



Gigii-Bapiimin Study: Impacts of COVID-19 on Indigenous People Living with HIV in Manitoba and Saskatchewan

COMMUNITY REPORT

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**Village
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LAND ACKNOWLEDGMENT

This project took place on the original lands of the Indigenous People of Turtle Island, including the ancestral territories of the Anishinaabeg, Cree, Oji-Cree, Ojibwe, Dakota and Dene peoples, and on the homeland of the Red River Métis Nation. By acknowledging these lands, and by respecting the Treaties that were made on these territories, we are encouraged to continue honoring our relationships with Indigenous people as a part of ongoing reconciliation efforts, which will serve to educate the generations to come.

FOREWORD

- BY ELDER ALBERT MCLEOD

In March 2020, it was increasingly apparent that the global spread of the Coronavirus Disease of 2019 (COVID-19) was a serious threat to Canadians and as such, governments began to implement interventions to protect the public. The first interventions required the cancellation of in-person public events, working from home, travel restrictions, wearing surgical masks, and self-isolation at home in “safety bubbles” with family members.

The transmission quickly spread across the Prairies reaching rural, on-reserve, northern and remote communities within the first year. The sudden hospitalization and deaths of community members, friends, and family members shocked many and increased the fear of exposure. In Canada, there were 4,843,627 confirmed COVID-19 cases and 56,534 related deaths from February 2020 to November 2023 (Government of Canada, 2023).

The Gii-Bapiimin Project looked at how Indigenous people living with HIV (IPLH) in Manitoba and Saskatchewan fared during the two years when the pandemic was in its height. In this case the older global pandemic of HIV intersected with that of the recent COVID-19 pandemic and impacted IPLHs and the services they utilize. The lived experience of responders to the HIV pandemic influenced the responses and interventions introduced during the COVID-19 pandemic, for example the Communities, Alliances, and Network (formerly Canadian Aboriginal AIDS Network) and All Nations Hope Network (formerly All Nations AIDS Hope Network) partners understood the importance of incorporating and strengthening traditional forms of kinship, traditional healing, and ceremonies.

From the outset of the COVID-19 pandemic social media platforms like Facebook and Zoom connected people who were geographically and socially isolated in their homes. They provided culturally informed safe spaces to meet, share information, and provide emotional, mental, spiritual, and psychological support as people navigated the ups and downs of the pandemic. In this case, Indigenous people have come out on the other side of the HIV pandemic and the recent COVID-19 pandemic by relying on the traditional knowledge, ingenuity, and the tools left to them by their ancestors.

Logo description (by Albert McLeod): The Ojibwe creation story tells us about how Nenaboozho recreates Turtle Island (North America) after a great flood. The loon, otter, and muskrat play key roles in retrieving a plant and a piece of earth from the old world from which the new one is created. Elements of the logo design portray the loon which represents the animal world, the plant represents Turtle Island and the rebirth of life, and the directional medicine wheel represents the human journey through the natural and spiritual worlds.



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- Elder Deanna Keewatin
- Gayle Pruden (Knowledge Holder)

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Manitoba Community Guiding Circle:

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Research Team Members:

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We would also like to express our profound gratitude to all community members and study participants who shared their stories in this research. Your willingness to open your hearts and provide invaluable insights has been the cornerstone of this study.



TERMS AND DEFINITIONS

Gigii-Bapiimin: The Ojibwe language term, gigii bapiimin, means “we survived”. When the Ojibwe people would meet up with other groups in the spring, it was an expression they shared acknowledging that they had survived a long winter. In this project this sentiment is applied to the continued survival of Indigenous people through past pandemics and current ones like HIV and COVID-19.

HIV (Human Immunodeficiency Virus): HIV is a virus that primarily affects the immune system of the human body. If left untreated, HIV can lead to the development of acquired immunodeficiency syndrome (AIDS). (CDC, 2021).

IPLH: Indigenous People Living with HIV.

CGC (Community Guiding Circle): CGC refers to a collective of individuals who guide the study and serve as peers and advisors on research projects, offering valuable feedback, insights, and guidance in the context of various activities, such as the development of interview questions, data analysis, and knowledge mobilization strategies. These individuals bring diverse perspectives, knowledge, and expertise to the table, ensuring that research, projects, or initiatives are culturally safe, community-driven, and reflective of the needs and aspirations of the community they serve. CGCs play a crucial role in fostering collaboration and informed decision-making, particularly in projects that aim to address community-related issues and challenges.

Harm reduction: Harm reduction is an approach and strategy designed to mitigate the risks and adverse consequences linked to substance use and addictive behaviors, benefiting not only individuals but also the broader community and society. It is considered a practical, compassionate, and effective method for addressing substance use-related concerns. This approach acknowledges that, for some users, especially in the short term, complete abstinence may not be attainable or even a desirable objective. Instead, it accepts substance use as a reality and places the primary emphasis on minimizing harm while use persists (Canadian Observatory of Homelessness, 2021).

SUMMARY

This study explored the impact of the COVID-19 pandemic on Indigenous people living with HIV (IPLH) in Manitoba and Saskatchewan, regions experiencing some of Canada's highest HIV infection rates. Systemic racism and colonialism have led to healthcare barriers for IPLHs. The pandemic exacerbated existing issues, including mental health challenges, substance use, and spiritual well-being.

However, Indigenous communities demonstrated resilience in the face of these dual pandemics. Indigenous ceremonies, cultural practices, and medicines played a pivotal role in maintaining resilience. Social support networks provided essential assistance. Despite these challenges, the Indigenous people in these provinces have displayed remarkable strength and determination.

Our findings underscore that COVID-19 has significantly impacted the lives and well-being of Indigenous people living with HIV, and it's important to acknowledge that colonialism has played a significant role in perpetuating these challenges. The pandemic intensified feelings of isolation, compounded mental health struggles, aggravated substance use issues, and raised concerns about stable housing. Disruptions in healthcare access resulted in unmet health needs, missed appointments, and difficulties in obtaining essential HIV care and medications.

Our research highlights the pressing need for tailored interventions to combat stigma and ensure continuous care, recognizing the deep-seated effects of colonialism and anti-Indigenous racism. These interventions should encompass improved treatment access, harm reduction services, as well as overdose/toxic drug supply prevention measures. Addressing economic insecurity and expanding affordable housing options is of paramount importance. This research underscores the urgency of enhancing the overall well-being of Indigenous communities living with HIV while addressing the systemic issues of colonialism that contribute to their challenges.

INTRODUCTION

The COVID-19 pandemic's effects on the well-being of Indigenous people living with HIV in Manitoba and Saskatchewan are not well understood. These provinces have some of the highest HIV infection rates in Canada (CATIE, 2021).

In Manitoba, over half of the clients in the Manitoba HIV Program identify as Indigenous, while in Saskatchewan, a significant 76% of newly diagnosed individuals with HIV are Indigenous (Manitoba HIV Program, 2021; Saskatchewan Ministry of Health, 2021).

Systemic racism, colonialism, and historical trauma have created barriers to accessing appropriate healthcare (Southern Chiefs' Organization, 2021), resulting in late HIV diagnoses and limited access to treatment for Indigenous people. The pandemic, with its social distancing and isolation measures, may have worsened existing challenges, such as mental health issues and substance use. Little is known about how these factors contribute to health disparities.

Despite these challenges, Indigenous communities in Manitoba and Saskatchewan have shown resilience in responding to COVID-19. The goal is not merely survival but thriving in the face of these two pandemics (HIV and COVID-19). This study explores the impact of COVID-19 and the resilience of Indigenous people living with HIV during the pandemic.



METHODOLOGY

Study Overview

The Gígii-Bapiimin study, named after the Ojibwe term that means ‘we survived,’ was a collaborative effort involving community partners, Ka Ni Kanichihk, Two Spirited People of Manitoba, Waniska Centre for Indigenous STBBI Research & University of Saskatchewan, All Nations Hope Network, Communities, Alliances, and Networks (CAAN), Feast Centre for Indigenous STBBI Research & McMaster University, Nine Circles Community Health Centre & The MB HIV-STBBI Collective Impact Network, Manitoba Harm Reduction Network, and CATIE/ Canadian AIDS Treatment Information Exchange. The study aimed to explore how Indigenous people living with HIV coped with the challenges brought on by the COVID-19 pandemic. It followed a unique approach grounded in Indigenous values, philosophies, and principles.

How We Conducted the Study

The research team also formed a Community Guiding Circle (CGC) made up of 6 IPLHs in Manitoba, and 7 in Saskatchewan, one Knowledge Holder, and one Elder. The CGC provided valuable input throughout the study. We met regularly, either in person or via technology, to guide the research. The core team (Melissa Morris, Ann Favel, Marni Still, Tara Christianson, and Rusty Souleymanov) implemented various aspects of the project.

Ethics

We received ethical approval from the University of Manitoba Research Ethics Board. All participants provided informed written consent, and their data remained confidential.

Recruitment and Eligibility

We invited participants through community agencies, peer networks, and social media. Eligibility of those with lived experience included: 1) identify as First Nations, Inuit, or Métis, be 18 years of age or older, and be living with HIV in Manitoba or Saskatchewan. Eligibility of service providers included: Provide services to Indigenous people living with HIV, be 18 years of age or older, work in Manitoba or Saskatchewan.

The flyers are presented below.

Are you First Nations, Inuit, or Métis?

Person living with HIV?

18 years of age or older?

Live in Manitoba?

We are interested in your experiences!

Gigii-Bapiimin Study explores the impacts of the COVID-19 pandemic on the health and wellbeing of Indigenous People Living with HIV/AIDS (IPHA) in Manitoba and Saskatchewan.

Participation is CONFIDENTIAL.

You will receive \$100 for participation in the interviews.

For more information, please visit:
www.villagelab.ca/gigii-bapiimin

For more information please contact:
Melissa Morris at (204) 698-0738 or Melissa.Morris@umanitoba.ca
or Ann Favel at (587) 778-5538 or Ann.Favel@umanitoba.ca

GIGII-BAPIIMN

The GIGII-Bapiimin Project is led by Elder Albert McLeod in collaboration with the following partners: Communiqué, Alliance and Network (CAN), Waskia Centre, All Nations Hope Network, St. W. Basil's, First Centre for Indigenous STBBI Research, Nine Circles Community Health Centre, Manitoba HIV STBBI Collective Impact Network, Winnipeg Regional Health Authority, Manitoba Harm Reduction, CATH Canadian AIDS Treatment Information Institute, University of Saskatchewan, and University of Manitoba.

Are you First Nations, Inuit, or Métis?

Person living with HIV?

18 years of age or older?

Live in Saskatchewan?

We are interested in your experiences!

Gigii-Bapiimin Study explores the impacts of the COVID-19 pandemic on the health and wellbeing of Indigenous People Living with HIV/AIDS (IPHA) in Manitoba and Saskatchewan.

Participation is CONFIDENTIAL.

You will receive \$100 for participation in the interviews.

For more information, please visit:
www.villagelab.ca/gigii-bapiimin

For more information please contact:
Danita Wahpoosewyan at (306) 351-7745 or danita@wellnesswheelclinic.ca

GIGII-BAPIIMN

The GIGII-Bapiimin Project is led by Elder Albert McLeod in collaboration with the following partners: Communiqué, Alliance and Network (CAN), Waskia Centre, All Nations Hope Network, St. W. Basil's, First Centre for Indigenous STBBI Research, Nine Circles Community Health Centre, Manitoba HIV STBBI Collective Impact Network, Winnipeg Regional Health Authority, Manitoba Harm Reduction, CATH Canadian AIDS Treatment Information Institute, University of Saskatchewan, and University of Manitoba.

Collecting and Analyzing Data

We used Indigenous storywork in this research. Participants took part in one-hour interviews and received \$100 compensation. These interviews covered a wide range of topics, including the impact of COVID-19 on physical, sexual, spiritual, and mental health, substance use, healthcare access, and more.

To make sense of the information we gathered, our research team carefully examined all the interview transcripts. We identified key themes and patterns in the data through a collaborative process. This helped us better understand the experiences of the participants.

Who Participated

Our study included 51 participants, including 28 Indigenous people living with HIV in Manitoba and 23 in Saskatchewan and 14 Service Providers in both Manitoba and Saskatchewan. The average age of participants was 34. Most identified as members of a First Nations community, with a few identifying as Métis. Most respondents identified as women, with a small number of male-identified and Two-Spirit individuals. About 33 participants were unemployed. Among service providers, four identified themselves as belonging to either First Nations or Métis communities, including two who are recognized as knowledge holders in Winnipeg, Manitoba. In term of service providers' self-identified gender: 10 were women, 2 men, and 2 non-binary individuals.

This report shares what we learned from the experiences and stories of these brave individuals as they navigated the challenges of the pandemic.

MAIN FINDINGS

The COVID-19 pandemic has had profound and multifaceted impacts on Indigenous people living with HIV (IPLH), significantly affecting their lives, health, and well-being. The study revealed a variety of COVID-19 impacts, which are presented as three key themes:

Theme 1: IPLHs Relied on Indigenous Knowledges, Ceremonies, and Community Resilience to Cope with the Impacts of the Pandemic

The study found that many IPLH participants coped with the pandemic by drawing upon Indigenous ceremonies, cultural practices, and Indigenous medicines.

As one participant shared, “Ceremony had a really strong role in keeping me strong. I think that’s probably the role, I mean that impact that I think medicines have on my life is very strong” (SK003).

Another participant expressed how smudging helped them, stating, “Smudging helped a lot. It just relaxed me from all the hectic things that happened during the day, you know” (MB013).

Participants described how community organizations mobilized during the pandemic to offer traditional medicines to clients.

A participant shared, “When the medicine was needed, Ma Mawi, they brought medicine for me too right away. They brought teas, and Ka Ni Kanichihk brought teas and stuff like that. Nine Circles didn’t really have any medicines. They had sanitizers and stuff like that to give out. That’s how they helped. Sage House, they had medicines” (MB014).

Another participant commented: “I’m very fortunate and grateful that I have a community called All Nations Hope and they kept their doors open 24/7 during that time. And the doors being open they still had medicines here. We still did some cultural stuff.” (SK003)

These practices played a crucial role in maintaining their resilience. Participants shared the importance of Indigenous ceremonies and medicines, and their deep-seated connection to the natural world. Additionally, social support networks, including family, friends, colleagues, and communities, provided vital support during these challenging times. One participant stated: “I got my cousin. He’s very traditional. He carries his pipe, he carries his four sacred medicines, and whenever I needed him, he was there.” (MB004)

Participants noted that restricted access to ceremonies during the pandemic affected their overall wellbeing, for example: “There really wasn’t an opportunity because nobody was doing anything in-person. It was challenging to get out in the community and do any kind of ceremony.” (MB002). Also noted was restricted access to ceremony due to experiencing houselessness and other vulnerabilities.

Theme 2: COVID-19 Negatively Impacted IPHA's Health, Wellbeing, and Substance Use

The pandemic negatively affected the well-being, mental health, and spiritual well-being of IPHA due to social isolation and distancing measures. One participant commented: "My substance use increased quite a bit because instead of social media platforms I was using my substance use to reach out to community members, other relatives, and keep those relationships. And I was using it the wrong way." (MB008).

Social isolation and distancing measures took a toll on the mental health and well-being of participants. One participant described feeling depressed and alone, saying, "We had no elders to talk to, or nobody to talk to, so ... and that kind of made me feel depressed and sad, like I was alone" (SK009).

Restrictions on attending sweat lodges and land-based teachings also affected their spiritual well-being.

Additionally, the pandemic led to an increase in substance use, with one individual sharing, "Yeah, I started using more than I was before because I was lonely. I was all by myself" (MB014).

Fear of living with HIV and contracting COVID-19 added to their emotional burdens. Participants reported communal loss and the rekindling of substance use issues due to isolation and homelessness, exacerbating the adverse effects of the pandemic on their health and well-being: "Emotionally was kind of hard, because, you know, going through the whole thing, plus living with HIV. You're thinking you're going to die..." (MB010). Another participant commented: "I lost a lot of my community. I just went down the rabbit hole again. My mind started drifting off back to my old using days... I think the biggest impact was not being able to be a part of my community that I had built up when I moved to Winnipeg..." (MB001)

Participants also talked about the impact of substance use and homelessness in their communities and families during COVID-19: "A lot of people with no homes, overdosing, more people doing drugs, and it has taken all of my family." (SK013). Similarly, another individual commented: "My mom's family all passed away, a lot of drug use, overdoses and homelessness." (SK009)

Theme 3: COVID-19 Exacerbated IPHA's Access to Services

The pandemic disrupted healthcare access for many IPHA participants, leading to neglected health needs, missed in-person appointments, and difficulties accessing HIV care and medications. One individual stated: "I'm undetectable. I take my medication...I think my health was neglected during COVID because of not being able to see a doctor... Like I haven't had a physical for two years now...I'm still having phone consultations with my doctor. My ID doctor, I haven't seen her in person yet." (SK003)

Additionally, the study highlighted issues related to stigma, with some participants feeling discriminated against and stigmatized during the vaccination process: "I felt stigmatized, especially during the vaccination process where people weren't properly educated on what to do when a person comes up and says that they're living with HIV." (MB002)

One participant described the impact, saying, "I got strange phone calls from strange doctors regarding my HIV. And there were quite a few times that I had to go without my medication" (MB001).

Harm reduction and support services were also disrupted, leaving individuals without vital resources. As one participant expressed, "There were a lot of people in my community that I saw, relatives that weren't able to get harm reduction supplies and safer sex supplies because of the COVID restrictions put in place" (MB019).

The pandemic therefore interrupted vital harm reduction and support services, leaving many individuals without access to resources they needed to stay healthy and safe: "It was rough because you don't have access to a lot of the services that you did before. Some of the services in the community, you couldn't access because of the COVID and that's where I know some of the women and men, I knew that are Indigenous ended up turning to the drugs again". (SK004)

Theme 4: Service Provider Perspectives

Service providers, both Indigenous and settlers, highlighted the importance of ceremonies in holistic health and the need for healthcare services to integrate Indigenous cultural and spiritual practices. Additionally, service providers spoke of the role of agencies in connecting Indigenous people with HIV to ceremonies, revealing diverse approaches and challenges, especially during the pandemic.

One service observed the limited access to cultural practices during COVID-19: “A lot of the sort of cultural practices weren’t available during COVID... I think that when people are in crisis mode, services tend to revert back to the singular focus on physical health” (SP08).

The significance of ceremony in fostering community and overcoming the effects of colonization was also highlighted by another participant: “Ceremony is important for everybody in their culture... the colonization of Indigenous people obviously has stripped that away... it’s really imperative for folks to get reconnected” (SP02).

Service providers highlighted how barriers to care were exacerbated for individuals who already had limited access and how policy changes directly impacted rural, remote and Northern communities:

“And all of a sudden, they couldn’t walk in. Because you had to have an appointment within Health Sciences Centre to get through the door. And everything was virtual. Well, that’s not helpful for people who don’t have a phone or a computer. And it basically shut down. Although patients still called, I couldn’t see them, because I couldn’t even get them through the door. So, patients couldn’t walk in, so they all of a sudden didn’t have supports, because you couldn’t come in for food. [...] And then, flying patients down from the North, who would come for appointments. Now all of a sudden, they can’t come down, because the community has a COVID protocol. They don’t want people in and out, so some communities completely wouldn’t allow people to leave, to come for these types of appointments. I’m not saying life-threatening, but there were so many protocols in place, and a lot of people don’t want the community knowing about their HIV, so they want to come in person. So, people weren’t getting care, really, because they didn’t want to have a telehealth or a phone call in their community, or they don’t have a phone” (SP-04).

DISCUSSION & CONCLUSIONS

Our study uncovered the significant challenges that Indigenous people living with HIV in Manitoba and Saskatchewan faced during the COVID-19 pandemic. It had a profound impact on their mental, social, and spiritual well-being. People felt increasingly isolated, grappled with mental health issues, turned to substance use as a coping mechanism, and some even found themselves without a home. The fear of contracting both COVID-19 and HIV made an already challenging situation even more difficult. Access to healthcare was difficult, and the stigma associated with HIV added to the problem. Economic stress, poverty, and homelessness became even more pressing issues.

These findings align with existing research, which emphasizes the need for healthcare and support that acknowledge the unique challenges faced by these communities in accessing the right care. We also echo the broader challenges that Indigenous communities experienced in accessing adequate healthcare during the pandemic (and before the pandemic), which affected mental health and substance use. This emphasizes the need for tailored interventions to address stigma and ensure continuous care for Indigenous people living with HIV, including measures such as treatment access, harm reduction services, and overdose prevention.

Service provider interviews also highlight the essential role of Indigenous ceremonies in holistic health and the challenges faced in accessing these practices during the COVID-19 pandemic. Service providers, both Indigenous and non-Indigenous, emphasized the need for healthcare services to integrate these cultural and spiritual practices more effectively. They pointed out that during crises like the pandemic, healthcare services often focus solely on physical health, neglecting the cultural and spiritual needs of Indigenous people living with HIV. This issue was further compounded for individuals in rural, remote, and Northern communities, who faced increased barriers to care due to policy changes and COVID-19 protocols.

To improve the health and well-being of this community, we must tackle issues of colonialism, economic insecurity, and social supports. This includes providing more affordable housing options, financial assistance for those in need, and addressing the deep-rooted systemic issues like colonialism and anti-Indigenous racism that perpetuate poverty and inequalities among Indigenous people living with HIV.

Our research tells us how COVID-19 affected Indigenous communities living with HIV in two Canadian provinces. Not addressing the needs of Indigenous people living with HIV, who also face other intersectional oppressions, can make their health and social problems worse. Our findings show that we need a fairer public health and social safety net that looks after the needs of Indigenous people living with HIV.

Recommendations

To address issues identified in this report, the following recommendations are proposed:

1. Culturally responsive services should integrate Indigenous ceremonies and practices into holistic healthcare for Indigenous People Living with HIV, fostering collaboration with Elders and knowledge keepers for comprehensive support.

Action items:

- Promote the recognition and inclusion of Indigenous ceremonies, cultural practices, and traditional medicines as essential components of wholistic healthcare and HIV care.
- Support and resource organizations that provide these cultural resources to IPLH.
- Collaboration with Indigenous Elders and knowledge keepers can help create safe spaces for cultural practices, offering emotional and spiritual support to individuals.

2. Implement specialized mental health and substance use support services for Indigenous People Living with HIV, emphasizing cultural sensitivity and accessibility to professionals attuned to their unique needs.

Action items:

- Recognize the critical importance of mental health and substance use support for IPLH.
- Develop tailored mental health services that are sensitive to the needs and preferences of Indigenous communities.
- Enhance access to mental health professionals, including counselors and therapists who understand the unique challenges faced by IPLHs.

3. Enhance access to HIV care and healthcare for Indigenous People Living with HIV by addressing poverty, homelessness, and anti-Indigenous racism, developing strategies for marginalized communities, and providing cultural sensitivity training to healthcare providers to eliminate discrimination and stigmatization.

Actions items:

- Efforts should be made to enhance access to HIV care and other healthcare, including addressing poverty, homelessness.
- Address anti-Indigenous racism in healthcare.
- Develop strategies to ensure access to HIV care and medications by the most marginalized communities.
- Healthcare providers should receive training in cultural sensitivity to eliminate discrimination and stigmatization.

4. Ensure continuous funding and support of harm reduction services in Manitoba and Saskatchewan, including accessible supplies and resources for marginalized communities, in collaboration with community organizations serving Indigenous populations.

Action items:

- Reinforce harm reduction services and ensure their continuous availability and funding in Manitoba & Saskatchewan.
- Make harm reduction supplies and safer sex resources accessible to marginalized communities.
- Collaborate with community organizations serving Indigenous communities to maintain the supply chain for these vital resources.
- Manitoba & Saskatchewan government must provide continuous funding for harm reduction services and programs in both provinces.

6. Implement a collaborative approach among service providers and community organizations in Manitoba and Saskatchewan to ensure comprehensive access to essential services, resources, and support for Indigenous People Living with HIV.

Action item:

- Service providers, community organizations in Manitoba and Saskatchewan should work together to ensure that Indigenous people living with HIV have access to the necessary services, resources, and support.

7. Implement education and awareness programs specifically designed to combat HIV stigma in healthcare settings, promoting equitable and respectful treatment for individuals living with HIV.

Action item:

- Education and awareness programs should be implemented to combat HIV stigma, particularly within healthcare settings, to ensure equitable and respectful treatment of individuals living with HIV.

By implementing these recommendations, Manitoba and Saskatchewan can support Indigenous communities living with HIV, reduce health inequities, and improve overall well-being during and beyond the COVID-19 pandemic.

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PARTNER RESOURCES

Below you will find a curated list of resources designed by our HIV/STBBI community and research partners.

2Spirit Consultants

2Spirit Consultants assist Indigenous and non-Indigenous people to understand Canada's colonial history and the measures undertaken over the past fifty-years to reconcile our collective past and build a better future for everyone.

Email: bizonred@gmail.com

<https://2spiritconsultants.ca/>

Ka Ni Kanichihk

Ka Ni Kanichihk is a trusted heart of Winnipeg's Indigenous community. Our vision is to lead our people back home to a place where we are self-determining, healthy, happy, and respected for our cultural and spiritual strengths and ways of being.

Phone: (204) 953-5820

Email: admin@kanikanichihk.ca

<https://www.kanikanichihk.ca/>

Mino Pimatisiwin Sexual Wellness Lodge

A team of aunties and kookums to provide cultural support and access to traditional medicines, safer sex and harm reduction supplies, IPLH sharing circle, STBBI testing and much more.

Call Ka Ni Kanichihk for more details.

Phone: (204) 953-5820

Email: admin@kanikanichihk.ca

765 Main St, Winnipeg MB

<https://goaskauntie.ca/>

Heart Medicine Lodge

Culturally based support and advocacy services for Indigenous women who have experienced sexual assault and sexual violence. The 12-week healing program, mindfulness drop-ins, sharing circles, strawberry talks, advocacy, traditional ceremonies, Elder support and counselling services, and information and referrals provided.

Phone: (204) 953-5820

Email: admin@kanikanichihk.ca

<https://www.kanikanichihk.ca/>

Waniska

Waniska is an Indigenous-led centre for research on HIV, Hepatitis C and other sexually transmitted and blood-borne infections (STBBI) focused on Saskatchewan and Manitoba.

<https://waniskacentre.ca/>

Communities, Alliances & Networkers (CAAN)

CAAN provides a national forum for First Nations, Métis, and Inuit Peoples to holistically address HIV/AIDS, HCV, STBBI, TB, mental health, aging, and related co-morbidities.

Email: info@caan.ca

Phone: 1-306-332-0553

<https://caan.ca/>

Nine Circles Community Health Centre

Nine Circles Community Health Centre, with expertise in the care and treatment of HIV, Hepatitis C, and other sexually transmitted infections, delivers comprehensive primary care, social support, education, and prevention services – creating healthier communities for Manitobans. Testing is available by appointment or via drop-in on Wednesdays from 1-9 pm. Primary Care is available for some populations (including GBT2SQ+ men and those living with HIV).

Phone: 204-940-6000

<https://ninecircles.ca/>

Feast Centre for Indigenous STBBI Research & McMaster University

National Indigenous research centre focused on HIV/STBBI research and supporting scholars and students. Situated at McMaster University.

<https://feastcentre.mcmaster.ca/about-us-1>

All Nations Hope Network

HIV/STBBI Indigenous community services in Regina.

2735 5th Ave. Regina, SK

(306) 924 – 8424

<https://allnationshope.ca/>

MB HIV – STBBI Collective Impact Network

Working collectively to change the landscape of HIV/STBBI in Manitoba.

<https://cinenetwork.ca/about/>

MB Harm Reduction Network

A network working towards creating change in harm reduction through services, education, and advocacy.

PH: 204-783-6184

Email: hello@mhrn.ca

<https://mhrn.ca/>

Keewatinohk Inniniw Minoayawin Inc. (KIM)

Wellness for Northern First Nations. Established by MKO.

WINNIPEG OFFICE

102-1700 Ellice Avenue,

Winnipeg, MB R3H 0B1

THOMPSON OFFICE

206-55 Selkirk Avenue,

Thompson, MB R8N 0M5

HEAD OFFICE

Nisichawayasihk Cree Nation

Nelson House, MB R0B 1A0

<https://mkonation.com/health/kim/>

CATIE/ Canadian AIDS Treatment Information Exchange

Canadian source for HIV/STBBI and harm reduction information.

<https://www.catie.ca/>





**Village
Lab**



**University
of Manitoba**