FOIA Number: 2007-1550-F

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Vancouver

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S	66	6	10	2

MEMORANDUM FOR PATSY

FROM: LaHoma

SUBJECT: Talking points for remarks during symposium on "Access to Treatments in Developing Countries"
Tuesday, July 9, 1996 19:30-21:30 Hotel Vancouver

The objective of this symposium is to provide conference attendees and invited speakers with the opportunity to meet, dialogue, and to create a strategic plan including recommendations to improve access to HIV/AIDS treatments in developing countries.

You are being asked to make a 5 minute presentation and state your support for this important issue from the perspective of this office. Other invited speakers include: Peter Piot, UNAIDS, Elizabeth Reid, UNDP, Dorothy Blake, WHO, 2 PWAs (names not known) and 2 representatives from pharmaceutical companies.

After the presentations, the symposium participants will form groups to discuss priority topics in their regions.

Background: Recent advances in the treatment of HIV/AIDS with combination therapies (ie AZT, 3TC and Protease Inhibitors) and medications to prevent and treat Opportunistic Infections has offered renewed hope amongst PLWHIV/PLWAs. However, this is not the case for millions of people around the world who do not have access or who cannot afford the most basic treatments for HIV/AIDS.

1) President

Key issues to address include:

■The HIV epidemic is still growing, at a rate of more than 6000 new infections daily. Estimates vary on what the cumulative total of HIV infections will be by the year 2000, but as recently as last week, I heard the projection of 100 million AIDS cases. Whatever the number, we are sure of the devastating impact that this disease will have for years to come.

■The Clinton Administration has and continues to support increasing access to treatments in developing countries. The US signed the Declaration from the Paris AIDS Summit in December 1994 and supports the GIPA initiative, the greater involvement of People living with AIDS in all AIDS programs.

■The US is also very supportive of UNAIDS and is the largest donor to this new global initiative. We all know Dr. Piot's leadership and commitment to this issue.

■ The cost of available therapies is prohibitive to most developing countries, and as we continue to develop new technologies, developing countries continue to fall further behind.

■ The US feels an urgency to respond quickly to this issue.

■Faced with the ~~total~~ virtual absence of treatments for PWAs in many developing countries with approximately 80-90% of the epidemic, in Africa, Asia and Latin America, we should increase efforts to ensure that existing treatments currently available in developed countries such as treatment for STDs, anti-HIV treatments, alternative therapies and treatments for HIV-related illnesses, are made available to PWAs living in developing countries.

■An appeal was made by people affected by HIV/AIDS and non-governmental organizations fighting AIDS at the Paris Summit in 1994. Among the issues they raised were the following:

○ All people living with HIV/AIDS have access to medical, psychological and social care
○ All people living with HIV/AIDS have right of access to all the information linked to their condition, the right to chose their treatment, to be relieved of pain, and to refuse all forms of prolonging life by medical means.
○ All people living with HIV/AIDS have free voluntary and informed access to therapeutical and vaccine trials respecting the ethical principles necessary for their application.
○ Children living with HIV/AIDs have access to the treatments and care appropriate for their illness;
○ Research be developed for all treatments, STD treatments, anti--HIV treatments, alternative therapies, and treatments for the illnesses related to HIV-infection and not only for the vaccines.

■The US continues to support all of these efforts. (Can we make a stronger statement?)

In addition to increasing the access to drugs in developing countries, we should not forget to address other important indirect activities which will impact the level of care of persons living with HIV and AIDS. These include:

■ The use of alternative care plans (those outside of the hospital), especially home based care and community based care which has special relevance for people with HIV/AIDS , especially those living in developing countries.

■Hospital staff and medical workers need training to deal better with HIV infected patients, as well as the discrimination and other negative attitudes they might display while caring for their patients.

■ Primary health care - sometimes AIDS patients suffer needlessly because they do not have access to deal with simple problems like headaches or diarrhea.

■ Low cost essential drugs, including those for STDs and tuberculosis, are in short supply in many public sector health systems - problems that are now exacerbated by the additional burden of illness imposed by HIV/AIDS. Although we are concerned about the problem of providing AZT and protease inhibitors, we should not neglect to provide aspirin and bactrim. to prevent PCP pneumonia

Some of the areas we need to pursue include

- Working with pharmaceutical companies to get pricing agreements
- Working with sponsors of clinical trials to get them located in developing countries
- purchasing of generic drugs instead of proprietary drugs that are more expensive
- asking funders like the World Bank to increase their support for medications

and lastly,

- setting up buyers clubs
- the training and technical support for NGOs and others in developing countries to be treatment advocates so people will know what treatment is needed, what is available and how to advocate for what they need.

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=== COVER PAGE ===

TO: _____

FAX: 12026321096

FROM: _____

FAX: 2122819564

TEL: 2128629833 (Jaws at home)

COMMENT: ~~CONFIDENTIAL~~

DETERMINED TO BE AN
ADMINISTRATIVE MARKING
INITIALS: TM DATE: 01/14/14

GNP+

GLOBAL NETWORK OF PEOPLE LIVING WITH HIV/AIDS

To: Patricia Fleming
CC: LaHoma Smith Romocki

Telefax: 202. 632 1096

Pages: 3 pages (including cover)

From: Jairo E. Pedraza
GNP+ North America Representative

Date: June 28, 1996

Re: -Confirmation letter requesting Ms. Fleming participation at "Access to medication in developing countries symposium.
-Request for a letter from President Clinton.
-Attendance from someone from AIDS Policy office at the GNP+ NA regional meeting.

Jairo Pedraza
GNP+ North America Representative
506 West 148th Street NY 10031
Tel. 212-862 9833 Fax. 212-281 9564 E-mail: BabaluAye@ .com

June 28, 1996

GNP+
GLOBAL NETWORK OF PEOPLE LIVING WITH HIV/AIDS

Patricia S. Fleming
Director, National Office of AIDS Policy
White House
750 17th Street, Northwest Suite 600
Washington, DC 20503

Dear Ms. Fleming:
With respect to our recent telephone conversation, please accept this letter on behalf of the Global Network Of People Living With HIV/AIDS (GNP+) confirming your participation as a panelist representing the White House National office of AIDS Policy, at the satellite symposium entitled Access To Treatments In Developing Countries. The symposium will be held on Tuesday, July 9, 1996 from 19:30 thru 21:30 at Hotel Vancouver, 900 W. Georgia Street between Hornby and Burrard Street, Vancouver, British Columbia. (Please note the change on the venue, this is a new location)

Attached is an outline on the format which will be utilized during the meeting. Panelist will provide a five (5) minute presentation in their area of expertise and state their support for this important issue from the perspective of the office you represent. Upon completion, symposium attendees will break-out into regional groups to discuss the five (5) identified priority topics. We welcome your participation to join these regional sessions in order to help foster dialogue and to help create a strategic plan which will improve access to medications along with treatments within developing countries.

As you may be aware, GNP+ is the only worldwide organization that exists to provide a vehicle for PWHIV/PWA's to communicate and network. GNP+ provides community organizing and self-empowerment skills building for PWHIV/PWA's to advocate for universal HIV/AIDS policies, programs and prevention/healthcare services that reflect our unique and essential expertise.

On behalf of GNP+ as the North American representative, I would like to thank you for your participation and support regarding this important topic. Your committment and hardwork in battling the fight against AIDS worldwide is greatly appreciated.

If you have any questions regarding this matter or require additional information, please do not hesitate to contact me by phone at (212)862-9833, Fax (212)281-9564, EMAIL BabaluAye@aol.com respectively.

With Sincerest Regards,

Jairo Enrique Pedraza
North American Representative, GNP+
506 West 148th Street, 1B
New York, NY 10031

June 28, 1996

Patricia S. Fleming
Director, National Office of AIDS Policy
White House
750 17th Street, Northwest Suite 600
Washington, DC 20503

GNP+
GLOBAL NETWORK OF PEOPLE LIVING WITH HIV/AIDS

Dear Ms. Fleming:
The following is an addition to the previous letter regarding the confirmation of your attendance at the access to treatments in developing countries

The Global Network of People living with AIDS, North America region will host a regional meeting on Tuesday July 9 from 11am to 1pm @ Robson Square in conference room 1. The purpose of this meeting is for PLHIV/AIDS from North America to meet and discuss mutual issues concerning our NA region. If you or anyone from your office could attend it will be appreciated. This is a unique meeting since the participants will be PLHIV/AIDS from North America.

The outline for this meeting is very informal and friendly. We will present on what GNP+ NA vision is and issues that GNP+ NA will work on in the coming year, this meeting will help create a strategic plan which PWA's from NA can get involve in more global issues as well.

GNP+ NA will like to request a support letter/statement from President Clinton, to be read at the beginning of both meetings, Access to treatments as well as the GNP+NA meetings, the letter could be supporting the GIPA initiative, the greater involvement of People living with AIDS.

As you may be aware, GNP+ is the only worldwide organization that exists to provide a vehicle for PWHIV/PWA's to communicate and network. GNP+ provides community organizing and self-empowerment skills building for PWHIV/PWA's to advocate for universal HIV/AIDS policies.

On behalf of GNP+ as the North American representative, I would like to thank you for your participation and support regarding this important topic. Your commitment and hard work in battling the fight against AIDS worldwide is greatly appreciated. Please notify me if any of the above request could be done.

If you have any questions regarding this matter or require additional information, please do not hesitate to contact me by phone at (212)862-9833, Fax (212)281-9564,
EMAIL BabaluAye@aol.com respectively.

With Sincerest Regards,

Jairo Enrique Pedraza
North American Representative, GNP+
506 West 148th Street, 1B
New York, NY 10031

- talking pts. for Jaro's mtg on 6/27/96
- Copy of letter of invitation for session

Dorothy Blake - (WHO)

Peter Piot - (UNAIDS)

Elizabeth Reid - (UNDP)

PWA/Thailand -

2 pharmaceutical - 1 companies

5-10 mns. To support + encourage discussion - To set the agenda + atmosphere.

Break into groups by regions + recommendations

GNP + will have a mtg - Vancouver Hotel at 7:30.

GNP+

GLOBAL NETWORK OF PEOPLE LIVING WITH HIV/AIDS

To: **Patsy Fleming**
National Office of AIDS Policy

Telefax: 202.632 1096

Pages: **7 pages (including cover)**

From: **Jairo E. Pedraza** JP
GNP+ NA

Date: **June 14, 1996**

Re: **Dear Patsy, Its my understanding that Dorothy Blake (WHO) spoke with you and others on this issue in the meeting in Geneva of the PCB. I'm enclosing the following for your information and to invite to participate in this meeting. Your assistance in any way is very much appreciated.**

Once again, gracias.
Jairo Pedraza
GNP+ NA
e-mail: BabaluAye@aol.com Fax 212-281 9564 Tel 212-862 9833

Jairo

CP- Please call Jairo. Tell him I'm not sure – I already have 4 speaking events. But I am interested + will let him know later. Ask who has accepted to participate. Get list of names.

GNP+
GLOBAL NETWORK OF PEOPLE LIVING WITH HIV/AIDS

June 14, 1996

Patricia S. Fleming
Director, National Office of AIDS Policy
750 17th Street, Northwest, Suite 600
Washington, DC 20503

Dear Ms. Fleming:

Please accept this letter on behalf of the Global Network Of People Living With HIV/AIDS (GNP+). As one of the North American representative for GNP+, I am writing to request your participation as a guest panel and The white House endorsement of a satellite symposium to be held during the XI International Conference On AIDS. I would also like to request the participation of any other high level official representing the White House that will be attending the conference.

The symposium entitled Access To Medications In Developing Countries will be held on Tuesday, July 9, 1996 from 19:00 thru 21:30 at Robson Square Media Center, 800 Robson Street, Theater 150, Vancouver, British Columbia.

Invited speakers will include representatives from WHO, UNAIDS, UNDP, the pharmaceutical industry, international government delegates and organizations representing People Living With HIV/AIDS (PLWHIV/PLWA) and PLWHIV/PLWA's themselves. The symposium will for the first time provide attendees and representatives with the opportunity to meet, dialogue and to create a strategic plan in order to improve access to treatments within developing countries.

GNP+ is the only worldwide organization that exist to provide a vehicle for PLWHIV/PLWA's to foster communication. GNP+ provides community organizing and self-empowerment skills building for PLWHIV/PLWA's to advocate for universal HIV/AIDS policies, programs and HIV Prevention/Health Care educational that reflect the unique and essential experiences of PLWHIV/PLWA's.

I look forward to your and the White House participation in this important symposium. If you have any questions regarding this matter or require additional information, please do not hesitate to contact me at Tel. (212)862-9833 Fax (212)281 9564 E-mail BabaluAye@aol.com . Your prompt response to our request will be highly appreciated.

With Sincerest Regards,

Jairo Enrique Pedraza
North American Representative, GNP+
506 West 148th Street 1B
New York NY 10031

GLOBAL NETWORK OF PEOPLE LIVING WITH HIV/AIDS

June 14, 1996

To: Patricia S. Fleming
Director, National Office of AIDS Policy
750 17th Street, Northwest
Suite 600
Washington, DC 20503

From: The Global Network of People Living with HIV/AIDS, GNP+
Jairo Enrique Pedraza, North America Representative

Fax: 202.632 1096

Re: ACCESS TO MEDICATIONS IN DEVELOPING COUNTRIES. SYMPOSIUM TO BE HELD AT THE XI INTERNATIONAL AIDS CONFERENCE ON AIDS, VANCOUVER CANADA.

INTRODUCTION:
Recent advances in the treatment of HIV/AIDS with combination therapies (ie; AZT, 3TC and Protease Inhibitors) and medications to prevent and treat Opportunistic Infections (OI's) has offered renewed hope amongst PLWHIV/PLWA's. However, this is not the case for millions of people around the world who do not have access or who cannot afford the most basic treatments for HIV/AIDS.

As you may be aware, the XI International Conference on AIDS will be convening July 7, 1996 thru July 12, 1996 in Vancouver, British Columbia. During the conference, a satellite symposium organized by GNP+ NA will convene entitled "Access To Medications In Developing Countries" on Tuesday July 9, 1996 from 19:00 thru 21:30 at Robson Square Media Center, 800 Robson Street, Theater 150, Vancouver.

Invited speakers will include representatives from the World Health Organization (WHO), USAID, UNDP, The Pharmaceutical industry, governmental delegates and organizations representing People Living With HIV/AIDS (PLWHIV/PLWA) and PLWHIV/PLWA's themselves.

OBJECTIVE:
The objective of this symposium is to provide conference attendees and invited speakers with the opportunity to meet, dialogue, and to create a strategic plan including recommendations to improve access to HIV/AIDS treatments in developing countries.

GNP+NA will participate in the Treatment Track in the Community Forum on July 5th and 6th, and will assist in the discussion at the community level. From there community recommendations will be brought to the symposium for further discussions with the different agencies participating in Tuesday's symposium. Those recommendations will be reviewed and further join recommendations will be the outcome of both the Symposium and the community forum meetings.

STRUCTURE OF SYMPOSIUM:

1) An introductory guest panel composed of representatives from WHO, UNAIDS, USAID, White House, Pharmaceutical representatives, NGO's and PLHIV/PLWA.

2)Then a brake out into tables set by the five WHO regions. In the perspective regions there will be representation from all of the above organizations and more community representation.

3)The conclusion and recommendations will be read to the introductory guest panel. For this purpose GNP+ is asking invited guest speakers that if they can not remain for the full meeting to please delegate a representative from their office, as is very important to have representation when the community read back the recommendations of three days work.

OUTCOME:

To plan the creation of a document where the outcome and recommendations from the Community Forum and the Symposium will be will be reported in. To accomplish this task, we are requesting financial support.

Your presence in this important event by becoming a sponsor of this symposium and your assistance in identifying and inviting the Pharmaceutical industry to this meeting will be of great help and will make this meeting very successful.

As one of The North American representative of GNP+, I am responsible for organizing this symposium. GNP+ is the only worldwide organization that exists to provide a vehicle for PLWHIV/PLWA's to foster communication. GNP+ provides community organizing, self empowerment and skills building for PLWHIV/PLWA's to advocate for universal HIV/AIDS policies, programs and HIV Prevention/HIV Health Care initiatives including educational that reflect the unique and essential experiences of PLWHIV/PLWA's.

Thank you in advance to your prompt attention to this matter. Without your assistance it will be impossible to make this symposium a well attended reality.

If you have any questions or require additional information, please do not hesitate to contact me at Tel (212)862-9833, Fax (212)281 9564 e-mail BabaluAye@aol.com.

Sincerely,

Jairo Enrique Pedraza
Global Network of People Living With HIV/AIDS (GNP+)
North American Representative
506 West 148th Street 1B
New York NY 10031

XI International Conference on AIDS
Vancouver
July 7–12, 1996

XIe Conférence internationale sur le SIDA
Vancouver
7 au 12 juillet 1996

June 3, 1996

GNP+ NA
Attn: Mr. Jairo Pedraza
506 West 148th St
New York NY
USA 10031

Dear Mr. Pedraza

On behalf of the XI International Conference on AIDS, the Co-Chairs are pleased to provide the following information regarding your Satellite Symposium. Please find attached the details of your symposium in regard to date, time and venue and an information sheet outlining the applicable satellite symposia benefits.

Maggie Corcoran is your appointed contact at the Robson Square Media Centre. To proceed with making the specific arrangements for your symposium, please contact Maggie Corcoran directly at 660-7903 or by fax 685-9407. In accordance with the Satellite Meeting Policy, all costs associated with the meeting must be covered directly by GNP+ NA (e.g. room rental, audio-visual, food and beverage).

Should you require local assistance with the planning of your meeting, the following event management companies are available:

International Conference Services:	Tel 604-681-2153	Fax 604-681-1049
Venue West:	Tel 604-681-5226	Fax 604-681-2503

All contractual arrangements and associated costs are to be negotiated directly between GNP+ NA and any local suppliers and/or venues you select to use.

Kindly note that satellite symposia are intended to be for the benefit of Conference delegates and priority admission should be given to pre-registered Conference delegates.

The Conference welcomes the inclusion of GNP+ NA's symposium as a compliment to the Official Program. Should you have any further questions, please do not hesitate to contact me at (604) 668-3239.

Sincerely

Lenora Hobbis
Operations Assistant

11th Floor, 1090 West Pender
Vancouver, British Columbia
Canada V6E 2N7
Tel: 604 668 3225
Fax: 604 668 3242

Satellite Symposia Confirmation Information

GNP+ NA

Venue: Robson Square Media Centre
800 Robson Street
Vancouver, BC
V6Z 2C5

Contact: Maggie Corcoran
Phone: 660-7903
Fax: 685-9407

Access To HIV/AIDS Medications In Developing Countries

Room: Conference Rooms 1

Tue, July 9, 1996 **Setup:** 1800 **Start:** 1900 **End:** 2130 **Set-up:** Theatre 150

Schedule at a Glance

	FRIDAY July 5	SATURDAY July 6	SUNDAY July 7	MONDAY July 8	TUESDAY July 9	WEDNESDAY July 10	THURSDAY July 11	FRIDAY July 12
7:30				Poster Set Up (7:30-9:30)				
8:00		Satellite Symposia	Satellite Symposia	Plenary Session (8:30-10:45)				
8:30								
9:00				Exhibits/Poster Viewing (9:30-16:00)*				
9:30			Delegate Registration					
10:00								
10:30				Meet the Experts (11:30-12:30)				
11:00								
11:30				Poster Symposia (11:30-12:30)				
12:00	Satellite Symposia	Delegate Registration Begins (12:00-20:00)						
12:30								
13:00				Concurrent Sessions (13:30-18:30)				
13:30				Skills Building Workshops (13:30-17:00)				
14:00								
14:30								
15:00								
15:30								
16:00				(Exhibits Close at 16:00)				
16:30			Opening Ceremony (15:30-17:00)					
17:00								
17:30								
18:00			Reception & Exhibits (17:00-19:30)				Rapporteur Sessions	
18:30								
19:00				Satellite Symposia (19:00-)			Closing Ceremony (19:00-21:45)	
19:30								
20:00								
20:30								
21:00								

*All times subject to change.

COMMUNITY FORUM 96

Global Solidarity Regional Strategy Local Action

Purpose: Community Forum 96 will bring together 500 people for a two-day working meeting on July 5 and 6. This Forum is especially designed for Persons Living with HIV/AIDS and community workers and will focus on skills building and strategic development. Within the skills building and strategic development, issues related to Human Rights, Treatment, Social Research and Evaluation, and Community & Organisational Development will be explored and examined. Please see overleaf for the schedule.

The Forum will provide participants with:

- A framework for Collective Strategic Planning and Policy Development
- Skills Building Opportunities
- International Networking Opportunities
- A general orientation on the XI International Conference on AIDS

Scholarship delegates will be given special consideration in order to facilitate their participation in the Forum. However, registration will be limited. We cannot guarantee your participation but invite you to please fax us back the Registration Form attached to your award letter as soon as possible if you would like to be considered. ***But you must do so before May 1, 1996. The fax number is (604) 688-1874.***

The Participants will reflect a cross-section of the global community. There will be equal regional representation (100 representatives from each of Africa, Asia, Europe, Latin America, and North America), gender balance (appropriate to infection rates regionally), representation from the more vulnerable communities, and a mix of community front-line workers, managers, and policy makers. There will be no outside observers at workgroup or plenary sessions.

Community Forum 96

THURSDAY, JULY 4

AIRPORT MEET AND GREET
ROOM ASSIGNMENT
REGISTRATION
RECEPTION

FRIDAY, JULY 5

EARLY MORNING:
REGISTRATION

AM:

OPENING PLENARY
Welcome - Inspiration
Orientation - Forum
Orientation - Conference
Cultural Event

REGIONAL BREAKOUTS
5 Regions
Planning for Week
Tasks - Core

LUNCH:

STRATEGIC PLANNING
Issue Breakouts
In Regions
SKILLS BUILDING
Themes:
Human Rights
Treatment
Social Research/
Evaluation
Community Development

LATE AFTERNOON:

NETWORKING
In Interest Groups

SATURDAY, JULY 6

EARLY MORNING:
YOGA

AM:

STRATEGIC PLANNING
Action Breakouts
In Themes
SKILLS BUILDING
In Themes

LUNCH:

ACTION BREAKOUTS CONT.
SKILLS BUILDING
Themes:
1 Human Rights
2 Treatment
3 Social Research
& Evaluation
4 Community Development

CLOSING PLENARY
Summation - Report Back
Keynote
Orientation Update
Cultural Event

EVENING:

DINNER AND SOCIAL

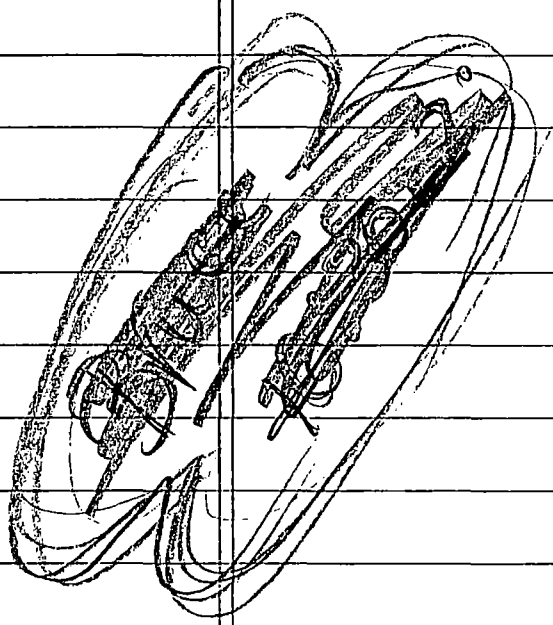
Community Forum 96 has been organized with the support and cooperation with the XI International Conference on AIDS

Jaime Pedraza

- Letter of support from President Clinton - GIPA initiative

need for PWAs to be involved

212 - [redacted]
212 - 862 - 9833



Ask Patsy

6/25/96

Satellite Symposium - XI International Conference on AIDS
Sponsored by NIAID
Wall Centre Garden Hotel/Ballrooms C & D
June 21, 1996

DRAFT AGENDA

STD TREATMENT TO PREVENT HIV INFECTION
Wednesday, July 10, 1996
1900-2200

I. Plenary Session (2 hours, 30 minutes)

Chairpersons:		Sandra Melnick, OAR, Zeda Rosenberg, NIAID
Welcome (10)		Patsy Fleming, NAPO
Overview (15)		Ward Cates, FHI
Basic Research:		
HIV in Semen: Implications for Prevention of Sexual Transmission of Disease (20)		Myron Cohen, UNC
title ?	(20)	John Ho, Cornell
Clinical Research:		
title ?	(20)	Ronald Gray, JHU
title ?	(20)	Marie Wawer, Columbia U
title ?	(20)	Richard Hayes, LSPH
title ?	(20)	Sally Blower, UCSF
STD Prevention and Control: Strategies for in Developed Countries (15)		Penelope Hitchcock, NIAID

II. Discussion (30 minutes)

Speakers for all presentations

Andrew Johnson
Community Liaison Coordinator

XI International
Conference
on AIDS

Vancouver
July 7–12, 1996

11th Floor
1090 West Pender
Vancouver, British Columbia
Canada V6E 2N7

Tel: 604 668 3237
Fax: 604 668 3242
ajohnson@hivnet.ubc.ca

XI International
Conference on AIDS

Vancouver
July 7-12, 1996

MEMORANDUM

DATE: November 28, 1995

TO: ***Immigration Officers***
Canadian Missions Abroad

FROM: Andrew Johnson, Community Liaison Coodinator

SUBJECT: **XI International Conference on AIDS**

The XI International Conference on AIDS will take place in Vancouver, British Columbia, July 7 - 12, 1996. Between 12,000 and 15,000 delegates from all over the world are expected to attend the year's most important event in the fight against AIDS. A copy of the Conference Second Announcement and Call for Abstracts is enclosed for your information and reference.

For several months now, the Conference Secretariat has been working closely with representatives from Immigration and Customs Canada to prepare our border officials for the arrival of the Conference delegates, many of whom will be persons living with HIV infection or AIDS. In addition, Health Canada has contributed funds to support the registration fees of 1000 delegates: 500 persons living with HIV/AIDS and 500 persons from the developing world. Our scholarship program is described in the accompanying memo from Ida Giordano.

As you may already know, Canada's immigration laws do not restrict the travel of HIV infected persons to Canada with one exception: entry to Canada may denied for some persons with serious medical illnesses whose "admission would cause or might reasonably be expected to cause excessive demands on health or social services." (See page 23-24 of the Conference Second Announcement.)

In order to ensure that all non-Canadian delegates have the means to cover any medical expenses they might require during their stay in Canada, the Conference has secured a health insurance policy covering ALL registered Conference delegates (the fee for this policy is included in the registration fee). It should be noted that this policy covers all HIV/AIDS medical services and care. The Conference health insurance covers the period from July 5th 00:01 to July 12th 24:00. Delegates who wish to extend their visit to Canada, either before or after the week of the Conference, may purchase additional coverage from the insurer with the same terms.

Both Immigration and Customs Canada have and continue to be consulted and provide feedback on all of our Conference planning activities related to travel and entry into Canada. Similarly, the enclosed educational manual and video is a testimony to Canada's commitment to ensuring that Canada will do its "utmost to insure that persons living with HIV/AIDS are treated with the same respect and concern for rights as any other visitors to Canada," *the Honorable Sergio Marchi, Minister of Citizenship and Immigration Canada*. We applaud the efforts made toward this progressive initiative.

As the Community Liaison Coordinator of the XI International Conference on AIDS, my primary duty is to serve as a bridge between the Conference and those living with HIV/AIDS and those working on the frontlines in community-based and NGO initiatives. Issues related to Immigration and Customs are part of my portfolio. Therefore, I remain at your disposal for any information you may require regarding the Conference. I will also keep you up to date on our progress in addressing issues that relate to traveling to Canada.

Please feel free to contact me at anytime:

ANDREW JOHNSON
Community Liaison Coordinator

Tel: (604) 668-3237 Fax: (604) 668-3242

E-mail < ajohnson@hivnet.ubc.ca >.

XI International
Conference on AIDS

Vancouver
July 7-12, 1996

MEMORANDUM

DATE – November 28, 1995

TO – ***Immigration Officers***
Canadian Missions Abroad

FROM – Ida Giordano
Scholarship Program Coordinator
XI International Conference on AIDS

SUBJECT – Visa Requirements and Processing for Scholarship Recipients

As you may already know, the XI International Conference on AIDS will be taking place in Vancouver, July 7 - 12, 1996.

A scholarship program has been established within the Conference to enable full and equitable representation of those global communities most affected by HIV/AIDS and to maximize the participation of delegates from developing countries.

We would be very grateful for your assistance with scholarship delegates in processing and expediting their visas for Canada, especially those from the developing regions. They will only be informed in mid-April whether their application has been successful and they will need to leave their country on or about July 4. Thus they will only have two and a half months to secure Canadian visas and other essential travel documents to complete their travel arrangements, scarcely enough time in countries with cumbersome bureaucratic procedures. For this reason, we would be most grateful for any advice you might have or assistance you could provide to ensure that these delegates acquire their visas in a timely fashion.

On our part, we would be able to forward to you by the end of April a list of all scholarship recipients with their country of origin, current country of residence and passport numbers (if available) to your offices in Ottawa for onward transmission or directly to you, whichever is preferable. At that time we would also like to forward directly to you payment for their visas and would kindly ask that you advise us of the procedure to follow.

We greatly appreciate your efforts in helping the Scholarship Program with these matters which, if not attended to properly, could make the difference whether a deserving candidate attends the conference or not.

Please do not hesitate to contact me should you have any questions or require further information. I may be reached directly at the following numbers:
tel. (604) 606-8916; fax. (604) 688-1874.

I look forward to your reply.

HIV/AIDS TRAINING
FOR IMMIGRATION AND CUSTOMS

COURSE OVERVIEW

Brent,

This is a draft course outline which is currently being revised but it will give you an idea. Please do not circulate this copy.

Thanks,
Catherine.

DRAFT April 7, 199[illegible]

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1. INTRODUCTION

1.1 Course Intent

This training package, is intended to address the public commitment in Phase II of the National AIDS Strategy, that calls for the government to develop and implement, on an ongoing bases, a training program to ensure accurate interpretation and enforcement of current policies as they relate to HIV/AIDS.

This course will provide Immigration, including Visa and Customs officers, with the knowledge required to ensure accurate interpretation of current policies and procedures relating to the admissibility of visitors living with HIV/AIDS. In addition, Customs officers will receive the most current information on policies and procedures relating to travellers carrying medication and equipment used in the treatment of HIV/AIDS and the importation of educational material on the transmission of HIV in relation to Canada's obscenity law.

Ultimately, the intent of the course is to insure that persons living with HIV/AIDS are treated with the same respect and concern for rights as all visitors to Canada.

1.2 Expected Payoffs to Participant's Department and Managers

Potential for enhancing both productivity and quality of service to the public by:

- alleviating any on-the-job concerns officers have relating to the transmission of HIV;

- ensuring Customs and Immigration officers, including those working outside Canada, understand the policies and procedures relating to visitors living with HIV/AIDS;

- ensuring Customs officers understand the policies and procedures relating to travellers carrying medication and equipment used in the treatment of HIV/AIDS;

- ensuring Customs officers understand the policies and procedures relating to the importation of educational material on the transmission of HIV as it relates to Canada's obscenity law.

1.3 Course Sponsor

This course is sponsored by Health Canada, Revenue Canada and Citizenship and Immigration Canada under the National AIDS Strategy. It is endorsed and supported by the Interdepartmental Steering Committee on HIV/AIDS Training Program.

1.4 Course Loading

Maximum	20
Optimum	15
Minimum	To be determined

1.5 Estimated Resource Requirements

a) Classroom

1) 2 flip chart stands
2) VHS player & TV

b) Instructors

Each session requires three instructors/facilitators, since there are three areas of expertise to be covered.

Part 1 - General HIV/AIDS Awareness (1 hour).

This portion of the training was designed by is to be delivered by trained occupational health nurses. Therefore the lesson plan has not been included in this package.

Part 2 - Admissibility (1 hour).

This portion is to be delivered by a certified trainer from Citizenship and Immigration

Part 3 - Medication (75 minutes).

This portion of the training was designed by Customs and is to be delivered by a trainer from Revenue Canada, Customs and Excise. The lesson plan is

not included in this package.

1.6 Target Population

This course is designed for all Immigration officers working in and outside Canada and all Customs officers working at ports of entry.

1.7 Course Length

1/2 day.

Prerequisite

Part one - no prerequisite.

Part two - designed for all officers making determinations about admissibility.

Part three - designed for Customs officers working at ports of entry.

2. TRAINING OBJECTIVES

Training Objective 1:

Participants will have a general understanding of:

- what HIV/AIDS are and;
- how HIV is contracted.

Performance:

Completion of a true/false exercise.

Condition(s):

Individually without reference to
training materials.

Standard: N/A.

Training Objective 2:

Participants will understand their responsibilities with respect to A. 19(1)(a)(ii) when dealing with visitors:

Performance:

Completion of a short answer knowledge based exercise.

Condition(s):
Individually without reference to
training materials.

Standard: N/A.

Training Objective 3:

Participants will understand the policy and procedures relating to travellers bringing medication to Canada for personal use.

Performance:

To be determined by Revenue Canada.

Condition(s):

TBD

Standard: N/A.

3. CONTENT OUTLINE

3.1 General

Participants will learn about HIV/AIDS in general terms and in specific terms as it relates to their job as an Immigration officer or Customs officer.

The structure of the course is based primarily on the use of an instructional video (specifically produced for this training) in conjunction with leader lead discussion followed by brief written exercises.

3.2 Introduction

Administrative details are addressed during this module. This includes welcoming participants, introducing trainers and explaining their roles. The course objectives, methodology and evaluation instruments will also be explained at this time.

3.3 Overview of HIV/AIDS

This module covers:

what AIDS is;

what HIV is;

how HIV is contracted and how it is not contracted;

on-the-job precautions to prevent possible HIV infection;

statistical information on the transmission of HIV ; and

common terms related to HIV/AIDS .

3.4 Admissibility

This module covers:

the responsibility of Customs officers with respect to A.19(1)(a)(ii);

which cases should be referred to Immigration secondary based on the excessive demands criteria;

how to word questions concerning medical conditions so that they are effective without being insensitive to the client ; and

which visitors should be referred for an Immigration medical examination.

3.5 Travellers Carrying Medication

This module covers:

the general policy and procedures on travellers bringing medication into Canada; and

the use of the information package prepared by Health Canada.

4. Evaluation Instruments

The training will be evaluated in three ways.

a) At the end of each part of the training, the participants will complete an exercise/quiz to assess their understanding of the course material.

b) Each participant will complete an evaluation questionnaire for each part of the course. The responses will be sent to the Citizenship and Immigration Training Centre in the case of CIC employees or to the Customs College in Rigaud in the case of Customs officers.

c) The delivery will be monitored from time to time at selected sites.

HIV/AIDS PRE-SESSION QUESTIONNAIRE

Please answer the following questions to the best of your ability. They will be discussed during your HIV/AIDS awareness session.

1. What is AIDS?

2. What is HIV?

3. How is HIV transmitted?

4. What can we do to prevent the transmission of HIV?

5. What worries you most about HIV and AIDS?

6. What questions do you have about HIV and AIDS?

INSTRUCTOR'S GUIDE

INTRODUCTION

DURATION	15 minutes
TRAINING AIDS	Overhead Projector and Handouts.
OBJECTIVES	To introduce trainers and give participants a general understanding of what the training session is about.
HANDOUTS	#1 - Session objectives #2 - Session overview
OVERHEADS	#1 - Session objectives #2 - Session overview

TEACHING CONCEPT	TRAINING ACTIVITY
1.0 Introduction to Session (15 minutes)	1.1 Opening remarks: - Welcome participants to the training session. - Introduce yourself and your co-trainers and talk a little about your background. - Explain your role as facilitator trainer. - Provide a brief summary of the training initiative as follows: • The HIV/AIDS training for Immigration, including Visa, and Customs officers, is intended to address the public commitment in Phase II of the National AIDS Strategy, which calls for the government to develop and implement, on an ongoing bases, a training program to ensure accurate interpretation and enforcement of current policies as they relate to HIV/AIDS; • it not in response to a particular identified training need but rather a preemptive measure to ensure that all officers know the policies and procedures as they relate to persons living with HIV/AIDS; • it is universal and ongoing and will be incorporated into existing training packages for new officers; and • this is a joint effort by Health Canada, Revenue Canada and Citizenship and Immigration. 1.2 Refer to Overhead #1 **'Objectives'** and explain as follows: At the end of this session you will: a) have a general understanding of: • what HIV is • what AIDS is • how HIV is transmitted

TEACHING CONCEPT	TRAINING ACTIVITY
	• how HIV is not transmitted • how to protect oneself on-the-job b) know the policy and procedures relating to the entry of visitors LWHIV/AIDS c) know the policy and procedures relating to travellers LWHIV/AIDS carrying medication. 1.3 Any questions? 1.4 Refer to prepared **Overhead #2 'Session Overview'** and outline what will happen during the session as follows: - The session has been divided into three parts. - Part one deals with general information about HIV/AIDS. - Part two explains the policy and procedures relating to visitors LWHIV/AIDS. - Part three covers the policy and procedures relating to travellers LWHIV/AIDS and carrying medication. - In each part, much of the information will be presented by way of a video but in addition, you will have an opportunity to discuss issues in more detail or seek clarification. - There will be three quizzes/exercises plus a final exercise at the end of the session. While you will be asked to hand in the exercises, you do not need to identify yourself. The results will be used to evaluate the effectiveness of the training. 1.5 Any questions? 1.6 Link into **Part 1** general overview of HIV/AIDS.

Objectives

a) To give participants a general understanding of:

- what HIV is
- what AIDS is
- how HIV is transmitted
- how HIV is not transmitted
- how to protect oneself on-the-job

b) To inform participants on the policy and procedures relating to the entry of visitors LWHIV/AIDS

c) To inform participants of the policy and procedures relating to travellers LWHIV/AIDS carrying medication.

Session Overview

- The session has been divided into three parts.

- Part one deals with general information about HIV/AIDS.

- Part two explains the policy and procedures relating to visitors LWHIV/AIDS.

- Part three covers the policy and procedures relating to travellers LWHIV/AIDS and carrying medication.

- In each part, the basic information will be presented by way of a video.

- Additional information is contained in handouts.

- You will have an opportunity to discuss issues in more detail or seek clarification.

- There will be three quizzes/exercises plus a final exercise at the end of the session. While you will be asked to hand in the exercises, you do not need to identify yourself. The results will be used to evaluate the effectiveness of the training.

INSTRUCTOR'S GUIDE

ADMISSIBILITY

DURATION	1 hour
TRAINING AIDS	VCR, Overhead projector and Handouts.
OBJECTIVES	Participants will: • be able to determine when a visitor should be referred to Immigration based on the excessive demands criteria; • be able to determine when a visitor should be referred for an Immigration medical based on the officers description; and • understand the policy and procedures relating to the entry of visitors LWHIV/AIDS.
HANDOUTS	#1 - Objectives #2 - Explanation of A.19(1)(a) #3 - OM Port of Entry #4 - Visitors Seeking Medical Treatment #5 - Visitors Who Appear to be Unwell #6 - Case Scenarios #6a- Answers to Case Scenarios #7 - Information for Travellers
OVERHEADS	#1 - Objectives #2 - Explanation of A.19(1)(a) #3 - Excessive demands #4 - Visitors Seeking Medical Treatment

TEACHING CONCEPT	TRAINING ACTIVITY
1.0 Introduction to Module (15 minutes)	1.1 Opening remarks: Explain that this portion of the training will cover with both the role of the **Immigration Examining officer** and the **Primary Inspection Line Officer** but only in the Immigration context.
	1.2 Refer participants to **Handout #1 and Overhead #1 "Objectives"** and review.
	1.3 Introduce Part II of the video "Just Another Visitor" and explain that this part deals only with the admissibility of visitors living with HIV/AIDS.
	1.4 Stop video at the end of Part II and ask participants if they have any questions or comments.
2.0 A.19(1)(a) (15 mins)	2.1 Mention that there are two parts to the inadmissible class in A.19(1)(a). Question to class - what are the two parts? Answer - (i) danger to public health or safety - (ii) excessive demands on health or social services.
	2.2 Refer to **Handout #2 and Overhead #2 "Explanation of A.19(1)(a)"** and explain the two provisions of A.19(1)(a) by providing examples as follows: • Danger to public health would include such conditions as active tuberculosis or other infectious diseases: • Danger to public safety covers mental disorders where the person is likely [illegible] • Excessive demands on health services includes persons who require an operation, access to special equipment such as a dialysis machine or other expensive and or scarce medical treatment; and • Excessive demands on social services refers to persons who require special care as a result of their medical condition.

TEACHING CONCEPT	TRAINING ACTIVITY
	2.3 Explain that this training will not deal with the policies relating to inadmissibility because of a danger to health or safety (ie the plague) except as they relate to persons living with HIV/AIDS.
	2.4 Refer participants to **Handout #3 "OM Port of Entry"** and highlight the section that states "it departmental policy that persons living with HIV/AIDS do not generally pose a danger to the public". **Question to Class** - based on what you have seen so far, do you agree with this assessment and why? **Rationale for CIC policy** - Since HIV is not casually transmitted, the admission persons living with HIV/AIDS does not pose a health risk. It is high risk behaviour that puts people in Danger. This view is shared by: The world Health Organization The Centre for Disease Control in Atlanta The Laboratory Centre for Disease Control (Health Canada) CIC Medical Advisory Note to Trainer - If asked why the OM qualifies the statement by the phrase **"do not generally pose a danger"**, explain that it is because persons with AIDS, in rare instances, can develop brain diseases that may cause them to act irrationally and possibly posing a danger to the public.
3.0 Excessive Demands Criteria (20 mins)	3.1 Explain that the role of Customs and Immigration officers with respect to the excessive demands criteria is: a) to refer detect visitors who are coming to Canada for the purpose of receiving medical treatment; and b) to refer those visitors who are obviously sick.
	3.2 Refer to **Overhead #3 "Excessive Demands"** and discuss situations where they may encounter a person who is coming for medical treatment:

TEACHING CONCEPT

TRAINING ACTIVITY

- usually this happens when the Customs officer asks the visitor the purpose of his/her visit;
- sometimes this happens through questioning where there is reason to believe the person is a non-genuine visitor; and
- sometimes this happens when a health insurance card not belonging to the person is discovered.

3.3 Explain that in any of these situations the visitor must be referred by the Customs officer to Immigration for further questioning.

3.4 Explain that in the case of a visitor where there are doubts about the true purpose of the visit, the Examining officer will need to proceed as with any other case (ie. continue the examination until a decision is made about the visitor's admission).

3.5 Refer to **Handout #4 and Overhead #4 "Visitors Seeking Medical Treatment"** and review the criteria that the Examining officer needs to ensure are met before a visitor is permitted to come to Canada to receive medical treatment:

- Treating physician agrees to perform treatment/testing
- Treating facility/hospital agrees to make facilities available
- All associated costs, including travel and accommodations, have been paid for or will be paid without any cost to the taxpayer

3.6 Explain that the visitor should have letters from the treatment centre's administrator and the attending physician stating that the above criteria have been met. Where the visitor does not have a letter, you will need to verify arrangements with the hospital/facility and physician.

3.7 Where these criteria are not fully met, the visitor would

TEACHING CONCEPT

TRAINING ACTIVITY

be inadmissible A.19(2)(d) for A.12(4) failing to provide the required documentation.

3.8 Explain that the same procedures apply to visitors living with HIV AIDS. If the visitor states that he or she will receive medical treatment while in Canada the same criteria need to be satisfied.

3.9 Explain that in addition to those coming to Canada for medical treatment, officers (Customs and Immigration) may encounter visitors who show visible signs of a medical condition.

3.10 Explain that in the vast majority of these cases there is no need for Customs officers to refer them to Immigration secondary and no need for an Immigration officer to refer them for an Immigration medical.

3.11 Emphasize that only a very small number of visitors are referred to Immigration secondary because of a visible medical condition. And, those few who are referred are almost always because of a mental problem. We don't want this to change as a result of the training.

3.12 Explain that we want Customs officers to continue to refer only the most obvious cases where it does not seem reasonable that the visitor would be travelling in such a condition. Most people don't travel when they are unwell.

3.13 Refer participants to **Handout #5 "Visitors Who Appear to be Unwell"** and review as follows:

- PIL officer refers a visitor who appears ill (either physically or mentally).

  Q. Have you been treated by a physician recently?

If the answer is yes, ask:

what were you treated for?
when were you treated?

TEACHING CONCEPT	TRAINING ACTIVITY
	will you require further treatment during your visit? If you are satisfied with the answers and it does not appear that the person will require treatment in Canada he/she may be admitted providing there is no inadmissibility. If you are not satisfied with the responses you may want to consult with Health Programs Division (see notes).
NOTE: Refer participants to the telephone number in HO 3, p.3. In situations outside these hours, a deferral of the examination is always an option. NHQ is looking at the option of making a 1-800 number available 24 hours a day, 7 days a week for any related questions an officer might have.	If the answer is no, explain that he/she does not appear well and ask: Are you well? If the visitor says he/she is not well, ask: what is wrong? will you be seeing a physician in Canada? If you are satisfied with the responses and it does not appear as though the person will require medical treatment in Canada, he/she may be admitted providing there is no inadmissibility. If you are not satisfied with the responses you may want to consult with Health Programs Division. If the visitor insists that they are well, consult with Health Programs Division.
	3.14 Mention that the same procedures apply to persons living with HIV/AIDS.
	3.15 Any questions?
4.0 Case Work (20 mins)	4.1 Refer participants to **Handout #6 "Case Work"** and explain that it is divided into two parts. Part A deals with situations at primary while part B deals with cases at Immigration secondary. Explain that participants are to answer the portion that corresponds to them. Allow

TEACHING CONCEPT	TRAINING ACTIVITY
	participants 10 minutes to complete the exercise individually.
	4.2 Review answers and distribute **Handout #6a "Case Work Answers"** .
	4.3 Any question?
	4.4 Refer to **Handout #7 "Information for Travellers"** and explain that this will be or has been sent to the conference participants to help prevent any problems.
	4.5 Distribute module evaluation and give participants a few minutes for completion.
	4.6 Collect evaluations and link into next module.

Objectives

Participants will:

- be able to determine when a visitor should be referred to Immigration based on the excessive demands criteria;

- be able to determine when a visitor should be referred for an Immigration medical based on the officers discretion; and

- understand the policy and procedures relating to the entry of visitors LWHIV/AIDS.

Explanation of A.19(1)(a)

- Danger to public health would include such conditions as active tuberculosis or other infectious diseases;

- Danger to public safety covers mental disorders where the person is likely to be violent;

- Excessive demands on health services includes persons who require an operation, access to special equipment such as a dialysis machine or other expensive and or scarce medical treatment; and

- Excessive demands on social services refers to persons who require special care as a result of their medical condition.

Operational Memorandum - Port of Entry

EXAMINATION PROCEDURES AND THE EXCESSIVE DEMANDS CRITERIA A19(1)(a)(ii).

Purpose

The purpose of this OM is twofold. First, to provide guidelines to Primary Inspection Line Officers (PIL) and to Immigration Officers(IO) which will help them address the question of medical inadmissibility related to the excessive demands criteria. Second, to explain departmental policy and procedures related to the excessive demands criteria and the admissibility of visitors living with HIV\AIDS (LWHIV\AIDS).

Guidelines for PIL officers to deal with visitors and the question of medical inadmissibility pursuant to the excessive demands criteria

There are two categories of persons who should be referred to Immigration secondary because their admission might reasonably be expected to cause excessive demands on our social or health services:(1) visitors who are seeking medical treatment (2) persons who are obviously ill.

(1) Visitors who are seeking admission for medical treatment: Visitors who seek admission in order to undergo medical treatment are a mandatory referral to Immigration secondary.

(2) Visitors who are obviously ill: It is not possible, given the time constraints of the PIL examination process, to assess the health status of every visitor seeking admission to Canada. Rather, PIL officers should adopt a more practical approach, based partly on visual risk assessment, partly on common sense and experience. When faced with a person who appears ill, the officer should ask him or herself, "Should that person be travelling"?

This approach requires officers to consider whether the visitor appears obviously ill. By "obviously ill" we mean that there are obvious signs that immediately strike an officer. The key is that officers should not be consciously looking for medical problems as part of their examination but rather deal with those who are so obvious that they would not be missed by a "reasonable person". Examples could include a visitor who:

Operational Memorandum - Port of Entry

- either acts abnormally;
- has incoherent speech;
- or is on a stretcher.

When PIL officers encounter visitors who are seeking medical treatment or are obviously seriously ill (either physically or mentally), they should refer them for a secondary Immigration examination by an IO for additional questioning.

Using this common sense approach, PIL officers have historically been successful in referring those few visitors who are likely to be medically inadmissible.

Guidelines for the examination by immigration officers of persons suspected of being medically inadmissible pursuant to A19(1)(a)(ii) - excessive demands

(1) Visitors who are seeking admission for medical treatment:

Persons coming to Canada for medical treatment are expected to produce evidence that the treating physicians and institutions will provide the treatments required for the pre-determined medical condition and that they are satisfied with payment arrangements. Usually, this should be sufficient evidence of adequate arrangements. Agreement with a hospital and treating physician should clearly indicate what treatment will be provided and indicate that the care provider is satisfied with the agreement for payment. The applicant must also satisfy the IO that all associated costs, including travel and accommodations have been paid for or will be paid for without any cost to the taxpayer.

Applicants who provide satisfactory evidence that they will pay the costs of their treatment[usually through an agreement with the Canadian treating physician and medical institution] and meet all other requirements for visitors, DO NOT require a Minister's Permit to enter Canada.

Where it is determined that the applicant's circumstances have changed since the letter of agreement was issued so as to affect his or her "ability to pay", IOs can ask for evidence that the care provider in Canada is aware of this and the arrangements are not affected.

Pursuant to Article 22 of the Canada/Quebec Accord, Quebec's consent is required with respect to persons entering that province to receive medical treatment. The consent must be obtained prior to seeking admission.

Operational Memorandum - Port of Entry

A visitor who cannot satisfy an IO concerning the payment or the arrangements for the services, can be reported A19(2)(d)& A12(4) for failing to "produce such documentation as may be required by the immigration officer for the purpose of establishing whether the person shall be allowed to come into Canada...". Officers could also determine whether other inadmissibilities are applicable, i.e. A19(1)(h), A19(1)(b).

NOTE: Applicants who are assessed as likely to be a danger to public health or safety are inadmissible under A19(1)(a)(i) and need not be offered an opportunity to demonstrate that they can meet the costs of treatment unless consideration is being given to issuing a Minister's permit to allow the applicant to come into Canada despite the potential danger to public health or safety. For example, a person suffering from active TB would remain inadmissible even if he or she made all the arrangements for the treatment of a back problem or an operation.

(2) Visitors who appear ill:

The following is an appropriate line of questioning when dealing with an individual who appears unwell:

Q. Have you been treated by a physician recently?

*If the answer is **YES**, ask:*

- ☐ what were you treated for?
- ☐ when were you treated?
- ☐ will you require further treatment during your visit?

If you are satisfied with the answers and it does not appear that the person will require treatment in Canada, he/she may be admitted providing there is no other inadmissibility.

If you are not satisfied with the responses you may want to consult with Health Programs Division (see below).

*If the answer is **NO**, explain that he/she does not appear well and ask:*

- ☐ are you well?

Operational Memorandum - Port of Entry

If the visitor says he/she is not well, ask:

- ☐ what is wrong?
- ☐ will you be seeing a physician in Canada?

If you **are satisfied** with the responses and it does not appear as though the person will require medical treatment in Canada, he/she may be admitted providing there is no other inadmissibility.

If you are **not satisfied** with the responses or the visitor insists that he or she is well, you may want to consult with Health Programs Division. Where appropriate and with prior consultation with an official from Health Programs Services , you may refer the individual for medical assessment (see **PE-9**, section 2.2.1. for details) or provide an opportunity for the person to withdraw their application. A medical officer is on duty in Ottawa during normal working hours for consultation by calling the Deputy Director, Overseas Health Programs, North American at (613) 941-5037. Where an immigration medical examination is performed, a medical officer will provide an assessment under 19(1)(a). However, only a very few of the millions of short-term visitors to Canada each year are assessed as medically inadmissible.

Visitors living with HIV/AIDS and the excessive demands criteria

It is departmental policy that persons living with HIV/AIDS do not generally represent a danger to public health pursuant to A19(1)(a)(i). Therefore, a visitor living with HIV/AIDS seeking entry to Canada would not, in the absence of contrary evidence, usually be inadmissible pursuant to A19(1)(a)(i). An immigration officer would rarely request a medical examination of a visitor living with HIV/AIDS based on danger to public health or safety.

Our main concern is with respect to the excessive demands on health or social services. In the case of visitors to Canada, we would not normally expect that there would be any demand on the health care system. In most circumstances, this would also be the case for persons living with HIV/AIDS. It is therefore departmental policy that a diagnosis of HIV/AIDS is not in itself a barrier to visiting Canada. For the vast majority of short-term visits by persons living with HIV/AIDS, the excessive demand criterion would not likely be invoked. If the excessive demand criterion is invoked it will be in circumstances where there is reason to

Operational Memorandum - Port of Entry

believe that the visitor will need some form of medical treatment while in Canada. Our primary responsibility in this area is to ensure that visitors do not place a burden on our health system due to hospital treatment. Therefore, when making a determination, officers should be asking themselves if it is likely that the person will require hospitalization during their visit. It is a risk management exercise.

When dealing with a visitor LWHIV/AIDS , the same line of questioning and determining criteria mentioned above, are used. If the visitor does not appear obviously ill, then it is not an issue. If the visitor is obviously very ill, IOs should get the information needed to determine the likelihood of hospitalization during his or her visit and the arrangements which have been made, and if required, contact CIC Health Programs Division. If you follow the line of questioning mentioned above, there will be no need to ask a visitor if he is LWHIV/AIDS. The carrying of medication used in the treatment of HIV/AIDS is not grounds for refusing admission.

It would be rare that a visitor living with HIV/AIDS would need to be referred to an Immigration medical examination and rarer still that such a person would be assessed as medically inadmissible.

Visitors Seeking Medical Treatment

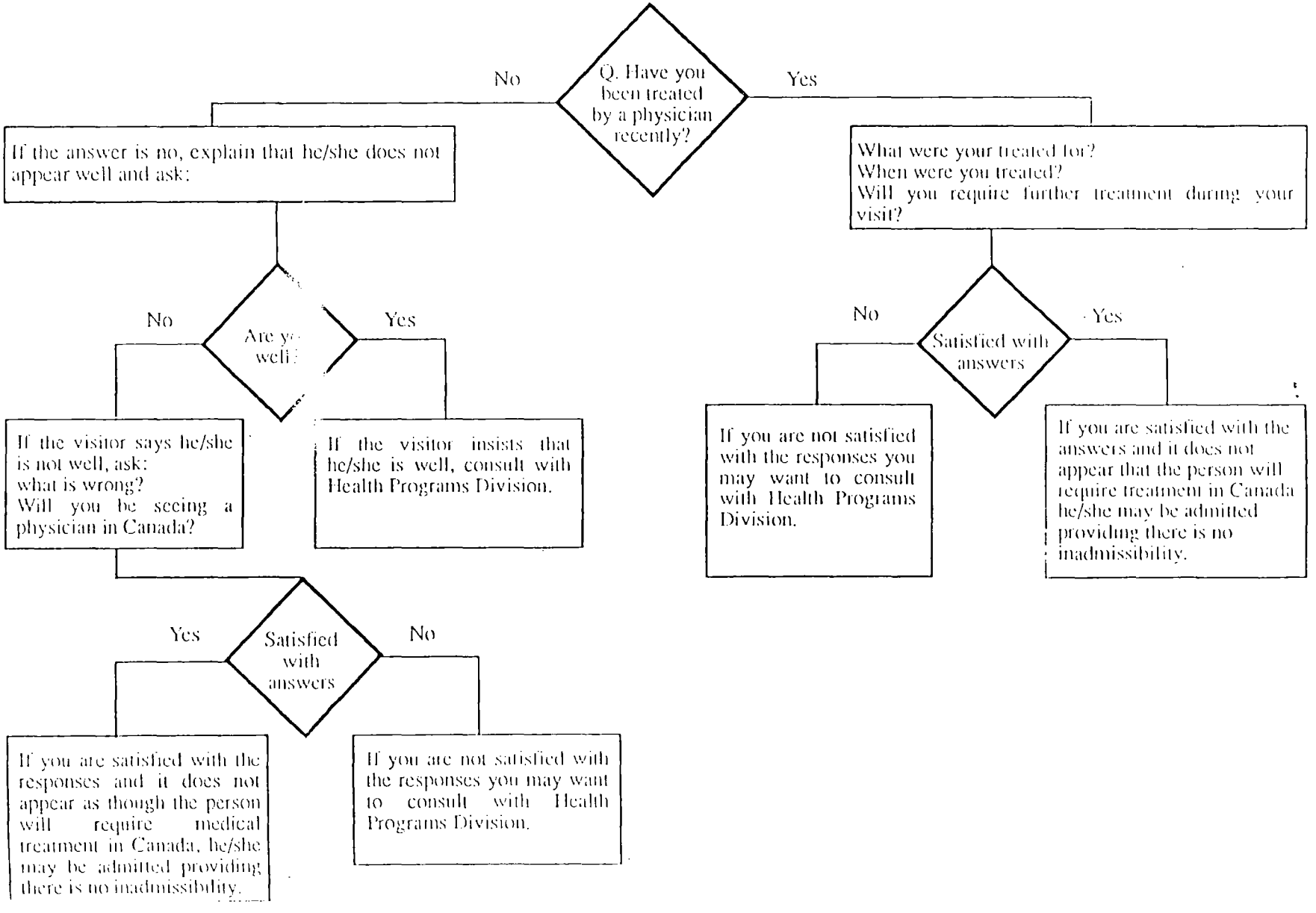
When a visitor is referred to Immigration secondary because he/she is seeking medical treatment in Canada the examining officer will need to determine if the following criteria are met:

- Treating physician agrees to perform treatment/testing;
- Treating facility/hospital agrees to make facilities available;
- All associated costs, including travel and accommodations, have been paid for or will be paid for without any cost to the taxpayer;
- The visitor should have letters from the treatment centre's administrator and the attending physician stating that the above criteria have been met. Where the visitor does not have a letter, you will need to verify arrangements with the hospital/facility and physician.

Where these criteria are not fully met, the visitor would be inadmissible A.19(2)(d) for A12(4) failing to provide the required documentation.

Visitors Who Appear to be Unwell

When a visitor is referred to Immigration secondary because of an illness (either physical or mental) that is so severe that it raises concerns about the need for medical treatment, the examining officer will need to obtain further information. The following is a suggested line of questioning that the officer may want to follow.



Case Scenarios

PART A - PRIMARY INSPECTION LINE SCENARIOS

READ THE FOLLOWING DESCRIPTIONS AND BASED ON THE INFORMATION PROVIDED STATE WHETHER THE VISITOR SHOULD BE REFERRED BY THE PIL OFFICER TO IMMIGRATION SECONDARY FOR MEDICAL REASONS AND JUSTIFY YOUR DECISION:

1) An american couple, about 50 years of age, arrive at Pacific Highway in BC. with their 25 year old mentally handicapped son for a two week vacation in Vancouver. They have sufficient funds and appear otherwise genuine.

2) A middle aged man from the U.S. seeks admission at Pearson airport for 5 days to have a hernia operation at a private hospital. He hands you a letter from the hospital as well as his return ticket.

3) A woman in her twenties, travelling alone in her car, is seeking admission at Emerson (Man.). She states that the purpose of her visit is to escape the people who are watching her. She is not making any sense and you are unable to get any details as to the purpose of her visit or how long she will be staying or where she will stay.

Case Scenarios

4) A man arrives by car at Cornwall(Ont.). When asked what the purpose of his intended visit to Canada is, he makes a point of first telling you that he has AIDS and that he is coming for the week-end to see his brother who lives in Ottawa. He then adds that he has been visiting his brother each month for the past year. He has enough money for the visit.

Case Scenarios

PART B - IMMIGRATION SECONDARY SCENARIOS

THESE VISITORS HAVE BEEN REFERRED TO IMMIGRATION BY THE PIL OFFICER. READ THE FOLLOWING DESCRIPTIONS AND BASED ON THE INFORMATION PROVIDED STATE WHETHER THE PERSON SHOULD BE REFERRED FOR AN IMMIGRATION

1) A 70 year old woman from England arrives at Halifax Airport with an expired passport. She is coming for a 15 day trip and is accompanied by her 45 year old son. During the examination you find out that she had a stroke 3 years ago leaving her partially paralysed on her left side and confining her to a wheelchair. Her speech has been noticeably affected by the stroke. She has not been hospitalized in the last two years but sees her physician every 3 months or so for a check-up. She has no other medical problems except for high blood pressure which is controlled by medication. She does not plan to seek any medical treatment during her visit and her physician is aware of her travel to Canada and thought it would be alright.

2) A middle aged man from the U.S., seeking admission at Pearson Airport, has been referred to Immigration for medical reasons. The purpose of his visit is to have a hernia operation at a private hospital. He hands you a letter from the hospital stating that all the arrangements have been approved by the hospital and the costs paid in advance. He has a return ticket booked in five days.

Case Scenarios

3) A man from the U.S. arrives at Calgary International Airport and is then referred to Immigration for lack of proper identification. During your examination he reveals the following:

☐ he is HIV positive (but appears healthy);

☐ he is under the care of a doctor and he is carrying medication to control the infection;

☐ he has not been hospitalized recently;

☐ as a result of his company downsizing, he recently lost his job as a computer specialist;

☐ he has about $300 his possession;

☐ he intends to stay at the YMCA or a hostel;

☐ he has no special plans except visit the city.

Case Scenarios

4) A 40 year. old male from the U.S., accompanied by a friend, is seeking admission to Canada at the Windsor Bridge in order to visit his sister for 3 weeks. He, along with his companion, was referred to Immigration because the PIL officer had some doubts about the purpose of their visit.

The 40 year old male is in a wheelchair, and is very thin and feeble. He has been in and out of the hospital in the last two years since being diagnosed with leukaemia. His physician has told him that there is nothing more that can be done for him and that he may only have 3 months to live. He wants to see his sister but he has not told her about his condition. His doctor has advised him that he is well enough to make the trip and that it will not affect his health. He is not going to seek any medical treatment during his visit and has sufficient funds to support himself while in Canada..

5) A woman in her twenties arrives at Dorval Airport. She is referred to Immigration because of her abnormal behaviour. During the interview she states that the purpose of her visit is to escape the people who are watching her. She is not making any sense and you are unable to get any details about the purpose of her visit or how long she will be here or where she will stay.

Case Scenarios - Answers

PART A - PRIMARY INSPECTION LINE SCENARIOS

READ THE FOLLOWING DESCRIPTIONS AND BASED ON THE INFORMATION PROVIDED STATE WHETHER THE VISITOR SHOULD BE REFERRED BY THE PIL OFFICER TO IMMIGRATION SECONDARY FOR MEDICAL REASONS AND JUSTIFY YOUR DECISION:

1) An american couple, about 50 years of age, arrive at Pacific Highway in BC. with their 25 year old mentally handicapped son for a two week vacation in Vancouver. They have sufficient funds and appear otherwise genuine.

Suggested Answer: It is very unlikely that the son would cause excessive demands on our social services or health services. Consequently, there would not be a referral for medical reasons.

2) A middle aged man from the U.S. seeks admission at Pearson airport for 5 days to have a hernia operation at a private hospital. He hands you a letter from the hospital as well as his return ticket.

Suggested Answer: Visitors coming for medical treatment are a mandatory referral to Immigration secondary.

3) A woman in her twenties, travelling alone in her car, is seeking admission at Emerson (Man.). She states that the purpose of her visit is to escape the people who are watching her. She is not making any sense and you are unable to get any details about the purpose of her visit or how long she will be here or where she will stay.

Suggested Answer: This person appears to be mentally ill and her admission might cause excessive demands on our health services, i.e possible hospital stay. Furthermore, there are signs that she could be a non genuine visitor. A referral to

Case Scenarios - Answers

Immigration would be appropriate.

4) A man arrives by car at Cornwall(Ont.). When asked what the purpose of his intended visit to Canada is, he makes a point of first telling you that he has AIDS and that he is coming for the week-end to see his brother who lives in Ottawa. He then adds that he has been visiting his brother each month for the past year. He has enough money for the visit.

Suggested Answer: There are no obvious reasons which would lead you to believe that this person might cause excessive demands on our health services, i.e. hospitalization, as he appears healthy. As we have seen, the fact that a person has AIDS is not in itself sufficient grounds to refuse admission. Consequently a referral to Immigration for medical reasons would not be warranted. **However**, if the person appears very ill or if you feel that there other grounds of inadmissibility, i.e. criminality, lack of funds, non-genuine visitor, you may still refer to Immigration.

Case Scenarios - Answers

PART B - IMMIGRATION SECONDARY SCENARIOS

THESE VISITORS HAVE BEEN REFERRED TO IMMIGRATION BY THE PIL OFFICER. READ THE FOLLOWING DESCRIPTIONS AND BASED ON THE INFORMATION PROVIDED STATE WHETHER THE PERSON SHOULD BE REFERRED FOR AN IMMIGRATION MEDICAL EXAM.

1) A 70 year old woman from England arrives at Halifax Airport with an expired passport. She is coming for a 15 day trip and is accompanied by her 45 year old son. During the examination you find out that she had a stroke 3 years ago leaving her partially paralysed on her left side and confining her to a wheelchair. Her speech has been noticeably affected by the stroke. She has not been hospitalized in the last two years but sees her physician every 3 months or so for a check-up. She has no other medical problems except for high blood pressure which is controlled by medication. She does not plan to seek any medical treatment during her visit and her physician is aware of her travel to Canada and thought it would be alright.

Suggested answer: There are no reasons to suspect that her admission might cause excessive demands on our social or health services:, she is accompanied by a caregiver, her situation is stable and the doctor who is seeing her regularly has approved her trip. Consequently there is no reasons to request a medical exam. As for her expired passport, it would be up to you to determined if there was sufficient grounds to recommend discretionary entry.

2) A middle aged man from the U.S., seeking admission at Pearson Airport, has been referred to Immigration for medical reasons. The purpose of his visit is to have a hernia operation at a private hospital. He hands you a letter from the hospital stating that all the arrangements have been approved by the hospital and the costs paid in advance. He has a return ticket booked in five days.

Case Scenarios - Answers

Suggested answer: Since there is to be no cost to the tax-payer, the person can be admitted without undergoing a medical exam.

3) A man from the U.S. arrives at Calgary International Airport and is then referred to Immigration for lack of proper identification. During your examination he reveals the following:

☐ he is HIV positive (but appears healthy);

☐ he is under the care of a doctor and he is carrying medication to control the infection;

☐ he has not been hospitalized recently;

☐ as a result of his company downsizing, he recently lost his job as a computer specialist;

☐ he has about $300 his possession;

☐ he intends to stay at the YMCA or a hostel;

☐ he has no special plans except visit the city.

Suggested answer: There are no reasons which would lead you to believe that this person might cause excessive demands on our health services, i.e. hospitalization, as he appears healthy , has not been hospitalized lately, carries medication and is currently under the care of a physician. **However**, there are other factors in his story which might lead you to believe that he might be inadmissible as per A19(1)(h) or A19(1)(b). You should continue your examination and explore these possibilities.

4) A 40 year. old male from the U.S., accompanied by a friend, is seeking admission to Canada at the Windsor Bridge in order to visit his sister for 3 weeks. He, along with his companion, was referred to Immigration because the PIL officer had some doubts about the purpose of their visit.

Case Scenarios - Answers

The 40 year old male is in a wheelchair, and is very thin and feeble. He has been in and out of the hospital in the last two years since being diagnosed with leukaemia. His physician has told him that there is nothing more that can be done for him and that he may only have 3 months to live. He wants to see his sister but he has not told her about his [illegible]. His doctor has advised him that he is well enough to make the trip and that it will not affect his health. He is not going to seek any medical treatment during his visit and has sufficient funds to support himself while in Canada..

Suggested answers: This person could be admitted, depending on your examination:

(a) If you believe him, then there is no need to refer him for a medical examination: he has a care giver, a place to stay, sufficient funds and his doctor says that the trip it will not affect his health;

(b) However, if you have any doubts concerning either his credibility or his medical condition, you could consult a medical officer. With a disease as volatile as late stages leukaemia, his condition could take a turn for the worse and could result in unpredicted hospitalization. There is also the possibility that his sister, once she learns of his condition, will want him to stay longer than the three weeks, in which case hospitalization could be a possibility.

5) A woman in her twenties arrives at Dorval Airport. She is referred to Immigration because of her abnormal behaviour. During the interview she states that the purpose of her visit is to escape the people who are watching her. She is not making any sense and you are unable to get any details about the purpose of her visit or how long she will be here or where she will stay

Suggested answers:

(a) In this situation, because of her abnormal behaviour, you could contact a medical officer;

(b) You might also want to pursue other avenues such as A19(1)(b) or A19(1)(h), or suggest a voluntary withdrawal. At the land border, this person could be asked to undergo a medical examination in the USA before seeking admission to Canada.

Information for Travellers

ENTERING CANADA: PASSPORT, VISA AND BORDER-CROSSING INFORMATION

For citizens of the United States, a passport is the ideal identification for travelling to Canada. However, U.S. citizens travelling directly to Canada from the U.S. may be able to satisfy claims to U.S. citizenship by presenting identification documents such as a U.S. voter's registration card, birth certificate or naturalization papers and one other identification card containing the holder's photograph, such as a driver's licence. A valid passport is required for citizens of all other countries. Visas are required for residents of certain countries; please contact your local Canadian Embassy, Consulate or High Commission office for more details. You must have enough money to support yourself and your accompanying dependants during your stay.

Canada has no specific restrictions on entry for people living with HIV/AIDS, Canada's Minister of Citizenship and Immigration, the Honourable Sergio Marchi, has stated that "it is the policy of (the Canadian) government that a diagnosis of HIV/AIDS is not, in itself, a barrier to visiting Canada": and that Immigration Canada will do its "utmost to ensure that persons living with HIV/AIDS are treated with the same respect and concern for rights as any other visitors to Canada".

It should be noted that Canada reserves the right to deny entry to people with serious medical illnesses whose "admission would cause or might reasonably be expected to cause excessive demands on health or social services". This applies, for example, to persons who are acutely ill and therefore deemed likely to require medical care such as hospitalization during their visit and who have not made provisions for their care while in Canada (this is to protect Canada's universal health care system).

Persons who have been convicted of a crime, who have been charged with a crime but not yet convicted, or who are fleeing criminal prosecution in the foreign jurisdiction may be denied entry to Canada. Again, we suggest that you get in touch with your local Canadian Embassy, Consulate or High Commission office for more information. In some circumstances, you may be issued a special permit which would allow you to be admitted to Canada.

Medication brought into Canada is governed by legislation as set out in the Food and Drugs Act and the Narcotic Control Act. Persons entering Canada with medication should ensure the medication is in its original container, clearly labelled, and in an amount appropriate for the duration of their stay. If possible,

Information for Travellers

a letter from your Physician stating you are under his/her care and a listing of specific medications which have been prescribed for you (including the method of ingestion) would also prove beneficial.

One note of caution: Canada's border crossing policies do not apply to other countries through which you may travel or transit on your way to Canada. Be sure to familiarize yourself with the rules and regulations of any countries through which you will pass. 10/03/95