

NATIONAL INDIGENOUS DIABETES ASSOCIATION

FALL 2025 RECAP NEWSLETTER



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EXECUTIVE DIRECTOR MESSAGE

Taanishi. (hello in michif)

Please enjoy this edition of the Fall Recap NIDA newsletter.

Maarsii. (thank you in michif)



NATIONAL INDIGENOUS DIABETES ASSOCIATION FALL 2025 RECAP NEWSLETTER

Taanishi,

As we share this Fall Recap newsletter on December 18, we do so at a moment of seasonal transition. At NIDA, our newsletters are always a reflection on the season we are just completing. With the Winter Solstice approaching on December 21, this issue offers a look back on the work, relationships, and collective efforts that shaped our fall.

In this edition, we invite you to explore several important updates and opportunities. You'll find highlights from NIDA's ongoing engagement work across the country, including continued participation opportunities for the Engagement on a National Indigenous Diabetes Framework : Establishing Distinction-Based Pathways, where First Nations, Inuit, and Métis voices remain central to shaping distinction-based pathways forward. We also share ways to take part through surveys and community engagement as this work continues. Please feel free to share your thoughts and voice through this survey : [NIDA Diabetes Survey](#).

Please also note the [Health Canada recall on the Libre 3 Sensors](#), a reminder to check if yours was affected!

This Fall Recap also includes community events and gatherings NIDA participated in, reflections on National Day for Truth and Reconciliation, participation at the CIHR-IIPH Think Tank, and updates from the broader health and policy landscape that may be relevant to Indigenous Peoples living with or impacted by diabetes. We've included articles, calls for participation, and information we encourage you to share within your networks.

Be sure to check out my first opinion article, where I reflect on attending UN General Assembly 80 (UNGA80) and what it means for Indigenous leadership in health and policy spaces. It was an honour to represent Indigenous priorities on the global stage, and I'm grateful for the opportunity to share that experience and my thoughts with you.

As we move toward the shortest day of the year and prepare to welcome longer days ahead, I want to extend warm wishes to you and your loved ones for the holiday season. May this time offer rest, reflection, and connection. On behalf of NIDA, I wish you a healthy, peaceful holiday season and a good beginning to the new year.

All My Relations,
Céleste Thériault

Calling all young Indigenous storytellers!

Story Writing Contest for Youth

Submit your story by **31 December 2025**

For a chance to win prizes and become a
published author!

Apply now!

Are you between the **ages of 8-17**, in **Canada**?

Do you have a **family member** or roots to a
community impacted by the **Sixties Scoop**?

Submit a **short creative story** or story idea!



**Scan for more
information**

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Supporting the Journey Home: Growing the Community Bundle to Care for those with Serious Illness is an educational program designed from a First Nations lens. The goal is to promote the early integration of a palliative care approach in community care teams. It is intended for community care providers (not palliative care specialists) who want to embed palliative care approaches into their practice.

THE MODULES



1. Gathering Early in the Journey



2. Communicating in an Honest, Clear & Healing Way



3. Strengthening Connections among Community Helpers

WHAT YOU CAN EXPECT:

- Opening and Closing from a Language Speaker in each module
- Indigenous knowledge and wellness practices
- Features knowledge from First Nations community resource helpers who co-designed this program
- Circle Reflections to share successful strategies and how to overcome challenges
- Case studies depicting care in First Nations communities
- Language that is appropriate for community care providers in First Nations communities

COMMITMENT:

- 9 weekly 1.5-hour sessions (offered twice per week)
- Virtual learning (Zoom with audio and video)
- Participate in Circle Reflections and complete weekly exercise
- Provide feedback on the modules
- Access to an online learning platform (Moodle)

WHO IS IT FOR:

- Eligibility for this program includes those who primarily serve and collaborate with First Nations, Inuit, or Metis (FNIM) individuals, families, and communities - Anyone involved in the care of FNIM community members experiencing serious illnesses

E.g. Physicians, nurse practitioners, nurses, social/mental wellness workers, patient coordinators, personal support workers, community health representatives, cultural workers, Elders.

FUNDED BY:

- First Nations and Inuit Home and Community Care-National Branch, Indigenous Services Canada-Government of Canada

CONTACT US:

Kathlene Bartlett: bartlk4@mcmaster.ca

Bethany Bocchinfuso: bocchinb@mcmaster.ca



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Government
of Canada

Gouvernement
du Canada

Appel à candidatures : Experts recherchés!

L'Agence de la santé publique du Canada établit une liste de personnes possédant une expertise liée à l'élaboration de lignes directrices sur les soins de santé préventifs au Canada. L'objectif est d'identifier les membres du Groupe d'étude canadien sur les services de santé préventifs, qui sera lancé en avril 2026 et remplacera le Groupe d'étude canadien sur les soins de santé préventifs. L'appel de candidatures se termine le 23 janvier 2026.

Pour en savoir plus sur les critères d'admissibilité, le processus de mise en candidature et la façon de présenter une demande :

<https://www.canada.ca/fr/sante-publique/programmes/sciences-sante-publique/initiative-relative-liste-experts/appel-recrutement-membres-groupe-etude-canadien-services-sante-preventifs.html>

Merci de partager cette information avec vos réseaux.

Secrétariat du renouvellement du Groupe d'étude

Direction générale de la promotion de la santé et de la prévention des maladies chroniques

Agence de la santé publique du Canada

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Government
of Canada

Gouvernement
du Canada

Le français suit

New call out for experts!

The Public Health Agency of Canada is creating a roster of individuals with expertise related to the development of preventive health care guidelines in Canada. The intent is to identify members for the Canadian Task Force on Preventive Health Services, to be launched in April 2026, which replaces the Canadian Task Force on Preventive Health Care. Call out closes on January 23, 2026.

Learn more about eligibility, the application process and how to apply:
<https://www.canada.ca/en/public-health/programs/public-health-science/expert-roster-initiative/call-out-member-recruitment-canadian-task-force-preventive-health-services.html>

Please consider sharing this information with your networks.

Task Force Renewal Secretariat
Health Promotion and Chronic Disease Prevention Branch
Public Health Agency of Canada



About the National Indigenous Diabetes Association

The National Indigenous Diabetes Association works towards healthy communities. To achieve this vision we work with people, communities and organizations to:

- Raise awareness about diabetes and First Nations, Inuit and Métis Peoples in Canada
- Advocate for programs and services for the prevention of type 2 and gestational diabetes among First Nations, Inuit and Métis Peoples
- Advocate for programs and services for diabetes management for First Nations, Inuit and Métis Peoples living with diabetes
- Promote healthy lifestyles to prevent the onset or complications of diabetes for First Nations, Inuit and Métis Peoples

National Indigenous Diabetes Association

NIDA

The National Indigenous Diabetes Association (NIDA) is a charitable, not-for-profit organization founded in 1995 in response to the rising rates of diabetes among First Nations, Inuit, and Métis Peoples in Canada. NIDA is dedicated to promoting wellness, diabetes prevention, and culturally grounded approaches to diabetes care. Through health promotion, advocacy, research, education, and collaboration, NIDA supports Indigenous Peoples living with and at risk of diabetes in accessing wholistic, evidence-based health information that honours Indigenous ways of knowing.

All products produced by NIDA and its partners aim to reduce the incidents and prevalence of diabetes among First Nations, Inuit, and Metis individuals, families, and communities.

Connect with NIDA

Phone: (204) 927-1221

Email: nationalengagement@nada.ca

Web: nada.ca



National Indigenous Diabetes Association

202-160 Provencher Blvd
Winnipeg, MB, R2H 0G3



National Framework for Diabetes

Establishing Distinctions-Based Pathways



Informing a National Framework for Indigenous Diabetes Policy

In collaboration with Waapihk Research Inc., Narratives Inc., and NVision Insight Group Inc., NIDA is leading the National Indigenous Engagement on a National Framework for Diabetes: Establishing Distinctions-Based Pathways project, funded through the Public Health Agency of Canada's (PHAC) Healthy Canadians and Communities Fund (HCCF). This project is directly aligned with Bill C-237: An Act to establish a national framework for diabetes, which mandates a comprehensive strategy to address diabetes in Canada. Through engagement with First Nations, Inuit, and Métis Peoples, NIDA ensures that Indigenous voices shape the framework and guide each distinction-based pathway, addressing systemic barriers and supporting culturally relevant diabetes prevention and care for Indigenous Peoples across Canada.

Indigenous Data Sovereignty

As the keeper of the data and knowledge collected through this project, NIDA upholds the principles of Indigenous data sovereignty, ensuring that information is governed and protected in a way that respects the rights, priorities, and self-determination of First Nations, Inuit, and Métis Peoples. Data stewardship is conducted according to OCAP, OCAS and Métis data principles, and Inuit Qaujimajatuqangit (IQ) principles, prioritizing transparency, reciprocity, and community-driven decision-making.

Engagement and Interviews

Project partners will collaborate to conduct engagements and interviews with Indigenous people and communities across Canada. The project team will also participate in health-based and Indigenous gatherings.

Analysis and Reporting

Once data has been collected, the research team will work with the information gathered to create a research report that will outline key findings and emergent distinction-based pathways for providing diabetes care in Canada's Indigenous communities. The final report will be presented to the House of Commons in 2027.

Context and Relationships

This project is with and for Indigenous communities, driven by maintaining good research and community relationships.

Surveys and Community Participation

Indigenous community members and health care practitioners will be invited to participate in a national survey. This is particularly important for those wanting to be involved but unable to participate in engagements and interviews. Stay tuned for more details to come!

Our Project Partners

As a team, our project partners carry research in a good way that upholds the principles of trauma-informed practice and UNDRIP, implements the TRC Calls to Action, and respects community-based protocols. Narratives Inc. exists to amplify voices that may otherwise go unheard or unaddressed, and to support wholistic, equitable, community-driven actions for environmental and human wellbeing. Narratives specializes in trauma-informed research and community engagement, with expertise in community planning, impact assessment, and conflict transformation. Our responsibilities on this project include knowledge-gathering with First Nations and Métis communities.

NVision Insight Group Inc. is a majority Indigenous owned company with First Nations, Inuit, Métis and non-Indigenous shareholders, and more than 20 full-time staff in our Ottawa and Iqaluit offices. NVision specializes in Inuit and Northern engagement strategies and relationships and is responsible for Inuit knowledge-gathering on this project.

Waapihk Research provides data-driven research to answer questions related to Indigenous health systems and outcomes. The Indigenous-led team supports the transformation of healthcare by empowering community leaders with the information they require to shape policy and drive meaningful outcomes. In this project, Waapihk is leading the analysis of qualitative and quantitative data collected through the engagements.



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TAKE OUR 5 MINUTE SURVEY

The **National Indigenous Diabetes Association** (NIDA) is inviting you to share your thoughts on strengthening diabetes prevention and improving care for Indigenous peoples.

WIN 1 OF 5 CASH PRIZES — \$150 EACH!



**TO TAKE THE SURVEY
SCAN THE QR CODE**

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TO TAKE THE SURVEY ENTER THIS LINK:

bit.ly/48CtFsu

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September 30th 2025 National Day for Truth and Reconciliation,



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September 30th 2025 National Day for Truth and Reconciliation NIDA at Parliament Hill

The National Day for Truth and Reconciliation (September 30) features a major commemorative gathering on Parliament Hill in Ottawa, organized by the National Centre for Truth and Reconciliation (NCTR) with partners like APTN and CBC, to honour residential school Survivors and remember lost children, featuring Survivor speakers, Indigenous artists, and a broadcast for all Canadians to watch.



Pictured: Her Excellency the Right Honourable Mary Simon, Governor General of Canada, addressing the crowd on Parliament Hill



Pictured: The Right Honourable Mark Carney, Prime Minister of Canada, addressing the crowd on Parliament Hill



Pictured: The Stage with children shoes to remember the lost children

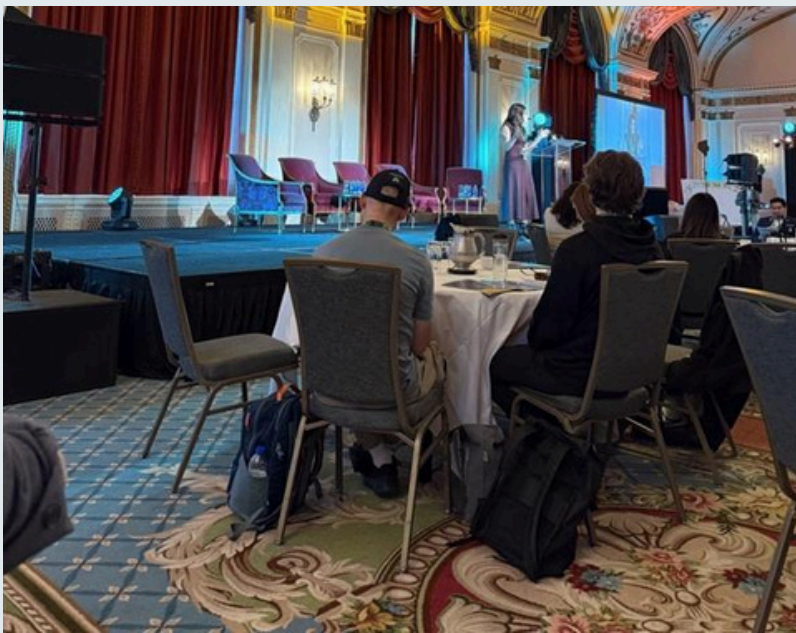


Pictured: The Stage with Parliament Hill in the Background

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NIDA at CIHR IIPH Think Tank – October 2025

NIDA extends its sincere thanks to the CIHR Institute of Indigenous Peoples' Health (IIPH) for including us in its important strategic planning discussions during the IIPH Think Tank held October 1–2, 2025, in Ottawa. It was an honour to be part of a national gathering that brought together Elders, Knowledge Keepers, researchers, community leaders, youth, and policy makers to reflect on priorities, challenges, and the future of Indigenous health research in Canada. We are grateful to Dr. Chelsea Gabel and the IIPH team for creating a space grounded in reflection, relationship, and forward-thinking, and we look forward to continuing this important work together.



Pictured: Dr. Chelsea Gabel, Scientific Director CIHR IIPH



*Pictured: Live Artist creating an image of the Think Tank participants
Conversations*

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National Indigenous Diabetes Association hosted a booth during the annual CMO Diabetes Care Gathering , drop-in event hosted by the Oneida Nation of the Thames on November 15, 2025, at the Oneida Community Centre in Southwold, ON. We thank Oneida for their invitation.



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Glucose monitors that may give patients incorrect readings recalled in Canada



Health Canada is asking diabetes patients to check if their glucose monitor is subject to an international recall that has serious health risks.

The federal agency posted an advisory recalling some FreeStyle Libre 3 Plus sensors that may provide incorrect glucose readings.

The recall warns incorrect readings may lead people to falsely believe their glucose levels are low and as a result consume too many carbohydrates, or skip or delay their insulin doses.

The sensors are devices that measure glucose levels in fluid just beneath the skin, and send the information wirelessly to a device or phone.

Abbott Diabetes Care, which makes the devices, said in a news release last month that the affected products are potentially linked to seven deaths and more than 700 injuries worldwide.

An Abbott spokesperson told The Canadian Press that the company would not share which countries the reported injuries and deaths occurred in.

Health Canada said it would provide a response, but was not able to answer questions by deadline.

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Another model —the FreeStyle Libre 3 — has been recalled in other countries including the U.S., but Abbott said it is not recalled in Canada.

The company said it has identified and resolved the production line issue.

The Canadian advisory said people should stop using affected sensors, get rid of them and request a replacement.

The model and serial numbers of the affected products can be found on [Health Canada's recall website](#).

- With files from the Associated Press

This report by The Canadian Press was first published Dec. 5, 2025.

Canadian Press health coverage receives support through a partnership with the Canadian Medical Association. CP is solely responsible for this content.

Hannah Alberga, The Canadian Press

Click [HERE](#) for the full article.

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Request for proposals: Artwork to be used for donor gifts to the NCTR's new permanent home

The NCTR and the University of Manitoba are committed to honouring donors in ways that are consistent with Indigenous culture, appropriate for the sacred nature of the NCTR's new permanent home, and that align with the values of the NCTR. In the spirit of reciprocity, the NCTR will offer a gift to those who donate to the NCTR's permanent home.

We invite First Nations, Inuit and Métis artists to create an image to acknowledge the NCTR's appreciation to those who donate to the NCTR's new permanent home, supporting Survivors' vision of a better future for these lands we share. The selected image will be reproduced in a variety of sizes and formats to be gifted to donors.

The image should:

- Reflect the NCTR's spirit name bezhig miigwan (one feather)
- Include elements representative of First Nations, Inuit and Métis cultures
- Be suitable for reproduction/adaptation into various two-dimensional media. For example, but not limited to: limited edition prints, high quality poster sized images, postcards

The submission should include:

- 8 – 10 examples of previous work
- The artist's biography (maximum of 500 words)
- An artist statement including:
 - A general discussion of their work and themes
 - Discussion or explanation of the intended work
 - The artist may also address any personal connection to residential schools
 - This should not exceed 750 words

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Submission deadline: January 16, 2026

Send submissions to: janell.melenchuk@umanitoba.ca with the subject line: NCTR One Feather Art Submission

The selected artist will receive:

- A \$20,000 commission
- National exposure to the NCTR's partners, donors and network
- Named credit on all representations using the image
- Retain intellectual property of your artwork but includes preproduction royalties within the scope of agreement

Selection process:

- Submissions will be reviewed by a committee made up of Survivors and NCTR leadership and staff
- Shortlisted candidates will be invited to submit a proposed work. The invited artists will receive a stipend

[LINK](#)

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Attending UNGA: Is It Worth It?

An Opinion Article by Céleste Thériault, MBA (Executive Director of NIDA)

I was immediately humbled when I walked into the United Nations General Assembly Hall for the 80th General Assembly of the organization. The small blue signs called “flags” were all there, 193 Member States and two Observer States, all 195 of them, shining bright and proud. I sat behind the small blue sign that said Canada. In that moment, I thought of my ancestors, of the people in my own community, people in other communities, and of all those who never imagined that their daughter, granddaughter, cousin, friend, or sister would sit in this place.

Although, to be quite frank, that concept was probably not as far off as I believed.

Upon my return home to Winnipeg, Manitoba from New York City, where UNGA was held, my mother reminded me of something deeply important. We sat over coffee as I explained my experiences and



Pictured:
Ambassador Bob Rae and Céleste Thériault

showed her a few pictures, one of which was with outgoing Ambassador Bob Rae, the Permanent Representative of Canada to the United Nations, in his final months of service and his last General Assembly meeting. To my surprise, my mother recalled that my grandfather's cousin, Hector Allard, a Red River Métis man, was a diplomat of Canada to the United Nations in Geneva in the 1950s. I immediately felt that this entire experience had come full circle.

And in many ways, my work at NIDA is often full circle and it comes back in big ways.

A Full Circle Experience — Why We Were There

Canada, through the Public Health Agency of Canada (PHAC), has a long-standing practice of including civil society, charities, and non-governmental organizations within its official delegations to the United Nations High Level Meeting (HLM) on Non-Communicable Diseases (NCDs) and Mental Health (MH), recognizing that real progress on health cannot happen without the voices of those closest to the work.

In 2011 and 2014, PHAC brought representatives from the Canadian Cancer Society. In 2018, Canada's delegation included Canada's International Development Research Centre, Heart & Stroke, the Canadian Mental Health Association, and a youth ambassador from the Centre for Addiction and Mental Health. And this year, for the Fourth High-Level Meeting on NCDs and MH, Canada continued that tradition by bringing organizations focused on diabetes and mental health. Representatives from the National Indigenous Diabetes Association (NIDA), Diabetes Canada (DC), and the Centre for Addiction and Mental Health (CAMH) were invited to participate in UN High-Level Week.

It matters that PHAC does this. It signals to the world that Canada values collaboration between government, science, and community. It also demonstrates that the fight against NCDs is deeply human and that action must be multisectoral.

As Executive Director of NIDA, I was honoured to carry Indigenous voices into that space. We were there to witness, to listen, to learn, and to ensure that Indigenous perspectives were not lost in the discussions surrounding the Political Declaration on NCDs and Mental Health, which sought to renew global commitments for the next decade of action. Again, a full circle moment knowing that one of my distant relatives once carried out similar diplomatic work.

The Value of Diplomacy

The diplomatic work at play during UNGA is significant. The room was heavy with difference. Some countries at war. Some who continue to say terrible things about one another. Some who carry centuries of wounds. And yet, they sat side by side. They gathered. And most even listened.

In my world, listening is sacred. We sit in circle until every voice has been heard. We do not rush it. We do not walk away because it is messy. We know that truth comes slowly, in layers, through patience.

That is why I felt awe in that room. To see countries whose histories bleed against each other still show up, still sit down, still listen, it is no small thing. Diplomacy has power because it gathers. It teaches us that even in conflict, we can still share a circle.

But I also know this: listening is not the same as silence. We cannot allow dissent to erase truth. We cannot allow “consensus” to become an excuse for cowardice.

Consensus as a Pillar of Strength at UNGA — Yet Weaponized

I say “consensus” lightly here, because the UNGA President during UNGA 80, at the Fourth High-Level Meeting on NCDs and Mental Health, made a deliberate choice not to define what consensus meant. Although some countries have used legalities to weaponize its meaning, the United Nations has operated under consensus decision-making as a standard practice to avoid the politicization of the organization ([Here's an article regarding consensus at the UN linked here](#)).

For me, consensus is not a technical term. It is a way of being. It is the circle. It is waiting for voices to come forward, not leaving until every individual has been heard. Consensus is hard. Consensus is slow. But consensus is also life-giving, because it means no one is left behind, which is the exact beauty that exists within the four walls of the United Nations.

That is why I respected the President of the General Assembly's choice not to force consensus into a narrow definition. It felt familiar. It felt Indigenous. It felt right.

But what I also saw in those halls is how easily the word “consensus” can be twisted. At the UN, too often, consensus means: *let's strip this down until it is safe enough for everyone to nod, even if it no longer holds power or impact.* That is not the consensus I know. True consensus does not dilute. True consensus holds the truth in the center and invites every voice to meet it, not erase it, regardless of political stripe.

Diabetes in the Silence

The Political Declaration on NCDs and Mental Health began with strength. The Zero Draft named some of what mattered: insulin, glucose monitoring, access to care, prevention metrics, and global targets aligned with the WHO Global Compact. NIDA was critical of the Zero Draft for its absence and silence on Indigenous Peoples and our distinctive rights even with UNDRIP. Regardless, for a moment, I felt hope because these are the things people need, the things Indigenous Peoples cry out for.

But then I watched those words weaken. Commit became consider. Bold language on prevention disappeared. The voices of Indigenous Peoples were barely present, and a specific line that CANZ (Canada, Australia, and New Zealand) fought to include regarding Indigenous Peoples in the final draft appeared at risk of not being approved in the final declaration.

And yet, even after the declaration was thinned out to its bare bones to appease Member States, consensus was blocked.

Here is the paradox: the world diluted the truth and still found no agreement.

And yet, not one Member State, not even the United States, which blocked consensus, denied the importance of chronic diseases. Every nation said NCDs matter. Everyone agreed diabetes is urgent. That tells us something: the truth is already there. The only question is whether we have the courage to name it fully and act accordingly.

What Happens Next

We need to remember that the UN is also a structure and facilitator, but does not hold all the responsibility. The Political Declaration does not float on words alone, it must be carried forward by process and actions from Member States.

The Political Declaration did not reach consensus. This was disappointing for many of the Public Servants that were part of our delegation.

That being said, as I write this, the President of the General Assembly (PGA) chose to present the Political Declaration on NCDs and Mental Health on Monday, December 15, 2025. It was approved by majority vote, with some naysayers continuing to argue that voting is not true consensus. That may be true in technical ways, but consensus also does not erase every important line in a document just to pass it. That is dilution, and it is ineffective policymaking.

The PGA stood firm in her decision. But interference from Member States attempting to prevent diplomatic and international work from coming to life is causing real harm. I call on Member States to show up, hold one another accountable, and carry words into action.

And so, I ask myself: would Canada ever be that bold? Would we step forward, not only as the “nice” delegation that nods politely, but as a state willing to risk critique in order to keep the world moving?

This is a moment where “nice” is not enough. Leadership is not always comfortable. It is not always safe. But if we want the UN to last another 80 years, Member States like Canada must be willing to do more than quietly agree. We must be willing to carry the declaration itself and place it in the hands of the world for meaningful action.

Canada's Choice

On paper, Canada is on track for Sustainable Development Goal #3 (SDG#3), which aims to Ensure healthy lives and promote well-being for all at all ages. But in our communities, diabetes still rages. Our people are still dying at younger ages. Our families still navigate barriers and racism in care. Numbers may look neat on a report, but they do not tell the truth of our lives. And quite frankly, I don't believe Canada is making appropriate headway in SDG#3 when it comes to Indigenous People.

If Canada wants to lead, we must stop hiding behind niceness. We must be bold. We must double down on the UN, not give up on it. We must restore strong language on diabetes, fight for prevention in our health-care system, demand data that tells the full story, and name Indigenous Peoples as leaders, not just another footnote, checkbox or pilot project.

So, Is It Worth It?

Yes.

It is worth it because the act of gathering is sacred.
It is worth it because every member state admits chronic diseases like diabetes demand attention.
It is worth it because Indigenous Peoples, though too often left in silence, still rise to speak.

But it will only be truly worth it if Canada chooses courage, not just to attend, but to lead. Not just to listen, but to name truth. Not just to be kind, but to be bold.

Former Ambassador Bob Rae was right: "If you give up on the UN, you're really giving up on the world."

The world still needs the UN. And the UN needs Member States like Canada to carry courage into its heart, but to also hold themselves accountable to the truth. It is a reciprocal relationship that is required for the UN to last another 80 years.

And I can only hope that David Lametti, the one to carry the title of Canada's Ambassador to the UN next, will do so boldly, rising in that great hall not only as a diplomat, but as a human being, willing to name inequities, defend commitments, and ensure that impact is felt.

Because behind every declaration are real people: families trying to manage diabetes without access to insulin or the money to afford their medications, relatives carrying the weight of mental health in silence, and Indigenous Nations fighting for wellness and prevention while carrying the burden of inadequate care and treatment.

May Canada's voice in the UN General Assembly room never forget them. May we be bold enough that when we gather in the UN, we hold a mirror to ourselves and ensure the difference is not just in words, but in lives changed and impact felt through good policy.

So, overall, here is the lesson I carried home:

"Diplomacy matters. It gathers even when the world disagrees. It holds value. But for it to be impactful, it must carry the courage to name what others leave unsaid. With courage, diplomacy does have impact."

-Céleste Thériault, Executive Director, NIDA

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Pictured: Céleste Thériault, Pearson Falkner, Annie Comtois, Michael Collins, Dr. Kwame McKenzie, Glenn Thibeault, Dylan Upper



Pictured: Céleste Thériault, Executive Director of NIDA, at the UN General Assembly Hall and in a meeting room at Canada's flag.





Free Community Membership

Stay up to date
join the NIDA Membership today!

Please visit www.nada.ca

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We are always looking to share articles, community highlights, and other relevant information in our newsletters. If you'd like to contribute content for a future edition, please reach out to sylviasentner@nada.ca.

