

Aboriginal People and HIV/AIDS: Legal Issues

info sheet 6

This info sheet explains how health-care services are provided to Aboriginal people, and what funding is available for HIV/AIDS-related activities directed at Aboriginal communities. It then mentions some areas of concern to Aboriginal people in the area of health care.

HEALTH CARE

WHY ARE HEALTH-CARE ISSUES IMPORTANT?

Aboriginal people have the highest levels of poor health in Canada, due to poverty, racism, and denigration of cultural traditions. The legacy of ill health contributes to a higher risk of HIV infection among Aboriginal people.

WHAT HEALTH-CARE SERVICES ARE THERE FOR ABORIGINAL PEOPLE?

Federal and provincial governments support an array of services related to Aboriginal health care.

Reserves and some Inuit communities benefit from targeted health and social service funding from the federal government, primarily through the Medical Services Branch of Health Canada (MSB). This funding supports such services as: health stations providing fairly extensive outpatient health services; health centres providing more limited public health services; and Community Health Nurses and Community Health Representatives.

The federal government also supports a number of residential treatment centres and hospitals providing services exclusively to First Nations and Inuit patients.

The provinces are responsible for most other

hospital services and medical professionals working with Aboriginal people living on and off reserve. In addition, some provinces have developed health-care initiatives focused on Aboriginal people, such as the Ontario Aboriginal HIV/AIDS Strategy and the BC Aboriginal HIV/AIDS Strategy.

WHAT HIV/AIDS-RELATED FUNDING IS AVAILABLE FOR ABORIGINAL PEOPLE?

In July 1997 the Minister of Health announced the federal government's intention to renew a national HIV/AIDS strategy. The new Canadian Strategy on HIV/AIDS (CSHA) involves annual funding of \$42.2 million. The CSHA has the following goals:

- prevent the spread of HIV in Canada;
- find a cure;
- find and provide effective vaccines, drugs and therapies;
- ensure care, treatment and support for Canadians living with HIV/AIDS, their caregivers, families and friends;
- minimize the adverse impact of HIV/AIDS on individuals and communities; and
- minimize the impact of social and eco-

This is one of a series of nine info sheets on Aboriginal People and HIV/AIDS: Legal Issues

ISSUES
(Info Sheet 1)

DISCRIMINATION
(Info Sheet 2)

HUMAN RIGHTS LAW
(Info Sheet 3)

DEALING WITH DISCRIMINATION
(Info Sheet 4)

JURISDICTIONAL BARRIERS
(Info Sheet 5)

HEALTH CARE,
(Info Sheet 6)

CONFIDENTIALITY
(Info Sheet 7)

HIV TESTING
(Info Sheet 8)

ACCESS TO HIV TESTING
(Info Sheet 9)



For further information please contact

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conomic factors that increase individual and collective risk for HIV.

“Aboriginal communities” are a program component of the CSHA. Annual funding of \$3.4 million has been allocated for Aboriginal communities, of which \$1.1 million is allocated for on-reserve issues (administered by MSB); \$1.5 million is allocated for non-reserve issues (administered by Health Promotions and Programs Branch of Health Canada); and \$800,000 annually is designated for research on Aboriginal people and HIV/AIDS.

In addition, MSB has annual funding of \$2.5 million outside of the CSHA for HIV/AIDS issues on reserve.

Some of the other program components of the CSHA include prevention, community development, care, treatment and support, legal and ethical issues, and correctional services. As Aboriginal HIV/AIDS issues cross the boundaries between these program components, proposals from Aboriginal HIV/AIDS organizations and service providers for funding for projects in these program areas should be encouraged.

WHAT CHANGES IN HEALTH CARE ARE OF CONCERN TO ABORIGINAL PEOPLE?

Regionalization: The present fiscal climate has resulted in cost-cutting in Canada’s health-care system, accompanied by a shift in administrative control to the provinces. There is concern that regionalization and

downsizing in health care may result in the disintegration of coordination in HIV/AIDS services and in diminished health-care standards overall.

Health transfer: Health transfer is an important issue for First Nations people living on or off reserve. Since the introduction in 1986 of the Indian Health Transfer Policy, many First Nations communities have begun to exercise administrative authority for community health services. Generally, transfer communities are provided global funding within which they set the priorities (“envelope funding”), although provincial health laws generally apply.

MSB has designated an amount of funding within the envelope that band councils are supposed to use specifically for HIV/AIDS-related work. This funding is distributed to bands in accordance with a formula based on population and other factors. In many cases the amount of money received per band is not enough to support much HIV/AIDS-related work.

Many have expressed concerns about health transfer:

- HIV may be low on the list of band priorities due to homophobia, AIDSphobia, and limited resources to deal with other pressing health issues.
- Health transfer may limit the access of Aboriginal people living off reserve to health programs, and reduce the portability of treaty health rights.

The information in this series of info sheets, prepared in partnership by the Canadian HIV/AIDS Legal Network (Legal Network) and the Canadian Aboriginal AIDS Network (CAAN), is taken from three discussion papers prepared by Stefan Matiation, based on discussions with key informants working in the field of Aboriginal people and HIV/AIDS: (1) *Discrimination, HIV/AIDS and Aboriginal People*; (2) *HIV/AIDS and Aboriginal People: Problems of Jurisdiction and Funding*; and (3) *HIV Testing and Confidentiality: Issues for the Aboriginal Community*. Copies of the revised, second edition of the papers and of the info sheets are available on the Legal Network website at www.aidslaw.ca, through the Canadian HIV/AIDS Clearinghouse (tel: 613 725-3434, email: aids/sida@cpha.ca), or through CAAN (tel: 613 567-1817; fax: 613 567-4652; email: caan@storm.ca). Reproduction of this info sheet is encouraged. However, copies may not be sold, and the Legal Network and CAAN must be cited as the source of this information. For further information, contact the Legal Network (tel: 514 397-6828; fax: 514 397-8570; email: info@aidslaw.ca) or CAAN.

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