

# “Honouring and Caring for Aboriginal People and Communities in the Fight Against HIV/AIDS” Healing Our Spirit BC First Nations AIDS Society –Providing Prevention, Care, Treatment and Support Services for Aboriginal Peoples in British Columbia

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## **Abstract**

This paper provides an organizational overview of Healing Our Spirit BC First Nations AIDS Society (Healing Our Spirit) and introduces the holistic healing and Aboriginal specific service delivery model that Healing Our Spirit uses to address the HIV/AIDS epidemic. The HIV/AIDS epidemic compels many Aboriginal communities to deal with the complex issues associated with HIV/AIDS. While in the process of strengthening and regaining cultural and social systems, Aboriginal peoples also face inter-generational, interconnected, and socio-economic issues. Specifically, these issues include sexual abuse, homophobia, shame, lack of housing, lack of education, alcohol and drug use and addiction. In large part, these are a legacy of colonization and residential schools. Healing Our Spirit has developed culturally sensitive and relevant community development strategies to address the multiple and complex challenges in the field of HIV/AIDS.

## **Introduction: HIV and Aboriginal peoples in British Columbia and Canada**

Among Canada’s Aboriginal peoples and communities, the HIV/AIDS epidemic has become yet another disease Aboriginal peoples contract at rates higher than the non-Aboriginal population. Though being Aboriginal itself is not a predictor of risk for HIV, there are many underlying social determinants that contribute to Aboriginal peoples being at increased risk of infection. Many of the behaviours, which place one at risk of HIV infection, are associated with poverty and disempowerment. The effects of colonization and the residential school system must be

acknowledged as contributing to the current poor health conditions of Aboriginal people. Other socio-economic factors, such as systemic racism, poverty, marginalization, and lack of education, have also adversely impacted the health status of Aboriginal peoples (Report of The Royal Commission on Aboriginal Peoples, 1996).

As of the end of 1998, 11,525 Canadians have died from AIDS (Laboratory Centre for Disease Control, 1999b), and 40,100 Canadians are living with HIV (Laboratory Centre for Disease Control, 1999c). In the past few years, the number of reported AIDS cases has dropped significantly in Canada. Much of the drop in death rate has been attributed to the success of antiretroviral therapies. While the absolute number of reported Aboriginal AIDS cases has also dropped, the percentage of new AIDS diagnoses with Aboriginal ethnicity has steadily increased. From 1989 to 1998, recorded Aboriginal ethnicity has risen from 1.2% to 10.9% of reported cases. Since 1994, this figure has gone from 2.6% to 10.9% (Laboratory Centre for Disease Control, 1999a). This increase may be attributed in part to better recording of ethnic information. Regardless, the bottom line is clear: HIV/AIDS continues to affect Aboriginal peoples in a manner disproportionate to the rest of the Canadian population.

Figures commonly cited to explain higher HIV rates among Aboriginal peoples include: higher rates of teen pregnancy (BC Ministry of Health, 1996); higher rates of sexually transmitted diseases (Health Canada, 1996); higher rates of incarceration (where risk activities are high) (Rothon et al., 1994; Red Road, 1999); higher levels of addictions including injection drug use; and high rates of mobility between rural and urban locations (Report of The Royal Commission on Aboriginal Peoples, 1996; Red Road, 1999).

Among Aboriginal populations in BC, women are infected relative to men at a rate far higher than in non-Aboriginal populations. In fact, BC Aboriginal women are infected at a rate approaching that of Aboriginal men. Of the 69 Aboriginals who tested positive for HIV in BC in 1998, 43% (30/69) were female and 57% (39/69) were male (BC Aboriginal AIDS Awareness Program, 1998). These numbers compare with 16% (66/404) and 86% (338/404) respectively for non-Aboriginals who tested positive for HIV in BC in 1998 (BC Centre for Disease Control, 1998). 73% (22/30) of new HIV positive tests for Aboriginal women were associated with injection drug use (BC Aboriginal AIDS Awareness Program, 1998).

These statistics dispel any notion that HIV/AIDS affects only "gay white men" a perception still held in many Aboriginal communities (Report of The Royal Commission on Aboriginal Peoples, 1996). Both male and female Aboriginal peoples are at risk through unprotected sex, be it homosexual or heterosexual, and through the sharing of needles. As

Aboriginal women become infected, their unborn children also are put at higher risk of contracting HIV.

As we are in the early stage of the epidemic, we will see a much greater need for care in Aboriginal communities. HIV/AIDS is fatal but preventable, so public prevention and education activities will remain paramount in the fight. For prevention to be effective, it is necessary to continue and to enhance HIV/AIDS education programs in Aboriginal communities. It is imperative that Aboriginal individuals and communities begin planning and implementing care, treatment and support for Aboriginal people living with HIV/AIDS who want to go home. Healing Our Spirit is working to facilitate achieving these goals in prevention and care. The remainder of this paper will explain in greater detail the mandate and work of Healing Our Spirit.

### **History of Healing Our Spirit BC First Nations AIDS Society**

Healing Our Spirit was incorporated in 1992. The co-founders, Frederick Haineault and Leonard Johnston were of the Cree Nation. Both Leonard and Frederick anticipated the need for a society that could help raise the consciousness of Aboriginal people toward the rapid spread of HIV/AIDS in their communities. Frederick and Leonard have passed on to the spirit world, but their memory, their important work initiated in BC, and their personal contributions to the field of HIV/AIDS remain with us. Today, Healing Our Spirit has developed into an HIV/AIDS service organization, which provides: education and prevention, care, treatment and support, and research and evaluation services to Aboriginal peoples in BC.

### **Mandate of Healing Our Spirit BC First Nations AIDS Society**

The mandate of Healing Our Spirit is to prevent and to reduce the spread of HIV and AIDS and to provide care, treatment and support services to Aboriginal peoples infected and affected by HIV/AIDS. It is the society's belief that: "Everyone is a part of our traditional healing circle, including people with HIV and AIDS. Communities in balance keep the circle strong by working together in caring, supporting and healing." (Healing Our Spirit HIV/AIDS Educator Manual)

Specifically, the primary goals of Healing Our Spirit programs and services are to:

- Increase the awareness of HIV and AIDS in both urban and rural Aboriginal communities
- Provide educational workshops throughout BC on the prevention of HIV and AIDS

- Provide support to individuals living with HIV and AIDS, as well as to their families and caregivers
- Increase community accessibility to HIV and AIDS educational material and resources
- Increase acceptance of people living with HIV and AIDS in their communities

### **What is the Role of Aboriginal People Living with HIV/AIDS in Healing Our Spirit?**

Healing Our Spirit is a community based non-profit Aboriginal HIV/AIDS service organization. Free memberships are available to Aboriginal people living with HIV/AIDS, as well as to Elders and to the youth. Aboriginal people living with HIV/AIDS are recognized as Lifetime Members. Currently there are over 120 Lifetime members of Healing Our Spirit. Over time the number of member's change. This change reflects the loss of members who have gone to the spirit world, and the addition of new members who have been newly diagnosed. The membership of Healing Our Spirit, in particular Lifetime Members, provides direction for the organization in its service delivery.

Aboriginal people living with HIV/AIDS are the centre of HIV/AIDS program development and service delivery at Healing Our Spirit. The hiring and retaining of Aboriginal people living with HIV/AIDS is an ongoing priority for staff development, and is supported by current employment policies. These policies incorporate and support people living with life threatening illnesses and address the special needs of those living with HIV/AIDS. Despite the commitment to employ Aboriginal people living with HIV/AIDS, the reality is that job-related stress can adversely affect one's medical status and thus affect one's ability to maintain employment. The need for creativity and flexibility in employee policy development is important, especially in the area of retaining Aboriginal people living with HIV/AIDS as employees.

Healing Our Spirit also seeks Aboriginal people living with HIV/AIDS to sit on the Board of Directors. By providing capacity building for those whose experience with boards is limited, a diversity of board members are ensured, and the society gains the first-hand expertise of those who live with HIV/AIDS.

Aboriginal people living with HIV/AIDS are honoured for their vision and courage through traditional and contemporary ceremonies held at the Healing Our Spirit annual conference. The society recognizes that many times these contributions have been made at great cost to the individual, and their strength and courage to publicly address what are often painful issues

is a gift to Aboriginal communities. In keeping with the tradition of honouring, the Fourth Annual Conference in 2000 is dedicated to "Honouring Our Children and Families" who are infected with and affected by HIV/AIDS.

### **What is the role of Aboriginal Culture and Values in Healing Our Spirit?**

With approximately 24 distinct linguistic/cultural groups, BC's First Nations reflect great diversity. In addition, Aboriginal people from many other nations in Canada live in BC and utilize Healing Our Spirit's services. This diversity is reflected in the employees, board, and membership who, throughout the history of the society, have come from Aboriginal nations across Canada. Healing Our Spirit provides services for all Aboriginal peoples in BC: those living on reserve, off reserve, non-status Indians, Inuit and Metis. For Healing Our Spirit, respecting Aboriginal culture and values is an important component of decision making, community and team development.

While diversity of customs, values and beliefs exist, many core Aboriginal values are similar. The traditional values of caring, sharing, and taking care of one another are a part of every Aboriginal culture. Healing Our Spirit's programs and services are delivered in a culturally sensitive manner, which respects and honours the diversity of the cultural values of all Aboriginal members of the society.

### **How Can the Teaching of the Medicine Wheel Address Barriers that Exist in Communities for Aboriginal People Living With HIV/AIDS?**

The health of the human spirit includes an unconditional love of self, which is shared with all other aspects of creation. Disconnection and loss of balance first occurs at a personal level and reverberates in the home, the workplace, and the community. Communities in balance keep the circle strong by working together to heal the spirit with support for the person who is HIV positive and for the family (Healing Our Spirit Fact Sheet)

Healing Our Spirit recognizes that prejudice among individuals and in communities can have a direct impact upon Aboriginal people living with HIV/AIDS and their ability to access appropriate services. Aboriginal people living with HIV/AIDS face a number of barriers to achieving their optimum health. Prejudice against drug users, transgendered persons, and those within or re-integrating from the prison system, issues of homophobia, fear and stigma may be barriers to providing services for those who are infected, or at risk of being infected with HIV/AIDS. Aboriginal

leadership has a key role to play in assisting communities to address these barriers (Lambert, 1993).

Healing Our Spirit to address the exclusion of and prejudice against those who are infected and affected by HIV/AIDS uses the medicine wheel teaching. The medicine wheel encompasses the four directions and all peoples. Application of the medicine wheel in community settings encourages the re-integration of Aboriginal people living with HIV/AIDS and promotes healing. The medicine wheel represents many things, including the four areas of holistic health—physical, emotional, mental and spiritual.

The medicine wheel can be a useful tool in community healing and development processes (Lambert, 1993). Many issues associated with HIV/AIDS affect all four areas of holistic health. For example, in the spiritual aspects, Aboriginal people living with HIV/AIDS are now seeking traditional medicines, healers, spirituality and elders. Thus, communities need encouragement to extend healing practices to those living with HIV/AIDS.

### **Prevention and Education “Taking Care of Each Other for a Safer Path Through Life’s Journey”**

Prevention of the spread of HIV/AIDS formed the initial and founding work of the society. The founders, Leonard Johnston and Frederick Haineault, recognized that one of the most effective ways to educate others is by example. Hearing the stories of those who are experiencing HIV/AIDS first hand was the first and most important component of the prevention message. The speaker’s bureau has developed from this approach and currently brings people living with HIV/AIDS to communities to share their experience with participants in workshops facilitated by educators. Many of the HIV positive education speakers are Healing Our Spirit Lifetime members.

Healing Our Spirit conducts workshops for approximately 1,500 participants annually and reaches approximately 4,000 people through the information booth program. The goal of the education program is to reach Aboriginal people across BC and to empower them to educate themselves on risk behaviours. The program encourages respect for oneself and others, self-awareness, seeking appropriate medical and health care, and educating one’s community about the need for acceptance and support of those who are infected with HIV/AIDS.

Prevention workshops are designed for a cross-section of audiences: communities, schools, transition houses, prisons, women’s groups, youth, elders, colleges and universities, powwows, and conferences. As has been the case across the country, Healing Our Spirit workshops are

delivered to suit the audience and Healing Our Spirit works in collaboration with organizations and communities to tailor training to the specific needs of the group (Crown et al., 1993; Mill, 1996; Lambert, 1993). The variety of workshops range from understanding the basics of HIV/AIDS to advanced knowledge of the interrelated psychological and social issues that impact on HIV/AIDS transmission, biological transmission, and treatment processes.

The education program has evolved over the years to address the barriers Aboriginal people face in protecting themselves adequately. These include; homophobia, women's issues, addictions, the impact of sexual abuse, and access to care. The education program is currently working with the Residential School Healing Foundation project, "Reclaiming Our Pride, Families and Communities" to develop curriculum for residential school survivors.

The community development aspect of the education program focuses on skill development and information sharing to assist individuals and groups in responding effectively and appropriately to the complex issues related to HIV/AIDS. Community development activities are especially encouraged for health professionals, chiefs and councilors, and tribal councils.

Assessment and evaluation of workshop participant knowledge has become an important method for enhancing the education program. Initiated by the Healing Our Spirit education program, the Building Research Capacity Project produced its first study, "Attitudes Towards HIV and AIDS Among Aboriginal Peoples Living in BC", which was analyzed from information collected during workshops. An oral presentation of this research was given at the 1999 International AIDS Impact Conference in Ottawa.

### **The Outreach Program - Providing Care, Treatment and Support Services for Aboriginal Clients Living With HIV/AIDS**

While the initial phase of Healing Our Spirit's development was prevention of the spread of HIV/AIDS, the second phase of organizational and community response is providing care, treatment and support services for Aboriginal clients who are living with HIV and AIDS. Many Aboriginal people living with HIV/AIDS now live in urban centres. There are a number of reasons why a person living with HIV/AIDS would move to an urban centre. For example, Victoria and Vancouver in particular, have broader care, treatment, support networks, and more medical professionals with expertise in HIV/AIDS and than most other urban and non-urban locations in the province. Also, research centres such as the Centre for Excellence in HIV/AIDS at St. Paul's hospital allow persons living with HIV better access to researchers conducting clinical drug trials.

Currently, these services and resources are not offered, or are difficult to access, in many rural and remote areas (Red Road, 1999). This issue is one that communities will need to address in the near future and to plan for financially. Healing Our Spirit has submitted a grant proposal to examine cost and access issues of providing services for Aboriginal people living with HIV/AIDS on reserve and in rural areas. Barriers to accessing services are not the only barriers that Aboriginal people living with HIV/AIDS face in returning to their communities. In many cases, Aboriginal people living with HIV/AIDS would like to return to their home communities but are discouraged by a fear of discrimination and by the threat of physical violence (Schneider et al., 1999; Red Road, 1999).

The Healing Our Spirit Outreach office was opened for clients in February 1997 and provides three main areas of service for Aboriginal people living with HIV/AIDS. They are: emergency assistance and facilitating access to ongoing social services, community support and network building, and outreach to those who cannot access services themselves. Annually, outreach staff assist approximately 1200 client drop-in visits. Through Healing Our Spirit, clients access support, peer counseling, residential school syndrome counseling, nutritional supplements, referrals, the HIV/AIDS information resource centre, and advocacy in housing discrimination and human rights issues.

Peer support and advocacy workers make hospital, hospice, correctional facility and home visits and co-ordinate street outreach in the urban core. The Outreach program promotes and enhances a sense of cultural community among Healing Our Spirit clients by organizing dinners, retreats, and travel to attend powwows.

Healing Our Spirit also provides outreach to families of those living with HIV/AIDS. Families coming to Vancouver are helped, sometimes financially, and clients are similarly supported when visiting their home communities. Healing Our Spirit works with communities and families in all regions to help coordinate funeral and memorial services for clients.

The harm reduction model is utilized in the provision of outreach and onsite service delivery. Clients face multiple barriers to accessing housing, social services, and achieving financial independence. Many deal with emotional traumas stemming from issues of abuse and social dysfunction among family and community, which are made more complex by addictions to legal and illegal drugs. Providing services to clients struggling with these issues is both rewarding and challenging. As a social service organization, the society faces the reality that street involved clients may present a threat of violence for staff and members. Healing Our Spirit has taken steps to address this issue by implementing safety policies for staff and clients.



The housing advocacy program provides ten mobile housing subsidies for HIV positive Aboriginal people in BC, which are provided through BC Housing. This number in no way meets the housing need for Aboriginal people living with HIV/AIDS, and as a result, there is currently a long waiting list for this program. It is a priority to address this need by lobbying for more housing subsidies for Aboriginal people living with HIV/AIDS. In addition, referrals for affordable housing for Aboriginal people living with HIV/AIDS are made to Vancouver Native Housing and L'uma Native Housing. These Native housing agencies are partners in providing suitable, subsidized housing for Aboriginal people living with HIV/AIDS.

Finally, there is the volunteer program, which is an indispensable component of Healing Our Spirit. Volunteers provide vital assistance in all areas of the organization. Operating community information booths, administration tasks, production of the Healing Our Spirit play, "How Health and Healing Came Together", and special events are some of the activities during which volunteers often provide assistance. Volunteers have offered their unique skills that range from providing haircuts to clients to holding spiritual and cultural ceremonies for Aboriginal people living with HIV/AIDS. The volunteer program provides opportunities for Aboriginal people living with HIV/AIDS and others to make valuable contributions in the fight against HIV and AIDS.

Currently, the volunteer program has established a Council of Aboriginal people living with HIV/AIDS, which provides direction to Healing Our Spirit in the areas of program and policy development. The council was formed to ensure ongoing input of Aboriginal people living with HIV/AIDS. This will assist in the long term development of the role of Aboriginal people living with HIV/AIDS in Healing Our Spirit, as those involved with the council will have enhanced opportunity to become involved in decision making on the Board of Directors.

### **Healing, Skills and Capacity Development Provided to Aboriginal Communities in BC at the Annual Aboriginal HIV/AIDS Conference**

The first annual Healing Our Spirit conference was held in Vancouver in 1997 and was dedicated to the memory of co-founders Leonard Johnston and Frederick Haineault. Subsequent conferences were held in Prince George and Nanaimo. The Fourth Annual Conference is to be held in Cranbrook in the year 2000. Aboriginal communities are encouraged to co-host the conference as representatives of their region in BC. By bringing together leaders in the HIV/AIDS field, Aboriginal health and healing professions, Aboriginal people living with HIV/AIDS, community members, funding bodies, and political leaders, a forum is

created where Aboriginal people can come together to learn skills, current information and culturally appropriate models. To facilitate full participation, full and partial scholarships are made available to Aboriginal people living with HIV/AIDS, community health professionals and workers, and community members.

Healing Our Spirit special events are designed to raise the visibility of HIV/AIDS issues, to fundraise, and to encourage open dialogue in Aboriginal communities about HIV/AIDS. Annually, Healing Our Spirit works in collaboration with other organizations and communities to host an Aboriginal Fashion Show & Silent Art Auction, a Golf Tournament, and an Aboriginal/International AIDS Awareness Day Event. These events promote community collaboration, awareness and personal growth.

In addition to addressing HIV/AIDS in the Aboriginal community, Healing Our Spirit participates in larger local events, such as the annual AIDS Walk, and the Gay Pride Parade. Participation in larger HIV/AIDS events raises awareness of the effect of the epidemic on the Aboriginal community.

### **Community Liaison – Creating Linkages and Advocating Accountability to Aboriginal People Living With HIV/AIDS**

The community liaison is a newly formed initiative of Healing Our Spirit. The goals of the community liaison are to improve and to facilitate communications of the society with provincial and national HIV/AIDS funding and co-ordination bodies. The liaison provides current and relevant information to the society, which assists in organizational and program planning.

The current practice of the liaison is to provide strong advocacy from the perspective of Aboriginal people living with HIV/AIDS on matters impacting and pertaining to Aboriginal people living with HIV/AIDS. In this respect, the community liaison assists in the improvement of accountability of HIV/AIDS services and provides a networking capacity to Aboriginal people living with HIV/AIDS. The importance of accountability to Aboriginal people living with HIV/AIDS is advocated at all levels, from the national level to the provincial and community level as well as internally at Healing Our Spirit.

### **Addressing the Impact of Residential Schools with the “Reclaiming Our Pride, Families and Communities” Residential School Healing Project**

After many years, the negative socio-economic impacts of the residential school system are beginning to be acknowledged and addressed

through healing initiatives and the court system. The legislated Canadian residential school system contributed to a prevalence of physical and sexual abuse and the disruption of culture and community for Aboriginal peoples. Formation of the Healing Foundation initiated a national healing strategy to assist individuals and communities in their healing journeys. The Healing Our Spirit Residential School Healing Project operates from the belief that those who have been adversely affected by residential schools have the ability to be empowered to heal themselves and others. This self-empowerment is achieved by accessing traditional Aboriginal and Western therapies which are delivered by Aboriginal people.

The mission of the Residential School Healing Project is to:

Reconnect, reclaim, and rebuild First Nation culture and spirituality by integrating and healing the mental, physical, emotional and spiritual aspects of individuals traumatized by residential schools.

Western and traditional healing options provided include one on one counseling; group sessions; traditional arts and crafts; traditional healing ceremonies; therapeutic tools and skills, and related up-to-date information. The First Nations program counselors bring professional backgrounds in anger management, sexual abuse, alcohol and drugs, and Substance Abuse Subtle Screening Inventory (SASSI) client assessment.

Support and advocacy is also provided for clients in court settings. Education and sensitivity training in confidentiality issues related to HIV/AIDS and residential school syndrome are provided to social services and the legal system, which thus creates more understanding and sensitivity to residential school and HIV/AIDS issues.

### **Transferring Skills and Control of Research to Aboriginal Communities – the Building Research Capacity Pilot Project**

Research partnerships formed by the University of British Columbia (UBC) and a number of Aboriginal AIDS service organizations during the Community Health Resources Project (CHRP), and the First Nations Community Health Resources Project (FN-CHRP) provided the foundation of the Building Research Capacity Pilot Project. The mutual respect of differing strengths, exchange of technical and cultural skills, and working collaboratively to address the lack of research capacity in the Aboriginal community are primary characteristics of the Healing Our Spirit, UBC partnership.

Healing Our Spirit obtained funding from HIV/AIDS Prevention & Community Action Programs (PCAP), Health Promotions & Programs, Health Canada, to provide training and assistance in the development of Healing Our Spirit's capacity to do research. The mandate includes helping build research capacity of other Aboriginal AIDS Service organizations in Vancouver. The research project team consists of three Healing Our Spirit staff, two academic research consultants, and Healing Our Spirit management. Academic expertise is utilized on a project by project basis. The development of a research infrastructure and tools of high quality, and developing culturally appropriate dissemination methods are key aspects of Building Research Capacity Project.

Capacity building project activities have included: analysis of education knowledge, attitude and belief assessments, re-design of education assessment and evaluation tools, database development for housing advocacy, and joint application to conduct research on the economic cost, resource impacts and access to care for Aboriginal people living with HIV/AIDS on reserve and in rural areas.

Research results have been presented at the AIDS Impact 1999 International Conference and the Red Road HIV/AIDS Network quarterly meeting. Healing Our Spirit has met with Aboriginal AIDS organizations, the First Nations House of Learning at UBC, and the UBC Co-ordination Office of Research Services to discuss the development of an Aboriginal ethical review committee. The Aboriginal specific committee would be based with UBC Research Services, and would be accessible for Aboriginal community based research in BC.

Healing Our Spirit has utilized the partnership with the university to further the research agenda for Aboriginal HIV/AIDS in BC. Healing Our Spirit seeks to provide research capacity building for communities, and conduct research independently in the future. The process of building research capacity through academic partnership is an interim measure to address the current lack of research skills and expertise in Aboriginal communities.

## **Conclusion**

Aboriginal people are currently over-represented in HIV/AIDS statistics. Like many other diseases, Aboriginal people are affected at disproportionate rates to the larger population. As new infected and affected groups emerge, new challenges and inter-related issues need to be addressed in the areas of prevention, care, treatment and support. For many Aboriginal communities, the challenges of HIV/AIDS lay ahead. Aboriginal people currently living with HIV/AIDS will require care, treatment and support services as will their families and children when their

illness progresses. The costs of providing medical and holistic therapies for HIV/AIDS are currently very high. Aboriginal communities in the process of developing their own health services need to plan for these costs and to ensure that HIV/AIDS services are provided. The creation of community based, culturally appropriate HIV/AIDS strategies to provide prevention, care, treatment and support services must be a part of Aboriginal and regional health plans.

The costs of not providing Aboriginal HIV/AIDS services are high, not only the monetary costs, but the social and cultural costs. The involvement and education of Aboriginal communities is crucial to preventing the further spread of HIV/AIDS, which continues to have a devastating impact on Aboriginal people. The community development approach is a unique and successful one in Healing Our Spirit's service provision for Aboriginal people infected with, and affected by HIV/AIDS.

Through the development and delivery of culturally appropriate education, prevention, care, treatment, support, research and evaluation services for Aboriginal people in BC, Healing Our Spirit addresses HIV/AIDS in Aboriginal communities at the individual, community and political level. The vision and practice of Healing Our Spirit is to work collaboratively with Aboriginal communities and community based organizations to address the social and systemic barriers to prevention of HIV/AIDS and the full integration of Aboriginal people living with HIV/AIDS in their communities and society. Only the involvement of Aboriginal people living with HIV/AIDS and Aboriginal communities at all levels will ensure the success, accountability and legitimacy of this process.

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