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Quilting allyship in a time of COVID-19

Andrea Mellor

AUTHOR NOTE

Andrea Mellor is a cis-gendered woman of Chinese and British ancestry, currently residing on Treaty 7 Territory. She is a PhD candidate in the Social Dimensions of Health Program at the University of Victoria, where she is exploring the protective qualities of coming of age teachings for urban Indigenous youth living in foster or away-from-home care. She supported CAAN's Weaving our Wisdoms project as the research coordinator from 2018 and 2020. Andrea began her work with Indigenous community-based research while living in Lkwungen Territory (Southern Vancouver Island) and has since relocated back to the other side of the Rockies where she lives with her little dog Lucy. She balances the brain work with handwork, specifically, going through the slow process of "sheep to shawl" in spinning, knitting, and weaving. More recently, she has increased the scale of production by cutting up large pieces of fabric into small pieces and sewing them back together.

ABSTRACT

This commentary reflects on ways the coronavirus pandemic has offered opportunities to practice critical allyship in a time of uncertainty. The author reflects on how conversations with her mother, a public health manager, highlighted ways that responding to the needs of tent city residents during COVID-19 helped stitch together a community of allies to support increased access to health services. These conversations revealed ways that allyship is practiced on the ground during a pandemic, how compassionate care means care on the terms of the client, the importance of dignity, and the damage of stigma. Using quilting as a symbol of togetherness, the author reflects on ways that a quilt, metaphorically, can be a positive model of compassionate care showing us ways that COVID-19 has brought us together.

ACKNOWLEDGEMENTS

I wish to acknowledge the community members we learn from and support in our efforts to support compassionate care and dismantle structures that maintain systems of inequity. I wish to acknowledge the work I do with the Canadian Aboriginal AIDS Network and the lessons I have learned from this community on practicing allyship in a good way. Acknowledgements of course to my mum, whom I have not named to maintain the anonymity of the communities discussed. I do not wish to homogenize the experiences or landscapes of tent cities by not naming them, however, due to the highly politicized conversations surrounding this particular city, I felt it was more respectful to centre the conversation on the work being done to support communities rather than draw attention to the people who oppose them.

A NEW (NON)NORMAL AFTER COVID-19

I write this commentary living in a time of the Coronavirus disease or COVID-19. This has meant distancing from friends, family, and community out of love rather than fear. This has shown me the value their presence brings to my life and how face-to-face exchanges of emotion cannot be match virtually. I wonder what the “before and after” COVID-19 life will look like. I do not believe we will return to “normal”, and I think there will be some grief we have yet to experience that will accompany that. Yet, despite the many ways COVID-19 has required us to distance ourselves from one another, I also see ways that it has brought us together.

This commentary is grounded in my relationship with my mum, our textile-based hobbies, and our separate, but related work in community health. She is a Public Health manager and I work with the Canadian Aboriginal AIDS Network. During this time of COVID-19, we started sewing together; safely, sadly, separated by an ocean and a mountain range. As our conversations ping ponged between work and stitching, I started to see ways that COVID-19 was, paradoxically, connecting us during a time of isolation.

When our conversations turned to the efforts Public Health was investing in supporting the residents of tent cities, I started to think about how COVID-19 was stitching together different communities of allies. Unfortunately, allyship has become a bit taboo in health care. This is because it can be associated with “doing good” in ways that benefits the agenda of the doer and not the receiver, consequently, reinforcing power structures that allyship seeks to undo (Davis, Hillier, James, Lloyd, Nasca, & Taylor, 2017; Nixon, 2019). Tent cities or other temporary housing that emerges in public spaces are a reflection of society’s failure to ensure equitable access to basic determinants of health like food, shelter, and clean water (Pauly, Gagnon, & Brett, 2018). It is a lack of affordable or stable housing for many individuals that results in having to live in public spaces, spaces which are often stigmatized as places of poverty, crime, and risky behavior (Ivsins, Users, Benoit, Kobayashi, & Boyd, 2019). If a “let-me-save-you” approach to allyship is taken in tent cities by care providers, it risks overlooking the presence of community, solidarity, and empowerment that also exists in those spaces, qualities that promote health and wellbeing (Ivsins et al., 2019; Pauly et al., 2018).

In shifting the conversation to a perspective of practicing critical allyship, we are better situated to address the issues at the root of housing crises. Stephanie Nixon defines practicing critical allyship as a reorientation from dominant ways of thinking about how we address inequities. Allyship then becomes an ongoing, active practice, where we work to dismantle systems of inequity through 1) recognizing our own role in upholding systems of inequity, 2) learning from historically marginalized groups (the real experts) to understand inequity and what actions of redress need to be taken, and 3) mobilizing in collective action under the leadership of the real experts (Nixon, 2019, pp. 7-8).

In this commentary, I wish to demonstrate this form of allyship-in-action by sharing some of mine and Mum’s conversation on her experience as a public health manager¹ responding to the

¹ I have intentionally not named my mum to protect her identity as these views and experiences are her own and are not intended to represent the experience of other care workers supporting folks throughout the pandemic.

needs of tent city residents during COVID-19, and how she and her team worked to honour the residents' right to self-determination and compassionate care. I use quilting as a metaphor throughout the commentary to illustrate the ways that quilting literally and figuratively has brought individuals, communities, and society together. I believe using this symbol helps to convey a strength-based approach to practicing allyship by drawing on nostalgic remembrances of home, security, and family. Much like ways we learn from collective action in social justice movements, the images of the quilts included are of projects both completed and in-progress to reflect the work that has come before and that which we are constantly in pursuit of.

LIFE AS A PATCHWORK

Part way through our COVID-19 isolation, I was finding the seams connecting my relationships to work, school, friends, and family were coming undone at the edges. I was searching for ways to stitch myself back together. So, I started sewing.

Mum is a prolific quilter. She passed her knowledge to me through long afternoons of chit chat, fabric laying, cutting, embedding forever the rrrrr-rrrr-rrrr-rrrr rhythm of the sewing machine in my memory. I rarely participated, I would mostly sit on a stool and watch. I am not sure what moved me to put aside my weaving and haul out my sewing machine for a change. I had a kit that I had bought a year prior with a friend, and I just started to lay out the fabric, cut, and take up the rhythm. Maybe I needed something that involved straight lines, or that tangible and visible output of creating something. Maybe I just needed something that was familiar in this time of uncertainty; something that connected me to my mum, my memories, and a life where I felt my feet were planted firmly on the ground. With everything appearing uprooted all around me, I needed something to stitch me back to earth, back to a fabric of the familiar.

If we consider ways that quilting has been used to practice allyship, we see ways that it has repurposed traditions of handwork to raise awareness about the importance of community connection for strength and healing. The *AIDS Memorial Quilt* (Figure 1) and the *Native American AIDS Quilt* (Figure 2) are examples of textiles that "...play a part in the healing process for both individuals and communities... to the struggle against AIDS" (Carocci, 2010, p. 72). Collectives like the *Social Justice Sewing Academy* (SJSA) create safe intergenerational spaces for young people of colour to talk about issues that matter to them and use textiles as a way to advocate for an end to injustice (Figure 3, SJSA, 2020). Canada's *Quilt of Belonging* was guided by the vision "...that everyone has a story to tell, each culture has a unique beauty and that the experiences and values of our past inform who we are today" (Figure 4, Quilt of Belonging, 2016). These quilts, among others, are examples of stories that are stitched across space and time into a celebration of unity, showing us that we can celebrate unique identities and gather together to transcend structures that seek to keep us apart.

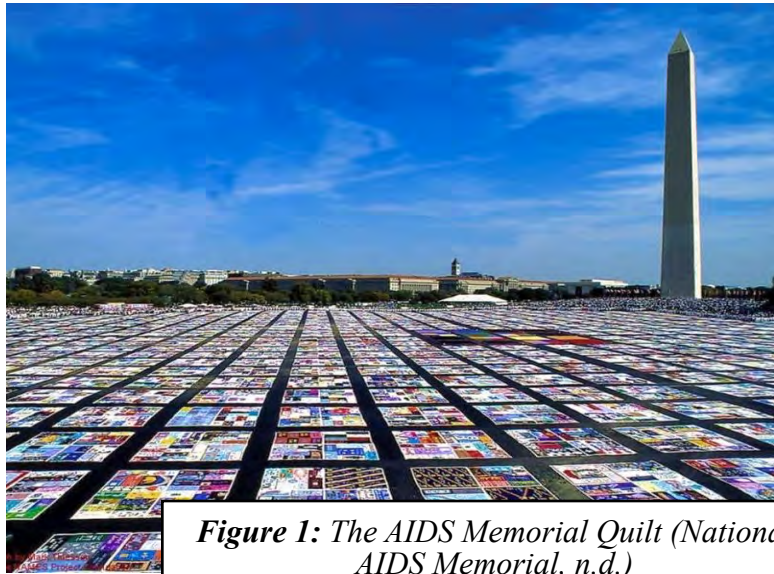


Figure 1: The AIDS Memorial Quilt (National AIDS Memorial, n.d.)



Figure 2: AIDS memorial quilt by Christopher Scott Gomora (Ojibwa). Glass beads, buffalo sinew, turkey feathers, braintanned deer hide (Carocci, 2010)

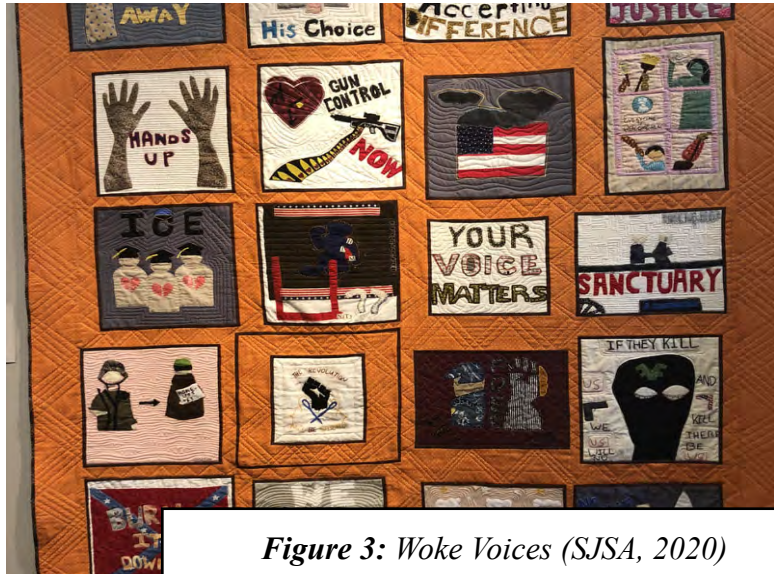


Figure 3: Woke Voices (SJSA, 2020)

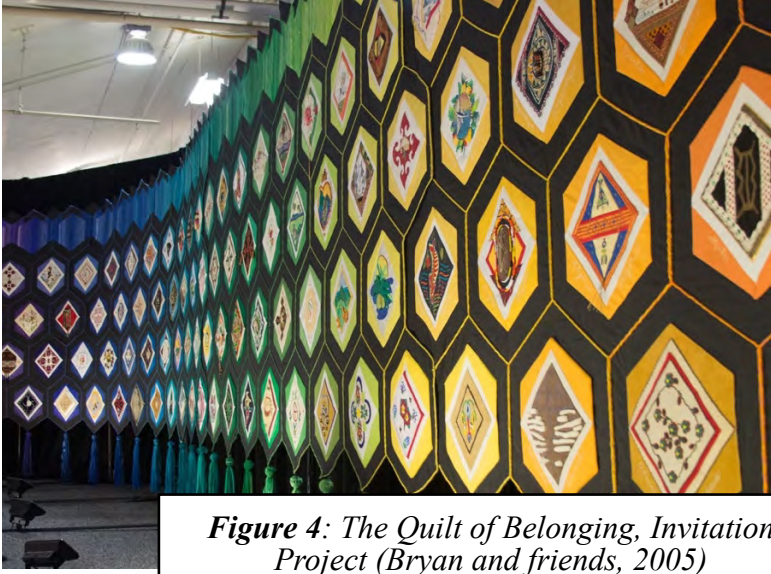


Figure 4: The Quilt of Belonging, Invitation Project (Bryan and friends, 2005)

STITCHING A PATCHWORK OF ALLYSHIP

In the same way that quilters weave and re-connect stories as strong, cohesive community patchworks, so too do community-based models of care. Practicing critical allyship in health care means working to dismantle power dynamics that have historically been entrenched in service models. By meeting clients on their terms and recognizing that they are the experts in their living experience we can undo the power imbalance that has historically existed between health care recipients and health care providers (Prentice et al., 2018). I asked Mum what her perspective was on applying community-based models of care and how this connected to practicing allyship in the tent city:

...you're an ally, you're not there to change somebody's life or to make a judgement about their life or any of that. It is what it is. This is how they're living and we're there to provide a service if we can, but it's entirely optional. People don't have to buy into that service if they don't want to or they can have some of it and not all of it... I think to be an ally, you really want to be mindful of that and respectful that you are in somebody else's space... you're walking alongside, you're not telling them what to do... you're sitting along side and if they're ready [for] assistance or service, then you're ready to give it.

Respecting an individual's right to self-determination is one way that care providers can "...meet individual clinical needs without reproducing systems of inequality" (Nixon, 2019, p. 8). Consequently, what emerges is a more culturally safe health care environment that address issues that residents identify as important, for instance, precarious housing, food insecurity, and racial discrimination.

During our conversations, Mum also spoke about how cultivating a positive experience during the COVID-19 testing clinics created opportunities to build trust with clients. By bringing the clinics to the tent city, public health nurses and other care providers had an opportunity to raise awareness about other services that Public Health offered in a non-forceful and non-judgemental way. For example,

...we go in and we say we're doing some testing for COVID, but as you're doing that, you happen to notice that that person really looks like they're having a terrible time with cellulitis on their feet. And you're noticing that because you're a nurse. So you may say:

"Ok, we've done the test and we're going to get the results back to you, but I have noticed that you have quite a problem with your feet and has anybody spoken to you about that or has anybody addressed it?"

If the person says, "ya sure, somebody is helping me with it"

We might, say, "I notice you don't have a dressing for it, have you run out? Do you need stuff to look after it?"

They could say yes or no, or they could say, “No, nobody’s talked to me about that at all”

Then we’d say, “well, it looks like it could be infected, is that something we could help you with? Because, if it gets infected, you could have a lot of problems walking, but we’re happy to do that... we can’t do that right now, but we’ll let one of the other nurses know that this is an issue”

Then we would probably let the nurse who is in charge of the whole place know, and say, “we just tested somebody in tent site 168 and noticed they have real issues with their feet”

Another example might be that you are doing a test and then a woman might say, “Well, by the way I’m pregnant”

So, then again, “do you have perinatal care? Do you want perinatal care?”

If they say no... you just say “ok, well, if you change your mind... here’s where you can reach us.”

I think that’s what being an ally is really about, you’re just trying to be, you’re providing a service, but you’re providing it based on that person’s willingness to accept it.

During Andrew Ivsins’ work with people who use drugs on Vancouver’s Downtown East Side, one of the study’s participants, Maya, said that “...other people that are looking in ... They're judging us because we're addicts, right ... But we're still people” (Ivsins et al., 2019, p. 4). The stigma takes away the specific context and living experience of each person who is street-involved. By creating a single identity of a group, the social and individual gaps continue to grow because the root causes, the reasons the inequality exists (e.g., social inequity), do not get addressed. Evidence shows that stigmatizing experiences influence the uptake of health care services and have enduring impacts on individual and community health and wellbeing (Earnshaw, Bogart, Dovidio, & Williams, 2013; Earnshaw & Quinn, 2011). Because of this, I appreciated the way Mum spoke about the role that Public Health has in preserving the dignity of their clients and respecting that the testing clinics were taking place in peoples’ home environments. Knowing Mum, I think she would have expressed the same client-care responsibility had she not been present at the testing sites, however, I saw a shift in how she talked about tent cities after having spent some time chatting with the residents. She was candid about her feelings on this, acknowledging her preconceptions and the ways they changed.

Well, I think I probably had the same feelings a lot of people did. I thought, “Wow, all these homeless people who live all over the place... are now going to be living in one place,” and there was definitely some problems associated with that... we would hear about violence, especially assaults against women, things were stolen... so I guess I just associated gathering all of these people together... was going to be sort of, more violence, and individuals that had a lot of mental

health issues that were trying to live together in a situation that was kind of unstable.

...but once I got there, I had to admit, everything was laid out very nicely in a grid pattern, a lot of the sites were really tidy, there wasn't garbage all over the place. That was the other thing I thought: was there going to be garbage everywhere? Needles all over the place? And I didn't really see that. There may have been an element of that, but I personally did not see that.

The patchwork of allyship that emerged during this time is one where services are the pieces of fabric, and the clients are the threads stitching them together. Service providers tie the top and bottom, and put the binding on the quilt, but it is the arrangement of the fabric pieces on the top, the way they are stitched together that gives each quilt its unique qualities. It is crucial that when we talk about practicing allyship, we recognize those who we serve hold us together, but as allies we can and do have a role to play in that togetherness.

We [*Public Health*] are there to provide healthcare. We don't provide all of that healthcare, but we also are connected enough to know that, "...ok, this is what we're doing, but if you need something else, and or more, we can help you with that." I think [the] ... beauty of it [has been that] up until recently, I don't know that you could have said that we were coordinated. I think we weren't. We were each kind of doing our own thing and trying to ensure that people had what they needed... like we knew each other, but we weren't involved in each other's work... I think now, that's going to change.

They would be working in their own methods in their own places and so would we. But this has demanded something else from us, so we know each other, we know of each other, we know what each other does and, I think we'll probably have more interfacing in the future.

I asked Mum if she thought that the way Public Health works with the street community would change in the future:

I think so. And you know, we've already been talking about that because Public Health, especially my area which is child, youth, family, has not had a lot to do with that population, but with COVID, all of us have had to do something different... we have always worked with communicable disease... so in times of outbreak, they really rely on Public Health for support. We hadn't worked a lot with mental health and substance use, and I think we'll continue to work with these teams afterwards, now we know what mental health/substance use is doing out in the community... I do see that after COVID's immediate crisis has passed... public health nurses could definitely be doing more work... with the street community, especially with perinatal women, so women who are expecting for example, or women who are marginalized... maybe while we're out there testing people... we'll be doing more immunizing if people wish it.

I thought about ‘wrap around care’ services, service models and care plans that are collaborative between those receiving care and those supporting it. I thought about a patchwork of allies wrapping like a quilt around the shoulders of care recipients. The wearer is not passive, they choose how much or how little they would like to be blanketed. Can practicing critical allyship be the paradigm within which we work to stitch a patchwork of allies to provide warmth, security, and care in times of need?

FINAL THOUGHTS: CORONA IS A TRICKSTER

The conversations surrounding allyship can play a key role in establishing strength-based narratives about marginalized communities. While working in the area of Indigenous community-based research, I have learned about the importance of storytelling and the fluidity these stories take, precisely because we are all storytellers and we all have stories to tell (teaching from HIV Older Valerie Nicholson). I think about what I have learned from the IPHA community (Indigenous people living with HIV and AIDS) and see the ways that my IPHA teachers have fought for patient-oriented research practices and how, in doing so, they have rewritten narratives of strength, justice, and compassion. I reflect on the collective action that COVID-19 has required of us and see how despite the many challenges, it has created stories of strength, togetherness, and community. Kind of like a Trickster teacher...

The Trickster archetype in Indigenous storytelling has been interpreted and reinterpreted over time, but always shifts between hero, transformer, and teacher (Risling Baldy, 2015; Vizenor, 1990). Indigenous legal scholar Val Napoleon uses her paintings of Kookum Ravens to show us how the Trickster story can be shaped in ways that ask us to reflect on how we see our stories and the characters within it. She tells us Kookum Raven,

“...can teach us by being a trouble-maker and by upsetting the log jams of unquestioned assumptions. She can also teach us with love, patience, and a wicked sense of humour. She can create spaces for conversations and questions – that is her job as a trickster and a feminist so that nothing is taken for granted and all interpretations are laid bare” (Indigenous Law Research Unit, 2014, p. 26)

Instead of focusing on what COVID-19 has taken from us, what has it taught us about coming together?

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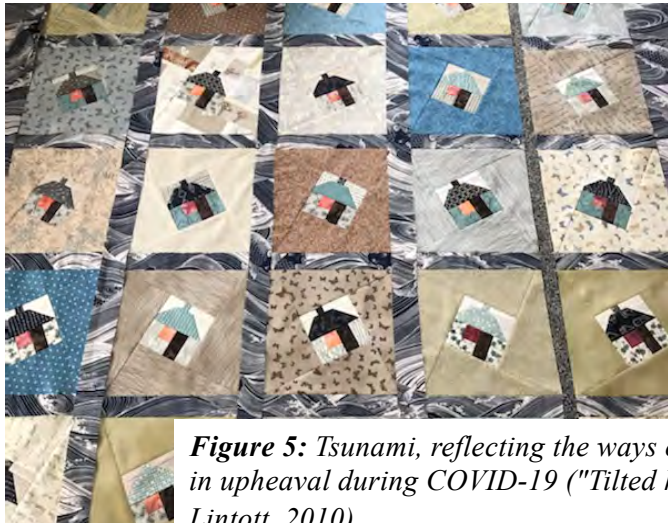


Figure 5: *Tsunami, reflecting the ways our homes have felt in upheaval during COVID-19 ("Tilted houses" pattern, Lintott, 2010)*



Figure 6: *Love in a time of COVID-19 (Pixelated Heart, Kaufman, 2013)*

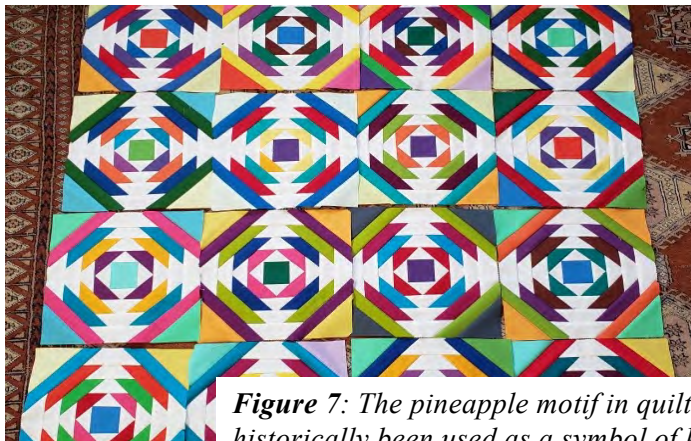


Figure 7: *The pineapple motif in quilt blocks has historically been used as a symbol of hospitality and welcome (Pineapple Quilt Pattern, MSQC, 2017)*



Figure 8: *The early stages of this Raindrop Quilt Bag, a gift being made for a fellow public health nurse who has been on the ground providing services from swabbing to harm reduction. ("Raindrops", Tula Pink, 2012)*