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***Dignity. Equity. Justice.***

***Serving People with HIV/AIDS through Legal Advocacy.***

**HALCO is delighted to welcome our new staff lawyer John Norquay.**

John is bilingual (English/French) and will be providing immigration law services.

*[please see **HALCO Update** on page 2 for details]*

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## HALCO Update

2008 has been an exciting year for HALCO. We are very happy to announce that **John Norquay**, our new Staff Lawyer, started with us on August 11, 2008. John is bilingual (French/English) and also speaks Spanish. He will primarily be providing immigration law services that are otherwise not available in Ontario, including summary advice, representation, and public legal education. We also anticipate that John will be an immigration resource for lawyers as well as other service providers in the province.



HALCO now has a staff of seven permanent full-time positions: Executive Director [who must be a lawyer], three Staff Lawyers, a Community Legal Worker, an Office Manager and an Administrative Assistant. We also have an articling student and a summer student each year.

Our full-time staff are [in alphabetical order]:

**Renée Lang**, Staff Lawyer

**Rick Lobodzinski**, Administrative Assistant

**Jill McNall**, Community Legal Worker

**Bill Merryweather**, Office Manager

**John Nelson**, Staff Lawyer

**John Norquay**, Staff Lawyer

**Ryan Peck**, Executive Director/Lawyer



## Students at HALCO

**Andrew Hwang** was our articling student from September 2007 through July 2008. Not only was Andrew dedicated to providing service to our clients, clients were very fond of him and continue to ask for him. Thanks for your hard work Andrew!

**Karen Wheaton** joined us in August as our articling student for the 2008/2009 year. Karen has settled in very quickly and is already doing tremendous work – Welcome Karen!

**Kathryn Carpentier**, a first-year law student at the University of Ottawa, worked with us for most of the summer of 2008. In a very short time, Kathryn did an astounding amount of work. Her hard work, dedication and sense of humour were sincerely appreciated. We wish you all the best Kathryn!

HALCO is fortunate to have committed law student volunteers through Pro Bono Students Canada (PBSC). We benefit from their service, while they gain experience in legal clinic work and knowledge of HIV/AIDS issues. We are very pleased that **Stephanie Jeronimo** is continuing with us this year. We are in the process of orienting this year's students: **Ori Bergman, James Cheng, Marilyn Maxwell Smith and Jen Quito**.

## HALCO Board Update

At our Annual General Meeting on September 24, 2008, our membership elected one new Board member, **Richard Sabourin**, and re-elected four Board members: **Mark Blans** [Secretary-Treasurer], **Believe Dhlwayo**, **Martha Mackinnon**, and **Bob Watkin** [Chair].

Our four other Board members were in the middle of their two year terms: **Luc Bourrassa**, **Anne Marie Di Censo** [Vice-Chair], **James Kreppner** and **Keith Wong**. HALCO is very fortunate to have such skilled and committed Board members.

We are grateful to **Robert Newman**, from London, Ontario, for his valuable participation on our Board, and were sorry to accept his resignation. We are also fortunate that **Rob Desroches** and **Gary Salter** are continuing their involvement on HALCO committees.



## Are you interested in our Board of Directors/Committees?

HALCO is governed by a volunteer Board of Directors. The Board is responsible for the overall governance of the clinic.

Members of our volunteer Board of Directors are people from diverse backgrounds who share a commitment to our community.

Our By-laws require that at least five of our nine Board members must be HIV+, and at least one must be a lawyer/former lawyer. Board members are elected for two-year terms. The HALCO Board meets monthly, generally on the last Monday of the month, and also holds occasional special meetings. As well, our Board has Committees, which are made up of Board members, HALCO members and staff.

We encourage you to consider becoming involved with one of our Board Committees. Although there are no vacancies on our Board at this time, please contact us now if you would be interested in serving on our Board in the future. We are particularly interested in hearing from people who live outside Toronto.



**If you are interested in our Board or Board Committees, please contact Jill McNall, Community Legal Worker, at HALCO.**

## Our services are still needed more than ever...



As noted in our Spring 2008 *HALCO news*, in 2007, the number of requests for legal services was our highest ever. To date in 2008, requests for service are exceeding the 2007 levels.

It is our belief that the continuing increase in requests for service is due in large part to the increasingly complex legal difficulties facing people living with HIV/AIDS. These difficulties often arise as a result of the profound stigma and discrimination faced by people living with HIV/AIDS.



## U.S.A. HIV+ Visitor “Travel Ban” Update

For over 20 years, the United States has imposed a blanket ban on HIV-positive visitors, with only narrow exceptions allowed for specific types of very short stays. Applying for an exception means medical tests, the payment of a \$545 fee, and bureaucratic hurdles. Even those lucky enough to be given an exception, called an “entry waiver”, are not guaranteed entry at the border. Also, applying for a waiver “outs” the applicant as HIV+, whether or not the waiver is granted.

In the summer of 2008, the United States Congress voted to repeal the blanket ban. Unfortunately, the change in the law does not yet mean that HIV+ people can travel to the USA without restrictions. It is now up to the Centers for Disease Control and Prevention (the American version of Health Canada) to remove HIV from its list of banned medical conditions.

On October 8, 2008, the U.S. government publicly committed to removing HIV from the list “as soon as possible”. In the meantime, the waiver application process has been simplified, but there is still a \$545 fee and 30 day limit on visits. And, the applicant is still “outed” as HIV+.

**Please contact us for current information on the U.S.A. travel ban.**



## Paralegal Licensing - Update

As reported in our Spring 2008 *HALCO news*, the Law Society of Upper Canada (LSUC) is now responsible for regulating paralegals in Ontario. Anyone providing legal services in Ontario must:

- be licensed by the LSUC as a lawyer or paralegal, or
- be exempt (i.e. can provide legal services without a license).

We reported that many community workers can no longer provide the legal services that they had in the past. In our experience, there continues to be a general lack of awareness about the implications of the new regime.

Please feel free to contact us with questions and concerns.

Information about the new paralegal licensing regime is available from the Law Society of Upper Canada:

[www.lsuc.on.ca/paralegals/](http://www.lsuc.on.ca/paralegals/)  
Toronto area: 416-947-3315  
toll-free: 1-800-668-7380



## Legal Aid Ontario Consultation

Legal Aid Ontario (LAO) provides funding for a variety of legal services, including eighty community legal clinics. LAO is one of our core funders. More information about LAO can be found at:

[www.legalaid.on.ca](http://www.legalaid.on.ca)



In 2007, LAO implemented significant organizational changes. In July 2008, LAO released a discussion paper, *Roles, Responsibilities, Relationships and Accountability Regarding Clinic Law Services*, that sets the stage for a consultation on the future of clinic law services. LAO is consulting with clinics and other stakeholders, and plans to implement any resulting changes in 2009. Our Chair, Bob Watkin, addressed the reorganization and the consultation in his speech at our Annual General Meeting on September 24, 2008. His speech is reproduced on the following pages.

More information about the consultation can be found at:

[www.legalaid.on.ca/en/publications/consultation.asp](http://www.legalaid.on.ca/en/publications/consultation.asp)

## **HALCO Chair Robert Watkin**

### **- Report to 2008 HALCO Annual General Meeting**

This year Professor Michael Trebilcock submitted his *Report of the Legal Aid Review 2008* to the Ministry of the Attorney General (“MAG”). The Report deals with the purpose and future of the delivery of legal aid services in Ontario, and the form and function of Legal Aid Ontario (“LAO”). The Report, while more focussed on compensation and funding issues and the private bar legal aid certificate side of the delivery of legal aid services, also included a review of the other forms of the delivery of those services including the clinic system. The Report encouraged LAO to become more innovative and to develop a more holistic and less silo approach to the delivery of legal aid services in Ontario. It recommended that LAO utilize the clinic system as part of the foundation of achieving those goals.

LAO has in turn embarked upon a comprehensive re-examination of its relationships with the clinic system. In process is the Consultation on the Roles, Responsibilities, and Relationships of LAO & community legal clinics. The outcome of this Consultation will have far reaching implications for HALCO.

LAO is HALCO’s largest funder, providing approximately two-thirds of HALCO’s operational funding. The proportion of HALCO’s funding provided by the AIDS Bureau of the Ministry of Health and Long-Term Care has been approximately one third. Although there is a possibility of there being a third operational funder in the near future, LAO will remain HALCO’s largest single funder. The Consultation will therefore necessarily occupy HALCO’s attention for the immediate future with a view of ensuring, if not bettering, HALCO’s ability to deliver services to its clients in the future.

In his Report, Professor Trebilcock stresses the need to become more innovative in the delivery of legal aid services. He gives examples such as the delivery of non-means tested advice and telephone based advice delivery systems. From its inception, HALCO has delivered non-means tested summary advice to its clients. It was quickly identified that in order to fulfil its province-wide mandate, accessibility to advice from HALCO through a toll-free number was essential to its clients. HALCO sought the funding from LAO and implemented this service for its clients. HALCO’s province-wide mandate compels it to identify, pursue and implement any technological solution that enables HALCO to fulfil it.

A less apparent but equally important innovation is HALCO’s commitment to membership in several ad hoc or informal groups of professionals and like-minded individuals with interests in the same disciplines or subject matters. It was in the discussions of one such group that the rational and impetus for the reform of the human rights regime in Ontario by MAG originated. HALCO remained committed to and involved in this reform process to its conclusion. The result of this reform were structured changes to that regime that eliminated what had become in practice an insurmountable barrier to the access to justice of HALCO’s clients in the pursuit of their basic human rights.

HALCO remains committed to seeking out any and all innovations that are practical and effective and serve to improve the services HALCO provides and the results it achieves for its clients.

From its inception, HALCO has operated for a purpose and in an environment that are entirely holistic. Evidence of this fact can be found in the sources of the original operational funding provided to establish HALCO. That funding was provided by the AIDS Bureau and directly by MAG and, as agreed by those funders, with administrative supervision provided by the Clinic Funding Committee of the Law Society of Upper Canada due to the legal nature of HALCO's operations. HALCO's MAG funding was only merged with the general clinic funding at the time of the formation of LAO.

The AIDS Bureau funding, originally and as it continues today, reflects the fact that the work done by HALCO is not only legal in nature but has a health effect. No other disease attracts as many and as severe legal consequences as does HIV disease. Disclosure of health status by an HIV positive person can create complications in every aspect of life from employment, income, family, access to health care, housing, corrections, immigration, access to medications, harm reduction, insurance, estate issues, and human rights. Every disclosure of health status becomes an unwanted risk. For an HIV positive person to be required to disclose their health status, even on a limited basis, is to invite complications. Each and every disclosure made is an invitation to a multitude of complications which can arise unexpectedly and from unanticipated sources. Studies show that the stress of coping with these complications inevitably has a worsening effect on immune systems already stressed by HIV disease. The AIDS Bureau funding was and is a distinct recognition that the stress of the legal consequences arising from disclosure after infection is a factor in the health of HIV positive persons. The mere fact that HALCO was invited to apply for the potential new funding is further confirmation of this reality.

This reality of life for its client base, coupled with its province-wide mandate, necessitated that HALCO innovate to ensure accessibility to its clients in a secure environment that was geographically available. From the beginning, HALCO forged working relationships with AIDS service organizations ("ASOs"). The ASOs became a source of referral of clients to HALCO. The education programs provided by HALCO, and with HALCO as a resource, enabled the ASOs to undertake the provision of some limited and direct services locally. This very effective local service provided by the ASOs has been placed in jeopardy by the recent regulation of paralegals in Ontario. HALCO will continue to press to achieve a solution to what will become a roadblock to the delivery of legal services to HIV positive people.

Disclosure and geographic issues, and the limited resources available to HALCO, led it to forge discreet referral relationships with the private bar and other legal aid clinics. Those relationships provide a solution in respect of issues beyond HALCO's expertise or jurisdiction or in situations where geography restricts ability to represent a client. These relationships are of critical importance in those circumstances in which representation by HALCO is itself a disclosure the client does not want to risk.

HALCO has also forged partnerships in other areas of its mandate such as law reform. At meetings of the Ontario AIDS Network, the criminalization of HIV non-disclosure was identified as an issue of paramount importance. From the ASOs present was formed the Ontario Working Group on Criminal Law and HIV Exposure in which HALCO has taken a leading role. The first result of this working group is the *Position Paper on the Criminalization of HIV Non-Disclosure*, which is currently being circulated for approval by every ASO in Ontario. HALCO is committed to continue its involvement with the other ASOs in working together to achieve its goals. HALCO has also initiated discrete discussions on this subject with appropriate officials involved in the administration of justice.

To be fully engaged in a holistic environment, HALCO must also respond in an effective manner to the needs identified to it by the community it serves. It was clear from the feedback of the community, ASOs and the AIDS Bureau that there was a pressing need for HALCO to develop and provide expertise in immigration law. We were grateful to the AIDS Bureau for the funding that enabled HALCO's staff to be trained in immigration law. HALCO was generously funded by GlaxoSmithKline in partnership with Shire Canada to develop a pamphlet for our "Immigration, HIV/AIDS and Health Care Project", which will soon be available for distribution.

We were even more grateful to the AIDS Bureau and to LAO when they jointly enabled us to bring on staff a French/English bilingual lawyer with experience in immigration law. We are pleased to introduce John Norquay as our newest staff lawyer whose practice with us will have a definite focus on immigration law as well as enhancing our ability to deliver services in French.

Another community need was identified by the AIDS Bureau as part of their Gay Men's Positive Prevention Strategy. With the input of representatives of the Positive Prevention Resources Group, an advisory group of gay men from across Ontario, and the invaluable work of Glenn Betteridge, HALCO has overseen the development of the *HIV Disclosure: A Legal Guide for Gay Men in Ontario*, which is nearing completion and soon will be published.

Not all of the relationships established by HALCO to effectively fulfil its mandate are external. To the extent it is possible, HALCO engages both paid and volunteer law students in its work. The students gain experience in legal clinic work and knowledge of HIV/AIDS issues, and the clients of HALCO benefit from their services. This year our clients benefited from the good work of Stephanie Jeronimo, Devi Kapoor, David Sischy and Erin Wallace, all Pro Bono Students Canada students from Osgoode Hall Law School. Last summer HALCO enjoyed the able assistance of Kathryn Carpentier as a summer student. We deeply regret the loss of the enthusiasm and ability on the completion by Andrew Hwang of his articles. We enthusiastically welcome Karen Wheaton as she begins her articles with HALCO.

To fulfil both its external and internal relationships, and sustain its holistic approach to the community it serves, HALCO recognized the need to create the physical resources that are necessary to sustaining those relationships. A past example is the *HIV/AIDS and the Law Advocates Manual*, available on HALCO's website, which provides a comprehensive resource on the law in Ontario as it applies to HIV/AIDS issues. We recognize the value of this resource is becoming impaired as it goes out of date and the need to obtain the funding to keep it current.

We are very grateful to the Law Foundation of Ontario for its current funding that is enabling HALCO to computerize its library with a view to eventually making it more widely accessible.

HALCO remains committed to a wholly holistic approach in the fulfillment of its mandate.

The stated purpose of the Consultation for LAO "is to facilitate the clarification and delineation of the respective roles of LAO, the Association of Community Legal Aid Clinics of Ontario (ACLCO), and clinics and a movement towards more professional, modern and workable relationships". If, as stated in Professor Trebilcock's Report, the goal of the Consultation is to achieve innovation and a more holistic approach to better the delivery of legal aid services in Ontario, then, as just discussed, HALCO is ahead of the curve in achieving these goals. In part, HALCO has achieved this result by ensuring it always has a cooperative working relationship with LAO.



The cooperative relationship that exists between LAO and HALCO has always been grounded in a continuing open dialogue based on a mutual level of understanding that has permitted HALCO the flexibility it needed to operate effectively within the existing management practices of LAO. It is HALCO's objective in participating in the Consultation to work cooperatively with LAO to achieve new "modern and workable relationships" that encourage at least the same level of mutual understanding that will foster the same, if not better, dialogue which will encourage even greater flexibility for HALCO in providing more effective services to its clients.

Within the administration of the clinic system, clinics are recognized as being one of two types. They are either a general clinic or a speciality clinic. For the most part, general clinics deliver direct legal services in a specified locality within Ontario, and largely those services are in the traditional "poverty law" matters of housing and income. The clinics that are specialty clinics do not have a uniform type. Some may have a province-wide mandate, while others may have a mandate for which geography is irrelevant. Some of them were created with a focus on a group which is linguistically, culturally, racially and/or socially distinct and is stigmatized because of some or all of these distinguishing characteristics. Some were created with a specific focus such as research and education. Others have a focus on aspects of human existence such as age or disability which transcend other distinguishing characteristics. Some provide direct client services and others do not. The specialty clinics form approximately one-quarter of all the clinics in Ontario.

HALCO is designated as a specialty clinic. Despite this designation HALCO can best be viewed as a hybrid type of clinic. It shares the same mandate as the general clinics in providing direct legal services but on a province-wide basis. It shares aspects in common with almost every type of specialty clinic. It provides services in significant measure to persons who are stigmatized linguistically, culturally, racially and socially, and additionally, in significant measure, to persons who are stigmatized by the transcending characteristic of sexuality. These persons are all further stigmatized by their health status which is an overwhelming transcending characteristic and the focus of HALCO's purpose. That purpose also carries with it a special focus in relation to health. Due to its hybrid nature, HALCO will have an interest in every aspect of the Consultation as it progresses.

At the outset of the Consultation, HALCO has reservations in the nature of concerns in relation to the form of the to-be-established new working relationships. It is important to note that these reservations are just concerns. It is fully anticipated that these concerns can and will be dispelled in the eventual form these relationships will take. Some examples of these concerns are in relation to management structure, funder accountability, determination of client needs and the reorganization of centralized services presently supplied by LAO.

The management of the general clinic system has been reorganized geographically under separate management units for each region. The management of each unit has a focus on the delivery of direct legal services. Inherently the specialty clinics do not conform to a management structure based on a regional geographic model. The specialty clinics were placed under a management unit that has no geographic reference. That unit's major and decidedly onerous responsibilities relate to the internal aspect of LAO's function and, for the most part, are entirely unrelated to the direct delivery of legal services on the clinic model. These non-legal service responsibilities were recently increased. Those additional responsibilities do include the Refugee Law Office, which is involved in the delivery of direct legal services on a non-clinic model. This management restructuring has so far created two readily identifiable major concerns for HALCO.

The first of these concerns is that the restructuring has isolated HALCO from interaction with a large part of the clinic system. As discussed earlier, HALCO places a significant reliance on its knowledge of and contact with the general clinics outside Toronto in relation to its province-wide mandate and with general clinics everywhere in those cases in which HALCO's representation is itself an unwanted disclosure. HALCO has a very real concern that the restructuring as it stands now has created barriers to that contact and to the continuity of that knowledge.

The second concern arising out of the restructuring is that the specialty clinics will become a secondary consideration to a management unit for which the focus will necessarily and primarily be directed to the other large and very onerous responsibilities it has been assigned. The result to be feared is the possible deterioration in the understanding and dialogue which has led to the level of cooperation between LAO and HALCO that allowed the flexibility that has enabled HALCO to address its mandate.

As a funder, LAO justifiably seeks accountability from the clinics in terms of results, quality and productivity. In terms of all known standards HALCO has exceeded every requirement established to-date. However, the methods in which accountability will be obtained by LAO do create concerns for HALCO.

One concern for HALCO is the potential for conflicts in accountability. Like several other clinics, HALCO is accountable to more than one funder. It is the form of the accountability and how it is implemented by LAO which presents the potential for conflicts with HALCO's requirement to account to the AIDS Bureau and the possible requirement to report to the potential new funder. Even if it wasn't mandated in the requirements of the possible new funder, to be relevant HALCO has to be demonstrably accountable to both its clients and ASOs and others involved in the environment in which it operates. HALCO's concern is not in relation to the need to meet all of these accountability requirements but in ensuring that the flexibility exists to ensure that what otherwise could be conflicts can be reconciled to everyone's satisfaction.

Another concern for HALCO will be the practical aspect of the accountability requirements to be implemented by LAO. HALCO's concerns specifically relate to the elimination of duplication, improvement in effectiveness and the elimination of undue hardships in achieving compliance. At one time HALCO found itself obliged to prepare and submit two separate sets of audited financial statements with the attendant duplication in effort and cost. Centralized mandates or directives issued by LAO as the administrator of the entire clinic system in relation to personnel and their compensation such as pay equity and the grid system create difficult internal administration problems for clinics with positions funded by other funders. HALCO prepares and submits quarterly statistical and financial reports in the form required by LAO. Statistically these reports yield little practical information relevant to the management of HALCO and are largely disregarded for that purpose. The financial information is sometimes compiled on the basis of unexplained assumptions which can render that information incomprehensible. Measures to ensure quality are essential and HALCO willingly underwent a successful review under the former quality assurance program which yielded useful information to everyone involved. The process involved in that review almost brought the day-to-day operations of HALCO to a halt. HALCO will be concerned to see that precaution is exercised in establishing all new accountability requirements to avoid, if possible, or lessen the impact of such negative consequences to the extent they can be foreseen.

Statutorily LAO has a role in determining local client needs as do each of the clinics. HALCO came into existence because of the needs of a client base that were not being met on any level. HALCO's existence is amply justified by its demonstrated ability to identify and respond to the needs of that client base. LAO has indicated it will be more proactive in fulfilling its role. In relation to LAO's intended more robust fulfillment of its role, HALCO's concerns are in relation to the unknown. HALCO will look to ascertain how the borders between the roles of LAO and the clinics are established, and the actual form taken by the fulfillment of its role by LAO. HALCO will assess all new developments from its own perspective and the resources available to it, the requirements of the AIDS Bureau and any other of its funders, its client base and its partners in the delivery of its services. HALCO does not anticipate that conflicts must necessarily arise because there are new developments.

LAO has stated that its role should be that of a funder and, accordingly, it should not have the role of a service provider. LAO has left it open for discussion as to the form in which the centralized services it now provides will be provided in the future. The possibilities range from the creation of a new service provider to the clinics independently obtaining their own services.

HALCO's concerns in relation to this change are once again in relation to the unknown and may only be crystallized as the reality of it becomes ascertained. HALCO's concerns are based on its known experience under the existing system. It has been HALCO's experience that the centralized delivery of services tends to dictate standardization and conformity in order to achieve efficiency. Flexibility and uniqueness are compromised as a result.

There are several recent examples in which the inflexibility of the uniformity required to achieve efficiency in the delivery of services on a mass basis has delayed, compromised or impeded HALCO's ability to function. It was only recently ascertained that the software required to support the library computerization project cannot be supported centrally, and an independent solution, for which HALCO has the funding from the Law Foundation of Ontario, will have to be employed. The connection of that independent solution to the centrally supported network remains an issue to be explored. To fulfil its mandate, the AIDS Bureau has only recently required HALCO to compile statistical information it has long required other ASOs to tabulate. It is unclear whether the existing statistical programs, which do not presently address this subject matter, can accommodate the collection of this information or whether HALCO must incur the financial and personnel cost of maintaining a separate statistical program which in turn must be assessed for supportability and connectivity if it can't be supported centrally. At the very time the human rights regime in Ontario has been reformed to eliminate barriers to access, the Clinic Resources Office, the central research resource for clinics, announced they would restrict the areas of human rights law in which they would provide research, and excluded those areas most important to HALCO's clients. HALCO will be concerned to see that whatever delivery system replaces LAO's role as a service provider does not necessarily compromise flexibility and uniqueness for the sake of efficiency.

A definite goal already set by LAO for the entire clinic system is a one percent increase in productivity and value. HALCO long ago exceeded this goal. In addition to others that have been mentioned, a further example of this achievement is that for the reporting period ending in March of this year, HALCO experienced a year-to-year thirty-fivepercent increase in client contacts. These contacts covered the full spectrum of possible legal issues that can arise for HIV positive people with the traditional poverty law issues of income and housing remaining less than a third of the total intakes. These contacts included

the opportunity for HALCO to address the issue of the existence of a right to privacy, and to obtain an initial recognition of its existence and a preliminary examination of its nature.

All that HALCO accomplishes can only be achieved through the very hard work of its staff which this year was done in a challenging atmosphere due to the unprecedented increase in workload and despite some very difficult personal circumstances. There are insufficient words to describe the depth of commitment of each of Renée Lang, John Nelson, Jill McNall, Bill Merryweather and Rick Lobodzinski. Over the past year Ryan Peck has more than amply justified the decision of the Board of Directors to place their confidence in him as the Executive Director.

It can be said that the success of any community organization can be measured in direct relation to the cohesiveness and dedication of its Board of Directors. So thanks must go to Anne Marie DiCenso, Mark Blans, Believe Dhliwayo, James Kreppner, Martha Mackinnon, Keith Wong and Luc Bourassa. A sincere expression of gratitude goes to Rob Newman who had to end his term as a director early for personal reasons and won't be standing for re-election. A very big thanks also go to Rob DesRoches and Gary Salter for all of their volunteer committee work.

The work of HALCO would not happen without the deeply appreciated continuing support of LAO and the AIDS Bureau. In addition to the project funders already mentioned, it is important to recognize the contribution of the AIDS Committee of Toronto's Community Partners Fund, and private donors such as the Toskan Casale Foundation, the RBC Foundation, the Elementary Teachers of Ontario, the IBM Employees Charitable Foundation, the John C. and Sally Horsfall Eaton Foundation, the Snowy Owl Foundation, the Ontario English Catholic Teacher's Foundation and the F.K. Morrow Foundation, which are invaluable to the continuing operation of HALCO.

The greatest challenge remains unchanged. The eradication of the stigma that attaches to HIV/AIDS remains to be achieved. Despite the severity of its consequences and its pervasiveness, the existence of the stigma is so accepted and so commonplace that it is unconsidered, sanctioned and acted on with seeming impunity. Recently the Canadian Medical Association (CMA) announced that it was targeting the stigma attached to mental health disease. As a person who suffers from depression I, personally, can only welcome this initiative. As a person who is HIV positive I was stunned when it was reported that the CMA identified mental health disease as the "last" stigmatized disease. It is deplorable that medical professionals either ignore or disregard the stigma attached to HIV disease or allow a statement to that effect to stand unchallenged.

It is worse when those same medical professionals do not perform procedures on HIV positive patients that are available to anyone else. It was made clear at the International AIDS Conference in Mexico City that transplant procedures are available in other countries to HIV positive persons co-infected with Hepatitis C. Despite the very real need, very few such procedures have been performed in Canada. There is no justification for the failure to perform such transplant procedures in Canada.

The Ontario Legislature sanctioned the stigma when, in relation to the irrational response to HIV disease of some influential groups, it enacted the stigma in the form of the *Mandatory Blood Testing Act, 2006*.

In a front page story a national newspaper negatively portrayed the life of a murdered man and highlighted the fact he was HIV positive as a badge of his downfall.

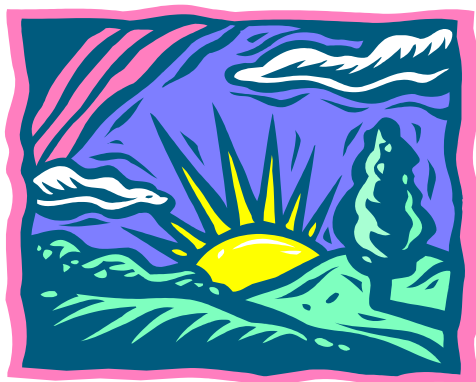
A judge in Simcoe County acted out in an outrageous manner on discovering that a witness in the stand was HIV positive. HALCO joined in making a complaint to the Ontario Judicial Council, the outcome of which remains unknown.

In making that complaint it was learned that judges do not currently receive any training in relation to HIV disease, and there is no plan to begin such training before 2010. Yet the Courts are responsible for assigning criminal responsibility to HIV positive persons. It was the Courts who determined there would be criminal liability assigned to the participants in the latest possible incident in a chain of infections in a sexual situation occurring without coercion and in which those participants both acted mistakenly in not using known and readily available means of prevention. The Courts assigned that liability to the person who was known to be HIV positive at the time. No other disease attracts criminal responsibility.

However, the precedent has now been set. Persons with other communicable diseases should be aware that they could find themselves accused and convicted, not only of assault, but of rape and murder.

A very great deal more work needs to be done.

Chair Robert Watkin, HALCO Annual General Meeting – September 24, 2008



*HALCO news* is published by the HIV & AIDS Legal Clinic (Ontario) and is distributed free to its membership, agencies and other members of the HIV/AIDS community in Ontario.

*HALCO news* contains general information only and is not legal advice. If you have a legal question, please contact HALCO, your local legal clinic or a lawyer.

The views expressed in *HALCO news* may not reflect HALCO Board and/or staff views.

HALCO



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in Ontario



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# HALCO Membership Application

The primary goal of the HIV & AIDS Legal Clinic Ontario is to provide legal services to persons living with HIV/AIDS in Ontario that are relevant to their well-being and that enable them to participate fully in the communities in which they live. To assist us in fulfilling our goal, we need the participation of members of communities affected by HIV and AIDS.

Please offer your support by becoming a member of the HIV & AIDS Legal Clinic Ontario "HALCO". As a member of HALCO, you will be invited to join us at our Annual General Meeting, where you can participate in the business that helps to guide the clinic, including the election of our Board of Directors. *Membership takes effect when it is approved by the Board of Directors. Only members in good standing who have been members for at least 30 days before the meeting may vote at a membership meeting.*

There is no fee for HALCO membership and membership is renewed annually. To become a member, you must be a resident of Ontario who is 16 years of age or older and you must agree with our Statement of Principles [on the other side of this application]. Please complete this form and return it to our office. We regret that our budget cannot provide for return postage.

Your membership information will be kept confidential and will be used to inform you of our Annual General Meeting and to give you the opportunity to renew your membership annually. We never share our membership list. You can also choose to receive other HALCO information, including our Newsletter, by checking the box below.

**Declaration of my wish to join the HIV & AIDS Legal Clinic Ontario (HALCO):**

I agree with the Statement of Principles of the HIV & AIDS Legal Clinic Ontario (HALCO), I am a resident of Ontario, I am 16 years of age or older, and I would like to become a member of HALCO.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

*(please print)*

Address: \_\_\_\_\_

Unit/Apartment: \_\_\_\_\_ City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

May we leave phone messages? Yes \_\_\_\_\_ No \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Please tell us how you found out about HALCO: \_\_\_\_\_

Would you like to be on our mailing list to receive our newsletter, etc.? No \_\_\_\_\_ Yes \_\_\_\_\_

May we send newsletters, etc., to you by E-Mail? No \_\_\_\_\_ Yes \_\_\_\_\_

**Thank you for applying to be a member of HALCO!**

# Statement of Principles of the HIV & AIDS Legal Clinic Ontario

Adopted January 30, 2006 by the Board of Directors  
of the HIV & AIDS Legal Clinic Ontario.

It is agreed that:

1. People living with HIV and AIDS are confronted with unique legal problems of enormous proportions and complexity;
2. Those best equipped to make choices regarding HIV and AIDS issues and problems, are those individuals who are HIV positive themselves;
3. People living with HIV and AIDS must have control over their own lives.
4. The HIV and AIDS affected communities are very diverse and are confronted by overwhelming challenges derived from both their diversity and from their common experience as people living with HIV and AIDS.
5. It is necessary to create and foster a climate of understanding and mutual respect for the dignity and worth of people living with HIV and AIDS; and
6. The confidentiality, bodily security, autonomy and privacy of people living with AIDS and HIV must be respected, which includes but is not limited to:
  - a) the right of individuals to exercise control over their own medical treatment;
  - b) the right of individuals to exercise control over decisions concerning their own socio-economic position;
  - c) the right of all persons living with HIV or AIDS to be fully informed of all process and procedures in which their interests are in any way involved; and
  - d) the right of all persons living with HIV or AIDS to consent, or withhold their consent, in all matters affecting them.