

AAN RETREAT, SEPTEMBER 1990

DISCUSSION NOTES: PROVINCIAL STRATEGY

These notes are intended as guide to our discussion of how we analyze the current provincial situation and what policy directions we want to move in.

There are two parts to this:

The headings are a rough plan of our main areas of concern in relation to provincial policy and programs. Hopefully, they can help us organize the areas we want to focus on and how they can be related to each other. There is a lot that still needs to be filled in here.

Under each heading are bullet points setting out some demands that we have made already or could make on the particular issues. They can help us discuss what our strategic priorities and direction should be. Here too there are certainly other demands that we will develop.

DEFINING THE AGENDA

- Immediate demand of meeting with Premier and Minister of Health. Can have revised policy paper on what needs to be done at provincial level ~~for~~ this meeting.
 - Can use same brief or a summary of it to lobby critics from other parties, Ministry officials, other MPPs, media, etc.
- Organize town hall meeting in mid-late November to which the Minister of Health would come. We could have a panel of ourselves and other key groups, but want to have extensive "testimony" from PLWAs about failures of existing policies/programs. Turn into a media event as well.

EQUAL ACCESS TO VITAL TREATMENT

1/High Cost of Drugs

- Immediate demand is for all approved drugs to be provided to all PLWAs free of charge. This is preferable to simply expanding what is available on the welfare card; that means people have to become destitute first.
- Approval process must be streamlined. Approved treatments to be determined by OAAC?

- Medium term demand is to expand the range of publicly funded treatments -- beyond conventional pharmaceutical to complementary and alternative therapies.

2/Lack of Consistent Standards

- The Ministry of Health must establish an HIV Standard of Care Unit to continually educate doctors and patients about accelerated care options, upgrade hospital standards of care across the province, and review the mandates and placement of HIV clinics. This unit must include people living with HIV and primary care physicians with HIV experience.

3/Burn-out/Pressure on Primary Care Physicians

- The government must improve doctors' compensation for HIV patients to reflect the increased work necessary for HIV treatment.
- The government must provide data collectors (and other support services: specially trained paraprofessionals, caseworkers?) for physicians with large HIV caseloads to assist with HIV-related paperwork.

4/Obstacles to People Receiving Care

i)fear of discrimination/disclosure

- The government must provide anonymous testing facilities across the province, and ensure the strict confidentiality of other diagnostic tests and medical records.
- The government should appoint a new chief medical officer of health who will work with community groups to prevent HIV transmission and provide treatment to those who are infected.

ii)unequal distribution of medical resources

- Some plan of (our enumeration of what are minimum facilities and resources) in every region of the province by July 1, 1991 and in every District Health Council by the end of 1992.

iii)homophobia, racism, sexism, language, culture

- need specific demands for particular issues/communities.

CONTINUUM OF CARE

1/Community-based Care and Support Programs

- need to specify the range of services that we see to be vital and how they can be organized in PLWA-centred way. Fill out principle of continuum of care. We started to do so in the election brief.
- explore concept of community clinics which both centralize many of medical, social, legal, psychological, support and other services PLWAs need and act as the hub from which services out into the community/home are organized/coordinated.

2/Full Spectrum of Housing/Accommodation Needs

- Fill out continuum of accommodation/housing:
 - services in home
 - assisted housing
 - specialized residential/nursing facilities
 - hospices

PREVENTION

1/Community-based initiatives

- Increase funding/role for community-based groups/programs. We will need to specify the principles and give examples which we would support. It would be useful to have an example of a good program that is not funded or underfunded -- that shouldn't be hard to find.

2/Critique of Official Media and Education Programs?

MEETING SPECIFIC NEEDS

1/Women

- for example, demands developed in provincial election brief on reproductive rights of women, programs reflecting women's specific needs/experience, acknowledgement of lesbians in all programs.

2/Racial/ethnic Communities

3/IVDU

BROADER CONTEXT

1/Poverty as context for so many PLWAs

■ Election brief had the following demands:

Ontario disability and welfare rates must be raised to at least above poverty level.

The government must act to dramatically increase the availability of non-profit housing, including subsidized units for people living with HIV/AIDS.

The government must expand access to Welfare Drug Benefit Cards to those below poverty level and to those whose drug expenses would force them below poverty level. The drug formulary must be expanded to include all promising HIV drugs, nutrition supplements and complimentary therapies.

■ Might be better to specify reforms from SARC Report that we want implemented. Has great potential to build alliances with other groups/movements.

2/Human Rights Protection

■ Increased resources/mandate for Ont Human Rights Commission

3/Provincial Institutions

■ The government should provide education, condoms, lubricant, dental dams and clean needles within provincial prisons and psychiatric institutions. HIV treatment improvements should include access to proven and experimental therapies, access to HIV physicians outside the institution, and training in HIV treatment for institution staff.

NEED FOR OVERALL PROVINCIAL STRATEGY

1/Lack of Coordination/planning

■ Broaden the mandate and provide more resources to the OAAC?

■ Need means of public discussion/input into developing a provincial strategy -- legislative committee hearings, special task force?

■ Province to fund an Action Conference of community activists, front-line providers, PLWAs, etc in the spring.

2/Lack of HIV+ Representation in Policy Process

■ The government must commit itself to involve people living with HIV and AIDS who are accountable to their communities

to all boards and committees involved in AIDS and HIV policy. The government must immediately appoint more PLWA/HIVs to the Ontario AIDS Advisory Committee.

3/Lack of Long-term Vision

- In consultation with community, Province to develop draft strategy on HIV/AIDS by March 1, 1991. There would then be public hearings/consultation on this draft. Final strategy to be completed by January 1992.