PFII/2014/EGM
Original: English

UNITED NATIONS **NATIONS UNIES**

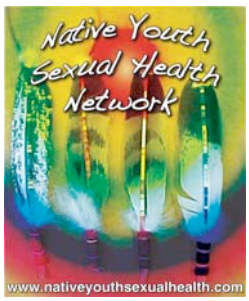
DEPARTMENT OF ECONOMIC AND SOCIAL AFFAIRS
Division for Social Policy and Development
Secretariat of the Permanent Forum on Indigenous Issues

INTERNATIONAL EXPERT GROUP MEETING
Sexual Health and Reproductive Rights: Articles 21, 22(1), 23 and 24 of the United Nations Declaration on the Rights of Indigenous Peoples

15-17 January, 2014, New York

Native Youth Sexual Health Network-North America

Paper submitted by:
Native Youth Sexual Health Network



Native Youth Sexual Health Network - North America
International Expert Group Meeting on Sexual Health and Reproductive Rights
Articles 21, 22 (1), 23 and 24 of the United Nations Declaration on the Rights of Indigenous peoples

Introduction

The Native Youth Sexual Health Network is an organization by and for Indigenous youth that works across issues of sexual and reproductive health, rights and justice throughout the United States and Canada.

Within our work our standard of international human rights is grounded in both the recognition and fulfillment of the right to self-determination over our bodies and the spaces they are in as Indigenous peoples. This right to self-determination over our health as Indigenous peoples is entrenched in our inherent Indigenous rights and also reaffirmed in the International Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights.

We recognize that our sexual health and reproductive rights as Indigenous peoples (Articles 21,22 (1), 23 and 24) are interconnected and interrelated and cannot exist without the respect, protection and fulfillment of the other articles outlined within the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).

Our bodies as Indigenous youth are grounded in our cultures, communities, histories and lands, which cannot be separated. When these connections are recognized as related to our bodies as rights that must be respected and protected, supports our ability to access to justice. Justice over our bodies goes beyond just sexual health; it involves a myriad of expressions of self-determination over our bodies and the spaces they are in as Indigenous youth.

Sexual and Reproductive Health, Rights and Justice: A Human Rights Framework

Indigenous youth make up a large proportion(1) of Indigenous communities in both the United States and Canada and are often subject to numerous human rights violations related to their sexual and reproductive health. These violations of the basic standards to sexual and reproductive health are protected both within the international human rights standards and as outlined in the UNDRIP.

As articulated by Special Rapporteur Paul Hunt in 2004:

> Discrimination and stigma continue to pose a serious threat to sexual and reproductive health for many groups, including women, sexual minorities, refugees, people with disabilities, rural communities, Indigenous persons, people living with HIV/AIDS, sex workers, and people held in detention. Some individuals suffer discrimination on several grounds e.g. gender, race, poverty and health status(2).

A review of inter-related rights regarding sexual and reproductive health includes:

- The right to sex education, that respects our cultural methods of teaching and learning (Article 14), including in our languages regardless of location;
- The right to practice and revitalize our cultural traditions and customs, which include educational traditions, rites of passage and coming of age ceremonies (Articles 5, 8)
- As per article 7 and 22 (2) Indigenous peoples have the collective right to live in freedom and not be subjected to any act of genocide (such as forced sterilization) or violence including individual or systemic violence as a result of homophobia and transphobia.
- The rights to the highest attainable standard of health as protected under the International Covenant on Economic, Social and Cultural Rights Article 12
- Indigenous peoples also have the right to self-determine what health priorities are for our communities and implement/administer those strategies and recommendations in our own organizations and institutions as per Article 23.

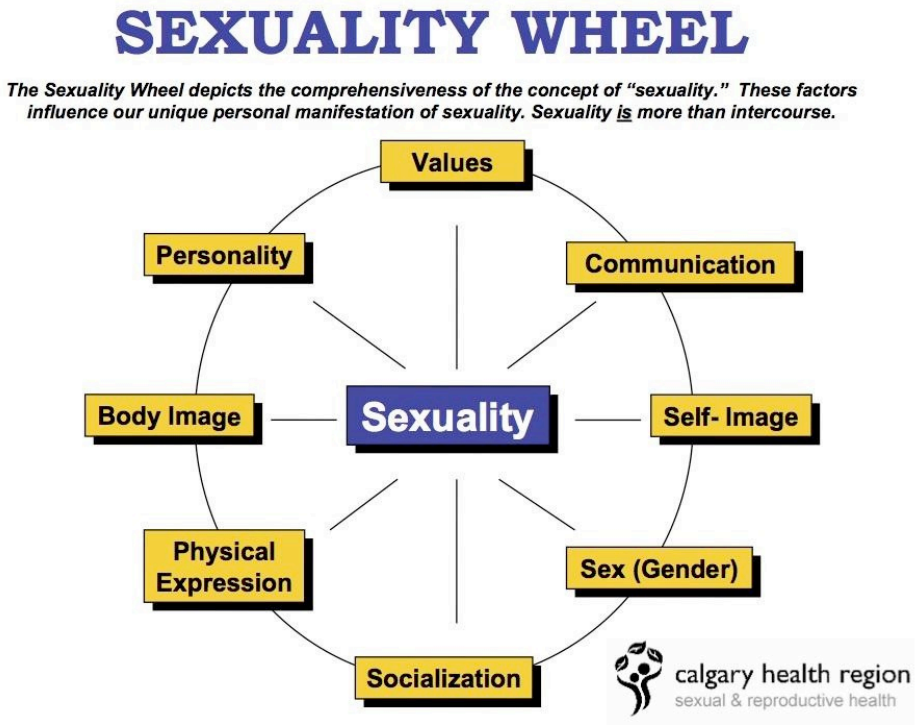
Expressed considerations of the need for many of these interrelated rights for a framework for sexual and reproductive health rights and justice can be found within codified international human rights law in that of the Covenant on Economic Social and cultural rights. As further identified in General Comment 14 of the Committee on Economic, Social and Cultural Rights:

22: Youth and sexual and reproductive health
The realization of the right to health of adolescents is dependent on the development of youth-friendly health care, which respects confidentiality and privacy and includes appropriate sexual and reproductive health services.

27: Indigenous peoples right to health
The Committee considers that Indigenous peoples have the right to specific measures to improve their access to health services and care. These health services should be culturally appropriate, taking into account traditional preventive care, healing practices and medicines. States should provide resources for Indigenous peoples to design, deliver and control such services so that they may enjoy the highest attainable standard of physical and mental health.

The rights of Indigenous youth and children are also expressly supported in the Convention on the Rights of the Child, specifically relating to the right to health in Articles 24 and 29 in addition to Article 30 which states that Indigenous children have a right to participate in culture, community and language without interference. This is expanded in General Comment 14 of the Committee on the Rights of the Child that adolescents have the right to appropriate sexual and reproductive information and prevention of HIV/AIDS and sexually transmitted infections(3).

It is imperative that Indigenous peoples right to health is recognized as not only protected under the UNDRIP but also other international covenants to which many individual states are signatories. Recognizing the right to health as strongly interrelated to the fulfillment of the right to self determination is crucial to the understanding that our health and wellbeing is not simply a result of either good or bad policy, but is a testament to the condition of our human rights more broadly. Indigenous health is Indigenous sovereignty.



As noted in the image above, sex, sexual health and sexuality all encompass so much more of life than just physical aspects of intercourse or reproduction. To merely focus on these aspects is to ignore the implications of what actually looking at sexuality comprehensively can mean in the defense of human rights, culture and sovereignty.

Cultural Safety and Comprehensive Sexual and Reproductive Health Education Cultural safety is a concept developed by Maori peoples of Aotearoa (New Zealand) as a response to institutionalized racism within the healthcare system that directly impacted the health, well being and human rights of Indigenous peoples. Specifically referred to care given by non-Indigenous people, institutions and organization through self-examining the privilege and power in a relationship to an Indigenous person receiving care. Therefore, culturally unsafe practice could be defined as "any actions that diminish, demean or disempower the cultural identity and well being of an individual." Cultural safety moves beyond the concept of cultural sensitivity to analyzing power imbalances, institutional discrimination, colonization and relationships with colonizers, as they apply to health care(4).

It “is focused on the understanding of ‘self’ as a cultural bearer; the historical, social and political influences on health; and the development of relationships that engender trust and respect”. This means that histories of colonialisms, assimilation, and genocide must be factored into the relationship between client or patient and the person giving care. Only Indigenous peoples receiving care are the ones who self-determine what culturally safe care looks like as per their rights in Article 23 and 24(1). As an organization that works within the full spectrum of sexual and reproductive health, we know that culturally safe services, programs and education are at the core to creating healthy Indigenous communities.

Culture is a big deal because if you know about your culture you will respect your body more rather than not knowing anything(5)…Youth participant

The alternative to culturally safe sexual and reproductive health education is often represented within public health programs provided by the state. These educational programs have the potential to cause more harm than they do good. Public health programs ran by the state often view Indigenous peoples as an ‘at risk’ category and fails to take into account social determinants of health that create unhealthy or unsafe situations. Evidence shows that the health of Indigenous peoples goes beyond individual behaviors or choices and is greatly influenced by social determinants in complex ways(6) Self determination has been identified as the most important indicator of health for Indigenous peoples(7). When our self-determination is respected, and we have the resources needed to design and implement these initiatives, our communities flourish.

An example of self-determination as a successful indicator of health for Indigenous peoples is with our partner initiative, Konon:kwe Council. Konon:kwe is a successful model as a women- led community-based organization that exists to reconstruct the power of our origins through collaborative approaches to the care, empowerment, and transformation of a traumatized Indigenous community. Konon:kwe Council(8) models a practice of restoration, reclamation and community health that is culturally safe. This practice is what makes for successful violence prevention work in their community.

In our work by and for Indigenous youth, cultural safety is also critical to recognizing our unique identities, experiences and intersections of physical, spiritual, mental and emotional health. What we continue to face within the mainstream public health system is racism and a lack of sensitivity to who we are as Indigenous peoples. These experiences deliberately ignore and often erase the important healing that needs to happen for us as Indigenous youth.

While there are significant efforts being driven by Indigenous communities to increase cultural safety, the options for Indigenous youth continue to be insufficient. Without cultural safety “...discrimination and racism can make it unsafe for Aboriginal people to use the health care system, which reduces opportunities for early intervention and prevention of health problems”(9).

The historical trauma and legacy of colonialism as evidenced in the Christian Doctrine of Discovery make discussing sex, sexuality or gender identity very difficult. Barriers also exist in access to traditional and modern forms of contraception and culturally relevant sex education for many Indigenous nations.

Rites of Passage and Coming of Age Ceremonies

As an example and recommendation towards understanding what works for Indigenous peoples when it comes to developing and implementing comprehensive and culturally safe sex education - we turn to our ceremony for answers. NYSHN has had the honor of participating in the traditional coming of age and rites of passage ceremonies called “Ohero:kon” or “Under the Husk” in the Mohawk community of Akwesasne. Over a period of four years, with the intergenerational guidance of Aunts, Uncles and community members, many young people come to understand not only their identity but also what it means to take on adult responsibilities both within themselves, their bodies and communities.

Part of this process is peer education and mentorship in relation to sexuality, relationships, as well as cultural teachings that are empowering, knowledge based and free of stigma or judgment. In this way, youth are equipped with the knowledge they need to make the best decisions possible instead of being scared of their bodies. All of this is done in the context of ceremony, traditional activities on the land and spending time building relationships with each other.

In the future we hope to assist and support other communities to restore their specific coming of age and rites of passage ceremonies, and develop a way to reclaim their practice in ways meaningful to them. This is in support of Article 11 in the UNDRIP which protects such reclamation processes. We recommend UN system support such programs that directly involve Indigenous youth and Elders.

Reclaiming Birth Justice and Traditional Midwifery Practices

While the recent “State of the World’s Midwifery Report”(10) is a good resource and underlines the importance of midwifery, the lack of Indigenous content is staggering. Indeed, Indigenous midwifery and the ability for Indigenous peoples to birth within their communities is at the heart of realizing the full right to health.

Not only do traditional Indigenous practice of midwifery address health disparities within pre and post-natal care, reducing negative birth outcomes and maternal mortality, they also play a role in supporting the cultural develop of Indigenous women, children and youth through providing education and often spiritual guidance throughout the life cycle.

> Woman is the first environment. In pregnancy our bodies sustain life. At the breast of women, the generations are nourished. From the bodies of women flows the relationship of those generations both to society and the natural world. In this way the earth is our mother, the old people said in this way we as women are earth. Katsi Cook, Mohawk Midwife

The National Aboriginal Council of Midwives (NACM) has recently released a toolkit for Indigenous communities in Canada to bring birth closer to home utilizing the expertise and knowledge of Aboriginal midwives.

> Access to culturally appropriate midwifery care for Aboriginal women and families is extremely limited across Canada, despite the evidence that midwifery care leads to improved health outcomes. Aboriginal women and their infants have a two to four times higher morbidity and mortality rate than the average Canadian. It is clear that increasing access to midwifery care will help our communities to improve health in a holistic way. NACM calls on the federal government to commit to Aboriginal women and families having access to midwifery care, whether they live in urban, rural, remote or reserve communities through recognition of midwifery…(11).

Indigenous Two Spirit, LGBTTQQIA and Gender Non-Conforming Youth

The self determination and control over our identities as Indigenous peoples and nations is a core value to who we are. As Indigenous peoples this includes our sexual and gender identities as Indigenous youth. The health of our Indigenous nations can often be seen by the reflection of health of Indigenous Two Spirit, LGBTTQQIA(12) and gender non-conforming youth. This right is reflected in article 9 as the right to belong to an Indigenous community or nation and customs of the community or nation concerned. While the UNDRIP does not explicitly name sexual and gender identities, the right to self determine of sexual and gender identities is reinforced within article 2. The right to self identify is also included within article 8 on the rights of the child.

Legacy of residential/boarding schools and impact of colonialism

Due to histories of residential and boarding schools, ongoing forms of colonialism on our bodies, the self-determination of Indigenous sexual and gender identities continues to be greatly affected(13). Gender non-conforming Indigenous youth are often perceived as threats because their bodies, gender and sexual identities present in ways that are outside of the western norms. Due to this perceived threat, they often face increased amounts of violence (including homophobia, transphobia, sexual violence, police profiling and murder). Violence is perpetuated by inadequate health services that do not respect and often even violate basic human rights to culturally safe services and self-determination over Two Spirit and LGBTTQQIA sexual and gender identities. These health and social services increase the violence that Two Spirit and LGBTTQQIA Indigenous youth face.

We know from our front-line work in communities that Indigenous youth increasingly have to move from rural, remote, and northern areas to urban centers for a variety of reasons. An increasing number of those Indigenous youth who move to urban centers are Two-Spirit, LGBTTIQQA and do not conform to colonial understandings of gender. Many of these Indigenous youth are represented among homeless youth in urban centers. For example, a profile of homelessness in one of the largest cities in Canada, Toronto reveals 20% of the homeless population identifies themselves as Aboriginal. What's more, 15-25% are Aboriginal

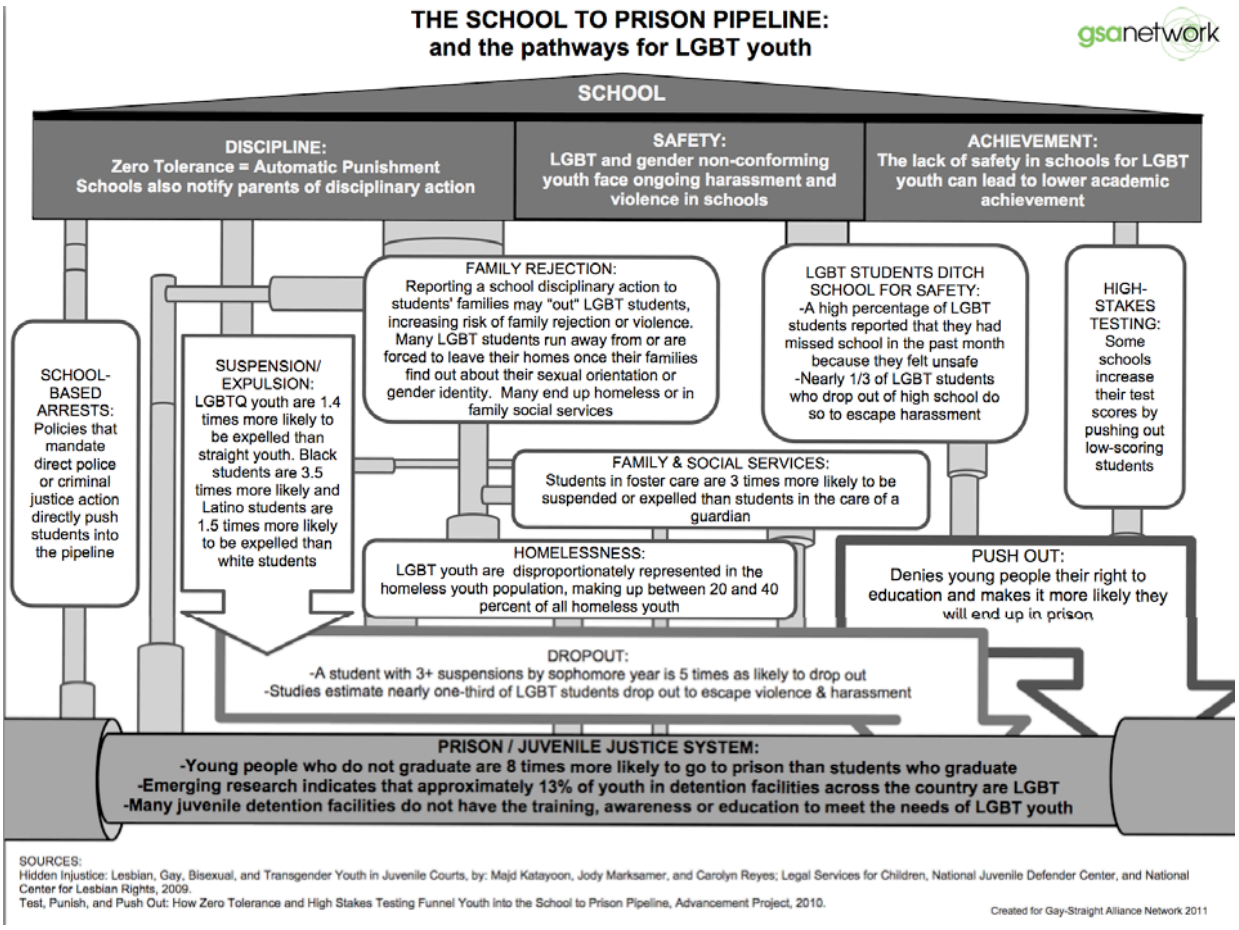
youth, and 23% of these youth are sexually diverse youth trying to sort out how they see themselves and their identities. Some might be trans* identified, some might be queer or lesbian, gay, intersex or gender queer. Some might be bisexual or asexual, and others might be Two-spirited. This is the first statistical evidence outlining what has been noticed by social services and community outreach workers for a long time - that not conforming to Western, Christian and colonial ideas of what is a ‘man’ or ‘masculine’, a ‘woman’, or ‘feminine’ means being met with violence, harassment and hate as a result of ignorance and the erasure of these identities within our cultures and communities.

We know that gender based violence disproportionately affects Indigenous youth who are part of the LGBTTIQQA community and that they are often not represented in the data of missing and murdered Indigenous women, or adequate services to prevent violence. Here we refer to a range of gender, sexual and spiritual identities specific to Indigenous peoples that are in the process of being reclaimed and restored within various traditions. It is important to note that youth are often fluid and changing in these definitions, but generally this refers to people who do not fit into a gender binary, or other Western categories of relationships and identities. They may not conform to ideas; assumptions of physical presentations dictated by mainstream culture and as a result experience increased amounts of violence.

Access to culturally safe health care services, poverty, and safety are ongoing issues(14) in the lives of Two Spirit, LGBTQQIA, and gender non-conforming Indigenous peoples. A recent groundbreaking study “Injustice at Every Turn: A look at American Indian and Alaskan Native respondents in the National Transgender Discrimination Survey”(15) reported high levels of many issues, naming the fact that Indigenous Trans people face much higher rates of violence and discrimination than any group especially in areas of education, housing, employment, and health care.

The School to Prison Pipeline: Pathways for LGBT Youth

It is not enough to enumerate statistics on various types of violence, but also understand how systems are constructed in a way that leads to criminalization and eventually incarceration and imprisonment of Indigenous and LGBT youth. This effect is compounded by racism as well as further systemic discrimination based on LGBT status as noted in the image below.



Indigenous Peoples and HIV/AIDS

In North America, there are still significant disparities when it comes to the rates of HIV/AIDS faced by Indigenous peoples that are continuing to rise. It is clear that despite the UN designation of the US and Canada as 'developed' countries, this quality of living still does not apply to Indigenous peoples.

> "Many youth felt that reconnecting with their culture would help build stronger, healthier communities and in turn, lower their risk for HIV"(16)

Summary of HIV statistics in Canada and the United States:

In 2011 Native Hawaiians/Other Pacific Islanders and American Indians/Alaska Natives had the 3rd and 4th highest (15.3 and 9.3) overall rate of new HIV infections per 100,000 respectively, among other races/ethnicities(17).

The number of new HIV infections among American Indian or Alaska Native (AI/AN) people has increased by 8.7% from 2007 to 2010. This is the greatest percent increase during this time period when compared to other races/ethnicities.

It is estimated that Aboriginal people made up 8.0% of all those living with HIV (including AIDS) in Canada in 2008. In that same year, it is estimated that 300 to 520 new HIV infections occurred in Aboriginal persons, representing 12.5% of all new infections. Overall, the HIV infection rate for Aboriginal people was about 3.6 times higher than among non- Aboriginal persons in 2008. HIV infections among Aboriginal persons are diagnosed at a younger age than in non-Aboriginal persons and also affect a higher proportion of women when compared to the non-Aboriginal population. Unlike the general Canadian population, injection drug use is the main category of exposure to HIV for both Aboriginal males and females(18).

The province of Saskatchewan in Canada has had especially alarming HIV increases with Aboriginal people with current rates twice the national average and accounting for the largest proportion of new HIV infections of all the provinces(19).

Importance of Eliminating Stigma and Discrimination

While there are many barriers and disparities, there have also been many recommendations to support better and more effective measures for addressing HIV, which are listed below. We encourage all relevant UN agencies to pay attention to the activities and recommendations of Indigenous peoples in North America as we continue to address the unique needs of our communities in relation to this issue and its intersecting impacts.

As per session ten of the Permanent Forum, we additionally encourage that UNICEF, include in its ongoing implementation of recommendation 66 on data on Indigenous children and youth include increased epidemiological data with a focus on Indigenous ethnicity as this will help strengthen our claim that HIV and AIDS disproportionately affects Indigenous peoples not simply because of our cultural identity or individual behavior but very real structural barriers including racism, stigma, and discrimination.

Following up on the 2004 report of the Special Rapporteur on the situation of human rights and fundamental freedoms of Indigenous People, paragraph 106 and 113 we highlight that the urgent nature of rising rates of HIV and STIs is still present in 2013. We recommend that UN agencies specifically UNAIDS and UNICEF, the Special Rapporteur on Indigenous issues, and North American member states (Canada and the United States) support the work of our partner organizations including both the National Aboriginal Youth Council on HIV/AIDS (NAYCHA)(20) and the Native American Youth Council on HIV/AIDS (NNYC-HIV)(21) and engage them through full and effective participation in international discussions on HIV and AIDS and sexual health as they are the only Indigenous specific youth councils on this issue.

We reaffirm session 4, paragraph 47 and paragraph 41 that speak to education as a conduit for combating prejudice and discrimination as well as the right of everyone to take part in cultural

life. This includes Indigenous peoples living with HIV as well as the critical need for culture in the education of sexual health, HIV and addressing stigma of Indigenous peoples living with HIV. We recommend that UNESCO follow-up on these recommendations as they relate to the role of culture in addressing the compound discrimination of racism, homophobia and transphobia faced by Indigenous peoples living with HIV including children and youth and in places where Nations states do not recognize the cultural and national identities of Indigenous peoples.

Incarceration and Criminalization - Impacts on Indigenous peoples and HIV

One of the many intersecting issues of concern in relation to HIV are the rates of incarceration of Indigenous peoples.

While the US Federal government does not have a “juvenile justice system,” youth do end up in Federal detention, and typically, the majority of these youth are American Indians and Alaska Natives. Between 1999-2008, for example, 43-60 percent of juveniles held in Federal custody were American Indian.

In Canada, there are just over 3,400 Aboriginal men and women making up 23 per cent of the country's federal prison inmate population. While Aboriginal people in Canada comprise just four per cent of the population, in federal prisons nearly one in four is Métis, Inuit, or First Nations. There was an almost 40 per cent increase in the Aboriginal incarcerated population between 2001-02 and 2010-11. Additionally, Aboriginal inmates are sentenced to longer terms, and spend more time in segregation and maximum security. They are less likely to be granted parole and are more likely to have parole revoked for minor problems.

Additionally, rates of HIV infection are seven to ten times higher in the inmate population than the general population. Estimated prevalence rates of Hepatitis C (HCV) are thirty to forty times higher in prison than in general society. Based on a 2007 inmate survey, the self-reported rates of HIV among federal inmates were 4.6% and 31% for HCV. Aboriginal women reported the highest rate of HIV at 11.7% and 49.1% for HCV respectively(22).

In 2009, the UN High Commissioner for Human Rights underscored the importance of supporting harm reduction approaches for people who use drugs and the respect of their human rights, including those in detention. In 2008 the previous UN Special Rapporteur on the right to the highest attainable standard of health authored a detailed report about the human rights violations of people who use drugs(23).

However, both Canada and the United States governments have steadfastly rejected the right to health of people who are incarcerated by rejecting any form of harm reduction that reduces the transmission of HIV and HCV in prisons. As a result, a former prisoner, community partners including the Canadian Aboriginal AIDS Network and the Canadian HIV/AIDS Legal Network launched a lawsuit against the Government of Canada over its failure to protect prisoners’ right to health and prevent the spread of HIV and HCV in federal prisons(24).

In General Comment 14 on the right to the highest attainable standard of health the Committee on Economic, Social and Cultural Rights(25) identified limitations where states use public health concerns in restricting the exercise of fundamental rights of people with transmissible illnesses. The United States and Canada are an example of state parties that do not protect the rights of people living with HIV and other illnesses within the scope of these limitations. This means that people living with HIV are often denied treatment while in prison, or restricted from travelling beyond state borders, which is a violation of their rights.

We affirm these rights as applying also to Indigenous peoples including youth in accessing information about safer drug use, only voluntary treatment that incorporates harm reduction strategies and respects the right to culture and identity as part of healthcare provision for Indigenous peoples.

Suicide and Self-harm

While there is still much to learn about the conditions faces by young people who suicide or self-harm it is important to note that this is still a growing concern as statistics and death continue to rise. Unfortunately current mainstream suicide prevention methods prove ineffective in addressing the very real impacts of many different kinds of violence Indigenous youth witness or experience on a daily basis, and on many different levels.

Aboriginal people in Canada who are incarcerated are disproportionately more involved in self-harm incidents(26). Native youth in the US are 2.5 times more likely to commit suicide than non-Native youth(27).

We affirm the importance of breaking the silence on these issues, so that Indigenous peoples may continue to dialogue and take action on this issue. We also understand that like other issues faced by our communities, strategies that involving shame, silence, stigma or judgment are ineffective and indeed cause unnecessary additional harm to people living this reality.

We also recognize the need for UN agencies and Indigenous peoples to respond to the ongoing changes and developments within the language of mental health, suicide and self harm such as being contextualized within the larger Indigenous health framework and intersecting issues, not just in isolation.

Violence Against People in the Sex Trade and Street Economies

In both Canada and the United States, numerous human rights violations are faced by Indigenous people who are involved in the sex trade, sex industries and street economies (and other ways people may identify what they do) through state-sponsored forms of violence. One particular example of state-sponsored violence against people in the sex trade is the criminalization of carrying condoms(28). This means that police and law enforcement are using the possession of condoms as “evidence of sex work”; thereby arresting and prosecuting people

based on this so-called “evidence”. This is but one of many examples of law enforcement, social services and criminal justice systems criminalizing and discriminating against people in the sex trade.

The Role of State Violence

What remains unchallenged and inadequately criticized are the role and actions of the state, the police, and social service agencies that create and allow the conditions for violence to occur either through inaction and neglect or deliberate violations of their rights. This was recently evidenced in the Missing Women’s Commission of Inquiry which was was set up to examine the problems arising from investigations of the disappearances and murders of dozens of women in Vancouver’s Downtown Eastside (“DTES”)(29), many of them Indigenous. It is important to note however that several families and community members in the DTES viewed this Inquiry as a failure as they were excluded almost entirely from the process and not supported to equally participate. They are also still waiting for the recommendations from the Inquiry to be implemented and acted on.

The compounded racism and discrimination Indigenous people in the sex trade and sex industry face must be addressed. The increased stigma, discrimination and criminalization they face is directly contributing to more violence and less wellness and safety.

Conclusion

We reiterate and assert that sexual and reproductive health, rights and justice are integral to the complete fulfillment and protection of our human rights as Indigenous peoples as outlined in international human rights law as well as the UN Declaration on the Rights of Indigenous peoples.

We hope that the opportunity to dialogue more closely with UN agencies and Indigenous people’s organizations through this Expert Group Meeting will yield not only better understandings of the recommendations we present here, but action and movement forward.

Supporting the self-determination of Indigenous lead community based work is integral to the health of our families, communities and nations.

Works Cited

1. Health Canada (2005). The statistical profile on the health of First Nations in Canada for the year of 2000. Ottawa, ON: Health Canada.
2. Economic and Social Council. (2004). The Right of everyone to the enjoyment of the highest attainable standard of physical and mental health. E/CN.4/2004/49.
3. General Comment No.14 (2013) on the right of the child to have his or her best interests taken as a primary consideration (art. 3, para. 1). CRC/C/GC/14.
4. National Aboriginal Health Organization. (2006). Fact Sheet: Cultural Safety. Ottawa, ON.
5. Flicker, S. et al. (2012) Taking Action! Art and Aboriginal Youth Leadership for HIV Prevention.
6. Reading, C. & Wein, F. (2009). Health Inequalities and Social Determinants of Aboriginal Peoples' Health. National Collaborating Centre for Aboriginal Health.
7. Boyer, Y. (2006). Self Determination as a Social Determinant of Health. Discussion document for the Aboriginal Working Group of the Canadian Reference Group reporting to the WHO Commission on Social Determinants of Health.
8. Konon:kwe Council. http://www.kononkwe.com
9. Health Council of Canada. (2012). Empathy, dignity & respect: Creating cultural safety for Aboriginal people in urban health care. Toronto, ON.
10. UNFPA "State of the World's Midwifery" (2011) http://www.who.int/pmnch/media/membernews/2011/2011_sowmr_en.pdf.
11. National Aboriginal Council of Midwives. (2012). Press Release: NACM Toolkit. http://www.aboriginalmidwives.ca/node/2439.
12. LGBTTQQIA: An acronym used to describe lesbian, gay, bisexual, transgender, transsexual queer, questioning, intersex and asexual self-identifying individuals.
13. Urban Native Youth Association. (2004). Two-Spirit Youth Speak Out! Analysis of the Needs Assessment Tool. Vancouver, BC.
14. Davis, J. (2006). Nowhere Near Enough: A Needs Assessment of Health and Safety Services for Transgender and Two Spirit People in Manitoba and Northwestern Ontario.
15. Injustice at Every Turn: A look at American Indian and Alaskan Native respondents in the National Transgender Discrimination Survey (2008) http://www.thetaskforce.org/downloads/reports/reports/ntds_native_american_3.pdf.
16. Flicker, S. et al. (2012) Taking Action! Art and Aboriginal Youth Leadership for HIV Prevention.
17. National Native American AIDS Prevention Centre, Surveillance Highlights (2011) http://nnaapc.org/Native%20Highlights%20from%20the%202011%20CDC%20Surveillance%20Report.pdf.
18. Public Health Agency of Canada - Population specific report on HIV/AIDS - Aboriginal peoples (2010) http://www.phac-aspc.gc.ca/aids-sida/publication/ps-pd/aboriginal-autochtones/pdf/pshasrap-revspda-eng.pdf.
19. Saskatchewan's HIV Strategy (2010-2014) http://www.health.gov.sk.ca/hiv-strategy-2010-2014.
20. Canadian Aboriginal AIDS Network. (2014). National Aboriginal Youth Council on HIV and AIDS. www.caan.ca/youth.
21. National Native American AIDS Prevention Center. (2009). National Native American Youth Council on HIV/AIDS. http://www.nnaapc.org/programs/nnyc_hiv.htm.
22. Annual report of the Office of the Correctional Investigator (2011-2012) http://www.oci-bec.gc.ca/cnt/rpt/annrpt/annrpt20112012-eng.aspx.
23. "Human Rights, Health and Harm Reduction" An address by UN Special Rapporteur on the right to the highest attainable standard of health (2008)

http://www.ihra.net/files/2010/06/16/HumanRightsHealthAndHarmReduction.pdf.
24. Prison Health NOW! http://www.prisonhealthnow.ca.
25. E/C.12/2000/4. (General Comments) 2000 http://www.unhchr.ch/tbs/doc.nsf/(Symbol)/40d009901358b0e2c1256915005090be?Opendocument.
26. Annual report of the Office of the Correctional Investigator (2011-2012) http://www.oci-bec.gc.ca/cnt/rpt/annrpt/annrpt20112012-eng.aspx.
27. Roadmap to making Native America Safer - Report to the President and Congress of the United States Chapter Six (2013) http://www.aisc.ucla.edu/iloc/report/.
28. Condoms as evidence of prostitution in the United States (2013) http://www.hivlawandpolicy.org/resources/condoms-evidence-prostitution-united-states-and-criminalization-sex-work-margaret-wurth.
29. Blueprint for an Inquiry: Learning from the Failures of the Missing Women Commission of Inquiry (2012) http://www.pivotlegal.org/blueprint_for.