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## Stigma and discrimination are fuelling the HIV/AIDS epidemic in Canada

**Ottawa, January 26, 2005 – Reducing the stigma and discrimination related to HIV is the key to reducing the worst effects of the epidemic in Canada, the Canadian HIV/AIDS Legal Network said today at the national launch of their Plan of Action for Canada to Reduce HIV/AIDS-Related Stigma and Discrimination.**

“Federal and provincial governments in Canada have a legal obligation to ensure that the rights of people living with and vulnerable to HIV/AIDS are respected,” said Glenn Betteridge, Senior Policy Analyst at the Legal Network. “If they do not fulfill this obligation, they are allowing the stigma and discrimination related to HIV to continue to worsen the impact of AIDS in Canada.”

The national campaign to implement this Plan of Action includes a 160-page report, an easy-to-read booklet, and an advocacy postcard, which calls on Prime Minister Paul Martin to implement the Plan. The 18 goals of the Plan, each with concrete action points, include:

- Improving participation of people living with HIV/AIDS and those vulnerable to the disease in all phases of planning and delivering HIV/AIDS programs and services;
- Investing significant resources in changing public attitudes toward HIV/AIDS, including better engagement of mass media;
- Ensuring that essential support services for people living with HIV/AIDS are well funded and well targeted;
- Improving awareness of human rights and mechanisms of redress when human rights are violated.

The plan of action was developed through a process of research, advice, and consultation with people living with and vulnerable to HIV from across Canada.

In spite of all that is known about the science of HIV/AIDS and about combating the epidemic, people living with HIV/AIDS still face stigmatization and discrimination every day. This keeps people living with HIV/AIDS out of the workforce and on the margins of society. Stigmatization and discrimination also prevents people living with HIV/AIDS from getting the health care and other services they need to stay healthy. Stigma and discrimination have their roots in misperceptions and under-information in the public mind, which also need to be addressed.

People living with HIV/AIDS are not the only ones who suffer from stigma and discrimination. Groups of people linked with HIV/AIDS in the public mind - like intravenous drug users, gay men, sex workers, and people who come from countries where HIV/AIDS is widespread – also face stigma and discrimination. This stigma and discrimination stands in the way of people protecting themselves from being infected with HIV. It also prevents people from coming forward to get tested for HIV.

Governments at federal, provincial, and municipal levels need to ensure that they are meeting their obligations under human rights law. The Plan of Action for Canada is a model for the actions that should be taken to meet these obligations.

The Plan of Action is available at [www.aidslaw.ca](http://www.aidslaw.ca), and copies can be ordered from the Canadian HIV/AIDS Information Centre at [aidssida@cpha.ca](mailto:aidssida@cpha.ca) or 1-877-999-7740.

**A Plan of Action for Canada to Reduce HIV/AIDS-Related Stigma and Discrimination** has been endorsed by these national organizations: the Canadian AIDS Society, the Canadian Association of Nurses in AIDS Care, the Canadian HIV/AIDS Information Centre, the Canadian Labour Congress, the Canadian Rainbow Health Coalition, the Canadian Working Group on HIV and Rehabilitation, and the United Church of Canada.

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*The Canadian HIV/AIDS Legal Network* ([www.aidslaw.ca](http://www.aidslaw.ca)) is a national non-governmental organization dedicated to promoting laws and policies that respect and protect the human rights of people living with, and vulnerable to, HIV/AIDS.

**A PLAN OF ACTION FOR CANADA  
TO REDUCE HIV/AIDS-RELATED STIGMA AND DISCRIMINATION  
SPEAKING NOTES**

**Press conference: Wednesday 26 January 2005, 10:30 am  
Charles Lynch Press Room, House of Commons, Ottawa**

**Glenn Betteridge, Senior Policy Analyst, Canadian HIV/AIDS Legal Network**

Good morning, and welcome to the Canadian HIV/AIDS Legal Network's press conference. Today, here in Ottawa and in 6 cities throughout Canada, we release our report entitled *A Plan of Action for Canada to Reduce HIV/AIDS-Related Stigma and Discrimination*. Today we are also launching our campaign calling on people throughout Canada to "Be Part of the Solution" to the problem of HIV/AIDS-related stigma and discrimination.

My name is Glenn Betteridge, and I am a Senior Policy Analyst with the Legal Network. I will speak first, followed by three people with first hand experience of HIV/AIDS-related stigma and discrimination. Their experience comes from being members of communities of people living with and vulnerable to HIV/AIDS, and as advocates in the fight against HIV/AIDS in Canada: Janice Dayle, Alex McLelland, and Darlene Palmer. Their bios are in your media packages. Our presentations will take roughly 15 minutes, and we will then take questions.

Stigma and discrimination, stoked by ignorance and a failure of understanding and empathy, are fuelling the HIV epidemic in Canada. A recent EKOS Research survey found that 40% of people in Canada have only a moderate level of comfort associating with people with HIV/AIDS. And 10% believe that people infected with HIV through sex or drug use have "gotten what they deserved." The rates of HIV infection among drug users in Vancouver's downtown east side are as high as rates in the worst affected countries in Sub-Saharan Africa. Half of the grade 11 students in Canadian high schools incorrectly believe that there is a vaccine to prevent HIV infection.

Today we know more than ever about the science of HIV. We know how to prevent it and how to medically treat people living with HIV infection. Yet, people living with HIV/AIDS still face stigma and discrimination daily, in all aspects of their lives. And 4,200 more people are infected with HIV every year in Canada. Stigma and discrimination continue to fuel the epidemic and its negative impacts.

People living with HIV face stigmatization and discrimination within their own communities, and from outside those communities. This keeps many people living with HIV/AIDS out of the workforce and on the margins of society. It also prevents them from getting the health care and other services they need to stay healthy.

But people living with HIV/AIDS are not the only ones who suffer stigma and discrimination. In the public's mind people who have historically faced stigma and discrimination are associated with HIV and AIDS – intravenous drug users, gay men, Aboriginal people, and immigrants.

These prejudices stand in the way of HIV education and prevention efforts. They also prevent people from coming forward to get tested.

Reducing the stigma and discrimination related to HIV/AIDS will not be easy. The Canadian HIV/AIDS Legal Network consulted with people from all over Canada to develop *A Plan of Action for Canada to Reduce HIV/AIDS-Related Stigma and Discrimination*. We listened to men and women living with HIV/AIDS, people who inject illegal drugs, HIV-positive youth, lesbian/gay/bi/trans people, Aboriginal people and people from other ethno-cultural communities.

The Plan of Action is made up of 18 goals. Under each goal, the Plan of Action lists a number of actions that should be taken to reduce HIV/AIDS-related stigma and discrimination. Under international human rights law, Canadian governments have the primary responsibility for taking action to reduce stigma and discrimination. Government commitment, in one form or another, is needed to achieve all 18 goals and the actions listed under those goals.

Today, we are calling upon Prime Minister Martin, and all elected and non-elected public officials, to “Be Part of the Solution”. For some actions in the *Plan of Action* governments must play the leading role. For other actions governments should provide groups and organizations with the funding to do the work that is needed. Governments should make special efforts to get resources to organizations and groups of people who are on the front-lines in the fight against HIV/AIDS-related stigma and discrimination.

This speaks to the first and most important Goal of the *Plan of Action*. It calls for the participation of people living with HIV/AIDS, and vulnerable to HIV, in all aspects of the response to HIV/AIDS-related stigma and discrimination. I will now give you the opportunity to hear from three people involved in the fight to reduce HIV/AIDS-related stigma and discrimination. Everyone in Canada should pay close attention – the health and well-being of thousands of people in Canada are at stake.

## **Janice Dayle**

I am Janice Dayle, a mother, grandmother and advocate - not only in the general universal fight against HIV/AIDS but more specifically, I advocate strongly for the elimination of HIV/AIDS related stigma and discrimination, which I have identified as the single most destructive, painful and devastating issue for people living with HIV/AIDS, their affected loved ones and indeed for civil society on a whole. In fact, as is stipulated in the HIV/AIDS Legal Network’s Action Plan Against Stigma and Discrimination, the rapid spread of HIV/AIDS can be directly attributed to HIV/AIDS related stigma and discrimination. Stigma and subsequent discrimination causes silence, that in turn results in the spread of HIV/AIDS. People become afraid to test and the disease creeps quietly around as a result.

A week before my husband’s death in 1994, I was informed of his HIV+ status which had become AIDS at that point. His response to the family’s utter dismay and shock at discovering this deep hidden secret of his, was – “...I didn’t tell you because I did not want to be rejected...” Once the “dust settled” for me, I completely understood this bizarre reasoning of his. I was diagnosed HIV+ and had to deal with the degradation and ostracism he feared so much. The slaps in the face, shunning and hateful responses came from the most unsuspecting places.

Surprisingly enough, the first culprit in what has become an unending string of ill-treatment was the highly qualified physician who first attended to me. His tone and manner were appalling and hurtful. Some nurses followed suit – speaking condescendingly as if I were stupid, as did even professionals put in place by Canadian government agencies to provide psycho-social support to

people living with HIV/AIDS (PLWHA). I quickly gravitated to AIDS Service Organisations (ASO) where I also came face to face with thoughtlessness and direct discrimination...some workers are just not qualified and PLWHA are often unintentionally disrespected. As is outlined in the Action Plan organisations need better funding in order to provide or train professionals.

Discrimination comes from everywhere. Some family members rejected me, and it continues even to this day. I have a granddaughter for example who I no longer see. After disclosing my status publicly, my former daughter-in-law called me up saying, “Janice, you will not be seeing your granddaughter any more, as I am afraid for my life and the life of my child.” The most disgusting part of that is – this young woman is currently studying to become a nurse here in Canada.

The negative responses of my landlord/building administrator have been and continue to be appalling...I have lived in an apartment without a properly functioning fridge for 5 months. After disclosing my status, I faced this type of injustice and worse from the building administrators.

As the Action Plan states, failure of the Canadian government to promote laws and policies against HIV/AIDS related discrimination will result in continued discrimination and poor quality of life for PLWHA. It is bad enough to be plagued with debilitating side effects as all other chronically ill individuals are (for example people with cancer or diabetes), but the added psychological turmoil we face is unnecessary.

In my neighbourhood, I was advised not to patronize a certain restaurant, where the owners were fearful of touching my money and worried about me using their washroom. At my school where we are encouraged to work in groups, I have experienced rejection and shunning from people in my faculty who are by the way, training to become teachers. Further to this, I have encountered literature with discriminating tones in university course readings.

The Action Plan speaks of the stigma permeating cultural communities in Canada and for many PLWHAs of varied ethnicities as well as for minorities (like English speaking women in Quebec), the problem of HIV/AIDS discrimination is compounded by what is called the double or triple whammy. I have been insulted by a Black Minister of religion who was the facilitator of a session I addressed with a testimonial/lecture. I am also no longer invited to work as an MC for popular music shows in the Black community in Quebec, as I used to be prior to disclosing my status.

I have been dismissed from a job shortly after not only being given a raise and promotion, but also after having spoken out in the media about the need to bring this disease out from under the rug – thus disclosing my status. The problem there was that I had also just become eligible for this small company’s group insurance. It does not seem as if they were interested in shouldering the burden of an HIV+ staff member in their insurance scheme.

As is indicated in the Action Plan, PLWHA need to be able to disclose without negative consequences. We are otherwise unable to access services and other opportunities available for all the disabled in Canada. But who wants to disclose in a climate where Canadian government bureaucrats remain highly untrained and insensitive to issues surrounding PLWHA. I have had horrible experiences both at the welfare offices as well as with the Offices for Student Loans and

Bursaries in Quebec. There was a minimal sense of urgency that caused escalating depression and missed vital doses of medication for me.

As is mentioned in the Action Plan, "...when people living with HIV/AIDS do not have adequate medical care and treatment, nutrition, shelter and income, they become susceptible to poor health, disease and death."

My children have lost friends, are sometimes unfairly targeted by school administrators and one child has recurring depression that has resulted in her being hospitalized in the ward for the mentally ill. People speak badly about me and it is often unbearable for her.

Motivated by a desire for fairness and inspired by some of these heinous responses to my HIV+ status as well as the experiences of other PLWHA with whom I network, I see myself as being on a mission to uncover the atrocities while simultaneously making attempts to rectify these life altering situations through education aimed at correcting vast amounts of mis-information. The Action Plan being presented today is a vital tool in these efforts.

And what is the root of most of this mis-education? Where did Canadians and our world learn to conjure up such hatred of PLWHA? Invariably these habits are formed by perceptions fed to society by different forms of media.

The media influences our perception on all issues. To our detriment, the profit chasing, prone to being one-sided mainstream media is often neglectful of HIV/AIDS topics that ought to surface continually – at least until death and infection rates begin to subside and eventually cease. In its typical way mainstream media is often insulting in its HIV/AIDS coverage offering superficial reports that tend to perpetuate negative connotations about PLWHA. There is unwillingness to get past the rhetoric and sensationalism in order to effectively use the excellent tool of media to affect change in HIV/AIDS.

Getting clear accurate and constant information on HIV/AIDS disseminated to more than the converted is an essential process that depends largely upon media representatives' perception and as the Action Plan stipulates this is one sure way of breaking the cycle of stigma and discrimination. The media holds the key to billions of thought processes and it can and should influence its consumers positively.

Insulting or misleading falsehoods that serve to perpetuate stigma, the big roadblock to normality for PLWHA continues even today. Going through this Action Plan thoroughly and realizing that everyone is vulnerable to HIV/AIDS will be beneficial in our quest for accurate coverage that will help and not hurt. Simple things like terminology is important. We are not AIDS Victims or AIDS Orphans. We are People Living with HIV/AIDS or children orphaned as a result of

HIV/AIDS. We need your help to destroy the stigma that mainstream media does consistently little to alleviate.

### **Alex McClelland, Positive Youth Outreach, AIDS Committee of Toronto**

I would like to begin by thanking the Canadian HIV/AIDS Legal Network for being a leader in Canada and internationally in the ongoing struggle against HIV/AIDS. The “Plan of Action for Canada to reduce HIV/AIDS-related stigma and discrimination” is an impressive call to action. HIV/AIDS-related stigma and discrimination serves only to fuel the epidemic further. Ignorance creates an unhealthy environment that breeds misinformation and fear.

People living with HIV/AIDS are faced with discrimination and stigma everyday. Many face loss of family and friends, the main support systems which help us to cope and survive in this world. Often positive people encounter discrimination because their experiences and lives are misrepresented as those who deserved what they got.

As a director on the board of the Canadian AIDS Society, and the program coordinator of Positive Youth Outreach, the peer-based program of the AIDS Committee of Toronto, I work with a very diverse population of HIV-positive young people in downtown Toronto and across Ontario.

Youth aged 15-29 account for 27% of all positive test reports in Canada, and of those 38% were women. HIV-positive young people face unique challenges and are often much more vulnerable to discrimination than those living with HIV/AIDS who are older .

In order to ensure that more young people are not infected with HIV/AIDS, we need to act now. Implementing the goals in Canadian HIV/AIDS Legal Network’s Plan of Action will ensure that people with HIV are listened to and the valuable contributions they make in society are recognized. I would like to focus on Goal 13, youth and education. Goal 13 looks at ensuring that school-based curriculum includes culturally-sensitive, non-judgmental information about sexuality and sexual orientation, sexual activities and skills to practice safer sex, HIV/AIDS and sexually transmitted infections, drug and alcohol use and how to reduce potential harms and human rights in an HIV/AIDS context.

The 2002 Council of Ministers of Education’s survey that looked at the sexual health of youth grades 7, 9, and 11 provides us with some eye-opening and sometimes shocking data. Students surveyed in the study have less knowledge around sexual health and how to protect themselves than youth who participated in the same study 13 years ago. About half of the students surveyed in 2002 thought incorrectly that there was a cure for HIV. The data collected in the sexual health survey should be seen as an urgent call to action. Our education system is failing to provide the necessary tools that youth need to protect themselves. To date there has been no follow-up by the government regarding the findings in this survey.

Education around HIV/AIDS, sexual health and drug use in our school systems remains inconsistent. In many schools, abstinence-based models are still the norm. Youth at risk are not

being provided with the tools they need to negotiate safer sex. Abstinence-based education is an example of one generation visiting its own morality and judgments on another. Youth need access to easy-to-understand, non-judgmental information about sexual health, HIV testing, negotiation skills, diversity, sexual orientation and harm reduction models. Knowledge builds confidence, and youth need healthy self-esteem and confidence in order to assert protecting themselves and others.

Youth are not only the target of prevention efforts, but should be seen as partners in developing and implementing plans of action. Youth need information that is relevant to their lived experience, and should be considered as equal partners at the table.

Goal 13 in the Plan of Action holds government, community leaders and school officials accountable, outlining clear and concise achievable actions, to ensure that youth are provided with the information they need to make healthy decisions and ultimately protect themselves and gain greater understanding of and compassion for this complex disease.

### **Darlène E. Palmer, CACTUS Montréal**

For the past nine years, I've had the privilege of working with the CACTUS team in Montréal. This organization offers, among other services, a needle-exchange program in downtown Montréal, the mandate of which is to prevent the spread of sexually and blood-borne infections within marginalized populations. To this end, we offer sterile materials for drug injection and other forms of drug use. Apart from these concrete tools, we also educate through the dissemination of relevant information.

My life for the past decade has built on my very personal experience of this world of “druggies,” “junkies,” and “whores” — people who are, above all, entirely human. Who are we, really, to judge or criticize anyone's way of life? It is my duty today to speak up in defence and support of the rights of the people who visit CACTUS Montréal, their right to be a part of a society that is largely reluctant to recognize them as citizens.

In the context of this work, I have the opportunity to meet people on a daily basis who are living with the permanent consequences of their lifestyles. Personally, I was lucky: despite my sometimes risky drug use history, I am not living with HIV. Many, however, were not so lucky, and they live with the irreversible results. And despite all the educational campaigns, very little has changed in terms of the stigmatization and discrimination experienced by these people. Do we really have the right to condemn them?

It's time to give a voice to marginalized populations so that they can be heard. It is our communal responsibility to create an environment in which marginalized people have the power to act in order to address, even to a limited extent, the current inequalities in our society. Many of the basic rights we take as a given are not universal. To talk about protecting the rights of the people who come to CACTUS Montréal is presuming that these people even know they *have* rights. What a novel idea!



Respect begets respect. The fear and contempt with which the people I meet are regularly treated puts them at an increasing disadvantage. Validating their experiences, their feelings, their ideas and beliefs, on the other hand, allows them to get a new perspective on things and take charge of their lives. Ongoing work has to be done in the short and long term to have a positive influence on the way these people see their lives. It is crucial that we propose a vision of IDUs (intravenous drug users) created and directed by IDUs themselves. Nothing less.

In Montréal, through the intervention of the new *Projet de Lieu d'accueil et d'Implication Sociale auprès d'Injecteur(e)s et d'Inhaleur(e)s à Montréal* (Montreal community centre for injectors and inhalers), we hope to give the public and decision-makers the means to express their

opinions and concerns. We also have to work closely with marginalized populations to help them claim their rights. When people who have had very little sense of control over their lives begin to appreciate this very real power, a rare form of reciprocity is experienced. It is now time for this group to lay out the ground rules for themselves.

Is it possible to conceive of services for marginalized people that are truly adapted to their needs? The HIV epidemic has given rise to programs for IDUs, but there is still a lot more to do.

The definition of appropriation of power that I prefer is “the conscious, thoughtful process which manifests itself in a specific community through respect, critical reflection and active participation, through which people who lack resources or tools can increase their access to services and the power to use these tools.” Thought-provoking, isn't it? And what is our role is all this? That is something for you to think about.

In closing, I'd like to propose a moment of silence, in honour of a woman who participated in our focus groups with great enthusiasm, in order to come up with the Plan of Action we are presenting to you today. Guylaine, after many years of fighting HIV, died this past autumn of complications from this illness...which continues to kill.

Thank you.

# **A PLAN OF ACTION FOR CANADA TO REDUCE HIV/AIDS-RELATED STIGMA AND DISCRIMINATION**

## **BIOGRAPHICAL NOTES**

### **Glenn Betteridge**

Glenn joined the Legal Network in February 2003 as a Senior Policy Analyst. Glenn came to the Network from the HIV & AIDS Legal Clinic (Ontario) where he was a staff lawyer and acting legal director, representing low income people living with HIV/AIDS in housing, income maintenance, disability insurance, and human rights matters. He has also worked with federal and provincial prisoners, and advises AIDS service organizations. Glenn's involvement with HIV & AIDS began in Montreal as a member of the AIDS activist group ACT UP in the late 1980s. While at law school he spent a summer working for Ralf Jürgens researching HIV/AIDS and prison issues for the final report of the Expert Committee on AIDS in Prisons (ECAP). Glenn holds LLB and BCL degrees from the McGill Faculty of Law and is a member of the Ontario Bar.

### **Janice Dayle**

Janice Dayle is a 49 year old mother of 6 and grandmother of 8 who was informed of her HIV+ status following the 1994 death of her husband. A creative artist whose strengths lie in communication and performing arts, she decided in 1999 to abandon the internalized stigma that had consumed her since her husband's death and proactively advocate for change in responses and policies surrounding HIV/AIDS. To that end she served on the board of directors of the Centre d'Action SIDA Montreal – femmes (CASM). At present, she is the Quebec representative on the board of directors for The Global Network of People Living with HIV/AIDS North America (GNP+NA). She also serves as board member and volunteer speaker for Montreal-based AIDS service organisations, AIDS Community Care Montreal (ACCM) and Centre de Ressources et d'interventions en Santé et Sexualité (CRISS). As a Key Correspondent for Health and Development Networks, Janice contributes to disseminating information thus heightening awareness around HIV/AIDS issues. Janice returned to complete her studies in Elementary Education at McGill University with the aim of getting more involved in HIV/AIDS education and advocacy. She is an active member of McGill Global AIDS Coalition.

### **Alex McLelland**

Program coordinator, Positive Youth Outreach, AIDS Committee of Toronto  
Member of the Board of Directors, Canadian AIDS Society

### **Darlène Palmer**

Darlène Palmer has been a community worker with CACTUS, a Montreal harm-reduction group that runs a needle exchange and provides support for sex workers, since 1995. Since 1996, she has coordinated the Réseau SurvUDI Montréal, a Quebec study on HIV/AIDS and intravenous drug users. From 1995 to 1998, she worked at Stella, a sex-worker drop-in and resource centre in Montreal, and served on the board there from 1995-1999. As a recovering drug addict who has been in recovery for 9 years and a long-time sex worker, Darlène has shared her experience and expertise at harm reduction conferences and AIDS research conferences in Canada and around the world. She is a member of the Health Canada committee on safe injection sites, and a co-author of a report on the feasibility of supervised injection facilities in Montreal, which involved doing community-based research with 250 IDUs. She is working on the Montreal pilot project, NAOMI (North American Opiate Medication Initiative) and is currently a member of the board of directors of the Legal Network, and of Méta d'Âme, a resource and day centre for current and recovering drug users. In 2003, Chatelaîne Magazine voted Darlene a woman-of-the-year for her resilience and her dedicated work toward a better quality of life for intravenous drug users.



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***The Northern AIDS Connection Society** is a community based HIV non-profit organization based in Truro but serving the whole northern region of Nova Scotia. Its mandate is to provide HIV education and to try to reduce the spread of HIV in the northern area.*

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## **Le stigmatisme et la discrimination alimentent l'épidémie du VIH/sida au Canada**

**Montréal, 26 janvier 2005 – La réduction du stigmatisme et de la discrimination liés au VIH/sida est primordiale pour contrer les pires effets de l'épidémie au Canada, a affirmé aujourd'hui le Réseau juridique canadien VIH/sida à l'occasion du lancement national de son *Plan pour le Canada afin de réduire le stigmatisme et la discrimination liés au VIH/sida*.**

« Les gouvernements fédéral et provinciaux, au Canada, ont une obligation légale d'assurer le respect des droits des personnes vivant avec le VIH/sida et vulnérables au VIH, a souligné Glenn Betteridge, analyste principal des politiques au Réseau juridique. Tout échec à remplir cette obligation contribue à ce que le stigmatisme et la discrimination liés au VIH/sida continuent d'exacerber l'impact de l'épidémie au Canada. »

La campagne nationale pour la mise en œuvre de ce Plan d'action comprend un rapport de 160 pages, un livret facile à lire et une carte postale exhortant le premier ministre Paul Martin à appliquer le Plan. Les 18 buts énoncés dans le Plan (et accompagnés d'actions concrètes) incluent :

- Accroître la participation des personnes vivant avec le VIH/sida et vulnérables au VIH à toutes les étapes de la planification et de la fourniture des programmes et services liés au VIH/sida;
- Investir d'importantes ressources dans la modification des attitudes publiques à l'égard du VIH/sida et rehausser l'implication des médias de masse;
- S'assurer que les services essentiels de soutien aux personnes vivant avec le VIH/sida sont adéquatement financés et ciblés;
- Rehausser la sensibilisation aux droits de la personne et aux mécanismes de redressement en cas de violation.

Le Plan a été élaboré par le biais de recherches ainsi que d'une démarche de consultation auprès de personnes qui vivent avec le VIH/sida ou qui y sont vulnérables, aux quatre coins du pays.

En dépit des progrès de la science du VIH et de la lutte contre l'épidémie, des personnes qui vivent avec le VIH/sida continuent de se heurter quotidiennement à la stigmatisation et la

discrimination. Cela les exclut du marché du travail, voire de la société. La stigmatisation et la discrimination empêchent aussi ces personnes d'obtenir les soins et services dont elles ont besoin pour demeurer en santé. Ces phénomènes sont enracinés dans des perceptions erronées et un manque d'information, parmi le public – d'autres problèmes auxquels il faut s'attaquer.

La Coalition des organismes communautaires québécois de lutte contre le sida (COCQ-Sida) lutte, avec tous ses membres, contre la stigmatisation et la discrimination à l'égard des personnes vivant avec le VIH-Sida. «Nous saisissons fréquemment la Commission des droits de la personne et des droits de la jeunesse pour qu'elle enquête sur certains cas de discrimination au Québec. Tout en travaillant en amont pour changer les mentalités, nous allons continuer notre travail de dénonciation pour que cesse les atteintes aux droits fondamentaux des personnes vivant avec le VIH-Sida. Le Plan d'action est un outil qui nous aidera dans ce travail de plaidoyer.» déclare Ken Monteith, président de la COCQ-Sida.

Les personnes qui vivent avec le VIH/sida ne sont pas les seules à être affectées par la stigmatisation et la discrimination. Certaines populations associées au VIH/sida dans l'esprit du public, comme les utilisateurs de drogue par injection, les hommes gais, les travailleurs sexuels et les personnes originaires de pays où le VIH/sida est endémique, en sont aussi la cible. La stigmatisation et la discrimination empêchent des gens de se protéger contre l'infection à VIH; et elles les découragent de demander un test du VIH.

Les gouvernements fédéral, provinciaux et municipaux doivent veiller à respecter leurs obligations en vertu des lois sur les droits de la personne. Le Plan d'action propose des actions modèles à entreprendre à cette fin.

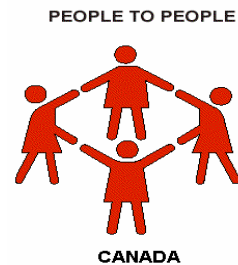
Le Plan d'action est téléchargeable via [www.aidslaw.ca](http://www.aidslaw.ca) et peut être commandé en imprimé auprès du Centre canadien d'information sur le VIH/sida à [aidssida@cpha.ca](mailto:aidssida@cpha.ca) ou au 1-877-999-7740.

**Le Plan pour le Canada afin de réduire le stigmate et la discrimination liés au VIH/sida** a reçu l'appui officiel de la Société canadienne du sida, du Réseau canadien autochtone du sida, de l'Association canadienne des infirmières et infirmiers en sidologie, et de l'Église unie du Canada.

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**Le Réseau juridique canadien VIH/sida** ([www.aidslaw.ca](http://www.aidslaw.ca)) est un organisme non gouvernemental national voué à la promotion de lois et politiques qui respectent et protègent les droits humains des personnes vivant avec le VIH/sida et vulnérables.

La **COCQ-sida** ([www.cocqsida.com](http://www.cocqsida.com)) regroupe les organismes communautaires québécois impliqués dans la lutte contre le sida en coalition, afin de favoriser l'émergence et le soutien une action concertée. Sa vocation est de susciter, soutenir et consolider l'action communautaire face à la lutte contre le sida sur le territoire québécois.



## **Stigma and discrimination are fuelling the HIV/AIDS epidemic in Canada**

**Toronto, January 26, 2005 – Reducing the stigma and discrimination related to HIV is the key to reducing the worst effects of the epidemic in Canada, the Canadian HIV/AIDS Legal Network said today at the national launch of their Plan of Action for Canada to Reduce HIV/AIDS-Related Stigma and Discrimination.**

“Federal and provincial governments in Canada have a legal obligation to ensure that the rights of people living with and vulnerable to HIV/AIDS are respected,” said Glenn Betteridge, Senior Policy Analyst at the Legal Network. “If they do not fulfill this obligation, they are allowing the stigma and discrimination related to HIV to continue to worsen the impact of AIDS in Canada.”

The national campaign to implement this Plan of Action includes a 160-page report, an easy-to-read booklet, and an advocacy postcard, which calls on Prime Minister Paul Martin to implement the Plan. The 18 goals of the Plan, each with concrete action points, include:

- Improving participation of people living with HIV/AIDS and those vulnerable to the disease in all phases of planning and delivering HIV/AIDS programs and services;
- Investing significant resources in changing public attitudes toward HIV/AIDS, including better engagement of mass media;
- Ensuring that essential support services for people living with HIV/AIDS are well funded and well targeted;
- Improving awareness of human rights and mechanisms of redress when human rights are violated.

The plan of action was developed through a process of research, advice, and consultation with people living with and vulnerable to HIV from across Canada.

In spite of all that is known about the science of HIV/AIDS and about combating the epidemic, people living with HIV/AIDS still face stigmatization and discrimination every day. This keeps people living with HIV/AIDS out of the workforce and on the margins of society. Stigmatization and discrimination also prevents people living with HIV/AIDS from getting the health care and other services they need to stay healthy. Stigma and discrimination have their roots in misperceptions and under-information in the public mind, which also need to be addressed.

People living with HIV/AIDS are not the only ones who suffer from stigma and discrimination. Groups of people linked with HIV/AIDS in the public mind - like intravenous drug users, gay men, sex workers, and people who come from countries where HIV/AIDS is widespread – also face stigma and discrimination. This stigma and discrimination stands in the way of people protecting themselves from being infected with HIV. It also prevents people from coming forward to get tested for HIV.

Governments at federal, provincial, and municipal levels need to ensure that they are meeting their obligations under human rights law. The Plan of Action for Canada is a model for the actions that should be taken to meet these obligations.

The Plan of Action is available at [www.aidslaw.ca](http://www.aidslaw.ca), and copies can be ordered from the Canadian HIV/AIDS Information Centre at [aidssida@cpha.ca](mailto:aidssida@cpha.ca) or 1-877-999-7740.

**A Plan of Action for Canada to Reduce HIV/AIDS-Related Stigma and Discrimination** has been endorsed by these national organizations: the Canadian AIDS Society, the Canadian Association of Nurses in AIDS Care, the Canadian HIV/AIDS Information Centre, the Canadian Labour Congress, the Canadian Rainbow Health Coalition, the Canadian Working Group on HIV and Rehabilitation, and the United Church of Canada.

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*The Canadian HIV/AIDS Legal Network* ([www.aidslaw.ca](http://www.aidslaw.ca)) is a national non-governmental organization dedicated to promoting laws and policies that respect and protect the human rights of people living with, and vulnerable to, HIV/AIDS.

*People to People* is a non-profit charitable organization founded in 1999 as a response to the HIV/AIDS pandemic. P2P conducts awareness/prevention campaign among the Ethiopian community in the Greater Toronto Area, organizes conferences and workshops, mobilizes youth to play an active role in the fight against HIV/AIDS, and assists HIV/AIDS orphans in Ethiopia. P2P currently supports 96 HIV/AIDS orphans and encourages individual and group sponsorship.





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“Federal and provincial governments in Canada have a legal obligation to ensure that the rights of people living with and vulnerable to HIV/AIDS are respected,” said Glenn Betteridge, Senior Policy Analyst at the Legal Network. “If they do not fulfill this obligation, they are allowing the stigma and discrimination related to HIV to continue to worsen the impact of AIDS in Canada.”

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People living with HIV/AIDS are not the only ones who suffer from stigma and discrimination. Groups of people linked with HIV/AIDS in the public mind - like intravenous drug users, gay men, sex workers, and people who come from countries where HIV/AIDS is widespread – also face stigma and discrimination. This stigma and discrimination stands in the way of people protecting themselves from being infected with HIV. It also prevents people from coming forward to get tested for HIV.

Stigma and discrimination related to HIV/AIDS are nothing new, but to new Canadians settling in Manitoba, it is anything but a fresh start. With Manitoba increasing immigration levels to 10,000 people annually and few resources respectively to address the specific needs of refugees living with HIV, prejudice

has a substantial impact. Issues of isolation within cultural communities, language barriers, lack of cultural sensitivity, fear of disclosure, lack of accessible health care, myths of HIV, and lack of appropriate housing are magnified for people new to Canada.

Aboriginal communities face similar issues and comprise an increasingly large number of people newly infected with HIV/AIDS in Manitoba every year. “The more we don’t talk about HIV within our own communities, the larger the elephant in the room becomes,” reflects Liz Lagartera Manning, Advocate at Nine Circles Community Health Centre. “Manitoba has never had a significant media campaign on HIV/AIDS.” In 2003, new HIV positive infections by increased 58% from 2002 numbers. Women made up 0% of the new cases in 1985 and 38% in 2003. “In Manitoba, Winnipeg is the destination of most off reserve Aboriginal people, refugees, and people from rural Manitoba, therefore government policies – provincial and municipal – that will expedite literacy, training, career placement and participation in the main stream of these groups are needed to prevent their marginalization and the attendant stigma and discrimination that accompanies this situation. HIV infection is just one more knock against them.”

Governments at federal, provincial, and municipal levels need to ensure that they are meeting their obligations under human rights law. The Plan of Action for Canada is a model for the actions that should be taken to meet these obligations.

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The **Manitoba Interfaith Immigration Council Inc. (MIIC)** ([www.miic.ca](http://www.miic.ca)) is a voluntary association of faith communities and individual Manitobans that, through personal expressions of faith commitment, exists to welcome and extend hospitality to all refugees/immigrants and to serve them as brothers and sisters. MIIC, through **Welcome Place**, assists newcomers to Canada in the resettling and integration process; keeps abreast of world developments to be sensitive and alert to the needs of refugees & other newcomers to Canada; serves the immediate and long-term needs of refugees.

**Nine Circles Community Health Centre (NCCHC)** ([www.ninecircles.ca](http://www.ninecircles.ca)) is a community-based, multifaceted, primary health care centre that provides advocacy, care, treatment and support for people living with HIV/AIDS, those at-risk for HIV/AIDS, as well as Gay, Lesbian, Bi-sexual, Transgender and Two-Spirited persons; and is committed to the prevention of HIV and STI (Sexually Transmitted Infections) by means of education, research and up-to-date information and treatment.

**Sexuality Education Resource Centre (SERC)** ([www.serc.mb.ca](http://www.serc.mb.ca)) acts as advocate, educator and facilitator on issues related to sexuality and reproductive health. As a community-based, non-profit agency, SERC’s services and programs are designed to respond to community needs and issues. We work closely with advisory committees from numerous communities, including the aboriginal, the deaf, immigrant/refugee and rural communities, to help ensure that our response is culturally appropriate.



## **Stigma and discrimination are fuelling the HIV/AIDS epidemic in Canada**

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“Federal and provincial governments in Canada have a legal obligation to ensure that the rights of people living with and vulnerable to HIV/AIDS are respected,” said Glenn Betteridge, Senior Policy Analyst at the Legal Network. “If they do not fulfill this obligation, they are allowing the stigma and discrimination related to HIV to continue to worsen the impact of AIDS in Canada.”

The national campaign to implement this Plan of Action includes a 160-page report, an easy-to-read booklet, and an advocacy postcard, which calls on Prime Minister Paul Martin to implement the Plan. The 18 goals of the Plan, each with concrete action points, include:

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The plan of action was developed through a process of research, advice, and consultation with people living with and vulnerable to HIV from across Canada.

In spite of all that is known about the science of HIV/AIDS and about combating the epidemic, people living with HIV/AIDS still face stigmatization and discrimination every day. This keeps people living with HIV/AIDS out of the workforce and on the margins of society. Stigmatization and discrimination also prevents people living with HIV/AIDS from getting the health care and other services they need to stay healthy. Stigma and discrimination have their roots in misperceptions and under-information in the public mind, which also need to be addressed.

People living with HIV/AIDS are not the only ones who suffer from stigma and discrimination. Lisa Elford, Coordinator of AIDS Calgary's Equality Project said, "Groups of people linked with HIV/AIDS in the public mind - like intravenous drug users, gay men, sex workers, and people who come from countries where HIV/AIDS is widespread – also face stigma and discrimination". Elford continued "This stigma and discrimination stands in the way of people protecting themselves from being infected with HIV. It also prevents people from coming forward to get tested for HIV."

Le-Ann Dolan, Board Member of the Canadian HIV/AIDS Legal Network added, "Governments at federal, provincial, and municipal levels need to ensure that they are meeting their obligations under human rights law. The Plan of Action for Canada is a model for the actions that should be taken to meet these obligations".

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*AIDS Calgary Awareness Association ([www.aidscalgary.org](http://www.aidscalgary.org)) is a local non-profit AIDS Service Organization that offers support services to individuals who are infected or affected by HIV/AIDS and provides prevention and education throughout the Calgary region. AIDS Calgary's mission is to reduce the harm associated with HIV and AIDS for all individuals and communities in the Calgary region.*



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*YouthCO is a youth-driven, non-profit organization working with youth aged 15-29 throughout BC in addressing HIV/AIDS, Hepatitis C and related issues. Our peer-based education initiatives and support services work to address the underlying factors that make youth vulnerable to HIV/AIDS and Hepatitis C, as well as to assist youth in their efforts to make well-informed and safer sexual health and substance use decisions. We provide harm reduction resources, prevention education, volunteer opportunities, outreach, advocacy and support to our peers.*

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