



# Canadian Association for HIV Research

*The voice of Canadian HIV/AIDS researchers*

## Collaboration and Advocacy The first 15 years

BASIC SCIENCE

CLINICAL SCIENCE

EPIDEMIOLOGY AND  
PUBLIC HEALTH

SOCIAL SCIENCES

This history document is based on available archival documents and interviews. It does not claim to be comprehensive. It provides a brief description of the association, its organization, strategic policy issues, and activities, placed in the context of key developments in Canada's response to the HIV/AIDS epidemic. CAHR's membership includes Canada's outstanding HIV/AIDS researchers; this document does not attempt to showcase their many achievements. For more information about CAHR please visit its website, [www.cahr-acrv.ca](http://www.cahr-acrv.ca). To contribute more association history and/or comment on the contents of this document, please email [info@cahr-acrv.ca](mailto:info@cahr-acrv.ca).

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# Collaboration and Advocacy

## The Canadian Association for HIV Research: The first 15 years by Ann Silversides

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# Introduction



**The Canadian Association for HIV Research** is unique among national research organizations, both in Canada and internationally. Since its creation in 1991 CAHR has brought together researchers from diverse disciplines and community members so that they can learn from each other to better tackle the enormous challenges presented by the HIV/AIDS epidemic.

The association's showcase event is its annual conference (for year-by-year conference details, see page 29). The focus of the proceedings is the presentation of previously unpublished research. Abstracts of this research (except for 1992) are published in special supplement issues of the *Canadian Journal of Infectious Diseases & Medical Microbiology* (formerly the *Canadian Journal of Infectious Diseases*).

At these conferences, basic scientists rub shoulders with human rights advocates, epidemiologists meet with people living with HIV/AIDS, clinicians chat with social scientists, and students learn the ropes. Having such a diverse group belonging to one research organization is not by any means the norm. Yet the very nature of the HIV/AIDS epidemic, and the enormous scientific and practical challenges and the stigma associated with the condition, call for a multidisciplinary body.

Individuals involved with basic research, treatment, prevention, and ethics, those who track the course of the epidemic, those who help people cope with the impact of their illnesses, and those who themselves have HIV/AIDS: all of these participants have a lot to learn from each other. The conference features CAHR's four "tracks": basic science, clinical science, epidemiology and public health, and social sciences. In a given year, for a variety of reasons, one or another of those tracks can have a greater presence; but CAHR has always focused on fostering collaboration among scientific disciplines.

# Mission

The mission of the Canadian Association for HIV Research:

- to promote excellence in HIV research, including the mentoring and career development of investigators entering the field;
- to foster collaboration and co-operation among HIV research communities, including basic science, clinical science, epidemiology and public health, and social sciences; and
- to engage the diverse stakeholders/communities in ongoing dialogue, exchanging information and knowledge to ensure that HIV research remains responsive to their needs.

In its multidisciplinary representation the CAHR conference resembles the scientific program of the International AIDS Conferences, though on a much smaller scale. The size of Canada and of its research community also means, as one CAHR regular puts it, that “you get to meet everyone” at the annual conferences. In recent years CAHR conferences have attracted an average of about six hundred registrants. The conferences’ evening social events, which have featured side trips to dude ranches, discotheques, and sugar shacks, have become a highlight that fosters further informal social interaction. Collegiality has been a defining feature of the organization – something, some long-time members say, that distinguishes it from other scientific organizations.

Since its inception, CAHR has also been involved in advocacy, in making the case for the great necessity of more attention being paid to HIV/AIDS in Canada, and for increased funding for research. Research of all kinds is critical to tackling this public health emergency: basic research to expand the kind of understanding that will lead to better treatment and prevention; clinical research to demonstrate the “real life” benefits of treatment and prevention protocols; epidemiological and public health research to reveal how the people and the epidemic interact; and social science research to evaluate important questions such as how individual, social, and structural factors, including substance use and stigma, have an impact on risk behaviour and the epidemic.

CAHR’s advocacy role is vital, and it was particularly critical in the early years of the epidemic. Government money was then the main source of funding because no large foundations or private or corporate donors were providing money for AIDS research. People living with HIV/AIDS were – and for the most part still are today – relatively young and often socially marginalized and not the beneficiaries of widespread philanthropy. As a result the research community has been heavily dependent on a government funding cycle that, when funding renewal announcements were uncertain and delayed, tended to disrupt planning for long-term research projects.

Except for a brief three-year period, CAHR has had no full-time staff. The day-to-day operations of the association are carried out by volunteer members of the executive and council (for a year-by-year list of council members, see page 31). Individuals have made enormous commitments over the years. Many

executive members have served more than the standard two-year terms, and CAHR presidents effectively serve for six years on the executive: two as president-elect, two as president, and two as past-president.

Today, fifteen years after its founding, CAHR has still not achieved one of its initial goals – “to do itself out of existence” by helping to find ways to prevent and cure HIV/AIDS. A key task ahead, then, is to nurture the next generation of researchers who will continue to tackle what has now become the AIDS pandemic.

# A Brief (Pre)history

## The Early Years

**The arrival of HIV/AIDS in Canada** was officially heralded in March 1982, nine months after the U.S. Centres for Disease Control (CDC) issued its first report on unusual cases of *Pneumocystis carinii* pneumonia (PCP) among gay men.

The March 27 issue of *Canada Diseases Weekly Report* reported the first Canadian case of the illness that would become known as AIDS. A gay man in Windsor, Ont., who had PCP, had died in February. (There may, of course, have been previous Canadian cases that were not identified.)

Some thirteen months later, on April 26, 1983, the airline attendant whom the CDC had identified earlier as “patient zero” presented at the emergency ward of Le Centre hospitalier de l'Université Laval in Quebec City suffering from PCP and Kaposi's Sarcoma. Canadian Gaétan Dugas died in Quebec City the following spring.

Across the country, a small group of doctors, medical researchers, public health officials and gay community activists had begun paying close attention to the mysterious new illness. Small groups of researchers across the country were working on pieces of the puzzle. Basic research was carried out primarily in Montreal, but it also took place in Toronto, Winnipeg, and Hamilton, which were centres with the high-level containment labs necessary for working with HIV. Early epidemiological and clinical research was launched in Toronto, Montreal, and Vancouver, the cities with the highest number of people suffering from the mysterious new illness. A small number of family physicians across Canada were beginning to see patients, mostly male homosexuals.

AIDS advocacy and support groups began forming in 1983 (first in Vancouver, followed by Toronto and other cities), and 1986 saw the creation of the Canadian AIDS Society. Governments in Canada also began, slowly, to take notice: the National Task Force on AIDS was formed in 1983, and by 1986 had been reconstituted as the National Advisory Council on HIV/AIDS (NAC-AIDS). The Federal Centre for AIDS was established in 1987.

The epidemic was most prevalent in Canada's three largest cities (Montreal, Toronto, and Vancouver), although physicians and researchers in other centres, such as Calgary, Edmonton, Halifax, and Ottawa, were also seeing patients suffering from the opportunistic infections associated with the new condition.

In the early 1980s virologist Michael O'Shaughnessy, who would later establish the British Columbia Centre for Excellence in HIV/AIDS and become CAHR's fourth president, worked in Ottawa at the federal government's Laboratory Centre for Disease Control. He remembers the fear and stigma associated with AIDS in those days. He says that in the 1980s he would walk into a room and tell people that he worked with HIV – and soon he would be left standing around *"with a drink in my hand by myself."*

Dr. Gary Garber, who trained in Vancouver from 1983 to 1986 before setting up practice in Ottawa, was one of the founding members of CAHR. In those early days, he says, *"People were always saying it was someone else's problem, let someone else take care of it."* He recalls that very few senior physicians got involved with AIDS early on. An exception was Dr. Allan Ronald in Winnipeg, who was the head of a large division of infectious disease.

Immunologist Ken Rosenthal, who later became CAHR's sixth president, worked early on with the local AIDS network for dialogue and support in Hamilton, Ontario. *"It was a steep learning curve for me. I am a guy who spends most of my time in a lab. I benefited enormously from meeting with people who were infected with HIV/AIDS and I very quickly learned and appreciated that to be really engaged in this fight one had to become an advocate."*

In 1988 *AIDS: A Perspective for Canadians*, a Royal Society of Canada report written by leading scientists and academics, called for research funding to be increased to at least \$35 million a

year, up from the \$4.26 million allocated in 1987/88. The report also recommended spending of \$80 million a year on AIDS education.

But funding for AIDS services and research continued to be scarce, and by the time the International AIDS Conference was held in Montreal in June 1989, researchers, physicians, and activists were frustrated at the federal government's lack of commitment to fighting the epidemic.

It was not until a year later, on June 28, 1990, after 2,282 Canadians had already died of AIDS, that federal Health Minister Perrin Beatty announced the first National AIDS Strategy. Funding for the first phase of the program would amount to only \$112 million over three years.

Despite the limited dollars, Canadians were conducting important research, obtaining their funding primarily from Health Canada's National Health Research and Development Program (NHRDP) and the Medical Research Council (MRC). The *Directory of Current HIV/AIDS Research in Canada 1988 to 1991*, a document published by the Centre for AIDS Studies in Montreal and compiled by CAHR's second president, Catherine Hankins, shows research taking place at most major universities in Canada. The McGill AIDS Centre, the first university-wide co-ordinated centre in Canada to deal with AIDS, was established in 1990.

## Founding the Canadian Association for HIV Research

Founding members of CAHR have slightly different recollections of when and how the idea for such an organization crystallized. Dr. Gary Garber recalls a group of about twenty Canadians who attended the Fourth International AIDS conference in Stockholm in 1988 getting together and discussing the need for "a Canadian collaborative study group" on AIDS. A lot of work was being done in Montreal, Vancouver, and Toronto, he says, but if you were outside those centres it was difficult to keep up to date on developments. "I was from Ottawa, and there were also people from Calgary, and we felt we really needed a communication network." Garber says the issue came up the

following year at a meeting of the Royal College of Physicians and Surgeons, and that in the meantime it had become apparent that the Canadian Infectious Diseases Society did not want to incorporate HIV/AIDS into its mandate.

For microbiologist Mark Wainberg, the idea for what would become the CAHR took shape at meetings of the NAC-AIDS subcommittee on research. Physician and epidemiologist Martin Schechter, the first president of CAHR, remembers having discussions about the need for a research-based organization with a small group of Canadians who attended the 1990 International AIDS Conference in San Francisco.

What is clearly documented is that on Sept. 15, 1990, a steering committee of four individuals – Garber, Schechter, Wainberg, and another microbiologist, Michel Bergeron – organized a meeting in Toronto to plan the formation of what they were calling the Canadian Society for AIDS Research (CSAR). These four individuals, together with Dr. Allan Ronald, signed an application for letters patent for the organization, which according to the plan, would hold research meetings, put out a newsletter, create a compendium of Canadian research endeavours, and tackle issues concerning research funding.

It would also affiliate itself with the Canadian AIDS Society, which represented most AIDS service organizations in the country. *“One of our goals,”* Schechter says, *“was to create a united voice for researchers who could then sit at the same table with the activist community and both could talk to government with the same voice.”* Indeed, among those who attended that founding meeting were George Smith of AIDS ACTION NOW!, David Garmaise of the Canadian AIDS Society, *Medical Post* reporter Terry Murray, and physicians and researchers Anita Rachlis, Susan King, Norbert Gilmore, Normand Lapointe, Walter Schlech, Fiona Smaill, Stephen Shafran, Greg Hammond, Grant Stiver, Julio Montaner, and Fred Aoki. They were joined as well by Bernadette McLaughlin, Judy Wright, and Francois Lebel.

Later that year, after the Canadian Foundation for AIDS Research had notified them that it objected to the original name as being too close to its own, organizers changed the name of the new organization to the Canadian Association for HIV Research.

# The First 15 Years

## Part 1: 1991 to 1996

# 1991

- The Canadian HIV Trials Network (CTN) officially opens in January. CTN annual meetings are held immediately before the CAHR conference, in the same location.
- Canadian AIDS Treatment Information Exchange is established in February.
- CAHR holds its inaugural conference in Montreal, in late March, attended by more than one hundred registrants.
- Federal Centre for AIDS is replaced by the National AIDS Secretariat.

# 1992

- The second CAHR annual conference is held in Vancouver in late May. To recognize and encourage the work of those coming into the field, young investigator awards (later changed to “new” investigator, see page 21) are initiated, to be awarded at the annual conference. The first recipients are Michael Grant, Brian Conway, Robert Hogg, and Sylvie Gendron.
- The British Columbia Centre for Excellence in HIV/AIDS opens in June in Vancouver.

# 1993

- Renewal (Phase II) of the National AIDS Strategy (\$40.7 million a year for five years) is announced in March.

**CAHR’s first president**, Dr. Martin Schechter, was direct in his April 10, 1991, “letter of introduction” to federal Health Minister Perrin Beatty. “At the outset, let me dispel any notions that the CAHR is oriented to any specific aspects of HIV/AIDS research,” he wrote. Further, the purpose of the new association was, he said, “to do itself out of existence” by contributing to the search for methods of preventing and treating HIV/AIDS.

At the time more than 4,000 cases of AIDS had been diagnosed in Canada, and two-thirds of those patients had died. The inaugural conference in Montreal – where Schechter was elected first CAHR president – featured presentations on immune responses and vaccines, prenatal transmission, human sexuality, attitude and interventions, and clinical trials.

During his presidency Schechter and his executive were involved in advocacy to ensure that the National AIDS Strategy, set to expire March 31, 1993, was renewed and funded. “*AIDS research in jeopardy scientists say/Call issued to government to commit itself to future funding*,” blared a *Globe and Mail* headline in a May 29, 1992, story quoting Schechter. Proper funding was a challenge in that time of fiscal deficit and government cutbacks, but as Schechter tells it, luck was on CAHR’s side because future Progressive Conservative party leader Kim Campbell was the Member of Parliament for Vancouver Centre, and one of her top advisors, John Dixon, a member of the B.C. Civil Liberties Union, was sympathetic to the need. Campbell’s advocacy for the strategy in spring 1993 was critical in cabinet, Schechter says. Up to that point the federal government approach was to play one disease off against the other. “*One of my lines back then*,” he says, “*was this is not AIDS against breast cancer, this is AIDS against helicopters*” – a reference to the government’s consideration of a multi-billion-

# 1993

- CAHR annual conference is held in Montreal in mid-May.

# 1994

- CAHR is accepted as one of the four founding National Partners at the National AIDS Secretariat in late spring. The three others are the Canadian AIDS Society, Canadian Public Health Association, and the Canadian Hemophilia Society. The Canadian Foundation for AIDS Research is added later in the year.
- CAHR begins publishing a newsletter, *The Clarion*, which continues regularly until spring 1999 under the editorship of Catherine Hankins.
- The HIV Social, Behavioural and Epidemiological Studies Unit is established at the University of Toronto.
- CAHR annual conference is held in Toronto in June.

# 1995

- CAHR annual conference is held in Winnipeg in June.

# 1996

- Annual CAHR conference cancelled because CAHR is the national sponsoring organization for the XIth International AIDS conference held in Vancouver, July 7 to 12.

dollar helicopter purchase even as it was promising to fight the deficit on other fronts.

CAHR also worked with the Canadian AIDS Society and the AIDS activist community in pushing for a federal commitment to AIDS funding. Schechter recalls, "*This model of the scientific community working with the activists was absolutely brand new.*"

Dr. Catherine Hankins took over as CAHR president in 1993. She had organized the annual conference, held in Montreal that year, which featured a gala event at the McCord Museum of Canadian History and an impromptu visit to a downtown gay discotheque. Hankins had earlier compiled an inventory of Canadian HIV/AIDS research, and she produced, in 1992, the CAHR document *Towards an HIV/AIDS Research Agenda for the 1990s*. In that document she identified the lack of long-term research funding, as a result of cyclical funding conditions, as a major impediment to research in Canada.

The 1994 Toronto conference, chaired by Dr. Anita Rachlis and attended by 413 registrants, featured a panel, "Building a Partnership: Community and Researchers Develop Research Priorities," moderated by Martin Delaney of Project Inform in San Francisco. Panel member Maggie Atkinson, an AIDS ACTION NOW! representative who began attending CAHR conferences in 1992, would go on to become the organization's first community member of the council in 1998. It was at that 1994 conference that researchers joined activists in a demonstration at the University of Toronto to bring attention to the need for sustained HIV/AIDS research funding.

In December CAHR submitted a document to the federal government, *Responding to Emerging Issues in HIV/AIDS: Basic and Clinical Science Research*, which made the case for more funding for research because of the urgent need for more effective therapies for HIV/AIDS, as well as more innovative approaches such as vaccines. Canada, the document noted, ranked third among G7 countries in per capita incidence of AIDS – but last in research funding. This finding did not, however, lead to the release of more funds.

By 1995 CAHR was agitating for renewal of the National AIDS Strategy, set to expire in 1998 since, because of funding cycles, November 1995 was the deadline for project approvals and

renewals under the existing strategy. Researchers could not plan ahead with any confidence that research funding would even exist after 1998. AIDS activist Brian Farlinger framed this dilemma in an article that was reprinted in *The Clarion*: “We have no tradition in this country of supporting basic research, [and] the little support that exists is being cut.”

In March 1996, CAHR president Wainberg wrote to all federal Members of Parliament warning of a coming crisis in HIV/AIDS research unless a National AIDS Strategy renewal announcement was made.

At the July 1996 International AIDS Conference in Vancouver, a “message of hope” rang out throughout the week because of announcements about the successes of triple-combination drug studies showing drops in HIV levels in the blood, *The Clarion* noted. Still, “*It felt like a death blow,*” Atkinson recalls, when there was no announcement of a renewal of the National AIDS Strategy at the landmark conference. Prime Minister Jean Chrétien did not attend, and when federal Health Minister David Dingwall addressed the conference in his stead, activists turned their backs on him and chanted “shame.” Some of their placards read, “Dingwall, lick AIDS not stamps.” On May 8 Dingwall had unveiled an HIV/AIDS postage stamp, but had made no mention of unveiling a new AIDS strategy.

## RANDY (RANDALL) ALEX COATES

**CAHR’s New Investigator Award in Epidemiology and Public Health has been named in his honour.**

At the time of his death in 1991, Dr. Coates was an associate professor and chair of the Department of Preventive Medicine and Biostatistics at the University of Toronto. He was one of the first epidemiologists to study the transmission and natural history of AIDS in male homosexuals, having launched the Toronto Sexual Contact Study in the early 1980s, and in 1983 he was featured in an educational video, *AIDS: A Challenge to Professionals*, produced at the University of Toronto. Coates shared his enthusiasm for epidemiology, disease prevention, and health promotion with his graduate students and residents and was a friend and mentor to many of them. His death left “*a giant hole in AIDS research in Toronto,*” recalls Professor Steffanie Strathdee, a former student. “*I was on his care team when he died at home, and I remember holding his hand and telling him that I would never forget the impact he had on my life and career. I still think of him every day.*”



# The First 15 Years

## Part 2: 1997 to 2001

# 1997

- On April 28, *The Toronto Star* reported, based on a leak, that the National AIDS Strategy would be renewed.
- CAHR conference is held in Ottawa in late May.
- The National HIV/AIDS Stakeholder Group, comprising CAHR and nine other national AIDS organizations, releases “Recommendations for Phase III of the National AIDS Strategy” on Oct. 31.
- Federal Health Minister Alan Rock announces the renewed Canadian Strategy on HIV/AIDS on Dec. 1, World AIDS Day. However, the annual funding remained at the same level as it had been in 1993 (just under \$41 million per year).
- The Krever Report (Commission of Inquiry on the Blood System in Canada) is tabled in Parliament on Nov. 26.

# 1998

- Dr. Mark Wainberg, former CAHR president, is elected to a two-year term as president of the International AIDS Society.
- CAHR holds its annual conference in Quebec City at the end of April.
- A CAHR bylaw amendment creates five designated councillor positions: one for each of the four tracks (Basic Science, Clinical Science, Epidemiology and Public Health, and Social Sciences) and one

“Gloomy” best describes the atmosphere at the beginning of 1997, at least with respect to research funding. At the dawn of the new year, CAHR president Mark Wainberg wrote in *The Clarion* that there had still been no word from the federal government about whether it would “maintain any semblance of a national AIDS program” after the March 31, 1998, expiry date of Phase 2. At a March 12 meeting, federal Health Minister Dingwall informed CAHR past-president Dr. Catherine Hankins that the strategy would not be renewed, and on April 27 RCMP officers dragged CAHR member Maggie Atkinson and fellow AIDS activist Louise Binder out of a Toronto Liberal fundraising meeting at which they interrupted Prime Minister Chrétien to demand the renewal of the National AIDS Strategy. The next day it was reported that the strategy would be renewed, but by the time of the annual CAHR conference, in May, there were still no plans to review, renew, and fund grants before the expiry date.

As the “message from the president” in the conference proceeding pointed out, CAHR held its 1997 conference, attended by five hundred registrants, in Canada’s capital city “in part to demonstrate to government, at close quarters, our firm resolve to continue to work towards the conquest of HIV/AIDS.” Wainberg continued, “At the very least, we have already learned that the fight against HIV/AIDS can only be won if scientists and other professionals stand shoulder to shoulder with the HIV community in a stance of mutual support toward the attainment of goals.”

Media coverage of the conference was extensive, with researchers warning that despite the good news from the 1996 Vancouver conference, complacency was not warranted. Hankins, who presented a paper on injection drug use to the Standing Committee on Health that spring, was closely involved in drawing up the May 1997 report “HIV, AIDS and Injection

for a community member. These council members are responsible for bringing HIV research issues of relevance to their respective constituencies to the attention of council.

- Lawyer and AIDS activist Maggie Atkinson is elected as the first community member of the CAHR council.
- The Canadian Strategy on HIV/AIDS is officially launched, replacing the National AIDS Strategy. Funding remains the same, at \$40.7 million a year, but according to a government-funded report the strategy mandate expands to include "root causes."

# 1999

- CAHR holds its annual conference in Victoria at the beginning of May.
- CAHR hires a full-time executive director, Ken Mews (formerly with the Red Cross and Canadian Blood Services).
- CAHR introduces a scholarship program to enable students, people living with HIV/AIDS, and those working for non-governmental organizations to attend conferences.
- CAHR writes a letter of support for the formation of what would become CANVAC (the Canadian Network for Vaccines and Immunotherapies, part of the Networks of Centres of Excellence).
- The Medical Research Council is in process of being transformed into the Canadian Institutes for Health Research (CIHR), and in October CAHR submits a proposal for the creation of a Canadian AIDS and Related Disorders Institute.

# 2000

- CAHR annual conference is held in Montreal at the end of April.

Drug Use: A National Action Plan." Meanwhile, CAHR's new president Michael O'Shaughnessy began waging a behind-the-scenes battle against a bid by Health Canada to bring most HIV/AIDS research in-house, instead of funding peer-reviewed proposals through the National Health Research and Development Program and the Medical Research Council. O'Shaughnessy addressed the issue in a document, "AIDS Research in Canada, Recommendations for Research Funding: Infrastructure for Phase III of the National AIDS Strategy."

CAHR worked with AIDS community groups to fight the Health Canada proposal and was successful. "One of the highlights of my career," O'Shaughnessy said, "was to have an alliance with community organizations where they actually stood up and said we value independent research." CAHR, in turn, he says, supported community organizations in their bid for funding for community-based research.

The next development to preoccupy the CAHR executive was the planned transformation of the Medical Research Council into the Canadian Institutes of Health Research. On October 10, 1999, CAHR submitted a proposal for a Canadian AIDS and Related Disorders Institute (CARDI). Hopes were high that it would be approved, in part because a CARDI would be multidisciplinary, an approach that would be completely consistent with the stated goals of the new CIHR.

In February 2000 CAHR was awarded a CIHR opportunities grant to set strategic priorities and partnerships for research into HIV/AIDS and related disorders. When the Canadian Institutes were announced in the summer, there was no HIV/AIDS institute. That fall CAHR sought representation on the advisory board of the CIHR's new Infection and Immunity Institute. CAHR members remained concerned that the breadth and multidisciplinary nature of research, the lifeblood of the HIV/AIDS movement, would not be represented.

At the annual conference, Ontario HIV/AIDS researchers met to plan the creation of an Ontario association, and CAHR Ontario (CAHRO) was launched that fall.

By 2001 CAHR had begun to run into financial difficulties. Michel Alary, CAHR president from 1999 to 2001, says the decision to hire a full-time executive director and try to be "more like other NGOs" (non-governmental organizations) was,

# 2000

- The Canadian Institutes for Health Research is launched by federal Health Minister Alan Rock on June 7. The thirteen Institutes announced on July 25 did not include a separate HIV/AIDS institute, but dedicated funding and priority programs for HIV/AIDS are promised within the Institute for Infection and Immunity and other Institutes.
- The Canadian Association for HIV Research Ontario, affiliated with CAHR, is officially launched in November.

in retrospect, a mistake – it was something that CAHR could not afford. Unlike many other national AIDS organizations, CAHR receives no government funding for infrastructure support. With the exception of a few specific project grants, it is self-financing through its annual conferences.

# 2001

- CAHR annual conference is held in Toronto at the end of May.
- The Red Ribbon Award is established, to be given out at CAHR conferences to recognize the contribution of community members to Canadian research efforts in AIDS.

## BRIAN FARLINGER

### **CAHR's New Investigator Award in Clinical Science has been named in his honour.**

Brian Farlinger, LLB MBA, was Chief of Commercial Affairs for the Canadian Bankers Association before joining AIDS ACTION NOW! in 1991. He chaired the organization from 1992 to 1994, and was a leading force and tireless advocate for people living with HIV until his own death from AIDS on July 3, 1995. Farlinger, who was bilingual, also served on Health Canada's expert advisory committee on HIV therapies as a representative for the Canadian AIDS Society (CAS) from 1992 to 1995 and was member of the CAS therapies committee, the precursor of the Canadian Treatment Advocates Council. *"Brian worked tirelessly despite the progression of AIDS,"* says Maggie Atkinson, a fellow activist. *"In 1994, he attended the World AIDS conference in Japan although he was undergoing IV treatment for CMV retinitis and had to take his equipment and bags of IV ganciclovir with him. He said he might as well feel awful at a meeting and get something accomplished as opposed to feeling awful lying around at home."*



# The First 15 Years

## Part 3: 2002 to 2006

# 2002

- At the CAHR annual conference in Winnipeg at the end of April, the Mark Wainberg lecture is initiated to honour his many contributions as a researcher and advocate in the field of HIV/AIDS. Wainberg, an internationally recognized scientist and co-founder of CAHR, is the director of the McGill University AIDS Centre, the first such centre in Canada.
- CAHR holds its first forum on community-based research at its annual conference, recognizing the importance of this field and reflecting CAHR's commitment to the multidisciplinary nature of HIV/AIDS research in the twenty-first century.
- Prime Minister Chrétien commits \$55 million to the International AIDS Vaccine Initiative.
- Wainberg is named co-chair of the International AIDS Conference to be held in Toronto in 2006.

# 2003

- CAHR annual conference is held in Halifax in early April.
- The Parliamentary Standing Committee on Health releases a report, "Strengthening the Canadian Strategy on HIV/AIDS," which recommends that strategy funding be increased to \$100 million a year from \$42 million.

**As this period of CAHR's existence began**, researchers were still adjusting to changes in how grant applications were evaluated as a result of the switchover to the Canadian Institutes of Health Research (CIHR), which had replaced the Medical Research Council and taken over the HIV/AIDS funding role played by the former National Health Research and Development Program. According to Michel Alary, former CAHR president, for most researchers the initial impact of the change was that they had greater difficulty having proposals accepted. This was particularly true for non-biomedical researchers, but the situation would ease over time.

During 2002 CAHR was regrouping and, because of financial constraints, the organization terminated the position of executive director near the end of that year. In December, in a letter to Prime Minister Chrétien, CAHR, together with the Canadian HIV Trials Network, Canadian AIDS Society, Canadian Network for Vaccines and Immunotherapies (CANVAC), and Canadian HIV/AIDS Legal Network, argued for the development of a National HIV Strategy, establishment of a vaccine fund, an HIV research advisory committee within the Canadian Institutes for Health Research, and increased financial support and better co-ordination for government HIV/AIDS efforts. By that time the clock was already ticking on funding under the federal AIDS strategy, set to expire in 2004.

On an administrative level, former CAHR president Ken Rosenthal recalls that during his tenure a decision was made to bring some certainty to the scheduling and location of the annual meetings. CAHR meetings were now to rotate for three years between Canada's three major cities – Toronto, Montreal, and Vancouver – and then, in a fourth year, be held in a smaller centre. The goal was to properly reflect the national character of

# 2004

- CAHR annual conference is held in Montreal in mid-May.
- Federal Health Minister Pierre Pettigrew announces the renewal of the AIDS strategy, renamed the Federal Initiative to Address HIV/AIDS, on May 12, just as the annual CAHR conference is about to open in Montreal. Annual funding had been flatlined since 1993. Under the new plan funding would increase gradually over five years, from \$42 million a year to \$84.4 million a year.
- Details of the new Public Health Agency of Canada (PHAC) are announced on May 17. PHAC takes over administration of the Federal Initiative to Address HIV/AIDS.
- CAHR joins the National Coalition of HIV/AIDS Stakeholders and participates in drawing up a document that is intended to outline an overall approach to the epidemic, not just a government role. That document, released in 2005, is “Leading Together: An HIV/AIDS Action Plan for Canada.”
- CAHR president Liviana Calzavara is appointed Canadian chair of the Scientific Program Committee for the XVIth International AIDS Conference, to be held in Toronto.

# 2005

- CAHR conference is held in Vancouver in mid-May.
- CAHR approves a Five Year Strategic Plan in late November.

the association while ensuring maximal attendance at what is the key event in the life of CAHR.

By 2004 CAHR, as part of a larger coalition of HIV/AIDS groups, was beginning preparations for the federal election. Funding under the HIV/AIDS strategy had been frozen since 1993 – which, because of inflation, amounted to a 20 per cent decline in real dollars. The spending per person with HIV/AIDS under the strategy was half the allocation in Australia, and one-sixth of spending in the United States. Meanwhile, Canadians living with HIV/AIDS – an estimated 57,000, up from 32,000 in 1993 – were living longer, with thousands of new infections occurring each year.

CAHR and community activists had planned a street demonstration during the 2004 conference, held in mid-May in Montreal, if the strategy was not renewed with a rollout of new funding. But the federal health minister made an announcement just as the conference was set to open. Although CAHR called off the planned demonstration, the organization remained concerned because the announcement was vague on important points and did not include adequate funding for investigator-defined research priorities.

Later that year, at a meeting of coalition members with federal Health Minister Ujjal Dosanjh, CAHR president Liviana Calzavara expressed her deep concern about the level of HIV/AIDS research funding in Canada. She said that the \$10 million a year for research administered by the Canadian Institutes for Health Research was “woefully inadequate” and that funding allocation needed to be much clearer to allow for long-term strategic planning, including the design of more complex, relevant multidisciplinary grant applications. Later that year CAHR produced a draft Five Year Strategic Plan.

At the 2005 annual conference, Calzavara encouraged members to stay involved not just in advocating for research funding but also, with a federal election pending, “to ensure that the rollout continues regardless of which government is in power.” That fall saw CAHR council approve a revised Five Year Strategic Plan. The plan warned that in Canada HIV/AIDS was losing its public profile – it was increasingly perceived as a treatable chronic disease. However, an estimated 2,800 to 5,200 Canadians were now being newly infected with HIV each year (a range that had not decreased at all over the past five to seven years),

# 2006

- CAHR conference is held in Quebec City at the end of May.
- XVIth International AIDS conference is held in Toronto, August 13 to 18, with significant involvement by CAHR members.
- CAHR co-sponsors the International AIDS Conference's CD-ROM of scientific abstracts.
- CAHR's web-based Canadian HIV Research Inventory is launched in August. The inventory was initiated as part of CAHR's mission to make research accessible to all, and to promote research collaboration and mentoring.

and the multiple HIV epidemics in Canada, which occurred disproportionately in marginalized populations, were becoming more complex and novel strategies were required to address them. Such strategies were not in place, and without proper funding and support, would never be in place. Meanwhile, people on long-term drug therapy were experiencing new problems that needed also to become the focus of urgent research.

The CAHR strategic plan noted that the Public Health Agency of Canada and the Canadian Institutes for Health Research "have each begun work to develop a pan-Canadian research agenda, but have yet to clearly identify a role for CAHR, the organization that represents Canadian researchers from all disciplines, in its development." Despite the creation by the CIHR of an HIV/AIDS Research Advisory Committee to help define its priorities, a concern remained that important areas that needed to be addressed would be missed, especially areas that were multidisciplinary in nature.

In this light, some of the key elements of CAHR's Five Year Strategic Plan include:

- compiling a comprehensive inventory of HIV/AIDS research in Canada that identifies strengths and gaps in research to be used in priority settings;
- conducting a needs assessment of human resources and infrastructure capacity for HIV research and establishing a plan for its long-term sustainability;
- encouraging the involvement of students, trainees, and new investigators in HIV research through scholarship funding and promotion of mentorship by senior HIV researchers.

The year 2006 was particularly busy for CAHR. After finalizing its strategic plan, the organization drew up a work plan, and one key project – the comprehensive, web-based inventory of HIV/AIDS research in Canada – became operative in August. The inventory is designed to increase the visibility, impact, and effectiveness of research, and to improve the capacities of researchers, communities, and policy-makers in the field of HIV/AIDS. It is designed to be useful in setting priorities and helping to improve policies and programs for HIV research in Canada. Other projects launched include the development of a code of conduct for international HIV/AIDS research and a needs assessment of human resources and infrastructure capacity for HIV research, training, and community service, as well as policy

and program development. This assessment will help establish a blueprint for the long-term sustainability and productivity of HIV/AIDS research in our country.

CAHR members were heavily involved in the planning and execution of the XVIth International AIDS Conference in Toronto in August 2006. CAHR founding member Wainberg was co-chair of the International AIDS Conference, while immediate past-president Calzavara served as co-chair of the Scientific Programme Committee. CAHR president Ted Myers, along with Ralf Jürgens, San Patten, Frank Plummer, and Sharon Walmsley were members of that committee. Plummer served as co-chair of the International AIDS Conference's Track A (Biology and Pathogenesis of HIV), while fellow Canadian members of that track included Kelly MacDonald, Ken Rosenthal, and Michel Tremblay. Sharon Walmsley was co-chair of the conference's Track B (Clinical Research Treatment and Care); members of that track included Upton Allen, Jonathan Angel, and Sean Rourke. San Patten was co-chair of Track C (Epidemiology, Prevention and Prevention Research); track members included Canadians Michel Alary, Robert Remis, Thomas Kerr, and Frank McGee. Track D (Social, Behavioural, and Economic Science) co-chair was Ted Myers; track members included Jacqueline Gahagan, Winston Husbands, and Randy Jackson. Finally, Ralf Jürgens was co-chair of Track E (Policy); Canadian track members were Catherine Hankins, Stephanie Nixon, Darlene Palmer, and Gail Steckley.

## KALPESH OZA

### **CAHR's New Investigator Award in Basic Science has been named in his honour.**

Kalpesh Oza was a PhD student in Mark Wainberg's laboratory where, fellow student Hugo Soudeyns recalls, he was involved in cutting edge, ambitious projects involving yeast models. *"He was very bright and alas never got his degree due to his illness,"* Wainberg said. *"At first, he did not want us to know that he was positive, perhaps because there was so much distrust in those days."* Oza went on to work at the Division of Immunology and Cancer Research at the Hospital for Sick Children in Toronto. He was an outspoken AIDS activist, particularly concerned that all people living with HIV/AIDS have equal access to treatment and support, until his death in June, 1995. Oza learned to speak French remarkably quickly and was a member of Montreal's ACT UP and CPAVIH (Comité des Personnes Atteintes due VIH du Québec), and also joined AIDS ACTION NOW!. He was on the Canadian HIV Trials Network's first Community Advisory Committee and was the first community representative on its Scientific Review Committee.

# New Investigator

## Award Winners

Each year since 1992 CAHR has given out investigator awards to recognize promising new researchers from each of the association's four tracks. Three of the four awards have been named in honour of particular individuals: Basic Science, Kalpesh Oza (died June 4, 1995); Clinical Science, Brian Farlinger (died July 3, 1995); and Epidemiology and Public Health, Randy Coates (died Sept. 26, 1991).

In 1996 the name of the award was changed from "Young" to "New" Investigator.

Many of the New Investigator awardees have continued to make significant contributions to HIV/AIDS research. The following are brief profiles of four former winners of the award, one from each of CAHR's four tracks.

### RALF JÜRGENS

#### Young investigator Award winner, Social Sciences, 1994

Ralf Jürgens, now forty-five, earned his 1994 award for his work on policy and ethical and legal issues raised by HIV/AIDS in prisons — work undertaken while he was with the McGill Centre for Medicine, Ethics and Law. Jürgens, who is multilingual with a PhD in law from the University of Munich and an LL.M. from McGill University, became a project manager with the Canadian AIDS Society in 1995. Three years later he became the first executive director (and second employee) of the Canadian HIV/

AIDS Legal Network, a position he held until November 2004, by which time the network had developed into an internationally renowned research and advocacy organization. Jürgens continues to work in Canada in addition to his international consulting work in countries most affected by HIV/AIDS. *"A lot of my work concerns how to equip civil society to deal with issues such as injection drug use and men having sex with men... issues that are often taboo and, for civil society organizations, can threaten their funding and support if they take them up."*

### SEAN ROURKE

#### New investigator Award winner, Clinical Science, 1998

Although Professor Rourke's PhD in clinical neuropsychology, from the University of California San Diego, was about brain recovery in heavy drinkers, his mentors were leading researchers in the area of HIV neuropsychology. So the Windsor, Ont., native jumped when he was offered a position in Toronto, at the Wellesley Hospital, to develop HIV clinical research in his field. His CAHR award, for his investigation of memory complaints and depressive symptoms in people with HIV, was his first for work in HIV/AIDS. Rourke, forty, is now director of research for the mental health service and scientist with the Inner City Health Research Unit at St. Michael's Hospital, and scientific director and executive director of the Ontario HIV Treatment Network. He has become Canada's

leading researcher in neurocognitive impairment associated with HIV/AIDS. His research indicates that one in four people with HIV/AIDS on highly active antiretroviral treatment (HAART) suffers from cognitive impairment and that cognitive rehabilitation can reduce the burden of symptoms and help people better manage to live their lives.

## STEFFANIE STRATHDEE

### Young investigator Award winner, Epidemiology and Public Health, 1994

Professor Strathdee's 1994 award was for her University of Toronto doctoral thesis, which was based on her work with the Toronto Sexual Contact Study. While completing her thesis, she was living in Vancouver and studying with Martin Schechter at the University of British Columbia, leading the Vanguard and Vancouver Injection Drug Use Studies, and caring for a newborn. Today, the Toronto native holds distinguished positions in the United States (Harold Simon Professor and Chief of the Division of International Health at the University of California San Diego, Adjunct Professor at Johns Hopkins) but also keeps strong connections with Canada (visiting scholar at the B.C. Centre for Excellence in HIV/AIDS, chair of the Ontario HIV Treatment Network's scientific review committee). Strathdee, who describes herself as a community-based researcher, notes that she turned forty the year that AIDS turned twenty-five (2006). She considers herself a member of the first generation of researchers who chose to specialize in AIDS from the very outset of their careers. When her undergraduate bacteriology professor, Bill Lewis, died of AIDS in 1987, she says she *"just had a gut feeling that HIV was a virus that would change the way the world looked at infectious diseases."*

## HUGO SOUDEYNS

### New Investigator Award winner, Basic Science, 1996

Professor Soudeyns, a molecular virologist and immunologist, did his PhD training under Dr. Rafick-Pierre Sekaly at Université de Montréal and was still a student when he received his award for work on immune responses following primary HIV infection. *"We realized a lot of responding cells were overwhelmed by the level of virus, and this led to some T cells disappearing. At the time, that had not been previously shown in human disease."* As a result, people realized there was a lot more going on in the first few weeks after infection than had been previously thought, he says. Soudeyns, now forty-three, went on to do postdoctoral training in Switzerland and is now at Montreal's Sainte-Justine Hospital studying immune response during pregnancy in women with HIV and/or hepatitis C virus infection. The goal is improved prevention protocols, which could take the form, in the developing world, of immunization for pregnant women and children. A key may be that, even in the absence of treatment, about 70 per cent of HIV-infected women do not transmit HIV to their newborn children.

## YOUNG INVESTIGATOR AWARDS 1992

### Basic Science:

Michael Grant, University of British Columbia

### Clinical Science:

Brian Conway, University of Ottawa

### Epidemiology and Public Health:

Robert Hogg, B.C. Centre for Excellence in HIV/AIDS, Vancouver

### Social Sciences:

Sylvie Gendron, Centre for AIDS Studies, Community Health Department, Montreal General Hospital

## 1993

### Basic Science:

Jacques Friborg, University of Montreal

### Clinical Science:

Jason Szabo, Montreal General Hospital

### Epidemiology and Public Health:

Marie-Claude Boily, Laval University

### Social Sciences:

Andréa Riesch Toepell, John Howard Society of Metropolitan Toronto

## 1994

### Basic Science:

Dorothy Bienzle, McMaster University

### Clinical Science:

Pierrot Harvie, Centre de recherche du centre hospitalier de l'Université Laval

### Epidemiology and Public Health:

Steffanie Strathdee, B.C. Centre for Excellence in HIV/AIDS

### Social Sciences:

Ralf Jürgens, McGill Centre for Medicine, Ethics and Law

## 1995

### Basic Science:

Karen Copeland, McMaster University

### Clinical Science:

Marina Salvadori, University of Manitoba

### Epidemiology and Public Health:

Elizabeth Rea, University of Toronto

### Social Sciences:

Dawn Mewhinney, University of Guelph

## NEW INVESTIGATOR AWARDS

### 1996

#### Basic Science:

Hugo Soudeyns, Laboratoire d'Immunologie, l'Institut de recherches cliniques de Montréal

#### Clinical Science:

Shurjeel Choidhri, St. Boniface General Hospital, Winnipeg

#### Epidemiology and Public Health:

Peter Cornelisse, Vancouver

### Social Sciences:

Sandra Bullock, HIV Social, Behavioural and Epidemiological Studies Unit, University of Toronto

## 1997

### Basic Science:

Carmela de Luca, McGill AIDS Centre

### Clinical Science:

Steven Kravcik, Ottawa General Hospital

### Epidemiology and Public Health:

Kate Heath, B.C. Centre for Excellence in HIV/AIDS

### Social Sciences:

Karen Metcalfe, University of Windsor

## 1998

### Basic Science:

Jean-Francois Fortan, Laval University

### Clinical Science:

Sean Rourke, Wellesley Central Hospital, Toronto

### Epidemiology and Public Health:

Annie Du Four, Omega Cohort Study Group, Montreal

### Social Sciences:

Carol Strike, HIV Social, Behavioural and Epidemiological Studies Unit, University of Toronto  
Diane Belanger, Laval University

## 1999

### Basic Science:

Benoit Barbeau, CHUL, Ste-Foy, Quebec

### Clinical Science:

Deborah Harris, Toronto Hospital, Immunodeficiency Clinic, and the University of Toronto

### Epidemiology and Public Health:

Susan Brogly, St. Luc, Quebec

### Social Sciences:

Jacqueline Gahagan, AIDS Committee, Windsor Ont.

## 2000

### Basic Science:

Mohammed Himech, University of Montreal, and Patrick Champagne, McGill University

### Clinical Science:

Evan Wood, B.C. Centre for Excellence in HIV/AIDS

**Epidemiology and Public Health:**

Alisa Scalera, University of Toronto  
Ann Burchell, HIV Social, Behavioural and  
Epidemiological Studies Unit, University of Toronto

**Social Sciences:**

Stephanie Nixon, University of Toronto

**2001****Basic Science:**

Jason Ho, University of Toronto

**Clinical Science:**

Salima Nathoo, University of Toronto

**Epidemiology and Public Health:**

Nancy Risebrough, Sunnybrook and Women's College,  
Toronto

**Social Sciences:**

Dale De Matteo, University of Toronto

**2002****Basic Science:**

Kelley Chambers, Ottawa Health Research Institute  
Galit Alter, McGill University Health Centre

**Clinical Science:**

Mona Loutfy, University of Toronto

**Epidemiology and Public Health:**

Amy Weber, Vanguard Project, B.C. Centre for  
Excellence in HIV/AIDS

**Social Sciences:**

Lynne Leonard, Faculty of Medicine, University of  
Ottawa, and Thomas Kerr, University of Victoria

**2003****Basic Science:**

Shehzad Iqbal, University of Manitoba

**Clinical Sciences:**

Paula Braitstein, B.C. Centre for Excellence in  
HIV/AIDS

**Epidemiology and Public Health:**

Cari Miller, B.C. Centre for Excellence in HIV/AIDS  
Magdalena Piaseczna, B.C. Centre for Excellence in  
HIV/AIDS

**Social Sciences:**

no award given

**2004****Basic Science:**

Rodney Russell, McGill University

**Clinical Sciences:**

Jesse Raffa, University of British Columbia

**Epidemiology and Public Health:**

Sylvia Adebajo, HIV Social, Behavioural and  
Epidemiological Studies Unit, University of Toronto

**Social Sciences:**

Sarah Fielden, University of British Columbia

**2005****Basic Science:**

Zhujun Ao, University of Montreal

**Clinical Science:**

David Moore, B.C. Centre for Excellence in HIV/AIDS

**Epidemiology and Public Health:**

Penny Tam and Tara Lohmann, Queen's University,  
Kingston, Ont.

**Social Sciences:**

Dan Allman, HIV Social, Behavioural and  
Epidemiological Studies Unit, University of Toronto

**2006****Basic Science:**

Julius Oyugi, University of Manitoba

**Clinical Science:**

Jason Grebely, University of British Columbia

**Epidemiology and Public Health:**

Mireille Plamondon, University of Sherbrooke

**Social Sciences:**

Kelly O'Brien, Centre for Research on Inner City  
Health, St. Michael's Hospital, Toronto

# Red Ribbon

## Award Winners

Established in 2001, this award is presented annually by the Canadian Association for HIV Research for outstanding service to the cause of research in a way that has increased our understanding of the treatment and prevention of HIV/AIDS, while enhancing the quality of life of those living with this disease.

- 2001 Maggie Atkinson
- 2002 Ralf Jürgens
- 2003 Roger LeClerc
- 2004 Louise Binder
- 2005 David Hoe
- 2006 James Kreppner

### MAGGIE ATKINSON

#### Red Ribbon Award winner 2001

Lawyer Maggie Atkinson has been an advocate for people living with HIV/AIDS since 1991. She was the founding chair of Voices of Positive Women and co-chair of AIDS ACTION NOW! In 1998 she was elected as the first community representative on the Canadian Association for Research. She has also been involved with other organizations with significant research mandates, including the Canadian HIV Trials Network, Ontario HIV Treatment Network, and more recently CANVAC (the Canadian Network for Vaccines and Immunotherapies, part of the Networks of Centres of Excellence). She has been on the advisory committee for several clinical trials, served on ethics review committees and committees for major international scientific

meetings and given many presentations before community and government organizations. Atkinson has published manuscripts on, and assisted with publication of, community-based research, and she has participated in clinical trials.

### ROGER LECLERC

#### Red Ribbon Award winner 2003

Roger LeClerc, who has been living with HIV for many years, has been active in protecting the rights of people with HIV/AIDS. He helped found service groups such as the hospice Chez ma cousine Evelyn and the HIV prevention group Action Séro Zéro in Montreal's gay community. LeClerc has also been a member of various boards of directors of community-based groups in that city. He was executive director of the Coalition des organismes communautaires québécois de lutte contre le sida (COCQ-sida) from 1997 to 2002. LeClerc was a member of the federal Ministerial Council on HIV/AIDS and he served as co-chair of the Council in 2001 and 2002. Beginning in 2002 he spent two years working in Burkino Faso. Since returning to Québec in 2005, he has continued to be involved with work at the local level, currently serving as a director of a community-based organization involved in popular education.

## LOUISE BINDER

### Red Ribbon Award Winner 2004

Louise Binder is a Canadian HIV positive lawyer who was diagnosed in 1993. Binder is chair of the Canadian Treatment Action Council, vice-chair of Voices of Positive Women, and co-chair of the Canadian government's Ministerial Council on HIV/AIDS. She also sits on the Community Advisory Committee of the Canadian Trials Network and the HIV/AIDS Ethics Review Committee of the University of Toronto. She is a member of the Global Coalition on Women and AIDS Leadership Council and is the plenary speaker on women and girls at the XVIth International AIDS Conference. Her past volunteer work in AIDS organizations includes participating on the boards of Toronto People with AIDS Foundation, Canadian HIV/AIDS Legal Network, Community Research Initiative of Toronto, and HIV/AIDS Legal Clinic of Ontario. Binder has been honoured with several awards for her volunteer service, including an Honorary Degree of Doctor of Laws from her alma mater, Queen's University, the Order of Ontario and the Canadian AIDS Society Leadership Award.

## DAVID HOE

### Red Ribbon Award winner 2005

Since coming to Canada in 1972 David Hoe, who trained as a social worker, has dedicated his professional and personal life to improving people's lives. After working for many years with disabled children in Montreal, and serving as director of social services in Iqaluit, N.W.T. (1979 to 1981), Hoe accepted a position as executive director of the AIDS Committee of Ottawa, remaining there from 1988 to 1992. He has been actively involved in many HIV/AIDS organizations, including the Canadian AIDS Society (as a member of the strategic planning committee), Ontario AIDS Network, Ontario Advisory Committee on HIV/AIDS, Ottawa-Carleton Coalition for People Living with

HIV/AIDS (where he was a founding member), and Pink Triangle Services of Ottawa. From 1993 until 2006, Hoe was the senior policy advisor in the HIV/AIDS Division in Health Canada, where he provided policy analysis and advice on the national strategic response to HIV/AIDS. Since retirement, he continues to do volunteer work in the area of HIV/AIDS and has a private practice as a Personal Life Coach.

## JAMES KREPPNER

### Red Ribbon Award winner 2006

James Kreppner is a retired lawyer living with HIV and Hepatitis C who has been involved with a number of HIV related organizations. He sits on the boards of the HIV & AIDS Legal Clinic of Ontario (HALCO) and the Canadian Hemophilia Society (CHS), and helped found the Canadian Treatment Action Council (and still sits as a council member). He chairs Hemophilia Ontario's AIDS and Hepatitis Advisory Committee, and he also sits on the Canadian HIV Trials Network's Community Advisory Committee, as well as its Postdoctoral Fellowships Adjudication Committee, and is a past member of its steering committee. From 1993 to 1997 he served as a director and the corporate secretary of the Toronto People with AIDS Foundation. Kreppner has a long-standing interest in Hepatitis C and blood safety issues. He co-chaired the community track of the first Canadian National Hepatitis C Conference, and served on the organizing committee of the second Canadian National Hepatitis C Conference. He is a member of the board of directors of the Canadian Blood Services. His prime interest is in overcoming the discriminatory barriers that prevent HIV-infected Canadians (especially those HIV positive Canadians co-infected with Hepatitis C) from receiving organ transplants. In addition to the 2006 Red Ribbon Award, Kreppner received a special award from CAHR in 2000 "for his role in encouraging community support in research related to HIV and hepatitis co-infection."

# A Voice for Research

**In the fifteen years since its founding**, CAHR – the voice of Canadian HIV/AIDS researchers – has made a significant impact on the epidemic in Canada and internationally. Many members have transferred their multidisciplinary Canadian experiences and methods to international work, and in turn the experience and methods of international research have come to Canada. CAHR has grown only stronger in both its membership and the size and quality of its research.

In the organization's early years, CAHR members lost friends and fellow researchers to AIDS. Just as the illness itself was stigmatized, Canadian HIV/AIDS researchers faced similar prejudice – often being urged to leave the field, to further their careers in more traditional research pursuits. *"We made a commitment early on to stay in this field, which was so unpopular,"* Michael O'Shaughnessy recalls. *"The people who did the work were not only good scientists, they had to have a fair bit of courage."*

Through the years the collegiality of CAHR membership has kept long-time members active and enticed new researchers into the field. New approaches and methodologies had to be developed to tackle the complex new syndrome and researchers faced strong pressure to come up with immediate and practical results. They had to become advocates both for more attention to the epidemic and people living with HIV/AIDS, and for achieving the necessary research funding. The early experiences forged a clear understanding of the value of multidisciplinary in research and science, and CAHR researchers learned to work closely with policy-makers as well as with communities of affected persons.

Meanwhile, the epidemic kept – and keeps on – changing and severely impinging on the lives of different, mostly marginalized, populations, creating new challenges. Now, as CAHR enters

the next phase of its existence, some of those challenges – for instance, how to keep attention focused on finding ways of preventing, treating, and curing what is now a global pandemic – are familiar. In the future, as in the past, CAHR will rely on what has become a hallmark of the association: its members' abiding enthusiasm, shared commitment, and great willingness to learn from each other.

# CAHR Annual Conferences 1991–2006

More detailed information about conferences, including abstracts of research presentations and posters, is published each year (except for 1992) in a special supplement of *The Canadian Journal*

*of Infectious Diseases & Medical Microbiology* (formerly *The Canadian Journal of Infectious Diseases*).

| Year | Conference location and dates  | Conference chair             | Basic Science Track chair(s)         | Clinical Science Track chair(s)  | Epidemiology & Public Health Track chair(s) | Social Sciences Track chair(s)                |
|------|--|------------------------------|--------------------------------------|----------------------------------|---|---|
| 1991 | Montreal<br>March 26–27  | Mark Wainberg                | Rafick-Pierre Sékaly, Paul Jolicoeur | Gary Garber                      | Martin Schechter                            | Kim Elmslie                                   |
| 1992 | Vancouver (UBC)<br>May 28–29   | Julio Montaner               | Michael O’Shaughnessy, Mark Wainberg | Chris Tsoukas, Anita Rachlis     | Robert Remis, Allan Ronald                  | Ken Morrison, Catherine Hankins               |
| 1993 | Montreal<br>May 13–15  | Catherine Hankins            | Ken Rosenthal, Rafick-Pierre Sékaly  | John Gill, Walter Schleich       | Michel Alary, Peggy Millson                 | Ken Morrison, Sharon Manson-Singer            |
| 1994 | Toronto<br>June 1–3  | Anita Rachlis                | Brian Conway, Sharon Cassol          | Peter Phillips, Emil Toma        | Liviana Calzavara, Elise Roy                | Ted Myers, Alix Adrien                        |
| 1995 | Winnipeg<br>June 8–11  | Allan Ronald                 | Avi Nath, Yong Kang                  | Stephen Shafran, Fred Aoki       | Chris Archibald, Julie Bruneau              | Sharon Manson-Singer, Eleanor Maticka-Tyndale |
| 1996 | With energies devoted to CAHR’s role as co-sponsor of the XIth International AIDS Conference, held in Vancouver July 7–12, no CAHR annual conference was held. |                              |                                      |                                  |   |   |
| 1997 | Ottawa<br>May 22–25  | Gary Garber, William Cameron | John Hiscott, Eric Cohen             | William Cameron                  | Don Sutherland                              | Peggy Millson                                 |
| 1998 | Quebec City<br>April 30–May 3  | Michel Alary                 | Michel Tremblay, Ken Rosenthal       | Sylvie Trottier, Richard Lalonde | Marie-Claude Boily, Steffanie Strathdee     | Gaston Godin, Ted Myers                       |

| Year | Conference location and dates  | Conference chair   | Basic Science Track chair(s)                 | Clinical Science Track chair(s)                                  | Epidemiology & Public Health Track chair(s)              | Social Sciences Track chair(s)            |
|------|--|--|--|--|--|---|
| 1999 | Victoria<br>May 1–4,<br><i>The Shifting Epidemic</i>                             | Michael O’Shaughnessy  | Richard Harrigan,<br>Rafick-Pierre Sékaly    | Peter Phillips   | Robert Hogg  | Rick Marchand,<br>Liviana Calzavara       |
| 2000 | Montreal<br>April 27–30  | Rafick-Pierre Sékaly   | Eric Cohen,<br>Andrew Badley                 | Julio Montaner,<br>Danielle Rouleau                              | Pierre Robillard,<br>Robert Remis                        | Gaston Godin,<br>Robert Hogg              |
| 2001 | Toronto<br>May 31–June 3<br><i>Bridging Disciplines, Cultures and Continents</i> | Liviana Calzavara, Ken Rosenthal,<br>Sharon Walmsley                               | Kelly MacDonald,<br>Eric Cohen,<br>Ian Grubb | Fiona Smaill,<br>Kurt Williams,<br>Jack Forbes,<br>M. Jose Sousa | Liviana Calzavara,<br>Catherine Hankins,<br>John Maxwell | Ted Myers,<br>Grace Getty,<br>René Lavoie |
| 2002 | Winnipeg<br>April 25–28,<br><i>Reaching Out: Home and Abroad</i>                 | Joanne Embree,<br>Keith Fowke,<br>Stuart Rosser,<br>Stephen Moses,<br>John Stinson | Keith Fowke                                  | Stuart Rosser  | Stephen Moses  | John Stinson                              |
| 2003 | Halifax<br>April 10–13,<br><i>Making the Connections</i>                         | Lynn Johnston  | Michael Grant                                | Kathy Slayter  | Walter Schlech   | Lesley Barnes                             |
| 2004 | Montreal<br>May 13–16,<br><i>Translating Science into Health</i>                 | Mark Wainberg  | Matthias Götte,<br>Michael Grant             | Cécile Tremblay,<br>Jonathan Angel                               | Élise Roy,<br>Anita Palepu                               | Joanne Otis,<br>Roy Cain,<br>Joseph Lévy  |
| 2005 | Vancouver,<br>May 12–15,<br><i>No One Left Behind</i>                            | Brian Conway,<br>Marianne Harris   | Richard Harrigan,<br>Jamie Scott             | Stephen Shafran,<br>David Burdge                                 | Robert Hogg,<br>John Farley                              | Stanley DeVlaming,<br>David Marsh         |
| 2006 | Quebec City<br>May 25–28,<br><i>Together We Can</i>                              | Gaston Godin,<br>Jean-Guy Baril,<br>Jean-Pierre Routy                              | Eric Cohen,<br>Michel Tremblay               | Sylvie Trottier,<br>Benoît Trottier                              | Michel Alary,<br>Robert Remis                            | José Côté,<br>Joanne Otis                 |

# CAHR Council Members 1991–2006

The composition of the CAHR council evolved over time. It now consists of ten individuals, including members of the Executive Committee (Past-President, President, President-Elect, Secretary, Treasurer), a community representative, and representatives of each of CAHR's four scientific

tracks. Council members are elected by the general membership at the annual general meeting and are appointed to serve a two-year term.

Names listed below are positions as held after each year's annual general meeting.

| Year | President             | President-elect       | Secretary and Treasurer         | Councillors   |
|------|-----------------------|-----------------------|---------------------------------|---|
| 1991 | Martin Schechter      | Catherine Hankins     | Mark Wainberg, Gary Garber      | Michel Alary, Kim Elmslie, Julian Falutz, Julio Montaner, Allan Ronald                              |
| 1992 | Martin Schechter      | Catherine Hankins     | Mark Wainberg, Gary Garber      | Michel Alary, Julian Falutz, Julio Montaner, Allan Ronald, Susan King                               |
| 1993 | Catherine Hankins     | Mark Wainberg         | John Gill, Michel Alary         | Alix Adrien, William Cameron, Brian Conway, Robert Remis  |
| 1994 | Catherine Hankins     | Mark Wainberg         | John Gill, Michel Alary         | Anita Rachlis, Alix Adrien, William Cameron, Brian Conway, Robert Remis                             |
| 1995 | Mark Wainberg         | Michael O'Shaughnessy | John Gill, Michel Alary         | Alix Adrien, Anita Rachlis, Ted Myers, Martin Schechter, Brian Conway                               |
| 1996 | Mark Wainberg         | Michael O'Shaughnessy | John Gill, Michel Alary         | Alix Adrien, Ted Myers, Anita Rachlis, Peter Phillips   |
| 1997 | Michael O'Shaughnessy | Michel Alary          | Sharon Walmsley, Julio Montaner | Ted Myers, Peter Phillips, Anita Rachlis, Rafick-Pierre Sékaly                                      |
| 1998 | Michael O'Shaughnessy | Michel Alary          | Sharon Walmsley, Julio Montaner | Ted Myers, Rafick-Pierre Sékaly, Maggie Atkinson (community rep.), Liviana Calzavara, Ken Rosenthal |

| <b>Year</b> | <b>President</b>  | <b>President-elect</b> | <b>Secretary and Treasurer</b>        | <b>Councillors</b>   |
|-------------|-------------------|------------------------|---------------------------------------|--|
| 1999        | Michel Alary      | Ken Rosenthal          | Sharon Walmsley, Julio Montaner       | Maggie Atkinson, Liviana Calzavara, Jonathan Angel, Rafick-Pierre Sékaly, Eleanor Maticka-Tyndale, Ken Mews (executive director)                   |
| 2000        | Michel Alary      | Ken Rosenthal          | Sharon Walmsley, Julio Montaner       | Jonathan Angel, Rafick-Pierre Sékaly, Liviana Calzavara, Eleanor Maticka-Tyndale, Paula Braitstein (community rep.), Ken Mews (executive director) |
| 2001        | Ken Rosenthal     | Liviana Calzavara      | Brian Conway, Eleanor Maticka-Tyndale | Jonathan Angel, Paula Braitstein, Chris Power, Gaston Godin, Robert Hogg, Ken Mews (executive director)  |
| 2002        | Ken Rosenthal     | Liviana Calzavara      | Brian Conway, Eleanor Maticka-Tyndale | Robert Hogg, Christopher Power, Jonathan Angel, Carl Bognar (community rep.), Gaston Godin   |
| 2003        | Liviana Calzavara | Ted Myers              | Brian Conway, Jacqueline Gahagan      | Jonathan Angel, Carl Bognar, Gaston Godin, Robert Hogg, Christopher Power, Elise Roy   |
| 2004        | Liviana Calzavara | Ted Myers              | Brian Conway, Jacqueline Gahagan      | Michael Grant, Elise Roy, René Lavoie (community rep.), Marina Klein, Catherine Worthington  |
| 2005        | Ted Myers         | Brian Conway           | Mark Tyndall, Jacqueline Gahagan      | Marina Klein, René Lavoie, Catherine Worthington, Michael Grant, Robert Remis  |
| 2006        | Ted Myers         | Brian Conway           | Mark Tyndall, Jacqueline Gahagan      | Michael Grant, Marina Klein, Robert Remis, René Lavoie, Catherine Worthington  |



Canadian Association  
for HIV Research



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## Our Mission:

to promote excellence in HIV research, including the mentoring and career development of investigators entering the field;

To foster collaboration and co-operation among HIV research communities, including basic science, clinical science, epidemiology and public health, and social sciences; and

to engage the diverse stakeholders/communities in ongoing dialogue, exchanging information and knowledge to ensure that HIV research remains responsive to their needs.