On World AIDS Day, Western researchers outline the global HIV/AIDS fight.

Board takes ‘important step,’ OKs Indigenous plan

BY ADELA TALBOT

Today, Candace Brunette is thinking of her great-grandmother who lived on a trap line. She is thinking of her grandmother who didn’t have the right to vote in Canada. She is thinking of her mother who had a Grade 10 education. And, as she looks back on challenges she faced as a Mushkego Cree university student, she looks to her young sons and sees a hopeful future.

“I think of all of that, and I can see the change, and I can see the work that was collectively done and the direction we’re moving in. It’s overwhelming at times. We’ve come so far,” Brunette, Western’s Indigenous Services Coordinator, said following the approval of the Indigenous Strategic Plan by Western’s Board of Governors last week.

“When universities were being shaped and molded, Indigenous people were not included. And now we are trying to catch up. In the future, Indigenous people can come into an institution and our ways of knowing will be welcomed. It’s not about an assimilatory model anymore,” she continued.

“We can bring who we are to the institution; our ways of knowing will be welcomed, it will be a safer place for my kids. It’s not that it wasn’t a safe place before. It’s that there literally wasn’t a place for some of my relatives in the past. We’re in a different time.”

The approval of the Indigenous Strategic Plan is an historic occasion for Western, one that has been a long time coming, noted Janice Deakin, Western’s Provost and Vice-President (Academic).

Next up, a task force will be formed with the mandate, in the New Year, to recommend ways to implement the goals outlined within the plan, she said.

“It’s an important step toward fulfilling a commitment made in the university’s overarching strategic plan (Achieving Excellence on the World Stage) to improve accessibility and success in higher education for Indigenous peoples. It also provides some direction for how we will respond to the calls to action outlined in the 2015 report issued by the Truth and Reconciliation Commission of Canada,” Deakin said.

“Western stands among many postsecondary institutions across the country that are focusing greater attention on issues related to Indigenous education.”

- Janice Deakin
  Western’s Provost and Vice-President (Academic)

“We owe a tremendous debt of gratitude to the members of the Indigenous Strategic Initiatives Committee who consulted with close to 700 campus and Indigenous community members over the course of the last three years to develop the plan,” she continued.

Western’s first-ever Indigenous Strategic Plan seeks to remedy the under-representation of Indigenous peoples as students, professors, staff and administrators in Canada’s postsecondary education system, according to university officials.

In consultation with the Indigenous Postsecondary Education Council, Western formed an Indigenous Strategic Initiatives Committee, which has been engaging and consulting members of the campus community and local/regional First Nations communities over the past two years to develop the draft strategic plan. Western has three local First Nations communities in close proximity – Chippewas of the Thames First Nation, Oneida Nation of the Thames and Munsee Delaware Nation.

The document sets down eight strategic directions which we are strongly committed to achieving tangible results.”

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Western researchers are trying to understand the complexities of the human immunodeficiency virus (HIV) with the aim of eventually finding a cure. To commemorate World AIDS Day 2016 today, Western News contributor Crystal Mackay sat down with five of the top HIV/AIDS researchers at the Schulich School of Medicine & Dentistry to find out what they think is the key to eradicating the epidemic and to learn what their idea of a ‘perfect world’ would look like with respect to HIV/AIDS in the next decade.

On World AIDS Day, Western researchers outline the global HIV/AIDS fight.
It no longer makes the headlines it once did. But HIV/AIDS remains a stark reality for millions of people around the world. HIV – or human immunodeficiency virus – attacks and destroys infection-fighting cells of the immune system. Without treatment, HIV gradually destroys the immune system and advances to AIDS – or acquired immunodeficiency syndrome. AIDS is the most advanced stage of HIV infection. Since the virus was first identified in 1983, 78 million people have become infected. Of these, 35 million – or six times the population of the Greater Toronto Area – have died from AIDS-related illnesses.

According to the United Nations, there were approximately 35 million people worldwide living with HIV/AIDS at the end of 2015. Of these, 1.8 million were children under the age of 15 years old. An estimated 2.1 million individuals worldwide became newly infected with HIV last year – a number that has remained stubbornly consistent since 2005.

Yet, positive news exists. AIDS-related deaths have fallen by 45 per cent since a peak in 2005; new infections among children have decreased by 58 per cent since a peak in 2005; new infections among women have decreased by 47 per cent since a peak in 2008; and new infections among men have decreased by 38 per cent since a peak in 2001.

In the near future, the focus is going to be on how to make it easier for those infected with HIV to take their medication in order to reduce the difficulties we see now with adherence. If we can find a way to make the medication easier for them to take, then we can give them every month or every two weeks, which would enable adherence in people who think they have their daily Ading difficult.

Five can encourage adherence, we can shut off the epidemics by reducing the viral load in individuals to a point where they are no longer infectious to others through an avoidance of infection equipment. This would enable us to not only protect their health, but to prevent the next generation from acquiring infection.

In the near future, in order to achieve this, we will need to have a vaccine. A vaccine is needed because even though we have a vaccine to both prevent new infections and also allow people who are already infected to stop taking medications without the virus re-emerging. Therefore, the healthcare system would only have to interact with people once, to vaccinate them, and people could go on with their lives as though they never had HIV. Unfortunately, this is still a long way off.

Nevertheless, it is important to point out that even now, it is critically important people living with HIV take their medications as they will be healthy and able to participate in the care when they arrive.

Here are the researchers’ stories in their own words.

**Silverman**

Michael Silverman, Division Chair-Chief of Infectious Diseases, is focused on prevention of mother-to-child transmission of HIV in Africa, and explores the transmission of HIV among intravenous drug users in the Canadian population.

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**Kang**

Microbiology and Immunology professor Chi Yong Kang made international headlines when he led a developing a preventive HIV vaccine, approved for human clinical trials in 2012. The vaccine uses a genetically modified version of the inactivated HIV gene and has now moved into Phase 2 of clinical testing. Kang’s lab is also working on developing a therapeutic vaccine to treat those infected with the virus.

Worldwide, there are still 1.8 million new infections of HIV per year. My hope is our experimental HIV vaccines will lead to complete eradication of HIV infection in the long term. In the shorter term, I hope the vaccine, in combination with antiretroviral therapy (ART), will help HIV-infected individuals to have a near normal life.

As far as prevention is concerned, I firmly believe in the development of effective prophylactic/inactivated vaccines. This is the solution to ending the AIDS epidemic. In 10 years, with respect to HIV/AIDS, I hope everyone will have access to an affordable, effective prophylactic HIV vaccine which can prevent HIV infection and consequently, new HIV infections.

If we can find a better vaccine to prevent infection of HIV-infected individuals, we can make them resistant to HIV infection in the body in a process called virologic or virological suppression. It will be a big deal in the future.

In the shorter term, we are currently in the era of PreP therapy (pre-exposure prophylaxis), a daily medication individuals can take in order to prevent contracting HIV. Clinical studies have shown 90 per cent efficacy in people who take this medication on a daily basis. If we succeed in PreP therapy, we will need to develop a vaccine that will cure infected individuals. Even if we don’t develop a vaccine that can prevent new transmissions, a cure does exist to eliminate the virus in 15 or 20 million people who can no longer transmit. Unfortunately, we have to find a way to develop a vaccine that will cure infected individuals.

Our research is going to be on how to find a cure. A combination of antiretroviral drugs and vaccines to both prevent and treat the infection. Long term, both groups of researchers work together – those that do the drug therapy and those that do the vaccine therapy. We are working to develop a combination of drugs and vaccines to completely cure HIV/AIDS in the future.

If you look at where research is going right now to find a cure, it’s a combination of antiretroviral drugs and vaccines to both prevent and treat the infection. Long term, both groups of researchers work together – those that do the drug therapy and those that do the vaccine therapy. We are working to develop a combination of drugs and vaccines to completely cure HIV/AIDS in the future.

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On World AIDS Day, Dec. 1, we reflect on the fight against HIV/AIDS and Western’s role in it.

Here are the researchers’ stories in their own words.