

# « Interconnected »

Special Edition  
December 2022

## Contents

Calls to Action .....	2
Canada’s progress toward global targets .....	2
A Message from Deborah Norris .....	3
Still At Large with Robert Olver.....	4
A Message from Marlo Cottrell.....	6
We want you to know.....	6



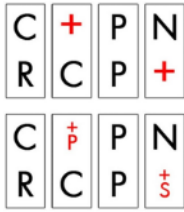
### “Equalize” for Equity and Access



### “One Vision, Many Paths”

For World AIDS Day 2022, the CPPN adopted and expanded upon the global theme. And, we have fully embraced this year’s theme Our hope is that, today and for the days and months ahead, we “Equalize” for equity and access for:

- People who identify as women and girls.
- People from diverse ethnocultural backgrounds and communities.
- Indigenous Peoples.
- Long-term survivors and people aging with HIV and HIV co-infections.
- Embrace, celebrate, and educate with respect to U=U.
- People living with HIV co-infections, past and present.
- Sector specific community-based organizations, registered charities, and not-for-profit organizations.
- People who used (or have used) drugs.
- People who are incarcerated or were in the past.
- Focus on disparities (e.g., urban vs. rural issues; national vs. regional/local issues; etc.).



# « Interconnected »

Special Edition  
December 2022

## Calls to Action

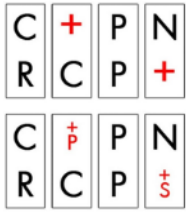
The World Health Organization issued several “Calls to Action” this year. Not among them: a call that is specific to and for people living with HIV and HIV co-infections.

The CPPN insists that Canada’s domestic response commits to “Equalize” for equity and access which must include an uncompromising commitment to the Greater Involvement and Meaningful Engagement of people living with HIV and HIV co-infections.

## Canada’s progress toward global targets

Canada has met two of the three global HIV targets for 2020 with 90% of all PLHIV who are diagnosed, 87% of people diagnosed who are on treatment, and 95% of people on treatment with a suppressed viral load. Canada's 90-90-90 estimates for 2020 lie within the range reported by other developed countries such as the United States of America, France, Germany, Australia, the Netherlands, and Finland. Although Canada has not met all three 90-90-90 targets, we have achieved the overall HIV target with 73% of people living with HIV in Canada who have a suppressed viral load. ([Public Health Agency of Canada](https://www.canada.ca/en/public-health/services/communicable-diseases/hiv-aids/canada-progress-towards-global-targets))





# « Interconnected »

Special Edition  
December 2022

“Equalize” for Equity and Access to embrace, celebrate, and educate with respect to U=U

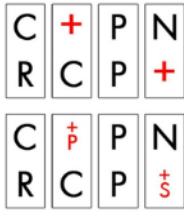


## A Message from Deborah Norris

As many of you might know, one of the many hats I wear is as a peer researcher in Alberta for the HIV Stigma Index. In our Index, we asked about the experiences people living with HIV had with U=U. These questions were not asked in other provinces’ Stigma Indexes, after we gathered the data, we saw that people living with HIV are not being told about U=U by their HIV specialist. We did a series of education sessions on U=U with nurses who provide care to people living with HIV to hopefully change their attitudes about U=U. So many people think that people living with HIV shouldn’t have information about U=U. But this information is life changing. A friend of mine who died of AIDS in the mid 90s referred to herself as a walking sexually transmitted disease. This is how many people living with HIV feel about themselves. We also found in our survey that most people living with HIV are not in relationships. We are made to feel like we are vectors of transmission and yet the truth is that if we are virally suppressed, we are not. There needs to be a public U=U campaign, similar to the campaign that happened to encourage people of a certain age to get tested for Hepatitis C. It needs to be shared with everyone so that we can combat the stigma that comes with HIV. Stigma thrives in an environment of misinformation and no information. In Alberta, we have done a number of education sessions on U=U with nurses who provide frontline support to people living with HIV. We are hoping to also create an education session for doctors. We need to get the information out to people.

We all want to achieve the UN targets of 95-95-95: 95% of people living with HIV have been tested and know their status; 95% of the people who know their HIV status have been connected to care and 95% of those connected to care are on treatment and have achieved viral suppression. This will not be achieved if we do not combat stigma and give people living with HIV hope. The people we are not reaching are still being stigmatized. They are not going for testing. They may not see themselves as being at risk for HIV. Their doctors may not be testing them. Here in Alberta, many women have talked to me about not being tested for HIV, even when they have symptoms, because their doctors either do not test them or refuse to test them if asked. In Alberta, if you ask to be tested for sexually transmitted infections, HIV is not on the panel. You have to request it specifically. So, women remain undiagnosed. If we look at the demographics of the people, we are not reaching: how many women have not been diagnosed? How many women of colour, African, Caribbean, Black and Indigenous women have not been diagnosed? How many African, Caribbean, and Black and Indigenous people have not been connected to care after they are diagnosed? How many people are being left behind? How many people living with HIV from marginalized groups are not on treatment because they are unable to access care? It is not enough to say “Oh, we reached our goal with one group of people, but we are ok with leaving this other group behind.”

U=U is life changing information. It can give people hope. It can go far toward eliminating stigma in the lives of people living with HIV. But the message needs to get out. Last week I was honoured to be included in a meeting with the Federal Minister of Health and I said all these things to him. I hope that we see action.



# « Interconnected »

Special Edition  
December 2022

## Still At Large with Robert Olver World AIDS Day 2022: A Partial Damage Report from Canada.



Canada's HIV response: I hope you'll forgive me for saying so, but the wheels are off the wagon.

What else am I to make of it all? I mean, it's World AIDS Day 2022 and I want to be positive, but as I look about me, there's too much going on in the HIV sector that I think bodes ill for the future.

Humor me for a moment, won't you, and cast your mind back five years. Remember the optimism that prevailed, however cautiously, in the HIV sector then? Back when we attended conferences with titles like "HIV Endgame"? The U=U knowledge was breaking like a wave over the HIV world and ARV meds were better than ever, with still better to come. For once, the sector had a goal and the way forward seemed clear.

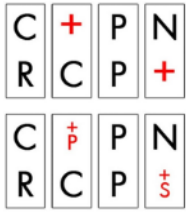
The goal was 90-90-90. Remember that? The UNAIDs goal of 90-90-90 was that by 2020 90% of all people living with HIV would know their HIV status, 90% of all people with diagnosed HIV infection would receive sustained treatment, and 90% of all people receiving treatment would have viral load suppression, thus effectively breaking the back of the HIV epidemic worldwide.

But that didn't happen, not here in Canada.

What happened? How did all that promise get blown? There are many reasons but no real excuses that I can see. It was a completely achievable goal and throughout the sector we said we wanted to achieve it and many jurisdictions worldwide did achieve it, but we here in Canada did not. And no longer do we hear anything much about an "HIV Endgame" either. Yes, I know about 95-95-95; we seem pretty well poised to miss that goal as well. Last I read, there were more than 1,500 new HIV infections in Canada in 2020. We suck at prevention.

The front-line workers do their best. They continue to work their hearts out, many of them volunteers, but they are undercut, squeezed at every turn. ASOs are now expected to deal with all STBBI as well as HIV, all this from more or less the same funding pot that used to be HIV-dedicated. Several of the agencies that help PLHIV had their funding abruptly curtailed or axed altogether over the last couple of years.

Also, considering that people over 50 comprise the largest single demographic among PLHIV in this country it seems negligent that no effort is made to disaggregate and present finer gradations of their epi data. Doing so would better allow agencies to understand and respond to the needs of their clientele, which will look different at age 60, 65 etc. than they did at age 50. It would also allow us to better understand the long-term effects of these drugs we're all pioneering.



# « Interconnected »

Special Edition  
December 2022

## “Still at Large”, continued

In the aggregate, all these factors – the apparent disinterest in outcomes for the HIV sector’s single largest patient base, the mercurial funding, the overworked, overstretched staff and volunteer base, our inability to even hold the epidemic in check, let alone eradicate it – it all speaks of an HIV response that is long on platitudes and virtue signalling but short on either results or the resolve to achieve any, running and failing on autopilot.

To reiterate: there were more than 1,500 new infections in Canada in 2020. This knowledge cuts through all the B. S.

That stat provides the most meaningful metric I know for evaluating the Canadian HIV response. It is a failure.

It all tempts me to think that the powers that be really aren’t terribly serious about ending the HIV epidemic. The HIV “plan”, insofar as any exists, appears to be that we PLHIV will take our meds (subject to access) and be grateful, happily living out our nearly normal lifespan, reasonably well supported (subject to availability) until our aging butts eventually tumble one by one into the Big Empty.

The Big Empty is open access and available 24/7.

And the new infections will continue to rise because our system has failed them, and those people will pay for that in various ways for the rest of their lives while Premiers and other pols brag for the cameras about how much they’ve managed to save on health care and their supporters applaud. Papers will be published, careers will be made and broken and the whole mess will just keep trundling along like that. There will always be fresh PLHIV available to exploit, guaranteed.

Are they to be considered acceptable casualties of the culture wars?

I ask because if we are not serious about ending the epidemic, exploiting and weaponizing it is what’s left, HIV as class control weapon. We had the epidemic’s end in sight and still could, but government seems to have dropped the ball six feet shy of the goal and I’m left wondering just how stupid they think we are.

So, if you’ve stuck with me this far, I hope you’ll forgive me. It’s World AIDS Day 2022 and I’d like to be chipper and upbeat about all the stellar work that we and other agencies have been doing in the sector -- and it really is something to celebrate – I find that I am in fact feeling rather more concerned than anything else. It all seems so ... adrift and all the self-congratulatory backslapping we typically see at these times is consequently looking pretty hollow to me.

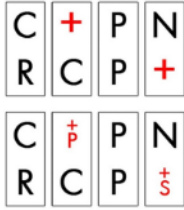
New infections were up 20% since 2010 and we must not rest on our accomplishments. Our HIV response is a demonstrated failure and we – with government support -- need to correct it.

We need to step up our advocacy game right across the country and insist on the development of (at long last) a coherent strategy for ending the HIV epidemic, we need it yesterday and we need to be at the table where that strategy is developed, because as someone once said, if you aren’t at the table, you’re on the menu.

Nothing about us without us, so raise your voices and sing while you may! We need to have a few things understood.

Thanks for reading this far. Happy World AIDS Day 2022!

Cherish one another, seek truth, practice compassion.



“Equalize” for Equity and Access for people living with HIV and HIV co-infections



## A Message from Marlo Cottrell

On this World AIDS Day 2022, I take pause and think of all of the advancements we’ve made in the realm of treatments for HIV and Hepatitis C, with respect to testing and medical treatments that have afforded so many of us an improved quality of life filled with health and wellness.

With that said, I still take pause and acknowledge where we’ve failed in addressing the needs of all people who live with HIV and Hepatitis C. It is easy to see that not all Canadians are granted the same level of access due to the systemic barriers created by such things as drug criminalization, the convergence of stigma, internalized stigma and discrimination from social substance use, substance use disorder, people working within the sex trade and people who experience barriers to housing. It often feels like we can’t or don’t deserve to access the same level of care. We need a seat at the table when it comes to such things as Canadian Drug Policies that relegate us to death and inequities within healthcare and Canadian Sex Work Policies that still stigmatize us and our industry by targeting clientele.

On this day of December 1st, we demand the Canadian government to make equitable changes to save lives the of our fellow Canadians because if you’re like me, you’re also sick of watching incredible people dying.

## We want you to know...

1. We will be publishing a January 2023 edition of « Interconnected » with a focused theme: **“We are experts, therefore...”** Please watch for an invitation for submissions from CPPN members.
2. We are teaming up with our friends and colleagues at the Legal Network in an effort to ensure that the voices of people living with HIV are heard in the Government of Canada’s public consultation on HIV criminalization. If you would like to participate in a one-hour Zoom call to learn more, please send an email to [jrpotts@cpcnrcps.ca](mailto:jrpotts@cpcnrcps.ca) and Jeff will provide you with details. The call is scheduled for December 13.
3. Although still a work-in-progress, our updated website is active and online now. Visit us at [www.cpcnrcps.ca](http://www.cpcnrcps.ca). By the way, we have introduced our 2022-2023 Leadership Team on our updated site. Check it out.