

# 2SLBTQIA+ & HIV +

## INCLUSION IN THE WORKPLACE



Kero Saleib (they/them –he/him)

# LAND OF THE INDIGENOUS PEOPLES

I am situated on the traditional territory of the Kanien'kehà:ka/Montreal, a place which has long served as a site of meeting and exchange amongst many First Nations including the Kanien'kehà:ka of the Haudenosaunee Confederacy, Huron/Wendat, Abenaki, and Anishinaabeg. We recognize and respect the Kanien'kehà:ka as the traditional custodians of the lands and waters on which we meet today.

Indigenous people living with HIV/AIDS continue to experience disparities, barriers and racism in the workplace throughout the country. As a settler, and person of colour from an immigrant family, it is my duty to educate myself and speak up on these issues and work alongside indigenous people to be able to advocate.

Long before today, there have been Aboriginal peoples who have been the stewards of this place, known as Turtle Island. We deeply appreciate their historic connection and recognize the contributions of Métis, Inuit, and other Indigenous peoples in shaping and strengthening this community, our province, and our country. As settlers, it is our duty to recognize the contributions and historic significance of Indigenous peoples. We must make a concerted effort to bring justice for murdered and missing women, girls, and 2 spirit people across our country. This recognition must be overtly connected to our collective commitment to make the promise and the challenge of Truth and Reconciliation real in our communities.

## TRIGGER WARNING

Some things we are going to discuss are about sex positivity, lived experiences and truths about the discrimination against Queer people living with HIV

## SIDE NOTE:

I wear hearing aids; it doesn't mean I can hear everything well. Be patient with me if ask you to repeat. If you have a question or comment, once you share it out loud, please put it in the chat box as well so we can all read it. I am sure I am not the only one who's hard of hearing.

# AGENDA

## Introduction

### Part 1: Current Landscape

- HIV positive inclusion in the workplace.
- Highlight successful companies with LGBTQIA+ and HIV/AIDS policies.

### Part 2: Corporate Policies

- Examine existing policies on benefits, medical coverage, and accommodations.
- Assess their effectiveness for HIV-positive employees (group work)

### Part 3: Intersectionality and Inclusion

- Discuss how intersecting identities impact 2SLGBTQIA+ HIV-positive employees.
- Strategies for a more inclusive workplace.

Let's talk about this...

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# INTRODUCTION

- Why am I the one talking to you about it?
- What's HIV?
- Is it the same as AIDS?
- What is undetectable?





# **CURRENT LANDSCAPE**

Who's doing it right!

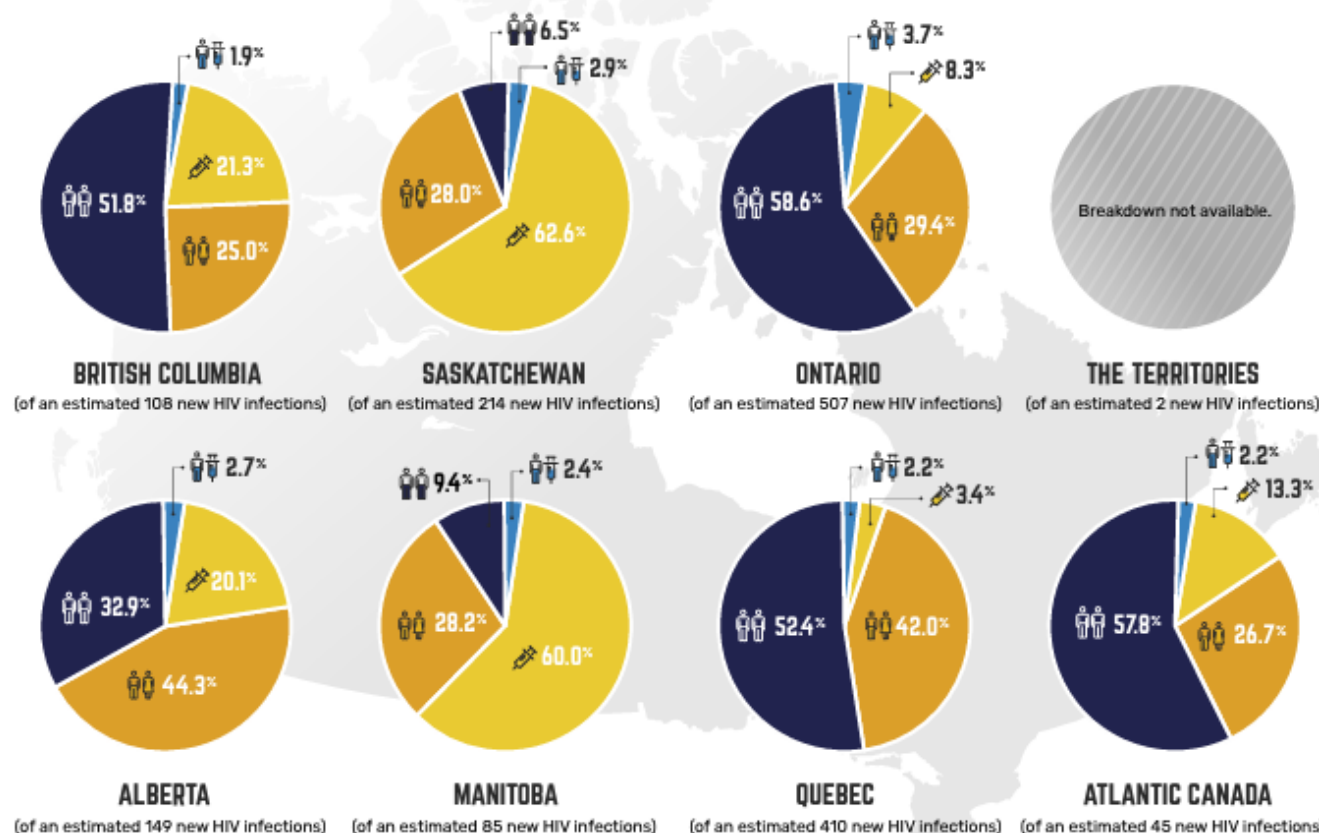
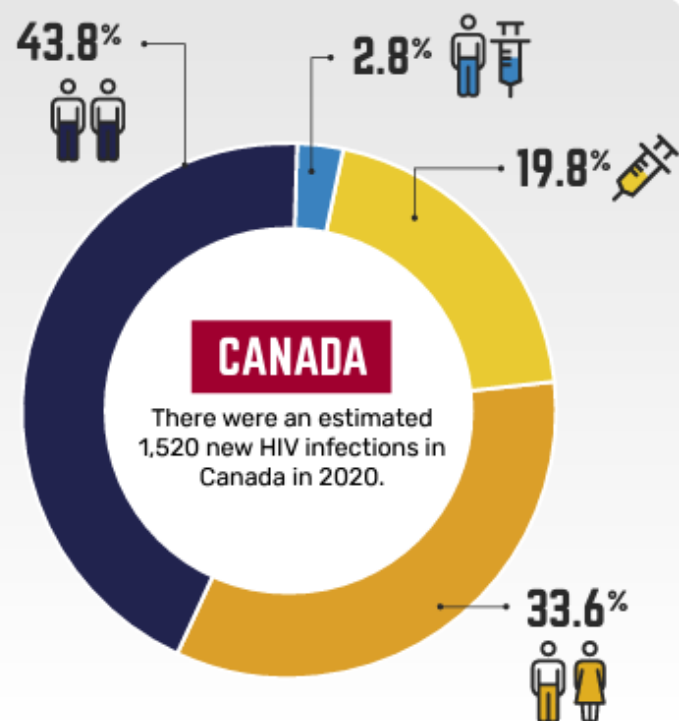
# NEW HIV INFECTIONS IN CANADA



Canada's source for  
HIV and hepatitis C  
information

CATIE.CA

Canada doesn't have a single HIV epidemic. New infections happen through different modes of transmission across the country.



## EXPOSURE CATEGORY



Sex between men



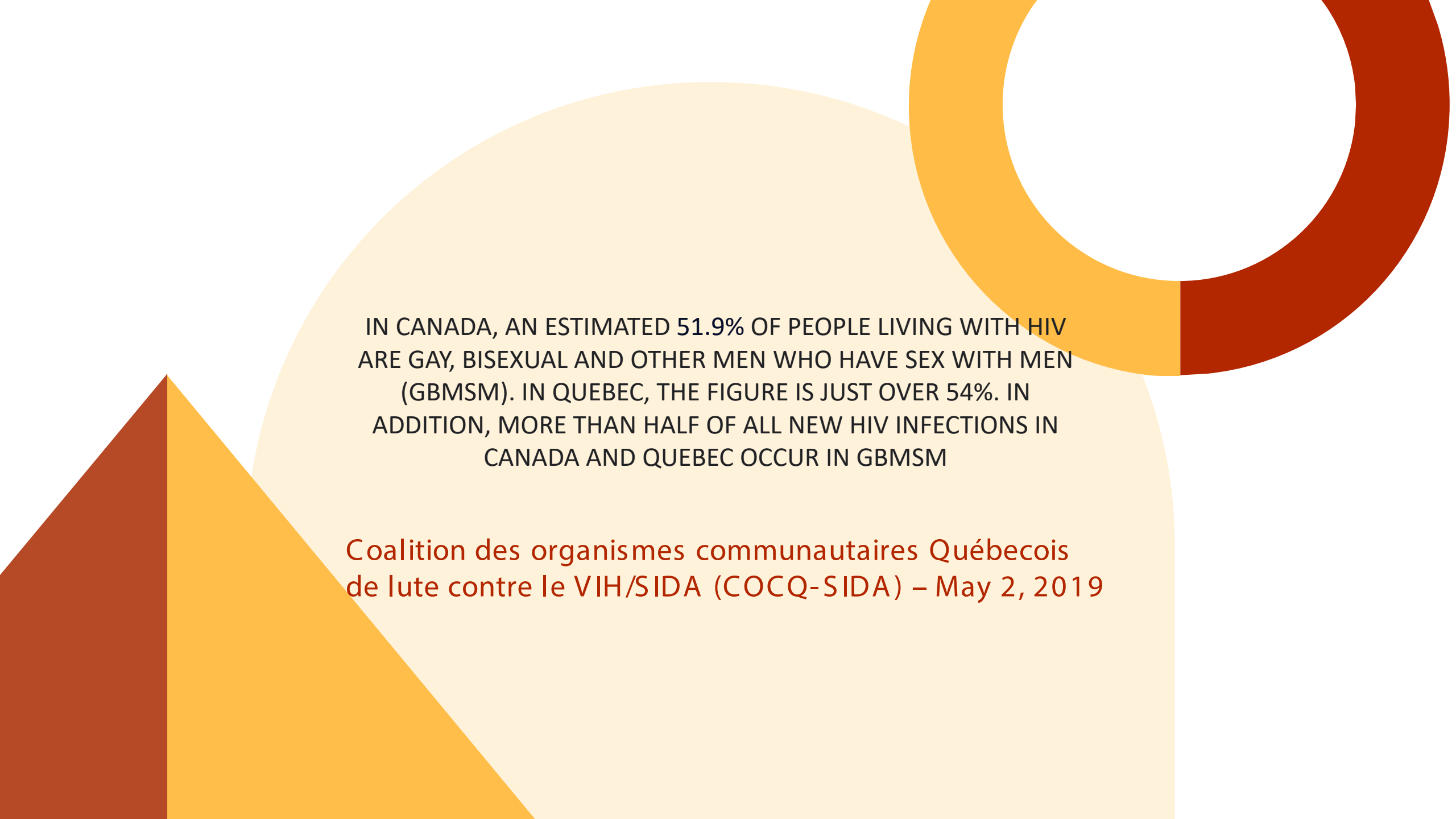
Sex between men or injection drug use



Injection drug use



Heterosexual sex



IN CANADA, AN ESTIMATED 51.9% OF PEOPLE LIVING WITH HIV ARE GAY, BISEXUAL AND OTHER MEN WHO HAVE SEX WITH MEN (GBMSM). IN QUEBEC, THE FIGURE IS JUST OVER 54%. IN ADDITION, MORE THAN HALF OF ALL NEW HIV INFECTIONS IN CANADA AND QUEBEC OCCUR IN GBMSM

Coalition des organismes communautaires Québécois  
de lute contre le VIH/SIDA (COCQ-SIDA) – May 2, 2019



# THE RELATIONSHIP BETWEEN EMPLOYMENT AND LIVING WITH HIV.

- There is a direct link between employment status and HIV continuum care
- Not being employed is associated with not being tested for HIV
- Among employed individuals, those who have workplace accommodations are more likely to be adherent to HIV medications than those without an accommodation
- Benefits and financial security play a key factor in the mental and physical well-being of the employee living with HIV.
- An unemployed person is more likely not to adhere to medication within the first 6 months of their initial diagnosis vs. an employed person who is more likely to adhere to medication right away
- Barriers faced: Frequent doctor visit, more likely to be sick, dealing with side effects of medication, confidentiality between employee and employer when getting their meds prescribed.

Source: [A Scoping Review of Employment and HIV - PMC \(nih.gov\)](#)

# WHO'S DOING IT RIGHT?

- Pfizer: <https://www.pfizer.com/responsibility/workplace-responsibility/hiv-aids-workplace-policy>
- **Challenges:**
  - Most policies do not create a link between 2SLGBTQIA+ people and HIV
  - HIV is not considered under the Canadian Disabilities Act though it is a disability
  - Many organizations do not reach out or include the voices of people living with HIV and 2SLGBTQIA+ in the decision-making process
  - Many organizations/business/companies do not have the resources to be able to do the work
  - Many of the HIV/AIDS service organizations are very under-funded and most front-line staff live on the poverty line.
  - The decision makers do not account for their privilege in the process



“ WHEN WE IDENTIFY WHERE OUR PRIVILEGE INTERSECTS WITH SOMEBODY ELSE'S OPPRESSION, WE'LL FIND OUR OPPORTUNITIES TO MAKE REAL CHANGE.

”

Ijeoma Oluo, [So You Want to Talk About Race](#)



# CORPORATE POLICIES

## HIV/AIDS WORKPLACE POLICY | PFIZER

Creating a policy that is specific to HIV/AIDS in the workplace

“make decisions as though everyone you meet and work with is living with HIV” – my HIV specialist Dr. William Barrie

- This helped normalize HIV for me and also pushed me to educate myself
- It played a key factor in my professional life and decision-making process and advocacy on HIV/AIDS care in the workplace.
- It helps create a very safe environment for myself and leading to sexual liberation with confidence.
- **GROUP WORK:**
  - Education : Building training around world AIDS day
  - Sick days
  - Benefits and medication coverage
  - Working with people living with HIV
  - Equity, Diversity, Inclusion, Accessibility, and Justice



# HIV & 2SLGBTQIA+ IN THE WORKPLACE

- 2SLGBTQIA+ people living with HIV have VERY different needs:
  - We see it in politics
  - We see it in the news
  - We hear it through the mouth of faith leaders
  - We see it from parents
  - We see it in the laws and bills that discriminate
  - No family/no support/ no mental health provider/not the right kind of benefits – feeling isolated.
  - They are dealing with stigma on both aspects
  - They identify as BIPOC, 2SLGBTQIA+, and living with HIV ..the list goes on and on and on!!!





# E.D.I.A.J.



## EQUITY

- Equitable Pay
- Equitable Skills
- Equitable Benefits
- Equitable employment practices

## DIVERSITY

- Diverse disabilities
- Diverse Races
- Diverse Skills
- Diverse Cultures
- Diverse Benefits
- Diverse employability
- Diverse PLHA

## INCLUSION

- Inclusion of lived experiences
- Inclusion of marginalized people
- Inclusion of policy protecting 2SLGBTQIA+ people and HIV/AIDS policy

## ACCESSIBILITY

- Accommodations in the workplace
- Long term AIDS survivors will have different accessibility needs
- Benefits coverage
- Trans care
- Medication coverage
- Mental health professional

## JUSTICE

- Justice for the marginalized
- Justice for the overlooked
- Justice for the poor
- Justice for people living with HIV/AIDS
- Justice for the 2SLGBTQIA+
- Justice for Indigenous people

The list doesn't stop there...that's just the tip of the iceberg!

# 2SLGBTQIA+ WITH HIV INTERSECTIONALITY



## LIVED EXPERIENCES

- May have been “disowned” by family
- Substance user
- Immigrant/refugee/asylum seeker
- Experienced homelessness
- BIPOC lived experience
- Coming out isn’t for everyone
- Cultural implications- reputation/honour
- Financial struggles
- Isolation
- Sexually assaulted
- Intergenerational trauma
- Victims of hate crime
- May have to come out more than 2 times!!!!  
(gender identity, sexual orientation and HIV status)
- Incarcerated



## MENTAL HEALTH

- Higher chance of suicide
- High risk of depression
- High risk of substance use
- Higher chance of homelessness
- ADHD/OCD/BIPOLAR disorder
- PTSD
- Medication adherence



## PHYSICAL HEALTH

- Body dysmorphia
- Weaker immune system
- More likely to get sick
- Gender dysmorphia
- Very little energy
- Physical alertness!
- Arthritis
- Bone fragility due to medication/s
- More likely to take care of their physical health
- Get tested regularly
- Sexual health is important



// PEOPLE WITH HIV AND AIDS ARE NOTHING TO BE AFRAID OF. THEY ARE PEOPLE JUST LIKE EVERY SINGLE ONE OF US, AND EACH HAS A STORY TO TELL. THESE PEOPLE SHOULD BE HELPED, EMBRACED, AND NOT DISMISSED. WE NEED TO OPEN OUR HEARTS AND OUR MINDS TO THEM, AND WE JUST MAY LEARN WE'RE PRETTY MUCH ALI //

Lisa Lampanelli



# STRATEGIES FOR INCLUSIVE WORKPLACE

OF 2SLGBTQIA+ PEOPLE LIVING WITH HIV/AIDS

We spoke about policy, but what's the best strategy to ensure a fully inclusive workplace?

How would you integrate inclusivity when creating/working on developing...

- Internal policies
- EDIAJ committee
- Events Comprehensive benefits package
- Leadership training



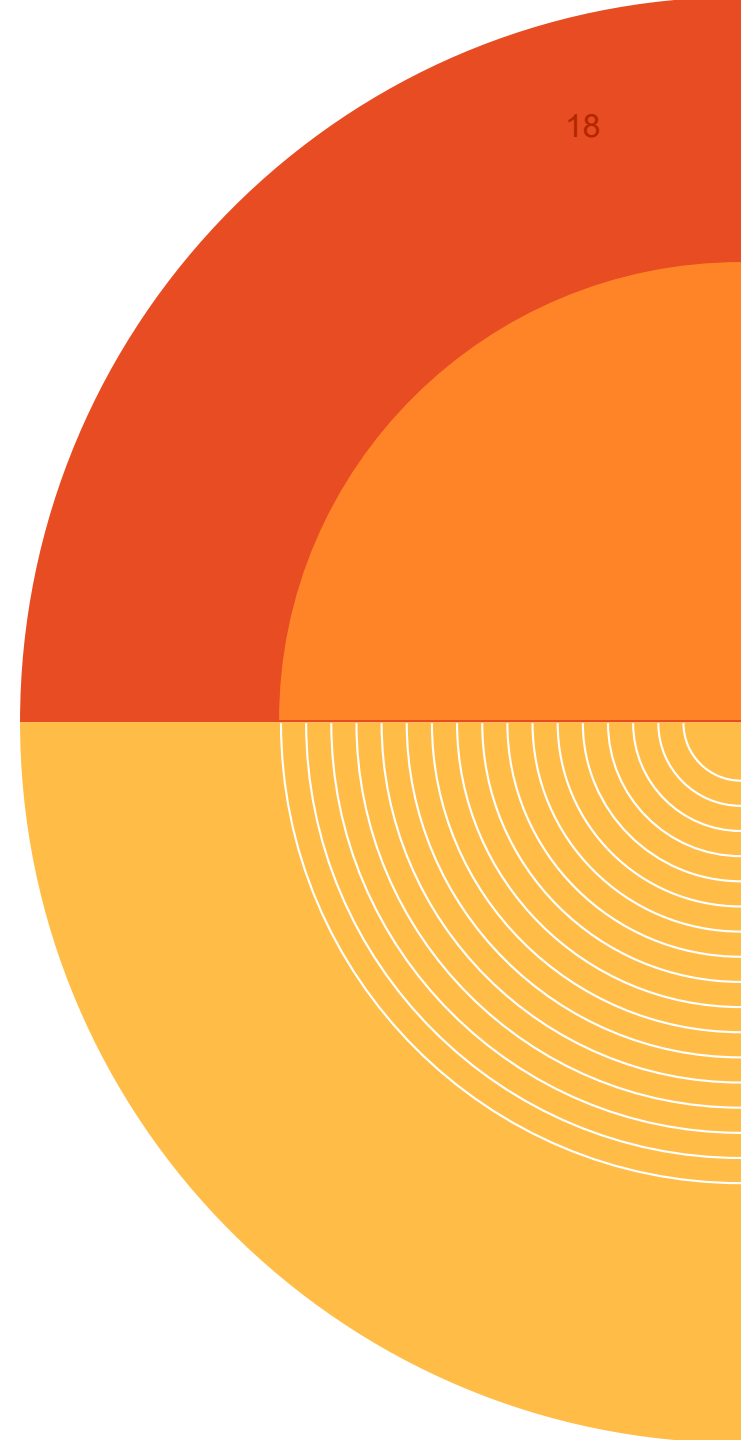
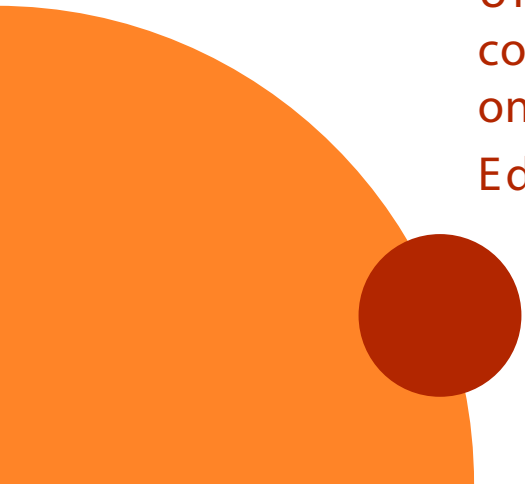
# SUMMARY

2SLGBTQIA+ and HIV/AIDS inclusion in the workplace is critical when thinking about equity, diversity, inclusion, accessibility and justice in the workplace.

Giving them visibility, destigmatizing, humanizing and normalizing their presence will not only be good for the organization in setting high standards of inclusion, but can also save a life!

Understanding your privilege and giving room to a community that is often silenced can have great impact on creating essential change in the workplace.

Education is key!



# THANK YOU

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