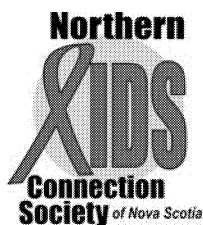




# Understanding HIV/AIDS and the Media

**Created by  
The Northern AIDS Connection Society  
The Nova Scotia Advisory Commission on AIDS  
For  
Nova Scotia's Strategy on HIV/AIDS  
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**This manual may be photocopied free-of-charge for the purposes of research, education, and media distribution.**





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# SECTION 1: INTRODUCTION

HIV/AIDS affects millions of people worldwide, and Canadians are no exception. As of 2005, there were an estimated 58 000 Canadians living with HIV or AIDS<sup>1</sup>. In the provinces of Nova Scotia and Prince Edward Island there have been almost 700 HIV positive tests between 1985 and 2005<sup>2</sup>. Both government and non-government organizations have been working to prevent new HIV infections and to manage care and support for those already living with HIV/AIDS. From these efforts, Nova Scotia's Strategy on HIV/AIDS was developed.

Nova Scotia's Strategy on HIV/AIDS is a living document whose development was led by the Nova Scotia Advisory Commission on AIDS. The Strategy has four strategic directions, one of which involves building a coordinated approach to prevention and harm reduction. Included in the approach to prevention is working with the media. Working with the media can be a valuable way to prevent HIV as well as a way to reduce stigma and discrimination. The media can play an important role in education and in the shaping of public opinion

The importance of the media's role in prevention and awareness means that reporting on HIV/AIDS and related issues must be done with sensitivity and accuracy. There are serious concerns around the use of discriminatory, stigmatizing, and inaccurate language or information that can mislead the public and distort the facts. It is important that reporters learn about HIV/AIDS and also be aware of and sensitive to the stigma and discrimination that surround HIV infection. This knowledge and awareness will contribute to a more positive and accurate picture of HIV/AIDS and of those whose lives have been affected both directly and indirectly. Journalists are in a unique position to be the voice of those who are marginalized and to change public views on HIV/AIDS.

In more recent years, community based AIDS organizations have begun a working partnership with the media to improve reporting on HIV/AIDS. The purpose of this manual is to improve the relationship between community based AIDS organizations and the media by enhancing communication and understanding of one another. The manual can be used by the media, community based AIDS organizations, and other partnering organizations in preparing news stories and media releases. Media and public relations education programs may also find this useful for preparing their students to cover HIV/AIDS related stories and other sensitive topics.

Media personnel who may find this guide useful include:

- Journalists, reporters, and correspondents
- Columnists and feature writers
- Script writers and editorialists
- Commentators, free lance writers, and producers
- Broadcasters and news page subeditors
- Editors-in-chief and producers
- Station managers and programme managers
- Media managers and media house owners
- Journalists' associations

Community based AIDS organization staff who may find this guide useful:

- Executive directors
- Program coordinators
- Volunteers
- People living with HIV/AIDS
- Public relations personnel

Each section of this guide is designed to help improve understanding between community based AIDS organizations and the media. Section #2 focuses on the principles and ethics that guide journalists in their work. These serve as a reminder of the rights, responsibilities, and restrictions placed on the media when researching and delivering a story. It also helps community based AIDS organizations to understand the working philosophy of media professionals

Section #3 is specific to reporting on HIV/AIDS and related issues. Information on language and HIV/AIDS facts has been included to assist the media in their story preparation. It may also be useful to community based AIDS organizations when conducting training or in preparing documents and programming. The use of incorrect information or inappropriate words can cause stigma and discrimination. Use of proper and non-stigmatizing language helps to reduce the isolation that can accompany HIV.

In an effort to help community based AIDS organizations better understand the profession of journalism, Section #4 provides details on media relations. Reporters and other media personnel have many challenges and stressors to cope with on a daily basis. Knowing how to best work with them will help the community based AIDS organization have their story or facts printed accurately and in a sensitive manner.

A key part of media relations involves addressing concerns about language, facts, or the manner in which a particular story was reported. Information is provided in Section #5 on how best to handle concerns or conflicts from both the perspective of the organization and the media.

An additional section provides resources that may be useful to both community based AIDS organizations and media organizations. The first part lists various media websites followed by a detailed list of websites related to HIV/AIDS. Lastly there is a contact page for Nova Scotia-based organizations involved in HIV/AIDS and related issues.

# SECTION 2: MEDIA PRINCIPLES & ETHICS

Canadian journalists are guided by principles and ethical guidelines set forth by national bodies. The Canadian Association of Journalists is a professional, non-profit organization that works at a national level to enhance professional development amongst Canadian journalists from all types of media. As an organization, it has published both a Statement of Principles and Ethics Guidelines to guide journalists in their reporting. A second national body featured in this section is the Radio-Television News Directors Association. Specific to electronic journalism, this association has published a Code of Ethics for reporters involved in such media.

## Canadian Association of Journalists

### **Statement of Principles<sup>3</sup>**

*Preamble:* It is our privilege and duty to seek and report the truth as we understand it, defend free speech and the right to equal treatment under law, capture the diversity of human experience, speak for the voiceless and encourage civic debate to build our communities and serve the public interest.

*Freedom of Speech:* The Canadian Charter of Rights and Freedoms guarantees freedom of expression and freedom of the press. A free flow of information sustains and vitalizes democracy because understanding emerges from vigorous discussion, openly reported. Our legal traditions give media privilege and protection. We must return this trust through the ethical practice of our craft.

*Fairness:* Our reporting must be fair, accurate and comprehensive. When we make mistakes we must correct them. We must not ignore or temper the facts in order to curry favour or avoid retribution. We must hold ourselves to the same standards that we set for others.

*Diversity:* Our stories will capture the rich and diverse values, viewpoints and lives of the people in our communities. We need to understand how our own beliefs and biases can interfere with our ability to see and report fairly and courageously.

*The Right to Privacy:* The public has a right to know about its institutions and the people who are elected or hired to serve its interests. People also have a right to privacy and those accused of crimes have a right to a fair trial. There are inevitable conflicts between the right to privacy, the public good and the public's right to be informed. Each situation should be judged in the light of common sense, humanity and the public's rights to know.

*The Public Interest:* The right to freedom of expression and of the press must be defended against encroachment from any quarter, public or private, because we serve democracy and the public interest. Journalists must be alert to ensure that the public's business continues to be conducted in public. Journalists who abuse their power betray the public trust.

## **Ethics Guidelines<sup>4</sup>**

*Fairness:* We respect the rights of people involved in the news and will be accountable to the public for the fairness and reliability of our reporting.

We will not allow our own biases to influence fair and accurate reporting.

We respect each person's right to a fair trial.

We will identify sources of information, except when there is a clear and pressing reason to protect anonymity. When this happens, we will explain the need for anonymity.

We will independently corroborate facts if we get them from a source we do not name.

We will not allow anonymous sources to take cheap shots at individuals or organizations.

We will avoid pseudonyms and not use composites. If either is essential, we will tell our readers, listeners or viewers.

Reporters will not conceal their identities, except in rare cases. When, on rare occasions, a reporter needs to go "under cover" in the public interest, we will clearly explain the extent of the deception to the reader or listener or viewer.

We will not commit illegal or improper acts.

We will give people, companies or organizations that are publicly accused or criticized prompt opportunity to respond. We will make a genuine and exhaustive effort to contact them. If they decline to comment we will say so.

We will report all relevant facts in coverage of controversies or disputes.

We will clearly identify news and opinion so that readers, viewers and listeners know which is which.

We will be wary of informants who want to be paid for information. The quality of their information and their motives should be questioned.

*Accuracy:* Reporters are responsible for the accuracy of their work. Editors must confirm the accuracy of stories before publication or broadcast. Editors must know in detail the documentation to support stories and the reliability of the sources. Editors are responsible for the accuracy of any facts they add or changes they make.

We will correct mistakes of fact or context promptly and ungrudgingly. We will publish or broadcast corrections, clarifications or apologies in a consistent way.

We will not mislead the public by suggesting a reporter is some place that he or she isn't.

Photojournalists are responsible for the integrity of their images. We will not alter images so that they mislead the public.

We will explain in the photo caption if a photograph has been staged.

We will label altered images as photo illustrations.

*Privacy:* The public has a right to know about its institutions and the people who are elected or hired to serve its interests. Their role is public and in matters concerning these roles they are accountable to the public.

Individuals have a right to privacy except when that right is superceded by the public good.

We will not harass or manipulate people who are thrust into the spotlight because they are victims of crime or are associated with a tragedy.

Relatives of people in the news sometimes become newsworthy, but we will guard against voyeuristic stories.

*Access:* Newspapers, radio, television and the web are forums for the free interchange of information and opinion. We will encourage our organizations to make room for the interests of all: minorities and majorities; those with power and those without it; disparate and conflicting views.

*Off the record:* There are no shield laws protecting journalists in Canada. We may be ordered by a court or judicial inquiry to divulge confidential sources upon threat of jail, so we must understand what we are promising:

- Not for attribution: We may quote statements directly but the source may not be named, although a general description of his or her position may be given ("a government official," or "a party insider").
- On background: We may use the thrust of statements and generally describe the source, but we may not use direct quotes.

- Off the record: We may not report the information, which can be used solely to help our own understanding or perspective. There is not much point in knowing something if it can't be reported, so this undertaking should be used sparingly, if at all.

*Discrimination:* We will not refer to a person's race, colour or religion unless it is pertinent to the story. We will exercise particular care in crime stories. We will avoid thoughtless stereotypes of race, gender, age, religion, ethnicity, geography, sexual orientation, disability, physical appearance or social status.

*Polls:* We should use polls prominently only when we know the full context of the results: the names of the sponsor and the polling agency; the population from which the sample was drawn; the sample size, margin of error, type of interview; the dates when the poll was taken and the exact wording and order of the questions. When possible we should broadcast or publish this information.

Polls commissioned by special interest groups and politically sponsored think tanks and institutes are especially suspect. It is easy to frame questions or choose a sample designed to produce an answer favourable to a point of view.

*Copyright & Plagiarism:* There is no copyright on news or ideas once a story is in the public domain, but if we can't match the story, we will credit the originating source.

While news and ideas are there for the taking, the words used to convey them are not. If we borrow a story or even a paragraph from another source we will rewrite it before it is published or broadcast. If we do not rewrite it, we will credit the source because failure to do so is plagiarism.

Using another's analysis or interpretation may constitute plagiarism, even if the words are rewritten, unless it is attributed. This is especially true for columnists.

*Act Independently:* We serve democracy and the public interest by reporting the truth. This sometimes conflicts with the wishes of various public and private interests, including advertisers, governments, news sources and, on occasion, with our duty and obligation to an employer.

Defending the public's interest includes promoting the free flow of information; exposing crime or wrongdoing, protecting public health and safety and preventing the public from being misled.

We will not give favoured treatment to advertisers and special interests. We must resist their efforts to influence the news.

Columnists should be free to express their views, even when those views are contrary to the editorial views of their organization, as long as the content meets the generally accepted journalistic standards for fairness and accuracy and does not breach the law.

We should not accept or solicit gifts, passes or favours for personal use.

We must pay our own way to ensure independence. If another organization pays our expenses to an event that we are writing about we should say so, so that the reader, viewer or listener can take this into account. (We will make sure exceptions are understood. For example, it is common practice to accept reviewers' tickets for film previews and theatrical performances.)

We will promptly return unsolicited gifts of more than nominal value. If it is impractical to return the gift, we will give it to an appropriate charity or institution.

*Use of merchandise for review:* We will not accept the free use or reduced-rate use of valuable goods or services when the offer is extended because of our position. Within narrow limits, it is appropriate to use a product for a short time to test or evaluate it. (A common exception is unsolicited books, music or new food products sent for review.)

*Conflict of interest:* Note – There is a tradition in Canada of media organizations that support and advocate particular ideologies and causes. These ideologies and causes should be transparent to the readers, listeners or viewers. Journalists for these organizations sometimes choose to be advocates or are hired to be advocates and this too, should be transparent.

In our role as fair and impartial journalists, we must be free to comment on the activities of any publicly elected body or special interest organization. It is not possible to do this without an apparent conflict of interest if we are active members of a group we are covering.

We lose our credibility as fair observers if we write opinion pieces about subjects that we also cover as reporters.

We will not hold elected political office, work as officials on political campaigns, or write speeches for any political party or official.

Editorial boards and columnists or commentators endorse political candidates or political causes. Reporters do not.

We will not make financial contributions to a political campaign if there is a chance we will be covering the campaign.

We will not hold office in community organizations about which we may report or make editorial judgments. This includes fund-raising or public relations work and active participation in community organizations and pressure groups that take positions on public issues.

We will avoid participation in judicial and other official inquiries into wrongdoing. Such inquiries are often prompted by our stories.



We will not accept payment for speaking or making presentations to groups we report on or comment on. If access to a journalist depends on fees there will be the same appearance of advantage we perceive when businesses buy access to a cabinet minister or the prime minister. If everyone else on a panel is being paid an honorarium, that honorarium can be directed to a charity or worthy cause.

We will not participate in demonstrations or sign petitions if there could be an appearance of conflict with our role as fair and impartial journalists.

We will not report stories about people or organizations if we have asked or applied to work for them.

We will not report about subjects in which we have a financial interest.

We will not use our positions to obtain any benefit or advantage in commercial transactions not available to the general public.

Note: Life does not always conform to guidelines. For example, the only way to subscribe to some publications is to be a member of the group that is publishing. Having a non-journalist in your organization subscribe on your behalf would be one solution. Discussing the exception and subscribing yourself might be the most sensible path.

*Police:* Police and lawyers try to involve us in the judicial process by asking for tapes, notes and photographs and by calling reporters or photographers as witnesses in criminal and civil cases. In effect, we become a shortcut for outside persons trying to prove a case.

This poses difficulties for two reasons. If we are seen to be a part of the judicial process, it damages our credibility as critics of the system and may limit our access to sources. If we promise confidentiality to a source and we are then summoned as a witness, we may be asked to break that promise upon the penalty of a fine or jail sentence. Accordingly, we will be wary of approaches from the police or lawyers for assistance on a case.

If we know a confidential document was obtained illegally, there may be legal implications for our organization if its contents are published.

We will avoid reporting confidential conversations overheard through eavesdropping or monitoring cellular phone calls, although it is legal to report these. Any exception will be explained publicly.

*Criminal charges against journalists:* If we are charged with a criminal offence for activities unrelated to work, it may be wise to report the charges. The charge may be one that would go unreported if it happened to somebody else but because we have a public profile, a different standard applies, just as it does for elected officials who are charged.

# Radio-Television News Directors Association

## **Code of Ethics<sup>5</sup>**

Free speech and an informed public are vital to a democratic society. The members of RTNDA Canada recognize the responsibility of broadcast journalists to promote and to protect the freedom to report independently about matters of public interest and to present a wide range of expressions, opinions and ideas.

*ARTICLE ONE (Accuracy):* Broadcast journalists will inform the public in an accurate, comprehensive and fair manner about events and issues of importance.

*ARTICLE TWO (Equality):* Broadcast journalists will report factors such as race, national or ethnic origin, colour, religion, sexual orientation, marital status or physical or mental disability only when they are relevant.

*ARTICLE THREE (Authenticity):* Broadcast journalists will present news and public affairs without distortion. Interviews may be edited provided that the meaning is not changed or misrepresented. Broadcast journalists will not present news that is rehearsed or re-enacted without informing the audience. Newsrooms should take steps to ensure the authenticity of amateur video and audio tape before broadcasting it. Editorials and commentary will be identified as such.

*ARTICLE FOUR (Privacy):* Broadcast journalists will respect the dignity, privacy and wellbeing of everyone with who they deal and will make every effort to ensure that news gathering and reporting does not unreasonably infringe privacy except when necessary in the public interest. Hidden audio and video recording devices should only be used when it is necessary to the credibility or accuracy of a story in the public interest.

*ARTICLE FIVE (Independence):* Independence is a fundamental value and we will resist any attempts at censorship that would erode it. Broadcast journalists will resist pressures to change or alter the news. Intrusion into content, real or apparent, should be resisted.

*ARTICLE SIX (Conflict of Interest):* Broadcast journalists will govern themselves on and off the job in such a way as to avoid conflict on interest, real or apparent.  
*ARTICLE SEVEN (Corrections):* Errors will be quickly acknowledged and publicly corrected.

*ARTICLE EIGHT (Decency and Conduct):* Broadcast journalists will treat people who are subjects and sources with decency. They will use special sensitivity

when dealing with children. They will strive to conduct themselves in a courteous and considerate manner, keeping broadcast equipment as unobtrusive as possible. They will strive to prevent their presence from distorting the character or importance of events.

*ARTICLE NINE (Fair Trial):* In reporting matters that are or may be before the courts, broadcast journalists will ensure that their reporting does not interfere with the rights of an individual to a fair trial.

*ARTICLE TEN (Covering Violent Situations):* Reporting on criminal activities such as hostage takings, prison uprisings or terrorist acts will be done in a fashion that does not knowingly endanger lives, offer comfort and support or provide vital information to the perpetrator(s). RTNDA members will contact neither victims nor perpetrators of a criminal activity during the course of the event for the purpose of conducting an interview that would interfere with a peaceful resolution.

*ARTICLE ELEVEN (Intellectual Property):* Plagiarism is unacceptable. Broadcast journalists will strive to honour the intellectual property of others, including video and audio materials.

*ARTICLE TWELVE (Impediments):* Broadcast journalists will seek to remove any impediments to or bans on the gathering or reporting of news in the public interest.

*ARTICLE THIRTEEN (Sources):* Broadcast journalists will make every effort to attribute news on the record. Confidential sources should be used only when it is clearly in the public interest to gather or convey important information or when a person providing information might be harmed.

*ARTICLES FOURTEEN (Respect and Enforcement):* Members of the RTNDA will respect the provisions of this Code and the RTNDA itself will take all reasonable steps to encourage that all broadcast journalists in Canada are aware of and observe the Code, even if they are not themselves members of the RTNDA.

# SECTION 3: REPORTING ON HIV/AIDS

The media can play a key role not only in prevention, but also in enhancing awareness and reducing stigma for those people already living with HIV/AIDS. Through accurate, sensitive, and fair reporting, the media can provide valuable information to the public on prevention, transmission, testing, and treatment of HIV/AIDS. Reporters and other media personnel have the opportunity to reach a wide variety of people and population groups. However, reporting on HIV/AIDS can be very challenging due to issues like choice of language, use of medical terminology, and the sensitivity of the topic in general.

The following section provides information specific to reporting or preparing material on HIV/AIDS. A fact sheet for specific information about HIV/AIDS is included, as well as ethical guidelines to help guide reporting. The last portion of this section provides reporters and volunteers with a language guide to commonly used words. The aim of this guide is to replace the use of language that is negative and/or stigmatizing with language that is respectful and representative of the issue and the people affected.

## HIV/AIDS Facts<sup>6</sup>

The following is a list of facts on HIV/AIDS that may be helpful when reporting on the issue. Remember that information is always changing with new research emerging daily. It is important to keep up to date on such information. Please refer to the Resource section of this document for sources that will provide current information.

### **What is HIV/AIDS?**

- HIV stands for Human Immunodeficiency Virus and is the virus that causes AIDS. The virus attacks the body's immune system and leaves it vulnerable to infection and illness. When the body has great difficulty fighting off serious infections, the person is said to have AIDS.
- AIDS stands for Acquired Immune Deficiency Syndrome. It is the weakening of the body's immune system by HIV that allows life-threatening infections to develop.
- There are several strains and subtypes of HIV. Experts are seeing more and more cases of re-infection making HIV treatment even more difficult.

### **Who is at risk?**

- All people, no matter their age, race, gender, or sexual orientation are at risk of contracting HIV under the right circumstances.
- Young people have the fastest growing rate of infection worldwide.
- Women have surpassed men in new cases of infected people worldwide. Women are biologically, economically, and socially more at risk of HIV than men.

## Is HIV/AIDS curable?

- To date, although researchers have made great advances, there is no cure for HIV or AIDS and there are no vaccines to prevent HIV infection.
- The main treatment used for HIV is highly active anti-retroviral therapy (HAART). Although treatment comes with many side effects and can be expensive, it is very effective at prolonging the lives of those living with HIV/AIDS.

## How is HIV transmitted?

- HIV can be transmitted when the semen, pre-ejaculate fluid, vaginal fluids, blood, or breast milk of an HIV+ person gets into another person's bloodstream.
- HIV can thus be transmitted through use of contaminated needles or medical equipment, unprotected oral, anal, or vaginal intercourse, through blood transfusions or other exposure in the health care setting, or from mother to child.
- For HIV to be transmitted from person to person, several conditions must exist:
  - HIV must be present in one person's body fluids
  - There must be enough HIV in the body fluid for it to pass to the other person
  - There must be an entry point into the other person's blood stream
  - The virus must then begin to copy itself and infect the second person
- HIV is NOT transmitted through insect bites, kissing, holding hands, or the sharing of items such as clothes, dishes, or silverware.
- HIV is NOT transmitted through saliva, tears, sweat, or urine.
- Birth control methods other than condoms (i.e. the pill, the patch) do not prevent sexually transmitted infections (STI), including HIV. They only aim to prevent pregnancy. The only way to prevent both pregnancy and STIs that is 100% effective is through abstinence. For people who are sexually active, a condom is the best way to prevent both pregnancy and STIs. As condoms are not 100% effective, people may choose to also use another form of birth control to prevent pregnancy. Birth control products containing the spermicide nonoxynol-9 (found in many creams, gels, foams, films and sponges) help to prevent pregnancy but may increase the risk of HIV.
- A person can have more than one STI at a time. A person with an STI may also be 2-5 times more likely to pass on or acquire HIV during sex<sup>7</sup>.

## How do I know if I have HIV?

- A person with HIV may not show any symptoms for up to 10 years. Since HIV affects each person differently, many people with HIV can look and feel healthy for years.
- The only way to know if you are HIV+ is to be tested. Testing can be done by examining a person's saliva or their blood. A blood test is always used to confirm HIV status because saliva testing is fairly new.

- HIV antibodies can usually be found in the blood within 6-12 weeks of infection. In rare cases it may take up to 6 months. If a person thinks they have been exposed to HIV and then test negative, they may want to be retested several months later to be sure.
- Testing can be done through doctors, clinics, or hospitals as well as at anonymous testing clinics.

### **How can HIV/AIDS be prevented?**

- Only engage in sexual activities that do not involve oral sex or vaginal or anal penetration. Examples of such activities include kissing and masturbation. During mutual masturbation, you should avoid using your partner's semen as a lubricant on your genitals. This would increase the chances of infected fluids coming into contact with mucous membranes (the urethra, and possibly the glans (head) or foreskin in uncircumcised men).
- Use a latex condom for vaginal or anal sex and a latex barrier such as a dental dam or condom for oral sex.
- Sexual abstinence (no sexual activity) is the only 100% effective way to prevent the sexual transmission of HIV.
- Use sterile needles for injecting drugs, piercing, and tattooing. Never share needles.
- In a medical setting, HIV can be prevented by ensuring that healthcare professionals use only sterile equipment and follow standards for preventing the spread of blood borne pathogens (i.e. wearing gloves).
- Mother-to-child transmission can be prevented through use of anti-retroviral medication and replacement feeding. There is also evidence to show that delivery by Caesarean section instead of vaginal birth can also reduce the risk.

### **Living positive with HIV/AIDS**

- In Canada, people live with HIV longer today than ever before. Medications, treatment programs, and a better understanding of HIV allow those who are HIV+ to live healthy, productive lives.
- There are many Canadian resources available for those affected by HIV/AIDS either directly or indirectly (see Resource section).

# Ethical Guidelines for Reporting on HIV or AIDS<sup>8</sup>

## **Accuracy**

Always check statistical data and make sure that it is true and reliable. Research your story well and make sure that information is up to date and well referenced. Be sure to mention if the research is new or the results are not definite.

## **Balance**

Cover all parts of the story including medical, social, political, and financial. Be sure to highlight positive stories without downplaying the seriousness.

## **Clarity**

Never assume your audience has even basic knowledge of HIV/AIDS but never assume that they are totally ignorant. Write about research, scientific facts, and data in a way that is relative and usable to your reader. Media personnel have the opportunity to clarify and correct common misconceptions and myths about HIV/AIDS.

## **Show the Human Face of the Epidemic**

Make known the voices and faces of those living with HIV/AIDS. Make sure that they are of diverse background in terms of gender, race, culture, ethnicity, socio-economic status, and geography. Involving people living with HIV or AIDS (PHA) in reporting can be a positive experience for the reporter, the PHA, and the public. Such tactics have been shown to improve understanding and reduce stigma among the public, as well as raise self-esteem and lower self-stigma among PHAs by giving them a voice.

## **Respect the Rights of People with HIV/AIDS**

HIV/AIDS carries with it enormous societal stigma and discrimination. It is important to remember this when reporting and also to ensure that anyone that you interview understands the possible consequences. Always tell the person that you are a reporter/member of the media and seek explicit permission before using someone's name, story, or image. Promises of confidentiality must always be kept.

## **Sensationalism**

Give the facts of the story and avoid using overly negative or sensational language. Report accurately and sensitively on the issue.

## **Empower, Don't Victimize**

Do not stereotype people living with HIV/AIDS (PHAs) as irresponsible or portray them as victims. Classifying someone as a victim is disempowering and denies their ability to make decisions and lead their own lives. Avoid categorizing some PHAs as innocent victims and others as guilty. All people deserve respect and care no matter how they contracted HIV.

## **Avoid Fuelling Stigma and Discrimination**

Stigma and discrimination are barriers to the health and well-being of people affected by HIV/AIDS, and also are a barrier to prevention and testing. The media can either contribute to stigma and discrimination against those who are HIV positive or work to help get rid of it. Reporters must avoid using stereotypes and stigmatizing language.



# HIV/AIDS Media Language Guide<sup>9</sup>

## Terminology

Here are some examples of derogatory or inaccurate terms, together with suggestions of alternative terms and phrases:

<b>USE:</b>	<b>DON'T USE:</b>
HIV infection, HIV Positive, HIV/AIDS, the virus that causes HIV infection or AIDS	<p>“AIDS” if you mean HIV. AIDS is a range of conditions that occur when a person’s immune system is compromised by HIV. Someone who has HIV has antibodies to the virus but may not have developed any of the illnesses that constitute AIDS.</p> <p>AIDS Virus, HIV Virus. This is no such thing as the AIDS virus as AIDS is a syndrome. There is only HIV (Human Immunodeficiency Virus) – the virus that causes AIDS. The term HIV virus actually means Human Immunodeficiency Virus virus, which is not correct.</p>
Person with HIV, Person Living with HIV/AIDS, People Living with HIV/AIDS, Person with HIV/AIDS (PLWHA, PHA, PWA)  PLWHA = International term PHA = Eastern Canadian term PWA = Central and Western Canadian term	<p>AIDS Victim or Sufferer. Many PHAs feel these terms imply they are powerless, with no control over their own lives.</p> <p>AIDS Carrier. This term is highly offensive and stigmatizing to many people with HIV or AIDS. It is also incorrect. The infectious agent is HIV. You cannot catch AIDS. This term may also give the impression that people can protect themselves by choosing a partner based on their appearance or by avoiding someone who they know has AIDS.</p>
Person with AIDS or Person with HIV	Full blown AIDS. This term implies that there is such a thing as “half-blown AIDS”. A person only has AIDS when they present with an AIDS-defining illness such as an opportunistic infection.

<b>USE:</b>	<b>DON'T USE:</b>
People with medically acquired HIV or AIDS, children with HIV or HIV positive people, people with HIV through occupational exposure	Innocent victims. Usually used to describe HIV positive children or people with medically acquired HIV infection (through blood transfusions, etc.). It wrongly implies that people infected in other ways are guilty of some wrongdoing and somehow are deserving of punishment. This feeds discrimination, particularly homophobia, and should be avoided.
Person/people who inject drugs, injection drug user	Junkie, drug addict. Illicit drug use is only one part of an injection drug user's life. Terms such as junkie rely on a stereotyped image that is not accurate.
Person living with HIV or AIDS, HIV positive person	AIDS patient. Use "AIDS patient" only to describe someone who has AIDS and who is, in the context of the story, in a medical setting. Most of the time, a person with AIDS is not in the role of a patient.
Sex worker	Prostitute or hooker. Both of these are considered a disparaging term and does not reflect the fact that sex work is a form of employment for a sex worker, not a way of life.
Street worker	Streetwalker. Again, the term streetwalker does not represent the employment aspect of sex work and is therefore derogatory and misleading.
Key populations at higher risk, affected communities, high risk behaviour (i.e. unsafe sex, sharing needles)	HIV risk/vulnerable group, marginalized. This implies that membership in a particular group, rather than behaviour, is the significant factor in HIV transmission. This term may give people who don't identify with a high risk group a false sense of security. It is actually high risk behaviours such as unsafe sex or unsafe injecting practices that can spread HIV.

<b>USE:</b>	<b>DON'T USE:</b>
<p>For your country, i.e. Canada, use: Canadian population, HIV negative population, HIV negative people, all Canadians</p>	<p>General population. This implies that people in the populations targeted for HIV prevention, education, and care are not part of the general population. It artificially divides those who are HIV+ or who are at risk of HIV infection and those who are not, and falsely implies that identity, rather than behaviour, is the critical factor in transmission.</p>
<p>HIV test or more accurately, HIV antibody test</p>	<p>AIDS test. There is no such thing as an AIDS test. AIDS is not a virus or bacteria itself; it is a syndrome that encompasses a range of conditions.</p>
<p>Blood, semen, pre-ejaculate, vaginal fluids, breast milk</p>	<p>Body fluids. Confusion about the body fluids that can transmit HIV is a common cause of fear and misunderstanding about HIV and continues to cause discrimination against PHAs. Always explain which body fluids can transmit HIV (i.e. blood, semen, vaginal fluids, pre-ejaculate, and breast milk). HIV cannot be transmitted through such body fluids as saliva, sweat, tears, or urine.</p>

## Section 4: Understanding & Working with the Media

It is important that community-based AIDS organizations (CBAOs) and other organizations are able to work with the media in an effective and well-organized manner. Media coverage can provide valuable opportunities for creating awareness and spreading knowledge to many people. This section is to help CBAOs understand the job of a reporter as well as how to prepare for contact with the media. Included are tips for working with the media, managing difficult situations, and a glossary of common media terms.

### The Media

Media comes in many forms, and can be divided into categories based on whether it is print media or electronic media. Print media are documents like newspapers or magazines, while electronic media are radio, television, and online (internet) broadcasting. Reporters are the people hired to research, write, and report on news items for a particular type of media.

The job of a reporter can be stressful for many reasons. Reporters must meet strict deadlines for publication or broadcast on a daily basis while juggling many stories. Hours may be long and traveling is often required to capture a story. A significant challenge is that reporters must often rely on others to complete their story. In other words, interviews, phone calls, and supplemental information from those involved in an issue first-hand are often needed. This is particularly important when the reporter must work on an issue that they are not familiar with. In order to have a better working relationship, CBAOs must recognize the challenges faced by the media when working together on a news item.

### Preparation<sup>10</sup>

#### **As an AIDS Service Organization**

*Choose a media spokesperson.* A media spokesperson is someone who represents your organization if there are media inquiries, interviews, or other communications. This person will make sure that the organization's key messages and point of view are delivered to the public convincingly and consistently. An additional option is to seek media advice from a trusted source, such as a reporter or someone trained in public relations.

*Develop a press kit.* A press kit is a package of information about a news item or your organization that gives media the relevant facts. It can be a proactive form of communication or can be done in response to a media request. A press kit can contain information about your organization and on specific topics, photographs, logos, and contact information. Such materials will help the reporter deliver a story that accurately reflects your organization and your event or cause.

## As an Individual

*Key message development.* Key messages are important for making sure that you are able to communicate the right information when under pressure. These messages should reflect the position of your organization on a particular issue or the relevant points you would like to communicate. Example: *HIV is incurable but can be prevented.*

*Practise.* Once key messages are developed, it is helpful to practise using them.

*Anticipate questions:* Try to guess what questions the reporter may ask and how to answer them without losing track of your main point and key messages.

*Be quotable.* In general a sound bite from electronic media only lasts 10-15 seconds. Print media quotes are generally 1-3 lines. As a result, it is important to be brief and to the point. Use plain language that will be friendly to the reader and avoid acronyms or jargon.

## Managing Difficult Questions/Situations<sup>11</sup>

- Always prepare key messages ahead of time and rely on them to answer questions, even if a particular question seems hostile or provoking.
- Avoid getting personal. If approached in a hostile manner or with a hypothetical situation, be polite and stick to your key messages.
- Do not worry about repeating yourself in order to get your message across. Often reporters will pose the same question in different ways in order to get the answer they want.
- Never respond with “no comment”. If you cannot answer a question or make a comment, explain why.
- Do not try to answer a question of which you are unsure of. Admit that you don’t know and offer to follow up with the information at a later date.

## Tips for Working with the Media<sup>12</sup>

- Do not be afraid to contact the media with your story. Many reporters appreciate receiving story ideas, especially during slow news periods.
- Do not use acronyms such as “PHA” when speaking with the media. This may be confusing to people not familiar with these acronyms, and for that reason such as sentence could not be used as a quote or sound bite.
- Respond to media requests as soon as possible. Reporters often have tight deadlines and stories may lose relevance or priority quickly.
- Be honest, accessible, and friendly.
- While it is possible to speak “off the record”, this must be agreed upon in advance. You cannot later ask that something be “off the record”.
- If you are being taped and you make a mistake, it is okay to ask to do it again.
- Be energetic and demonstrate passion for your organization, event, or cause.

## Glossary of Media Terms<sup>13</sup>

Angle	The approach the reporter takes in writing a story.
Byline	The name of the reporter, placed at the top or bottom of an article.
Column	A recurring article in a newspaper or magazine that gives opinions and perspectives on a given topic and is personality driven by the author/columnist.
Dateline	The place and date of an article's origin.
Editorial	A news story is supposed to present facts without opinion. However, in contrast the editorial is an expression of opinion. Editorials are often found on the editorial page, separate from news stories.
Feature	An article that is much longer than a news story, often featuring a human interest element.
Graf	Paragraph.
Lead	The first paragraph or sentence of a news story used to capture the reader's attention. The lead often answers the "who, what, when, where, why, and how" of a story.
Lead story	The most prominent article on page one of a newspaper or the first story to lead the television or radio news broadcast.
Letter to the editor	Letters that the public can write in to the editor and have published in the newspaper. They can be used to congratulate, discuss, or criticize an article that was previously published in the newspaper.

OP-Ed	A variation of the letter to the editor, it is usually an analysis or commentary about news events or public concerns on a page facing the daily newspaper's editorial page.
PSA	Public Service Announcement. The PSA raises awareness of key social issues. The announcements usually run free of charge both in the electronic and print media.
Wire Copy	Stories published to media outlets by news services such as the Canadian Press, Associated Press, and Reuters. This means that your story can be picked up by other news organizations and that you could potentially receive calls from across the country.

## SECTION 5: RESOLVING CONFLICT

The media and community based AIDS organizations (CBAOs) can mutually benefit one another and have successful, professional relationships. In the event that a conflict occurs, there are steps that either the media or the organization can take to ensure that the conflict is resolved in a satisfactory manner. This section will discuss the issue from the perspective of both the organization and the media, and provide information on resolving any conflicts that may occur.

### Resolving conflict with the media

A CBAO may take issue with the media in the event that the content of a story is inaccurate, uses stigmatizing language, or is unbalanced in its representation of the issue. In the interests of clarity and respect, the first and usually most effective step for dealing with a problem with the media is to approach the reporter who first wrote or reported the story. As there are many common misconceptions about HIV/AIDS, it is important to find out the reason for the error or misrepresentation before proceeding. Lack of knowledge regarding HIV/AIDS and/or related issues could be the cause of the problem. The reporter and/or their employer may be willing to retract or correct the misinformation. When working with the media it is helpful to keep record of your interview, the reporter's name and employer, and their contact information.

There are times when this approach does not work and the matter under review needs to be taken to the next level. If a person or organization is not satisfied with the response they receive from the original reporter, the next step is to contact the managing editors within the organization. Contact information is usually made freely available to the public either through the publication or online.

If this does not work, the next step in the process would be to contact a higher professional body, such as the Canadian Radio-Television and Telecommunications Commission at [www.crtc.gc.ca](http://www.crtc.gc.ca) for issues involving those particular media. As these media are federally regulated, there are standards and protocol for dealing with complaints or problems. An additional option is to lodge a complaint with the Canadian Broadcast Standards Council ([www.cbsc.ca](http://www.cbsc.ca)), a national non-governmental organization that works to administer standards established by Canada's private broadcasters.

In contrast to some electronic media, newspapers are not federally regulated. There is little regulation because of *freedom of the press*. However, many provinces or regions have a press council, with the Atlantic Press Council overseeing the provinces of Atlantic Canada. They are based in Dartmouth, Nova Scotia, and can be contacted at 1-800-363-2800 or 1-902-468-7074.

Contacts for both professional bodies and Nova Scotia media are available in the Resource section of this document.



## Resolving conflict with an AIDS organization

There may be times when a reporter or media personnel faces difficulty in working with an organization. If this occurs, there are appropriate steps to take to resolve any issues or problems. If the reporter/media personnel does not receive a satisfactory response from their contacts within the organization, the next step would be to contact the Executive Director and communicate your concerns to him or her. It will then be the decision of the Executive Director to take appropriate action.

In the event that contacting the Executive Director does not resolve the issue or problem at hand, it is then appropriate to contact the Chair of the Board of Directors of the organization or seek out a Communications Chair should one exist. Contacts for Executive Directors and Board members are typically made available by organizations.

## Responding to Problematic Reporting: An Example

The following is a feature article by Charles Moore that was published in The Daily News on Monday, July 4, 2005 regarding HIV/AIDS in Africa. Due to the content of the article, a response in the form of a letter to the editor was written by the Nova Scotia Advisory Commission on AIDS and the Atlantic Centre of Excellence for Women's Health. (*Reprinted with permission*)

### **The Daily News (Halifax)**

Perspective, Monday, July 4, 2005, p. 11

#### *Concerts won't cure Africa's ills*

*Troubled continent needs more than the good intentions of rich, self-congratulatory rock stars*

Moore, Charles

I didn't watch a whole lot of Live 8. I enjoyed seeing Neil Young perform, and the Bare Naked Ladies were good-naturedly amusing. Paul McCartney sounded like he had a bad cold, and beyond that I just caught the odd snippet.

There is something about the whole exercise that I find off-putting. One can't disparage the general good intentions of Bob Geldof and the performers, and putting something like this together is a truly impressive accomplishment, but the spectacle of a bunch of rich, self-congratulatory rock stars employing a world-wide media extravaganza for the explicit purpose of strong-arming governments into pledging more taxpayers' dollars in foreign aid rubs me the wrong way.

It gives me indigestion to side with Paul Martin on anything, but I'll hold my nose and give him credit for not letting himself be railroaded into making commitments Canada may not be able to honour without putting us back into deficit, especially after he let Jack Layton dragoon him into \$4.6 billion extra domestic program spending has the price of NDP support for the Liberal budget.

Martin's stance seems to resonate with popular opinion in Canada. A Decima/Canadian Press poll last week found 76 per cent of respondents saying Canada should increase aid spending at a pace we can afford, not to meet some arbitrary target, such as Geldof's demand that G8 countries commit to spending 0.7 per cent of GDP on foreign aid by 2015.

Canada has committed to increasing its foreign aid budget by eight per cent annually through 2010, which will bring the total to 0.37 per cent of GDP. Maybe we can afford to pay more, and maybe we can't, but such decisions should be part of the budgetary process, not feel-good commitments made in response to the demands of what amounts to a powerful and highly publicized special-interest lobby. The tone of virtually all these rock-star philanthropists is liberal

humanist/socialist advocacy, both at the giving and receiving ends, amounting to more of the same poison that caused much of the trouble in the first place.

I am □ceptical that simply shovelling money into Africa without a clear plan how it will be spent is an effective way of addressing the main problems afflicting that troubled continent. The problems are deep and structural, starting with abject corruption of many governments. Functional democracy is an extremely rara avis in Africa, and full marks to long-time social activist singer-songwriter Bruce Cockburn who criticized G8 leaders from the Live 8 stage for propping up corrupt African regimes that have wasted (or stolen) foreign aid.

The most devastating factor in African poverty is the plague of AIDS, which will not be stemmed until the problem of rampant promiscuity is addressed. Toronto-based World Vision HIV specialist Zari Gill has observed that containing AIDS in Africa is difficult because women in many African cultures have virtually no power to negotiate sexual relations. In many cultures, men can have sex with as many partners as they wish, and wife-sharing and casual sex are common.

With about 10 per cent of global population, sub-Saharan Africa contains nearly two-thirds of the world's HIV-positive people, and the economic impact of this magnitude of sickness and death is catastrophic. In Botswana, average life expectancy will plummet from a pre-AIDS era 74.4 to a projected 26.7 by 2010. The figures respectively for South Africa are 68.5/36.5, echoed throughout the region.

Perhaps someone mentioned AIDS at Live 8. I would be astonished if it didn't come up, although there was nary a mention in the segments I caught. The big difficulty in this context is that ultimately the only way to turn the hideous AIDS tide will be through adoption of responsible sexual behaviour – abstinence or faithful monogamy – that is a philosophically unpopular concept for most of Live 8's constituency, whose notion of a "solution" for AIDS is more money for drugs and condoms, a strategy that has proved spectacularly unsuccessful.

What does work, at least better than anything else tried so far, is "ABC": Abstinence, Be faithful and use Condoms as a last resort. Uganda's president Yoweri Museveni has proved that ABC can work, applying it to bring Uganda's AIDS infection rate down from more than 30 per cent in the early 1990s to about six per cent in 2003.

If the Live 8 folks were to concentrate their efforts on promoting something like that, I would find it a lot easier to get behind them.

Category: News

Uniform subject(s): Public administration and finances; Music

Length: Medium, 602 words

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## **The Daily News (Halifax)**

Readers' Forum, Saturday, August 6, 2005, p. 11

### *Myths won't cure Africa's ills*

In his column, *Concerts Won't Cure Africa's Ills*, in the July 4 Daily News, Charles Moore asserts the "plague of AIDS" is the "most devastating factor in African poverty" and it "will not be stemmed until the problem of rampant promiscuity is addressed."

He goes on to say the best way to contain the spread of HIV/AIDS in Africa is prevention efforts designed around "ABC: Abstinence, Be faithful and use Condoms" - the latter of which he calls a "last resort."

Moore's comments perpetuate myths about HIV/AIDS. He reinforces stigma and discrimination against those infected in Africa and throughout the world, including here in Nova Scotia. This is counterproductive to effective prevention efforts, as well as to providing proper care, treatment and support to those affected.

Journalists must ensure that the evidence they use to support their ideas does not misrepresent the original source. Moore cited Dr. Zari Gill, Senior Sector Specialist, World Vision Canada, to support the notion that promiscuity is the basis of HIV/AIDS in Africa and, thus, the overall cause of African poverty. Through personal communication with Gill, we know she was surprised and dismayed to learn the words she used in a previous news release were taken completely out of context, and without any contact with her.

To find a way to halt the spread of AIDS, we must look beyond simple, and often judgmental, views about sexual behaviour to the root causes of the epidemic.

It is not "rampant promiscuity" that is the basis of the problem, but poverty, inequality and lack of opportunity. There is a direct link between increased vulnerability to HIV/AIDS and access to education, health care and economic opportunities.

Almost all of the countries in southern Africa are flagged as "low human development" countries by the United Nations. Most people living in these countries are incredibly poor and face huge obstacles in their daily quest to survive. They lack both education and economic opportunities.

This involves a much bigger task: to find a way to ensure that all people - here at home and in far- away Africa - are able to achieve the basic human right to health.

Although widespread implementation of an ABC approach (particularly the A and B parts) may appear a logical response, HIV/AIDS is a global crisis that cannot

be solved by simple prescriptions for behaviour change. Adopting an ABC approach to preventing HIV without dealing with the broader social and economic contexts of people's lives in a meaningful way will be woefully inadequate.

Moore should be reminded that deeply rooted in the profession of journalism is the duty of social responsibility: the idea that journalists should contribute to the welfare of their community. This means working toward the elimination of stigma and discrimination.

Looking at HIV/AIDS through a myopic lens and writing inaccurate and misleading articles only perpetuates myths, confuses the public, further stigmatizes people and undoes prevention efforts.

International, national and provincial plans have outlined a number of ways to reduce new infections and assist those already infected to achieve optimal health. These efforts need the co-ordinated involvement of government, community groups, individuals, industry and the media to get the job done well.

Simply dismissing the challenges faced by Africa as the fault of individuals' lax sexual behaviour serves only to absolve us of any responsibility. In a globalized world, surely Nova Scotians have a better sense of care, compassion and justice for our fellow members of the human family than is reflected in Moore 's column.

We hope Moore and The Daily News do their part by looking at the big picture, rather than perpetuating myths.

Larry Baxter, Chairman  
Michelle Proctor-Simms  
Research Officer  
Nova Scotia Advisory  
Commission on AIDS

Barbara Clow  
Erika Burger  
Atlantic Centre for Excellence in Women's Health

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# RESOURCES

## Websites

### **Media**

Canadian Association of Journalists  
[www.caj.ca](http://www.caj.ca)

Radio-Television News Directors Association  
[www.rtndacanada.com](http://www.rtndacanada.com)

Canadian Broadcast Standards Council  
[www.cbsc.ca](http://www.cbsc.ca)

Canadian Radio-Television and Telecommunications Commission  
[www.crtc.gc.ca](http://www.crtc.gc.ca)

Atlantic Press Council  
1-800-363-2800 or (902)468-7074

The Chronicle Herald  
[www.thechronicleherald.ca](http://www.thechronicleherald.ca)

The Metro  
[www.metronews.ca](http://www.metronews.ca)

The National Post  
[www.canada.com/nationalpost](http://www.canada.com/nationalpost)

CTV/ATV/ASN  
[www.ctv.ca](http://www.ctv.ca)

Global Television  
[www.canada.com/globaltv](http://www.canada.com/globaltv)

CBC Television  
[www.cbc.ca](http://www.cbc.ca)

The number of radio stations in the Atlantic region is too numerous to list but they can be found at the following web address:

[en.wikipedia.org/wiki/List\\_of\\_radio\\_stations\\_in\\_Atlantic\\_Canada](http://en.wikipedia.org/wiki/List_of_radio_stations_in_Atlantic_Canada)

## **Provincial HIV/AIDS Organizations/Resources**

AIDS Coalition of Nova Scotia

[www.acns.ns.ca](http://www.acns.ns.ca)

AIDS Coalition of Cape Breton

[www.accb.ns.ca](http://www.accb.ns.ca)

Northern AIDS Connection Society

[www.northernaidsconnectionsociety.ca](http://www.northernaidsconnectionsociety.ca)

Healing Our Nations

[www.hon93.ca](http://www.hon93.ca)

Nova Scotia Health Promotion & Protection

[www.gov.ns.ca/hpp](http://www.gov.ns.ca/hpp)

Nova Scotia Advisory Commission on AIDS

[www.gov.ns.ca/aids](http://www.gov.ns.ca/aids)

Public Health Agency of Canada – Atlantic Region

<http://www.phac-aspc.gc.ca/canada/regions/atlantic/>

## **National HIV/AIDS Organizations/Resources**

Canadian AIDS Society

[www.cdn aids.ca](http://www.cdn aids.ca)

Canadian HIV/AIDS Legal Network

[www.aidslaw.ca](http://www.aidslaw.ca)

Canadian AIDS Treatment & Information Exchange

[www.catie.ca](http://www.catie.ca)

Interagency Coalition on AIDS and Development

[www.icad-cisd.com](http://www.icad-cisd.com)

Public Health Agency of Canada

<http://www.phac-aspc.gc.ca/aids-sida/>

Canadian Aboriginal AIDS Network

[www.caan.ca](http://www.caan.ca)

Canadian Working Group on HIV and Rehabilitation

[www.hivandrehab.ca](http://www.hivandrehab.ca)

Canadian Treatment Action Council

[www.ctac.ca](http://www.ctac.ca)

## HIV/AIDS-Related Organizations in Nova Scotia

AIDS Coalition of Cape Breton  
150 Bentinck Street  
PO Box 177  
Sydney NS B1P 6H1  
Phone: (902) 567-1766  
[christineporter@accb.ns.ca](mailto:christineporter@accb.ns.ca)

AIDS Coalition of Nova Scotia  
1675 Bedford Row  
Halifax NS B3J 1T1  
Phone: (902) 425-4882 or (902) 429-7922  
[acns@acns.ns.ca](mailto:acns@acns.ns.ca)

Direction 180  
Methadone Program  
2164 Gottingen Street  
Halifax NS B3K 3B4  
Phone: (902) 420-0566  
[Direction180@ns.aliantzinc.ca](mailto:Direction180@ns.aliantzinc.ca)

Healing Our Nations  
15 Alderney Drive  
Dartmouth NS B2Y 2N2  
Phone: (902) 492-4255  
[hon@accesswave.ca](mailto:hon@accesswave.ca)

Mainline Needle Exchange  
5511 Cornwallis Street  
Halifax NS  
Mailing Address:  
2158 Gottingen Street  
Halifax NS B3K 3B4  
Phone: (902) 423-9991  
[Mainline2@eastlink.ca](mailto:Mainline2@eastlink.ca)

Northern AIDS Connection Society  
33 Pleasant Street  
Truro NS B2N 3R5  
Phone: (902) 895-0931  
[nacs@eastlink.ca](mailto:nacs@eastlink.ca)

MicMac Native Friendship Centre  
2158 Gottingen Street  
Halifax NS B3K 3B4  
Phone: (902) 420-1576  
[donna396@msn.com](mailto:donna396@msn.com)

Nova Scotia Advisory Commission on AIDS  
1740 Granville Street, 6th Floor  
Halifax, NS B3J 1X5  
Phone: (902) 424-5730  
[aids@gov.ns.ca](mailto:aids@gov.ns.ca)

Halifax Sexual Health Centre  
201-6009 Quinpool Road  
Halifax NS B3K 5J6  
Phone: (902) 455-9656  
[info@halifaxsexualhealth.ca](mailto:info@halifaxsexualhealth.ca)

STD Clinic, Victoria General Hospital  
5<sup>th</sup> Floor, Dickson Centre  
Victoria General Hospital  
Halifax NS B3H 2Y9  
(902) 473-8477

Sharp Advice Needle Exchange  
150 Bentinck Street  
Sydney NS B1P 1G6  
Phone: (902) 539-5556

Stepping Stone  
2224 Maitland Street  
Halifax NS B3J 2Z9  
Phone: 420-0103  
[Rene@stepping-stone.org](mailto:Rene@stepping-stone.org)

The Red Door  
28 Webster Court  
Kentville NS B4N 1H7  
Phone: (902) 679-1411  
[thereddoor@eastlink.ca](mailto:thereddoor@eastlink.ca)



## ENDNOTES

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<sup>1</sup> Public Health Agency of Canada. *HIV/AIDS Epi Updates, August 2006*. Surveillance and Risk Assessment Division, Centre for Infectious Disease Prevention and Control, Public Health Agency of Canada, 2006.

<sup>2</sup> Public Health Agency of Canada. *HIV and AIDS in Canada: Surveillance Report to June 2006*. Surveillance and Risk Assessment Division, Centre for Infectious Disease Prevention and Control, Public Health Agency of Canada, 2006.

<sup>3</sup> Canadian Association of Journalists. (2002). *Statement of Principles*. Retrieved June 29, 2007 from <http://www.caj.ca/principles/principles-statement-2002.htm>

<sup>4</sup> Canadian Association of Journalists. (2002). *Ethics Guidelines*. Retrieved June 29, 2007 from <http://www.caj.ca/principles/principles-statement-2002.htm>

<sup>5</sup> Association of Electronic Journalists. (n.d.). *Radio-Television News Directors Association Code Of Ethics*. Retrieved June 28, 2007 from <http://www.rndacanada.com/Content.asp?PageID=10>

<sup>6</sup> Public Health Agency of Canada. (2006). *HIV/AIDS*. Retrieved July 4, 2007 from <http://www.phac-aspc.gc.ca/aids-sida/index.html>

<sup>7</sup> Nusbaum, M., Wallace, R., Slatt, L., & Kondrad, E. (2004). *Sexually transmitted infections and risk of co-infection with Human Immunodeficiency Virus*. *The Journal of the American Osteopathic Association*, 104(12), 527-535.

<sup>8</sup> The Thomson Foundation. (2005). *The Media Manual on HIV/AIDS 2005*. Retrieved June 28, 2007 from <http://www.aidsandmedia.org/manual.htm>

<sup>9</sup> AIDS Committee of Toronto. (n.d.). *HIV/AIDS Media Guide*. Retrieved July 4, 2007 from <http://www.actoronto.org/website/home.nsf/pages/mediaguide!opendocument&menutem=mediaitem>

<sup>10</sup> GlaxoSmithKline. (n.d.). *Media Spokesperson Training Manual, Hospice Palliative Care*.

<sup>11</sup> GlaxoSmithKline. (n.d.). *Media Spokesperson Training Manual, Hospice Palliative Care*.

<sup>12</sup> GlaxoSmithKline. (n.d.). *Media Spokesperson Training Manual, Hospice Palliative Care*.

<sup>13</sup> GlaxoSmithKline. (n.d.). *Media Spokesperson Training Manual, Hospice Palliative Care*.