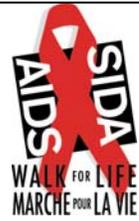




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HOME IS WHERE THE HAART IS PEOPLE WITH HIV/AIDS SEEK REFUGEE STATUS AS DESPERATE LAST RESORT

VANCOUVER, BC – More than one month after the XVIth International AIDS Conference in Toronto, the number of delegates seeking refugee status in Canada continues to climb. Over 150 mostly HIV-positive Africans have sought asylum in Canada in recent weeks, many facing persecution for their HIV status and AIDS activism in addition to being unable to obtain Highly Active Antiretroviral Therapy (HAART) in their home countries. But in an ironic twist, an HIV-positive African refugee claimant who contracted the disease in Canada may face deportation to her native Uganda.

Christine, who for safety reasons uses only her first name, fled to Canada in October 2000 after being imprisoned, beaten, raped, and tortured for her activism with a gay, lesbian, bisexual, and transgendered (LGBT) organization in Kampala, Uganda. Early in 2001, she moved to Vancouver where she found a job, volunteer work, and a church community. In 2004, she became involved in a relationship with a man from her church who turned out to be physically violent. A year into the relationship, she discovered she was pregnant; and during a routine prenatal exam, she was diagnosed HIV-positive.

Advocates from the BC Persons With AIDS Society support Christine's final hope: an application for permanent residency on humanitarian and compassionate grounds. "Anyone familiar with the details of this case must sympathize with Christine's situation and see the justice of her claim," says Paul Lewand, Chair of the BCPWA Society. "Simply put, this means Christine's right to live in an environment free from persecution and violence." Uganda is one of the most repressive countries in the world with respect to the discrimination of gay, lesbian, and bisexual people, according to human rights and legal advocacy groups. Openly prejudicial statements from politicians, public figures, and the media frequently demonstrate the criminalization of homosexuality in Uganda.

Furthermore, the Public Health Agency of Canada identifies several key social determinants of health—income security, food, housing and social networks. In recent months, Christine has secured stable long-term housing and provincial disability benefits to support herself and her infant son until she is able to return to work. She is also eligible to apply for health benefits and direct services made available through local AIDS organizations; many programs are financed through community fundraising initiatives, such as the forthcoming AIDS WALK for LIFE event (Sunday, September 24th).

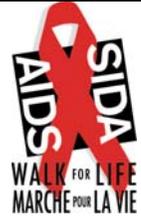
According to Christine's doctors, she has responded extremely well to a specialized regimen of HAART. Still, with more than 3 million HIV-infected Ugandans and fewer than 75,000 receiving treatment, coupled with a radically inferior standard of living, her medical team predicts that Christine would unlikely survive beyond a year or two if deported.

AIDS community activists intend to closely monitor, over the next several months, Citizenship and Immigration Canada's response to the recent deluge of applications for refugee status submitted by HIV-positive Africans.

The BC Persons With AIDS Society (BCPWA Society), a non-profit, consumer-driven organization in its 20th year of operation, presents its 21st Annual AIDS WALK for LIFE on Sunday, September 24th, at 10:00 AM in Stanley Park. Proceeds from the event finance direct services for British Columbians living with HIV and AIDS through the BCPWA Society as well as nine other participating Community Partner organizations. To register for the AIDS WALK for LIFE, or to donate, visit: www.bcpwa.org or phone: 604.915.WALK.



PROFILE



A MOTHER'S CRUSADE FOR HER CHILD'S FUTURE

Christine is a soft-spoken, articulate woman in her early 30s. She's an adoring parent to her infant son, a highly educated and skilled professional, a passionate activist for social justice causes, and an active member of her church community.

It was Christine's passion and principles that brought her to Canada almost six years ago. But her story is not for the faint of heart. She fled her native Kampala, Uganda, in October 1999, after being arrested, jailed, beaten, raped, and tortured for her involvement with an organization working within the gay, lesbian, bisexual, and transgendered (LGBT) community. Orchestrating her escape by bribing a prison guard, Christine immediately contacted Amnesty International, who arranged for her safe passage elsewhere in eastern Africa. One year later, during a trip to eastern Canada to attend a conference, she claimed refugee status.

Relocating to Vancouver early in 2001, Christine established a meaningful life for herself— including a fulfilling career as a caregiver for adults with disabilities, volunteer work and social activism with local LGBT and international human rights groups, and membership at a local church.

But life in Canada was not as idyllic as Christine had hoped. Influential people in her church were unsupportive of her homosexuality. In 2004, feeling the pressure of religious values and a desire for acceptance, Christine entered into a relationship with a man from her church. She became pregnant the following year and, during a routine prenatal examination, was diagnosed HIV-positive. Around the same time, her partner became physically abusive. Unwilling to endure further violence—or risk injury to her baby—Christine courageously fled the relationship, determined to make the health and safety of her newborn son her first priority.

A new obstacle emerged for Christine just as she had restored some measure of stability in her life. Her application for refugee status was denied and she potentially faces deportation. Because of the criminalization of homosexuality in Uganda, her deportation places her life in serious danger. "I would continue to be sought by the Ugandan authorities," Christine explained, "and that would result either in my death, or life in prison."

In addition, while HIV is prevalent in Uganda, availability of antiretroviral medications is limited. "I would not be able to get the HIV drugs I need in Uganda, and my doctors foresee that that if I return, I will be dead within a year or two, leaving my son orphaned."

In recent months, Christine's health has improved considerably. She has secured stable, long-term housing and is receiving provincial disability benefits. She also accesses other support services from local AIDS organizations. Further improvements to her health are expected. "My doctors say that if I continue to take the [HIV] drugs, I will be able to lead a normal life again—get back in the workforce, raise my child, and contribute to my community. Above all, I have a chance to live and see my child grow," she says optimistically.

Christine's recent application for permanent residency, on humanitarian and compassionate grounds, is being considered. Her request is exceedingly modest: "I am appealing to Citizenship and Immigration Canada to please give me a chance to take care of my son as a mother can. I am also asking that my son be given the same opportunities as other Canadian citizens—education, health care, and a loving community that enables him to develop his full potential."

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INTERVIEWS AVAILABLE

Photographs will not be permitted