inclusion of specific descriptions of safersex and the use of condoms in school courses.

A number of the Goldfarb questions, however, continued to treat AIDS as a gay disease. For example the survey asked, "As a result of AIDS do you think Canadians will be more willing or less willing to... accept homosexuality?" (74% said less willing.) Similarly, it asked, "How concerned would you be about picking up AIDS from unintimate contact with a homosexual?" (11% of respondents were "very concerned").

Another question elicited a response from 65% of the 800 surveyed, who "foresee a drop in homosexual practices in the years ahead" — as if homosexual practices cause AIDS; forgetting, of course, the relatively high rate of anal intercourse among heterosexuals. The way these questions are worded and the publication of their results in a major newspaper no doubt continues to contribute to the homophobic treatment of PLWA's.

Aside from The Toronto Star poll, however, there are some hopeful signs: both the Federal and Ontario Human Rights Commissions have taken some initiatives to protect the civil liberties of PLWA's.

The Ontario Human Rights Commission has said that it does not consider AIDS to be significantly different from any other handicap in the application of the Human Rights Code. This means that in an employment setting, persons with AIDS, ARC or the HIV virus (as well as those who are suspected of having these conditions) cannot be treated differently from any other employees, except for those narrow circumstances involving risk to others. Even in such circumstances, an employer will not be entitled to limit a person's right to work in a particular setting without showing that reasonable accomodation (such as the use of protective measures) could not be made.

Last month the federal Human Rights Commission announced a similar policy.

Notwithstanding the Human Rights Code of both Canada and Ontario, there are still many serious situations where PLWA's are being discriminated against, essentially because the disease is seen as a "gay plague." AIDS ACTION NOW! believes that there is an urgent need for treatments for both HIV infection and homophobia—two diseases: one medical, one social—which have a crippling effect on our society.

G.S./B.C.

## LOBBYING COMMITTEE MEETING

People interested in helping with lobbying at the provincial and federal levels are invited to attend a meeting of the Lobbying Committee

WHEN: Wednesday, June 29th, at 7:30 P.M.

WHERE: ACT Boardroom, 464 Yonge St., Suite 201

# Treatment Aids #1

Information on treatments for PLWA's and those who are HIV positive

Get in touch with AIDS ACTION NOW! if you would like a copy (416) 591-8489

# AIDS: CANADA'S TOP SCIENTISTS AND ACADEMICS DEMAND ACTION NOW!

From "AIDS: A PERSPECTIVE FOR CANADIANS," by The Royal Society of Canada, Canada's most distinguished group of scientists and scholars. It contains more than 50 recommendations on dealing with AIDS in Canada.

## On Research:

- More public spending on AIDS research: a minimum of \$35 million a year. A mere \$4.26 million was allocated by governments and their agencies for 1987/88, down from \$4.65 million in 1986/87.
- More clinical research, more drug trials, more epidemiological studies, more scientists involved in AIDS research.

### On Health Care:

- An end to the current system of ad hoc health care for people living with AIDS. Few Hospitals have clear admission and treatment policies.
   On any given day there are 100 to 150 AIDS patients in Canadian hospitals and only 18 beds officially
  - assigned to them in the entire country.
- A network of "dedicated" health care facilities for people living with AIDS, funded with new resources, not with money taken from existing programs:
  - special in-patient and out-patient facilities
     screening and counseling clinics
    - screening and counseling clinics home care, extended care and terminal care facilities
  - university-affiliated AIDS centres to coordinate education, research and patient care