

Is There A New Face To Canadian Genocide? A Crisis in HIV Response

By Ken Miller, Executive Director, Canadian AIDS Society et al

As Canada observes World AIDS Day and transitions into Indigenous AIDS Awareness Week, a chilling truth emerges: the country is experiencing a resurgence in HIV acquisition rates, a crisis compounded by political inaction and systemic inequities. In 2023 alone, HIV acquisition rates rose by an alarming 35%. Despite having the research, initiatives, and community expertise to combat this epidemic, the lack of political will and investment in the sector has created the perfect storm of what shouldn't be done, being done.

A System in Crisis

Canada's HIV epidemic is exacerbated by provincial governments scaling back harm reduction services. Ontario, Saskatchewan, and Alberta have rolled back proven initiatives that reduce HIV transmission. The consequences are dire, especially for Indigenous peoples, African, Caribbean, and Black communities, and women, who have long been marginalized by narrow, one-size-fits-all public health messaging.

Indigenous communities, in particular, face overrepresentation in HIV acquisition rates that mirror those seen in countries where HIV is considered endemic. This disparity highlights systemic neglect, as policies fail to address the specific needs of Indigenous populations.

Not every person living with HIV has proper access to medication. Fifteen percent of diagnosed individuals are not linked to care. Meanwhile, governments sit with proposals that would allow community organizations to lead the response effectively.

Missed Opportunities

While advancements such as long-acting injectable PrEP and HIV treatments hold promise, they remain largely inaccessible in Canada. The disconnect between innovation and implementation further widens the gap between those who need care and those who receive it.

At the heart of this crisis lies a failure to fund advocacy efforts. Advocacy is vital for holding governments accountable and ensuring marginalized communities are not left behind. Public Health Agency of Canada's recent shift toward health equity is a step forward, but without sustained funding, the progress risks stagnation.

The intersection of homelessness and HIV presents another overlooked crisis. In Manitoba, a report highlighted that, between 2018 and 2021, nearly 48% of newly diagnosed women

and one-third of men experienced homelessness. Yet unhoused individuals are notably absent from the national STBBI Action Plan and national surveillance data.

A Call for Community Leadership

Indigenous AIDS Awareness Week underscores the urgent need for community-led solutions. These initiatives not only empower communities to take ownership of their data but also enable rapid responses to emerging challenges. However, current federal practices delay the release of HIV surveillance data, leaving community programs scrambling to address issues long after they arise.

Breklyn Bertozzi, Executive Director of the Canadian Positive People Network (CPPN), speaks to the importance of centering communities in the response: *“Community leadership is not just a necessity; it’s a lifeline. People living with HIV know the realities, the barriers, and the solutions better than anyone. To make meaningful progress, we need to empower these voices with the funding and resources to lead the way.”*

The Human Cost

Beyond the statistics lies the human cost of inaction. For every individual who cannot access care or treatment, there is a ripple effect through families and communities. The criminalization of alleged HIV non-disclosure adds another layer of harm, disproportionately targeting racialized people and enshrining stigma.

Janet Butler-McPhee, Co-Executive Director of the HIV Legal Network, underscored the harm caused by outdated laws that have not kept pace with science: *“Canada is a world hot spot for HIV criminalization, which fuels stigma, perpetuates discrimination, and disproportionately harms marginalized and racialized communities. Instead of protecting public health, these laws create fear and discourage testing and treatment. It’s time to replace punishment with compassion and evidence-based policy.”*

Time for Action

The path forward is clear:

1. **Political Will and Funding:** Governments must commit to sustained funding for prevention, treatment, and advocacy initiatives.
2. **Accessible Treatment:** Long-acting injectable treatments and PrEP must be made widely available.
3. **Inclusive Messaging:** Health campaigns must address all at-risk populations, not just narrow demographic groups.

4. **Public Engagement:** Canadians need to recognize that HIV is no longer confined to certain populations—heterosexual contact is now the leading exposure category.
5. **Decriminalization:** Canada must stop criminalizing people living with HIV; law reform is needed today.

Canada has the tools to end the HIV epidemic. What it needs now is the courage and commitment to use them.

Ken Miller is the Executive Director of the Canadian AIDS Society, advocating for the rights and well-being of people living with HIV across Canada.

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[Canada's progress towards ending the HIV epidemic - Canada.ca](#)

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