



# **Indigenous-centred approaches to harm reduction, HIV and hepatitis C**

March 3, 2020

Interagency  
Coalition on AIDS  
and Development



Coalition  
interagence sida  
et développement



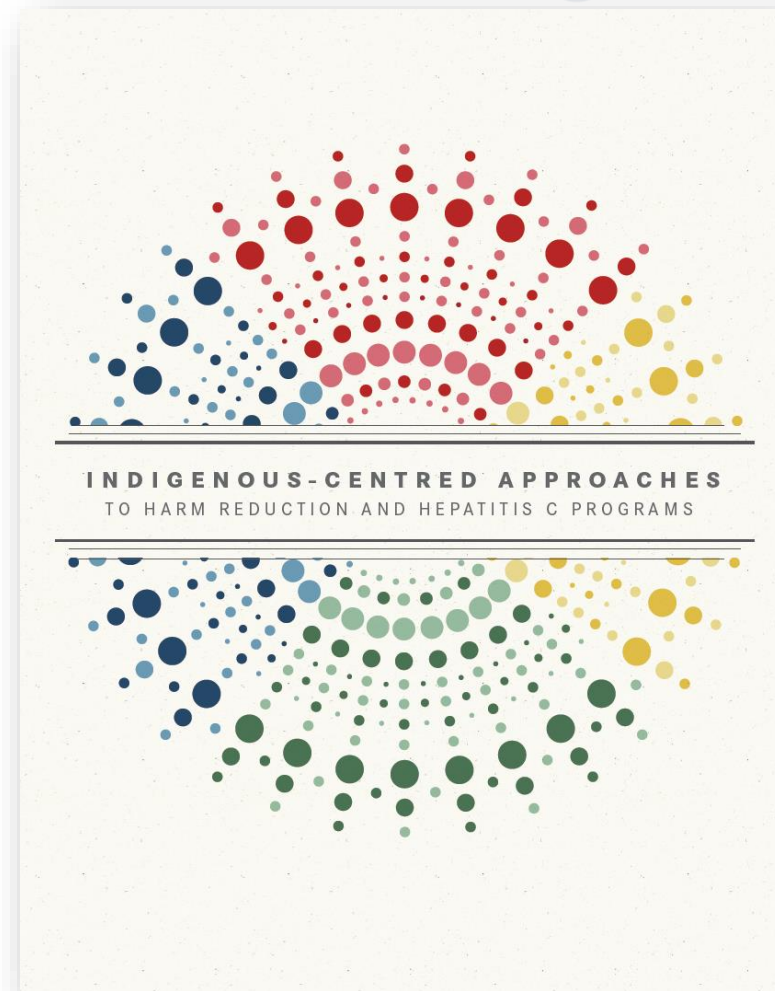


## Agenda:

- Overview by Shohan Illsley  
*(Manitoba Harm Reduction Network)*
- Programming reflections from:
  - Jason Mercredi *(AIDS Saskatoon)*
  - Holly Gauvin *(Elevate NWO)*
  - Vicky Thomas *(Cedar Project)*
- Q&A and Discussion



Available at [www.icad-cisd.com](http://www.icad-cisd.com)



Available at [www.catie.ca](http://www.catie.ca)





**Shohan Illsley** is the Executive Director of the Manitoba Harm Reduction Network. She completed a Masters of Science at the University of Manitoba. Shohan of Icelandic and English descent and was raised in Northern Manitoba in Opaskwayak Cree Nation and Churchill. She now resides in Winnipeg with her family.

# Indigenous-centred Approaches to Harm Reduction, HIV, and hepatitis C Webinar

March 3, 2020





# SHOHAN ILLSLEY, *SACRED BEAR*

Pronouns: she, her

THE INDIGENOUS LANDS  
THAT I WAS RAISED ON ARE  
IN NORTHERN MANITOBA AND  
THE CARETAKERS ARE CREE,  
OJI-CREE, DENE, AND INUIT.

MY HOMEFIRES BURN IN THE  
PAS, OPASKWAYAK CREE  
NATION, AND CHURCHILL.



# MY HOME COMMUNITIES ARE SIGNATORIES OF TREATY # 5 TERRITORY

September 1875 at Berens River & Norway House  
Adhesion June 1908 at Split Lake

Bissett  
Cranberry Portage  
Flin Flon  
The Pas  
Thompson  
Churchill  
Gilliam  
Leaf Rapids  
Lynn Lake





# THE 31 FIRST NATIONS COMMUNITIES WE PROMISED TO SHARE THE LAND AND RESOURCES WITH... *AND HAVE NOT*

Berens River

Black River

Bloodvein

Chemawawin

Cross lake

Fisher River

Hollow Water

Kinonjeoshtegon

Little Grand Rapids

Misipawistik

Mosakahiken

Norway House

Opaskwayak

Pauingassi

Poplar river

Bunibonibee

Fox Lake

Garden Hill

God's Lake

Granville Lake

Manto Sipi

Nisichawayasihk

O-pop-on-Na-Piwin

Red sucker Lake

Sayisi Dene

Shamattawa

St. Theresa Point

Tataskwyak

Wasagamch

War Lake

York Factory

# Sigurmundur Sigurdson

## Arborg-Churchill



Sigurmundur (1865-1934)

& Svanbjorg

[WWW.MHRN.CA](http://WWW.MHRN.CA)



IRIM  
NIN

MANITOBA  
HARM REDUCTION  
NETWORK



# Charles William Illsley

## The Pas





Mom & Dad:  
Joy & Ahab Constant  
Opaskwayak Cree  
Nation



Dad: Bruce Martin  
Churchill



Leslie Spillett  
Snow Lake &  
Winnipeg



Ama: Sigrun  
(Sigurdson) Martin  
Churchill



Mother In Law: Edna Stevens  
Birch River  
Sapotaweyak Cree Nation



“those who lead”

# Ka Ni Kanichihk Inc.



## Objective for the next 25 mins:

Tell you the story of MHRN and how we are working on decolonizing and addressing the Truth and Reconciliation.... share some of the things we have learned.





MANITOBA  
HARM REDUCTION  
NETWORK

HARM REDUCTION IS NO JUDGMENT  
HARM REDUCTION IS CHANGING OLD SYSTEMS  
HARM REDUCTION IS KEEPING PEOPLE ALIVE  
HARM REDUCTION IS MEETING PEOPLE WHERE THEY ARE  
HARM REDUCTION IS CHECKING PERSONAL BIAS



MANITOBA  
HARM REDUCTION  
NETWORK

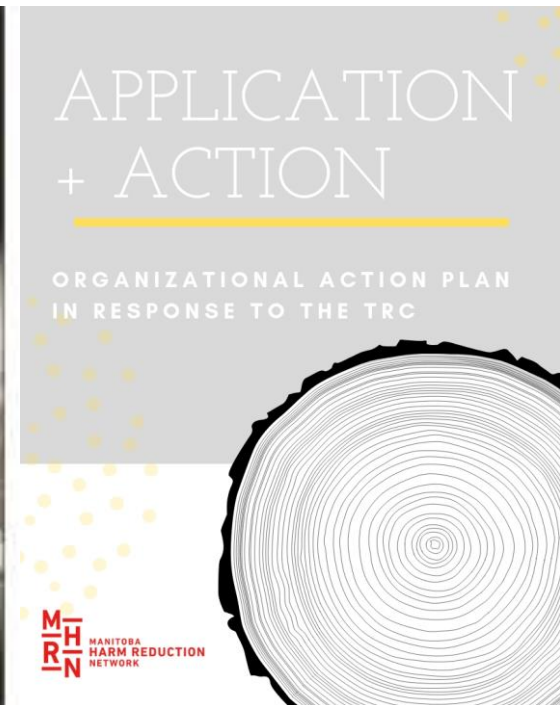
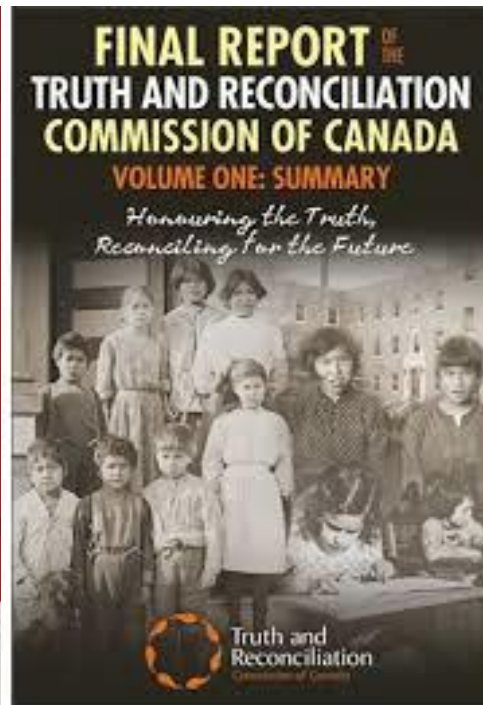
*The MHRN and all of our sites are located on Indigenous Land, specifically, we are located on Anishinaabe, Ininew, Anish-Ininew, Dene, and Dakota land and are also in the homeland of the Metis Nation. Our central office is in Treaty 1, and we have been invited to work in Treaty 1, 2, 3, 4, and 5 territories.*

HARM REDUCTION IS NO JUDGMENT  
HARM REDUCTION IS CHANGING OLD SYSTEMS  
HARM REDUCTION IS KEEPING PEOPLE ALIVE  
HARM REDUCTION IS MEETING PEOPLE WHERE THEY ARE  
HARM REDUCTION IS CHECKING PERSONAL BIAS

MHRN

MANITOBA  
HARM REDUCTION  
NETWORK





*As a non-Indigenous organization we are committed to the principles of decolonization and reconciliation. We are working to integrate the TRC Calls To Action into our work.*

# *Reconciliation*

What does that mean?

What have our Indigenous leaders taught us about reconciliation?



*It's important to start any conversation about Reconciliation by recognizing that this work has been ongoing since first contact and to acknowledge those ancestors who sought just and peaceful relationships throughout our shared history. It is also critical to recognize that while the TRC mandate related exclusively to the Residential School System, the Colonial Projects executed an intentional genocidal strategy intended to dominate and control the land and exploit its resources.*

*The mechanisms of control and domination relied on those systems of oppression- White Supremacy, Patriarchy, Capitalism, Christianity- which continue into the present and evidenced by Canada's "Indian" Act, laws, policies, institutions, and dominate "settler" culture (p.1).*

Leslie Spillett,  
Application & Action



***“It is not our  
responsibility to  
repair a broken  
relationship with  
a continually  
abusive partner”***

**Tasha Spillett**  
*Surviving The City*  
Book Launch  
Dec 6, 2018



# *What Reconciliation is NOT....*

--- Erin & Lindsay, OAHAS

Ontario Aboriginal HIV/AIDS Strategy- CATIE Forum November 2017

A “theme”  
Initiated

Indigenous

Temporary

Guilt

Rhetoric

Divisive

One-sided

Tokenistic

Non-Consultative

IR|H|N

MANITOBA  
HARM REDUCTION  
NETWORK

[WWW.MHRN.CA](http://WWW.MHRN.CA)

# *Is Canada ready to RECONCILE?*

Can we actually reconcile with all the colonial, violent, harmful, unsafe, RACIST, white supremacy, non-neutral systems in place?



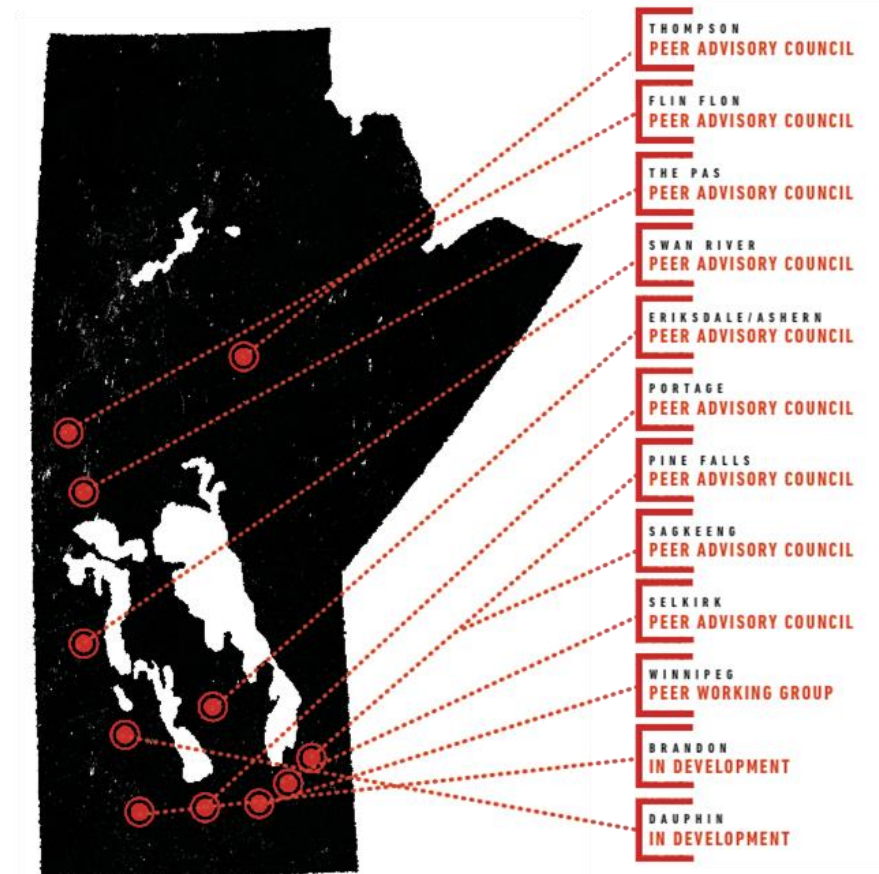
So what is our role?

*The Story of a Settler Organization  
in Truth & Reconciliation.*



# We started by engaging people with lived experience in program planning, delivery, & evaluation

## ADVISORY COUNCILS IN MANITOBA







# Thunderbear Walkers







LOVE IS A HUGE PART OF THE HEALING  
PROCESS AFTER HIV/AIDS DIAGNOSIS

**LOVE** SAKIHIWEWIN  
ZAAGI'IDIWIN

This poster series was imagined and created by the Thunder Bear Walkers in Ft. Flin, MB. We are one of the Manitoba Harm Reduction Network's Peer Research Teams engaged in community based research exploring what life is like for people impacted by HIV/AIDS in rural, remote, and northern communities in Manitoba. We used our teachings, knowledge, and ceremony to shape and inform our research process. With our Elders, Knowledge Keepers, and community we thought about how our teachings create meaning for us as Peers living in the North. These posters are how we are sharing our work.



**MANITOBA  
HARM REDUCTION  
NETWORK**



WE SHOULD BE CONSULTED WHEN  
PEOPLE ARE DESIGNING PROGRAMS  
FOR PEOPLE WHO USE DRUGS.  
NOTHING ABOUT US, WITHOUT US

**WISDOM** NIPWAAHKAWIN  
NIBWAAKAAWIN

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WHEN SOMEONE DISCLOSES THEIR  
HIV/AIDS STATUS TO YOU - RECOGNIZE  
THAT IT TAKES A LOT OF COURAGE

**COURAGE** SOOHKITEHEWIN  
ZOONGIDE'EWIN

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SERVICE PROVIDERS NEED TO UNDERSTAND  
THAT THEY DO NOT KNOW WHAT IS  
BEST FOR US. THEY NEED TO HONOUR  
OUR CHOICES AND WALK BESIDE US

**HUMILITY** TAPAHTENIMOWIN  
DBAADENDIZIWIN

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SERVICE PROVIDERS NEED TO  
TRUST THAT PEOPLE WHO USE  
DRUGS KNOW WHAT THEY NEED

**TRUTH** TAAPWEYWIN  
DEBWEWIN

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I DESERVE RESPECT  
REGARDLESS OF MY  
HIV / AIDS STATUS

**RESPECT** MANAACIHIWEWIN  
MAANIJIGIIDIWIN

This poster series was imagined and created by the Thunder Bear Walkers in Flin Flon, MB. We are one of the Manitoba Harm Reduction Network's Peer Research Teams engaged in community based research exploring what life is like for people impacted by HIV/AIDS in rural, remote, and northern communities in Manitoba. We used our teachings, knowledge, and ceremony to shape and inform our research process. With our Elders, Knowledge Keepers, and community we thought about how our teachings create meaning for us as Peers living in the North. These posters are how we are sharing our work.



CREATING THE SPACE WHERE PEOPLE CAN  
TALK ABOUT THEIR HIV/AIDS STATUS SAFELY  
AND OPENLY IS A COMMUNITY EFFORT

**HONESTY** KWAYASKITAATISIWIN  
GWAYAKWAADIZIWIN

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Wear  
your **Rubbers**



Protect your  
**Beaver**



If you are going to  
bear it **Wear it**



Condoms  
come in **All Sizes**  
even for a sasquatch



Play **Nice**



Lead  
with your **Heart**



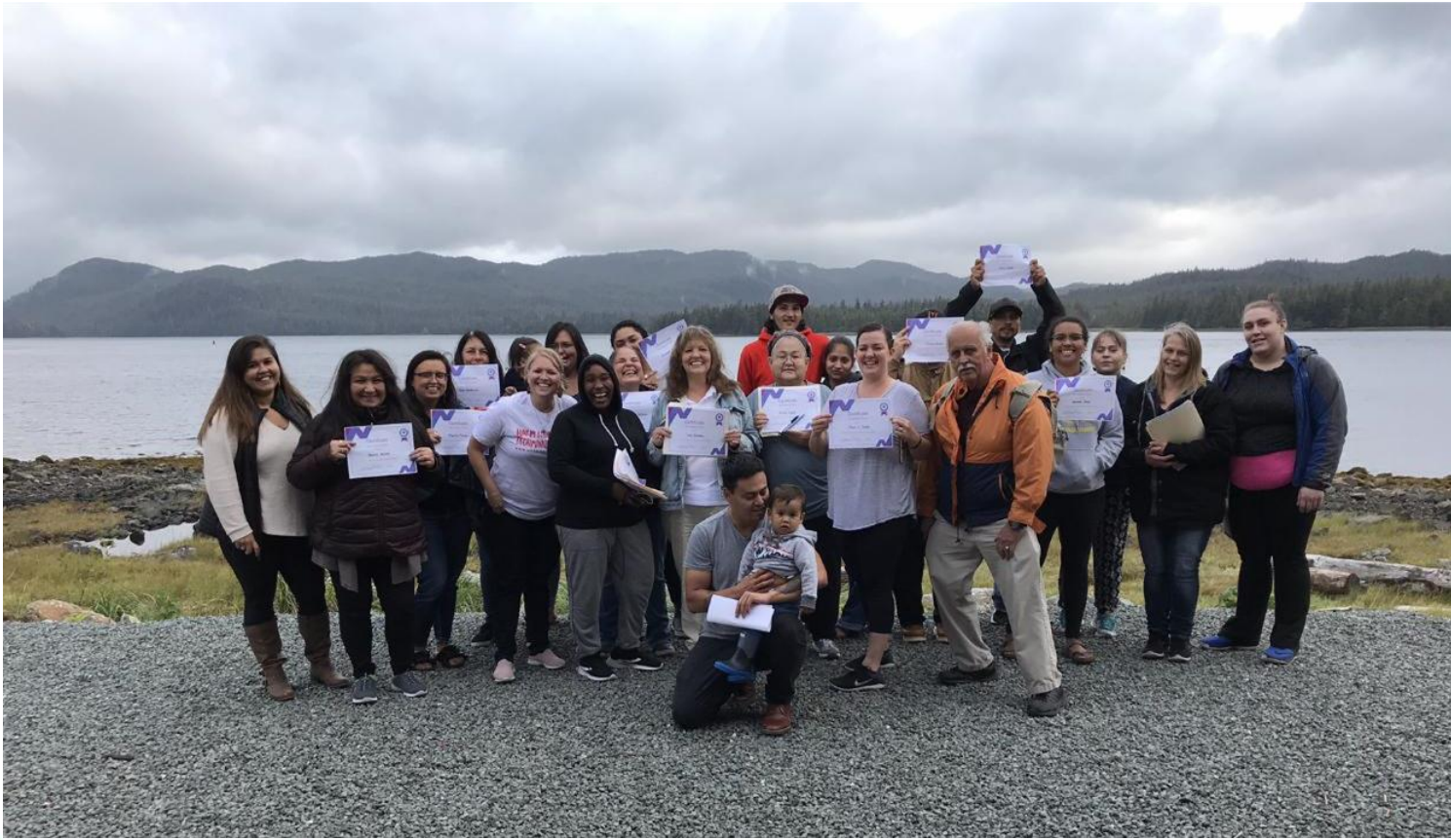
Don't  
in your shell **Hide**

M  
R  
I  
N

MANITOBA  
HARM REDUCTION  
NETWORK



# We started to build meaningful, honest relationships.





# AS SOMONE WHO SUPPORTS PEOPLE WHO USE DRUGS

I CAN BE LOVING  
I CAN BE KIND AND CARING,  
ACCEPTING WHERE YOU ARE AT  
I CAN BE A NON-JUDGEMENTAL  
I CAN BE OPEN AND HONEST  
I CAN SHOW EMPATHY  
I CAN BE PATIENT  
I CAN TREAT YOU LIKE  
A HUMAN BEING; YOU  
ARE NOT INVISIBLE  
I CAN BE A GOOD  
LISTENER; I HEAR YOU  
I CAN TELL YOU YOU'RE  
NOT ALONE  
I CAN BE CONFIDENTIAL  
AND SUPPORTIVE

I CAN MAKE TRADITIONAL  
MEDICINES TO REDUCE  
WITHDRAWL  
I CAN OFFER RESOURCES  
I CAN USE MY KNOWLEDGE  
TO ENCOURAGE SOMEONE  
TO BE SAFE  
I CAN ENCOURAGE YOU TO  
HAVE A SAFETY PLAN  
I CAN SHOW SUPPORT BY GOING  
TO MEETINGS WITH YOU  
I WILL NOT ADD TO STIGMA  
I WILL ENCOURAGE  
OTHERS TO NOT LABEL  
I WILL BE UNDERSTANDING  
I WILL BE COMPASSIONATE  
I WILL KNOW IT IS ABOUT THE  
PERSON, NOT THE SUBSTANCE  
I WILL USE HARM REDUCTION  
WHILE WORKING WITH SOMEONE  
STRUGGLING WITH SUBSTANCE  
MISUSE INCLUDING FAMILY  
I WILL NOT BE JUDGEMENTAL  
I WILL BE OPEN-MINDED

# AS SOMEONE WHO USES DRUGS:

I NEED NON-JUDGEMENTAL  
UNCONDITIONAL LOVE  
I NEED HOPE  
I NEED A SAFE PLACE TO GO  
I NEED OPEN AND HONEST  
RELATIONSHIPS  
I NEED OPEN COMMUNICATION  
IN RELATIONSHIPS  
I NEED HOLISTIC MEDICINE  
I NEED SPIRITUAL MEDICINES  
I NEED MY CHILDREN  
I NEED SUPPORT WHEN  
USING WHEN PREGNANT  
I NEED POSITIVE SUPPORT  
I NEED COUNSELLING  
FOR ALL TRAUMA  
I NEED COUNSELLING FOR MY  
CHILDREN WITH MY BABIES  
I NEED PREVENTION  
PROGRAMMING

I NEED AFTERCARE  
I NEED ACCEPTANCE FROM  
FRIENDS AND HELPERS  
I NEED SELF CARE  
I NEED A HELP LINE  
FOR CRAVINGS  
I NEED POSITIVE  
DISTRACTIONS  
I NEED HOUSING  
I NEED FOOD  
I NEED IN HOME  
COUNSELLING  
I NEED A JOB



HEALING LODGE



HEALING LODGE

# *“Relationship building & Honouring our true history”*

--- Erin & Lindsay, OAHAS

Ontario Aboriginal HIV/AIDS Strategy

We have to understand and honour our true history with the Indigenous people of the land we settled on.

If we are settlers, what is our family's relationship to the Indigenous lands that we reside on?

This is not about guilt. It's about being honest about our history which we need to do in order to build meaningful and honest relationships.

# We started to engage in the TRUTH of Canada's genocide of Indigenous people and ongoing colonial relationship.

This includes understanding our past and our current policies/ practices/ and relationship with the Indigenous peoples of this land.

Our colonial relationships have not ended, it is not over. Indeed, the colonial project is alive and well!

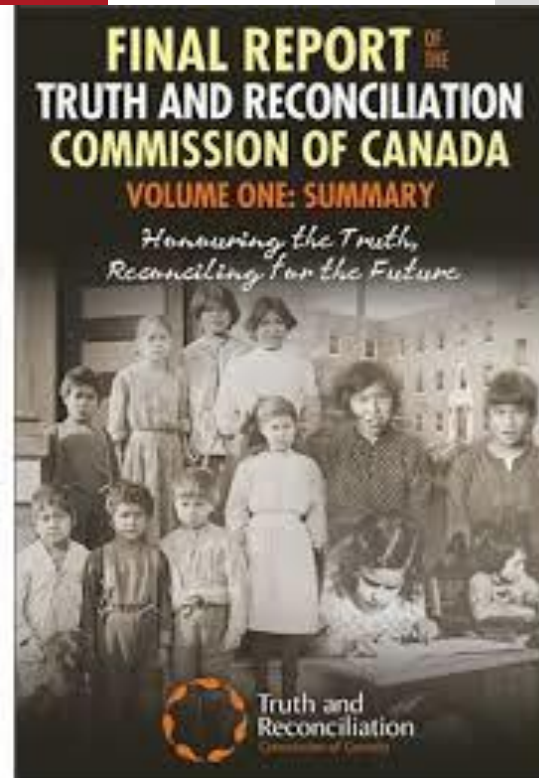


Reconciliation feels soooooo good;  
The TRUTH doesn't feel so good...

**I OFFER YOU A KINDER, GENTLER COLONIALISM**



**THINK OF IT AS A DECOLONIZED COLONIALISM**



WWW.

**We committed to Non-Interference**

**We DO NOT go into an Indigenous community without being invited.**



# **We are deeply honoured to be invited into many Indigenous communities in Mb**

\* we are invited not because of what we know... because of the relationships we have built from a good meaningful place

\* We have been told (and we believe) that each community has the gifts and skills to address their challenges...

## **WE SHARE INFORMATION NOT ANSWERS!**

# We committed to honouring self-determination

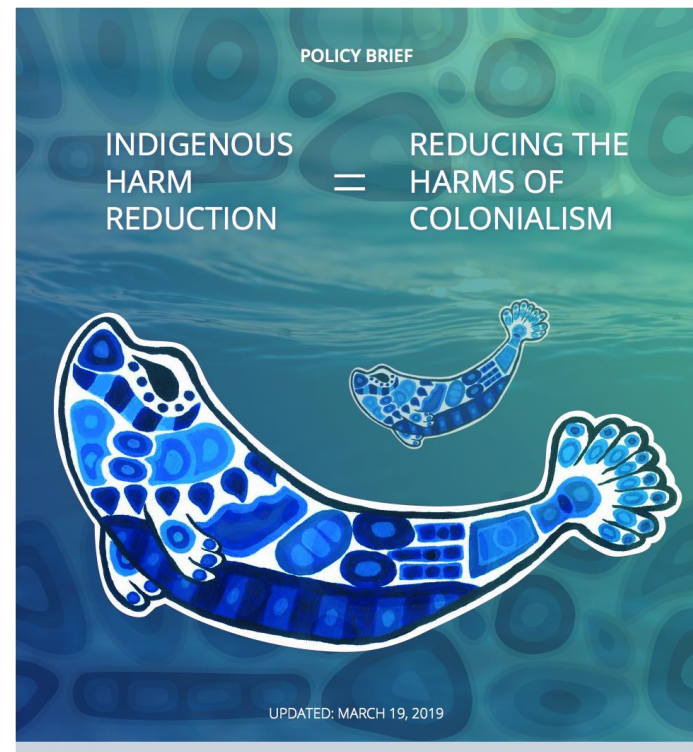
WE KNOW WHAT  
INDIGENOUS  
COMMUNITIES NEED



SUPREMACY → OPPRESSION

We started interrupting the *doctrine of discovery* as it applies to Indigenous science and ways of knowing.

## INDIGENOUS HARM REDUCTION





# **We committed to being Indigenous led in our work.**

***“Indigenous harm reduction is love.”***

Wanda Whitebird, Traditional Knowledge Carrier  
Indigenous Harm Reduction Policy Brief, 2019

***“Harm Reduction is akin to unconditional love”***

Grand Chief Doug Kelly, Chair of First Nations Health Council  
Tribal Chief & President of the Sto:lo Tribal Council  
Globe & Mail, August 24, 2017

## **Although we are Indigenous Led, the work is ours, not an Indigenous Organizations or Indigenous Employees**



**We work hard to destigmatize  
programs, people, and communities.**





**We committed to using our resources  
to create space for Indigenous  
practices, languages, and culture.**





NEW DATE FEBRUARY 27TH - MARCH 1ST @ BROKENHEAD OJIBWAY NATION  
THE CONFERENCE WILL BE AT SOUTH BEACH CASINO, A LIMITED NUMBER OF HOTEL ROOMS ARE AVAILABLE, BOOK EARLY

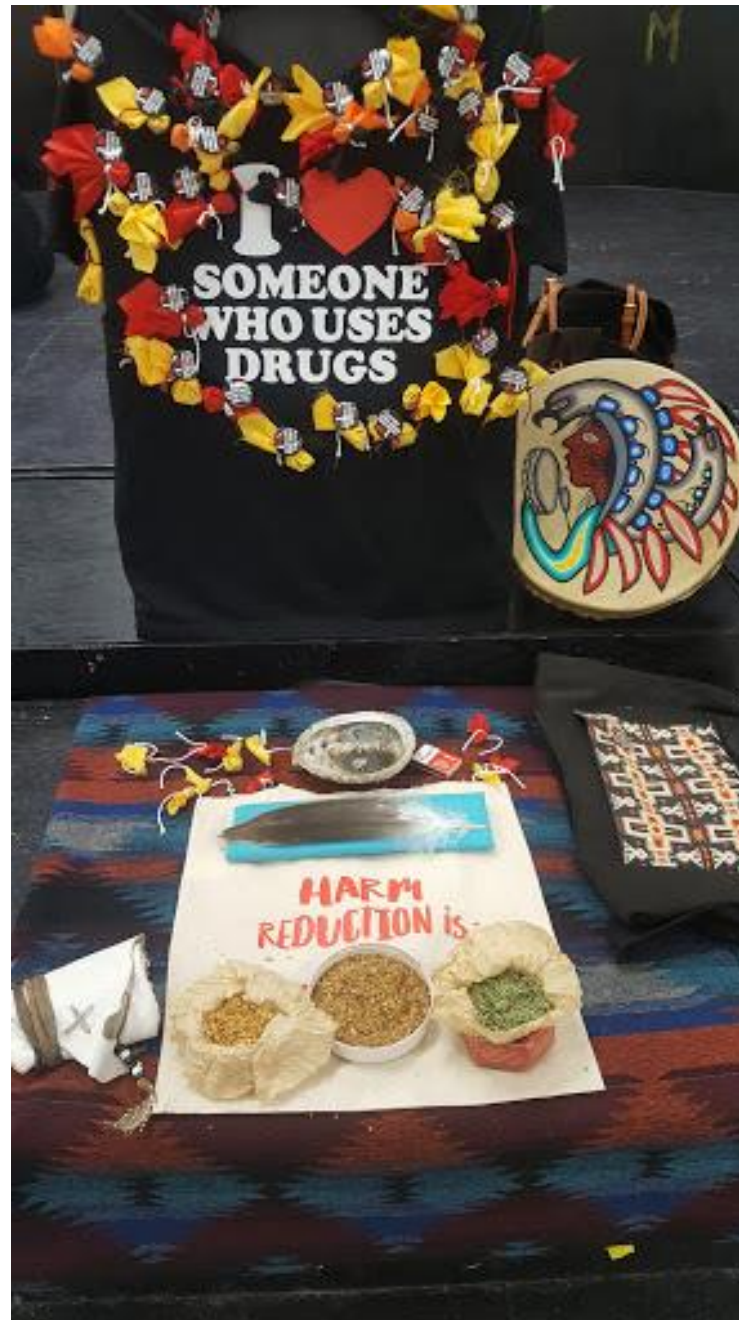
# 2018 MANITOBA HARM REDUCTION CONFERENCE

IMPROVING ACCESS IN  
NORTHERN, RURAL REMOTE & INDIGENOUS  
COMMUNITIES!









# We are grounding our work with an anti-oppression and anti-Indigenous racism lens

## NON-JURISDICTIONAL STRUCTURES

Memorandum of Understanding with MHRN, local RHA and local Tribal Council(s) & Non-affiliated Indigenous Communities

- RHA representatives
- Community based organizations
- Tribal Council reps- Indigenous Harm Reductionists
- Non- affiliated community reps
- Peer Advisory Council Members





***“.... even after all these years, we still have faith in our relatives who have settled on this land that they will honour what their ancestors promised...”***

*Leslie Spillett  
Knowledge Keeper  
Ka Ni Kanichihk Inc.*

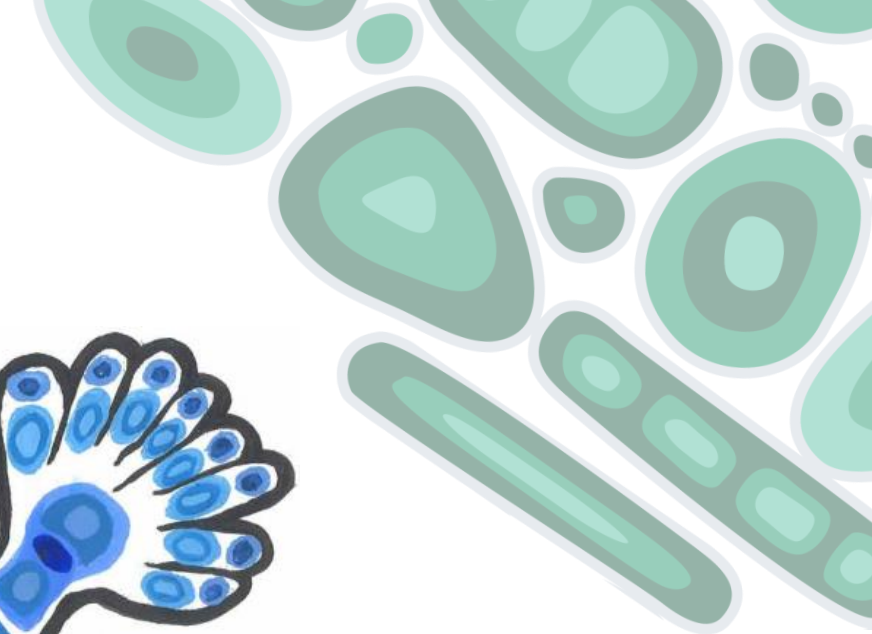
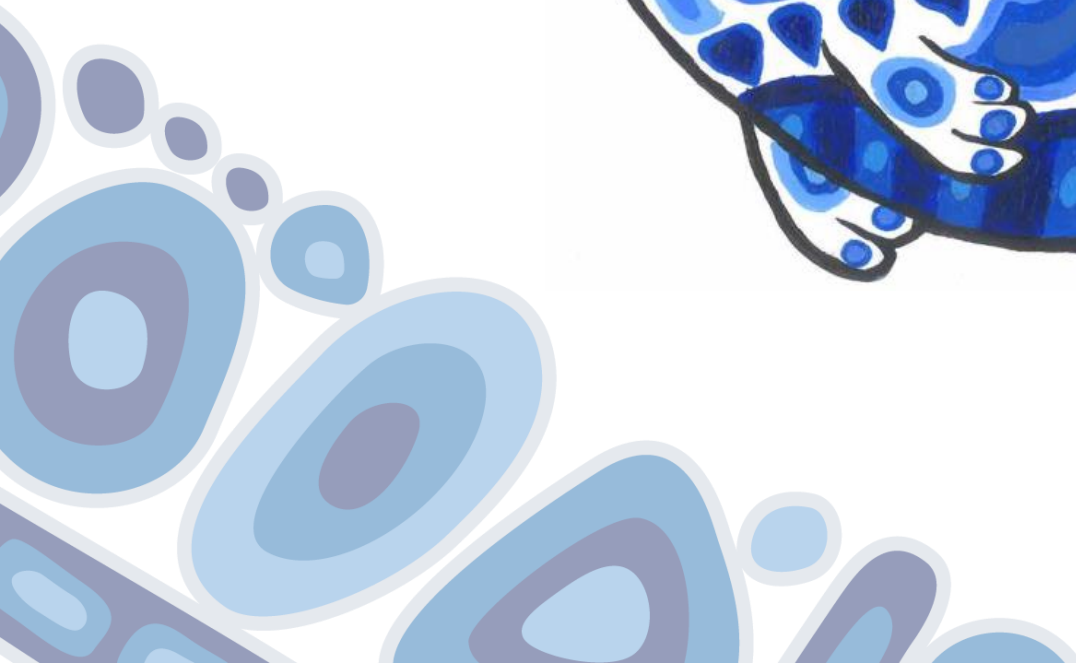
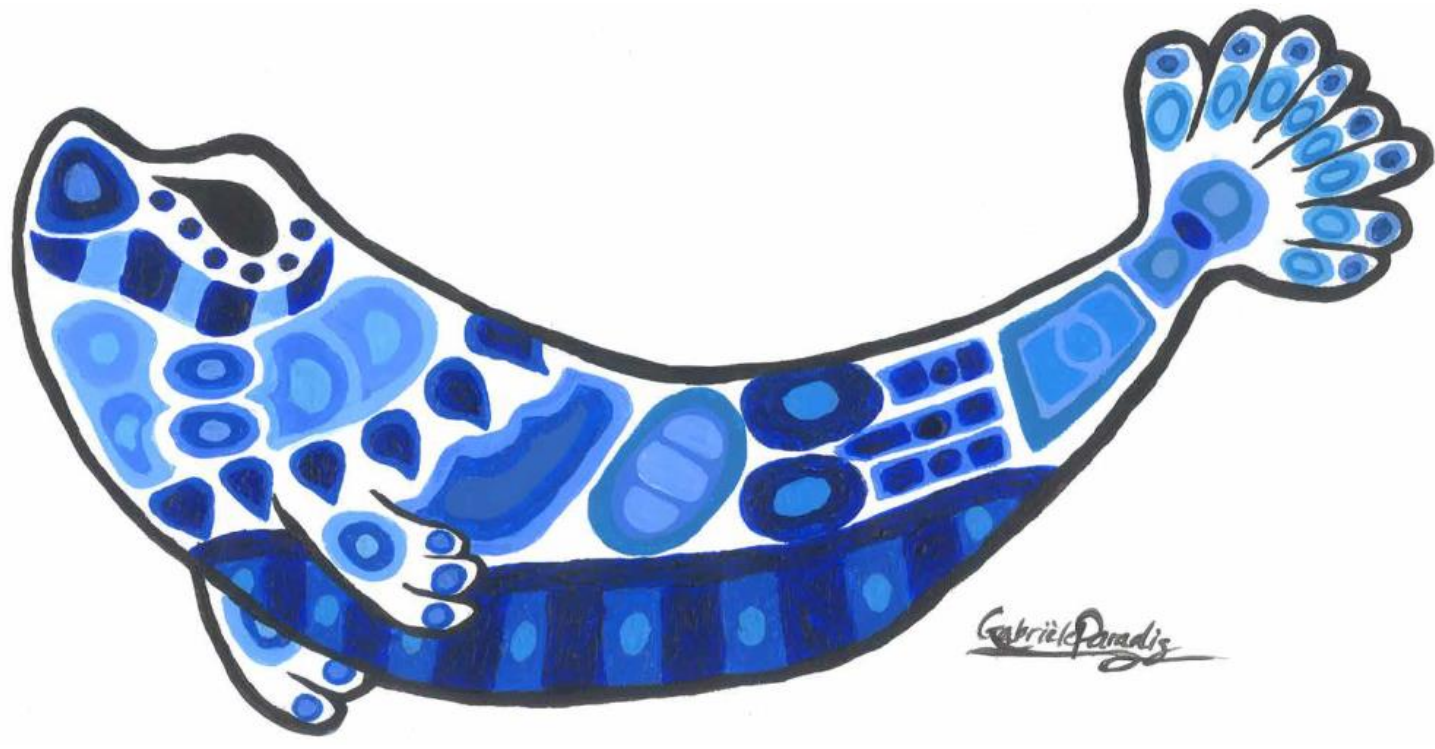


**THANK YOU!**

**Shohan Illsley**  
**[shohan@mhrn.ca](mailto:shohan@mhrn.ca)**  
**204-250-2380**

**I**   
**SOMEONE  
WHO USES  
DRUGS**









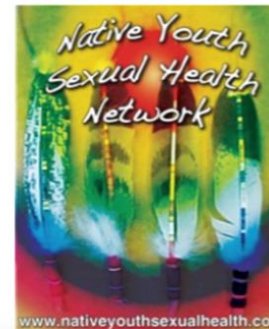
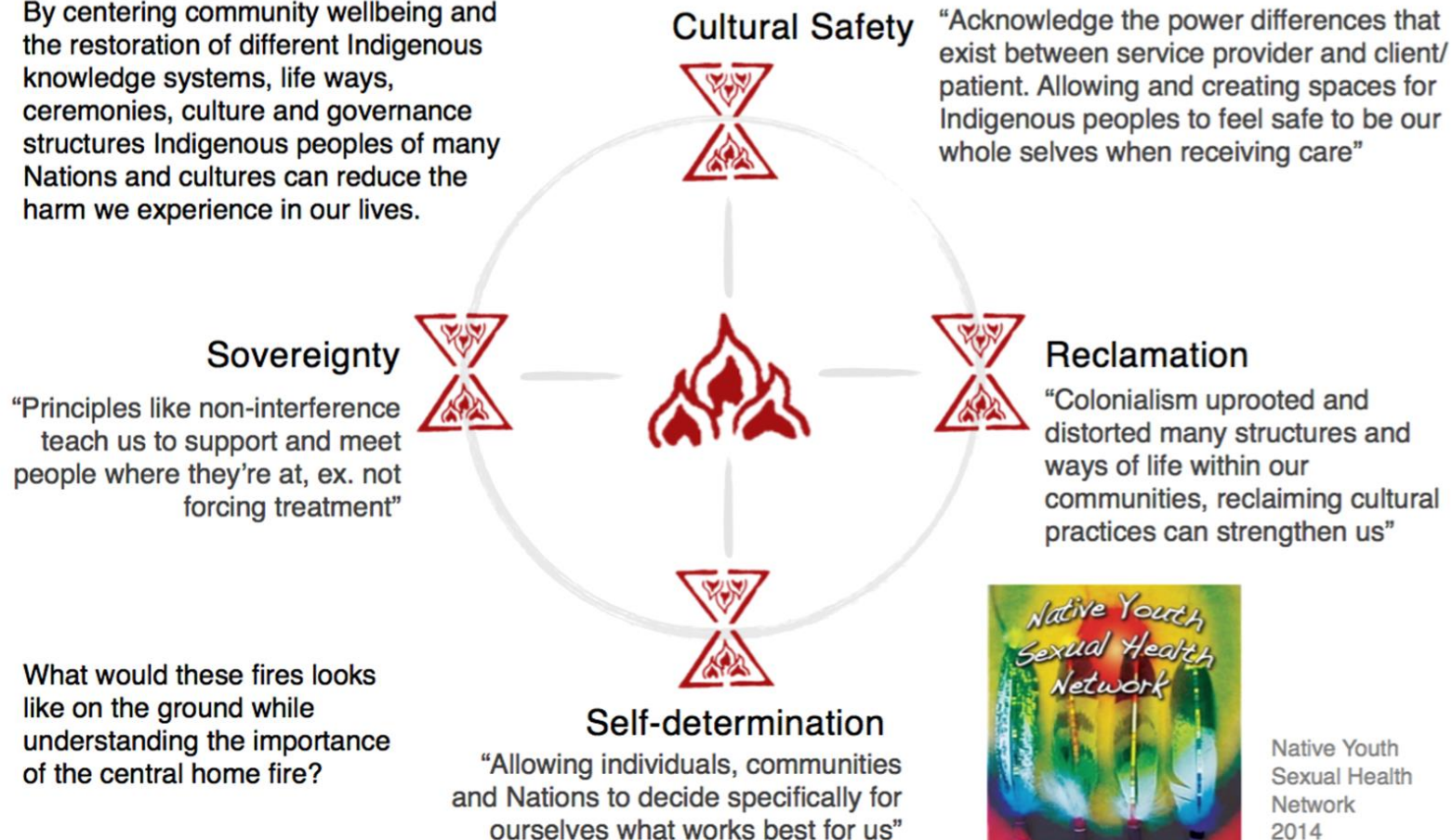
**Jason Mercredi** is the Executive Director at AIDS Saskatoon. He is a co-founder of Canada's national HIV Testing Day and advocate for harm reduction, sexual health and social assistance in Saskatchewan. He is currently establishing Saskatchewan's first Safe Consumption Site. Jason is of Dene, Métis and Scottish ancestry and was born and raised in Treaty 6 Territory.

# Indigenous Harm Reduction

# Harm Reduction Model

## Four Fire Model

By centering community wellbeing and the restoration of different Indigenous knowledge systems, life ways, ceremonies, culture and governance structures Indigenous peoples of many Nations and cultures can reduce the harm we experience in our lives.



Native Youth  
Sexual Health  
Network  
2014

# Organizational Make Up

Staff – 55% Indigenous

Management -40% Indigenous

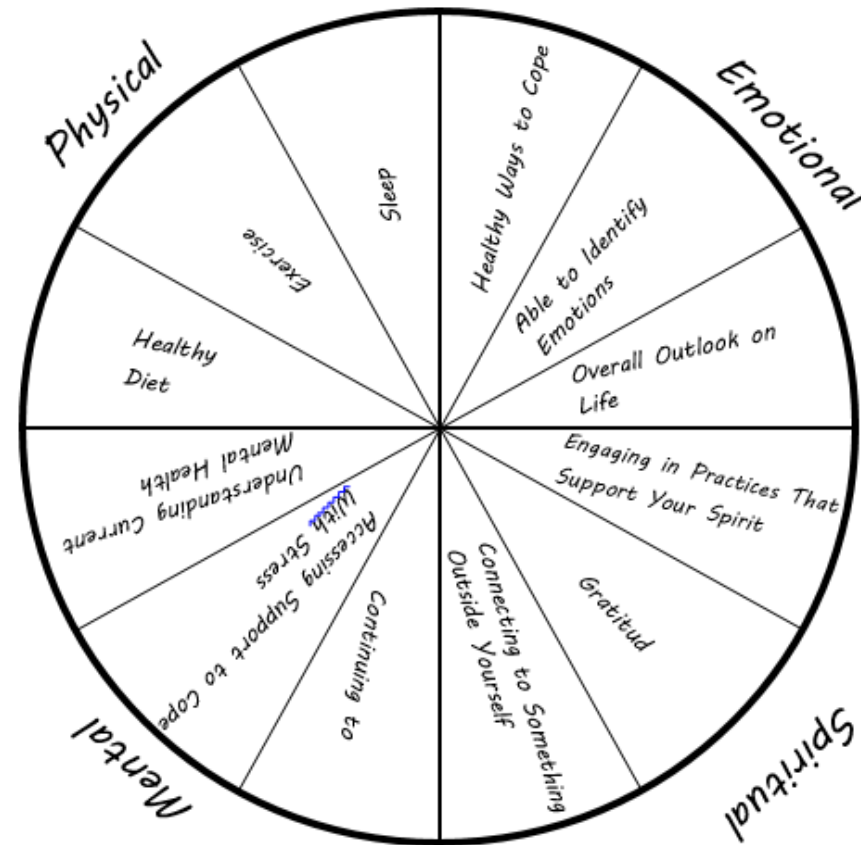
Board - 40% Indigenous



# Wholistic Approach



# Staff Harm Reduction



# Resource Development



# Resource Development



Q NĀNĀTAWİHTWEWIN CI İHTAHK'WAN?

A Namwāc, māka kwayesk eweyekak kâ pamihedik kitwes ka kih pāmātsiwak, miywāyewih ka ayācik, ekwa ka kīpiskākemakahk ekā kita kācihtameh eweyek ekota ohci AIDS.

Q TĀNSI MĀKA KĀ KIKISKAWĀWASOWIN?

A HIV ka kih esokamewih iskwew ocwāsīmisa kâ kikiskawāwasot, kâ nihtāwīkijit, ekwa kâ hoyāwasot. Māka, katwa isi pamihedih ekwa ekā hoyāwasocih, moya ekwayikohk mīstahi ka kih wihci esokamewāt nāhtaw poko 1%. Kespīh kikiskawāwasoh āhpo kīmāmītoheyeteh e-nohte kikiskawāwasowih, nitawi wāpatm kih maskekewiskwem āhpo kīmāskīhweyihem.

**TANSI** TESI PEVĀHTAK  
ĀPAHCİHTĀYIN  
MASKEKİHSA

Kā āpahcihtāyih maskekīhsa kâ weci āpahcihtāmacik kotekak ekosi ekā e-ayākwāmīseyih. Kespīh kit āpahcihtāh maskekasa, ka kih kitāpīmīsoh ome kita:

- Kita āpahcihtāyih oskiyi cestahikah tahtwāw kâ cestahosowih.
- Ta āpahcihtāyih keya tipiyaw, ekā kotekak e-āpahcihtācik kekway, tāsok ospwēkanisek, ocāhcikahisa, pīmihewaswēkanise, nīpiy, sekoskīhikah, kâ cākopīcāseyih, tahtwāw.
- nānākacīhikawī HIV ekwa Hepatītis C ohci tāpītw.



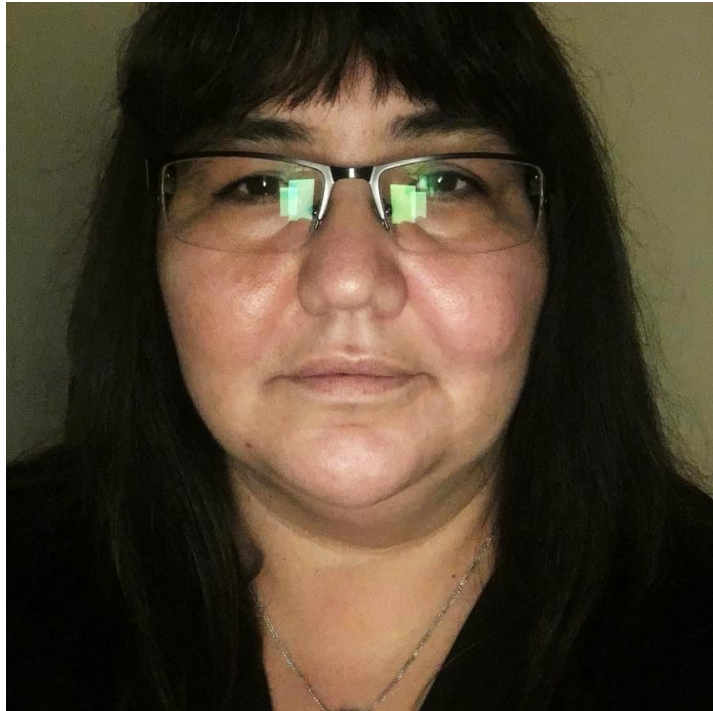






**Holly Gauvin** is the Executive Director of Elevate NWO (formerly AIDS Thunder Bay). She has a degree in Social Work, a Diploma in Native Mental Health and over two decades of experience working in Human Services. Holly has worked in Homeless Shelters, Mental Health and Addictions, Criminal Justice, and teaching service providers.





**Vicky Thomas** is the coordinator with the Cedar Project in B.C. She is a member of Wuikinuxv (Oweekeno) Nation. She has lived in Prince George since 1992 and has worked with street-involved youth for 25 years. She has striven to live her life by the teachings of her Elders and the values and belief systems of the ancestors.



# The Cedar Project: HCV Blanket Program

## Recognizing the work and voices of Cedar participants

Presented by:  
Vicky Thomas, Wuikinuxv Nation



# Disclosure Statement

- I have no affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

# Acknowledgements

Traditional territories of the Lheidli T'enneh, Coast Salish peoples, including the Xʷməθkʷəy̓əm, Səlilwətaʔ, and Skwxwú7mesh Nations.

The young people who continue to share their stories with us, and those who have passed away.

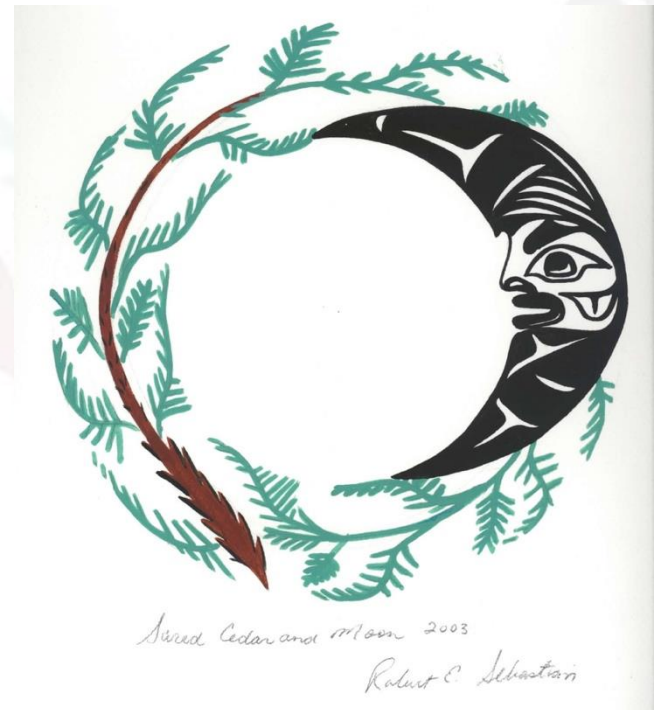
The Elders who govern and guide our study.

Our interviewers and staff

*In memory and honour of our Cedar partner,  
Preston Guno*

*Feb 23, 1969 – Apr 12, 2018*

*Rest in peace*



## What are 'NDN' Ethics?

1. What is the difference between 'western' ethics vs. 'NDN' ethics?
2. What is the true meaning of Cultural Safety?
3. How does the Cedar Project incorporate this into our research?



# The Cedar Project Partnership



Elder Earl Henderson (Cree, Métis)

Elder Violet Bozoki (Lheidli T'enneh)

Elder Lou Demerais, (Cree)

Prince George Native Friendship Centre

Carrier Sekani Child & Family Services

Splatsin Secwepemc Nation

Positive Living North

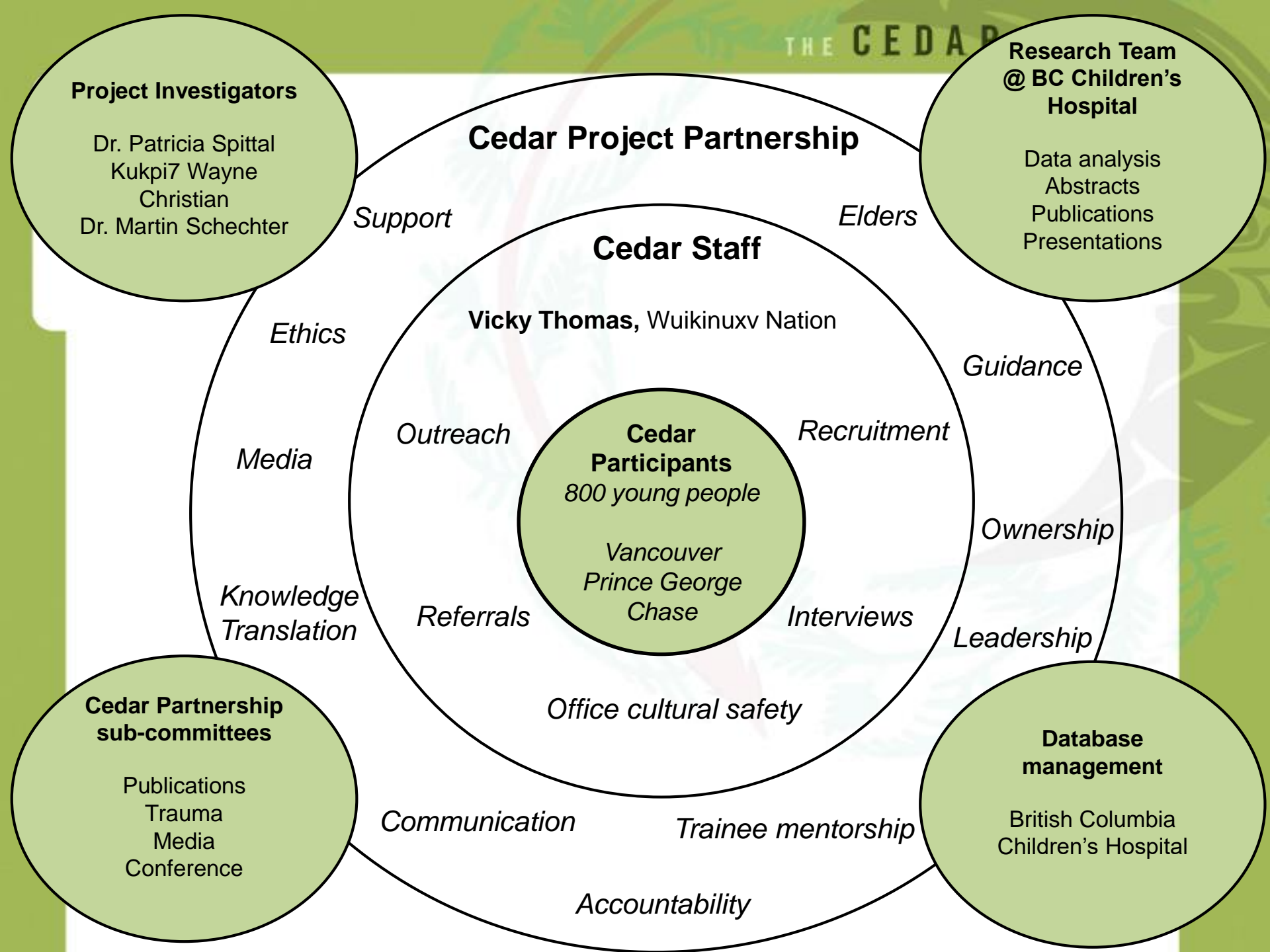
Canadian Aboriginal AIDS Network

Vancouver Native Health Society

Central Interior Native Health

All Nations Hope

Katharina Patterson



# The Cedar Project

- To our knowledge the Cedar Project is the only study in the world that has linked historical trauma with infectious disease and other negative health outcomes
- The Cedar Project is funded by the Canadian Institutes of Health Research
- We started in Vancouver and Prince George in 2003
- Strict confidentiality is maintained at all times. Participant names are changed to special codes.
- We refer participants to supports in the community regularly. We will take a participant to their first appointment if they want us to.
- We understand that most of our participants are visitors to the territory they reside in. Our phones can be used by participants to make long distance calls to connect/reconnect with their families.

**For us, research is ceremony:**



# Cultural safety in the Cedar Project

Paradigm is acknowledging grief and building on strength

Traditional foods on special occasions, memorials

Resource support for food security and housing

Safe setting without judgment of drug use

Staff trained in cultural safety

Police free zone



## ***Cedar Project: HCV Blanket Program***

- This study was based on our HIV Blanket Program
- Staff met with our Elders and talked about how the Blanket Program should be designed.
- Our Elders shared that the program needed to do the following:
  - \* follow an Indigenous model of holistic wellness. This model includes focusing all aspects of health (Emotional, Physical, Mental and Spiritual health)
- Blanket comes in three parts:
- Screening: Average time it takes to get ready for treatment
  - Prince George: 4 months
  - Vancouver: 6 months
- Treatment: 8-12 weeks long
- Post Treatment: 9 months

## ***Cedar Project: HCV Blanket Program***

### Part 1: Screening

During this time we supported Cedar participants to:

- Connect with their care provider to get an RNA test
- If RNA +, the participant decided if they want to access HCV treatment and if they want our support to do so.
- Referral to the specialist
- Pre-treatment blood work completed
- Ultrasound completed
- Fibroscan completed
- Appointment with the Specialist
- Special authority form sent off for funding approval of meds
- Medication ordered.

## ***Cedar Project: HCV Blanket Program***

### Part 2: Treatment

Depending on the medication, participants were on either a 8 or 12 week course of treatment.

1 pill a day!

We were creative in the way that medication was administered. Participants chose:

- a. Administer daily with their pharmacy, supported housing, other agencies, or Cedar
- b. Weekly blister packs given to participants
- c. Participants took a months supply at a time

Weekly check-in's with Cedar included:

- Medication review: how did it go? Any issues taking meds during the week?
- HCV Harm reduction conversation
- Holistic plan for the next week of support: participants identified areas they wanted to work on, what supports needed to be in place in order to be the most successful in taking all their meds for that time.



## ***Cedar Project: HCV Blanket Program***

Part 3:

Post Treatment: 9 months

Celebration Time:

- Blanket ceremony held at one month after treatment was completed.
- Honour the participant and the journey they just completed.
- Staff wrap each participant in a blanket and share the amazing things they learned about the participant during their treatment journey.
- Food shared (participants favorite meal – traditional food prepared if requested).

See participant 1 a month for 9 months.

- Check in. How are they doing? Holistic support planned out for next month.
- HCV Harm reduction conversation
- Blood work at 3, 6, 9 month mark to check for re-infection

## ***Has the recommendations of the TRC (Turth and Reconciliation commission impacted the care of Cedar participants?***

- ***Resounding NO.***
- ***What has impacted our participants?***  
***The Overdose crisis considered a public health crisis.***
  - \* opened the doors for more access to:***
    - ***Methadone, suboxone, kadian.***
    - ***Naloxone kits***

## Hopes for the future:

The following changes will help our participants and their families

- BC enacted legislation (Bill 41), folding in UNDRIP
- 2016 landmark decision of the Canadian Rights Tribunal issued an order acknowledging that on reserve funding for child welfare is underfunded! The federal government issued an order to update its funding scales.

## Part of our hopes for the future:

- Less barriers to people receiving HCV treatment. This is already occurring in the fact that people do not have to have an ultrasound and fibroscan to access treatment
- There is true cultural sensitivity training for health care providers.
- WE need to work with trauma and wellness, otherwise we will continue to offer a band-aid approach.

# From the voice of Cedar Participants

## OUR MESSAGE OF HOPE:

- We have shown you that if we have access to culture and traditions that we will. This helps us on our healing journey.
- We have shown you that if we are given the opportunity to parent our children with community support that we can and we do a good job.
- We have shown you that if we are given the opportunity to work or go to school that we can and we do a good job. We are smart.

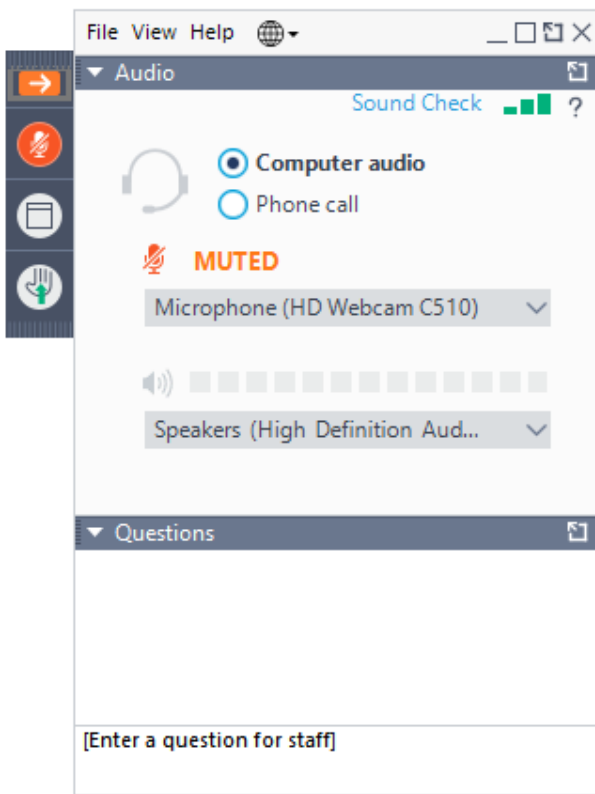
Our message to you:

PLEASE REMEMBER TO BE PATIENT. IT TAKES TIME FOR US TO FEEL SAFE.

NEVER GIVE UP ON US, WE HAVEN'T.

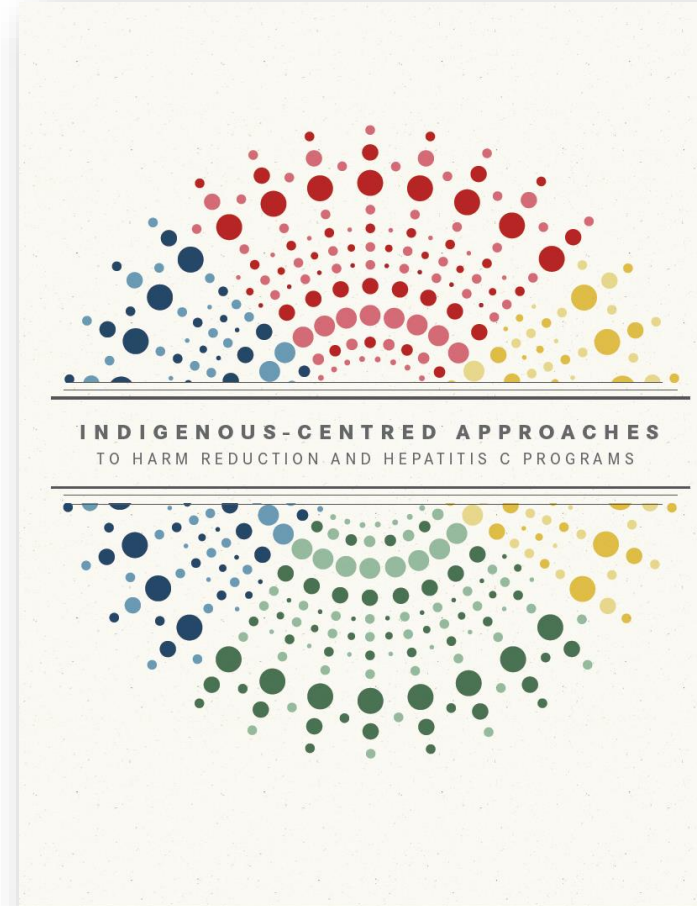


# Questions and discussion





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