

THE POLITICAL IS PERSONAL

**ANNUAL REPORT
2018-2019**

Canadian
HIV/AIDS
Legal
Network

Réseau
juridique
canadien
VIH/sida

THE POLITICAL

Every decision made by those who write or shape our laws and policies has an impact on the people in our communities. For some, it's easy to detach from the effect of discriminatory laws, unfair policies and poorly reasoned procedures, to close their eyes to what things mean on a human scale.

But this personal element makes our work meaningful. Laws and policies should uphold people's rights, not trample on them. And there is power in the personal stories that illuminate how laws affect health and access to services, how they either stigmatize or respect people's dignity. One of our roles is to ensure courts and politicians can't ignore these realities, and to thereby bring about laws and policies that protect and support people, rather than punish and harm them.

This past year, our research and advocacy were directly responsible for the new directive from the federal Attorney General limiting HIV non-disclosure prosecutions. The almost-immediate effect was the stay of a case against a man living with HIV in the Northwest Territories. It is also a significant step toward ending unjust prosecutions of people living with HIV across Canada.

We supported three brave activists in Barbados in bringing a challenge to that country's continued criminalization of LGBTQ people before the Inter-American Commission of Human Rights. Their personal testimonies of abuse and resilience are a powerful foundation for a petition to advance rights for all.

In Russia, our "street lawyers" program has helped more than 200 people who use drugs confront stigma and discrimination that deny their humanity and dignity and worsen the HIV epidemic. The program was also featured in a powerful new documentary we



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law Partner" and you may be forced to leave
an application to remain in Canada on human
1 Many people are in Canada legally without
For example, they may have

IS PERSONAL

co-produced, amplifying the voices of our friends and colleagues who advocate for real change to Russian drug policy.

Closer to home, 22 sex workers from around Ontario shared their experiences with law enforcement. Their testimony was heartbreaking, terrifying and powerful. They spoke about what sex work means to them and shared their first-hand knowledge of how things have worsened since the passage of draconian new “end prostitution” laws in 2014. The resulting report, *The Perils of “Protection,”* and the accompanying video, put sex workers’ voices front and centre. Their insights illustrate the real-life effects of such misguided criminalization in a way no statistical review ever could. We’ve shared that report with politicians and police and continued our advocacy in support of law reform that respects sex workers’ autonomy and protects their health and other rights.

As the worst opioid overdose crisis Canada has ever seen continues to take a deadly toll, we stand with our front-line colleagues, including people

who use drugs, as they work to save lives, expand supervised consumption services in Canada and advance a more profound challenge to the ongoing harms of drug prohibition. The law reform recommendations in our report, *Overdue for a Change*, are driven by our long-standing commitment to the lives and dignity of those directly affected by this public health crisis.

This year there will be a federal election in Canada. It’s impossible to say at the moment whether, come November, we’ll have a government willing to protect and promote everyone’s human rights — and to what extent. No matter the outcome, we will continue our advocacy, amplifying the voices of those whose lives and health are at stake and making the personal political.

Yours in solidarity,



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EXECUTIVE
DIRECTOR

RIGHTS, NOT RESCUE

Since the passage of the *Protection of Communities and Exploited Persons Act* (PCEPA) in 2014, sex workers have been framed as victims requiring protection and law enforcement interventions have escalated in response to a perceived need to “rescue” sex workers, with sex work regularly being incorrectly conflated with “trafficking.” Demands from sex workers to remove police from their lives are often overshadowed by the false perception that sex workers are no longer criminalized under the PCEPA and are instead being protected by police and other law enforcement agencies. Unfortunately, this is not the reality experienced by sex workers.

Over the past year, our work in this area has focused on documenting sex workers’ accounts of law enforcement interventions in their work. We interviewed 22 sex workers who told us how increasingly aggressive law enforcement interventions have undermined their health, reduced their income and made them less safe. Rather than having their rights protected by the PCEPA, sex workers told us how this act and other laws and policies that negatively equate sex work with

“SEX WORK HAS ALWAYS BEEN AN EMPOWERING THING FOR ME, NO MATTER WHAT AREA OF PRIVILEGE THAT I’VE BEEN IN, BECAUSE IT WAS THE FIRST TIME IN MY LIFE WHERE I LEARNED ABOUT CONSENT, AND I WAS ABLE TO VERBALIZE CONSENT, WHEREAS IN OTHER AREAS OF MY LIFE, I DIDN’T HAVE THAT.”

— TAYA

exploitation have empowered police, immigration, municipal bylaw and other law enforcement officers to raid their workplaces, interrogate, detain and deport them, and even remove their children. This is all done under the guise of “protection.”

These stories have now been collected and published in our new report *The Perils of “Protection”: Sex Workers’ Experiences of Law Enforcement in Ontario*, which

ca, it's not happening." As Leigh noted, "[The police are] not bugging me as much as they used to ... as long as I stay in the dark alleys ... and crime-ridden places, and ... don't cross the line." Taya also described "being pushed to work in back alleys where there's no lighting and all these things, because of the way that, you know, you feel like the police could come." This

they're scared of the cops now, because it's in trouble. They try to meet you in creep Constantly that's where I meet them now, into some spot, I've had plenty of things ha know what you're walking into." According of SafeSpace:



was first shared with members of the community at a Toronto panel in March. Audience members there heard first-hand accounts of harmful interactions between law enforcement and sex workers, who are mistakenly presumed to be better off under the PCEPA. Our report makes it clear that this is not the case and that more needs to be done to ensure that sex workers are and feel safe when they work.

To further illustrate these stories and to help amplify the voices of the sex workers themselves, we also produced and

distributed a short video based on the report. The video features recordings from the interviews themselves, and highlights major themes that emerged from the research. We are proud to have played a critical role in bringing these stories to a wider audience — and these voices will continue to inform our ongoing advocacy work as an allied organization in the Canadian Alliance for Sex Work Law Reform, demanding an end to unjust and harmful criminalization of sex workers, their clients, their work settings and third parties.

“ THEY NEED TO MAKE IT LEGAL, LEGAL. NOT HAVE GREY AREAS, AND JUST MAKE IT LEGAL.... WHY DO YOU HAVE TO COME AND DESTROY LIVES, AND MAKE PEOPLE LOSE THEIR HOUSES AND LOSE THEIR KIDS? WHY DO YOU HAVE TO BREAK FAMILIES UP? IT'S RIDICULOUS ... IF YOU MENTION SEX AND MONEY IN PUBLIC, YOU COULD STILL GET ARRESTED. WHY WOULD I WANT TO TALK ABOUT THAT STUFF BEHIND CLOSED DOORS, WHERE I COULD GET HURT? I'D RATHER TALK ABOUT THAT BEFORE I GET TO MY HOTEL ROOM [WITH A CLIENT], THAN AFTERWARDS. ”

— KELLY

LIFE, NOT DEATH

The opioid overdose crisis continues to rage: from small towns to big cities, communities across Canada have been touched by tragic loss. People have used drugs for millennia, for many different reasons, and they will continue to do so. Prohibition has been an abysmal failure the world over. Governments need to address this as an issue of individual and public health: when people use drugs, they should be able to do so as safely as possible, without the risk of infection, overdose, or prosecution hanging over them. This means decriminalizing possession, prioritizing harm reduction services and ensuring a safer supply of drugs.

We continue to advocate for such changes, in Canada, in Russia and other countries of Eastern Europe and Central Asia, and at the UN. We released a new report, *Overdue for a Change: Scaling up Supervised Consumption Services in Canada*, looking at the legal landscape facing supervised consumption services (SCS) in Canada and challenging law- and policy-makers to remove the legal barriers that still stand in the way of expanding these life-saving services. Our recommendations were endorsed by more than 75 health and

human rights organizations also concerned about the ongoing threat posed to these services by parties and politicians willing to wield stigma to advance their political ambitions. We have shared the report with federal, provincial and municipal leaders and will keep pressing for changes that will improve — and save — people's lives.

The struggle for health, rights and dignity of people who use drugs is global — and so is our work. We were proud to be among the core group of organizations developing the new *International Guidelines on Human Rights and Drug Policy*, launched in March at the UN Commission on Narcotic Drugs. We delivered the first plenary statement about this groundbreaking source, which lays out why governments should take human rights seriously in national drug policies — and how they can do so.

Meanwhile, in Russia, opioid agonist therapy (e.g. methadone) remains outlawed, while punitive drug laws and state-sanctioned stigma continue to create barriers to health services, limit treatment options for drug dependence, and fuel abuses by law enforcement.

...projects given
...exemption and the minimal likelihood that any
...exemption would be granted. Respondents described
...“climate of distrust” between service providers and
...Health Canada during this time. In late 2015, with
...the election of a new federal government that was
...explicitly supportive of harm reduction, including SCS,
...hospital. Informants indicated that the ap-
...application turnaround time has been reduced, and the
...handling of applications has become less opaque and “at
...arm’s length.” Scale-up of SCS has also been facilitated
...by collaboration, knowledge exchange and partnerships
...between sites, and depending on the local context, by
...the support of elected officials, law enforcement author-
...ities and regulatory health professionals. Community

HELLO, MY NAME IS RADIK.
I HAVE BEEN USING HARD DRUGS
SINCE 1995. I STARTED COMING
HERE BECAUSE I WAS ABLE TO
KICK THE HABIT, BUT I LACKED
A CIRCLE OF PEOPLE WHO DON'T
USE. SO I STARTED COMING HERE
TO SOCIALIZE. IT'S POSSIBLE TO
GET HELP SOLVING EVERYDAY
PROBLEMS HERE AND BE TESTED
FOR HIV AND HEPATITIS. AT
ONE POINT, LAW ENFORCEMENT
WAS ARRESTING [PEOPLE] IN
PHARMACIES. YOU BUY SYRINGES
AND THEY KNOW WHY YOU
BUY THEM. BUT HERE YOU GET
SYRINGES SAFELY. 🍷🍷

— FROM THE DOCUMENTARY
#NONEXISTENTWEEXIST

This is why we continue to advance our “street lawyers” program in St. Petersburg, alongside partner Humanitarian Action and with support from the Elton John AIDS Foundation, connecting people to care and challenging human rights violations.

In addition to numerous submissions to courts and UN bodies, we co-produced a documentary about the realities of living under such oppressive policies. Called #NONexistentWEexist, the film looks specifically at the experiences of people living with HIV and hepatitis in Russia and shows the links between punitive drug policies and both epidemics. The film premiered in Moscow this past February, attended by UNAIDS, representatives from four embassies and an assortment of members of other civil society organizations. Further screenings are planned for later in 2019, targeting Geneva, London, New York and Toronto, which will spread the message and continue to amplify the voices of people like Radik, whose lives have been — and continue to be — affected by such repressive drug policies.

JUSTICE, NOT PRISON

This is one very tangible result of our advocacy this year: In February 2019, news broke that the prosecution had stayed a criminal case against a Yellowknife man living with HIV charged with aggravated sexual assault for allegedly not disclosing his status to a sexual partner. The decision was made because of a directive issued in December 2018 by the Attorney General of Canada, which instructed federal Crown attorneys in Canada's three territories not to proceed with such prosecutions where the person accused of non-disclosure had a suppressed viral load (and, importantly, to "generally" not pursue such cases where someone used a condom or only engaged in oral sex).

The directive itself was the result of our sustained advocacy for evidence-based policies that reflect current scientific knowledge and factor in human rights. Our voice was heard. As a result, this man will no longer face unwarranted prosecution and jail time for his medical condition. We have also set an important precedent that we can and will build on.

Piece by piece, year by year, we have been steadily advancing the case for ending unjust prosecutions. One of the building blocks that gave rise to this victory was the release of the *Expert Consensus Statement on the science of HIV in the context of criminal law* at the 22nd International AIDS Conference in Amsterdam. Signed by 20 international HIV experts, this groundbreaking statement provided their conclusive opinion on the low-to-no possibility of a person living with HIV transmitting the virus in various situations, including certain sexual acts. At its launch, the statement was also endorsed by the International AIDS Society (IAS), the International Association of Providers of AIDS Care (IAPAC) and UNAIDS, along with 70 additional scientific experts from 46 countries.

As part of the HIV JUSTICE WORLDWIDE movement, we helped organize the launch of that statement, and, through our various activities during the conference — including spotlighting HIV criminalization in the Human Rights Networking Zone with partner ARASA (AIDS and Rights Alliance

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more intrusive or

“ WE FOLLOWED THE DIRECTIVE AND CHOSE NOT TO PROSECUTE. ”
— CROWN ATTORNEY ALEX GODFREY

for Southern Africa) — we amplified the message and put this issue squarely on the international agenda. We have been actively promoting the scientists’ expert consensus statement in Canada, including to decision-makers, and the combination of scientific expertise with community advocacy was key to bringing about the first signs of real change in Canada.

The breakthroughs of the past year are welcome, but not enough. We will continue our advocacy aimed at getting

Attorneys General and prosecutors in every province to stand down on the aggressive criminalization of people living with HIV. We’ll also keep up the advocacy for changes to the *Criminal Code* to end the misuse of the criminal law, including sexual assault charges — another key demand reflected in the Community Consensus Statement we developed in 2017 with other members of the Canadian Coalition to Reform HIV Criminalization (CCRHC) and which has been endorsed by more than 170 organizations (and counting) across the country. And we’ll keep intervening in court cases to try to limit the scope and harms of criminalization.

Canadian law still doesn’t fully take current scientific evidence about HIV transmission into account and still disrespects the human rights and dignity of people living with HIV. We’ve made a difference this year, but we will continue our work until unjust prosecutions are a thing of the past, and people can get on with their lives without the shadow of presumed criminality.



Canada's approach to HIV criminalization is unscientific, unjust and undermines public health.

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8
in Canada continue to be singled out
prisonment for

In keeping with ba

HEALTH, NOT HARM

Imagine being back in 2012. At the time, prisoners in Canada had far more limited to access harm-reduction services, including zero access to needle and syringe programs. This forced prisoners to make or reuse their injection equipment, often sharing with other prisoners. Rates of HIV and hepatitis C virus (HCV) were very high and access to HCV treatment was sparsely provided. Now imagine that one person speaks up.

That person was Steve Simons, a man formerly imprisoned in Warkworth Institution, a federal prison in Ontario. Along with the Legal Network, PASAN, CATIE and the Canadian Aboriginal AIDS Network (CAAN), he launched a constitutional lawsuit against the Government of Canada to force them to make sterile injection equipment available in federal prisons. Steve's affidavit showed how the lack of such services while he was inside led him to get HCV — and that this lack was a violation of the rights of all federal prisoners, under the *Canadian Charter of Rights and Freedoms*, to security

of the person and equivalent health care while imprisoned. As Steve said at the time the suit was launched, "I want to be involved in this case to save lives and to prevent the spread of hepatitis and HIV."

That lawsuit has dragged on for six years. Finally, last May, as a direct result of our advocacy including through this court case, the federal government announced it would implement a prison needle exchange program (PNEP), starting first in two prisons, with a commitment to roll out this program to all federal institutions by August 2020. This was welcome news. However, the PNEP's design reveal serious deficiencies that are not in line with public health principles or professionally accepted standards for such programs, meaning prisoners' *Charter* rights still aren't being respected. Based on the government's announcement, the judge hearing our constitutional challenge adjourned the hearing for a year, so that additional evidence could be filed about the experience with implementation in at least some prisons before the court issues a ruling.

...to continue to reuse (likely makeshift) syringes that this entails.

...verify accountability for the equipment... prisoners as a significant intrusion for reasons... (e.g. vis à vis other prisoners). This is contrary... absence of any evidence of security risks —... to the same checks as other prisoners.

...on regarding prisoners' PNEP participation... inspections in other ways.

...right to equality, and the right not to be... and unusual treatment... punishment.⁶⁴

...periences reflected in the affidavits... tes-... rights,

...cases where individuals suffer from addic-... pelled to go to dangerous lengths to inject, or... fected with HIV and/or HCV in prison from... le because they were denied access to sterile... quipment that would have been available to... a community-based needle exchange program

...dian prison... lives, both... ted by... dire... prisons in... in Canadi... but tangi... attest to... their sto



PEOPLE SAY, 'WHY SHOULD I PAY FOR NEEDLES?' WELL, OK, DON'T PAY FOR NEEDLES. DO YOU WANT TO PAY FOR HIV, HEPATITIS C TREATMENT, HIV MEDICATION FOR THE REST OF SOMEONE'S LIFE? FROM A STRICTLY PRAGMATIC POINT OF VIEW, IT MAKES MUCH MORE SENSE TO GIVE PEOPLE CLEAN NEEDLES.)))

**— DIANE SMITH-MERRILL,
PRISON HEALTH WORKER, IN
"ON POINT: RECOMMENDATIONS
FOR PRISON-BASED NEEDLE AND
SYRINGE PROGRAMS
IN CANADA" (2016)**



So far, the roll-out has reached six prisons (five women's and one men's), but even this inadequate program is by no means secure. Some federal correctional officers are protesting the program, claiming it puts them at risk (contrary to all the available evidence that it in fact makes the prison environment safer for everyone) and circulating misleading information to MPs. Meanwhile, the 2019 federal election could result in a new government hostile to harm reduction, including in prisons, leading to the program being cancelled — exactly what happened a decade ago to a safer tattooing pilot program, despite a positive evaluation.

This is why it is essential that we keep up our advocacy, including for a court order upholding prisoners' rights to this health service. And it's why we will continue to amplify the voices of those who have experienced what it means to be in prison and denied essential means of protecting their health. For Steve and thousands of others, this isn't an abstract political issue, but very, very personal.

LIBERATION, NOT ABUSE

The Caribbean region has a long, complicated history of anti-LGBTQ laws and attitudes. Nine countries in the region still criminalize consensual same-sex intimacy, putting people at risk of being charged or imprisoned, as well as fuelling stigma, violence, and the HIV epidemic. These laws are holdovers from British colonization, but the U.K. itself abolished those decades ago. Sadly, too many Caribbean countries have thus far chosen to preserve them, with too many politicians even defending these colonial-era imports in the name of national culture and tradition.

In 2018, together with the Legal Network and other supporters, three Barbadians filed a petition before the Inter-American Commission on Human Rights challenging the laws against “buggery” and “serious indecency.” These laws violate the human rights of LGBTQ people living in the country. Alexa Hoffmann, a trans activist, was the lead petitioner, willing to be named publicly, and has become the face of this challenge, sharing her horrific experiences of violence and discrimination at the hands of her fellow Barbadians.

“MANY LGBTQ BARBADIANS FACE STIGMA, DISCRIMINATION AND ABUSE EVERY DAY — WHICH ARE DEEMED PERMISSIBLE AND CERTAINLY EXAGGERATED BY THE EXISTENCE OF THESE HATEFUL LAWS. I HAVE SEEN MANY OF MY FRIENDS SIMPLY PACK THEIR BAGS AND LEAVE BARBADOS, EVEN THOUGH OUR CONSTITUTION WAS DESIGNED TO PROTECT EVERYONE AS EQUALS. THESE LAWS MUST BE RELEGATED TO THE DUSTBINS OF HISTORY.”

**— ALEXA HOFFMANN,
PETITIONER TO THE INTER-
AMERICAN COMMISSION ON
HUMAN RIGHTS**

George W. Bush's \$15 billion initiative to fight malaria worldwide, especially in the Caribbean (Kaiser Family Foundation, 2017).
Coordinate actions and resources to bring connected and/or affected by HIV/AIDS, share information to the general population, and present a

than a dozen countries, particularly in the Caribbean. And nearly 200 people attended our international launch events to celebrate this important body of work and consider how the church can right some of its historical wrongs against the LGBTQ community.

Court challenges are one way to battle stigma, but there is also value in street-level advocacy. Humanizing those whom others have misguidedly deemed "sinful" can have a powerful effect when the goal is to change hearts and minds. This past fall, we co-organized the first-ever Pride Walk in Jamaica, which had more than 300 participants, while activities throughout Montego Bay Pride Week brought out 1,600 people participants in total. These remarkable numbers show that while many in the region try to deny the existence of LGBTQ people, this community will no longer be silenced.

In our last annual report, we highlighted our very successful inaugural "Intimate Conviction" conference, which brought together speakers from around the Commonwealth to discuss the role the church has played in promoting anti-gay laws and what it can do to help repeal them. Since then, we have published a volume of some of the presentations from that conference and distributed more than 700 copies worldwide to politicians, religious leaders, parliamentarians, judges and civil society members in more

There is nothing more personal than one's identity and the right to personal expression. The fact that for millions of people in the Caribbean region, their identities as LGBTQ people put them at risk of prosecution and violence is a clear violation of their human rights. But the world is taking notice, and there is momentum for change. Here at home, we've been a proud, founding member of the Dignity Network, a coalition advocating in solidarity with LGBTQ activists around the world — this advocacy has now resulted in the federal government earmarking \$30 million over five years to advance the human rights of LGBTQ people globally. It's a welcome commitment — and we commit to continuing our advocacy for the personal freedom and dignity of LGBTQ people worldwide.

and members who were heterosexual and pre-
Under the direction of then-pastor Rud
its ministers since, Glendale City Church h
conviction about caring for vulnerable p
sexual people. One report ties
international AII

STRENGTH IN NUMBERS



RAISING AWARENESS

182,011 unique website visits

2000+ people visited our *Human Rights Networking Zone* at AIDS 2018

911,900 Twitter impressions

835+ donations

700+ copies distributed of *Intimate Conviction*, our book on the church's role in anti-gay laws

MAKING CHANGE

6 Canadian prisons now offering needle exchange

39 supervised consumption services operating across Canada

2 new prosecutorial policies limiting HIV criminalization in Canada

200+ people who use drugs in Russia accessed our legal support

INVOLVING COMMUNITIES

22 sex workers shared their experiences with law enforcement

174 organizations endorsing the *Community Consensus Statement* on ending unjust HIV criminal prosecutions

14 francophone countries now in our network, all working to end HIV criminalization

300+ participants in first-ever LGBTQ Pride Walk in Jamaica

LEGAL ADVOCACY

3 interventions in court cases related to HIV criminalization

11 ongoing cases before the European Court of Human Rights and UN human rights bodies

2 cases challenging discrimination against women who use drugs in Russia

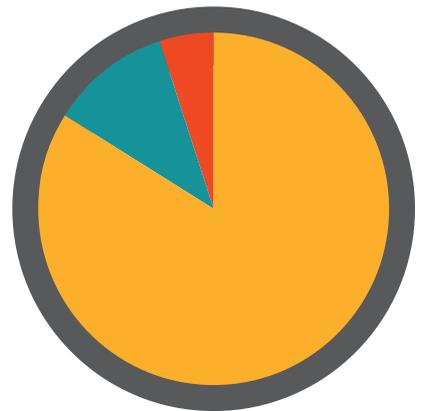
FINANCIAL OVERVIEW

SUMMARY FROM AUDITED FINANCIAL STATEMENTS FISCAL YEAR ENDING MARCH 31

	2019	2018
REVENUE	\$	\$
Grants	1,714,564	1,689,986
Donations	140,035	147,116
Consulting Fees	98,015	140,597
Membership	8,245	8,505
Interest & Other	7,270	9,178
TOTAL REVENUE	<u>1,968,129</u>	<u>1,995,382</u>
EXPENSES		
Personnel Costs & Professional Fees	1,463,469	1,486,766
Travel Expenses	109,368	126,870
Events Expenses	78,316	67,518
Communication & Information	47,933	44,564
Strategic Litigation	28,387	17,480
Rent & Maintenance	130,487	129,041
Office Equipment & Expenses	51,312	53,052
Amortization	3,104	3,104
Outreach Materials	21,715	29,092
Other	27,875	36,202
TOTAL EXPENSES	<u>1,961,966</u>	<u>1,993,689</u>
NET ASSETS	<u>119,262</u>	<u>113,099</u>

WHERE OUR MONEY GOES

	Programs	84%
	Administration	11%
	Fundraising	5%



THANKS! MERCI!

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