INDIGENOUS COMMUNITY DIALOGUES SUMMARY REPORT

OTHER MAJOR FINDINGS

LAND ACKNOWLEDGEMENT

CAAN and the HIV Legal Network are located across this land now called Canada on treaty lands, stolen lands, and unceded territories of many different Indigenous groups and communities who have respected and cared for this land since time immemorial.

Together, we work to address the ongoing injustices and resulting health inequities faced by Indigenous Peoples, which contribute to the disproportionate impact of the HIV epidemic on Indigenous communities. We are committed to learning to work in solidarity and to dismantling and decolonizing practices and institutions to respect Indigenous Peoples and Indigenous ways of knowing and being.

OTHER SUMMARY REPORTS IN THIS SERIES:

Prisons

Drug Policy

Sex Work

Context and purpose

This summary report presents important findings from six Indigenous community dialogues conducted across Canada from 2023-2025. The dialogues were organized by the HIV Legal Network and CAAN Communities, Alliances & Networks as part of a broader project examining Indigenous Peoples' lived experiences with HIV, hepatitis C (HCV), and other sexually transmitted and blood-borne infections (STBBIs).

The dialogues were designed to gather community feedback on a **policy brief** jointly produced by the HIV Legal Network and CAAN, which outlines legal and policy reforms aimed at improving HIV, HCV, and STBBI outcomes for Indigenous Peoples, specifically in relation to drug policy, sex work, and prisons. Participants were invited to reflect on the brief's recommendations and to share their own experiences, priorities, and concerns.

Community dialogues took place in Winnipeg, Prince George, Montreal, Halifax, and Sudbury as well as through a virtual dialogue with CAAN staff. Participants included Indigenous people with diverse lived experiences (including drug use, sex work, and incarceration) as well as people living with HIV or HCV, service providers, and community advocates.[1]

This report summarizes how participants shared perspectives about overarching cross-cutting structural issues during these dialogues that are rooted in their lived experience as Indigenous people, and which should inform future policy development in these areas.

More specifically, the report focuses on five thematic areas consistently identified by participants in different dialogues: housing insecurity, discrimination within health and social service systems, child apprehension, HIV non-disclosure, and sexual violence.

[1] Community dialogues took place on the following dates: Virtual CAAN, July 11, 2023; Winnipeg, July 14, 2023; Prince George, April 17-18, 2024; Montreal, July 12, 2024; Halifax, November 20, 2024; Sudbury, March 31, April 3, April 29, 2025.

What we heard

General conclusions applicable to all policy areas

Across dialogues, participants emphasized that **Indigenous cultural practices play a vital role in health and well-being by fostering purpose, connection, and community.** Elders expressed concern about the erosion of cultural knowledge, stressing the importance of passing down traditions to younger generations such as land-based practices, traditional medicines, and ceremonies.

> *For a long time, you did not want to be seen as Indigenous. but founding the Native Friendship Centre had brought so many different communities together and we have made our own community here. There is thirst for cultural knowledge.* — **MONTREAL DIALOGUE**

In all dialogues, the **enduring legacy of colonial policies, including residential schools, the Sixties Scoop, and the *Indian Act*, was acknowledged as continuing to affect the social determinants of health for Indigenous people.** These systemic oppressions have resulted in intergenerational trauma, manifesting in mental health struggles, substance use, and a pervasive sense of disconnection from cultural identity. Participants highlighted how these historical injustices result in feelings of shame and an “invisible hole” in one’s sense of self, perpetuating cycles of harm.

> *For my family, a big thing was when my Grandmother went to residential school, she had such a hate for herself and it trickled down generationally. She was ashamed. She escaped from Alberta and ended up here. It all leads to a damage on health and you lose your culture. It’s like an invisible hole, and you’re always chasing something. CULTURE. So important.* — **HALIFAX DIALOGUE**

> *We need to think about where all the self-loathing and blame stems from. Intergenerational impacts are so key. But we focus on a single person versus the system that fails them. We need to think back for a full answer.* — **HALIFAX DIALOGUE**

Consequently, community members underscored that **policy responses must be grounded in Indigenous worldviews, including restorative and holistic approaches to health and well-being.** Participants expressed strong support for Indigenous-led health models that integrate wise practices, traditional medicines, and land-based ceremonies along with Western clinical care where desired and appropriate.

> *Canadian institutions were created by cis-gendered white straight men for cis-gendered white straight men. It was never really intended for Indigenous Peoples and our worldview and concepts of holistic health were not integrated. This is a foreign system that has been imposed on Indigenous Peoples.* — **CAAN DIALOGUE**

Accountability emerged as a recurring concern across discussions of drug policy, sex work, and prisons. Participants stressed that meaningful reform requires enforceable accountability mechanisms and transparent evaluation processes. The use of Indigenous-defined indicators of success was recommended, with measures rooted in community priorities rather than narrow biomedical or punitive metrics.

Meaningful involvement of people with lived experience was identified as essential at every stage of policy development, implementation, and evaluation. Participants underscored that consultation alone is insufficient: decision-making authority and governance structures must reflect Indigenous autonomy and self-determination.

Housing Insecurity

Housing insecurity was repeatedly identified as a root cause of poor health outcomes and increased vulnerability. **Participants highlighted stark inequities in housing conditions between Indigenous and non-Indigenous communities, including overcrowding, lack of clean water and sanitation, and chronic underinvestment.** Participants noted that inadequate housing in First Nations and Inuit communities forces many people, particularly women and Two-Spirit people, to relocate to urban centres where they often face intensified racism and vulnerability. Others emphasized that housing instability undermines community connection.

> *When it comes to housing in First Nations and Inuit communities, it's estimated it would take another 148 years for the government to build enough adequate housing. We still have lack of running water and sewage in First Nations communities in Canada. It means it's not equitable. That is discrimination, anti-Indigenous racism. With First Nations, especially women and Two-Spirit people, they leave because of the lack of adequate housing and go to the city and end up experiencing harsher racism.* — **CAAN DIALOGUE**

Discrimination in Healthcare and Social Services

Discrimination within healthcare and social service systems emerged as a pervasive theme across all regions. **Participants described experiences of being ignored, delayed, or denied care based on Indigeneity. In some cases, individuals reported being barred from hospitals by security or neglected in emergency settings.**

> *In hospitals, if you're homeless, Indigenous, or use drugs, you get shuffled off and made to wait and white people are put ahead of you. There's lots of discrimination between Indigenous people and security people; we get barred from hospital. We're not entitled to the same care. It happens all the time. There's explicit racism from healthcare providers and we feel belittled.* — **PRINCE GEORGE DIALOGUE**

Others emphasized systemic issues, including over-pathologization of Indigenous patients, lack of provider knowledge about Indigenous medicines, and the routine involvement of police in health crises, resulting in incarceration rather than care.

> *Western doctors don't know about Indigenous medicine. I was treated by someone who had no clue about Indigenous medicine, despite the fact that they were working predominantly with Indigenous folks.* — **WINNIPEG DIALOGUE**

> *When an Indigenous person is experiencing a health crisis and someone calls an ambulance, often the police show up and that person goes to jail rather than to a healthcare facility.* — **CAAN DIALOGUE**

Community members emphasized the need for comprehensive education and anti-discrimination training for staff but stressed that training alone is insufficient. They called for enforceable accountability mechanisms, Indigenous governance over healthcare delivery, and expanded peer advocacy roles.

Child Apprehension and Family Separation

Child apprehension emerged as a central concern across multiple dialogues, particularly in Winnipeg and Prince George. Participants described child welfare systems as deeply entangled with colonial control and criminalization, rather than focused on family preservation or prevention.

Some participants recounted experiences in which children were apprehended during periods of crises without adequate supports to facilitate reunification. Many people emphasized that such interventions often trigger cascading harms.

> *Two of my sons have HIV, they got it through sharing needles. They got taken by child welfare, while me and my partner were in forced alcohol addiction treatment for 6 weeks. When we went back to get the kids, they refused to give them back. My kids were sent to permanent foster home. Now they're on the street, that's how they got on the street and ended up doing drugs and got HIV.* — **PRINCE GEORGE DIALOGUE**

Participants in Prince George also highlighted the absence of Indigenous oversight, advocacy, and culturally safe monitoring within foster care placements.

> *We should have Indigenous workers going into foster homes, monitoring, asking Indigenous children if they feel safe there. No one came into my home to ask if I was OK and if I was safe. They were more busy taking native kids out of native homes.* — **PRINCE GEORGE DIALOGUE**

Criminalization of HIV Non-Disclosure

Fear of criminalization and state surveillance shaped discussions of HIV non-disclosure in several dialogues. Participants described how mistrust of legal and healthcare systems discourages testing, disclosure, and engagement in care. This fear was frequently linked to broader experiences of over-policing, court practices, and discriminatory treatment within the justice system.

> *I now take people with me to Nine Circles to protect myself from an HIV non-disclosure charge. I hate that I have to do that just to have sex. Even though I have been taking my ARVs responsibly for 10 + years, I am still blamed; makes me not want to have sex at all.* — **WINNIPEG DIALOGUE**

Several speakers noted that **punitive legal approaches to HIV non-disclosure reinforce stigma and silence, particularly for Indigenous women, Two-Spirit, and gender-diverse people who already face heightened surveillance and vulnerability.** Participants emphasized that non-disclosure cannot be separated from conditions such as sexual violence, coercion, and power imbalances in relationships.

> *Other women tell me they have been with guys who they have told about their HIV status, then when they try to break up with the guys, the guys threaten to tell the police and the community. I have been with my partner for over 10 years. Sometimes I worry that if I try to leave, he will come after me, who knows.* — **WINNIPEG DIALOGUE**

People in the Winnipeg dialogue also highlighted how the mediatization of criminal charges related to HIV non-disclosure followed them for years, violating their right to privacy and accentuating feelings of stigma.

Sexual Violence

Sexual violence was consistently identified as both a cause and consequence of structural inequities, including child apprehension, homelessness, and criminalization. Participants described how experiences of violence are often compounded by inadequate responses from healthcare providers, police, and courts, reinforcing mistrust and disengagement from formal systems. In several dialogues, community members linked sexual violence to barriers in accessing appropriate healthcare.

Participants' contributions underscored the need for survivor-centred, Indigenous-led responses that address both immediate safety and long-term healing, including community-based supports.

Community-identified gaps and additional considerations

Across dialogues, participants came up with recommendations to strengthen policy responses to varied issues. These included:

- **Shifting from punitive systems toward preventive, restorative, and Indigenous-led approaches;**
- **Establishing enforceable accountability mechanisms grounded in Indigenous-defined indicators of success** that reflect wholistic, asset-based outcomes;
- **Expanding access to self-testing and rapid testing for HIV and STBBIs;**
- **Assessing whether and how current policies align with existing commitments and frameworks** such as the Truth and Reconciliation Commission Calls to Action, the Calls for Justice from the National Inquiry into Missing and Murdered Indigenous Women and Girls, and the United Nations Declaration on the Rights of Indigenous Peoples;
- **Ensuring long-term, equitable funding commitments for foundational determinants of health** through grassroots programs, peer-led initiatives, and community-driven solutions to health and social issues;
- **Supporting Indigenous-led child welfare frameworks;** and
- **Ensuring that Indigenous people with lived experience are meaningfully involved** in shaping, implementing, and evaluating policy reforms.

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