

Q: anyone?

A: anyone.



HIV/AIDS

**a worker's issue
a union issue**



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A Message from Unifor President Jerry Dias

HIV/AIDS is a workplace issue, a union issue and a social justice issue. HIV/AIDS has affected tens of thousands of Canadians and their families, and millions of people throughout the world.

Today, many of our UNIFOR members are living with HIV/AIDS. Many of our members have family and friends with HIV/AIDS. And yet, the silence and stigma surrounding the disease continues to prevent those who contract the virus from getting the support they need, and continues to be the major factor in the continued spread of infection. It's been over thirty years since the disease became widespread we still haven't come to grips with it.

Our union has a role to play in prevention and education, and in negotiating workplace HIV/AIDS policies and programs. We need to ensure that our members living with HIV/AIDS have secure workplace rights, harassment-free jobs, and access to the treatment and accommodation they need.

We need to be vigilant and ensure that employers live up to their duties to accommodate all workers with disabilities, provide meaningful benefits accessible to all workers, enforce harassment policies, respect privacy and maintain confidentiality, and stem the tide of stigmatization of people living with HIV/AIDS.

We need to work with unions around the world who are tackling HIV/AIDS in the context of increasing global poverty, diminishing rights of women and the privatization and dismantling of public health care.

We need to push our government to stop pandering to the profit motives of drug companies, to stop negotiating free trade deals that jeopardize public health care, and to start demonstrating a real financial and institutional commitment to the global effort to stop the pandemic.

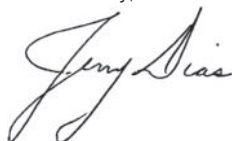
We know that people with HIV/AIDS are routinely discriminated against in the workplace. Rumour campaigns, co-workers refusing to work alongside people with HIV/AIDS, management 'outing' people with HIV/AIDS, and other forms of harassment make it exceedingly difficult for our members who already carry the stress of illness, to perform their jobs.

Our union has stood up time and time again against discrimination - whether that's based on class, race, sex, sexual orientation, gender expression or disability. We know that an injury to one is an injury to all and we need to stand united against all forms of bigotry and stereotyping, including discrimination based on HIV/AIDS status.

This booklet is a tool for shop stewards, workplace representatives, bargaining committees, health & safety committees, political action committees, women & human rights committees, and all Unifor members.

Please join me in making HIV/AIDS prevention a priority and ensuring that our members living with HIV/AIDS can access the resources and benefits they're entitled to, and their co-workers have the information they need so that we can all work together in solidarity.

In solidarity,

A handwritten signature in black ink that reads "Jerry Dias". The signature is written in a cursive, flowing style with a large initial "J" and "D".

Jerry Dias
President, Unifor

Table of Contents

Introduction	1
What do workers with HIV/AIDS need?.....	1
What's the union's role?	1
Did you know?.....	2
Basic Information about HIV/AIDS	3
HIV	3
AIDS.....	3
When HIV becomes AIDS.....	3
Why HIV is not AIDS.....	4
How do you get HIV / AIDS?	4
Unprotected sex.....	4
Blood and blood products.....	5
Needles	5
Mother to child transmissions	5
At work.....	6
Discrimination and the stigma of HIV/AIDS	6
Getting Tested	7
Why should I get an HIV test?	7
What does the test consist of?	7
Think you don't need to get tested?	7
When do I get tested?.....	7
Where can I get tested?.....	8
Are my test results confidential?.....	8
Counselling.....	8
What do I do if I have HIV?	8
What does it mean if I test negative for HIV?.....	9
There is treatment for HIV	10
What are antiretroviral drugs?.....	10
How does HIV treatment - or HAART (Highly Active Antiretroviral Therapy) work in someone who is HIV positive?.....	10
What are the side-effects of HIV treatment?	11
Coverage for ARVs	11
What additional kinds of care do people living with HIV need?	11
When you are on antiretroviral therapy, can you transmit the virus to others?.....	11
Workplace Policies & Model Contract Language on HIV/AIDS	12
What legislation do workplace policies have to comply with?	16

The role of governments	16
Strengthen Public Health Systems.....	17
Provide Access to Drugs.....	17
Reconsider Trade & Investment.....	17
Increase Development Assistance.....	17
Reform International Financial Institutions.....	18
What's the broader context for HIV/AIDS?	19
Women and HIV/AIDS.....	19
Racism and HIV/AIDS	20
HIV/AIDS and the LGBT community	20
Sex trade workers	21
Criminalization of people with HIV/AIDS.....	22
Labour's response to the Global Pandemic	22
What you can do:	25
What local unions can do:	26
Unifor National Office will:	26
Conclusion	27
Resources	28

Introduction

What do workers with HIV/AIDS need?

Firstly, people living with HIV/AIDS need their jobs. It is illegal to discriminate against people based on their HIV/AIDS status in hiring, promotion or firing.

Furthermore, people living with HIV/AIDS need jobs with good benefits and strong protection – union jobs.

And, like any worker with a chronic illness, those living with HIV/AIDS have specific workplace needs – like accommodation.

HIV/AIDS can be an 'episodic disability' – workers may need to take time off and return to work at irregular intervals. So, they need the right to return to work, without loss of job rights or seniority.

Like other people with disabilities, they may require time off for treatment, appointments and counselling. Any worker who develops cancer, Multiple Sclerosis, HIV/AIDS, or any other illness, relies on their employer's basic respect and accommodation.

People living with HIV/AIDS need privacy, just like everyone else.

They need to know that they can come to work and be safe from discrimination and harassment. They need unions to enforce anti-harassment policies and they need management to live up to their legal responsibilities to provide safe workplaces.

Union-negotiated policies on accommodation, job modification, training and retraining, short and long term disability, pension entitlements, policies protecting against termination, and good benefits (including drug plans with no exclusions and no annual maximums as well as palliative care) go a long way to ensuring that people living with HIV/AIDS are able to work, and do not face financial devastation along with failing health.

Family members of people living with HIV/AIDS need negotiated family care leave provisions (paid and unpaid) to care for their family member.

What's the union's role?

- ▶ To protect the rights of workers and combat discrimination.
- ▶ To educate our members on HIV/AIDS, as we do on other human rights issues.
- ▶ To promote a positive workplace environment for those living with HIV/AIDS or other chronic illnesses.

- ▶ To promote safe, healthy working conditions for all our members.
- ▶ To work for fair income, disability rights and benefits, and accessible health care for all members of society, through universal public programs.

Did you know?

- ▶ Three out of every four people living with HIV in the world today are workers.
- ▶ 1 in 500 Canadians is living with HIV/AIDS.
- ▶ Heterosexual intercourse is the fastest growing mode of transmission in North America and the dominant mode worldwide.
- ▶ As of 2007, an estimated 33 million people worldwide were living with HIV, of which 2 million were children.
- ▶ 27 million people have died from HIV/AIDS related illnesses.
- ▶ HIV/AIDS is on the rise among women.
- ▶ Since 1995, the proportion of women with HIV has more than doubled.
- ▶ In the year 2000, women aged 15-19 years old accounted for more than half of all reported positive HIV tests for that group.
- ▶ 95% of cases are now in the developing world, principally sub-Saharan Africa.
- ▶ Infections are rising in southern Asia, Eastern Europe and central Asia.
- ▶ The estimated cost for responding to the pandemic would be about US \$15 billion for 2007 (current global contributions reach less than ½ that amount).
- ▶ There will be approximately 24 million fewer workers by 2020 as a result of the AIDS epidemic.
- ▶ In Zambia AIDS kills around 1,000 teachers a year (almost equal to the total output of the nation's teachers colleges). In Malawi one in three teachers is HIV-positive.
- ▶ AIDS is now the leading cause of death for people aged 15 to 49 in Malawi, Uganda, Zambia and Zimbabwe.
- ▶ More than 44 million children in 34 developing nations will likely have lost one or both parents by 2010. Most of these deaths will result from HIV/AIDS and complicating illnesses.

"HIV/AIDS has affected all categories of workers.... the impact on social security systems and national economies will be enormous."

International Labour Organization

Basic Information about HIV/AIDS

The best way to describe HIV and AIDS is that they are different ends of a continuum. However, although HIV and AIDS are closely related, there are marked differences between the two conditions. HIV is not AIDS. It is possible for an HIV-infected person not to develop AIDS at all.

To understand when HIV infection becomes AIDS, let's first look at the difference between HIV and AIDS.

HIV

HIV stands for Human Immunodeficiency Virus. It is a virus that infects T-cells in our immune system and destroys or weakens them. These cells are supposed to act like watchdogs – their job is to find and isolate infections so that the immune system can destroy them. When the T-cells are destroyed our immune system can't protect us from developing infections and cancers.

You can have HIV without knowing it. You may not look or feel sick for years, but you can still pass the virus on to other people.

Not all people who are HIV+ necessarily develop AIDS. Due to advances in medicine, fewer people with the virus develop AIDS.

AIDS

AIDS stands for Acquired Immunodeficiency Syndrome (this describes three features of the disease).

- ▶ Acquired means it is not inherited.
- ▶ Immune Deficiency means that the body's immune system breaks down and the person becomes vulnerable to a range of infections that the body would otherwise be able to fight off. One or more of these infections will ultimately cause death.
- ▶ Syndrome indicates that the disease results in a variety of health problems.

When HIV becomes AIDS

There are three major indicators of AIDS: viral load, low T-cell (CD4) levels and the presence of opportunistic infections (infections like pneumonia and tuberculosis that take advantage of a weakened immune system). Viral load is the amount of HIV virus present. A high viral load and low T-cell count signal a deficient immune system.

Why HIV is not AIDS

People in the early stages of HIV still have functioning immune systems. As long as the immune system is still working, it can protect the body from the opportunistic infections characteristic of AIDS.

How do you get HIV / AIDS?

HIV is transmitted through body fluids – in particular blood, semen, vaginal secretions and breast milk. It is not transmitted by saliva, unless there is blood or other body fluids in the saliva.

HIV is not transmitted by casual physical contact (such as talking, shaking hands, working or eating with someone who has HIV), hugging, kissing, coughing or sneezing, sharing toilets or washroom facilities, water fountains, swimming pools, bed sheets or towels, forks, spoons, cups or consuming food or drink handled by someone who has HIV. It is not transmitted by mosquitoes, other insects, or animals.

Unprotected sex

Unprotected sex continues to be the major cause of HIV infection.

Get tested. Know your status. It's estimated that 25% of those who are HIV+ don't even know it.

Ask that your partner(s) be tested – know their status. If they won't get tested, don't put yourself at risk.

Always practice safe sex – always.

HIV is passed when blood, semen (including pre-cum), rectal fluid, vaginal fluid or breast milk from a person with HIV gets into the bloodstream of another person—through broken skin, the opening of the penis or the wet linings of the body, such as the vagina, rectum or foreskin.

Sexual intercourse (vaginal and anal): HIV can enter through existing cuts and sores or those caused during intercourse (many of which would be unnoticed). The risk of HIV infection is even greater if you have other sexually transmitted diseases (STDs). Both vaginal and anal intercourse are considered high-risk practice. Always use condoms and water-based lube. Don't share sex toys.

Oral sex (mouth-penis, mouth-vagina). The mouth isn't a great host for HIV – meaning the risk of HIV transmission through the throat, gums and oral membranes is lower than through vaginal or anal membranes. However, there are documented cases where HIV was transmitted orally, so we can't say that getting HIV-infected semen / vaginal fluid

(cum) or blood in the mouth is without risk. Gingivitis, dental work, etc., increase the risk of infection. So, while oral sex is considered a low risk practice, you should always use condoms / latex /dental dams (a piece of latex used to cover the vulva or anus).

Educate your kids. Talk frankly about using condoms and latex. Your kids' health is more important than your comfort level.

Blood and blood products

Since November 1985, all blood products in Canada are checked for HIV. A person's risk of getting infected from a blood transfusion in Canada is extremely low. Only blood that passes an antibody test and the Nucleic Acid Test, which detects the actual HIV virus, is distributed to hospitals. Blood and blood products are stored until accurate test results are obtained.

Canadian Blood Services (CBS) has taken the necessary steps to protect our population from HIV infection. However, they continue their campaign of discriminating against gay men, preventing them from donating blood. In no way do the facts on HIV transmission support this blatant discrimination, nor does this discrimination serve to make our blood services system safer - all donated blood is tested regardless of the donor. Unifor has joined the call for an end to discrimination against gays by CBS.

There is no chance of getting HIV from donating blood.

Needles

Don't share needles. Between 5 and 10% of transmission of HIV is through dirty needles. Injection drug users are at a significantly higher risk of contracting HIV.

An injection needle can pass blood directly from one person's bloodstream to another. It is a very efficient way to transmit a blood-borne virus. Sharing needles is considered a high-risk practice. Hepatitis C can also be spread when sharing drug equipment. Hepatitis C damages the liver.

If you use intravenous drugs, use a needle exchange program or only use your own sterilized equipment, use a safe injection site, dispose of sharps appropriately, and don't share needles.

Piercing and tattoos: Make sure all needles are sterilized and in sealed packages. Do your research and don't take risks.

Mother to child transmissions

If you are pregnant or thinking about getting pregnant, get tested for HIV/AIDS.

Between 5 - 10% of transmissions occur at birth or through breastfeeding. However, with the right maternal care from your doctor, this can be avoided. Know your HIV status, talk to your doctor as soon as possible, protect your baby.

At work

Service workers (i.e. health care, hospitality, cleaners) who may, in the course of their work, have contact with bodily fluids or needles, must have access to personal protective equipment, such as gloves, masks, gowns, proper needle sharps disposal containers. The employer is required by law to provide a safe and healthy work environment.

If you are a health care worker, know the facts on needlestick injuries and how to prevent contamination (less than 0.1% of transmissions are caused by needlestick injury).

Our approach as a union on workplace safety is universal precaution - treat every situation as if there is a risk of contamination. This booklet contains model language and general principles on HIV/AIDS in the workplace.

Discrimination and the stigma of HIV/AIDS

The stigma of HIV/AIDS can have devastating and disastrous effects:

- ▶ It can prevent people with HIV/AIDS from getting the health care and other services they need to stay healthy.
- ▶ It can stop people from getting tested, or protecting themselves.
- ▶ It can lead to harassment against those known to be HIV+ / living with AIDS.
- ▶ And the harassment and / or isolation of those who are friends, family or co-workers of people with HIV/AIDS.
- ▶ It can be directed at those who are considered more vulnerable to HIV/AIDS - particularly gay men, intravenous drug users, sex trade workers, and people who come from countries most affected by HIV/AIDS.

We know that HIV/AIDS is not transmitted through regular daily contact. And yet, one quarter of people who responded to a recent Canadian survey were uncomfortable associating with people with HIV/AIDS. Another forty percent had only a moderate level of comfort. Almost half of the people agreed that people who are HIV+ should not be allowed to serve the public working in jobs like dentists or cooks. And one in ten people still believes that people with HIV have "gotten what they deserve".

This is outrageous. Reducing the stigma will not be easy. It requires relying on the facts about HIV/AIDS rather than our fears, and listening to the voices of those living with HIV/AIDS.

We will not eliminate the HIV/AIDS virus until we eliminate the HIV/AIDS stigma.

"Stigma remains the single most important barrier to public action. It is a main reason why too many people are afraid to see a doctor to determine whether they have the disease, or to seek treatment if so. It helps make AIDS the silent killer, because people fear the social disgrace of speaking about it, or taking easily available precautions. Stigma is a chief reason why the AIDS epidemic continues to devastate societies around the world."

UN Secretary-General Ban Ki Moon

Getting Tested

If you believe you may have been exposed to the HIV virus, talk to your doctor immediately. Post-exposure prophylaxis (HIV-PEP) are antiretroviral drugs that may be able to prevent HIV if started within 12, 24 or 36 hours after exposure.

Why should I get an HIV test?

There's no doubt about it - it's scary to get tested - everyone feels scared. And it can be scary to go get your results. But we all need to be tested. And we all need to find out the results of our test. That's key to stopping the spread of HIV, but it's also key to making sure that if you do test positive, you get the right meds and the right supports so you can live a long and healthy life.

What does the test consist of?

A blood test will determine whether the antibodies in your system indicate the presence of the HIV virus.

Antibodies are what the immune system produces to fight infection. It is easier and cheaper to detect antibodies than HIV itself.

Think you don't need to get tested?

If you haven't ever been tested, now is a good time. If you think that you may have been exposed to HIV (i.e. unsafe sex, broken condom, use of dirty or questionable needles, etc.) you must get tested.

It's simply not realistic to assume that any of us knows the full sexual history of every person we are, or ever have been, sexually active with. Not knowing will not protect you.

And, if you're still sure you haven't ever been exposed to HIV/AIDS, get tested - you have nothing to lose.

When do I get tested?

For most people, it takes three months after exposure to the virus for the antibodies to develop. In rare cases it can take up to six months. **It is during this "window period" that you are most likely to pass on the virus.**

While you wait to get tested (it is recommended you wait three months after possible exposure so that antibodies will be detectable – though there are some very sensitive tests that can detect antibodies within three weeks of exposure), you must take extra caution not to pass along the virus.

You could already have high levels of HIV in your bodily fluids (blood, semen, vaginal fluids, and breast milk). HIV can be passed on to another person during the window period even though an HIV test may not show that you are infected.

Where can I get tested?

There are many places where you can be tested for HIV: your local health unit, community health centres, your doctor's office, another doctor's office, the hospital, sexual health clinics, etc.

HIV/AIDS tests are not performed routinely – don't assume that if you've had blood work done that it includes an HIV/AIDS test – ask to be tested.

Take a friend with you when you go to get results. Take pen and paper so you can write down what the doctor tells you. They'll be giving you lots of information and they'll set you up with supports.

Always try to find testing at a place where counselling is provided.

Are my test results confidential?

There are different types of testing available:

Confidential HIV test: the medical professionals handling the HIV test keep the result of the test confidential within the medical records. Results cannot be shared with anyone else unless you give your written permission.

Anonymous HIV test: There are hassle-free clinics that provide anonymous-testing. No records are kept that will link you to the test. They'll give you a reference number – you need to go back and get your results. A surprising number of people never return to get their results – it is scary – but you need to get the results so you can begin treatment and have a long, healthy life.

Counselling

Everyone who takes an HIV test should receive counselling when their test results are given, regardless of the test result.

What do I do if I have HIV?

Thanks to new treatments, many people with HIV are living long, healthy lives. It is very important to make sure you have a doctor who knows how to treat HIV. A healthcare

professional or trained HIV counsellor can provide counselling and help you to find an appropriate doctor.

If you're not comfortable talking to your regular doctor about your HIV status, it's time to find a new doctor. The clinic will give you a list of doctors who are accepting patients, or you can check with your local or provincial AIDS society.

You need to talk about what you're going through. Find someone you can trust. There are peer support groups for people living with HIV/AIDS. Your counsellor or doctor can put you in touch with other people who have gone through the same thing.

In addition, you can do the following to stay healthy:

- ▶ Follow your doctor's instructions. Keep your appointments.
- ▶ If your doctor prescribes medicine for you, take it exactly as prescribed.
- ▶ If you can't afford your medications, help may be available (see the section on antiretroviral drugs in this booklet)
- ▶ Get immunizations to prevent infections such as pneumonia and flu (after consultation with your physician).
- ▶ Eat healthy foods and use safe drinking water.
- ▶ Exercise regularly to stay strong and fit.
- ▶ Get enough sleep and rest.
- ▶ Practice safe sex to reduce the chances of the virus mutating.

You should also try to:

- ▶ Get individual counselling that can give you information about prevention, care and treatment options.
- ▶ Seek support for disclosure to your partner and couples counselling.
- ▶ Follow-up with HIV testing and counselling for your partners and children.
- ▶ Follow your doctor's advice on safer sex and risk reduction.
- ▶ Get screening and treatment for other diseases including tuberculosis, malaria and other sexually transmitted infections.

What does it mean if I test negative for HIV?

A negative test result means that no HIV antibodies were found in your blood at the time of testing. If you are negative, make sure you stay that way: learn the facts about HIV transmission and prevention. Don't engage in unsafe behaviour.

Even if you do test negative, there is still a possibility of infection because it can take up to three months for your immune system to produce enough antibodies to show

infection in a blood test. Wait until three months has passed from when you think you were exposed and get re-tested. In the meantime, take precautions: **during this "window period", you may be highly infectious.**

There is treatment for HIV

The drugs available today don't cure HIV infection but they do prevent AIDS from developing. They can stop the virus being made in the body and this stops the virus from damaging the immune system, but the drugs don't eliminate HIV from the body.

AIDS is fatal if untreated - but today there are effective treatments that allow people with HIV to live longer and longer - and symptom-free. The median time from HIV infection to the development of AIDS symptoms exceeds 10 years.

People who are HIV+ must continuously take antiretroviral drugs (ARVs) and stick to their doctor's treatment plan.

What are antiretroviral drugs?

Antiretroviral drugs (sometimes referred to as cocktails) are used in the treatment and prevention of HIV infection. They work against HIV by stopping or interfering with the reproduction of the virus in the body.

Your doctor will prescribe a course of treatment (at least three drugs) that are specific to the strain of HIV present in your body.

How does HIV treatment - or HAART (Highly Active Antiretroviral Therapy) work in someone who is HIV positive?

HIV is a very active virus that makes lots of copies of itself that then damage the body's immune cells (CD4 cells).

Combination ARV therapy prevents the HIV virus from multiplying inside a person. If this growth stops, then the body's immune cells - most notably the CD4 cells - are able to live longer and provide the body protection from infections.

However, HIV is also a very clever virus that can adapt to whatever medicines are being taken - it tries to change itself (mutate) so that these medicines no longer work.

Taking at least three medicines at the same time makes it harder for the virus to adapt and become resistant. **Taking the medicines every day at the right time and in the right way** keeps the right levels of the medicines in the body which makes it very hard for the virus to become resistant to the medicines. Missing your medication can give the HIV a chance to become resistant to the ARV medicine.

What are the side-effects of HIV treatment?

Some of these medicines often produce side effects such as nausea and vomiting or headaches. Usually most side effects are not serious and improve once the person gets used to the medicines. However, as with all medicines, sometimes unpleasant or dangerous side effects can appear. Some specific ARV medicines cause longer term changes in body shape and the distribution of fat within the body, which can be upsetting. Usually, changing the ARV medicines will lead to improvement in the individual's well-being.

Antiretroviral drugs should only be taken under medical supervision.

Coverage for ARVs

If you have a benefit plan it should pay for your drugs. If you do not have a benefit plan the AIDS society will give you information on how to get access to the medicines you need (i.e. provincial / territorial health plans). Either way, you may need to get a note from your doctor that says "no substitutions" on your prescription, as some benefit plans won't cover certain drugs otherwise (especially newer drugs).

What additional kinds of care do people living with HIV need?

Even when HAART (highly active antiretroviral therapy) is available, people living with HIV need other elements of care. In addition to access to HIV treatment, they need good nutrition, safe water, basic hygiene and other important elements of care to maintain a high quality of life. Often people with HIV need psychosocial support and counselling. People with HIV are at greater risk of contracting infections, including tuberculosis (which is making a comeback in Canada).

When you are on antiretroviral therapy, can you transmit the virus to others?

Yes. Taking antiretroviral therapy does not guarantee the prevention of transmission to sexual partners, infants or persons sharing unsafe injecting equipment. However, antiretroviral drugs should keep the HIV at very low levels or even undetectable.

Not taking medications on time, contracting other illnesses, taking other medicines that interfere with levels of ARVs, etc., could prevent the antiretroviral from working well enough to prevent HIV from being passed to others at risk.

Some people wrongly assume that it's okay for two HIV+ people to practice unsafe sex, or share needles. This is not true. Because there are different strains of HIV, and because the virus can mutate in the body, one HIV+ person can pass a different strain of HIV to another HIV+ person. This may mean that the drugs that were effective no longer are – and it gets increasingly difficult to find a cocktail that will work.

Workplace Policies & Model Contract Language on HIV/AIDS

Unions and employers can negotiate language in their collective agreement and/or create workplace policies to ensure workers with HIV/AIDS are treated with the dignity, respect, and benefits they need and deserve.

The following is an overview of workplace policies on HIV/AIDS. **The shaded boxes contain model language¹ for negotiating into our collective agreements. This gives us a good indication of what we can be striving for in negotiations.**

Workplace Policies on HIV/AIDS should be based on core principles.

HIV/AIDS should be treated like any other serious illness or condition in the workplace.

HIV/AIDS should be treated in "the general context of protection against infectious diseases".

The employer shall ensure that all employees are educated and trained in the use of universal precautions and provided with all necessary resources.

HIV/AIDS is non-transmittable under normal circumstances in most workplaces. Where there is risk of needlestick injuries, and where work includes bodily fluids (as in healthcare), universal precautions must be initiated and enforced by the employer. Unifor has produced a fact sheet on universal precautions and needlestick injuries.

The workplace must be equipped to prevent infection in case an accident leads to spills of blood or bodily fluids (note: this differs in different types of workplaces). The employer shall ensure that all protective clothing and equipment required by law is present at all times.

The employer shall ensure that if an employee is exposed to HIV infection in the course of his or her work, the employee will receive immediate counselling, with the option of voluntary antiretroviral treatment, paid for by the employer, as post-exposure prophylaxis within 72 hours. Emergency care and treatment for medical personnel and people performing First Aid in and after medical HIV exposure will be provided.

¹Source: Produced for the Labour Research Centre, Cape Town, South Africa, by Roger Etkind, the Learning Company. The Full model collective agreement is available through an excellent interactive (resource linked) website: <http://www.lrs.org.za/index.php/component/content/article/10-resources/resources/69-hiv-a-aids-agreement>

Employers cannot discriminate against workers (or job applicants) based on their HIV/AIDS status. Employees cannot be terminated because they develop an illness (terminal or not).

“The employer will not refuse employment to any qualified person with AIDS or a positive HIV antibody test. The employer will make no attempt to identify carriers of HIV antibody or persons with AIDS by questions, screening or other means.”

Information about a worker's HIV status is not relevant to the workplace and should not be collected, used, disclosed or retained. Employers cannot test, they cannot assume, and they cannot ask. Unions need to ensure that this is not happening.

No actual or prospective employee may be required to take an HIV test, and no employee may be tested without his or the knowledge and informed consent. There will be nothing in any pre-employment examination that requires an applicant to declare his/her HIV/AIDS status.

No employee will be required to disclose his or her HIV status to their employer or to other employees.

Employers cannot breach confidentiality of HIV status.

Where an employee or prospective employee chooses to voluntarily disclose his or her HIV status to the employer or to other employees, this information may not be disclosed to others without the employee's express written consent.

Employers cannot deny access to benefits or coverage based on HIV/AIDS status (i.e. pre-existing condition).

The employer will not facilitate any testing for insurance purposes. Where an employee volunteers to be tested, the test results will be kept only on medical files and will remain accessible only to medical personnel and fully confidential. Files related to HIV will not be marked or flagged in ways that indicate HIV status. The employer will ensure that health workers performing HIV-associated work on behalf of the employer do not communicate an employee's HIV status to anyone without the employee's written permission.

Trustees and administrators of pension funds and benefit programs and insurance policies may not disclose the identity of an employee living with HIV/AIDS to the employer or the union without the member's / employee's written permission.

All benefit schemes will be reviewed jointly by the parties to ensure that they:

- do not discriminate against people with AIDS.
- make provisions for the specific needs of HIV+ people including anti-retroviral treatment.

Employers are required by law to accommodate workers with disabilities up to the point of undue hardship.

If an employee with a disability (including HIV) becomes unable to perform his or her normal duties, the employer must attempt to find reasonable alternative accommodation for him or her. Reasonable accommodation may include, but is not limited to:

- Flexible or part-time working schedules.
- Leave of absence.
- Opportunity to shift from full-time to part-time and back again.
- Work restructuring.
- Adapting existing equipment or acquiring new equipment.
- Re-organising workstations.
- Re-structuring jobs so that non-essential functions are re-assigned.
- Opportunities for additional rest breaks.
- Increased relief time.
- Time off for medical appointments.
- Flexible sick leave.
- Reassignment to less physically demanding work.

People with HIV are often on very strict, demanding drug regimens. It's important that they take their medications at certain times every day, and the workplace should be able to accommodate that.

Employers cannot use "deemed termination" as a cause for dismissal (that is to say if an employee was absent for a set amount of time they were 'deemed terminated'). Employers cannot use a policy of "innocent absenteeism" to suspend or dismiss workers with chronic illnesses.

If HIV permanently disables an employee, and all possibilities of reasonable accommodation have been exhausted, the employer shall apply standard company procedures for termination of employment due to disability, without unfair discrimination, or the application of arbitrary time limits.

Employers are required by law to maintain a harassment-free workplace.

No worker who is known to be, or thought to be, HIV positive shall be discriminated against or harassed in any manner. No worker who has a family member with HIV/AIDS, or who has in any way been exposed to the HIV virus, shall be discriminated against or harassed in any manner.

A manager, supervisor or other employee who discriminates, harasses or otherwise mistreats an employee with HIV shall face normal disciplinary procedures.

Co-workers are expected to continue working relationships with employees living with HIV/AIDS. Employees who refuse to work with a fellow employee with HIV/AIDS shall be counselled and provided with adequate access to information on HIV/AIDS transmission. Following such education and counselling, if an employee continues to refuse to work with someone living with HIV/AIDS, that employee may be subject to disciplinary action.

The union and the employer will work together to end unfair discrimination and stigmatisation against people on the basis of real or perceived HIV status. The parties will work together to create a supportive environment to ensure that employees with HIV are able to continue working for as long as they are able to do so and to ensure that employees living with HIV/AIDS are protected from victimization and harassment.

Employers have a role to play in the wider struggle to limit the spread and effects of the epidemic. Workplaces are excellent places for education, awareness and HIV/AIDS prevention programs. Unions should also play a lead role in membership education on HIV/AIDS.

HIV/AIDS education and training shall take place during working hours and the employer will provide paid time off, with a minimum allocation as follows:

- 4 hours mandatory training per year for every worker.
- 16 hours mandatory training per year for every workplace representative, supervisor, management, and women's advocate / employment equity representative.

What legislation do workplace policies have to comply with?

Workplace policies must comply with the Canadian Human Rights Act, and with any other provincial legislation governing human rights, disabilities and workplace standards.

Under the Canadian Human Rights Act, HIV is classified as a disability, so people with HIV have the same rights as anyone with a disability.

The role of governments

“The world must do much more on every front in the fight against AIDS. Of course, it means dramatically expanding our prevention efforts, but the most striking is our failure to provide the lifesaving treatment to the millions of people who need it most . . . the single most important step we must now take is to provide access to treatment throughout the developing world. There is no excuse for the delay. We must start now . . . if we discard the people who are dying from AIDS, then we can no longer call ourselves decent people.”

Nelson Mandela

2010 was the target year for achieving Universal Access to HIV & AIDS Prevention, Treatment, Care and Support. The target has not been met.

Globally, prevention services reach only 20% of people in need (the percentage is even smaller among those most vulnerable – women and children).

In 2008, only 42% of the 9.5 million people in need of antiretroviral therapy around the world were receiving it.

And, for every two people starting treatment, another five become infected with the virus.

The good news is, people do not need to be dying of HIV/AIDS. The bad news is, that for the most part they are. Why? Because too many people and too many governments are indifferent. People with HIV/AIDS are dying from treatable infections, starvation and malnutrition, lack of sanitation, and lack of access to affordable drugs.

Unifor is part of the International Coalition on AIDS & Development (ICAD), a broad coalition that is calling on our government, and governments everywhere to:

- ▶ Strengthen public health care.
- ▶ Make medicines affordable and accessible.
- ▶ Fund their fair share of the global response to HIV and AIDS.
- ▶ Support comprehensive HIV prevention efforts.
- ▶ Address TB, hepatitis C and malaria (co-infections with HIV).

Strengthen Public Health Systems

People living with HIV/AIDS rely on public health care systems for treatment, drug coverage, support services, and palliative care. The rest of the population also relies on Medicare for HIV testing, prevention education, and research into treatments and prevention vaccines. Whether we are HIV+ at this point in our lives or not, we all need a strong Medicare system.

Provide Access to Drugs

Our Canadian government should be making it easier for Canadians and people around the globe to access lower-cost generic drugs. Even some of the world's poorest countries, including Uganda and Ethiopia, provide free antiretrovirals. Canada should be limiting (not extending) drug patent laws, to bring generic drugs to the market faster. We should oppose the extension of free trade deals that create even stronger patent protection for drug companies. Governments must also fund research on antiretroviral drugs for children to ensure they receive appropriate pediatric doses.

Reconsider Trade & Investment

Free trade deals generally undermine a country's ability to control their own health policies. Health care should be exempted from regional and bilateral trade and investment negotiations as well as from the General Agreement on Trade and Tariffs (GATT), and the World Trade Organization (WTO).

Canada should seek an exemption for public services from the General Agreement on Trade in Services (GATS) and other trade pacts to protect Medicare. Chapter 11 of the North American Free Trade Agreement (NAFTA) allows corporations to sue governments for "potential lost profits" if they can't open business here. Similar provisions appear in other trade and investment agreements must be eliminated (or at the very least re-written). This must be re-written because it leaves us vulnerable to challenges by for-profit American health care giants.

Canada should also reject any measures that extend drug patent laws that make it more difficult (and costly) for individuals to access anti-retroviral drugs, by delaying their entry to market.

Increase Development Assistance

Over 30 years ago members of the United Nations set a target of 0.7% of Gross National Product (GNP) for development assistance. Canada signed on to the agreement, but hasn't lived up to its commitment.

We call on the Canadian government to announce a realistic and rapid timetable for increasing aid to meet the 0.7% GNP aid target, and make a multi-year commitment to contribute Canada's fair share of 5% of the resources needed by the Global Fund to Fight AIDS, TB and Malaria.

Our international aid programs should make comprehensive and affordable prevention and treatment for HIV/AIDS and general health services a top priority.

Reform International Financial Institutions

Most of the countries around the world that rely on international aid are burdened by crushing debt – debt that mostly came about because of high interest rates charged by rich countries, and by international interference. We therefore call on Canada to promote the immediate and unconditional cancellation of 100% of the multilateral and bilateral debt owed by countries burdened by HIV and AIDS to allow them to respond to the pandemic.

Canada must speak out against World Bank and International Monetary Fund (IMF) policies which undermine developing countries' ability to fund public health, and which actually encourage user fees and privatizing public services – all of which just penalize the poor and make treatment even less accessible.

Spotlight: Brazil

Over a decade ago the Brazilian government undertook an AIDS program that has done what few thought possible: stem the tide of infection and provide free antiretrovirals to all in need. Their infection rate is now less than half what had been predicted. Brazil went ahead and produced generic AIDS drugs at a quarter of the cost of giant drug companies (and they fought off a challenge by the American administration to maintain their right to do so). The Brazilian government consistently pushes for international health, human rights and trade policies that make treatment accessible. They have:

- ▶ **pushed the World Health Organization (WHO) to add anti-retroviral drugs to the “Essential Medicines List” and improve transparency about global drug prices.**
- ▶ **spearheaded efforts to re-direct global research and development toward medicines and tests for poor countries.**
- ▶ **led four resolutions to the United Nations Commission on Human Rights that recognize drugs for AIDS treatment as part of the human right to health.**

The Brazilian example remains relevant today in light of new trade agreements being negotiated. Keeping an HIV/AIDS strategy alive depends on a progressive government, hundreds of non-governmental HIV/AIDS organizations, a population willing to talk openly about sex, and a strong level of scientific competence.

What's the broader context for HIV/AIDS?

"Over the past 30 years, our medical knowledge has increased dramatically but our commitment to human rights has not," according to Yves Souteyrand, co-ordinator of the strategic information office in the HIV/AIDS department of the World Health Organization. "Universal treatment cannot be achieved without human rights."

Women and HIV/AIDS

"AIDS exacerbates and accentuates inequality."

Stephen Lewis

Women around the world are fighting for their sexual and reproductive rights - from basic negotiation with partners over condom use, to the right to abortion. Any serious commitment to maternal health must include access to treatment for HIV/AIDS, birth control and reproductive choice.

HIV/AIDS affects women disproportionately - while there are fewer women with HIV, the rate of infection among women is rising more rapidly than among men. Girls and women who are HIV positive may be cast out of their homes because of their status and face even greater isolation and poverty.

Women's bodies are biologically more susceptible to contracting HIV during heterosexual intercourse. Women are more susceptible to rape and more often trafficked into prostitution. Rape is used as a weapon in domestic relationships, among strangers and during wartime.

In addition, throughout the world women shoulder the burden of domestic responsibilities, including health care and the care of sick family members.

"And then Agnes finally spoke. She took no more than a couple of minutes: her story was wrenchingly brief, ghastly in its simplicity. She had buried all five of her adult children . . . all five - and was left with four orphan grandchildren. That was it. She wept. I learned as I left that every one of her four grandchildren is HIV-positive. How much can one grandmother endure?"

Race Against Time, Stephen Lewis

Every HIV/AIDS strategy must take into account women's realities and include the broader fight for women's equality. We cannot tackle HIV/AIDS without addressing systemic gender discrimination.

Racism and HIV/AIDS

The effects of the global pandemic in many parts of Africa (as well as Asia) have reached absolutely devastating proportions. Poverty and HIV/AIDS go hand in hand. Decades of interfering policies on the part of international financial institutions (the World Bank, the International Monetary Fund) have decimated the health care and education systems that are so badly needed for the prevention and treatment of HIV/AIDS. The economic ruin brought on by HIV/AIDS only entrenches the economic ruin of decades (and centuries) of colonialism and neo-colonialism. Today, people throughout Africa face a staggering loss of life and human potential, and the international community sits idly by. Nothing short of racism explains why this tragedy, on the largest scale the world has ever seen, is unfolding.

At the same time as HIV ravages Africa and parts of South Asia, it continues to be a major issue in Canada. With 1 in 500 Canadians infected with HIV/AIDS, we must inherit this problem as our own. We would be engaging in a terrible injustice to ourselves by ignoring the facts of HIV/AIDS in Canada and passing it off as an “African problem”, or buying into racist stereotypes about rates of infection.

HIV/AIDS is disproportionately high in Aboriginal communities and among the overall Aboriginal population in Canada – also disproportionately high are levels of poverty, intravenous drug use and work in the sex trade. All of this needs to be understood through the lens of racism and sexism, economic injustice, lack of meaningful opportunities and destruction of communities and families brought about by government policies of residential schools, re-locations, loss of land and traditional ways of life, the reservation system and other assimilationist interventions. Addressing these root causes and problems should be top priority for governments at all levels. Aboriginal peoples living with HIV/AIDS must be offered treatment and care that takes this broader perspective into context, and traditional healing practices must be made available (and governed by Aboriginal peoples themselves).

HIV/AIDS and the LGBT community

We all know that it is within the heterosexual community that HIV/AIDS is spreading the fastest – both in Canada and internationally. HIV/AIDS is not the ‘gay disease’ it was considered to be in the 1980s. However, gay men, “men who have sex with men” but don’t consider themselves gay, lesbians, bisexuals and transgender people are, of course, like the rest of the population, still at risk of HIV/AIDS.

Gay men living with HIV/AIDS (and for that matter, gay men who are wrongly assumed to be HIV positive just by virtue of being gay), face a double stigma. Harassment, marginalization, fear of being outed, discriminatory treatment by insurance companies and health care providers are just part of what it means to be gay and HIV positive.

Trans people who are HIV positive face discrimination whichever way they turn, as treatment providers may not see them as 'fitting' neatly within their programs.

In our North American context HIV/AIDS was not taken seriously for too long by politicians, health care professionals, and practicing heterosexuals, because it was seen as simply a gay disease. This meant it did not get the funding or educational programming that would have saved lives.

In the global context, homophobia plays out differently – the disease tends to be discussed as if it only affects heterosexuals! Prevention and education programs deal only with heterosexual sex, and treatment and support programs often have a clear heterosexual bias. This is especially true in countries where LGBT rights are few and homophobia is sanctioned. Here, the challenge is to ensure that homophobia doesn't stop LGBT people from getting relevant information and equal access to treatment and community and government support.

Tragically, religion has played a major role in spreading the pandemic, as many major religions refuse to address HIV/AIDS preferring instead to throw stones at its victims, or stay silent as it ravages the globe. Silence equals death.

Politicians, fearful of challenging right-wing fundamentalist voters, do so little, it is in the words of UN Special Envoy on HIV/AIDS, Stephen Lewis, "criminal".

The lesbian, gay, bisexual and transgender community has a strong tradition and culture of caring for people with HIV/AIDS, providing a model for the rest of society. The LGBT community does not bear the responsibility for the disease, for its transmission, for its cure, or for its prevention – but continues to take leadership where it is needed. And it is needed.

Sex trade workers

The Solidarity & Pride Committee and the Women's Committee of the Canadian Labour Congress continue to work on a Discussion Paper on Sex Trade Work (see www.clc-ctc.ca). The labour movement continues to debate the merits of calling for the decriminalization of sex trade work. That debate will go on – but we need to pay attention now to the extremely unsafe conditions of the work – which includes the risk of contracting and spreading HIV/AIDS. If sex trade workers cannot wash because they cannot have a 'place of business', cannot take the time they need to assess their clients (because of police harassment), do not have the power to negotiate the conditions of their work (and do not have any security or protection against clients who refuse protection) their exposure to HIV/AIDS only increases.

Women, as well as a disproportionate number of transgender and gay people, work in the sex trade industry (in part due to their marginalization in society in general and discrimination in hiring in particular).

Around the world sex trade workers are getting younger and younger as HIV/AIDS drives the demand for those less likely to have yet been exposed to the virus.

Criminalization of people with HIV/AIDS

In over 80 countries in the world homosexuality is still criminalized. In nearly every country in the world intravenous drug use is illegal. So is prostitution.

It should be no surprise then, that many people who are HIV+ do not access treatment for fear of being prosecuted on any of these grounds.

Furthermore, in some countries (including Canada), people living with HIV/AIDS can be charged with attempted murder where they have allegedly failed to disclose their status. A person living with HIV can be convicted of a crime even when a sex partner does not become infected with HIV.

The courts have not clearly set out the circumstances under which people living with HIV have a legal duty to disclose their HIV+ status. The law has not defined with certainty what sex acts, under what circumstances, involve a legally significant risk of HIV transmission. The law is currently being applied unevenly. Unifor has signed on to a call for guidelines for criminal prosecutions of non-disclosure, to ensure a balance of rights is applied.

Labour's response to the Global Pandemic

The International Labour Organization (ILO) reports that the HIV/AIDS epidemic is having a severe impact on "the composition and quality of the labour force in terms of age, skills, experience, and will lead to more child labour and undo hard-fought gains in the advancement of women."

The ILO estimates that the rate of economic growth will decline 1.4% just from the effect on the labour force. Tragically it is the children and those in "productive" and "reproductive" age categories that are most highly affected.

In 2010, the International Labour Organization passed Recommendation #200, the first international labour standard on HIV and AIDS. This recommendation acknowledges, for the first time, that the workplace must be a critical component of the response to HIV. The recommendation calls on all governments, businesses and unions to cooperate in establishing workplace-based prevention programs; in developing HIV and AIDS occupational safety and health workplace policies; and in ensuring access to treatment, care, and support measures through the workplace. Recommendation #200 includes key principles:

- The right to confidentiality and non-disclosure.
- No mandatory testing or screening.

- The right to continue in employment (reasonable accommodation).
- Equal access to HIV prevention, treatment, care and support services for workers and their families.
- Prevention as a priority.
- Protection of workers in occupations at risk of HIV transmission.

Since 2010 we have joined with unions in Canada pressuring our own government and employers to fully implement ILO Recommendation #200 and we have been working in solidarity with our partner unions around the world supporting their efforts to do the same.

Unions and the labour movement have a unique and important role to play on the issues of HIV and AIDS. We are the voice of workers and their families in the workplace, with employers, in the community and with governments. We have a responsibility to our members and their families who may be affected by HIV/AIDS to bargain workplace and community protections, rights, benefits and support. We need to push our politicians to make legislative changes so that HIV/AIDS medications are affordable and available, and so that all workers who need accommodation - whether they have a union or not - get the support they need. We need real workplace education on HIV/AIDS, and we need to make sure HIV/AIDS is integrated into all of our union courses and presentations. We can, and we will, push employers and governments at all levels (here at home and around the world) to adopt, implement and monitor ILO Resolution 200.

Barb Byers, Secretary-Treasurer, Canadian Labour Congress

Over thirty national workplace policies on HIV/AIDS have been developed since the adoption of Resolution #200 – a major step forward. Five national court cases have determined that termination based on HIV status is discriminatory.

In Botswana, over a thousand shop stewards have been trained on prevention, care and treatment of HIV/AIDS. They have produced manuals for plantation workers, fisheries, and workers in other sectors as well.

In Tanzania, the Trade Union Congress bargained 17 workplace policies that include the rights and protection of those with HIV/AIDS, non-discrimination, workplace education programs, access to treatment and care and support. The collective agreement for postal workers now includes the provision of antiretroviral medications (by the employer); equal protection of all workers against discrimination and job loss; equal access to HIV-related training and activities for people living with HIV/AIDS and the inclusion of HIV/AIDS in all workplace education programs.

In Malawi, our union is a major supporter of the Canadian Physicians for Aid and Relief project “Reducing the Burden of HIV/AIDS in the Rural Workplace” which includes:

workplace programs on HIV/AIDS to reduce the rate of transmission, programs that help family members coping with death, with loss of income, depletion of savings, and programs that support the human rights of workers, particularly women. The project sponsors community organizations that promote improved nutrition, provide basic public health and support to orphans, and initiate micro-economic activities to deal with the devastating loss of income.

Unifor also works with local and international groups such as the Stephen Lewis Foundation, which focuses on AIDS in Africa - easing the plight of women who are dying from AIDS, helping the orphans they leave behind, and assisting the remarkable efforts of groups of people living with HIV/AIDS. Grandmothers-to-grandmothers groups exist across the country, and many Unifor members participate.

In Mozambique, our union partnered with Oxfam-Canada and the Mozambique Peasants Union in micro-economic projects that helped the many women-headed rural households affected by HIV/AIDS. Many women are left with the full responsibilities for subsistence farming because their husbands have gone to find work or returned home with AIDS-related illnesses. Some women themselves now live with HIV and struggle to provide for their families. In addition to generating needed income, the cooperatives' project helps to introduce more nutritious food so that they can stay healthier longer.

'Not only is each death an individual tragedy, but the spread of the disease has now cut across communities, households and workplaces. Systems of production and distribution, indeed entire social systems, are now at risk. Responding to this crisis is more than a public health issue; it is also a fundamental issue of development for millions of people in Africa.'

Today, more than 9.5 million people in low and middle-income countries are receiving HIV antiretroviral therapy. Until 2003, the high cost of the medicines, weak or inadequate health care infrastructure and lack of financing prevented wide use of combination ART treatment in low and middle-income countries. However, enormous progress has been made and the increased political and economic commitment, stimulated by people living with HIV, civil society and other partners, has allowed dramatic expansion of access to HIV therapy (approximately 55% of the total of those who would benefit from ART actually receive it, so work remains to be done).

Unifor will continue to work with trade union groups and non-governmental organizations in our demands for free, accessible, public health care and treatment for all people living with HIV/AIDS - whether they are rich or poor, in the global North or the global South.

What you can do:

- ▶ Get tested. Know your status. One quarter of Canadians who are HIV+ are unaware of their status.
- ▶ Ask that your partner(s) be tested – know their status.
- ▶ Practice safe sex – always use condoms / latex for intercourse, anal and oral sex.
- ▶ Educate your kids; talk frankly about using condoms and latex. Your kids need accurate information so they can protect themselves.
- ▶ Don't share needles.
- ▶ Support needle-exchange programs and safe-injection sites.
- ▶ Support people living with HIV/AIDS in your family and your community.
- ▶ Stand up to harassment of people with HIV/AIDS. Many people don't get tested for fear of how they will be treated if others know they have the virus. Standing up to harassment shows people they are supported.
- ▶ Educate people about HIV/AIDS – talk prevention and challenge myths.
- ▶ Demand that our government provide safe injection sites, needle exchange programs, and accurate and frank sex education.
- ▶ Take part in campaigns to protect and expand Medicare in Canada, and stop our government from negotiating free trade deals that dismantle health care systems in poorer countries.
- ▶ Support the lobby effort to create a national pharmacare program in Canada.
- ▶ Negotiate an HIV/AIDS Workplace Policy with your employer.
- ▶ If you're a health care worker, or other worker that could be at risk, use universal precautions to protect yourself against all blood-borne diseases.
- ▶ Educate yourself about HIV/AIDS. Treat all people in your care with respect. For more on "Universal Precautions for Infection Control", check out our Unifor Fact Sheet (www.unifor.org) and also see our "Needlestick Injuries" Fact Sheet.
- ▶ Check out your collective agreement and your benefit package – do workers with HIV/AIDS have the support they need (accommodation, disability and drug benefit coverage, specific non-discrimination language, etc...)?
- ▶ Join (or start) a grandmothers-to-grandmothers group in your community and be part of the international network supporting women and families coping with HIV/AIDS.

What local unions can do:

- ▶ Negotiate workplace HIV/AIDS policies.
- ▶ Enforce the Duty to Accommodate and ensure our members with HIV/AIDS are protected.
- ▶ Negotiate family care leave provisions.
- ▶ Include HIV/AIDS-based discrimination in anti-harassment training and campaigns.
- ▶ Get employers to implement a needlestick injury policy and demand that they adhere to universal precaution procedures.
- ▶ Get involved in educating our members about HIV/AIDS – prevention, awareness and treatment.
- ▶ Support community HIV/AIDS education and action groups (and hospices) in their regions.
- ▶ Be part of the fight to strengthen our public health care system.
- ▶ Join the call for a national Pharmacare program.
- ▶ Negotiate the Social Justice Fund in your collective agreement – through these funds Unifor members support our partners working to prevent and treat HIV/AIDS here at home and throughout the world.
- ▶ Unifor locals can also reach out to our brothers and sisters around the world, by contributing to the Stephen Lewis Foundation, or to the Canadian Labour Congress' HIV/AIDS Labour Fund. The Fund supports HIV/AIDS projects from worker organizations which target workers and their families, particularly in the poorest and most-affected regions in the world (www.clc-ctc.ca).
- ▶ Acknowledge December 1st (World AIDS Day) in your workplace by setting up an information booth, handing out condoms, etc.

Unifor National Office will:

- ▶ Continue our work through the Unifor Social Justice Fund with our partners in Canada and around the world who are working to stop the pandemic and are supporting HIV/AIDS patients and their families.
- ▶ Create/distribute HIV/AIDS information booklets, posters and other materials.
- ▶ Provide local unions with model workplace HIV/AIDS policies.
- ▶ Include an HIV/AIDS angle in our campaigns for strengthening public health care and improved long term care facilities.

- ▶ Continue to call for the reform of the World Bank and IMF's structural adjustment policies.
- ▶ Continue to participate in the "call for debt cancellation for the world's poorest countries (www.makepovertyhistory.org).
- ▶ Continue to educate our members on the connections between poverty, development, racism, women's rights and HIV/AIDS.
- ▶ Continue to push employers to provide anti-harassment training that includes HIV/AIDS-based discrimination.
- ▶ Call on our governments to create a universal pharmacare plan and strengthen our publicly-administered, publicly-funded health care system.
- ▶ Continue to demand that Human Rights Commissions be properly financed and staffed so that they can respond to HIV/AIDS-based discrimination complaints.

Conclusion

HIV/AIDS is a health and safety issue, a public policy issue, a free trade issue, a poverty issue, a women's issue, an LGBT issue, a human rights issue, and a union and workplace issue.

We all need to get involved - individually and through our Union in Politics Committees, Women's Committees & Women's Advocates, Youth Committees and Networks, Health & Safety Committees, Community Chapters, and International Solidarity Committees. HIV/AIDS is an issue for all of us - leadership, activists, members. Together, we need to do more to prevent infection, respond to the needs of our members who are living with HIV/AIDS, provide education and information to stop the stigma, and be part of the global response to the global pandemic.

Resources

The Community AIDS Treatment Information Exchange (CATIE) provides excellent resources for people living with HIV/AIDS, including *Managing your Health: a guide for people living with HIV* which contains specific information on harm reduction and on pregnancy & HIV/AIDS; CATIE also produces a guide for employers: <http://www.catie.ca>

The Canadian AIDS Society (CAS) website includes a wealth of information in the Resources section, including Background Fact Sheets that include important documents such as “A Guide to Insurance Benefits for people living with HIV/AIDS”, as well as key information about HIV and the workplace. www.cdnaids.ca

The AIDS Committee of Toronto website includes important resources on safer drug use, safer sex, and more. www.actoronto.org

The Stephen Lewis Foundation (SLF) supports community-based organizations that are turning the tide of HIV/AIDS in Africa. Their website offers information on the issues as well as opportunities for political activism and fundraising. www.stephenlewisfoundation.org

The Canadian Labour Congress works with other global and Canadian partners to address the pandemic of HIV and AIDS worldwide. www.canadianlabour.ca/international-solidarity

The labour movement participates in Inter-Agency Coalition on AIDS and Development (ICAD) campaigns, including a call for universal access to HIV /AIDS prevention, treatment care and support. www.icad-cisd.com

The International Labour Organization has developed information sheets and model language on HIV/AIDS workplace policies and collective agreement clauses. Their materials are a fantastic resource for local unions interested in developing workplace campaigns and policies. Check out their website at www.ILO.org

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