

Food for thought

HIV and food security in Vancouver's Downtown Eastside

by Pamela Fergusson

Hastings Street in Vancouver's Downtown Eastside is a busy street on a Monday morning. A stream of traffic rolls downhill, funneling commuters, one by one, from the suburbs to their downtown offices. The street is opening up for the day. Workers with ID badges and swipe cards walk past security and into their offices, getting ready for another week.

Already the sidewalks are dotted with line-ups. A little crowd has gathered outside of Positive Outlook at the Vancouver Native Health Society. People are waiting to see a nurse, waiting for breakfast, and waiting to get out of the rain. "Cheque day" is still nine days away and everyone is hungry.

Positive Outlook, a members-only club for people living with HIV, has started serving breakfast because most of its clients depend on Positive Outlook as their main source of food, and they know lunch is not enough. Of all the issues that the Downtown Eastside (DTES) community faces each day, food security may be the most universal.

Ensuring all have access to food

The 1996 World Food Summit proclaimed that "Food security exists when all people, at all times, have physical and economic access to sufficient, safe, and nutritious food to meet their dietary needs and food preferences for an active and healthy life." Most people do not think of food security as a Canadian issue, but people in neighbourhoods all over Canada are food insecure. In 1976, Canada signed the United Nations Covenant on Social, Economic, and Cultural Rights, which includes the fundamental right of everyone to be free from hunger. The Canadian government has since developed a Food Security Bureau and an Action Plan on Food Security.

The domestic policy section of this Action Plan elaborates on commitments Canada made with global partners at the World Food Summit in 1996. The second commitment, Access to Food, states that "We will implement policies aimed at eradicating poverty and inequality and improving physical and economic access by all, at all times, to sufficient, nutritionally adequate and safe food and its effective utilization."

The Action Plan also states, "The question of access also revolves around issues of poverty and social justice. It is the poorest and most vulnerable members of society—the people

with no voice—who are the most likely to be food insecure and the most powerless to change their circumstances...efforts to improve their situations must be sustainable. 'Band-aid' measures, whether they are food banks or emergency food aid, only provide temporary relief. Enduring solutions involve empowering the food-insecure to help themselves."

HIV/AIDS is only one factor

The Food and Agricultural Organization's (FAO) Committee on World Food Security has noted the relationship between HIV/AIDS and food security. In a 2001 paper entitled "Impact of HIV/AIDS on Food Security," the FAO states that "all dimensions of food security—availability, stability, access, and use of food—are affected where the prevalence of HIV/AIDS is high."

For most PWAs in the DTES, getting three healthy meals every day is an impossible challenge requiring strength, resourcefulness, and ingenuity.

True enough for many of the HIV-positive people living in Vancouver's DTES, where disease is only one of the reasons why their food security is at risk. The DTES is Canada's poorest and most vulnerable neighbourhood. It is a community with Canada's highest concentration of HIV/AIDS, injection drug use, and poverty.

Good nutrition is an essential part of good health. For most of us, eating well is a goal we cannot always reach for various reasons. Busy schedules, lack of knowledge about healthy food, high cost of fresh food, illness, lack of cooking skills, and poor access to fresh-food groceries in our neighbourhoods can all contribute to an inadequate diet. Most of the residents of the DTES face all of these barriers and more every day. For these people, getting three healthy meals every day is an almost impossible challenge, requiring strength, resourcefulness, and ingenuity.



Barriers to nutritional health

In 1999, AIDS Vancouver published a study on HIV-positive injection drug users entitled "Building Nutritional Health." They found three main factors impacted the nutritional health of study participants:

- ▼ life issues and eating patterns;
- ▼ access to food; and
- ▼ food quantity and quality.

Life issues and eating patterns include the impact of illness and drug use on food security. AIDS can have a dramatic effect on nutritional status. AIDS may cause malnutrition because of poor absorption and increased nutrient requirements. AIDS and AIDS-related medications often cause nausea, fatigue, and suppressed appetite. People who are also living with addiction will face other barriers. "You smoke for a couple days, then it's, 'Oh yeah, I forgot to eat,'" said one study participant. Another participant told of being on the way to get food with \$50, meeting friends on the street, and spending the money on drugs instead.

Barriers to food security

Access to food is a difficult issue. Many people are unable to stand in meal line-ups. "You get long line-ups, and I have neuropathy," said a participant, "so an hour and a half in the line-up is really cruel when you've got full-blown AIDS." Others who decide to cook for themselves often have to contend with inadequate facilities. Another participant noted, "If you live in one room, and you're tripping around your suitcase and the cockroaches and whatnot to get to your toaster oven or your little hotplate or whatever... actually you become quite an artist to be able to cook at all."

In the DTES Food Provider and Client Survey, conducted by the Vancouver/Richmond Health Authority in 1998, clients identified the top five barriers to food security.

1. Not enough money.
2. Food available is unappealing (poor variety, not food of choice).
3. Can't afford bus fare for transportation to purchase food at large store.
4. Can't store or cook food at home because of cockroaches and mice.
5. Can't travel to food or stand in food lines because of disability.

Food quantity and quality is a frequent topic of discussion in the DTES. Recently, the Food Providers Coalition obtained funding from the Vancouver Health Authority to hire a dietitian to provide education for food providers and clients about healthy eating. One consumer of DTES food services reported, "I'm lacking in fruits and vegetables. I'll try to get those, but it's harder to get vegetables than anything else...it's easy to get starch and sugar and stuff like that." Food providers are aware of this situation, but are not always able to afford healthier choices because of budget constraints. Fifty-five percent of food providers in the DTES rely on donated food and operate on monthly food budgets of \$500 or less. Thirty-one percent have no food purchase budget.

Another barrier to improving food quality is the perception that the DTES community is only interested in sugar and pastries and does not want healthy food. Research has shown this perception to be false. A recent study by the Food Providers Coalition found that most client concerns relate to having too much refined or processed foods in their diets and not enough fibre, whole, fresh, vitamin- or mineral-rich foods, or complex carbohydrates and protein. Those with health concerns requiring a particular diet found it next to impossible to access the diet they need.

Food programs in the DTES

The food security issue in the HIV-positive community of Vancouver's DTES is complex. Many agencies are working to support the community. Two of the most active are Positive Outlook and A Loving Spoonful. Positive Outlook (441 East Hastings) is a drop-in program providing care and meals for their members. It currently has over 1600 clients. Anyone who is HIV-positive is welcome.

A Loving Spoonful delivers frozen meals to people living with AIDS who are at high nutritional risk. A Loving Spoonful also has a hot meal program at the Portland Hotel Café. For more information, contact Lukas, Meal Program Coordinator at 604-682-6325. A comprehensive list of free and low-cost meals in the DTES is available at the Carnegie Centre.

In 1996, Canada joined 186 other nations to endorse the World Food Summit's goal to eradicate hunger and to reduce the number of undernourished people by half by no later than 2015. The need for emergency food aid from food banks and food provider agencies, described as 'band-aid measures' by the Canadian Food Security Bureau, seems to be increasing. Canadians, in a country with a food surplus, should be leaders in the world in reducing and even eliminating food insecurity. However, driving down East Hastings on a Monday morning, you can see we have a lot of work to do. ⊕

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