

# ACG Positive Views

AIDS COMMITTEE OF GUELPH  
AND WELLINGTON COUNTY

Making a Difference Together — Winter 2009

## The Criminalization of HIV Non-Disclosure: A Very Bad Idea.

The increasing number of criminal charges being laid in Canada to prosecute people for the transmission of HIV is frightening. It seems, at first glance, quite logical to most uninformed people: if you transmit your HIV infection to others you are criminally responsible. But contained within that, and bubbling underneath is a very complex issue with far reaching consequences.

The criminalizing of HIV transmission is justified only when individuals purposely or maliciously transmit HIV with the intent to harm others. This is the only time when criminal sanctions should be implemented. But the reality is, despite the media hype, these cases are few and very far between. We know that the majority of HIV infections are transmitted before the HIV+ person is aware that they are infected—a person is at their most infectious within the first 3 months of being infected followed by a dramatic reduction in infectiousness.

In Canada, the Supreme Court has stated that the charge of aggravated sexual assault and attempted aggravated sexual assault are considered applicable in the case of HIV transmission. The Court stated in R v. Cuerrier (1998) that where sexual activity poses a “significant risk of serious bodily harm” a duty exists on the person living with HIV or AIDS (PHA) to disclose their status before sex. Failure to do so may constitute fraud which in turn nullifies the other person’s consent. But the Court didn’t define what “significant risk” means, and they only hinted at a possible safer sex (condom) defence creating a large grey area in the law. If you just have oral sex with someone do you need to disclose? What about if you use a condom? The law is not clear, and this uncertainty is unacceptable. What’s more: HIV infection/transmission does not even need to occur before a charge is laid—attempted aggravated sexual assault can be used even when no HIV transmission has taken place.

While Canada’s approach is slightly better than the approach taken by some other countries around the world (where HIV-specific laws are created rather than using existing laws), it is being misused and is doing nothing to stop the

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### The AIDS Committee of Guelph Mission, Vision and Values

#### **Mission:**

To provide exemplary service in the area of HIV/AIDS in Guelph and Wellington County through innovative health promotion strategies and community partnerships.

#### **Vision:**

To be a leader in the area of HIV/AIDS so that the community as a whole, lives well and lives longer with optimal health.

#### **Core Values:**

##### **Compassion:**

To exercise care and compassion to all.

##### **Open/Accessible:**

To be open and accessible using innovative, collaborative responses in all we do.

##### **Respectful:**

To respect the uniqueness of each person, to offer resources that foster empowerment.

##### **Accountable:**

To maintain professional integrity and accountability to ensure consistent, quality service.



## GALA LIVE & SILENT AUCTION

Saturday, April 25th, 2009  
@ 6pm  
Italian Canadian Club  
135 Ferguson Street  
Guelph, Ontario

ORDER TICKETS ONLINE  
[www.aidsguelph.org/events](http://www.aidsguelph.org/events)  
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For more information contact Kate Lloyd, Event Director at (416) 617-5529 or [Kate@IntriKateEvents.com](mailto:Kate@IntriKateEvents.com)

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## The Criminalization of HIV Non-Disclosure: A Very Bad Idea.

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spread of HIV. There is no evidence showing it works and a growing amount of research that shows it actually makes things worse.

Although it is appropriate to prosecute cases of actual transmission caused by malicious intent, the law is being applied much too broadly. Even to extend application of the criminal law to cases where people are “negligent” or “reckless”, but do not act with the purpose to harm another person would be bad public policy. In such a scenario, the law would potentially apply to so many cases and the facts would be so difficult to prove that many unintended negative consequences could result.

Instead of applying criminal law to cases beyond malicious intent and actual transmission, countries should be focussing on empowering PHAs, reducing the stigma and discrimination faced by PHAs. We have created a very difficult society for people with HIV/AIDS to live openly without fear of discrimination, violence, rejection. We need to address this immediately as it is in everyone’s best interest. We have to make it easier for people to disclose. We must reduce stigma.

Applying criminal sanctions also undermines current HIV/AIDS prevention efforts. It has been shown to discourage people from getting tested and finding out their status (“If I don’t know I’m infected I can’t be charged). It creates a false sense of security among HIV negative people ---placing legal responsibility exclusively on PHAs undermines the public health message that everyone should practice safer behaviours, regardless of their HIV status, and that sexual health should be a shared responsibility. People may assume wrongly that their partners are HIV negative because they did not disclose and thus not take measures to protect themselves from HIV and other STIs.

This issue also creates distrust in relationships between PHAs and their healthcare providers, including AIDS Service Organizations. People may fear that information regarding their status may be used against them in the criminal justice system. It is so important for PHAs to be able to communicate openly and effectively with their healthcare providers. They have a right to access healthcare without barriers. This fear impedes the provision of quality treatment and care and could negatively effect the enrolment of PHAs into much needed research studies.

“It is far easier to access counselling and support for safer sex outside the criminal justice system, through the health clinics to which people with HIV go—and yet criminal prosecutions, which use medical records to prove their case, are discouraging people who have difficulty managing safer sex from seeking help. This is a key way in which prosecutions deter people from actions which could prevent onward transmission.” — Lisa Power, Corporate Head of Policy & Public Affairs, Terrence Higgins Trust, 2008

Let me also point out the ridiculousness of imprisoning someone for 7-14 years for a non-malicious or accidental transmission. The rates of HIV in prisons are increasing and there is little to no harm reduction programs offered in prison. Despite maintaining their right to quality medical care, they are not able to access needle exchanges and are therefore forced to share instruments. It is difficult to access condoms and lubricant anonymously and so very few of the sex acts that occur between men and between women are protected. This is a crime in and of itself. And most people forget that the vast majority of people who are currently incarcerated, will be joining our communities in the future.

Overall, what is needed is a graduated response to the situation of people who do not disclose their status with public health law and interventions as the starting point, not criminal law. Public Health law has within it a set of non-invasive interventions (usually more effective) that progress to more severe sanctions. Studies have shown that the most effective interventions in cases of non-disclosure are the ones which are least obtrusive and interventions which respect the HIV+ person’s human rights.

In the next newsletter, the issue of the criminalization of non-disclosure will be looked at further, including an article about how these laws are seriously contributing to the further oppression of women in Canada and around the world. The issue of race and sexual orientation will also be addressed in the next issue. Please check out page 3 for the document: Does the Criminalizing of HIV Make Sense?

**B.J. Caldwell—HIV Prevention Educator, ACG**



### **Natalie Basaraba—Harm Reduction Outreach Coordinator**

We would like to welcome Natalie as our new Harm Reduction Outreach Coordinator. She has a background working with Mental Health and Addiction in Wellington, Dufferin and Waterloo . Natalie is currently completing joint certification in Addictions Studies and Adult Mental Health with TAPE Studies in Toronto.

She is excited to be a part of the the ACG team and looks forward to working in Guelph and the surrounding area. Drop by and say hello.

# Criminal Law and HIV

# 3

This is one in a series of 5 info sheets on the criminalization of HIV exposure in Canada.

1. Criminalization of HIV exposure: current Canadian law
2. Prosecutions under the *Criminal Code*
- 3. Does criminalizing HIV exposure make sense?**
4. Public health laws and HIV prevention
5. Criminalization of HIV exposure: issues for front-line workers

## Does criminalizing HIV exposure make sense?

*Do criminal prosecutions represent a sound policy response to issues of HIV exposure or transmission? How should the criminal law be applied with respect to conduct that risks transmitting HIV? This info sheet presents the public policy implications of criminalizing HIV exposure.*



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### Background

Since the beginning of the epidemic, there have been widespread calls to use the criminal law to deal with conduct that transmits or risks transmitting HIV. Frequently, these calls have been encouraged by sensational media accounts of particular cases and they often reflect or appeal to fears and prejudices about people living with HIV. Concerns have been raised by public health experts, legal experts, people living with HIV, and AIDS service organizations, noting that criminally prosecuting non-disclosure of HIV status might negatively affect the rights of people living with HIV and might also have unintended consequences with respect to HIV prevention.<sup>1</sup> Furthermore, the little evidence there is suggests that criminal prosecutions are unlikely to offer any significant benefit as HIV prevention policy.

### Objectives of criminal prosecution

How relevant are the standard objectives of criminal prosecution when considering criminal prosecutions for conduct that transmits, or risks transmitting, HIV?

### *Detering risky behaviour*

In theory, criminal prosecutions can deter people from conduct that risks transmitting HIV, thereby helping achieve the public health goal of HIV prevention. This is one of the primary arguments put forward in support of criminalizing HIV transmission or exposure. However, the HIV prevention benefit from using the criminal law to deter risky conduct is likely to be limited at best.

What little evidence exists suggests people are guided in their decision making about sexual or other risks more by their sense of what is right or wrong than by what the law says.<sup>2</sup> Also, it is not certain that the threat of criminal charges will be a significant factor in decision making about safer sex or needle sharing “in the heat of the moment,” particularly if inhibitions are lowered or judgment is impaired by such things as desire or substance use.

The history of prohibitions on alcohol, drugs, sex between men and prostitution demonstrates that the criminal law is ineffective in deterring such fundamental, complex human behaviour. As for the few who act maliciously or with disregard for the welfare of others, there is little reason to think that a

legal prohibition will have much or any deterrent effect. Finally, for people who are unaware of their HIV infection, the threat of criminal prosecution will simply be seen as irrelevant and of no deterrent effect at all. As of November 2007, it was estimated that more than one-quarter of people in Canada infected with HIV were unaware of their infection.<sup>3</sup>

### *Retribution for blameworthy conduct*

Certain conduct is considered so morally blameworthy that it deserves punishment, and this in itself is sufficient reason for criminalizing it. This is the other primary argument put forward by some of those who favour criminal prosecutions for HIV transmission or exposure. This justification for criminal sanctions has nothing to do with deterring the offender or others from engaging in the future in conduct such as unprotected sex without first disclosing HIV-positive status. Rather, it is about punishing past conduct deemed blameworthy. But moral culpability requires a sufficiently “guilty mind”. Canadian criminal law generally recognizes different degrees of mental culpability (i.e., intention, recklessness, negligence). Not all will justify criminal prosecutions and penalties; only a limited use of criminal prosecutions

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# Does criminalizing HIV exposure make sense?



can be justified on the basis of punishing blameworthy conduct, and the retribution of the criminal law should be reserved for the most serious of cases.

## *Incapacitation to prevent harm*

Imprisoning offenders is thought to prevent them from harming others, at least for the length of their sentence. But in the context of HIV transmission, this is a weak justification for criminal penalties. Imprisoning a person living with HIV does little to prevent further exposure. In fact, it may have the opposite effect. Prisons are environments in which high-risk behaviour is common (e.g., unprotected sexual intercourse, both consensual and non-consensual; sharing equipment for tattooing or drug injection).<sup>4</sup> However, prisoners often have limited or no access to HIV prevention measures such as condoms and sterile needles for drug injecting or tattooing, increasing the risks of HIV spreading in prisons.<sup>5</sup> Moreover, in most cases those serving prison sentences are eventually released back into the community, meaning that risky activities within prisons can lead to further transmissions on the outside.

## *Rehabilitation to motivate behaviour change*

Causing individuals to change their behaviour in order to prevent further transmission of HIV is of critical importance to HIV prevention efforts. But most cases of HIV transmission are related to sexual activity and drug use, human behaviours which are complex and difficult to change through blunt tools such as criminal sanctions. Long-term changes in behaviour are more likely to result from other non-coercive interventions, such as education, risk-reduction counselling, support for disclosure and behaviour change, and addressing underlying reasons for engaging in high-risk behaviours.<sup>6</sup>

## **Other policy considerations**

Not only are criminal prosecutions likely to be of limited effectiveness at best for HIV prevention, they may also do more harm than good. Overly broad use of the criminal law raises human rights concerns and could be counterproductive to public health goals.

### *Hindering HIV testing and other health services*

People may hesitate to seek HIV testing and related counselling and support if they fear that knowing their HIV status or providing information to service-providers could lead to breaches of confidentiality, condemnation and possibly criminal charges. Concern that information discussed with a physician or counsellor could be used in a prosecution creates a barrier to seeking counselling or other services that would help in avoiding further risk activities. If medical records of diagnosis or treatment for another sexually transmitted infection could be used as evidence in prosecuting an HIV-positive person for alleged unsafe sex without disclosure, this could be a barrier to seeking treatment. Threats of criminal charges against HIV-positive new mothers for risking transmission to their infants (e.g., through breastfeeding or denying preventative drug therapy to the infant) would be a disincentive for at-risk parents to seek pre- and post-natal services. Nor would such criminal charges likely be in the best interests of the child, which is the overriding concern of child protection laws.

### *Spreading misinformation about HIV*

Inappropriate and overly broad use of the criminal law can contribute to the already extensive public misunderstanding of HIV transmission risks. In Canada, criminal charges have been laid, and inordinately stiff sentences imposed, in cases involving biting, scratching and spitting, despite the extremely low — and

in some cases, completely non-existent — risk of transmission. Media coverage of these cases undermines efforts to educate the public about how HIV is, and is not, transmitted.

### *Creating a false sense of security*

There is a danger that criminally prosecuting people for not disclosing their HIV-positive status can encourage a false sense of security among people who believe they are HIV-negative, encouraging riskier practices. Public health messages that *anyone* could be infected, and that *everyone* should practice safer sex and avoid sharing needles, may be undermined by the perception that the risk is isolated to certain categories of people and that disclosure will happen if there is something to be disclosed. This is particularly risky given the percentage of people in Canada with HIV who are unaware of their infection (see note 3).

### *Increasing stigma and discrimination*

Whether justifiable in a given case or not, criminal prosecutions for HIV transmission or exposure — and the often sensational media coverage they generate — can contribute to the stigma and discrimination people living with HIV face. Such cases place the burden of preventing transmission largely or entirely on HIV-positive people. They also risk portraying all people living with HIV as potential criminals. Stigma already disproportionately affects those identified in the public mind with HIV and those subject to social disapproval — sex workers, gay and bisexual men, people who inject drugs, immigrants and prisoners. Increasing stigma and discrimination is counterproductive to efforts to scale up both HIV prevention and treatment.

### *Invading privacy*

Privacy rights of both HIV-positive and HIV-negative people are threatened

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# Does criminalizing HIV exposure make sense?

by criminalization of HIV exposure and transmission. The privacy of “confidential” medical and counselling records is routinely lost when police search for evidence for a prosecution. Moreover, the HIV-positive status of an accused person may be widely publicized, not only through media coverage of the trial but also when police deliberately issue public releases with a person’s name and photograph in seeking more information for a prosecution. Privacy is particularly important to people living with HIV because of the stigma associated with the disease and the discrimination they could face in areas such as housing, employment and family social relationships.

## Compounding unfairness of gender inequality

In some cases, a person living with HIV will have limited or no control over whether safer sex is practised with or by a partner. Someone in an abusive relationship, for example, may not be able to insist that her or his male partner wear a condom. For the same reasons, she or he may fear that disclosing infection could lead to violence. Women, particularly those in abusive relationships and those who do sex work, are more likely than men to face sexual or physical violence if they reveal that they are HIV-positive, meaning that criminal liability could have especially harsh impacts on women.

## Does criminalization of HIV transmission or exposure make sense?

Any possible (and largely theoretical) benefits to be gained by using the criminal law broadly must be weighed against the costs to public health and human rights. In the big picture, criminal charges do little or nothing to stem the spread of HIV. However, they divert resources and attention away from the policies and initiatives that make a real difference (e.g., education, testing, support services, access to safer sex information and condoms, needle exchange programs,

etc.) and from initiatives to address the root causes of people’s vulnerability to HIV infection (e.g., stigma, gender inequality, addiction, poverty, violence, discrimination such as homophobia and racism, barriers to education, etc.).

Criminal charges may be justified in some circumstances, such as where a person is aware of his or her status and has acted with the malicious purpose of infecting someone else. However, these cases are rare.

Criminal charges should not be laid in cases where there is no significant risk of HIV transmission. In addition, criminal charges should not be brought against a person if he or she:

- was unaware of his or her HIV infection;<sup>7</sup>
- lacked an understanding of how HIV is transmitted;
- feared harm would result from disclosing HIV-positive status;
- practiced safer sex (e.g., a condom was used, or the acts only posed a “low risk” or even lower risk of HIV transmission);<sup>8</sup> or
- disclosed his or her HIV-positive status to the sexual partner or other person before any act posing a significant risk of transmission (or the other person was in some other way aware of the person’s HIV-positive status).

Where criminal charges are laid, they should be the measure of last resort and care should be exercised to avoid unnecessarily and unjustifiably infringing people’s rights or undermining other important public policy objectives.



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This publication contains general information. It does not constitute legal advice, and should not be relied upon as legal advice.

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## References

<sup>1</sup> E.g., see: AIDS Committee of Toronto, “Policy on the use of criminal sanctions as a response to the transmission of HIV,” on-line: [www.atoronto.org/website/research.nsf/pages/crimsanct](http://www.atoronto.org/website/research.nsf/pages/crimsanct); WHO Europe, *WHO technical consultation in collaboration with European AIDS Treatment Group and AIDS Action Europe on the criminalization of HIV and other sexually transmitted infections* (Copenhagen, 16 October 2006), on-line: [www.euro.who.int/Document/SHA/crimconsultation\\_latest.pdf](http://www.euro.who.int/Document/SHA/crimconsultation_latest.pdf); *Criminal Law and HIV Transmission: A Policy Option Paper* (Geneva: UNAIDS, 2002); and Canadian HIV/AIDS Legal Network, “Criminal Law”, on-line: [www.aidslaw.ca/criminallaw](http://www.aidslaw.ca/criminallaw); C. Galletly & S. Pinkerton, “Conflicting Messages: How Criminal HIV Disclosure Laws Undermine Public Health Efforts to Control the Spread of HIV,” *AIDS Behaviour* 2006; 10: 451–461.

<sup>2</sup> E.g., see: S. Burrell et al., “Do Criminal Laws Influence HIV Risk Behaviour? An Empirical Trial,” *Arizona State Law Journal* 2007; 39: 467–519.

<sup>3</sup> Public Health Agency of Canada, *HIV/AIDS Epi Updates – November 2007* (Ottawa: PHAC, 2007), on-line: [www.phac-aspc.gc.ca/aids-sida/publication/epi/epi2007-eng.html](http://www.phac-aspc.gc.ca/aids-sida/publication/epi/epi2007-eng.html).

<sup>4</sup> Canadian HIV/AIDS Legal Network, “HIV and Hepatitis C in Prisons — Info Sheet 2: High-risk behaviours in prisons” (2008), on-line via [www.aidslaw.ca/prisons](http://www.aidslaw.ca/prisons).

<sup>5</sup> G. Betteridge and G. Dias, *Hard Time: Promoting HIV and Hepatitis C Prevention Programming for Prisoners in Canada* (Toronto: Canadian HIV/AIDS Legal Network & Prisoners’ HIV/AIDS Support Action Network, 2007), on-line via [www.aidslaw.ca/prisons](http://www.aidslaw.ca/prisons).

<sup>6</sup> See, e.g., D.R. Holtgrave and J.W. Curran, “What works, and what remains to be done, in HIV prevention in the United States,” *Annual Review of Public Health* 2006; 27: 261–75.

<sup>7</sup> Note that in one case the Supreme Court of Canada has suggested that a person who is aware of the risk that they may be infected, with no medical confirmation of the diagnosis, may have a legal duty to disclose this risk: *R. v. Williams*, [2003] 2 SCR 134. (See info sheet 1 in this series.) Given the public policy considerations mentioned here, this is not an advisable extension of the law.

<sup>8</sup> At this writing, this point remains unclear in Canadian law, although it has been suggested by the Supreme Court of Canada: *R. v. Cuerrier*, [1998] 2 SCR 371. (See info sheet 1 in this series.) Given the public policy considerations mentioned here, courts should not extend criminal law to cases where people practise safer sex.

*Pinch This Productions*

**Announcing**

## **Pinch This Productions!**

**Who and What the heck are they?**

PTP is a diverse collective of local queer/friendly folks whose mission is to produce a series of sustainable, accessible and safe events to **SHOWCASE LOCAL TALENT**, critically comment on the current sociopolitical climate and support local community groups through raising funds and awareness.

Wanna perform?  
Wanna be production crew?  
Check out Facebook group  
Pinch This Productions  
or email Tasha and Sel at  
pinchthisproductions@gmail.com.

### **Mar 28: Gender Martini**

A performance night celebrating a variety of gender expressions while raising funds/awareness for Out on the Shelf Resource Library

### **April 25: Planet Elixhur**

A performance nod to Planet Hur celebrating jungle beats, animal frolic and green goddesses while raising funds/awareness for AIDS Committee of Guelph and Wellington County

### **Where:**

Guelph Googenheim Gallery,  
129B Woolwich St  
- rear entrance of Gordon Taylor Music  
(GGG is proudly associated with Operation Toys Fundraiser)

### **When:**

8pm - 1am, performances 9:30 - 11 pm  
Cost: \$5 or PWYC +/- , 19 yrs >



## **ATTENTION: HOOD PARTICIPANTS**

**Were you enrolled in the  
HIV Ontario Observational Database  
(HOOD) at your doctor's office?  
Have you since changed doctors?**

The HOOD Study has now become the Ontario HIV Treatment Network Cohort Study (OCS). Like HOOD, the information collected in the OCS is anonymous and confidential. If you were enrolled in the HOOD Study at your doctor's office and have since changed doctors, **your information will automatically be included in the OCS.**

If you **do not wish** your information to be included in the OCS, you must notify either:

- ▶ The doctor's office where you were enrolled in HOOD  
*OR*
- ▶ Thomas Egdorf at The Ontario AIDS Network 1-800-839-0369 or 416-364-4555, ext. 309

If you would like further information about the OCS, visit:

[www.ohtn.on.ca/OHTNCohort.htm](http://www.ohtn.on.ca/OHTNCohort.htm)



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# A TASTE FOR LIFE



## What Is "A Taste For Life"

This unusual type of fundraising event began in Philadelphia and has been successful in many communities in Canada and the United States. The concept is simple, the visibility is high and the cause is recognized and endorsed throughout the community. In 1999, Bruce House and The Snowy Owl Foundation held the debut of "A Taste For Life" in Ottawa, and 25 restaurants participated. Beginning in 2000 Fife House in Toronto joined. Subsequently the event has welcomed 19 cities and regions across the province who hold "A Taste For Life" event for AIDS service organizations in their respective communities. This year the AIDS Committee of Guelph and Wellington County will be taking part in this worthwhile cause.

## How Does "A Taste For Life" Work?

On Wednesday April 29<sup>th</sup>, 2009 the people of Guelph are invited to participate in "A Taste For Life". This event asks restaurants from every neighbourhood and in every price range to donate 25% of the gross proceeds to The AIDS Committee of Guelph and Wellington County.

Event promotion includes an ambitious media blitz involving posters, advertising and public service announcements. As well, reminder cards in participating restaurants in advance of the event will give diners ample time to plan their evening. Each organization will promote the event with their supporters through mailings, newsletters and volunteer networks. It is our aim and expectation to fill participating restaurants through promotion. This means that this event not only supports a great cause but is simply good business for participating establishments.

## Who Will Benefit?

The AIDS Committee of Guelph and Wellington County who, this year, celebrated 20 years of providing support and programs for people infected

and affected by HIV/AIDS. Monies raised through this event will go towards continued exemplary service in the area of HIV/AIDS through innovative health promotion strategies and community partnerships.

Please join us for A Taste For Life on April 29, 2009. Just by dining out, you can help fight HIV/AIDS in our community. Tell a friend or better yet organize a group and make a reservation at one of the participating restaurants.

Thanks, Gary Roche  
Community Support Worker

Good Food for a Good Cause

**April 29, 2009**

Participating Restaurants:

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- ▶ BabelFish Bistro
- ▶ Manhattan's Pizza  
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## Abercrombie Place

### How can you make a point of giving?

Did you know that we have a fantastic new way to raise funds for The AIDS Committee of Guelph? It's really easy, and all you have to do is visit [www.hbc.rewards/community](http://www.hbc.rewards/community) and link your Hbc Rewards account to our agency.

Once you designate your points, you can contribute anywhere from 10-100% of your points you earn to the agency. That means that every time you shop at the Hbc family of stores\*, you can help us get closer to redeeming for the items we need that are outside of the annual budget! Plus, for every member that links to our agency, we'll receive an additional 2,000 BONUS points!\*\* The more family and friends that link to the agency, the faster our points accumulate! So don't wait! Sign up by visiting [www.hbc.rewards/community](http://www.hbc.rewards/community) today!

Thanks to everyone who have signed up so far!

\*Hbc family of stores include: The Bay, Zellers and Home Outfitters

[www.bay.com](http://www.bay.com), [www.zellers.com](http://www.zellers.com),  
[www.homeoutfitters.com](http://www.homeoutfitters.com) and [www.hbc.com](http://www.hbc.com)  
\*\*2,000 Hbc Rewards points per member to a maximum of 50 members in the first year.



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with Men (MSM) and Injection  
Drug Users (IDU's)

Testing is courtesy of Wellington-Dufferin-Guelph Public Health Unit.



ACG is funded through the United Way, Ontario Ministry of Health & Long Term Care and The Public Health Agency of Canada. Private and Public Donations.



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