



Developing a Policy of **NON-DISCRIMINATION**

Including Aboriginal People Living with HIV/AIDS



Policy Guidelines for First Nations, Métis and Inuit
communities businesses and community-based organizations

A PUBLICATION OF THE CANADIAN ABORIGINAL AIDS NETWORK



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Canadian Aboriginal AIDS Network





■ THE CANADIAN ABORIGINAL AIDS NETWORK (CAAN)

OVERVIEW

The Canadian Aboriginal AIDS Network is a national, not-for-profit organization:

- Established in 1997
- Represents over 200 member organizations and individuals
- Governed by a National twelve member Board of Directors
- A four member Executive Board of Directors
- Provides a National forum for members to express needs and concerns
- Ensures access to HIV/AIDS-related services through advocacy
- Provides relevant, accurate and up-to-date HIV/AIDS information

MISSION STATEMENT

The mission of the Canadian Aboriginal AIDS Network is to provide leadership, support and advocacy for Aboriginal people living with HIV/AIDS regardless of where they reside.

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DECLARATION OF RIGHTS FOR ABORIGINAL PEOPLE LIVING WITH HIV/AIDS

The following declaration is based on “Rights of a Native Person Living with HIV/AIDS”, originally developed by the Atlantic First Nations AIDS Task Force (now known as Healing Our Nations). It was presented in a joint Canadian HIV/AIDS Legal Network and Canadian Aboriginal AIDS Network Information Workshop at the Canadian Aboriginal AIDS Network Skills Building Symposium held in Vancouver on September 27, 2001.

1. We have the right to privacy and confidentiality regarding our HIV status.
2. We have the right to support from our community, family, partners and individuals.
3. We have the right to access spiritual teachers and participate in ceremonies as children of the Creator.
4. We have the right to be given quality health care as guaranteed in the Treaties of Canada and those given to citizens of Canada.
5. We have the right to engage in and continue intimate and sexual relationships ensuring risks will be addressed through safer-sex awareness, practices and respect.
6. We have the right to live a free and dignified life, including having the right to meet basic human needs such as decent housing and income security, and assistance to meet special needs.
7. We have the right to access all services and programs, including treatment centres, counseling services, education, and child and family related services such as support for our children and pregnancy guidance.
8. We have the right not to be condemned, judged or forgiven as to how we acquired this disease.

- 
9. We retain our right to be gay, straight, two-spirited, lesbian, bisexual or transgendered. This should not now or ever determine the quality of our care.
 10. We have the right to be provided addiction treatment without disclosing our status and the right to access treatment for our disease while in an addiction treatment program.
 11. We have the right to freely choose where we live.
 12. We have the right to use legal avenues to protect against discrimination.
 13. We have the right to medical transportation to and from medical facilities without fear of discrimination.
 14. We have the right to rely on Aboriginal approaches to healing first and as an alternative or complement to our care.
 15. We have the right to expect our service providers to be sensitive and knowledgeable about HIV/AIDS and act in the best interests of all living with or affected by HIV/AIDS.
 16. We have the right to live.

■ KEY WORDS, PHRASES & ACRONYMS*

*An acronym is a word or collection of letters that stand for something else. For example, see AIDS or APHA.

AASO = Aboriginal AIDS Service Organization

ASO = AIDS Service Organizations

ACBO = Aboriginal Community-Based Organization.

AIDS = Acquired Immune Deficiency Syndrome. AIDS is a clinical diagnosis that can only be given by a doctor. It occurs when someone has tested positive for HIV and has at least one opportunistic infection (an infection that the body can not fight off because of a weakened immune system).

APHA = Aboriginal Person/People Living with HIV/AIDS.

CBO = Community-Based Organization. This includes ASOs, AASOs, community health care providers, and other not-for-profit organizations. For the purpose of this document, CBO also includes Aboriginal owned and run businesses.

Discrimination = The unfair or unequal treatment of a person or group of people because of a particular mark or characteristic. The unfair treatment is often based on a real or imagined difference between 'us' and 'them'.

Episodic Illness = An illness that does not stay constant. HIV/AIDS is considered to be an episodic illness because a person living with HIV/AIDS can be healthy for a period of time, get sick for a period of time and then be healthy again.

HIV = Human Immunodeficiency Virus. HIV is a virus that needs the human body to live. It attacks the body's immune system and does not allow the immune system to fight off diseases and infections the way it is supposed to. HIV can only be transmitted through blood or other bodily fluids. Tears, sweat and saliva do not contain enough of the virus to be contagious.



HIV+ = HIV positive.

HIV- = HIV negative.

Intersectional Discrimination = This is discrimination that happens on many levels. For example, a person living with HIV/AIDS can be treated unfairly because he or she has HIV/AIDS, is two-spirited (gay or lesbian) or transgendered, is thought to be an injection drug user, is thought to be street-involved, is thought to have multiple sexual partners, etc. When a person living with HIV/AIDS is treated unfairly it is often for a combination of these reasons.

PHA = Person Living with HIV/AIDS

PTO = Political Territorial Organization (these are sometimes known as Tribal Councils)

Reasonable Accommodation = A legal term that is used to talk about the way governments, communities and organizations are expected to adjust to the needs or special circumstances of APHAs.

Stigma = Something that causes shame, like a mark or characteristic. Stigma is closely associated with discrimination.

Undue Hardship = A legal term that is used to assess how far an organization must go to 'reasonably accommodate' an individual. It is measured by things such as cost, safety and health, and is designed to balance the needs, capacities and resources of the organization with the needs of an individual.

Universal Precautions = Recommended practices for safely handling the blood and bodily fluids of ALL people (not just people you think might have HIV/AIDS). Following these practices will help stop the spread of germs.

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FORWARD: IS THIS DISCRIMINATION? YOU BE THE JUDGE!

When we speak of discrimination, a wide range of examples may come to mind. Most often, what appears are blatant acts of violence or hatred against a person or group of people. Most respond in shock and wonder how or why anyone should be singled out in such a way simply because they are different.

But there may be other ways for how discrimination can show itself. Consider the following example and you be the judge:

In 2003, a non-profit organization in Toronto published a resource for Serving HIV+ Lesbian, Gay, Bisexual and 2-Spirited Youth. The organization wanted the resource to be as inclusive as possible and one section was created for Aboriginal 2-Spirited youth. They claim that they wanted to make the document visually appealing to people from different walks of life, and for the Aboriginal section they wanted to have artwork that would reflect Aboriginal culture. The intent sounds admirable right?

Their approach however, was to use a copyrighted logo from the Canadian Aboriginal AIDS Network (CAAN), had a graphic artist manipulate the artwork by removing CAAN's name, and kept the central image of the turtle. When confronted, the organization admitted responsibility, however opted not to publicly state that the artwork was not properly obtained or manipulated.

Their response was to seek legal advice and informed CAAN in so many words, that no judge would rule against them and cause them hardship because they are non-profit. The group apologized for the use of CAAN's artwork and any difficulty caused. They also removed the artwork in question and suspended distribution of the resource. CAAN had made a request for the group to admit they had manipulated the artwork, yet the group wanted only to say they used the artwork without prior permission and regretted the error.

So you be the judge: Did this group show discriminatory actions, however honorable in their intent, by manipulating artwork which belongs to someone else? Would they have done something similar to a non-Aboriginal corporation, or at minimum seek prior



permission before taking a copyrighted logo and deliberately altering artwork? Or was it simply just copyright infringement versus discrimination based on race?

This is the challenge when we deal with discrimination. Oftentimes, many people, including Aboriginal People Living with HIV/AIDS question whether or not they have been discriminated against, because the act is not as blatant as someone calling them racist names or physically assaulting them. Aboriginal people, for decades, have experienced various levels of discrimination. This has included non-Aboriginal people seemingly wanting to do good for Aboriginal people by trying to fix or change them or assuming they know what is best for Aboriginal people. Until recent times, it also included wrongly thinking that Aboriginal people were not capable of making their own decisions. In fact, this very approach was the basis for residential schools, which were all about ‘changing’ Aboriginal people into something other than being Aboriginal.

On behalf of the Canadian Aboriginal AIDS Network, we hope this manual will provide greater understanding and tools to respond to discrimination, especially when based on health status. With education, comes responsibility.

Kevin Barlow
Executive Director



1.0 INTRODUCTION

Reports from Aboriginal people living with HIV/AIDS (APHAs) show us that APHAs face discrimination on an almost daily basis. Some of this is blatant and can easily be identified as discrimination. Some of this is more subtle and can only be identified because it “feels like” discrimination. APHAs report that they (and sometimes their families) are discriminated against by a wide range of people including health care workers, administrators, school officials, Aboriginal and non-Aboriginal governments, communities, family and friends, and even other APHAs. However, regardless of who is doing the discriminating, the underlying reasons are always the same: fear, ignorance, and misinformation.

The policy guidelines and the exercises in this document are designed to help us, as First Nations, Inuit and Métis communities, Aboriginal and non-Aboriginal community-based organizations (ACBO/CBOs), and businesses deal with the fear, ignorance and misinformation that causes HIV/AIDS-related discrimination – both, before and after it happens. They are designed to help us include APHAs in all aspects of our operations, including the non-discriminatory delivery of services to APHAs.

Using the policy guidelines and the exercises provided can help us in four (4) significant ways:

- 1) They can help us understand why a policy on the inclusion of Aboriginal people living with HIV/AIDS (APHAs) is important. As the above vignette shows, understanding what discrimination is and what it is not can be confusing. Deciding what to do about discrimination can be stressful. Giving some forethought to how your community, ACBO/CBO or Aboriginal owned business will respond to complaints of HIV/AIDS-related discrimination can help to prepare you to deal with it in a way that is fair for everybody and less stressful.
- 2) They can help us, as communities, ACBO/CBOs or Aboriginal owned businesses, understand our rights and responsibilities towards APHAs. The guidelines are consistent with current human rights legislation. They let us know what our legal responsibilities are towards APHAs and what APHAs can do if they feel they have been discriminated against. Knowing our rights and responsibilities can help us balance the needs of APHAs with the needs of our communities and organizations.

- 
- 3) They can help us develop policies and practices that are culturally appropriate and suitable for our particular circumstance. The guidelines in this document are guidelines only and are meant to be adapted for your particular circumstance. They are not meant to be copied wholesale, or to be used without thinking about how they meet or do not meet your needs. For example, an Inuit organization in Baffin Island will have different policy needs than an Aboriginal organization in Toronto that serves First Nations, Inuit and Métis. Likewise, a First Nations community in Saskatchewan will have different policy needs than an Innu community in Labrador. The policy guidelines provided will help you develop policies that meet the needs of your community, ACBO/CBO or Aboriginal owned business, but they can not be used as a ready-made policy.
 - 4) They can be used as a tool of self-governance. By using these guidelines First Nations, Inuit and Métis communities, ACBO/CBOs and businesses can begin to control the impact that HIV/AIDS has on our communities. Developing and implementing policies for the greater inclusion of APHAs in all aspects of community, healthcare, work, education, and service delivery is an essential step in creating an environment that is free from fear, intimidation, stigma and discrimination. The effect of creating this kind of environment is that the spread of HIV/AIDS is slowed and the overall impact of HIV/AIDS on our people is reduced.

1.1 HOW TO USE THESE GUIDELINES

The Canadian Aboriginal AIDS Network (CAAN) recognizes that some communities, businesses and ACBO/CBOs already have non-discrimination or inclusiveness policies in place and some do not. For those who have non-discrimination policies in place, we hope that you will use these guidelines and exercises to review your policies and consider updating those sections of your policy that are different from our recommendations.

For those who do not have an existing policy on non-discrimination, we know that developing policies of any kind can be time-consuming and intimidating – especially for communities or community-based organizations that are already under-resourced. These guidelines are designed to simplify the policy development process. We have tried to make the guidelines as comprehensive as possible but we have also tried to make them user-friendly. The exercises are designed to help you think about various parts of your policy.



First Nations communities, Métis settlements and Inuit communities can use these guidelines to develop or enhance your own policies and practices on how to include First Nations, Métis and Inuit People Living with HIV/AIDS in your community. APHAs have a right to employment, housing, education, healthcare and all other services, free from the fear of stigma and discrimination. You have a legal responsibility to ensure that they have equal access to these services. You also have a legal responsibility to ensure that their privacy and confidentiality is respected.

Aboriginal businesses and community-based organizations can use these guidelines to develop or enhance your own policies and practices on how to include First Nations, Métis and Inuit People Living with HIV/AIDS in your organization. APHAs have a right to be employed and to receive services, including healthcare and education, free from the fear of stigma and discrimination. You have a responsibility to ensure that APHAs are not discriminated against in your organization, that they are ‘reasonably accommodated’, and that their privacy and confidentiality is respected.

Non-Aboriginal businesses and organizations who serve APHAs can use these guidelines to develop or enhance your policies and practices on how to deliver non-discriminatory services to First Nations, Métis and Inuit People Living with HIV/AIDS. APHAs report that they experience discrimination from non-Aboriginal organizations on several levels (this is known as ‘intersectional discrimination’). For example, APHAs are sometimes discriminated against because they are Aboriginal, because they have HIV/AIDS, are two-spirit or transgendered, use injection drugs, are suspected of having many sexual partners, etc. Making an effort to understand the multiple levels on which Aboriginal people are discriminated against may be helpful in delivering services in a way that is fair and equitable.

1.2 HOW THE GUIDELINES WERE DEVELOPED

The guidelines were developed using information from several sources, including research, advice from experts (Aboriginal and non-Aboriginal), advice from APHAs, and consultation with community members.

- An advisory committee, made up of Aboriginal People Living with HIV/AIDS (APHAs), Aboriginal community members, Aboriginal HIV/AIDS advocates, lawyers and policy specialists, was established at the beginning of the project. They provided direction and advice on the development of the project and gave essential feedback on draft



documents. Committee members are listed at the beginning of this document under Acknowledgements.

- A review of the literature on HIV/AIDS-related discrimination was completed with special emphasis on human rights and HIV/AIDS-related discrimination in Aboriginal communities. Reports from governments and community-based organizations, manuals, legal briefs, and fact sheets on HIV/AIDS-related discrimination were included in this review. A draft of this literature review was commented on by advisory committee members. It was then revised and finalized.
- Telephone and face-to-face interviews were held with 15 key players in the Aboriginal HIV/AIDS movement. The purpose of these interviews was to gather first hand information on HIV/AIDS-related discrimination in First Nations, Inuit and Métis communities. The use of education and the human rights system to deal with acts of discrimination was also discussed.
- An additional 16 APHAs were interviewed so that we could better understand APHA experiences of discrimination. First Nations and Métis PHAs from across the country were interviewed but it was not possible to interview an Inuk PHA.
- A review of HIV/AIDS anti-discrimination policies currently in place in Aboriginal organizations, community health centres and ASOs was completed. Fifteen (15) policies were collected and reviewed for their strengths and weaknesses.
- Based on the above research, a draft of the policy guidelines were completed and presented to the advisory committee for detailed feedback. The draft guidelines were also focus-tested by two groups of APHAs (30 in total) from across the country.
- The revised guidelines were then reviewed by a policy analyst to ensure that they are consistent with current human rights law.

In our consultations with APHAs and with experts in the Aboriginal HIV/AIDS community, we have tried to be inclusive of First Nations, Métis and Inuit voices; from rural and urban areas; and from all regions of the country. However, while we hope that these guidelines reflect the experiences of the majority of APHAs we recognize that they will not reflect the experiences of all. In addition, trying to account for the variations in culture between First Nations, Inuit and Métis; the range of communities and community-based organizations we are



trying to reach; and the complex jurisdictional issues of Métis, on-reserve and off-reserve, and status and non-status have created further challenges. Therefore, it must be emphasized that the guidelines outlined below are guidelines only, and should be adapted to your particular circumstance.

1.3 A WORD ON NON-DISCRIMINATION

You will notice that we have called our policy guidelines ‘policies of inclusiveness’, rather than policies of non-discrimination. We did this because we feel that non-discrimination policies are based on the idea that discrimination is inevitable; that it will or already has taken place.

On the other hand, we strongly believe that developing a policy of inclusiveness is a good way to prevent discrimination before it actually happens. A policy of inclusiveness is based on education and helps to create an environment that is non-judgmental, safe and healthy for all community members. The result is stronger communities and ACBO/CBOs and less discrimination against APHAs.

■ 2.0 SOME DEFINITIONS

In this section we have tried to be clear about what we mean by some important concepts that are used throughout this document.

2.1 DISCRIMINATION

The Canadian HIV/AIDS Legal Network defines discrimination as unfair treatment of a person or group based on prejudice.¹ It generally means that one person or group of people is treated worse than another because of real or perceived differences between us and them.² Some of the reasons that people are discriminated against may be related to: ethnicity, gender, disability, sexual orientation, age, health status, or another personal characteristic. Discriminating against someone because they are different from us - or we think they are different from us - is always wrong, however, there are certain circumstances in which it also against the law. If you are a government (at any level), a business, a community-based organization, an employer, or another institution such as a school or hospital and you discriminate against someone for one of the reasons listed above, human rights law may be able to be used against you.

2.1.1 Types of discrimination

While there are many types of discrimination, there are two broad categories that require special attention.

Direct discrimination means treating someone unfairly because he or she has HIV/AIDS. Here are some examples of direct discrimination, but it is important to remember that this is not a complete list:

- Teasing;
- Intimidation;
- Hurtful or unwelcome comments;

1 de Bruyn, Theodore (2004). A Plan of Action for Canada to reduce HIV/AIDS-related stigma and discrimination, p.9. Montreal, QC: Canadian HIV/AIDS Legal Network.

2 'Real' or 'perceived' differences means that discriminating against someone because we think they are different - even if they are not - is still discrimination.

- 
- Unwelcome touching;
 - Harassment;
 - Exclusion from social or other events;
 - Physical violence;
 - Substandard medical care;
 - Refusal of treatment or service; or
 - Loss of employment or housing.

If you are a government, business, employer, institution, community, ACBO/CBO or Aboriginal owned business and you allow this kind of discrimination to take place you are not living up to your responsibilities as leaders of your people, and you are not meeting your responsibilities under Canadian human rights legislation.

Indirect discrimination is usually unplanned. It is usually the result of a rule, law, policy or practice that is supposed to treat everyone equally but has the effect of discriminating against a particular group of people, such as APHAs. For example, some organizations have a policy of allowing a maximum number of sick days per employee. This is intended to treat all employees equally but it does not take into account the increased number of medical appointments that a person living with HIV/AIDS or any other episodic or chronic illness may have to attend.

If your community, ACBO/CBO or Aboriginal owned business has rules, policies or practices that indirectly discriminate against APHAs or those associated with them, you may be acting in contrast to current human rights legislation.

2.2 HUMAN RIGHTS

Simply put, human rights are universal rights. This means that ALL people, everywhere, regardless of race, gender, health status, sexual orientation or other characteristics have human rights simply because they are human. Human rights are based on the idea that all people are born free and equal and that the dignity and worth of each person can not be given away, bought, sold, or taken away. These are more than just theoretical rights or ideal rights that



would be nice to have; in many cases, they are legal rights that can be fought for using human rights legislation.

All human rights law is based on the Universal Declaration of Human Rights that was signed by many countries in the world, including Canada. Non-discrimination is a fundamental principle of all human rights law. The goal of these laws is to provide equal opportunities for everyone to have the best life possible.

Some people argue that human rights do not apply to Aboriginal people because the concept was developed by non-Aboriginal people. However, most people think that human rights DO apply to Aboriginal people because most Aboriginal groups have traditional concepts or traditional teachings that are similar to human rights in that they teach about the inherent dignity and worth of each human being. One example of this is the concept of mutual respect that is found in many Aboriginal cultures.

2.2.1. Human Rights and HIV/AIDS Discrimination

Under human rights law, HIV/AIDS is considered to be a disability just like many other medical conditions. Treating someone unfairly who has HIV/AIDS or who you think has HIV/AIDS is discrimination. For example, there are individuals and groups of people who are often discriminated against (treated unfairly) because they are associated with HIV/AIDS in the minds of the public, but they may or may not have HIV/AIDS. These groups of people include injection drug users, sex workers, gay or two-spirited men, people who come from countries where HIV/AIDS is widespread, the friends and family of those living with HIV/AIDS, and people who work in the field of HIV/AIDS such as HIV/AIDS educators. It does not matter if the person being discriminated against actually has HIV. What is important is that any kind of HIV/AIDS-related discrimination, whether the person has HIV or not, is wrong. It may also be against the law.

Human rights legislation applies to the interactions between individuals and governments, businesses, ACBO/CBOs, employers and other institutions such as schools and hospitals, but it does not apply to the relationships between family, friends and neighbours. This means that if you are a business, employer, ACBO/CBO, government or other institution, you can be held legally accountable for the way you treat APHAs. This is not so for families and friends.³

³ de Bruyn, Theodore 2004. Part of the Solution: A Plan of Action for Canada to reduce HIV/AIDS-related stigma and discrimination, p.3. Montreal, QC: Canadian HIV/AIDS Legal Network.



In Canada, the main pieces of human rights legislation are the *Canadian Charter of Rights and Freedoms*, the *Canadian Human Rights Act*, and provincial and territorial *Human Rights Codes*. These pieces of legislation say that people can not be discriminated against for any of the following reasons:

- having AIDS;
- testing HIV positive;
- associating with a person or a group of people who have HIV/AIDS; or
- being a partner or family member of a person living with HIV/AIDS.⁴

(See Web Resources for more information on Human Rights)

⁴ Canadian Human Rights Commission (nd). HIV/AIDS Discrimination: Its Against the Law. Pamphlet.

■ 3.0 DEVELOPING A POLICY OF APHA INCLUSIVENESS

Developing policies and practices that include APHAs shows a great amount of leadership, especially at a time when HIV/AIDS is not often talked about in our communities. Having a policy of inclusiveness recognizes that APHAs are treated unfairly and sets out a path for dealing with HIV/AIDS-related discrimination in a way that values everyone equally. It sets the stage for on-going HIV/AIDS education and helps soften the impact of HIV/AIDS on our communities.

But what happens if we do not develop policies and practices that include APHAs? Research has shown that turning a blind-eye to HIV/AIDS-related discrimination has the following negative consequences:

- people get the wrong idea about how they can get HIV/AIDS;
- people get the wrong idea about who can get HIV/AIDS;
- people keep up high-risk activities without protecting themselves;
- people do not get tested for HIV/AIDS for fear of being discriminated against;
- people who test positive do not tell other people about their status;
- people who test positive for HIV/AIDS do not get the health care they need to stay healthy;
- AND more people get HIV/AIDS.

Do not let this happen in your community, business or ACBO/CBO.

3.1 HOW TO DEVELOP A POLICY ON THE INCLUSION OF APHAS IN COMMUNITIES AND COMMUNITY-BASED ORGANIZATIONS

Policies are living documents. They can be thought of as the guiding principles by which an organization is run.⁵ They let everyone know how they can and how they can not behave

⁵ Mensah, Maria Nengeh (2002). Healthy Public Policy: Assessing the Impact of Law and Policy on Human Rights and HIV Prevention and Care. Phase One. Synthesis Report of the Literature Review and Environmental Scan. Montreal, QC: Canadian HIV/AIDS Legal Network.



on a daily basis. They set out rules and practices for dealing with certain situations (such as HIV/AIDS-related discrimination). They also let everyone know what the consequences are of not following the rules and practices set out in your policy. In short, good policies on the inclusion of APHAs set the boundaries of acceptable behavior within your community, ACBO/CBO or Aboriginal owned business. They help to create a safe, healthy and inclusive environment for all; an environment that is free from the fear of discrimination.

There are two ways you can approach the development of your policy on the inclusion of APHAs. You can create a policy that is specific to HIV/AIDS or you can include HIV/AIDS in a broader chronic or episodic illness policy. Both of these approaches have advantages.

An HIV/AIDS-specific policy on the inclusion of APHAs has the following advantages:

- it draws special attention to HIV/AIDS;
- it tells people that HIV/AIDS is already present in Aboriginal communities and organizations;
- it highlights the fact that HIV/AIDS is a serious and growing issue for Aboriginal people; and
- it clearly states that HIV/AIDS-related discrimination is not acceptable under any circumstance.

This can be a very effective approach to tackling the epidemic of HIV/AIDS in our communities. By singling out HIV/AIDS and HIV/AIDS discrimination, you will be sending a clear message to people in your community, business or organization that you are taking the HIV/AIDS pandemic seriously and that people who are living with HIV/AIDS are an important part of your community, ACBO/CBO or Aboriginal owned business. This can be very effective if many people in your community, ACBO/CBO or Aboriginal owned business do not want to admit that HIV/AIDS is in our communities. It can also be effective if you know that APHAs are being discriminated against.

A second option is to include HIV/AIDS in a broader inclusion policy for people living with a chronic or episodic illness. This approach has the following advantages:

- it highlights the fact that HIV/AIDS is a chronic illness like many others (i.e., Multiple Sclerosis, Parkinson's disease, etc.);⁶ and

⁶ It must also be remembered that HIV/AIDS differs from many chronic illnesses in that there are socio-economic dimensions to HIV/AIDS that are not associated with many other chronic illnesses. For example, HIV/AIDS is significantly associated with poverty, homelessness, substance abuse, and physical and sexual violence.

- 
- it clearly states that APHAs have the same rights as other people living with other chronic illnesses.

Including HIV/AIDS in a broader policy on chronic or episodic illness is sometimes preferred by APHAs precisely because it does not single out HIV/AIDS. Including HIV/AIDS with other chronic and episodic illnesses is a more subtle approach that takes the focus off HIV/AIDS and emphasizes the importance of fair treatment for all community members, regardless of their health status.

If you are having trouble deciding which approach is best for your community, ACBO/CBO or Aboriginal owned business you might want to ask APHAs what they recommend. If you can not find an APHA you might consider contacting the nearest Political Territorial Organization (PTO) or Tribal Council, AIDS educator, or AASO/ASO. If you can not find someone at the local level, you may wish to look further a field to national AASOs or even non-Aboriginal ASOs. Inuit communities may wish to contact the Canadian Inuit HIV/AIDS Network. Métis settlements may wish to contact the Métis National Council. First Nations communities may wish to contact the Assembly of First Nations, and there is always the Canadian Aboriginal AIDS Network.

3.2 A CHECKLIST FOR DEVELOPING POLICIES AND PRACTICES FOR THE INCLUSION OF ABORIGINAL PEOPLE LIVING WITH HIV/AIDS⁷

Before you begin developing your policy, you may want to look over the checklist provided below. In this section, we take you step-by-step through the process of developing or updating a policy.

1. Assess your situation.

Find out if your community, ACBO/CBO or Aboriginal owned business already has a policy on the inclusion of APHAs. This might also be known as an anti-discrimination policy that includes HIV/AIDS. If you already have policies, how do they compare with your practices? Are your policies doing what you want them to do? If you already have policies and practices that work you may only need them updated. If your practices are out of line with your policies you may need to educate people on how to use the policies. If you do

⁷ Adapted from the International Labour Office Code of Practice on HIV/AIDS and the World of Work (2001).



not have an APHA inclusion policy at all you may need to develop policies and practices from scratch. Using the guidelines and sample policy statements provided can help you get started. (See section 3.3 Policy Guidelines)

□ 2. Form an HIV/AIDS policy committee.

One of the most important parts of developing a policy is making sure that the interests of all groups who might be affected by your policy are represented. This will ensure that your policy is well-balanced and meets the needs of ALL parties concerned. This means that the needs of APHAs and their families are represented on your committee. It also means that the needs of the community, ACBO/CBO or Aboriginal owned business and all others who might be affected by your policy are represented.

Developing a policy should not be the job of one or two people. It should be the collective responsibility of a group of people who are chosen because they have experience or knowledge about things you need to know about. Your policy development committee will include APHAs and those affected by HIV/AIDS. It will include someone with policy experience, someone with management experience, someone with a background in human resources and people involved with your organization. It should also include someone who knows about HIV/AIDS (an AIDS educator or advocate) and a representative from groups who might be affected by your policy. For example, if you are a school, you might think about asking a parent and a teacher to be on your committee in addition to the people already mentioned. Please keep in mind that it will be easier to get the work done if you keep the number of people on your committee to less than twelve people. *It is strongly recommended to include APHAs, as they are the ones who can truly describe how discrimination occurs based on health status.*

□ 3. Decide how you will work together.

Once your HIV/AIDS policy committee is formed, decide how you will work together. For example, decide that you will meet once a week for several months. Doing this gives you a deadline to complete the work. Decide that when you meet, you will go by certain principles like respecting each other, not judging each other and so on. Think about how the meeting will be run. For example, choose someone to lead the meetings and someone who will take notes during the meetings so that you have a record of what you talked about. Decide who will take responsibility for other jobs that you think of such as researching different parts of your policy. As a group you will also have to decide how you



will make a decision final. For example, you can come to a final decision by consensus, where the whole group agrees, or you can do it through a vote, where the majority rules. You decide what decision-making and work structure is best for your committee.

4. Take a good look at yourself, your community, ACBO/CBO or Aboriginal owned business.

Your policies and practices should be appropriate for your community, ACBO/CBO or Aboriginal owned business. This means meeting people where they are at. If there is a lot of fear in your community, ACBO/CBO or Aboriginal owned business about HIV/AIDS and how it is transmitted your policy will need to have a very strong educational component and may need to be introduced slowly. If your community, ACBO/CBO or Aboriginal owned business is fairly knowledgeable about HIV/AIDS you might be able to move ahead more quickly. Regardless of how much your community, ACBO/CBO or Aboriginal owned business knows about HIV/AIDS and how comfortable they are with APHAs a policy on including APHAs will still be helpful. Make an effort to find out what your community, ACBO/CBO or Aboriginal owned business knows about HIV/AIDS and determine to develop your policy accordingly. APHAs can be an excellent source of information. For example, you might want to ask them what impact discrimination has had on their children, families, friends, activities, health and so on. However, please remember that not all APHAs are 'out' to their families, friends or communities so you must be careful to respect their privacy and confidentiality.

Exercise #2 at the back of this document will help you understand your own views on HIV/AIDS.

5. Do your research.

Following the guidelines provided in this document will ensure that your policy meets or goes beyond current human rights legislation. However, you may want to find out what other communities or ACBO/CBOs like yours are doing about HIV/AIDS inclusion policies. Ask someone on your committee to do this research. If you want to check current human rights legislation on discrimination, you can start by using the 'Web Resources' at the back of this document.

6. Find out what resources are already available.

Find out what HIV/AIDS resources you already have in your community, ACBO/CBO or Aboriginal owned business. For example, where is the nearest AIDS Service Organization



or Aboriginal AIDS Service Organization? Is there an AIDS educator in your community? Once you know what is available, you can decide what your policy needs to include.

7. Develop a draft of the policy.

You can start by using the guidelines we have provided. But please remember that these are guidelines only and will need to be adapted to your particular situation. You may want to assign one person to draft the policy and then circulate it to the rest of the committee for feedback. You can also show it to other people who might be interested in the final outcome. For example, you can get valuable feedback from a local AIDS service organization or health service, from people affected by HIV/AIDS, and from others who were not on your committee. Make sure you give people enough time to look at your draft policy and provide comments. Once you have received the comments, the committee can decide what to include in the final draft.

8. Budget.

Your new policy may require a new budget. For example, part of your new policy will include providing education about HIV/AIDS to your community, ACBO/CBO or Aboriginal owned business. This might mean hiring an HIV/AIDS educator or needing some printed materials. Since these things usually cost money you will need to account for them in your budget.

9. Develop a plan of action.

Once your policy is developed, you will have to think about how it will become part of the community's or ACBO/CBO's daily operations. This means that you will need a plan of action to decide such things as how long it will be before your policy takes effect; how often you will hold HIV/AIDS education sessions; when you will schedule an APHA presentation; and who will be responsible for ensuring your policy is working.

10. Make sure everyone knows about your new policy.

Decide how you will make sure everyone knows about the new policy. You may want to have a meeting with everyone in the community, ACBO/CBO or Aboriginal owned business to announce the new policy. This is a good time for everyone to ask questions and become familiar with it. You can also let people know about it by putting posters on notice boards, in lunch rooms, in mail-outs, or in pay slip envelopes. You can also schedule special meetings, workshops, and training sessions to announce your new policy. However you choose to do this, the important thing is that everyone knows that you have a new policy (and practices) in place and that the new policy is being enforced.



□ **11. Make sure it works.**

Once a new policy is in place, you need to make sure it is working. This is an important part of your success. For example, if your policy included educating your organization's or ACBO/CBO's members you should make sure this education has happened and make an effort to find out what people thought about it. Have their feelings towards APHAs changed at all? Do they have a better understanding of how HIV is spread? Another way of checking to see if your new policy is working is to keep track of the number of complaints about HIV/AIDS-related discrimination and to check this number against past years. Has the number gone down? If it has, then you can probably say that your policies and practices are working.

There are many ways that you can choose to monitor your policy - there is no right or wrong. However, what is important is that you monitor your policy in some way so that you can be sure that your policy is being followed and that it is working.

□ **12. Review and revise.**

It is important to regularly review your policy to make sure that it takes into account any new information about the virus or information from your community. Doing this annually ensures that your policy is up to date. The review committee should include APHAs and those affected by HIV/AIDS - they will have the best sense of how or if things have changed as a result of your policy.

3.3 POLICY GUIDELINES

Developing a policy on the inclusion of APHAs is an act of self-governance that ensures all people in your community, ACBO /CBO or Aboriginal owned business are treated with respect. If you are in the business of delivering services, it also ensures that your APHA clients are treated with respect. An effective policy is a well-balanced policy and takes into account the needs of everyone affected by it. Your policy should be developed with input from APHAs, from employees (if you are a business or ACBO/CBO), from management or administrators, and from others who might be affected by it.

An effective and meaningful policy on the inclusion of APHAs will include the following elements. To help make sense of these guidelines, we have grouped all elements according to themes. Elements marked with an asterisk (*) are legal responsibilities of the community, ACBO/CBO or Aboriginal owned business. All others are strong recommendations for helping you develop an effective APHA inclusion policy.

3.3.1. Developing readiness in your community, ACBO/CBO or Aboriginal owned business

a) A statement on the importance of HIV/AIDS education

The importance of HIV/AIDS education can not be overstated! Your policy on the inclusion of APHAs in your community, ACBO/CBO or Aboriginal owned business is an essential step in stopping the spread of HIV/AIDS and an essential step in stopping HIV/AIDS-related discrimination - but it can only be successful if HIV/AIDS education is also provided.

Your policy should clearly state what you will do to educate people about HIV/AIDS, how it is spread and how it can be treated. Education on the policy and on HIV/AIDS should be provided annually and when requested. This ensures that anyone who comes under the policy fully understands that HIV/AIDS-related discrimination is based on fear and misinformation. When people have the proper information about HIV/AIDS the experience of HIV/AIDS educators is that the fear slowly goes away. Education raises awareness of how HIV/AIDS affects people and promotes understanding and acceptance of those who are infected and affected. Education also helps people understand why the policies and practices are important, what HIV/AIDS discrimination is, and how to deal with discrimination if it occurs.

In some cases, specialized education may be necessary. For example, homecare workers, community health nurses or others in the helping professions may benefit from targeted



education sessions on how HIV/AIDS is spread and how they can protect themselves from becoming infected. There is virtually no risk of getting HIV/AIDS if proper precautions are followed. However, people may not know this because of the fear that often surrounds HIV/AIDS.

Exercises #3, #4, and #5 at the back of this document can help you think about the role HIV/AIDS education should play in your policy.

SAMPLE POLICY STATEMENT: Education is an essential component of this policy. A major part of preventing discrimination against APHAs is raising awareness and promoting understanding and acceptance of HIV/AIDS and the people it affects. Without education, people may not know what discrimination or harassment is, or may not know how to respond if they believe they are being discriminated against or harassed. Many problems can be stopped before they start by letting people know what behaviors are inappropriate, or how to deal with such behaviors when they occur.⁸

This policy will be made known to all members of [organization name] via: orientation for new and current staff/members/students; training programs or information sessions to ensure that everyone understands what the rules are and how they will be applied; memos or emails; posters and brochures. In addition, [organization name] will host periodic HIV/AIDS 101 training programs for new and current staff/members/students, and we will host periodic presentations by APHAs not associated with [organization name].

b) An explanation of how HIV is transmitted

In most cases, HIV/AIDS-related discrimination is based on fear and misinformation about how HIV is spread from one person to another. For this reason, it is important that your policy includes facts about how HIV/AIDS is spread. The most common ways that HIV is spread are through unsafe sexual contact and exchange of blood (including injection drug use).

Tears, sweat and saliva do not have enough HIV to be contagious! Being clear about this helps people understand that they can not get HIV through casual contact. This is the kind of contact that usually occurs between co-workers, friends, neighbours, family members, and client/provider. This also means that separate bathrooms, separate eating areas and eating utensils, separate hospital rooms, etc. are not necessary. In fact, these kinds of precautions are discriminatory and should not be allowed.

In situations where people are likely to come into contact with blood or bodily fluids (healthcare workers, emergency services, needle exchange workers, etc.) it will be important

⁸This policy statement is adapted from the Anti-Discrimination Policy for Social Planning Council of Winnipeg (2003).



to spell out infection control procedures that will minimize the risk of HIV infection. These should be consistent with other organizations like yours. You may also want to highlight the ways that HIV/AIDS is different from other infectious diseases such as Tuberculosis. Universal precautions should also be outlined (See Web Resources for links to posters and brochures on HIV/AIDS 101, how HIV is transmitted, and Universal Precautions).

SAMPLE POLICY STATEMENT: [Organization name] recognizes that HIV cannot be transmitted through casual contact, (e.g., touching, hugging, shaking hands, sharing food or drinks, sharing bathroom facilities, etc.). HIV is only transmitted by an exchange of blood or bodily fluids – this does not include tears, sweat or saliva. In situations of casual contact, there is no risk of transmission and therefore, HIV positive persons pose virtually no risk to those with whom they interact. In work or service delivery situations where there is risk of exposure to blood or bodily fluids, appropriate training will be provided on how to observe Universal Precautions.

c) Recognition that APHAs are discriminated against

Your policy should recognize that discrimination against people living with or affected by HIV/AIDS does take place and is harmful to ALL Aboriginal people. Your policy should also recognize that discrimination is harmful to the well-being of your community, ACBO/CBO or Aboriginal owned business because it creates an environment in which silence, secrecy and shame are the norm. Fear, ignorance and misinformation thrive in this kind of environment. This makes it more difficult for people to protect themselves from HIV infection. Your policy on the inclusion of APHAs should state that HIV/AIDS-related discrimination is not acceptable and will not be tolerated.

Your policy should also recognize that some people disguise their intentions to discriminate against APHAs by pitting the safety of the community against the safety of APHAs. For example, some people feel that the community needs to know the identity of an APHA so that the community can be protected. This is a false argument based on fear and misinformation. The best way to protect your community, ACBO/CBO or Aboriginal owned business is through on-going, targeted education on HIV/AIDS, harm reduction methods and safer sex.

Exercise #5 at the back of this document can help you think about the impact of HIV/AIDS-related discrimination on your community, business or ACBO/CBO.

SAMPLE POLICY STATEMENT: [Organization name] recognizes that HIV/AIDS-related discrimination takes place in our community/organization and that it adds to the challenges that APHAs and those affected by HIV/AIDS must live with. Discrimination



makes it more difficult for people to seek HIV testing, to tell others about their infection and to get the health care and support they need to stay healthy. This increases the risk of HIV transmission in our communities. To protect the rights of APHAs and to fulfill our responsibility as community leaders and members, we have developed the following policy guidelines for dealing with situations related to discrimination based on real or perceived HIV/AIDS status.

3.3.2. Designing your policy

a) A definition of terms & language

The easiest way to define the words you use is in the form of a ‘glossary of terms’ (see the beginning of this document for an example of this). However, you can also choose to do this in a definitions section. Either way, you should clearly define the language or words you are using that are specific to the policy. Policies must be clear and easy to understand. Define what you mean if you think there is any chance of misunderstanding. In the case of an inclusiveness policy, terms such as ‘discrimination’ or ‘reasonable accommodation’ should be defined. Where possible, you may want to give examples of each definition for further clarification.

SAMPLE POLICY STATEMENT: Discrimination means treating a person or group of persons unfairly, as though they are inferior, not as important, or not equal because of real or imagined characteristics. Discrimination can mean that a person or a group of people is denied benefits such as medical benefits, it can mean that they have burdens, responsibilities or difficulties that other people do not have, or that they do not have access to the same prospects, benefits and advantages that are available to other members of society. Discrimination is not always planned, but it is usually based on personal opinions and assumptions rather than on the actual person or group of persons being discriminated against.⁹

For the purpose of this policy, discrimination includes but is not limited to the following: teasing, harassing or bullying, unwelcome touching, intimidation, denial of benefits or services.

b) A statement of commitment to the principles of inclusiveness

Your policy should state that the organization and the people connected with it are committed to including APHAs in all aspects of your community, ACBO/CBO or Aboriginal owned business. It should tell anyone reading it that discrimination against APHAs or those affected by HIV/AIDS is not acceptable and will not be tolerated.

⁹ Adapted from the Supreme Court of Canada.



If you are writing a workplace policy, you may want to include a statement about including applicants and employees who are HIV positive. This is also a good place to state that asking applicants or employees to have an HIV test (this is sometimes called mandatory HIV testing) is not supported by law and is not an appropriate or acceptable request.

If you are writing a policy for the non-discriminatory provision of services to APHAs, for example, in a restaurant, store, school or clinic, you may want to include a statement about treating APHAs or those affected by HIV/AIDS no less favorably than someone with a chronic illness.

SAMPLE POLICY STATEMENT: [Organization name] does not discriminate against Aboriginal people living with or affected by HIV/AIDS. [Organization name] is committed to including people with chronic, episodic or life-threatening illnesses in all parts of our organization, including people with HIV/AIDS. Proof of HIV- status, including HIV testing, is never an acceptable requirement for employment.

OR

[Organization name] does not discriminate against Aboriginal people living with or affected by HIV/AIDS. [Organization name] is committed to providing the same level and quality of service to APHAs as to any other individual. [Organization name] does not support mandatory HIV testing.

c) An explanation of how the policy is consistent with the values of your organization

An explanation of how your policy is consistent with the values that your business or organization is founded on will lend strength to your policy and help people understand why you have developed it. If your organization is founded on Aboriginal principles that are particular to a specific tradition, such as Mi'kmaq, Tsimshian, Cree, Inuit or Métis, this is a good place to say how including APHAs supports those principles. For example, many Aboriginal groups have a tradition or a teaching about the value of each individual or about respecting ourselves and one another. If these are values that your community, ACBO/CBO or Aboriginal owned business is guided by, this is a good place to explain how that teaching is consistent with a policy of non-discrimination.

SAMPLE POLICY STATEMENT: This policy on the inclusion of Aboriginal people living with HIV/AIDS (APHAs) reaffirms [organization name] commitment to maintaining an environment that is free of intimidation or fear and in which all individuals are respected. This is in keeping with the Aboriginal principles on which [organization name] is founded; namely, strength, honesty, mutual respect and collective responsibility for the greater good of our community. [You may want to go into more detail about your traditions]



***d) A statement about APHAs' right to confidentiality**

Protecting the privacy and confidentiality of APHA's is critical to creating an environment free of discrimination. This means that anyone – paid and unpaid staff, management, administrators, other clients, etc. – that has knowledge of a person's HIV-status must keep that information to himself or herself. APHAs must be allowed to tell their own stories in their own time. In the case of management or employees, this is a legal obligation. In the case of clients who become aware of another client's HIV-status it may become a matter of policy. You may want to print off and display a copy of the Declaration of Rights for APHAs at the beginning of this document.

SAMPLE POLICY STATEMENT: [Organization name] respects an APHAs' right to confidentiality. Information about an APHAs' medical condition is private and will be kept confidential. [Organization name] recognizes that APHAs have the right not to disclose their HIV status or to disclose to whomever they wish. Anyone, including managers, human resource personnel and healthcare providers, who learn about another person's HIV-status must keep that information confidential. This includes information disclosed by the HIV+ person in question. Failure to comply with this will result in disciplinary action as outlined in this policy.

e) Recognition of the needs of APHAs and their right to be accommodated

APHAs, like many who live with a chronic or episodic illness, may have special needs and situations to be considered. Learning what these might be can prepare you for dealing with APHAs in a compassionate and understanding way. For example, APHAs may have an above average number of doctor's appointments; side effects from medications may sometimes interrupt the normal flow of a work day; or since most (if not all) HIV Specialists live in urban areas/cities, frequent medical transportation may be required. In addition to this, the episodic nature of HIV/AIDS means that an APHA may have periods (or bouts) of illness in which he or she can not work. This might be followed by a long period of health and then another brief period of illness. A statement of your community's or ACBO/CBO's understanding of these special circumstances will help reduce the discrimination that can result from what others might think of as 'special treatment' for APHAs.

SAMPLE POLICY STATEMENT: [Name of organization] recognizes that APHAs may have special needs that require accommodation. [name of organization] recognizes that HIV/AIDS is a lifelong episodic illness. APHAs will be treated with compassion and understanding, and no less favorably than a person with another chronic or episodic illness. Benefit packages, insurance, leaves of absence, etc. for APHAs will be negotiated using the same guidelines as individuals with other lifelong episodic illnesses (such as Multiple Sclerosis, mental illness, cancer, etc.).

3.3.3. Policies AND Practices

*a) A statement about your ‘duty to accommodate’

Your community, ACBO/CBO or Aboriginal owned business has a legal and ethical ‘duty to accommodate’ APHAs as long as it does not cause ‘undue hardship’. This means that your organization must make an effort to adapt to the needs of APHAs to the extent that is possible. It will be helpful for the organization and for APHAs if you list some of the ways that you will adjust to their needs. For example, you might consider flexible work hours, extended sick leave (or discretionary leave), reassigned duties, changing from full-time to part-time hours, making bottled water available, having a fridge for medications, etc.

However, the needs of the community, ACBO/CBO or Aboriginal owned business must also be considered. The words ‘undue hardship’ refers to the impact on the organization that adjusting to the needs of APHAs has. This is measured by things such as cost, health and safety requirements. You will not be expected to adjust to the needs of APHAs in ways that will threaten the survival of the organization or change its essential nature.¹⁰

SAMPLE POLICY STATEMENT: People with HIV/AIDS or another chronic or episodic illness, will be encouraged and supported to continue working as long as they are able to perform essential duties associated with their job, meet acceptable performance standards and can be reasonably accommodated. APHAs are responsible for requesting accommodation if required. Reasonable accommodations may include but are not limited to: re-assignment of duties, flexible work hours, changing from full-time to part-time hours, or extended sick leave.

b) A statement of how you expect people associated with your organization to behave towards APHAs

This clearly outlines what and how you expect people to interact with APHAs and others with chronic illness. For example, it is not acceptable for an employee to refuse to work with, or to refuse service to someone who is HIV+. You may want to offer in-house training, HIV/AIDS education or other services to help people overcome their fears of APHAs. But the bottom line is that APHAs must be included in your community, ACBO/CBO or Aboriginal owned business without fear of rejection or discrimination.

¹⁰ Canadian Human Rights Commission (nd). The Duty to Accommodate. Fact Sheet. Available at http://www.chrc-ccdp.ca/preventing_discrimination/duty_obligation-en.asp.



SAMPLE POLICY STATEMENT: [Organization name] expects that all employees will continue to work with any co-worker or client who is or is thought to be HIV+. A refusal to work with, withhold services from, harass or otherwise discriminate against an APHA or those affected by HIV/AIDS will be subject to disciplinary procedures as outlined in this policy.

c) A statement of your commitment to open and honest communication with respect to HIV/AIDS

Having a policy on including APHAs will not be enough to relieve the fears of all your community, ACBO/CBO or Aboriginal owned business members. Some people will be uneasy about working with APHAs and some APHAs will be uneasy about how they might be treated. For this reason, it is important that your policy clearly spell out how and where people can talk about their fears and anxieties. Is there one person in your organization who will deal with these concerns? Who should people go to if they have questions? How will the questions be dealt with? Your policy should include Aboriginal and non-Aboriginal processes, including mediation, conflict resolution, talking/sharing circles, education, etc.

SAMPLE POLICY STATEMENT: In the spirit of maintaining an environment that is free of fear and intimidation, [organization name] maintains an 'open door' policy on all employee concerns. APHAs or those concerned about interacting with APHAs are encouraged to contact their supervisor or appropriate person to discuss their concerns. The supervisor will take appropriate steps to address these concerns, including education, Aboriginal or non-Aboriginal counseling, intervention by an informed Elder, or mediation or conflict resolution. The particular approach taken will be decided on jointly by the employee and the supervisor.

d) A statement about how complaints will be dealt with

For your policy to be successful, it must be enforceable. It should also recognize that making a complaint can be stressful. Your policy should clearly outline how formal and informal complaints will be dealt with, and that all complaints will be kept confidential. It should also let people know what the consequences are of violating the policy as this will ensure that your policy is taken seriously. Make sure to include Aboriginal and non-Aboriginal methods of resolving complaints that are appropriate for your community, ACBO/CBO or Aboriginal owned business. A wide range of remedies should be available. The person making the complaint should always maintain control over how far he or she wants to take it. Taking a complaint to a human rights commission is always an option.



SAMPLE POLICY STATEMENT: Individuals are often left in confusion and crises when such instances of discrimination take place. The presence of informed Elders and Aboriginal counselors, talking circles, justice committees, and appropriate ceremonies may aid healing. In addition to these traditional methods of conflict resolution, non-Aboriginal methods of resolution can be used. [list the process of resolving conflicts that is appropriate for your community, ACBO/CBO or Aboriginal owned business]

e) A statement about reviewing and updating your policy on a regular basis

Commit your community, ACBO/CBO or Aboriginal owned business to regularly reviewing the policy to be sure it continues to meet your needs. Doing this annually ensures that your policy is up to date. State how and how often you will review the policy and what the review will look at. For example, the review committee should include APHAs and those affected by HIV/AIDS as they will have the best sense of how or if things have changed as a result of your policy. It should also include a review of your policies compare with your practices.

SAMPLE POLICY STATEMENT: This policy will be reviewed annually. The review process will involve asking for comments and feedback from within the organization and exit interviews with personnel leaving the organization to monitor where the policy is successful and where it can be improved. Our policies will be compared with our practices. APHAs and those affected by HIV/AIDS will be included in the review committee.



■ 4.0 POLICY DEVELOPMENT TOOLBOX

The exercises in this section are for use in policy development workshops or committee meetings. Each of the exercises is designed to get people thinking about different aspects of HIV/AIDS-related discrimination. Understanding why a policy on the inclusion of APHAs is important is the ultimate goal of these exercises. Use them as you see fit. Adapt them to meet the needs of your particular group. The exercises will be most effective if you use examples from your community, ACBO/CBO or Aboriginal owned business. Humour is an excellent ice-breaker and a great way to get through a workshop on policy development, a subject that many people think is boring.

Presenters should be aware that some of these exercises may cause people to become upset, angry, sad, etc. HIV/AIDS is a difficult subject for many people to talk about. It is a good idea to know who or where you can refer people if they become upset.



EXERCISE # 1: ICE BREAKER - HOW DOES IT FEEL?

PRESENTER'S NOTES:

This is a good exercise to begin the working session. It is designed to get everyone thinking about discrimination and how it feels to be singled out because of something that you may or may not have control over. It should be done once everyone has taken their seats. (10 – 15 MIN)

INSTRUCTIONS:

1. Ask everyone wearing blue jeans (or something else common to many people but not all) to stand up and introduce themselves (name and affiliation).
2. Ask the remaining people to stand on one leg, raise their hand, or something else that is uncomfortable for them.
3. Walk over to the people in blue jeans, give them candies or stickers, shake their hand and thank them for coming. Make complimentary comments about blue jeans and the people who wear them. An option is to make negative comments about people who do not wear blue jeans.
4. Ask the people wearing blue jeans to sit down, again thanking them for coming.
5. Then ask everyone to sit down.

You will notice that some people in the room have not had a chance to introduce themselves. In fact, aside from being asked to stand on one leg – a very uncomfortable position – they have been totally ignored. Ask for reactions from participants. How did the people wearing blue jeans feel about being privileged? How did others feel about being ignored? Did anyone feel angry? Uncomfortable?

When this exercise is over, be sure to give the remaining participants an opportunity to introduce themselves. Give them candies or stickers, shake their hands and thank them for being patient.

You can change the characteristics and the consequences as you wish. The important thing is to demonstrate that discrimination hurts, whether it is based on real or perceived attributes.

EXERCISE # 2: ATTITUDES SURVEY

PRESENTER'S NOTES:

This is a good exercise to do near the beginning of the workshop. It helps people understand their own attitudes towards HIV/AIDS and gets people thinking about where and how discrimination begins - with personal beliefs and attitudes. This exercise should be done individually. After the exercise is complete, you can ask people if they would like to share any thoughts but do not force this. Some people may not want to share. (10-15 MIN)

INSTRUCTIONS:

Ask each participant to answer the following questions individually by circling the answer that best describes their attitude. Let them know that there is no right or wrong answer. This is about their personal beliefs and attitudes. SA = strongly agree; A = agree; D = disagree; SD = strongly disagree.

SA	A	D	SD	1.	HIV/AIDS is caused by a bad lifestyle.
SA	A	D	SD	2.	HIV/AIDS is a gift from the Creator. It can teach us many things.
SA	A	D	SD	3.	Getting HIV/AIDS is a death sentence.
SA	A	D	SD	4.	Getting HIV/AIDS is no big deal.
SA	A	D	SD	5.	A person who gets HIV gets what he or she deserves.
SA	A	D	SD	6.	I would not be comfortable hugging an HIV+ person.
SA	A	D	SD	7.	A person with HIV/AIDS has the same rights as I do.
SA	A	D	SD	8.	Good people do not get HIV/AIDS.
SA	A	D	SD	9.	HIV/AIDS and related topics should not be discussed with children.
SA	A	D	SD	10.	I would be ashamed if a member of my family was HIV+.

(Any thoughts or questions you had while doing this survey?)



EXERCISE # 3: CROSSING SWORDS 1

PRESENTER'S NOTES:

This exercise helps people think about why HIV/AIDS is a difficult issue in Aboriginal communities and community-based organizations. It can be used at the beginning of a working session to get people talking about the issues around HIV/AIDS. This will help people understand why having an inclusiveness policy for APHAs that includes education is so important. It can also be used at another point in the session when people are thinking about how education can be effective.

The presenter should be aware that people will have a wide range of opinions and attitudes on the following statements. Do not get drawn into arguments. Your job will be to facilitate the conversation and to ensure that arguments do not erupt.

INSTRUCTIONS:

In large or small groups (depending on the number of people in your group) discuss the following statements. (15MIN)

If you did this in small groups, come back to a large group and share your thoughts with the larger group. Do you agree or disagree with the statement? Why? (30MIN)

STATEMENTS:

“HIV/AIDS is spread by fear, ignorance, and complacency.”

“Now that antiretroviral drugs are available, HIV/AIDS is not an issue.”

“If somebody gets HIV/AIDS, it’s their own fault. They do not deserve to be accommodated. Why should they get special treatment?”

“If somebody tests positive for HIV/AIDS, it’s a private matter. But we should provide an environment that would support that person if he or she chooses to tell others in our community or community-based organization.”

“A woman in my community has HIV/AIDS. I do not want my children to play with hers.”

“Yes, HIV/AIDS is a problem in our communities. If it comes to my community, business or organization we will deal with it by dismissing workers (or asking them to leave) and paying them compensation.”

“HIV/AIDS is spread by sex and drug use. Our community, business or community-based organization does not want to be associated with sex and drugs. It would look bad for us to talk about these things. The workplace is not the right place to discuss things like safe sex or needle-sharing.”



EXERCISE # 4: CROSSING SWORDS 2

PRESENTER'S NOTES:

This exercise will help participants understand the importance of having an HIV/AIDS policy before problems arise. Many of the cases below are real-life examples. Many of the cases have already happened somewhere in Canada and in most cases, a policy was not in place to deal with it. This exercise will help people think about developing their own policy on including APHAs. It will also encourage people to think about common arguments around HIV/AIDS.

INSTRUCTIONS:

This can be done in large or small groups. Ask participants to discuss the following situations. If you break up into smaller groups, you can give each group one of the situations to discuss on their own. Ask them to use flipcharts to record the main points of their discussion. (15 MIN)

Report back to the larger group. (15-30 MIN)

VIGNETTES:

- Employees at the local friendship centre refuse to eat with, or use the same toilet as, a client who is known to be HIV+.
- Emergency services workers refuse to come to the aid of an HIV+ person. They think they will get HIV by giving mouth-to-mouth resuscitation.
- A woman is giving birth in a northern rural community. The midwife who is helping her wears a face mask, two pairs of rubber gloves and full body protective clothing.
- A primary school teacher finds out she is HIV+. Her principal wants to move her into an administrative position so that she does not have to deal with children.
- An HIV+ woman is denied housing on reserve after disclosing her status. The head of housing defends his position by saying 'she is a liability'.
- An HIV+ male is denied access to a sweat lodge.
- An HIV+ person returns to his or her small community after some years. The community health nurse feels that she needs to protect the community from HIV/AIDS. She posts a warning sign that has the name of the HIV+ person on it.
- A doctor writes in a patient's chart that the patient's mother is HIV+.
- Parents find out that the child of an HIV+ person is in the same class at school as their own child. They tell their child not to play with the HIV-affected child and ask the teacher to enforce this.
- Janitors refuse to clean the office of a person who is known to be HIV+.
- At a job interview, the potential employee is asked for proof that he does not have HIV.



EXERCISE # 5: CAREFUL WHAT YOU SAY

PRESENTER'S NOTES:

This group exercise helps people think about the effects of stigma and discrimination on individuals and communities.

INSTRUCTIONS:

This exercise can be done in a large group or in smaller groups of 3-6 people. If done in smaller groups, please provide the story and the questions to each group. Give them time to complete the exercise and form their answers to the questions below. (15MIN)

Once the groups have finished discussing the story, have each group report back or open up the discussion to the room at large. (10-15MIN)

To conclude this exercise, ask people to imagine that a similar situation occurred in a workplace, a band office or a school and then ask: How would a policy help in such a situation?

VIGNETTE:

Marilyn and Sara are having a coffee in the local restaurant when they overhear a conversation taking place between two men a few tables away. The two men are laughing and making insulting remarks about someone they know who is HIV+.

Marilyn says to Sara, "I sure hope that guy they're talking about doesn't live in our community". Sara smiles and they continue their conversation about their children and the plans they are making for the upcoming weekend.

Later, as Sara is walking home she thinks about how close she came to telling her friend about her own HIV status. Sara decides that she can not let anyone in the community know about her being positive.

QUESTIONS:

- What did Marilyn demonstrate when she said: "I hope that guy doesn't live in our community?"
- What message did she give to her friend Sara?
- What are some of the risks of keeping the illness secret for Sara? For the community?
- What would have happened if Sara had told Marilyn the truth?
- How would that impact Sara's children? The rest of the community?



EXERCISE # 6: GATHERING INFORMATION

PRESENTER'S NOTES:

This is a good exercise to do when people are trying to decide where they can find information on HIV/AIDS. It encourages people to think about how HIV/AIDS affects communities or community-based organizations and it encourages them to think about where they can get further information on HIV/AIDS. The point of this exercise is to think about broad issues, not details. You may need to keep people on track by reminding them of this.

INSTRUCTIONS:

This is a brainstorming exercise that can be done in a large group. Read (or show) the vignette to the group and then ask them to answer the questions below. As the group gives answers, write them on a flipchart so that everyone can see. (20MIN)

VIGNETTE:

You are the public health person in your community. You have been asked to write a short paper on the impact of HIV/AIDS on your community over the next ten years.

QUESTIONS:

- What would you consider in attempting to assess the impact of HIV/AIDS on your community?
- What sources of information would you find useful?
- What organizations or government bodies could you ask for assistance?



EXERCISE # 7: NOT A COOKIE-CUTTER

PRESENTER'S NOTES:

This exercise is designed to get people thinking about how to adapt the guidelines to suit the characteristics and cultural context of their community or community-based organization. At the end of this exercise, participants should be familiar with the guidelines and have a better understanding of how they can be adapted (20-30MIN).

INSTRUCTIONS:

For this exercise, the participants should work in small groups. Each group will choose from one of the following scenarios or make up their own. For example:

- Inuit organization serving Inuit in Toronto (not health related)
- First Nations Band Council in Northern Ontario
- Community health clinic on reserve
- Non-Aboriginal ASO serving First Nations, Métis and Inuit APHAs
- Restaurant/Gas Bar in Aboriginal community
- Community college/vocational school in Winnipeg
- Aboriginal Art Gallery in Atlantic provinces
- Fish packing plant in British Columbia

Each group should use the guidelines and template to draft an APHA inclusion policy for one or more of the scenarios. (You might also choose to have each group work only a few guidelines for a better chance of finishing.) Each group should use the questions below to guide their efforts.

QUESTIONS

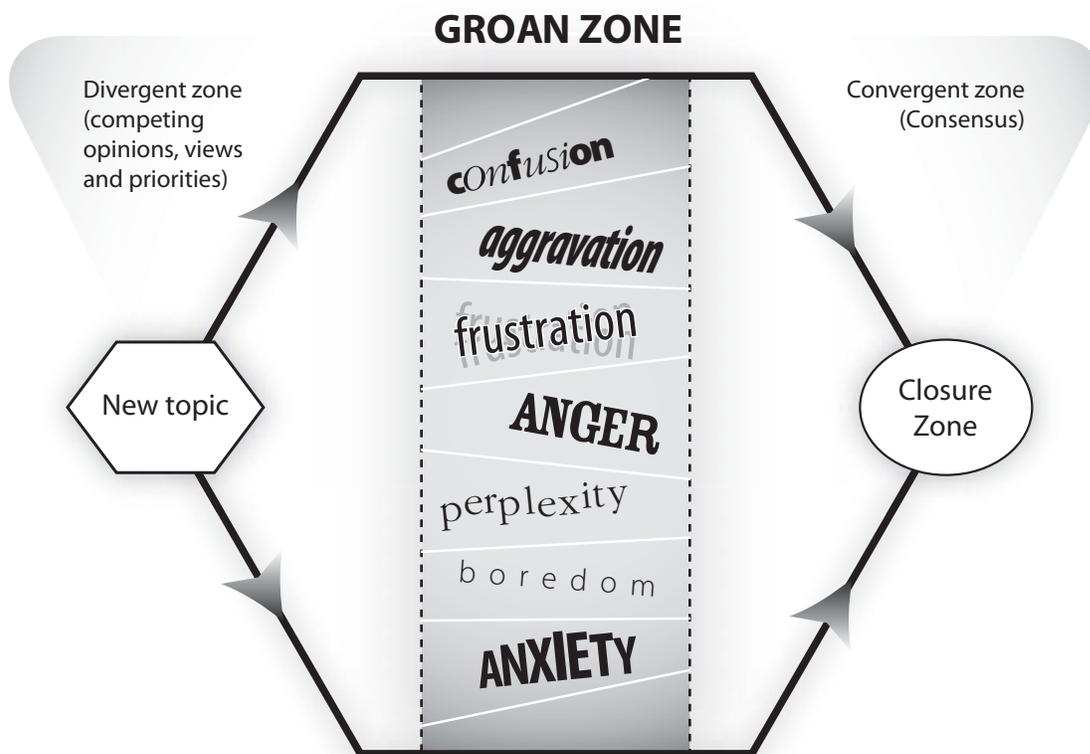
- What is the purpose of your organization?
- Who are you targeting with your policy?
- What do you need to consider to make your policy suit your needs?
- Is there a particular Aboriginal tradition that can be incorporated into your policy? i.e., justice committees, sharing circles, etc.?
- Where do you think your biggest challenges will come from?

Once groups are finished, report back to the large group on what issues you had to consider in adapting the policy to your specific needs. Were there any other issues? (15 MIN)

EXERCISE #8: THE GROAN ZONE

PRESENTER'S NOTES:

This is a good model to show people who sit on your policy development committee. Often after a period of heavy brainstorming and discussion, groups fall into a groan zone. This happens because misunderstandings occur, messages become confused and people become frustrated and impatient. At this point group members might wonder if they are ever going to agree. It is important to recognize that this is a normal part of working in groups and that trying to avoid the groan zone can lead to making bad decisions. In other words, work through the groan zone. As a group it makes you stronger because you have struggled together and you have come through. Getting through the groan zone can often lead to better results.¹¹



¹¹ Adapted from Kaner, Sam (1996). *Facilitator's Guide to Participatory Decision-Making*. Gabriola Island: New Society Publishers.



■ 5.0 WEB RESOURCES

The websites listed in this section are meant to help you find additional information that will help you develop your APHA inclusion policy.

5.1 HIV/AIDS

If you are looking for more information on HIV/AIDS or on the impact of HIV/AIDS on Aboriginal people these websites can be helpful.

- Canadian Aboriginal AIDS Network (CAAN)
www.caan.ca
- Canadian AIDS Society (CAS)
www.cdn aids.ca
- Canadian HIV/AIDS Legal Network (Legal Network)
www.aidslaw.ca
- Canadian Inuit HIV/AIDS Network (CIHAN)
<http://pauktuutit.ca/hiv/main.html>
- Public Health Agency of Canada: The Federal Initiative to Address HIV/AIDS in Canada
www.phac-aspc.gc.ca/aids-sida/hiv_aids/
- National Aboriginal Council on HIV/AIDS
http://www.phac-aspc.gc.ca/aids-sida/hiv_aids/federal_initiative/aboriginal/communique.html
- HIV/AIDS Epidemiology and Surveillance (stats)
<http://www.phac-aspc.gc.ca/hast-vsmt/>
- BC Centre for Disease Control - Chee Mamuk: Aboriginal Pamphlet Series
<http://www.bccdc.org/content.php?item=38>



Chee Mamuk produces one-page posters that can be printed and hung on the wall or used as education pieces. The following pamphlets are especially appropriate for a policy on APHA inclusion.

- What is HIV & AIDS?
- Transmission (How People Get HIV)
- Universal Precautions
- The needs of someone living with HIV

5.2 HUMAN RIGHTS

CANADIAN LEGISLATION

- Canadian Charter of Rights and Freedoms, Part I of the Constitution Act, 1982, being Schedule B to the Canada Act 1982 (U.K.), 1982, c. 11.
<http://www.canadianlawsite.com/CdnCharter.htm>
- Canadian Human Rights Act, R.S.C. 1985, c. H-6.
<http://laws.justice.gc.ca/en/H-6/index.html>

PROVINCIAL AND TERRITORIAL HUMAN RIGHTS LEGISLATION

- Alberta Human Rights, Citizenship and Multiculturalism Act
<http://www.qp.gov.ab.ca/Documents/acts/H14.CFM>
- B.C. Human Rights Code
http://www.bchrt.bc.ca/human_rights_code/default.htm
- Manitoba Human Rights Code
<http://www.gov.mb.ca/hrc/english/publications/hr-code.html>
- New Brunswick Human Rights Act
<http://www.gnb.ca/acts/acts/h-11.htm>
- Newfoundland and Labrador Human Rights Code
<http://www.gov.nl.ca/hoa/statutes/h14.htm>
- North West Territories Human Rights Act
http://www.assembly.gov.nt.ca/Human_Rights.pdf

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- Nova Scotia Human Rights Act
<http://www.gov.ns.ca/legi/legc/statutes/humanrt.htm>
 - Nunavut Human Rights Act
http://www.nunavutcourtofjustice.ca/library/statutes/2003/SNu_2003_12.pdf
 - Ontario Human Rights Code
http://192.75.156.68/DBLaws/Statutes/English/90h19_e.htm
 - PEI Human Rights Act
<http://www.gov.pe.ca/law/statutes/pdf/h-12.pdf>
 - Quebec Charter of Human Rights and Freedoms
http://192.75.156.68/DBLaws/Statutes/English/90h19_e.htm
 - The Saskatchewan Human Rights Code
<http://www.qp.gov.sk.ca/documents/English/Statutes/Statutes/S24-1.pdf>
 - The Yukon Human Rights Act
<http://www.gov.yk.ca/legislation/acts/huri.pdf>

INTERNATIONAL HUMAN RIGHTS LEGISLATION

- United Nations - Office of the High Commissioner for Human Rights
<http://www.unhcr.ch/html/intlinst.htm>



CANADIAN ABORIGINAL AIDS NETWORK

602-251 Bank Street
Ottawa, Ontario K2P 1X3

Telephone: (613) 567-1817 or 1-888-285-2226

Fax: (613) 567-4652

Email: info@caan.ca

Internet: <http://www.caan.ca> or <http://www.linkup-connexion.ca>