V

registry which was part of our original seven-point policy. Rather than wait to see what the Minister intended to do, we forged ahead. The result has been that the treatment registry is now successfully launched.

The Minister's "national strategy" also pointed out some important problems in thinking that the Department of Health and Welfare could produce even a federal strategy. The Minister was apparently unable to get his cabinet colleagues to support a federal strategy. The Minister of Justice, Kim Campbell, is not prepared to support the inclusion of sexual orientation in the federal Human Rights Code; the Minister of Corrections is not prepared to deal with the problems of AIDS in prisons; and the Minister of Employment and Immigation, Barbara McDougall, is not prepared to move on the AIDS issues around immigration. It is now clear that these issues have to be fought department by department.

Needless to say, attempts by the Minister to develop a national strategy failed completely to win the support of the provinces who are major players in the politics of AIDS.

Seen as a Department of Health and Welfare strategy the federal strategy was somewhat more successful. First, it created the treatment registry, it provided for better representation of PLWA/HIVs on committees responsible for carrying out the AIDS work of the Department, and it provided more short-term money for AIDS community groups. Realizing full well that the political interests of the federal government were not the same as those of AAN! we drew up a "report card" to evaluate Perrin Beatty's national strategy. Issues we felt were not adequately addressed by the strategy include: testing promising treatment that are unprofitable for pharmaceutical companies to develop; PLWAs' catastrophic rights and access to experimental drugs independently of clinical trials; promotion of accelerated care (although the Department is now working on this issue); special programs for women, children, IV-drug users, prisoners and minority communities; and support for anonymous testing, along with the immigration and human rights issues listed above.

Like old-fashioned report card makers, we concentrated our evaluation on substantive issues. We did not have a section of the report card dealing with attitudes. While we only won on two of the ten substantive issues we thought were important, we came away form this exercise realizing that, in contrast to the day of Jake Epp, we now had a Minister of Health and Welfare we could at least talk to and who appears to have a genuine concern to deal with the AIDS epidemic.

George Smith

NATIONAL	AIDS	STDA	TEGY	REPORT	CARD

Minister of Health Perrin Beatty reveals his long-awaited National AIDS Strategy on Thursday, June 28, 1990 in Toronto.

Has he listened to the demands of People Living with AIDS and HIV?

PLWHIVS HAVE DEMANDED THAT THE NATIONAL STRATEGY	INCL	IDE:
Notional Treatment Registry Plans for the Registry should include adequate funding for immediate implementation	PASS	FAIL
Government testing of promising treatments		
Promising treatments must be tested even though they might be unprofitable for pharmaceutical corporations		V
Ethical access to treatments		
Catastrophic rights and access to drugs independently of clinical trials		V
Accelerated care		م ا
Promotion of accelerated care for PLWHIVs among health care professionals	Ц	V
Accountability		
PLWHIVs on all HIV boards and committees		ш
Core funding for community groups		
Funding for these groups must be ongoing	L	~
Special needs in terms of education, prevention and treatment		
Programs for women, children, IV-drug users, prisoners and minority communities	-	V
Non discrimination		
Inclusion of sexual orientation in Human Rights Code		
Anonymous HIV testing		
Support for anonymous testing in all provinces		V
No travel restrictions		

AIDS ACTION NOW!

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