

# **HIV & AIDS policy**

**A Workplace Response to the Pandemic**





## **Introduction**

Many things have changed over the 30 years since the first HIV diagnosis. New scientific and medical discoveries have seen improved treatment, care and medication. The number of people living with HIV and those at risk of infection is more stable because of better social and economic supports.

The success is fewer new infections and less people dying of AIDS-related illnesses. Access to prevention and treatment has been critical to the fight against AIDS. The progress is significant yet it remains fragile.

## **A Global perspective**

Globally, women and children in the most impoverished countries are most impacted by the HIV pandemic because of the risks and impacts of violence, poverty and marginalization. Access to anti-retroviral therapy (ART) has contributed to the stabilization of the pandemic and reduced the mother-to-child transmission. We have seen an increase in access to these important medications in the last five years. For every person who has access there are still two people who do not, leaving 10 million people without treatment in Sub-Sahara Africa where we continue to find some of the highest rates of infection.

## **Trends in Canada**

In Canada, Men who have sex with Men (MSM) make up about half of the HIV cases. The good news is that the rate of infection amongst MSM is now stable. There are a few trends however that we need to be worried about. Young MSM, those between 13 and 24 years, are experiencing increased rates of HIV. This trend may be due, partly, to 'issue fatigue' in the gay community and an erroneous belief that HIV is no longer a health concern because of treatment up to, and including, a cure.

Another alarming trend can be seen in the Aboriginal population. Aboriginal people are over-represented in HIV/AIDS epidemic. There are increased rates of infection with a significant impact on women. The concern is further underscored because the trend parallels the early stages of the pandemic in sub-Sahara Africa where we first saw infections rates beginning to climb amongst women through heterosexual contact. Poverty and marginalization are significantly at play.



Many new infections are due to intravenous drug use (IDU), through needle and other drug paraphernalia sharing. IDU accounts for nearly one-third of HIV infections. In Canadian prisons, we see a doubling of HIV transmission because of needle and syringe sharing. Correctional services typically does not allow for harm-reduction programs that would help significantly reduce HIV infections, programs such as condom distribution and needle exchange.

### **Human Rights**

HIV and AIDS are closely connected to Human Rights issues. When people are marginalized because of poverty, gender, culture, disability and sexual orientation and gender identity, they experience barriers to exercising fundamental rights, and accessing resources and services. This increases their vulnerability to HIV and AIDS. Human rights violations make people vulnerable to infection because they are afraid to get tested and to get treatment if they become sick. They cannot be open about their HIV status to get the support and care they need. People who live with HIV and AIDS often face stigma, discrimination and mistreatment, including harassment, abuse, arrest and in some cases, even torture and death.

Everyone should have the right to the highest possible standard of care. If we are to reduce HIV infections then we must respect and protect everyone's human dignity to reduce the number

of people who become infected and the impact of the epidemic. We must stop all acts of discrimination, harassment, stigmatization and violence. It will take a community and global response.

### **CUPE – An HIV and AIDS policy in a changing world**

CUPE has long been a defender of human rights as well as labour rights – we understand that they are often one and the same. In 1995, CUPE members adopted a progressive policy statement on HIV and AIDS. This was groundbreaking work for the Canadian labour movement because it took an active step to “battle against discrimination and prejudice” for members who are HIV positive.

Together we moved ahead on a number of the recommendations from the first policy statement. We bargained better protection for HIV positive members and for members who work with people with HIV and AIDS. HIV



and AIDS issues have been integrated into health and safety, bargaining and equality workshops. The union has lobbied the federal government on funding for drugs and treatment. These actions have made a difference to infected members and helped to raise awareness about the issues in our union. CUPE believes it has an obligation to continue its activism on HIV and AIDS and make the issues a priority.

Our work continues as we bring forward a new CUPE HIV and AIDS Policy to reflect our changing world, changes in science and in the workplace, as well as our increased awareness of the issues and impact of HIV and AIDS. We will continue to protect all workers, to defend human and labour rights, and to speak out for strong and healthy communities. CUPE stands in solidarity with all people infected and affected by HIV and AIDS in Canada and around the globe.

### **Mission**

CUPE's mission is to join in solidarity with workers and communities in Canada and around the globe to prevent HIV infection, to meet the challenges of AIDS, and to build healthy workplaces and communities for everyone.

### **Vision**

CUPE envisions a world where:

- ▶ all new HIV infections are eliminated;
- ▶ the social and economic impacts of AIDS are eradicated;
- ▶ everyone has equal access to quality and dignity of life;
- ▶ public and universal health care, education and services ensure prevention, care, support and treatment for everyone.

### **Values**

CUPE believes that HIV and AIDS are fundamentally about Human Rights.

- ▶ All human beings are valued equally and deserving of dignity and respect.

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- ▶ People have a right to fully and freely participate in society within their communities and workplaces.
  - ▶ Everyone has the right to freely access the information, care, support, prevention and treatment they need for a healthy life.
  - ▶ We recognize HIV and AIDS as a workplace issue to be treated like all serious illnesses and medical conditions in the workplace.
  - ▶ We have a role to play to limit the spread and impact of the epidemic.

### **CUPE's position on HIV and AIDS**

#### 1. CUPE stands for the full expression and protection of all human rights

- ▶ We ensure and protect all the human rights of persons infected and affected by HIV and AIDS and include the protection of AIDS activists and educators.
- ▶ We stand in solidarity to eliminate all stigma, discrimination and inequalities in well-being, regardless of HIV status.
- ▶ We will collaborate with others to make sure that HIV issues are mainstream issues and to include, in meaningful ways, the voices of people living with HIV and AIDS.
- ▶ We will continue our efforts toward a just society for everyone and to work toward social and economic justice and inclusion.
- ▶ We recognize the gender dimension of HIV due to biological, social and economic reasons. Gender equality and empowerment are critical if women are to access prevention, support and care. It will enable women to live healthily and safely whether infected or affected by HIV.
- ▶ We support the right to sexual expression and orientation. Freedom from discrimination and violence for gay men and other men who have sex with men (MSM) is fundamental to HIV prevention.

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- ▶ We continue to recognize the fundamental rights and voice of the full spectrum of gender and sexual identities in our efforts toward HIV prevention, care, support and treatment.
  - ▶ We support the declaration of the rights of indigenous people including the right to health and traditional health practices.
  - ▶ We affirm the right to privacy and confidentiality and recognize the risks involved in revealing personal information related to HIV and AIDS. We oppose any mandatory testing and the criminalization of non-disclosure of a person's status.
  - ▶ We support good public health policy and legislation in creating healthy communities and workplaces. All programs and policies need to be supported by a community response with evidence-based solutions, including harm reduction. We seek to share the benefits of scientific and medical advancement with everyone.
  - ▶ CUPE supports the full implementation of the Millennium Development Goals (MDG) beyond 2015.<sup>1</sup> We will undertake to join with the labour movement to ensure that MDG 6 to combat HIV/AIDS, malaria and other diseases<sup>2</sup> is supported and achieved.
2. CUPE stands for the rights and protection of all workers through collective bargaining, public and labour policy, and legislative changes when needed.
- ▶ We will continue to protect the rights of workers and actively support inclusion and equality for everyone.
  - ▶ We will work vigilantly to eliminate all forms of discrimination, oppression, stigmatization and harassment in the workplace and the community.
  - ▶ We will continue to stand for equality by ensuring:
    - ▷ work security and the continuation of the work relationship;

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1 United Nations: <http://www.un.org/millenniumgoals/>

2 United Nations MDG 6: <http://www.un.org/millenniumgoals/aids.shtml>

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- ▶ fair wages, inclusive pension plans, benefits, programs and insurance that are free from discrimination and barriers;
  - ▶ recognition of episodic disability by providing care and support for those requiring workplace accommodations; periodic, short-term and long-term disability plans; leaves of absence for family, bereavement and compassionate leaves;
  - ▶ protection of privacy, confidentiality and prohibition of mandatory screening and testing.
- ▶ We will continue to actively promote healthy and safe working environments for all workers to:
    - ▶ ensure a safe and healthy workplace;
    - ▶ provide necessary procedures, equipment and training to reduce worker exposure to blood and other bodily fluids;
    - ▶ develop education and training programs that help workers understand HIV/AIDS and the best ways to reduce risk and limit exposure.
  - ▶ CUPE supports the International Labour Organization Recommendation No. 200 concerning HIV and AIDS and the World of Work, 2010.<sup>3</sup> We encourage CUPE members to adopt these recommendations in their workplaces.
3. CUPE supports education and awareness to end discrimination and to prevent and control the spread of HIV and AIDS
- ▶ We will educate and increase awareness of all human rights including the rights of people with HIV and AIDS.
  - ▶ We will continue to support the education of CUPE members and staff in order to understand, prevent and control the spread of HIV and AIDS.

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<sup>3</sup> International Labour Organization: Recommendation 200 concerning HIV and AIDS and the World of Work, adopted by the conference at its Ninety-Ninth Session, Geneva, 17 June 2010 [http://www.ilo.org/wcmsp5/groups/public/---ed\\_norm/---relconf/documents/meetingdocument/wcms\\_142613.pdf](http://www.ilo.org/wcmsp5/groups/public/---ed_norm/---relconf/documents/meetingdocument/wcms_142613.pdf)

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- ▶ We will continue to develop education and resources for bargaining and collective agreements that support the needs and circumstances of workers with HIV and AIDS.
4. CUPE is committed to strong public services to address HIV and AIDS in the community and around the globe
- ▶ CUPE commits to and advocates for public services including quality health care and education. We support a public response to the needs of people living with or at risk for HIV and AIDS, and the communities and workplaces they live in.
  - ▶ We believe that public services provide quality, equal and free access to information, treatment, care, support and prevention - the only way to ensure the elimination of HIV and AIDS.
  - ▶ Public services will ensure solutions for prevention and treatment that are based on science and evidence. We support sound public policies and programs that address high risk behaviours, rather than discriminate against so-called 'high risk' groups of people.<sup>4</sup> We support safe injection sites and other harm reduction initiatives because they are proven to reduce the impact and risk of HIV and AIDS, particularly within settings where people are most at risk and vulnerable.

CUPE commits to review and update this policy as the work evolves, as the world changes and as we advance on the issues of HIV and AIDS.

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<sup>4</sup> CUPE National Convention 2009, Resolution 262 [http://cupe.ca/BE\\_resolutions.php?topicID=330&year=2009](http://cupe.ca/BE_resolutions.php?topicID=330&year=2009)

## APPENDIX A

### Setting the context for an HIV AIDS policy Background

#### The context of HIV and AIDS today

##### *HIV around the Globe<sup>5</sup>*

Many things have changed over the 30 years since the first HIV diagnosis. New scientific and medical discoveries have seen improved treatment, care and medication. The number of people living with HIV and those at risk of infection is more stable because of better social and economic supports. The success is fewer new infections and less people dying of AIDS-related illnesses. Access to prevention and treatment has been critical to the fight against AIDS. The progress is significant yet it remains fragile.

##### *Facts about the global HIV epidemic*

- ▶ 60 million people worldwide have been infected with HIV in the past 30 years. Nearly half have died from HIV-related causes.
- ▶ HIV is the 6th largest cause of death in the world.
- ▶ There are approximately 34 million people living with HIV today.
- ▶ The number of women living with HIV remains stable at 50%. However, women in some countries are more affected, for example women in Sub-Saharan Africa (59%) and in the Caribbean (53%).
- ▶ There are 2.5 million children under the age of 15 living with HIV. In 2010, 390,000 babies were born with HIV, 15 % less than 10 years ago. Women with HIV are receiving treatment to prevent HIV transmission to their child, and this treatment increased from 35% to 53%.

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5 UNAIDS Report on the AIDS Epidemic 2010, [http://www.unaids.org/globalreport/Global\\_report.htm](http://www.unaids.org/globalreport/Global_report.htm)

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- ▶ There are about 2.6 million new infections each year. HIV infections have fallen by 25% in at least 33 countries, in the past ten years.
  - ▶ In 2010, 5.2 million people in low and middle income countries had access to important medication – anti-retroviral – that helps reduce the amount of virus in the blood. This is more than seven times the people who received treatment five years earlier.
  - ▶ There are still 10 million people who cannot access treatment and most of these people can be found in Sub-Saharan Africa.<sup>6</sup>
  - ▶ There were approximately 1.8 million people who died of AIDS related illnesses in 2010.

## **HIV in Canada**

### *Recent Trends in Canada<sup>7</sup>*

- ▶ There were 65,000 people living with HIV in Canada, a 14% increase over the last five years.
- ▶ It is estimated that over one quarter of people do not know they have HIV.
- ▶ The highest rates of infection are found in Saskatchewan, the Northwest Territories and Ontario.
- ▶ Ten years ago, men who have sex with men (MSM) accounted for 80% of all HIV cases. Today, MSM still account for about 51% of all HIV cases in Canada; the rate of new infections remains stable.
- ▶ Young MSM between the ages of 13 and 24 have the greatest percentage increase in diagnosed HIV infections amongst MSM.<sup>8</sup>
- ▶ Today new HIV infections are reported to be: MSM – 41.8%; heterosexual contact – 30.7%; injection drug use – 21.6%.

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6 UNAIDS, November, 2010 Fact sheet: The global AIDS epidemic.

7 HIV AIDS Epi Updates, Canadian Health Agency, 2010 [http://www.phac-aspc.gc.ca/aids-sida/publication/epi/2010/pdf/EN\\_Intro\\_Web.pdf](http://www.phac-aspc.gc.ca/aids-sida/publication/epi/2010/pdf/EN_Intro_Web.pdf)

8 Centres for Disease Control, HIV and Young Men who have Sex with Men, 2012 [http://www.cdc.gov/healthyyouth/sexualbehaviors/pdf/hiv\\_factsheet\\_ymsm.pdf](http://www.cdc.gov/healthyyouth/sexualbehaviors/pdf/hiv_factsheet_ymsm.pdf) (NB: no current Canadian data available)

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- ▶ Women represent an increasing proportion of those with positive HIV tests. In 2008, they accounted for 26.2% of such reports. Heterosexual contact and injection drug use are the two main risk factors for infection in women.
  - ▶ A total of 2,001 AIDS cases and 10,799 positive HIV tests were reported among adult females up to December 31, 2008.
  - ▶ Aboriginal people remain overrepresented in the HIV/AIDS epidemic. They make up 12.5% of all new infections, an increase of 2% in just three years. New infections are largely due to injection drug use (IDU) at a rate of 66%, much higher than among all Canadians where the rate is about 17% for IDU.
  - ▶ HIV/AIDS has a significant impact on Aboriginal women. During 1998-2008, women represented 48.8% of all positive HIV test reports among Aboriginal people, as compared with 20.6% of reports among other groups.
  - ▶ The age of HIV diagnosis for Aboriginal people tends to be lower than for other people. Almost a third (32.6%) of the positive HIV tests from 1998 to the end of 2008 among Aboriginal people were youth aged 15-29, as compared with 20.5% in other groups.
  - ▶ HIV in Canadian prisons is 15 times higher than in the population as a whole. The rates of infection have doubled. Half of prisoners surveyed report sharing needles and syringes, the largest cause of HIV infection in prisons.

### **HIV is a human rights issue**

- ▶ Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) are closely connected to Human Rights because the lack of respect for human rights fuels the spread of the disease.<sup>9</sup>

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<sup>9</sup> HIV/AIDS and Human Rights <http://www.ohchr.org/EN/Issues/HIV/Pages/HIVIndex.aspx>

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- ▶ When people are marginalized because of poverty, gender, culture, disability and sexual orientation and gender identity, they experience barriers to exercising fundamental rights, and accessing resources and services. This increases their vulnerability to HIV and AIDS.
  - ▶ Human rights violations make people vulnerable to infection because they are afraid to get tested and to get treatment if they become sick. They cannot be open about their HIV status to get the support and care they need.
  - ▶ People who live with HIV and AIDS often face stigma, discrimination and mistreatment, including harassment, abuse, arrest and in some cases, even torture and death.
  - ▶ There is a higher rate of infection amongst the poor and the rate is even greater for women, children and indigenous people around the globe.
  - ▶ The burden of the HIV epidemic rests heavily upon developing countries particularly in Sub-Sahara Africa, Central Asia and parts of Eastern Europe.
  - ▶ HIV prevention, treatment, care and support remains a major global health and human rights emergency. Millions who have HIV and AIDS do not have public health care, access to life-saving drugs, adequate community services, and many are struggling to find the basics of life – clean water and healthy food.
  - ▶ People who use injection drugs, who work in the sex trade, who are housed in prisons and men who have sex with men (MSM) can be forced underground because of discrimination. People who live on the margins are often driven away from supports, education and services that could help prevent the spread of HIV.
  - ▶ Canada has adopted laws and policies that criminalize people who do not disclose having HIV and people who use drugs. This legislation opposes safe injection sites and other harm reduction and treatment programs. These punitive approaches fly in the face of good public health policy and law, as well as good science that



support harm reduction strategies to reduce the rate of HIV and AIDS transmission.

- ▶ These kinds of laws, policies and practices can have serious consequences. The fear of facing discrimination, stigmatization and the increased criminalization of those living with HIV and AIDS prevent people from getting tested, receiving education and life-saving information and acknowledging they have the virus. There are good reasons for people to have these concerns.
- ▶ Around the world, people who disclose having HIV lose or are denied jobs, are excluded from
- ▶ their communities, and are deprived of services and housing. They are turned down for insurance coverage, refused entry into foreign countries and left without protection from the law. They are rejected by friends, families and coworkers.
- ▶ Everyone should have the right to the highest possible standard of care. If we are to reduce HIV infections then we must respect and protect everyone's human dignity to reduce the number of people who become infected and the impact of the epidemic. We must stop all acts of discrimination, harassment, stigmatization and violence.
- ▶ It will take a community and global response.

### **HIV and AIDS is a workers' issue**

- ▶ HIV/AIDS is a workplace issue and a union issue.
- ▶ CUPE has long been a defender of human rights as well as labour rights – we understand that they are often one and the same.
- ▶ We recognize that HIV does not discriminate – it is a disease that can infect and affect anyone.
- ▶ It impacts people in communities and workplaces around the world.
- ▶ HIV and AIDS can be a major obstacle to employment. Quite often people who are HIV positive are denied employment because of their HIV status. They can also be prevented from doing certain



kinds of work and they can have their work arbitrarily changed. They can be denied promotion and advancement in their jobs, and prevented from participating in education and training. They can be fired because they are HIV positive.

- ▶ It takes a community and workplace approach to support those living with HIV and to prevent the spread of this virus. For example, health and safety practices need to be updated and universally applied. Employees need access to confidential testing, inclusive and accessible health insurance, and a discrimination-free work environment.
- ▶ HIV and AIDS is a human rights issue that unites so many marginalized people and workers, such as women, youth, gay and bisexual men, transgendered people, those living in poverty, Aboriginal people, and people of colour. It is the stigma and discrimination surrounding the disease that prevents access to employment, training and education, prevention, testing and support and treatment.
- ▶ CUPE members support people with HIV in their workplaces, communities and around the world.
- ▶ Unions can bring about changes in the workplace through education and collective bargaining. Workplace programs, contract language and policies support prevention, expand access to care and treatment and promote non-discrimination.

## **CUPE – Part of the solution**

### *CUPE's First HIV and AIDS Policy*

At CUPE National convention in 1995, CUPE members adopted a progressive policy statement on HIV and AIDS. This was groundbreaking work for the Canadian labour movement because it took an active step to “battle against discrimination and prejudice” for members who are HIV positive. The policy focused on educating CUPE members to better understand HIV and AIDS. It created an action plan focused on HIV-positive workers in collective bargaining, education and support. The focus made certain that workers received benefits and services, and that they would be protected from discrimination and violations of privacy. CUPE highlighted the importance



of bargaining for anti-discrimination, work accommodation, disability, health and insurance benefits, pension plans, leaves of absence, and health and safety protection. The policy called on CUPE to develop ways to support members with HIV and AIDS, their loved ones and co-workers. This work continues and shall continue.

### ***CUPE Action***

CUPE has moved ahead on a number of the recommendations from the first policy statement. We bargained better protection for HIV positive members and for members who work with people with HIV and AIDS. HIV and AIDS issues have been integrated into health and safety, bargaining and equality workshops. The union has lobbied the federal government on funding for drugs and treatment. These actions have made a difference to infected members and helped to raise awareness about the issues in our union. CUPE believes it has an obligation to continue its activism on HIV and AIDS and make the issues a priority.

The pandemic has evolved and become more complex in Canada and globally. The union's efforts on HIV and AIDS have also intensified. CUPE is focusing on many aspects of the HIV and AIDS fight in the workplace, in the community and around the globe. Outreach to other unions and labour organization as well as community allies is essential to develop strategies that tackle the social, economic and human rights related to HIV and AIDS. Over the past few years the union has joined in a number of efforts to combat the challenges. A few examples include:

- ▶ Activism on the issues at the international level. In 2010 CUPE was a partner on the G8/G20 campaign for universal access to HIV treatment, prevention, care and support.<sup>10</sup> The union has also sent delegates to major international conferences on HIV and AIDS including the bi-annual International AIDS Conference.<sup>11</sup>
- ▶ Contributions to the Stephen Lewis Foundation, which supports community-based organizations working to turn the tide of HIV and AIDS in Africa. In 2012, CUPE National in collaboration with CUPE BC made a three year commitment to support AIDS Free World.<sup>12</sup>

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10 <http://cupe.ca/updir/HIV-G8-Backgrounder-EN.pdf>

11 <http://cupe.ca/hiv/raising-workers-voices-hiv aids>

12 <http://www.aidsfreeworld.org>

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- ▶ Host of strategic planning meetings in 2009<sup>13</sup> and 2012 to bring together CUPE members, staff and allies from Aboriginal and women's groups, AIDS organizations both domestic and international, social service and health workers, and CUPE equality committee representatives.
  - ▶ Support and work toward equality and human rights protection as it applies to HIV and AIDS, by addressing the issues of violence and discrimination against women, Aboriginal health, homophobia, and social and economic injustice. The union's equality committees have all identified HIV and AIDS as a priority issue because it impacts CUPE members and the public in so many different ways and on so many levels.
  - ▶ A number of resolutions have been adopted at CUPE National Conventions including Resolution Number 165 in 2011. This resolution addressed the underlying social and economic factors behind HIV and AIDS in Canada, Canada's commitment to the Millennium Development Goals, and the restoration of international aid and funding to development and advocacy groups.
  - ▶ In 2009, CUPE adopted Resolution 262 condemning the federal government and lobbying Health Canada to amend the regulations and policies that prohibit gay men from donating blood, and make it difficult to donate bone marrow and organs. CUPE contends that, when we speak of HIV and AIDS, we need to address high risk behaviours rather than instituting policies that discriminate against so-called 'high risk groups'- in this case, gay men.

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13 <http://cupe.ca/hiv/hiv-aids-short-video>