. Thank you.

MIRTHA COLON: Good morning. We have all received seven minutes. We would have loved to share our entire story with you so now we are going to have to figure out how to compound everything into seven minutes. Anyway, the issue that we were given was racism, orphans, and HIV. What racism is in a community in Central America.

This is the content. The contest was a real [inaudible] brief history of Garifuna. HIV/AIDS in the Garifuna communities of [inaudible] and responses. Now, we do want to acknowledge and thank the people who gave us the possibility to be here, to greet you, you who have mad our attendance here, on behalf of the 180 million Afrodescendants in the American region who historically have been excluded and marginalized. For us to experience with you is absolutely important because it allows us to speak about our history.

It has been said that in 1600, a ship load full of slaves was stuck in front of the St. Vincent and Grenadine islands and those who were able to swim, swam. But when they arrived, there was an indigenous people. These were the Caribbians [misspelled?] and Arawaks. They received them with open arms and it was through years that they intermarried and from there, from that marriage, comes what is known as Karifuna.

Through many years, everyone lived congeniously [misspelled?] on the island. Of course, this island was highly sought after because of the fertile lands. The Grand leader, [inaudible] was assassinated in 1797. Afterwards, of course, the group in wake, they were divided into three ships and brought to the island of Roatan in Honduras. Some were able to escape into the neighboring islands into the mountains. Yet, they were also separated by color. Those that were darker were put on a ship. Those that were white were placed on a concentration camp on the isle of St. Vincent.

We have of our beliefs, we have our languages, we have our way of being and we preserve that to date. We also use spiritual beliefs and spiritual beliefs are based only on the fact that over 3,000 people die along the way and these 3,000 people were thrown overboard. We believe that the reason why those that survived and were able to swim ashore was due to the help from the ancestry spirits.

They arrived to the coast of Honduras in 1797 wanting to return, some wanting to return to the mother country, turn towards Nicaragua, others went further North Nicaragua and Belize, settling in Belize and Guatemala. Actually, the Honduran community is the largest community of Garifunas.

At this point, I would like to interject a brief thought. What culture is, what the relationship is with HIV/AIDS, Garifuna includes as part of its ancestral beliefs that they believe that those that did not drown means that they were able to save themselves because of the ancestors. And if they get sick, that means that their ancestors have a need and they are manifesting and communicating one way or another.

Unfortunately, HIV/AIDS falls within these beliefs. Therefore, we are seen as people who are want to deny the presence of HIV. Yes, we believe there is denial but we see this denial. The denial is a cultural and a spiritual denial. Afterwards, after having had 211 years of revived [misspelled?] in Honduras. The fact that we were thrown from the lands where we lived continues to burden us. We are extremely shy. We are untrusting, untrusting to the point of mistrusting authorities and these include medical authorities.

This is why we would rather go to our witch doctors and to the people who have [inaudible] medicine before actually go to traditional medicine. This is why denial, denial is only a practice of survival. Denial is not a way of negating the disease. We consider that the full behavior is related to our

history and it is through our world of beliefs that we feel free. I have been able to exercise certain control over our lives and this allows us to feel creative and capable of handling even what is unknown.

The community is born in New York. When we began losing 25,000 to 30,000 people on a monthly basis from our own communities, we began working with a transnational type of work on HIV and other type of diseases that were haunting the community. We did not feel that HIV was the most pressing matter because by the time it arrives, we were already living other types of problems such as lands problems. After 200 years of living in Honduras, the Garifunas still did not have a rights to the lands.

And in closing, we recommend that in order to help in advancing the work to prevent HIV in the Garifuna community, we must begin by recognizing the basic rights. We need to see, look out for sensitizing strategies and be sensitive to these people who have their beliefs so we can help them continue maintaining respect for themselves, respect the community without middle man so they can use the resources properly.

Although we have had advances in the education prevention and treatment of HIV, the reality of exclusion and the denial of fundamental human rights for our communities persist. The epidemic continues to be quite devastating and our story, our history must be used alongside with our beliefs,

customs, and traditions so we can overcome this, I would call it, sediment. [Applause]

ALTA HOOKER: [Speaking in a foreign language]

WILI MORALES: We have been talking about how these issues. I will ask permission for the Mexican people to talk about [inaudible] when we talk a lot of it is talking about conflict among the states and the indigenous peoples that were born in our continent.

In my country, Chile, I would like to say that the 169 convention [inaudible] which is for the protection of collective rights of indigenous peoples [inaudible] and linguistic and culture rights but it is a participation et cetera. The Chileans senate has proposed a ratification of this agreement with an interpretation that would restrict application and contravene in our demand of the indigenous people of our country.

This situation of indigenous people in Chile is persecution to live this regions, criminalization of processes and demands, jail controlled by the police and violation of human rights of indigenous people. So, I accuse to the person of the Republic of [inaudible] and lack of protection for the indigenous people and I request openly to the world, the freedom of Mapuche political prisoners.

We need action from the cop in order to support the institutional and to have constitutional reforms to avoid repression. Chile is one of the two Latin American countries

that has rectify the conviction [misspelled?] of 169. The situation of political indigenous in Chile because they are marginalized, not only in Chile, but also in Latin America. This is a scandalous situation that we have in indigenous people in extreme poverty exclusion, isolation, social and political exclusion.

As indigenous people, we are excluded from every problem, from every participation in the community. We are co-ethnic minorities without knowing that we are our own people, our own culture, our own customs, our history, we are a people criminalization and mistreatment, humiliation, repression, physical and moral violence. We have been subject to oppression. We have been humiliated just because we were questioned in the participation, the right to help.

As indigenous people we are excluded from the public policies. The President of the Republic, she is a physician, she wanted to save life but still we are vulnerable to this pandemic. I request the President of my country and I request the world that please, fight for the defense of human rights and please respect the inter-cultural relationship. If we do not do that, that would be a violation to the human right.

We are the first inhabitants of our country. We are part of the history. We already have assistants [misspelled?] that colonized us. Now the assistant is different and the name is AIDS. The [inaudible] of our demands is terrible. In Conavet, which is the corporation of tradition of the

government, does not follow politic of the public. They do not participate in the protection of inter-cultural relation because they think that they work only in the cultural aspect. But, we do not have ancestral or the cultural without having a good health and AIDS impendent [misspelled?] us to have good health.

Indigenous people from Chile and indigenous people of Latin America, we are requesting to have the regulation of the historical debt. I make an appeal to the Global Fund that was called World Fund yesterday. We, the indigenous people are the natural children of the land. We are the first children of the land. I request to the Global Fund to place the gaze toward us, the indigenous people, because we have a different vision of health, we have a different language.

Maybe we are not big numbers but if you want numbers, okay, we have 1,000 years of history and 500 years after the conquest and mistreatment by different governments in Latin America. I request to all Presidents of Latin America, as an indigenous person, that they recognize our people. Do not let us die due to HIV/AIDS.

I make an appeal to [inaudible], please recognize and please have a dialogue with indigenous people and tribal groups and also with the people of African descent. I request everybody recognition for us, the indigenous people. There is not much time. We are very vulnerable situation. We are not being recognized as certain constitution. I request of

Venezuela. They do recognize the constitution, but not in Chile. We are just folklore [misspelled?] attraction for them.

I am Wili Morales, I am an indigenous people, I am living with HIV and I am requesting that my government, I am requesting to world organizations, to the Global Fund, to [inaudible], please we are still alive, we exist and we proud people of indigenous. We are the naturally inhabits of safe land and AIDS was not kill us. We have been struggling with different conquerors but this new conqueror is invisible and kill more indigenous people than the Spanish conquerors. Thank you. [Applause]

LAVERNE MONETTE: Good morning. My name is LaVerne Monette. I am a spirited Nishnawbe woman. I live in Toronto. I was originally from Manitoba. First of all, I would like to offer my gratitude to the original peoples of this territory for welcoming me so wonderfully and warmly and allowing me to speak. Oops, sorry about that. Sorry. Thank you, yes. Okay.

This is all very complicated. One of the things I really like about this is that I am the only English speaker here and it is all indigenous topics which is probably a first for the International Conference. Okay.

I am going to talk a little bit about the data that we have in Canada because very few indigenous communities have this kind of data. We just finished a very successful second preconference on indigenous peoples and we had 18 countries and I bet you not many of them have this kind of data so we need to

talk about it a little bit because I want to tell you what it is being used for.

First of all, we are overrepresented in the epidemic. A growing percentage of new HIV infections of aboriginal people, injecting drug use continues to be a key mode of transmission in Canada, but I have to give a qualifier to that that the two largest provinces of Canada, that is Ontario and Quebec, do not collect ethnic data. So, we have no real information, no accurate information on what the epidemic looks like in Ontario and Quebec. And I believe, just through people walking in the doorway, that it is a very different epidemic in Ontario.

So, the word 'significant' is a quote from the government of Canada's public health agency. When you see the percentages and the numbers for aboriginal women, the fact that they use words like 'significant impact', that HIV continues to be a growing concern in Canada, those are all very common, very passive words for what I am calling, is going to be a human tragedy and that Canada's original peoples are severely impacted by HIV.

So, we represent 22.7-percent, that is of 2005. But, the last few years, it hovers around 22-percent of new infections. We only represent 6-percent of the population in those areas, those provinces that collect ethnic data and overall, about 3-percent of the Canadian population. As you

can see again, across Canada, injecting drug use is a very key mode of transmission.

So, by 2005, and this is cumulative between 1998 and 2005, Aboriginal women represented 47.3-percent of positive HIV test reports. And by 2006, of the new HIV infections in the Aboriginal community, Aboriginal women represented 60-percent. So, it is increasing and we believe that the data that we have is a serious underrepresentation. I will flip these. I have very, very little time.

What we think we know which is we do not have scientific reports. We have research studies, we have numbers collected from various health centers or needle distribution programs and stuff. We think that heterosexual HIV transmission is going to be the key mode of transmission in our communities, much like Africa. We are seeing a larger group of new HIV positive test results in older people, again, the women.

We have seen that our messages for two spirited women have not been available or accurate or even out there, that two spirit women, and that is lesbianas in Spanish but lesbian and bisexual women did not know they were at risk for HIV because people made assumptions about what they do sexually and otherwise. Substance use, in and of itself, because if you drink or do drugs it can lower your inhibitions and you might not make the best decision so that continues to be a key factor.

Okay. So, when we are looking globally, the common factors for us in terms of risk for HIV and I think poverty is the real factor for HIV risk globally. But, we have been displaced from our traditional lands. We have lost culture, language, traditions. In Canada, the United States, New Zealand, Australia, we had a system called Residential School System which removed children and took away culture, language, sexual and physical abuse at enormous, alarming rates, again poverty, poor health and inaccessible health care, unemployment, lack of appropriate response of the formal education system to our needs and our ways of learning. Gender-based violence, which is learned from the newcomers who came to our lands, homophobia of course which is learned again, it is not indigenous to our countries and substance use.

Now, we have this information, what do we need it for? Well, we need it for funding to do our work. We need it for people to notice that there is a problem and work with us to do things. But, what has it really been used for? This information has been used either in a very passive way by the government of Canada to say that we are working on this problem or by other groups to attach us to their goals and I am talking about gay men, I am talking about the women's movement, the human rights movement. Every kind of movement uses our data because it is so alarming and then when they are done and they have achieved their publicity and their goals, they shove us aside.

So, [applause] yes, our government had a reception last night where they announced that they were going to work really hard to find a vaccine and that they were going to continue to send money to South Africa. Now, I believe our African brothers and sisters need a lot of help and that it is very late to start responding now but we also need help in our indigenous communities or we can be wiped out. Our government in Canada refuses to pay attention to good science and will not implement appropriate harm reduction measures.

So, what do I think we should do? We have to work together as indigenous peoples. We have to set our own priorities, we have to invite partners that will give us equal time and equal say in the things that we do. Do not just join on because they will use you and throw you aside. We need bottom line policy statements on our epidemics and we need leadership engagement at all levels, including indigenous leadership. And we should not engage in anything without full control of not only the research questions and things that are going on in our communities, but how we disseminate the results and what we disseminate. I think I am probably done. Thank you guys. Muchos gracias. [Applause]

FEMAL SPEAKER: We want to welcome to the table, Yassine Fall. Yassine Fall is an economist and activist for the social justice in Senegal. She works in UNIFEM and she is an advisor in the economic area based in New York. She is President of an organization of African women and also she

belongs to a network of young women at community leadership called A Woman [misspelled?]. She has been working for 25 years globally, but in particular, in Africa in policies for research and advocacy. Yassine Fall. [Applause]

YASSINE FALL: Thank you very much. Good morning, good afternoon. I would like to thank, first of all, Amaranta and all of the organizers who have invited me on this platform. And say that I want to articulate the dimension of HIV and AIDS, looking at microeconomic policies and how policies develop process of increasing inequalities and racial inequalities and gender inequalities.

I want to talk about the fact that HIV and AIDS is having more and more of the people of Africa living in indigenous communities and why is it that it is not recognized as such? Policy and microeconomic policy and global policy determine the kind of programs that are developed and the kind of intervention that people make. If you look at the epidemic, where it is standing today, it is mostly in women and when you look at, even in the United States, you know that the African-American community is the 16th African country in terms of HIV infection.

My country in Senegal is better off nationally than the situation of the African-American in the U.S. And women are much more [inaudible]. Why is then that when policy decision is taken, to send money and support programs like PEPFAR, it is

sent to Africa? This is a very good but little is being given to communities inside the U.S.

The reason being is that to me, is that because when policy diagnostics is being done at the national level, it is not recognizing this situation because policy must recognize different forms of inequalities. And if it does not recognize it in the diagnosis, it cannot respond to it in its interventions. And we know that exclusion and discrimination are facts of low life deprivation of rights and different forms of groups being excluded and the HIV pandemic is a reflection or an illustration of this low life deprivation.

What happens when policy is being designed? Policy is designed first of all, from the point of policy diagnosis. Paint a picture, what is a reality? Who has access, when it comes to the HIV pandemic, who is infection, what are the level of infection, who has access to information, who has access to treatment, who is caring for who? What is the face of the pandemic? Big women, children, and what groups? And if this is not taken into account at the national level as a priority issue to be tackled, then it is not effective in the programming.

This is what is harmful in the policy formulation. One of the fact is that the market analysis is giving more attention to market-oriented decisions, to market oriental presentation, to know the way people are using monetary [misspelled?].

When you look at communities, especially indigenous communities, communities in the Caribbean, communities in Africa, that are hard headed [misspelled?], these are the communities inside the market. They are outside the market but they are nonetheless providing care. They are nonetheless having activities that are within the framework of providing well-being and welfare. So, I am just going to skip a little bit because I know I have seven minutes.

So, it is very important for policy instrument to be determined on the base of economic and social situation that we take into [inaudible] and gender. So, policy makers must be synchronized, avoid [inaudible], especially in this process. And example is one very good example is privatization. We know that privatization of something is actual be in developed or in developing countries.

But, when this is privatized, it means that the provision of care, of health care from HIV testing, from information to treatment, to care, is given in the health of the private sector. That means that private sector is much more interested in maximizing profit in lowering its cost than to care of people. So, that is something is very critical when it comes to respecting human rights and providing to people who are most marginalized.

Another factor is of course, the fact of not recognizing the care of work when government cut access to services, when government privatize, when cost go high, it

means that there is another group that is taken in charge the responsibility of the into the providing care and that is something that we overlook in terms of [inaudible] of women, providing health care with people that are at home. When people cannot afford to stay in the hospitals, or cannot afford care, they are being cared at home.

When people in indigenous community and African communities that use a lot of traditional medicine, that is not bought and sold in the market but nonetheless is important, that care is not counted and this is presenting both in terms of knowledge, but also in terms of time of work and also load of work on the back of human.

Another factor that is extremely critical of course, is access to inter- we know that indigenous communities and African communities and communities that are marginalized, live in far remote areas from major roads, far areas from cities and health centers. And the issue of transportation and access to information is very critical.

I just want to close my point by talking about example from something in Brazil. Where Brazil is a country that has been cited as a good practice case in providing access to treatment but we know that access to treatment means that you need to have access to an identity card. You need to show that you are Brazilian and have papers. If you do not have access to information, if you do not have access to transportation

that take you to places where you can have access to this paper, then you will have had access to the treatment.

So, again, we see a country that is providing access to treatment but there are groups that do not have access to it because they do not have the required papers necessary for them to have access. So, again, the question of exclusion needs to be looked at in a much more larger frame of just this country is providing care, you need to look at other factors that create exclusion, other factors without which you cannot have access to it.

These are including very much the issue of mobility. I will come back to that I think and maybe we will have more discussion on the question of mobility linked to exclusion and linked to question of race and inequality. Thank you very much. [Applause]

AMARANTA GOMEZ: Good afternoon. I think it is passed 12, no, it is not, it is 11:42. Anyway, I would like to make a few comments remarking on what Wili and my other peers have said which is a challenge, the challenge of placing the indigenous groups, peoples of First Nations in a space of IAS.

I remember last year, we were discussing and they were closing the program and of course, the subject happened, utterly excluded. Therefore, we lobbied from 7:00 A.M. to 3:00 A.M. the next morning and finally, this AT, which is what they called, was finally included in a rather honourous [misspelled?] form. [Applause]

Very well. The subject that I was assigned to cover in my brief seven minutes is one that addresses the four of recognizing these situations. Although we are fighting to recognize the rights of indigenous people and Afrodescendants, what we still have to reflect upon, how much the issue of sexual diversity implies on the one hand, a challenge to place this precisely amidst the fight and amidst the historical, the fight for the historical recognition and trying to juggle this alongside with HIV and our fight against it.

We have key words and we need to try to find ways to use my own tongue which is [foreign language], the words indigenous, HIV, diversity, AIDS, respond, community participation, culture, prevention and gender and the first one I found is called [foreign language], the second one is [foreign language], the third one is [foreign language]. The last one of course, is just plain AIDS. And the fifth one, [foreign language] which is the last word. And finally, placing gender in my community, well there are several genders actually. We have the guna which is woman. We have gill [misspelled?] which is man, we have [foreign language] which are lesbians and we have another identity called [foreign language] and I am part of that one.

10 to 15 years after HIV became a rural epidemic, we see that it touches the bodies and the genders and is precisely that this comes hand in hand with myth. Myths began to appear, say this is a disease of fear, of feeling scared and justifying

the negation and recognizing the fact that the epidemic had actually arrived into our bodies, into our communities. And of course, this generated stigma discrimination and first it was knowledge, based in the epidemic and then a response.

And so, labels appeared. Then a beverage in Mexico called [foreign language] and the music community began being labeled. They started weaving the word [foreign language] which is wrong which is a natural soft drink. And they say, there goes an apple soft drink, a [foreign language]. And that began to generate stigma.

Just knowing, facing that one thing that we do not know. We kept on thinking no, this is something that takes place outside, it is just something that is external. But you know what? Reality today tells us that the contrary takes place and of course, because we just do not know what this means, we of course, have no knowledge of how to face it, how to prevent it, nor how to take care of it. Of course, those bodies that have been affected, people that have been diagnosed using the regular tests, well, we did not know how to handle them either.

I believe there is something that we need to see which includes the ethnic identity. There are several factors that we have to analyze between the historical vulnerability of our peoples and ethnic identity which has already been covered. Racism, racism is an issue that covers each one of the factors because we are never recognized and we are stigmatized.

Ethnicity has already lost the quality, the quality and the value that we used to have because of the process of conquest, especially when facing and living, globalizing era.

We need to speak about how to revindicate it [misspelled?]. Extreme poverty, LaVerne has already spoken about this. This leads us to extreme vulnerability. Being poor does not infect me but it does make me vulnerable towards the infection. And marginalization is another axis, an axis which is a lack, a delay from the policies coming from our governments in trying to create the indices [misspelled?] and indicators that we have been speaking about and working with prevention to include them in public policy.

And finally, stigmas. Stigma and what Wili has just voiced, is we have to tear down UN Guys [misspelled?] or UNAIDS or World Health Organization or the [foreign language]. We have to tear these institutions down because they are moralizing and we should be able to say we need to be included. And finally, another issue that covers our vulnerability is discrimination. Fighting discrimination might help us revert this epidemic.

Nevertheless, when it comes to the ample diversity of a variety and cultures, we need to recognize our people is above the indigenous portion and the Afrodescendants, the vulnerability in our peoples, we need to self-reflect to be able to criticize ourselves and we cannot be self-compliant or fall into complacency. We need to take the added step so we

can recognize diversity as part of our own diversities.

[Applause]

And the fact that we are not recognizing sexual diversity within our cultures leads us to fear, fear that is there but is unspoken of. It is there but it is unvoiced. It is practiced but no one wants to see it and where does this lead us? It leads us to have a simulated community stigmatizing meaning yes, I see you, but I do not recognize you and I certainly do not respect you.

In a specific case of the [foreign language] community, much has been written, much has been documented and it seems that the city of Kuttichathan in my community might be paradise but if we turn our eyes onto these issues, we see that paradise has been quite lost and we cannot continue falling into complacency. We need to go forward, we have community hiding. We have a self-hiding by people with sexual diversity, we have the scant participation and limited access to both public and political life. There is a lack of knowledge, both in social and cultural rights. We have been ostracized through this victimism and self-complacency. These are the results if we fail to recognize diversity and of course, a very low self-esteem linked with infections and HIV.

And finally, I would say in our search for recognition, we are looking, trying to design to create our own name that recognizes the historical ethnical identity and that it also recognizes the sexual diversity identity and this can help us

confront a globalization, the epidemic, and will help us to recover our human sexual dignity. If not, we will not be able to reverse the epidemics. [Applause]

ALTA HOOKER: Okay. Very well. Now, we will move into the session of questions and answers and the panelists will respond. If you want to make a question, come up to the microphone right here at the front.

LINA HART: Lina Hart [misspelled?] [speaking in a foreign language] I am from nistriosic crenation [misspelled?] so [inaudible] from Winnipeg, Manitoba, Canada. What I wanted to talk about today, it is so very important not to depend on the government. They are the colonizers. We have to work together as [foreign language], those are invisible borders. We used to have a trade route from what is now called Canada all the way down here into the, what is called South America and we have to work together and unite as indigenous people. That is the only way that we are going to solve this crisis.

What I am going to talk to you about is that I am a grandmother, I am a mother, I am also a nurse. I am also traditionalist. I believe in the power of healing, I believe in our healer's spirit creation story. I believe myself as an indigenous woman, as a grandmother, that I have a responsibility and a role. I work with the Manitoba First Nations AIDS Working Group and the most important thing that I want to say is that it is my responsibility as a woman to be

able to teach the little ones all the way up to the grandmothers.

Traditionally, there was the feminine part of creation. Grandmother moon, mother earth, the water, the turtle and the turtle's back are the 13 moons and the whole life story about who we are as women are there. We have to go back as women and work together. With our Manitoba First Nations AIDS Working Group, we are working on a manual that will be able to help our people. What was taken away from us during colonization and the impact of the intergenerational historical trauma is that our roles were taken away through the residential school and through the industrial school.

So, it is up to me as a woman to be able to do that and when I think about two spirited people here, they know the roles of men and women, they were our healers, they had a lot of responsibility because they knew both of their roles and so, when we think about the discrimination that happens, you have to know who you are as a person, your role as men and women and that comes from our traditional healers, our grandmothers and our grandfathers and all of our healers who passed those teachings onto us.

So, it is important for us to go to our grandmothers, our grandfathers, to go into ceremony. I come to ceremony here, every October, I have been coming for three years, dancing with the women, Dance de Luna, the moon dance. Last year, there was 160 women from all across the world and we have

taken back that responsibility of who we are as women and I think that is very important in order to impact the numbers that are here.

But most importantly, not depend on the government to be able to bring about a change. We can do this together and when I think about poverty, I do not find that I am poor, I am very rich. I have my culture, I have my spirituality. I have the healers and I cannot compare myself with the Jones's of Canada and the United States. I am very rich in who I am because I know who I am. [Speaking in a foreign language]
[Applause]

ALTA HOOKER: We only have fifteen minutes for questions and answers so, please be as short as possible in making your questions. Thank you.

REBECCA CHURNIAK: Hi. My name is Rebecca Churniak [misspelled?]. My question is directed to LaVerne Monette. I am kind of from the other side, I am a Canadian student at McMaster University. Sorry, I cannot see you. There is a big population of First Nations around my university and unlike the last speaker, I feel very alienated from First Nations and I would like to learn more. But, my question is regarding the Canadian government's apology to the First Nations about residential schools earlier this summer. I wanted to know if this apology has shifted the focus of the Canadian First Nations groups to focus more on HIV/AIDS and to push that into the spotlight of the Canadian government. Thank you.

ALTA HOOKER: I think we will receive all the questions and then we will provide all the questions or rather the panelist will provide all the answers.

MALE SPEAKER: Thank you very much. When I saw the issue, the topic in the program of the conference, I was really pleased because it is the first time that we are going to talk about the fundamental issue of HIV in indigenous population.

I am from South Africa, I work in South Africa. My Spanish is not so good so I will move into English. -AIDS [inaudible]. What we have seen in African context is that indigenous population are faced with far more greater concern in terms of HIV because they are faced with a situation which they are not recognize as population as indigenous in the state in which they live. And this put them in a particular situation of violation of their right and discrimination. When you look at HIV/AIDS statistic, focusing on population in African countries, there is nothing specifically focusing on indigenous population so we do not know the reality of the pandemic within this population in Africa.

So, my main concern is how do we ensure that indigenous population become recognized as a vulnerable group within Africa? How do we ensure that the movement that is taking place outside Africa and especially in Latin America and in North America, actually benefit indigenous populations in Africa.

So, it is actually a call for renewed action, for a renewed focus into indigenous population in Africa and ensuring that the talks that we are having here penetrates the African situation for the good of indigenous peoples in Africa because there are indigenous population in Africa and something has to be one for them to ensure that all the rights are respected and access to HIV prevention, treatment, and care becomes a reality for them. Thank you.

ANNALUSA MANACIA: I am Annalusa Manacia [misspelled?]. I come from Honduras. I have two remarks in relation to presentation. I want to contribute to the presentation and I have a question. In relation to spirituality, I have been working for 15 years in communities. My spirit [inaudible] is directed by the ancestors and thanks to them, I could become a leader.

Our boys [misspelled?], our ancestor, our boys is being trained so as not to restore the evolution of HIV/AIDS in the community. They are working with health sector to inform the indigenous community in relation to access to the land, our ancestor gave us title to the land. We have struggled to recover this title because of male [misspelled?] demonstrations and now, we could gain possession to our land when we get the knowledge and wisdom and nature helps you then you are okay.

I have a suggestion we in the indigenous community, have to defend our culture so that it will not become virginally. In certain cultures, condoms cannot be used. So,

we have to design a strategy in order to avoid a vulnerability to our culture. [Applause]

OMARTO GALPANSAN: Good afternoon [foreign language spoken] and all of the delegates. My name is Omarto Galpansan [misspelled?]. I am Mexican. I represent a community in my city, my city which is deporting certain groups and I want to congratulate the panel. I absolutely loved each one of the presentations and speakers and I really identify with what Amaranta said with globalization and with the current status state of affairs are.

So, I would like to find out how will you be working on your action plan? What is the strategy that you will follow so the state will recognize you as indigenous peoples as First Nations and groups? Then, will you also include all the other subjects such as HIV, workshops, and the issues that you will be working on in each one of your organizations, number one.

Number two, another important factor is you were speaking about organizations, many of the international organizations. Unfortunately, just as the lady from Honduras said and Wili and Amaranta, when you speak about that, unfortunately, the people that form international organizations are very powerful organizations and so of course, they have a higher level of participation and they fail to contribute with money to specific projects because the powerful countries are the ones controlling of these organization and so we need to start within a state, within a country and then long-term be

able to change the international organizations. So, that is my observation for each one of the panel members.

ANNA BONEA: Good afternoon. My name is Anna Bonea [misspelled?]. I am Garifuna from Honduras and I participate to a Grass Roots group called New Dawn and in the presentation from the madam from Honduras, she said that when Garifuna people would fall prey to HIV, they would go look for the boyie [misspelled?] who is the witch doctor to try to find out and learn what our ancestors wanted. That was before now.

There are groups, there are groups formed with PLHIV in the Garifuna communities. We have spent eight years working with these groups and we have trained the boyie's, the witch doctors, and we have also trained people living with HIV and the family members as well. And we also have full access to the medications, to the ART's and we have a comprehensive service for people living with HIV.

FEMALE SPEAKER: [Inaudible]. It was mentioned that poverty is one of the key causes for increasing HIV/AIDS infections. And women are disproportionate affected by that fact. Now, I think in addition to all the unresolved problems indigenous people have been facing, there are new challenges. Climate change is one and those are more recently increasingly food prices and to buy fuel. Now, some data shows that there is a 2,541 medium hectors [misspelled?] of available today globally and by 2050, 1,500 additional thousand medium hectors [inaudible] quiet for buyer feared production.

Indigenous people's land has been already affected. The rights and the resource [inaudible] Washington D.C. cause buyer feared as the last global [inaudible] in the history. The UN special report on rights to food cause by feared as a criminality against humanity.

Now, my question is, how [inaudible] emerging issues affecting your communities and how are you going to address these new challenges? Thank you. [Applause]

FEMALE SPEAKER: I want to thank you for each one of your individual fights against discrimination. My Spanish is quite terrible so I will switch into English. There are a lot of issues facing indigenous people. I feel the way, and I am very surprised that the conference, all the major speakers, have not really addressed indigenous people in the facing of the challenge. [Applause]

Everybody here talks about groups of people, men have sex with men, great, but I feel the issue is social exclusion. People have been excluded from accessing important resources and rights in every continent. On this continent is indigenous people. Based on my work and my very humble experience, now, I am going to make this very simple. I think HIV and all these health issues are the result, I agree with the previous speaker, of insecurity, of food, a breakdown of our environment and I feel indigenous people, your culture, your way of life, is the answer, is the solution to these problems that human

beings, other civilizations, especially I think the industrialized, the way we do things has been wrong.

Now, my question for you is this, what kind of support that we, the activists, on the outside can offer, our humble support and again, I want to thank you for the great effort and I know this is a very strong indigenous movement here and I feel of the HIV challenge, it is just the result of other things that have gone wrong to indigenous people as well as what other people who have been excluded on the social processes. So, gracias and my question is, [speaking in a foreign language, translated to English] what do you guys need? [Speaking in a foreign language]

OSCAR KALICIANIE: Hello. Good afternoon to everyone. My name is Oscar Kalicianie [misspelled?]. I am from Potosi, Bolivia where the population, we have a 70-percent of indigenous population in Bolivia. My question addressed to the panel members is how much have we actually gone forward in legal legislation in your own country's concern and discrimination against indigenous people, number one.

Number two, I do want to hear someone say that we need to call upon the states so they can speed up these legal provisions and policies. If not, we shall continue to lack behind. [Applause]

MARDA MAPELLA: Good morning. [Speaking in a foreign language] My name is Marda Mapella [misspelled?]. I am HIV positive. Three things that really struck me about our

speakers today is something that I would like to take to the indigenous people who are creating organizations for HIV is the one thing, the [foreign language], international partnerships. We need to work on those international partnerships because our governments are not going to listen to us. So, we have to do this here.

Two, is what Amaranta said, our language, get our original words that we use for these things that we are talking about and revitalize our language and bring it back. That is what we do in New Zealand.

And the third thing, do not compromise your traditions and customs for funding. If you have got customs and you have got traditions and you believe in your laws and your philosophy, [applause] do not sell out, no selling out. My question to the board, is how can we do that as international partners? Let us support each other to do that. Thank you.

FEMALE SPEAKER: -two seconds and I will rush in with my two seconds. I come from Honduras and I represent the [foreign language] and the ART has not arrived into that state. It is the state of forgetfulness and so a forgotten state. And like the indigenous in the Central American region, epidemiologically we have no idea just how many people have been affected with HIV and so we should begin by working with the epidemiological sector. How many indigenous people actually exist worldwide with the infection? That was my question and my two seconds. Thank you very much.

ALTA HOOKER: Very well. We will be asking for the reactions from each one of the speakers. You will have three minutes. I do not know what you guys are going to do. So, we will start with the same order as we had for the presentations themselves and we start with Mirtha Colon.

MIRTHA COLON: You know what I love about my community? We were able to survive because we challenged ourselves because we made sure that the information is properly documented. I want to thank the peers that have participated because this is how the community has survived and now, when it comes to what they have said, in reality, we do have the information from a half an hour presentation, I had to reduce this to about seven minutes. We only seven minutes to work with.

So, let me add something which I could not state at the beginning. We started by speaking about the orphans in our communities. Historically, our communities work with orphans. What we do is they become part of the community. They are not excluded. That is a reality yet one month ago, I met with 60 children in the city of [foreign language], aged 6 to 17 and we were talking about how do children feel when they have lost many of their kindred and you should have seen them cry.

They have lost their mother, their father, and the other close family members, this is why orphans are part of our presentation but I think that is the end of my three minutes.

And I would like to add and speak about the problems of lands.

Lands is an important problem in our country and the answer as

part of the community itself to the HIV/AIDS, this was a bit later in the interior. [Applause]

WILI MORALES: To the sister that spoke about the tradition medicine and to the indigenous people that I belong to, without your cultural heritage you are going to lose but you have as part of your cultural heritage, your own traditional medicine and when I speak about our own traditional medicine, they recognize and understand how ancestral medicine is part of our cultural heritage and in a humanitarian agreement, it wants to be converted in a world culture heritage. Now, the territories and this means lands recognition in my country Chile, Chile still does not have any kind of recognition even with agreement number 169 North, the agreement that the Spanish Crown entered with the people of Chile but the state of Chile fails to recognize it. Although, it is has been current for 500 years.

In our tongues, the King of Spain recognizes the lands of the landowners and has forgotten these agreements and of course years go by and now indigenous people in my own country are being turned over to people that are not indigenous people and one of these people is [foreign language] who is the candidate to the Presidency in my country.

If you guys do not know who this guy is, he is the owner Land Chile Airlines and he is also the owner of the ancestral lands, those lands where we have lived for centuries and when it comes to statistics of how many people are living

with HIV, it is really oppressive for me to say the following. Yesterday we had the visit from the Health Minister from Spain and a level village. Is this not a contradiction?

We have the health authorities from my country and they did not visit our section but we did receive the visit from the Health Minister from Spain, that one country that we have criticized for so many countries. It is really a pity. And the statistics in my country, Chile, you know what, indigenous people just do not exist, in the constitution they are absolutely unrecognized and there is a very small indigenous law that recognized the cultural contribution and this is reduced to a key tone dollar where we have the image of a mapuche [misspelled?] sister, that is all we have.

I call this discrimination, abandonment, unprotection, and the governments of my country have accepted something that they decided not to comply with and Madam President needs to comply with participation and a new way of relationships. But, we have been unprotected and abandoned. Thank you very much.
[Applause]

LAVERNE MONETTE: I always look at the response to HIV as one of the many levels of the things we have to respond to. If I look at our leadership, our indigenous leadership in Canada, HIV is about number 25 on their list of serious health issues. They do not have the resources and I am not talking about money, I did not mention money once. I am talking about

even human resources. We are trying to reclaim lands, culture, language, traditions. We are trying to relearn that.

We are operating from very, very poor health, a complete and educational and employment system that has failed us miserably. Even our traditional healers, who can help us in many ways, are not respected by mainstream medicine so we are operating at all these levels and I think what we really, really need to do, is to say, those of you with lots of money, please find a damn cure so we can do something else.

Sure, a vaccine is fine, but is that going to help the people who I love who are living with HIV and who I want to grow old with? So, why do you not work on a damn cure, you scientists and the let us work on our prevention stuff in a way that is traditional to us and has more involved than a condom. How many years are we in this epidemic and we have a condom? And we have to do a hell of a lot more than that to beat this epidemic but we have to do it for us.

We cannot have people imposing their solutions on us and 25 years later, we still have that, we still have AIDS conferences entirely in English that cost thousands of dollars and all this money to get here just so we can talk together and that is a shame. Thank you, gracias. [Applause]

YASSINE FALL: Thank you. I want to first of all say that I am very happy to hear the voices of resistance that are coming in this room. I think the answer is resistance, the

answer is fighting without compromising. Someone said that let us forget the government and let us organize ourselves.

I think that if you forget the government, the government will not forget you because the government is part of the problem. The partners of the government, the organization of the government is member of YWTO [misspelled?] like the International Financial Institutions that are privatizing your land that are saying you can go to the indigenous communities and you can protect their knowledge, you can pretend to abide by diversity and you can only—

So, I do not think the answer today is forgetting the government and just be working in our city. It is doing both, without compromising your knowledge, without compromising your language, without compromising your way of practicing prevention. I think that resistance to me is very key, working with people in the community but also working with who have like-minded but who can support the work of the communities because this is not something that one group of people can fight. This is a world struggle.

When you see Coca Cola in trying to privatize part of the Ganges and trying to sell it overseas, this is a big problem. This is a world problem of resistance of fighting but I believe that if people are organized, if people have the knowledge and the information and if they are organized, they can do something. If people who are fighting for part in slavery to end; there are new forms of slavery indeed.

But, I think that this is a process of human resistance against market fundamentalism, against capital accumulation that is touching every human beings in this particular communities that are trying to keep their culture and their religion and their customs. The answer is not also just to put it on the back of women. Too much is being put on the back of women and I think that is also a way of undermining men. Women yes, have knowledge, have responsibilities, but they cannot all be let us just let the women do it.

The women have to do it with the men. Men have to take responsibility equally than women and I think that that is also something that we need to talk [applause] in our communities and then look at ourself in the face and say that yes, we also need as women, stop to be just mental and exclusive and say that you have to be a woman like me, you have to live like me in order for you to be respected by other women.

This struggle, this type is a fight for equality, it is a fight for the human rights for all, for all and that means that we have to understand that if we do not care about those forces that are coming to take the knowledge and protecting it, if we do not fight and address it and work as anybody as human beings are excluded together [misspelled?] then we will lose it. Thank you very much. [Applause]

AMARANTA GOMEZ: Time is running short. Thank you very much for your participation and for the colleague that was asking what we are doing to fight or to influence the

government to make significant changes. We just finished the Afrodescendant indigenous people we have and working indigenous people in the global village. Please go there we have yet to have a follow up session and then tomorrow we will have another follow up session and there is a proposal of making up an international secretary in order to have influence on our governments to carry out with those changes.

So, if they are giving you the answer here, let us go all a team country [misspelled?] that we have been meeting from 13th of July to August 2nd and let us work over there. In order to close this session, we are right in time from the deep of my heart, I want to thank to anyone of the panelists and I want to thank each and every one of you for participation in this session and I hope we were able to answer to your expectations and telling you that the issue of indigenous people and Afrodescendants is not solved yet.

We will not have a response to the problem without our participation without taking into account our perspective and how each of our peoples see the world. Thank you very much.

[Applause]

[END RECORDING]