Aboriginal people have suffered a long history of colonialism, oppression and trauma within Canada. Due to the social and structural factors stemming from colonialism and racism, Aboriginal people are vulnerable to Human Immunodeficiency Virus Infection and Acquired Immune Deficiency Syndrome (HIV/AIDS). In 2011, their rate of infection was significantly higher than expected relative to their proportion in the Canadian population. Given the vulnerability of Aboriginal people, a cultural safety model comprising cultural awareness, cultural competency and cultural humility is employed by organizations providing healthcare to Aboriginal people within Vancouver in order to meet their particular needs. Yet, Aboriginal women living with HIV/AIDS are experiencing increasing rates of mortality. How adequate is this model in addressing the specific needs of Aboriginal women living with HIV/AIDS? A critical review of existing research on both the care of Aboriginal women living with HIV/AIDS and cultural safety as it applies to the care of Aboriginal people living with HIV/AIDS will be conducted. A case based approach will be utilized to examine the Vancouver Native Health Society’s (VNHS) healthcare programming for Aboriginal women and Aboriginal people living with HIV/AIDS in the Downtown Eastside (DTES). The cultural safety model as it is applied in this case study is conceptually sound but does not in practice address the unique needs of Aboriginal women living with HIV/AIDS. This research could pave the way for adjustments to both existing and future programming and government policy targeting Aboriginal women’s health and HIV/AIDS.