



*Honoring our Legacy
Forging the Future*

**ANNUAL
REPORT
2023**

LAND ACKNOWLEDGEMENT

As settlers and newcomers, we would like to acknowledge that CAAT has the privilege of working on this sacred land that has been the home to Indigenous people for thousands of years, including the Mississaugas of the Credit River, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples, and is now home to many diverse First Nations, Inuit and Metis peoples.

We are mindful of the ongoing impact of colonialism, racism, and other forms of social injustice that disproportionately impact Indigenous peoples and racialized communities in Canada and elsewhere. We stand in solidarity to continue our fight against anti-Indigenous, anti-Black, anti-Asian, and all other forms of racism and social oppressions locally and globally.



Mission

CAAT – Community Alliance for Accessible Treatment is a coalition of affected individuals and organizations from the legal, health, settlement, social service, and HIV/ AIDS sectors committed to promoting the health and wellbeing of people living with HIV (PHAs) who are facing access barriers related to their precarious status in Canada.

Vision

Our vision is a healthy urban community in which all individuals living with HIV/AIDS have the information and tools they need to access health, social and legal services that are welcoming, inclusive, and respectful regardless of their immigration status.

Guiding Principles


The highest value is put on the voices and leadership of people living with HIV/AIDS in our work, and the view that health is holistic and inclusive of the physical, emotional, sexual, and spiritual aspects of life.

Equity and Social Justice

We value a human rights-based approach that respects individual rights to diversity and access to treatment and health care – including access to sexual and reproductive health services regardless of HIV and immigration status – and demonstrates respect for the voices of all stakeholders. We are committed to social justice for all. CAAT works from an anti-oppression, anti-racism, anti-homophobia/transphobia and anti-sexism framework aimed at reducing discrimination, stigma and prejudice based on culture, ethnicity, religion, age, ability, sexual orientation and above all, HIV status.

Community Ownership / Responsiveness

We place great value on community and evidence-based advocacy and solutions as a means to effect systemic and policy change. At CAAT, we also emphasize community ownership, transparency, accountability, and meaningful collaboration with the communities we serve.



CAAT BOARD CO-CHAIRS' REPORT



Dr. Alan Li, Co-chair



Trevor Gray, Co-chair

We are excited to present to you the first Annual General Meeting report from the newly incorporated CAAT – the Community Alliance for Accessible Treatment.

CAAT is built on the proud legacy of the Committee for Accessible AIDS treatment, that has been at the forefront for advancing care access and empowerment for racialized and newcomer communities living with and impacted by HIV/AIDS since its inception in 1999. Over the last 23 years, through many innovative educational, community mobilization, capacity building, service planning, and community driven research initiatives, the CAAT communities have championed our mission towards building a stigma and discrimination free society where all peoples would be able to achieve their maximum potential, health and well-being.

In 2021–2022, amidst the challenge of the COVID pandemic where racialized communities faced disproportionate impact of racism, economic hardships and access to social determinants, CAAT also entered a phase in our growth where we must re-examine our operational model in order to thrive and effectively meet the needs of our communities. As a result, we undertook an extensive community consultation process with the assistance of the OODP (Ontario Organizational Development Program) and Alvenco Consultants to listen to our communities. Overwhelmingly, our agency partners and target community members alike supported the model of CAAT becoming an independent

organization as being the most strategic and effective way to further advance our vision of community governance and empowerment. We are very grateful for the generous help of Osler Law that provided legal support to help us complete the incorporation process to become an independent non-profit organization on World AIDS Day 2022.

As we settled into our new home on April 1st, 2023 with the successful completion of all physical, legal and funding transition processes, we are mindful that we have many to thank. We would like to express our deep appreciation to Regent Park Community Health Centre which has housed our programs since 2006 and provided financial trusteeship since 2013. We are grateful to our operational funding partners, The AIDS Bureau of the Ontario Ministry of Health and Long Term care, and the Public Health Agency of Canada, for their ongoing support. We thank PASAN for providing us with our new home, our interim director Lounanjio O'Sullivan who supported CAAT through 2022, the CAAT Transition Committee led by past co-chair Andrew Miao who provided valuable leadership during our most critical period of change; and the CAAT board, staff and volunteer team that stood by us through thick and thin to advance our committed vision.

At the same time, we are sad to bid farewell to CAAT's longest serving staff member, our director Maureen

Owino, who has poured her heart and soul for the last 15 years and provided the visionary leadership that helped build CAAT to what it is today. We wish Maureen all the best and look forward to continue working with her in other opportunities to advance our common goals.

As we celebrate our first AGM and commit to honor and build on CAAT's legacy, we look forward in the coming year to working closely with you through our new strategic planning process to define our priorities and identify new innovations to best meet the needs of our communities.

Dr. Alan Li & Trevor Gray,
Co-chair, CAAT Board of Directors



COMMUNITY CONSULTATION REPORT & RECOMMENDATIONS

CAAT Organizational Restructuring Community Consultation Report 2022

Founded in 1999, The Committee for Accessible AIDS Treatment (CAAT) is a coalition of affected individuals and organizations from the legal, health, settlement, and HIV/AIDS sectors joining force to promote the health and wellbeing of marginalized people living with HIV/AIDS (PHA) who are facing treatment and service access barriers. It plays an important role in advancing PHA capacity building programs, education, training, research, service coordination, and advocacy on issues related to HIV/AIDS, immigration, and service access.

In 2022, faced with changing needs and resources challenges impacting our communities in the midst of the pandemic, CAAT embarked on a process to redefine its strategic plan and operational model. To support this work, Alvenco Consulting was commissioned to conduct a community needs assessment to (1) Identify and prioritize the needs of racialized/newcomer communities served by CAAT to inform programs, policies and services; and (2) Provide options and recommendations to guide the governance and operational structure for CAAT's future.

The assessment involved Virtual Community Consultation Sessions and an online survey that collected input from over 80 respondents, including CAAT program participants, ethno-specific ASOs, community partner agencies, Program associates and peer facilitators, and current and former staff.

The consultation identified key strengths and community program needs, including:

- A strong sense of community and belonging was voiced across all stakeholder groups.
- Appreciation for CAAT's inclusion and engagement of diverse communities, capacity building, advocacy, empowerment, and implementation of GIPA/MEPA principles.
- CAAT's capacity building programs and activities had a significant positive impact on people's lives.
- Call for increased programming for linguistically diverse community members.
- Call for creation for increased safe spaces for those affected by HIV/AIDS (including children of parents living with HIV/AIDS).
- Call for increased mental health and substance use programming.

Findings also indicated several internal and external challenges and constraints:

- Recruitment practices were not always effective.
- Some program content required updating.
- The fragmented nature of the HIV/AIDS sector, and healthcare, social service, and immigration systems poses challenges for CAAT to effectively do its work.
- The COVID-19 pandemic impacted people's ability to maintain connections to the CAAT community.
- All stakeholder groups noted the need for CAAT to modify its governance and operational model.

Key recommendations emerged from the consultation process include:

- Seek and secure new funding to improve adaptability to meet emerging needs of the people it serves.
- CAAT should become an independent organization to improve clarity and effectiveness on its governance structures, accountability measures and succession planning.
- Clarify and Communicate An Organizational Mandate that is informed and driven by greater and meaningful involvement of the communities it serves.
- Strengthen and Develop Partnerships with stakeholders beyond the HIV/AIDS sector.
- Refine The Program Delivery Model to ensure responsiveness to current and emerging community needs.
- Expand programming to serve communities with high needs, including but not limited to people affected by HIV/AIDS, newcomers, racialized communities, linguistically diverse communities, people with mental health needs, people who use substances, people living with disabilities, people experiencing homelessness or precarious housing conditions, and youth.

To view the full report, please visit:
www.caat.link



"These are the services that helped my life and helped me have stable life. How to build a home and life in Toronto. Those services and community positivity helped me to want to give back to the community. This empowers and motivates me to become a leader."

Program Participant

"CAAT's programs are successful because of its people. Mostly it is well-structured and well-planned, as they know the urgent needs and unique needs of the population they serve."

Community Partner Agency Representative

HONORING OUR LEGACY

"CAAT isn't just an organization, but a safe and loving community that has led as an example for many."

*Anita Adumattah,
CAAT Program Associate*

"CAAT has always represented the powerful possibilities that come from racialized people investing in each other. My hope is that CAAT continues to grow its community, cultivating more PHA love and leadership."

*Vijaya Chikermane,
past CAAT Co-chair*

"CAAT changed my life, gave me a sense of purpose, they're like my second family and I've had the privilege of working with the entire team both past and present."

*Kishor Prabakaran,
CAAT Program Associate /
ETSN Mentor*

"As CAAT embarks on this new journey, my heartfelt wish is for it to remain a shining source of support, guidance, and engagement for vulnerable communities, ever-growing and impactful."

*Alessandro Bisignano,
CAAT Board Member*

"CAAT means to me family, support and community. It has also been a huge inspiration to become better version of myself. I hope to see CAAT grow nationwide and even further."

*Luis Lama,
ETSN Mentor*

"To me CAAT is an inspirational and caring organization, that mobilize different communities in order to empower them and being champion within their communities by providing training and caring for them. My hope and dream is to see CAAT grow and become a national and international entity"

*Fanta Ongoiba, Past CAAT Co-chair,
Community Partner,
African in Partnerships
Against AIDS*

"CAAT to me stands out as family, where we look out and care for each other."

*Dale Maitland,
CAAT Capacity Building
Coordinator*

"I appreciate CAAT's impactful work in helping racialized people living with HIV, and wish CAAT continue to succeed and spread its positive impact in all of its future endeavors."

*Michael Wu,
CAAT Research Associate*



VOICES FROM OUR COMMUNITY

"What I learned from CAAT is community power: the belief that people working together can improve each other's lives. I see CAAT sending this message not only in Canada but all over the world."

*Victor Inigo,
CAAT Program Coordinator
2003 - 2007*

"CAAT has played a tremendous role in my development as an individual. The training I received and the opportunities I had in facilitating is benefiting me now in my work and personal life. My wish for CAAT is continued growth and support to serve marginalized HIV positive individuals including their families and communities."

*Gladys Kwaramba,
ETSN Facilitator*

"CAAT empowers me with resilience and compassion, igniting hope for accessible resources for everyone. It stands as a beacon of community strength uniting us all."

*Linson Lin,
CAAT Board Treasurer*

"CAAT had provided me with a safe space to share stories of my Mum, to learn more of the community she once belonged to & to connect with that community. Through participating in numerous learning opportunities I gained an appreciation for what ASO could look like when it practices inclusiveness. My hope for CAAT is that it remembers and continues to practice these principles that lead it to be a safe space, a leader and a builder in the PHA community."

*Bibi Tiffanie Chattergoon,
ETSN facilitator*

"To me, CAAT is the embodiment of GIPA/MIPA and anti-oppression. It is not afraid of ruffling feathers to get migrant and newcomer PHAs what they deserve. This is social justice in action."

*YY Chen,
Past CAAT Co-chair*

"CAAT is a future forward, one of a kind organization that has advocated for and built the capacity of the BPOC PHA community members since 2000. ACAS congratulates its new beginning as an independent organization."

*Noulmook Sutdhibasilp,
Executive Director,
Asian Community AIDS Services*

"When I first came to CAAT, I had 50 platelets and 90 cd4 count. I had just got back to Canada because I was dying in a third world country. I connected with services I needed and CAAT was a great place to learn about HIV, to become a leader and to advocate for what BIPOC PHAs needed."

*Samuel Lopez,
ETSN facilitator*



HONORING OUR LEGACY

"CAAT gave me the opportunity to learn and share knowledge with peers to improve the wellbeing for those living with and affected by HIV. Organizations like this must keep functioning and providing its much needed services."

*Rene Lopez, Program Associate,
Community Partner*



"For me, CAAT has been a place of growth and empowerment. I dream that CAAT will continue to be at the forefront of research and program innovation and will one day expand to empower more racialized PHAs throughout Canada."

*Andrew Miao,
past CAAT co-chair*



"CAAT has been 'a life savior' for many immigrants, refugees and non-status people living with HIV since it's inception. You have served as the first step in linkage to care, particularly for those stigmatized and excluded for obvious reasons. Due to your supportive and capacity building efforts, many have gained their voice and become leaders in the HIV movement."

*Wangari Tharao,
Community Partner,
Women's Health In Women's Hands*

"From my point of view, I appreciate what CAAT does – taking a social determinants of health approach."

*Community Partner Agency
Representative*

"All these years when CAAT did anything, it was always underpinned by the principles of GIPA and MEPA. I feel that other organizations are not doing this. It is sad to see other HIV and ethnoracial [organizations] not accountable to that."

*Community Partner Agency
Representative*

VOICES FROM OUR COMMUNITY

"All the training I participate at CAAT that keeps me active in the HIV sector. Wishing CAAT can continue to deliver outstanding training for the people of color community."

*Kenneth Poon,
Program Associate,
Community Partner*

"The leadership of the staff at CAAT have this incredible personal approach. The CAAT staff have always historically moved mountains for clients. Whether it's about abuse, medication, or immigration, CAAT staff will get them the services that they need. That feels unique to CAAT – personal touch and personal commitment – and they are an incredible productive team that do a lot with a little funding."

*Ethno-specific
ASO Representative*

"...benefit and enrich my knowledge about HIV, mental health, and how to take care of myself and others. This really helped me when I needed it... [This] has helped my life and helped me to have a stable life."

Program Participant

"With medication access, there is a history of lack of access and difficulty accessing it. CAAT was instrumental in advocating for our clients."

*Community Partner Agency
Representative*

"Over the span of a decade, my growth has been significantly enriched by my involvement with the Community for Accessible AIDS Treatment (CAAT), particularly in the areas of HIV capacity building and MEPA/GIPA. I have had the privilege of actively participating in shaping their management and strategic direction during the most recent years."

*Lounanjio O'Sullivan Brown,
former CAAT Director,
ETSN Mentor*



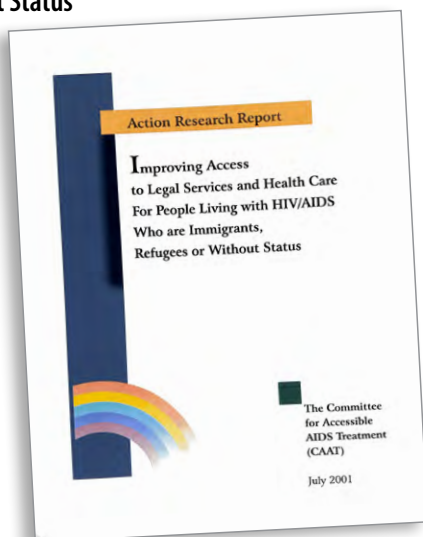
HONORING OUR LEGACY

1999

Service providers gathered together to strategize regarding access barriers faced by immigrant/refugee/non-status PHAs & formed CAAT

2000

Completed Research Study: Improving Access to Legal Services and Health Care for People Living with HIV/AIDS Who Are Immigrants, Refugees or Without Status



2001

Research report launched at Law Society of Upper Canada



2002

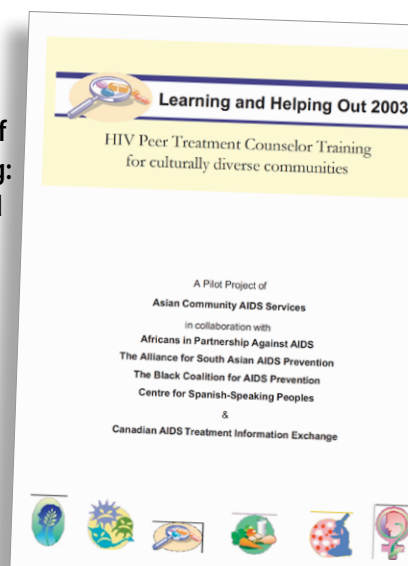
Developed HIV & Immigration Service Access Training Program

2003

Set up HIV & Medication Access Project at PWA Foundation

2003

Developed & conducted first cohort of ETSN training: Learning and Helping Out



2004

Released Research report on "Intersecting Sexuality, gender, Race & Citizenship: Mental health Issues faced by IRN PHAs"



2005 - 2006

Organized HIV and Immigration Think Tank & compiled resource listing for IRN PHAs



2006

Conducted 12 presentations at 2006 International AIDS Conference in Toronto



2007

CAAT received core funding from AIDS Bureau

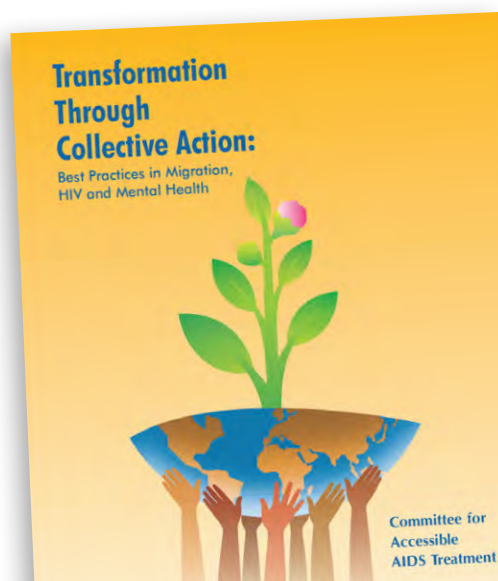
2008

CAAT formalized governance structure & elected first steering committee



2008

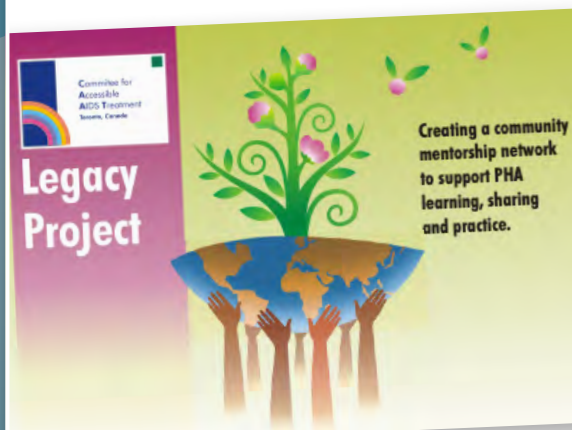
Released research report: "Transformation through Collective Action: Best Practices in Migration, HIV & Mental Health"



HONORING OUR LEGACY

2009

CAAT launched Legacy Project



2011

Launched CIHR funding for CHAMP Research Study



2009

CAAT received City of Toronto Human Rights Award on Access and Equity



2012

- Organized HIV & Immigration Research Think Tank
- CAAT Received Casey Award



2010

- Newcomer sexual health project
- Mobilizing Ethnoracial Leaders Research Study

2013

- CAAT received funding to provide capacity building on HIV & Immigration issues across Ontario
- CAAT completed organizational review and transferred trusteeship to Regent Park Community Health Centre

2014

- Co-sponsored National PHA Think Tank
- CAAT Inducted onto Ontario AIDS Network Honor Roll with receipt of Social Justice in HIV/AIDS Award



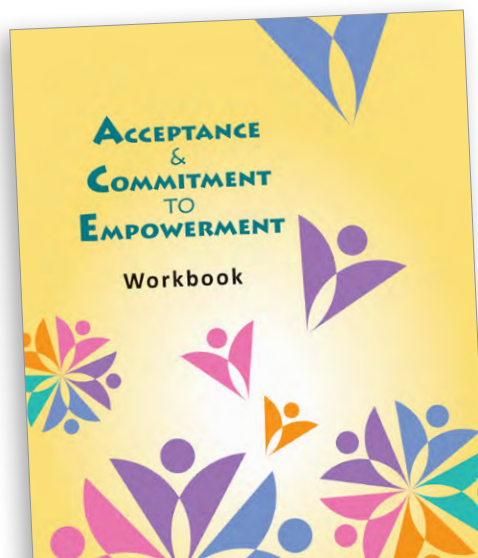
2015

- CAAT completed CHAMP Research Study
- Launched ACE – Acceptance, Commitment to Empowerment Project to address mental health and addiction issues



2015

- Legacy Program launched ACE – Acceptance, Commitment to Empowerment Project to address mental health and addiction issues



2016

- Color of Resilience CBR Showcase Forum
- CAAT conducted "Supporting the Supporters Research Study to address needs of PHA service providers"

2017

- CAAT & 4 Ethnoracial ASOs received 5 year funding for CHAMPS-IN-Action HIV stigma reduction intervention Program
- ETSN launched Synergy of Care for PHA youth and family caregivers

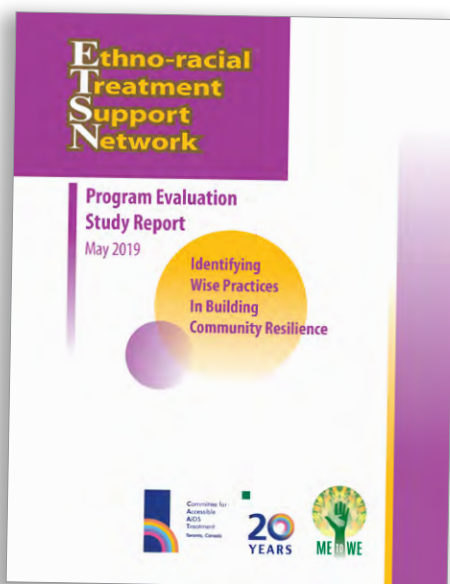


2018

- Research study on “health care access experiences of international students with HIV”
- Legacy Program launched Older Adults with HIV project
- Co-developed *Hello Ontario* resource guide for newcomers impacted by HIV

2019

ETSN evaluation study: Identifying wise practices in building community resilience



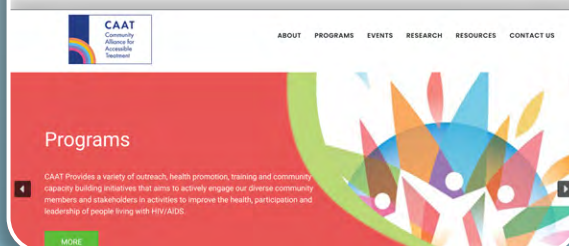
2019

Co-founded Blue Door Clinic to serve precariously insured PHAs



2020

- Developed ETSN Level 1 online training modules
- Beyond Blue Door Research Study to evaluate models of health care for uninsured PHAs



2021

- Developed CHAMPs online training modules
- ETSN organized Community treatment information session on COVID-19



2022

- Conducted Community consultation and planning process and incorporated as an independent non-profit organization on Dec 1st, 2022
- CAAT renamed as CAAT- Community Alliance for Accessible Treatment



CAAT Capacity Building Programs

Program Coordinator:
Dale Maitland

CAAT provides some of the most impactful capacity building programs in the HIV sector: The Ethno-racial Treatment Support Network (ETSN) and the Provincial HIV & Immigration Service Access Training.

The **ETSN training program** was specifically developed to support newcomer PHAs in many skill areas including treatment literacy, health promotion, service navigation and peer counseling and support. The ETSN is organized as a 4-level capacity building program. Since 2020 we have implemented an online module for Level 1, and are actively working on getting the other levels online:

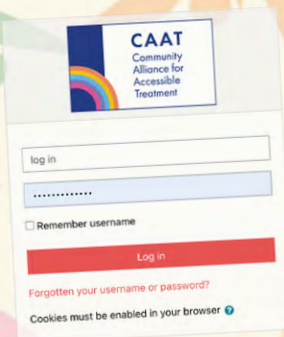
Level 1 – (3 full days in person or 5 sessions online self and group learning) Helping ourselves, focuses on treatment literacy and communication skills with health care providers.

Level 2 – (4 full days) Helping others, focuses on peer counselling support skills.

Level 3 – (1 full day + mentored practices) Facilitating graduates of level 2 to take on the role of peer facilitators.

Level 4 – Group and individual training for peer facilitators who have demonstrated strong leadership qualities to take on mentoring roles of other peer facilitators.

www.caat-training.ca



HIV & Immigration Training – This training program is designed to enhance the knowledge and skills of service providers and Immigrant, Refugee and Non status people living with HIV throughout the province of Ontario. This training program is run in collaboration with immigration lawyers and in partnership with AIDS Service Organisations in the different parts of the province for different service organizations and universities. Each training program is individualized to meet the needs of the different regions and the specific type of immigrant demographics that populates those regions.

There are two levels of this training:

Basic Level – 2-day training designed for PHAs and Service Providers. The focus of this training is on the Canadian Immigration and refugee system, issues affecting immigrant/refugees with HIV/AIDS, and ways to improve access treatment and support services for these populations in the different regions of Ontario.

Advance Level – 2-day training primarily designed for service providers working with newcomer PHAs. The training focuses on the actual immigration application and appeal processes, completion of the various forms, and promote a healthy and positive working relationship between service providers, clients and lawyers.

Since the pandemic, we have been delivering all the training workshops online.



The Legacy Project

Program Coordinator:
David Soomarie

Advisory Committee:
Adrian Boucher, Pragya Mishra,
Kishor Prabakaran, Lounanjio
O'Sullivan Brown

The Legacy Project implemented a multi-faceted approach centered on group mentoring and capacity enhancement activities to strategically address the social determinants affecting access to support, mental well-being, education, and employment for priority populations. These efforts aimed to bolster engagement throughout the testing to care continuum. The program's target communities actively participated across all levels, contributing to the program advisory committee and various working groups as creators, implementers, evaluators, and knowledge disseminators.

Each project activity seamlessly integrated capacity strengthening, reflective team learning, and mentorship practices. These elements fostered peer leadership within a community of shared learning, ensuring the participation of individuals with specific lived experiences (e.g., addictions, service providers, aging concerns, employment/school preparation) in group mentoring endeavors.

In March 2022, funding for the Legacy Project was extended for five years.

Program planning process included comprehensive consultations with existing partners (6) and potential agencies (3). The goal was to identify strengths and gaps in the current program model, facilitating the development of a needs-based curriculum to enhance partnerships.

Key Findings and Recommendations:

- Existing partner agencies acknowledged the practicality and relevance of Legacy Project's content, empowering community members to navigate migration journeys and enhance capacities.
- Partners identified challenges, including confidentiality concerns due to limited trust with CAAT, a need for linguistically tailored programming, and minimal collaboration beyond recruitment.

Community partners suggested:

- Increased presence and presentations by CAAT staff at partner agencies to foster relationships.
- Enhanced training for linguistically diverse agency staff.
- Deployment of culturally diverse program graduates to facilitate language-specific program delivery within their agencies.

Implementation Plan:

- Collaboration with ACE program graduates from Latino Positivos to deliver ACE in Spanish.
- Partnership with APAA to customize and offer a 3-day ACE program for racialized newcomers.
- Teaming up with APAA, LPO, and PWA to adapt and present a tailored 3-day ACE program for Queer/Bi/MSMs.

Integrated National HIV Prevention Strategy for ACB People in Canada

Program Coordinator:
Jervis Stone

CURRENT PROGRAMS

The African, Caribbean, and Black (ACB) communities of Ontario are disproportionately impacted by HIV infections. Multi-level intersecting factors of different forms of discrimination, underrepresentation among health care and policy making, lack of cultural awareness, as well as general language barriers contributed to complex barriers in accessing appropriate and timely HIV services.

This project was developed with education and community mobilization initiatives aimed to promote increased access rate for HIV testing, utilization of prevention technologies and reduced service barriers for the African, Caribbean, and Black (ACB) communities, in and throughout Canada.

This a 5 year multi-partnered alliance project that will be implemented in 4 cities (Toronto and Ottawa, Ontario; Edmonton and Calgary, Alberta) through the network of agencies that include:

Africans in Partnership Against AIDS; The Black Coalition for AIDS Prevention of Metropolitan Toronto (BlackCAP); AIDS Committee of Ottawa; Community Alliance for Accessible Treatment; HIV Network of Edmonton Society; The SafeLink Alberta Society; and Women's Health in Women's Hands.

In year 1 (2022-2023), the project engaged target community members to:

1. conduct community consultations to inform the adaptation of the Community Health Ambassador Model for Alliance Peer Coordinators specific to ACB sub-populations
2. develop a peer toolkit to support the implementation of project outreach and education activities in the upcoming years
3. develop and disseminate a framework for delivery and national advocacy strategy based on a status-neutral approach, barrier reduction, Anti-Black Racism, Intersectionality, Anti-Oppression, GIPA/ MIPA, SGBA+

In 2023-2024, the project will create outreach/media materials and strategy, procure needed prevention technologies and resources to conduct various educational and health promotion activities at different pop-up sites and events across the cities.

CURRENT PROGRAMS

Beyond Blue Door

Evaluating Interventions to Bridge Knowledge and Service Gaps for People With HIV with Precarious Health Coverage (BBD)

Nominated Principal Investigator:
Dr. Alan Li

The **Beyond Blue Door (BBD)** research study's objectives are: (1) to bridge knowledge gaps on the social context that impact health status of non-insured PHAs; (2) to evaluate the effectiveness and sustainability of the Blue Door Clinic model in supporting linkage to stable primary care and access to social determinants; and (3) to identify evidence-based strategies to inform policy and services for marginalized PHA populations. The project collected data through focus groups and individual interviews of service providers and precariously insured PHAs; as well as service statistics and health data on service users of the Blue Door Clinic. Analysis of the project shed light on the complex challenges and innovative resilience of the communities; affirmed the Blue Door Clinic as a highly effective model in providing timely linkage to care, treatment initiation and bridging; connection to needed services and peer support. The research also identified critical elements that informed the effective practices; critically needed resources to sustain this important services as well as policy recommendations for systemic changes to improve universal health care and treatment access for all. The final report will be launched at the CAAT AGM and be accessible on www.CAAT.Link

BEYOND
BLUE DOOR

Project ACE

Reducing HIV Stigma and Promoting Community Resilience Through Capacity Building

Nominated Principal Investigator:
Dr. Josephine Wong

CAAT is a key knowledge user partner of **Project ACE**: an implementation research using the Acceptance and Commitment to Empowerment (ACE) Intervention to reduce HIV stigma and build community capacity. Built upon the model and lessons learnt from the CAAT CHAMP study and ACE program, Project ACE uses a community-centred capacity building approach to implement a well-tested online six-week intervention to address stigma of HIV, mental illness, and addiction. We will train service providers /community leaders in Durham, Niagara, London, Ottawa, Edmonton and Calgary to become ACE facilitators and to engage community participants living with or affected by HIV. Results of the study will advance our understanding of the factors, processes, and contexts that influence the adoption of evidence-based interventions in different settings.

Visit www.ProjectACE.ca (launching soon) for more information.



ACKNOWLEDGEMENTS & TRIBUTES

A Special

Thank
You

to **Maureen Owino**,
former CAAT Director

Since joining the CAAT community in 2006, Maureen Owino has taken on many roles, as volunteer, program coordinator, peer facilitator and then from 2013 until 2023, as CAAT's program director. In her leadership role Maureen embodies integrity, innovation, determination and a profound commitment to advancing social justice and promote the well-being of all PLHIVs. Under Maureen's leadership, CAAT has matured from a Toronto-based network to a provincial network with a mandate for building sector-wide capacity in service delivery on HIV and immigration issues. Her activism impacts policies and practices that challenges systemic barriers and inequities at regional, national and international levels. Most of all, Maureen is an amazing mentor to many of her staff and peers in the community. Her compassionate and empowering style of mentorship has helped built a wide community of practice amongst racialized and newcomer PLHIV communities.



*Here is a loving tribute from
Ciro Bisignano, Maureen's
former staff and mentees:*

I am proud to write this brief yet huge in love, admiration, and gratitude recognition for Maureen. Over 10 years ago, Maureen and I met when I went to CAAT for support. Little did I know that I was meeting my mentor, guide, friend, advocate, and Canadian Mother. This sentiment isn't mine alone; a big community she tirelessly championed shares it. Maureen has always gone above and beyond to support PLHIV, and most importantly she fully believed and built the capacity of racialized people living with HIV to reach new heights, fulfill our dreams, and smash glass ceilings. Maureen, I know I am not alone when I say, you are a leader and an example that paved the way for many to come. You've created a Kente cloth of impact and inspiration that touches us all, bringing us together in a Kente cloth of resilience and progress.

Thank You Maureen!

ACKNOWLEDGEMENTS & TRIBUTES

In Memoriam, Derek Yee



In the midst of the COVID pandemic, the CAAT family lost one of its most beloved members, Derek Yee. In his many roles as CAAT program participant, volunteer, board member, peer facilitator, and the Legacy Program Coordinator, Derek's boundless energy, innovative ideas and profound compassion inspired and touched the lives of many people within the HIV communities and beyond. He is deeply missed.

Below is a loving tribute to Derek from former CAAT Director, Maureen Owino:

My Dearest Derek,

As I sit down to pen these words, I am filled with a bittersweet mixture of fond memories and the ache of your absence. You were more than a friend, more than a colleague – you were woven into the very fabric of my life, a beloved member of my chosen family. Four years of shared office space, countless conversations, and a bond unbroken by a single argument or disagreement; such was the treasure of our relationship, the testament to our mutual respect and genuine fondness that defined our relationship, a bond that now lives on my heart as a cherished legacy.

Our paths crossed in 2006, amid the CAAT Participatory Action-Based Research on Mental Health Issues affecting Immigrants, Refugees, and non-documented people Living with HIV. Derek, you shone as a paragon of honesty, a virtue so rare and precious. I still remember the interview for the legacy project coordinator role, where you humbly admitted your lack of technological prowess but offered an unyielding commitment to learning. Your creativity, innovation and capacity for unconventional thinking set you apart, painting a canvas of innovation and boundless ideas.

Upon your arrival at CAAT, we shared an office, and during those months, I observed a unique ritual you performed with each payday. Individuals, many of them homeless, would come to our office seeking you out. Curiosity compelled me to inquire, and you shared with me your quiet act of generosity – offering them financial assistance from your own earnings. When I asked why, your response resonated deeply: “I was once among them, and though I have overcome those struggles, I owe them a debt of kindness.” Your selflessness shone brightly, a beacon of compassion that I would forever carry within me.

When your journey at CAAT reached its chapter's end, our relationship and friendship did not falter. Our coffee meetups at Timmy's to catch upon life's intricacies became a cherished tradition, and during one such conversation, I remember your lament over job prospects. My dear Derek, in those moments, I realized you didn't need a job – you needed a passion to pour your soul into. I found myself urging you to pursue your passions, to find solace in what you loved. Encouragingly, you embarked on an artistic

journey at Casey House, giving birth to a trove of “masterpieces” that adorned our CAAT office walls. We spoke of family, of the longing for connection that years of independence couldn’t erase. I urged you to seek the warmth of your roots, to embrace the familial love that had eluded you for so long. And true to your character, you heeded my words, rebuilding bridges with your parents, especially your father. Little did we know, this would be a priceless endeavor, as your father’s illness beckoned you into the role of caregiver. The love you bestowed upon him painted a mosaic of fulfillment and joy, a chapter you treasured even in his passing. Your journey was marked by an award from ACAS, a moment when your family rejoiced in your accomplishments, mending the years of separation.

Beyond your role at CAAT, your commitment to our mission remained steadfast. Your involvement transcended titles or positions – it reflected your unwavering spirit. The community and especially CAAT bore witness to your continued dedication, your willingness to pour your heart and soul into the causes that mattered most. You embodied the essence of community, extending a helping hand without hesitation or reservation. Through your volunteerism, you became a beacon of hope for those who sought guidance, a source of strength for those navigating the tumultuous waters of life. Your legacy is not confined to the walls of an office or the parameters of a job description – it lives on in every heart you touched, every life you enriched.

Legacy was your baby, your dream and your badge of honor, and your advocacy for the long-term survivors, immigrants, and those living with HIV became an embodiment of your principles. But your heart also beat to the rhythm of the AIDS Vigil. Your relentless pursuit transformed the Vigil into a beacon of inclusivity and collaboration among ethno-racial agencies, a testament to your unwavering dedication.

Your compassion was profound, your empathy boundless. You shared your food, your clothes, your heart, your home – a wellspring of kindness that never ran dry. You housed those in need, extended your hand to the downtrodden, and even in the face of adversity, you continued your mission undeterred. Robberies and assaults could not quench your spirit; your love remained resilient and unyielding. You held a special place for community agencies, their causes near to your heart. Your belief in the strength of community was unwavering, a belief that manifested in your actions and convictions.

Through you, Derek, I gleaned life’s invaluable lessons – a mosaic of insights that shaped me into who I am today. Toronto’s LGBTQ+ scene, the complexities of HIV, compassion’s boundless depths, creativity’s untamed expanse – these were the threads you wove into my life. But most of all, you instilled in me the unshakable truth that where there is determination, impossibilities crumble.

Derek, your journey was a symphony of giving, an anthem of compassion that reverberates through the halls of memory. Your selflessness knew no bounds, and your dedication continues to shape the lives of those fortunate enough to cross your path. As I remember the countless moments we shared, I am humbled by the depth of your commitment. You were not just a colleague; you were a force of nature, a guiding light that illuminated the path towards a better world. Your legacy is etched not only in words but in the lives you forever changed.

You live on in my heart, Derek, not as a memory but as an enduring presence, a love that transcends the boundaries of time and space.

With eternal love and gratitude,

Maureen

HONORING OUR LEGACY

Our Steering committee, Staff, Volunteers and Collaborators in the past 23 years

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Andrew Miao
Brandon YY Chen
Claudette Samuels
Devica Hintzen
Fanta Ongoiba
Fatima Barry
Haran Vijayanathan
Precious Maseko
Shannon Ryan
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Derek Yee
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Mercedes Umana
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Noulmook Sutdhibasilp
Praney Anand
Sandra Chu
Shazia Islam
Sucre Li
Suzanne Paddock
Trevor Gray
Viviana Santibanez
Wayne Wood

Directors/Program Coordinators:

Lounanjio O'Sullivan Brown (Interim: 2021-2022)
Maureen Owino (2007-2023)
Amutha Samgam (Interim: 2006-2007)
Victor Inigo (2002-2006)
Robin Silverman (2001-2002)

Project Coordinators:

Alessandro Ciro Bisignano (Legacy)
David Nshimiyimana (KTE ambassadors training)
Derek Yee (Legacy)
Emmanuel Ndyababo (ETSN)
Godlieve Ndayikengurukiye (Newcomer Sexual Health Promotion)
Gorata Komane (Legacy)
Raj Jagwani (Capacity Building)
Solomon Lome (CHAMPS In Action)

Research Project Coordinators:

Alessandro Ciro Bisignano (Supporting the Supporters)
Desmond Chuang (ETSN evaluation)
Devan Nambiar (Mobilizing Ethno-racial Leaders)
Henry Luyombya (CHAMPS)
Julia Eden (Beyond Blue Door)
Loralee Gillis (Treatment Access for IRN-PHAs)
Seungwon Nam (International Students with HIV)
Y.Y. Chen (Mental health access for IRN-PHAs)

Program & Research Consultants and Associates: (ETSN, Legacy, CHAMPS, BBD)

Abigail Dillon	Krisel Abulencia
Adrian Boucher	Lena Soje
Alan Li	Linson Lin
Alphonso Forbes	Lori Chambers
Amanuel Tesfamichael	Lounanjio O'Sullivan Brown
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Keith Wong	Wanda Knights
Kenneth Poon	Yvette Perreault

Sponsoring Partners and Trustee agencies:

Regent Park Community Health Centre (2013-2023)
Toronto People with AIDS Foundation (2007-2013)
Asian Community AIDS Services (ETSN)
Alliance for South Asians AIDS Prevention (International Student Research)
Ontario HIV Treatment Network (CHAMPS)

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Gilead Sciences Canada
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Ontario HIV Treatment Network
Public Health Agency of Canada
Tibotec
United Way of Greater Toronto
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Cynthia Damba
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Desmond Miller
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Ted Kloosterman
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Tsitsi Watt
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Waldina Aranky
Wangari Tharao
Wangari Muriuki
Wayne Wood
Winston Husbands
Yvette Perrault
Zubeida Ramji

Dr. Alan Li Social Justice Award Recipients

Wonderly Knights
Dale Maitland
Chantel Mukandoli
Kenneth Poon



CAAT team at the
2017 OAN Awards

FORGING THE FUTURE

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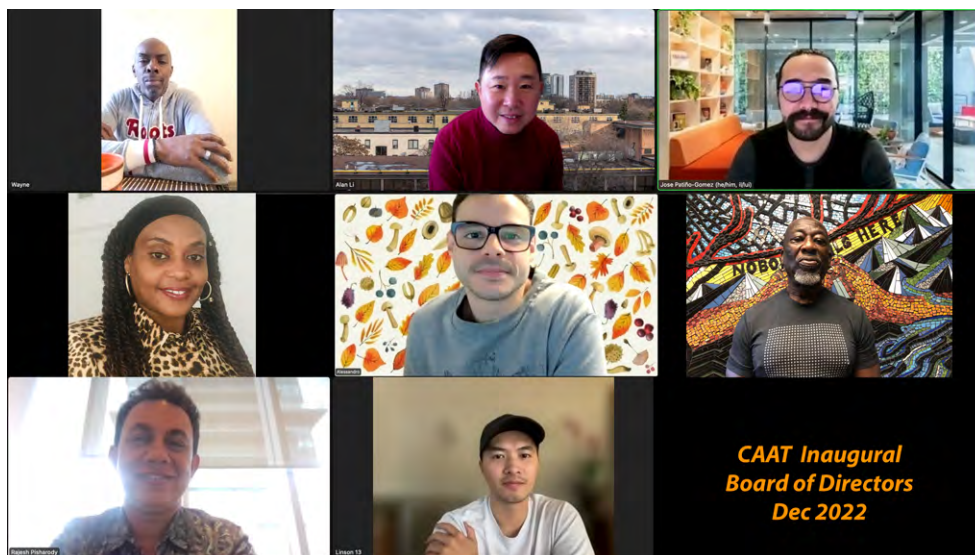
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Legacy Project Coordinator: David Soomarie

ACB community HIV Prevention Alliance Project Coordinator: Jervis Stone

Community Engagement & Organizational Development Coordinator: Ambrose Fan



Consultants & Contract Services:

Organizational development and management Consultants:

Lena Soje
Shannon Ryan

Beyond Blue Door Research Consultants:

Vijaya Chikermane
Dr. Desmond Chuang

Legacy Evaluation Consultants:

Janak Bajgai
Dr. Josephine Wong

Bookkeeping Services:

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Marlene Goldberg, Clerk

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HIV and Hepatitis C Community Action Fund,
Public Health Agency of Canada
Government of Canada's Community Services Recovery Fund
Ontario HIV Treatment Network

GLOSSARY

ABRPO – AIDS Bereavement and Resiliency Program of Ontario
ACAS – Asian Community AIDS Services
ACCHO – African and Caribbean Council on HIV/AIDS in Ontario
ACE – Acceptance Commitment to Empowerment
ACT – Acceptance Commitment Training
ACT – AIDS Committee of Toronto
ACO – AIDS Committee of Ottawa
APAA – Africans in Partnership Against AIDS
ASAAP – Alliance for South Asian AIDS Prevention
ASO – AIDS service organization
Black CAP – Black Coalition for AIDS Prevention
CAAT – Committee for Accessible AIDS Treatment
CAHR – Canadian Association for HIV Research
CATIE – Canadian Treatment Information Exchange
CBO's – Community based Organizations
CBPAR – Community-based participatory action research
CHAMP – Community Champions HIV/AIDS Advocates Mobilization Project
CIA - Champs in Action
CIHR – Canadian Institutes of Health Research
CSSP – Centre for Spanish Speaking People

CTAC – Canadian Treatment Action Council
ETSN – Ethno-racial Treatment Support Network
HALCO – HIV/AIDS Legal Clinic Ontario
IRN-PHAs – Immigrants, refugees and non-status people living with HIV/AIDS
KTE – Knowledge transfer and exchange
LPO – Latino Positivos Ontario
MSM – Men who have Sex with Men
OHTN – Ontario HIV Treatment Network
OPA+ – Ontario Positive Asians
PHAC – Public Health Agency of Canada
PHAN – Peel HIV/AIDS Network
PHAO – Public Health Association of Ontario
PHAs – Person/People living with HIV/AIDS
PrEP – Pre-exposure Prophylaxis
PWA – Toronto People with AIDS Foundation
RHAC – Regional HIV/AIDS Connection
RPCHC – Regent Park Community Health Centre
SJCE – Social Justice and Collective Empowerment
WHIWH – Women's Health in Women's Hands Community Health Centre



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