

***Aspects of Discrimination:
Its Mechanisms and Resolutions***

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at the Hong Kong Convention Centre, Hong Kong**

**Committee on Promoting Acceptance of People Living
with HIV/AIDS, Hong Kong Advisory Council on AIDS**

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Preface

By

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Chairman

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Hong Kong Advisory Council on AIDS

Discrimination is real and worldwide. It applies to many chronic health or socio-economic conditions other than people living with HIV/AIDS (PWAs). The reasons why we are particularly interested in this area not only because it is especially notorious to the PWAs who are already struggling hard in the course of treatment, the Kowloon Bay incident also reminds us of the importance in tackling the problem.

Just like any threats or crisis, people may respond with either flight or fight. In the case of discrimination, many choose to avoid talking about it. This is unhealthy as it makes personal life more complicated and difficult. Others stand up and fight against it, but in the case of PWAs, they run the risk of being cornered or segregated. In Chinese culture we profess embracement and tolerance, yet when we are faced with the PWAs, many forget the actual meaning of these two words. It is only in civilized countries where people are more tolerant and volunteers come out to help promote empowerment of the PWAs, either through technical assistance or through legislative lobbying.

This symposium was organized by the Committee on Promoting Acceptance of People Living with HIV/AIDS of the Hong Kong Advisory Council on AIDS. The purpose was to examine the various issues of discrimination from different professional view-points, including its mechanisms and phenomenology. Hopefully this would also shed some light on the future course of action for a satisfactory resolution of this problem.

Part I

Abstracts/Full Text

***Aspects of Discrimination - Its
Mechanisms and Resolutions:***

1.

***Discrimination in Hong Kong
as observed through the eyes
of a local PWA***

Greg GRAY

Member,

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Abstract

- *Introduction - Where are the Human-Immunodeficiency-Virus (HIV)-positive People in Hong Kong?*
- *The Nature of Acquired Immuno-deficiency Syndrome (AIDS) Discrimination - Human sexuality, stigma, helplessness, and death.*
- *Is Hong Kong A World Class City?*
- *PWA are Part of the Solution*
- *Dialogue and Education Can Help Break Down Barriers:*
Bringing about change - To help reduce discrimination we need to help those who are affected by HIV, giving them a sense of belonging not working for but with - all too often there is an attitude of 'them and us', or, for those less empowered and confused, 'myself versus everyone else!'
- *Encourage Participation of Effected and Affected Communities*
- *A Red Ribbon Serves What Purpose?*
- *Conclusion - Discrimination and HIV are Here to Stay so Let's Make These Conditions Bearable*

Introduction - Where are the HIV-positive People in Hong Kong?

A gay white HIV-positive male was approached by the organizers of this symposium to talk about discrimination faced by the local PWA community. Somewhat regrettably the organizers could not find a local Chinese PWA willing to discuss this topic tonight. With the known number of HIV cases in Hong Kong way over 1,200 one would assume that empowered and active PWAs are at work within their own community (and a small minority are). However, none are willing to make their status known, the reason being fear of discrimination and of being stigmatized or other possible repercussions if their status becomes public. The vast majority of local PWAs fears the repercussions that might occur when they were to stand up and be counted.

The opinions stated in this paper reflect my own point of view and are somewhat personal. However, as a long time permanent resident in Hong Kong with close ties to the local PWA community, I have tried to convey the feelings of my fellow HIV carriers to the best of my abilities.

Furthermore, I am grateful to be given this chance to present discrimination as seen from the perspective of a group of people who are very much in the front line of this issue and whose point of view rarely gets the opportunity to be presented. A note of thanks to the organisers for giving PWA this recognition.

The Nature of AIDS Discrimination

AIDS discrimination manifests itself in the unfair treatment of individuals based upon irrational fears and prejudices.

The fear of AIDS is multi-fold:

Human sexuality

Society's difficulty in public discussion about sexual matters is apparent by the continued lack of dialogue in places where it matters most. Learning and instilling the

medical facts necessary to halt HIV's spread requires frank public discussion about sexual activities especially among those most vulnerable - youth.

Stigma

Stigmatizing people obstructs the social cooperation necessary to control the epidemic's further spread; infected people identified as "them" naturally become less willing to contribute voluntarily to the social efforts needed for control.

Helplessness

AIDS demands that society create new ways to mobilize communities' capacity to provide care, comfort and medical treatment. The advent of cocktail drug therapies, for those fortunate to have access to them, do prolong the lives of those who are ill but at the same time exacerbate the epidemic's growing numbers.

Death

And finally death - has always, of course, been the most overwhelming. Yet, even the bodies of those who have had to suffer a painful and socially unacceptable death by AIDS will suffer more discrimination in the handling of the corpse with special labeling and other discriminating practices that exist within the system for the disposal of dead bodies. So it seems that even in death a person with AIDS cannot escape the horrors and demeaning aspects of discrimination.

Is Hong Kong A World Class City?

- A world class city does not permit protests, placards and posters discriminating against people who are suffering from an incurable disease, or does it?
- A world class city provides legislation that prevents a person infected with AIDS from having their picture published in the mass media, or does it?

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- A world class city provides equal rights and opportunities for every child to attend school, or does it?
 - Is a world class city free from discrimination? NO!

All the above comments relate to actual highly publicized situations that have occurred in the past, and have had negative impact on the way local PWA perceive themselves. This does not take into account the countless stories from individual PWAs who are still afraid to come out and speak for themselves for fear of reprisal or being stigmatized.

In the gay community I have many friends who live in denial of the existence of HIV and refuse even to consider going to be tested - they fear the unknown, sadly this fear and denial is what is helping to spread the disease. Many PWAs in Hong Kong are only aware of their HIV status once the onset of potentially life threatening opportunistic infections set in. Early detection of the disease could help the infected person as well as possibly preventing further spread of the virus.

Other situations where discrimination has occurred (and of which I am personally aware of) and are maybe less visible than those mentioned above:

- A blanket placed on the chair before a PWA sat down in the A&E.
- A doctor loudly asked the accompanying friend if he was aware of the HIV status of a patient while in the waiting area of the A&E.
- The HIV+ parents were kept away from their newborn child for more than 12 hours, without any explanation.

PWA are Part of the Solution

The lack of local PWA participation at this symposium surely speaks for itself - In what is a ludicrous situation PWAs in Hong Kong are not yet sufficiently empowered enough to speak out openly about their fears and the problems that they face in living with the virus. This kind of attitude has a negative impact on the work that the dedicated

NGOs try so hard to carry out. Those working in the arduous battle to educate and contain the spread of the virus should actively encourage and seek assistance from the PWA community themselves.

And to do this they need to not just rely on a few token PWA representatives to attend meetings thereby fulfilling their obligation to involve the PWAs. A few token PWA cannot represent such a diverse community and may have the adverse effect of misrepresentation.

For example a recent task force on patient welfare and care was set up under the auspices of the ACA, at which there was representation from both clinical and social services as well as 3 HIV+ people (myself included). A good overall percentage of PWA participation one would assume. However, on closer examination of this group, the three PWAs are all males in the 30+ age bracket! What did we know about the problems facing an HIV+ wife with a family to bring up? Granted any PWA participation at such focus groups is welcome and should be seen as a step in the right direction, but it falls far short of the ideal solution. Those within the task force tried without success to invite an HIV-positive female to join. A number of women were approached at both clinics, but regrettably none were willing to commit.

Dialogue and Education Can Help Break Down Barriers

To help reduce discrimination the general public needs further and continued education. The PWAs should be encouraged to speak out, and vulnerable groups to listen to what positive people have to say - i.e. contracting HIV is not a death sentence. A person with HIV can live a normal and healthy lifestyle as any other person in society; and as such can play a vital role in care and prevention. Often situations arise where the PWAs are labeled as being the patient; and as such led to believe they know nothing, again a form of discrimination. For example, 'I am a registered nurse, and you are just a sex worker, a drug user, a working class gay boy, or whatever the scenario, therefore an I-know-better-than-you-kind-of attitude.'

If the PWAs are not given the right opportunities to participate and learn through participation, how can they possess the necessary knowledge and skills in order for peer support to be a viable and meaningful?

To help reduce discrimination we need to help those who are affected by HIV, giving them a sense of belonging.

Encourage Participation of Effected and Affected Communities

Lack of government support for peer support groups is certainly a major factor in the reason why so few PWAs in Hong Kong are willing to participate in events such as these. If we maintain the status quo and the disease continues to remain underground and stagnate, the rates of newly infected persons will certainly continue to increase. PWAs are tired of being patronized or of hearing comments from certain quarters that ‘HIV patients cannot think for themselves’ or ‘our patients are scared to admit their status’. This situation has come up time and again when the Positive Living Group was getting started and beginning to form some kind of identity and common working ground.

As regards the involvement of the PWAs in government advisory committees, steering committees, etc., the lack of PWA involvement speaks for itself. Token participation, or in most cases no PWA representation, at each and every level is pathetic - not a single known HIV-positive person sits on the Hong Kong SAR’s Advisory Council for AIDS.

This surely raises the question: are PWAs being discriminated by the very people who are supposed to be the ones helping them? No one is denying the necessity of academics, scientists and medical expertise on such a body, but surely to play in an orchestra there must be at least one musician who knows the score.

A Red Ribbon Serves What Purpose?

The PWAs need to become more visible in society, and not just hide behind the shelter of the NGOs for protection. We have a responsibility to be proactive in our own existence. It is my belief that the PWAs need to be given further opportunities to form working peer support groups, not only to have a safe place to share experiences and provide mutual support and help for each other, but more importantly to have a collective

voice. To give those with the capability and willingness the chance to speak on behalf of others less willing or able to do so. And yes, some of us do want to have a say in our treatment (specifically when it comes to the administration of lifesaving drugs), and help in community education and future prevention programs. To enable us to do this effectively we need to take every opportunity to learn more skills and form a tighter bond within our own community.

To give an example, which of the following scenarios would have the greater impact on a group of youths at a community youth club? A social worker talking about the dangers of unprotected sex? An HIV-positive person who is willing to discuss how they became infected, and how they have to live with the implications therein? I think I know which one would leave a more permanent impression on me.

Many of you today are from the medical profession or social workers with letters after your name, and it goes without saying that professional expertise and dedication in the field of AIDS work is vital if we are to succeed in containing the spread of the virus. But spare a thought for a sex worker, an intravenous drug user, or an ordinary housewife and mother who is unfortunate enough to be infected. They may not have any formal education or be sufficiently articulate enough to talk in public, and are certainly not visible at this symposium. Nonetheless they still have a voice and a right to be treated with dignity, and their comments and welfare taken into account.

The PWAs in Hong Kong are extremely fortunate to have access to medication and treatment provided by dedicated and caring clinical staff. This is in stark contrast to that of many effected PWAs in the rest of Asia, who have little or no chance of getting the much needed anti-retroviral drugs. The irony in this situation is that in other parts of Asia where there is no access to treatment, peer support groups are far better established and respected.

Conclusion - Discrimination and HIV are Here to Stay so Let's Make These Conditions Bearable

To sum up, I would like to state the obvious: HIV/AIDS as well as discrimination are still incurable, but nevertheless controllable. Basically we have to grin and bear it.

That is not to say that, with the right measures such as anti-retroviral therapy and health care in the case of HIV, improved education, greater dialogue and cooperation in the case of discrimination, be it in whatever form, can be greatly reduced.

The answer does not lie in the question: What can we do for PWA community? But rather turn that question around and ask: How can we work together to bring about a greater understanding? I would urge those, who have the power and authority to do something about the discrimination we face in society, to take time to listen and work more closely with others affected by it.

We are all fighting the war of AIDS and discrimination, can't we work together to form a combined army of resistance? Those fighting the underground war alone, i.e. living in fear and isolation, can be brought out of hiding to assist others in the front line.

***Aspects of Discrimination - Its
Mechanisms and Resolutions:***

2.

Social Work Perspective

by

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Abstract

Using the Richland Gardens incident as an illustration, this presentation shows that discrimination is a part of the modern social life in Hong Kong, but should not be overlooked by the helping professionals. Two issues are the keys for prevention. First, helping professionals must be more sensitively aware of the existence of discrimination and its impact on individuals, families and society. Second, society must create a social context for the general public to interact with the disadvantaged, in this case, the AIDS patients, who are being discriminated against; and to learn about their pains and sufferings, in addition to the provision of information and specific helps. To help those suffering from discrimination requires that the helping professionals resolve ethical dilemmas such as confidentiality, privacy and the opportunity for clients to get access to care and treatment.

Introduction

I believe, and you must agree with me, that the hostile, intrusive, offensive and disturbing action of the residents of the Richland Gardens is the most shameful discrimination incident in this territory. The residents' prejudices and discrimination against the setting up of AIDS clinic in its neighborhood resulted in their repeated attacks and disturbance against the AIDS patients of the clinic as well as the staff working there over three years (Hong Kong Standard, June 25, 1999). When I first heard of this incident, I kept wondering why such an incident could happen in contemporary societies like Hong Kong, in which the society believes in human rights and social justices.

Three explanations were given to explain the residents' irrational and persistent actions: (1) Fear of the disease; (2) A faulty belief that AIDS can be easily infected; and (3) The residents' lack of passion and mercy toward the AIDS patients. In addition to these three reasons, I would like to analyze this incident in the light of Max Weber's theoretical conception (Cheek, Shoebridge, Willis and Zadoroznyj, 1996). According to Weber, the only way to explain a social action is to understand the meaning actors attached to their actions. Social action is performed and produced by either one of the following motives, or the combination of all:

1. Rational calculation of the most efficient path to a given goal; and action is carried out on the basis of this calculation.
2. Influence of the higher-order values such as justice, prolonging life at all costs.
3. Influence of powerful emotions
4. Traditional practice or habituation

In the eyes of the residents of the Richland Gardens, their actions were rational, justifiable and emotional. It is rational because the residents believed that their action would not bring them any harms; on the contrary it would bring with them short-term and long-term benefits. They failed to perceive any unfavourable consequences as, due to the bureaucratic red tapes, the Hong Kong government responded slowly; and there is a lack of legislative back-up, especially at the initial stage of the incident. In short-term they did succeed to slow down the construction of the clinic. After the completion of its construction, their action also affected the normal operation of the clinic. In the long run it could perhaps be assumed that they prolong their lives, and that their family health could be better guaranteed.

They were self-righteous, as they believed that only the gays, the drug addicts and the prostitutes had been infected by AIDS. All these people deserve Gods' punishment.

This moralistic superiority over the oppressed and the vulnerable has repeatedly appeared in history. In both the West and the East, lepers were expelled, ostracized and imprisoned in a totally isolated community. When leprosy was controlled, the poor and the insane became the new social outcasts. Believing that beggars and the poor were born to be the second-class citizen, the French aristocrats in the 17th century took them away from the streets of Paris and confined them by force into asylums. This was another highlight of discrimination in history (Foucault, 1965). Those capable of labour were expected to work from day to night to recover part of the cost of the asylum, and most importantly to avoid idleness, which was believed to be the mother of all evils.

AIDS is definitely not a disease that Hong Kong people are familiar with; nor are they willing to learn more about it because of their mentality. As AIDS proliferates, Hong Kong people generally believe in "the myth of others", that is, AIDS is other people's stories but not ours. The number of people suffering from AIDS is approximately 1500, which is definitely not the most threatening health problem of our society. They believe that it is a disease of countries in Africa and the Western world, but not in Asia.

In fact, Hong Kong people are unaware that AIDS epidemic has infected women and children. Approximately 14 million women of childbearing age worldwide are HIV-positive (Gupta, 2000). More than 90% of HIV-positive children were born by these HIV-infected mothers. An estimated 4.3 million children below the age of 15 have died of AIDS in different parts of the world, while another 1.4 million children are currently living with AIDS (Henderson, 2000). Because of their low social status in the patriarchal culture, many women in Asia and Africa do not have the power to reject unwanted or unsafe sex, e.g. the partners refuse to use prophylactics (New York Times, Feb. 26, 2001).

The social consequences of discrimination are great, both at the individual, family and society levels. In addition to living with the strong feelings of humiliation, shame, rejection, and stigmatization, individuals and families under discrimination are deprived of equal access to societal resources and opportunities. This in turn has impacts on their personal growth and development. The cost of social exclusion includes disruption of social harmony, an increase in social conflicts, and social disintegration.

Two burning issues deserve our immediate attention: First, how can we prevent discrimination? Put it positively, how can we cultivate a social ethos that promotes mutual respect, mutual understanding, and mutual appreciation among people of different sectors in Hong Kong? Second, how can we ensure that the vulnerable and the oppressed groups in society can live without being humiliated, belittled and rejected; and can exercise their human rights and fight back for an equitable access to societal resources and opportunities?

Resolutions of discrimination

First, can we prevent discrimination? The answer is definitely “Yes”, because we believe in civil liberty, human rights and social justice. Then the next question is “How”?

The best solution is through education. The overall goal of education is to establish a new social norms for the care of the AIDS patients. Specifically it is to get rid of the stigma attached to the illness, and to provide social care and support.

I would like to highlight two points in relation to education.

First, the educational priority should be placed on increasing the awareness of the helping professionals toward discrimination and its undesirable social consequences on individuals, families and society, to help them develop a critical mind to questions, and to challenge existing social myths and prejudices against the oppressed groups.

Most of the helping professionals would be aware of serious discriminatory actions such as discriminatory harassment and vilification. Nevertheless, they may not be sensitive enough to detect ‘hidden’ discrimination such as discrimination on the basis of family status. According to a research conducted by the Chinese University of Hong Kong (Faculty of Social Science, CUHK, 2000), the respondents (N = 944 male and 1, 121 female), who are normal Hong Kong citizens, had a negative view towards people with AIDS. They held the stereotypes in regards to their family status, especially through the media’s portrayal of them being weak and pitiful, and to their employability. They were most negative towards people taking care of immediate family members with mental

/physical disability or chronic illness. In a lesser degree they are also negative to others who had to care for the very old or young family members at home.

When the helping professionals are able to challenge the existing myths and prejudices against the oppressed groups, they would have ways to educate the public and help them transcend the myths and faulty beliefs and to work for a more equitable society.

Second, the provision of information on AIDS is necessary but not sufficient. In the light of the above analysis, it is important to create a social context in which the general public can interact with the AIDS patients. This would provide them an opportunity to have a human touch, and to feel for the sufferers' pains and sufferings. Experiential activities that encourage the learners to put themselves into the shoes of others would be effective too. A strong passion toward the weak and the vulnerable is definitely a powerful impetus driving people to show care and concern.

A range of policy strategies that have been employed locally with encouraging positive effects should be continued. These policy strategies include public education, public campaigns, introduction of new legislation (e.g., the Sex Discrimination Ordinance, the Family Status Discrimination Ordinance), ongoing legislative review, handling of complaints, and an increase in the power of the Equal Opportunities Commission in enforcing the Anti-Discrimination Ordinances. If our legislation were enforced effectively, people would certainly have to estimate the risks and calculate the costs before initiating their discriminatory actions.

As to the second crucial question: If discrimination has happened, how can we ensure that the vulnerable and the oppressed can live a better life? I cannot find any simple answer.

Helping those subject to discrimination is a complex and challenging task. Take the example of helping people with AIDS (PWAs), social workers have to deal with a wide range of ethical and civil liberty issues such as mandatory screening and testing for HIV, confidentiality and privacy, access to adequate care and treatment, and client's involvement in AIDS research (Reamer, 1993). If the client refuses to be tested, which principles of practice should social workers follow, i.e. self-determination of the client

or the betterment of public health? If the client refuses to disclose his disease to his confidante, should we respect his privacy or should we take into account the welfare of his confidante? These are common ethical dilemmas faced by social workers in helping people with AIDS.

Social workers working with the PWAs have to assess socio-cultural barriers (e.g. cultural values and beliefs, the attitude of health-care professionals, financial difficulties) to adequate treatment and social care, and identify strategies to overcome these barriers. Unsuccessful referral and placements for the PWAs due to fear of health-care professionals and welfare staff are sources of frustration constantly faced by overseas social workers (Linsk and Marder, 1992). This is believed to be applicable in this territory as well.

Conclusion

An analysis of any discriminatory social actions should address the subjective meaning of social actors attached to their behavior. People are rational as they would calculate the social costs involved and the benefit gained. At the same time they may be emotional and sensational in response to powerful emotions such as fears, threat, anxiety and sorrow. Some would be self-righteous by justifying their action through high-order values such as health, prolongation of life, justice, or tradition. The solution to all these discriminations cannot merely rely on the government's benevolent commitment in combating discrimination, but has to largely count on the maturity of our civic society in cultivating quality of life in society.

I would like to end with the following gem of wisdom from the Skayamuni, the Buddha (Dalai Lama and Culter, 1998, p. 207),

If one comes across a person who has been shot by an arrow, one does not spend time wondering about where the arrow came from, or the cast of the individual who shot it, or analyzing what type of wood the shaft is made of, or the manner in which the arrowhead was fashioned. Rather, one should focus on immediately pulling out the arrow.

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***Aspects of Discrimination - Its
Mechanisms and Resolutions:***

3.

Political Perspective

By

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Abstract

Discrimination is basically a social and political act. People living with HIV/AIDS (PWAs) often receive less favourable treatment by other members of the society. Sometimes they are even being excluded from the community in terms of accommodation and treatment.

The projection of the fatal nature of the disease especially when cures were not available, and the association of the disease with homosexuality and promiscuous sexual relations resulted in the rejection of the PWAs. Ignorance of the disease and the fear arising from it resulted in self-defense actions of service providers as well as members of the community. The PWAs are being excluded from the normal life of the people. Accommodation is denied, employment is rejected, more than the necessary precautions are taken by the professionals for their treatment, and facilities for their treatment are prevented from setting up in the community. Besides, the PWAs are often required to disclose their identity, and forced into treatment. They are often accused for causing threats to the community, and even condemned by the society for what they suffer from. Social tension developed and struggle began between those living with HIV/AIDS and those affected by it.

Community education has always been called upon to inform the public of the seriousness of the disease and its means of transmission. Government's threatening strategy in publicity has to be modified to encourage the public to talk about the issue, and not to be frightened off by just the presence of the PWAs. Doctors and nurses as personal care providers and even funeral parlour workers should be educated on the proper way of handling patients or clients

with HIV/AIDS without unnecessary precautions and rejection. Guidelines and working manuals have to be developed for these professionals to avoid confusion and mishandling. Training is often necessary to ensure that the principles and guidelines are being observed.

In their search for accommodation, training and treatment, the PWAs may have conflicts with the local people in the community. Resistance by people who are against the setting up of services to the PWAs may also rise, sometimes with great hostility. AIDS service agencies should take up the responsibility to clarify the problems to the people in the community, and to win their support on the new services. This may give rise to social debates on the tolerance or acceptance of the PWAs, into which governmental officials or elected representatives are often drawn.

How such issues are tackled has far-reaching implications on the form and location of the future service provisions. The PWAs and service agencies, as well as the conscientious community groups, will have to work, either individually or in concerted efforts, to confront these issues directly with the opposing community groups in the neighbourhood.

Government intervention has always been important in dealing with these rising issues of community concern. Clearer and fairer policies would have to be developed as Government's decision to locate service provision is being challenged. Political parties may have to be involved to bring individual cases to policy and standard levels. At present, the PWAs will be protected to some extent despite community hostility, with the existence of protective legislations and mechanisms such as the Equal Opportunities Commission and the Disability Discrimination Ordinance.

In certain situations, issues may not be solved through social debates and political intervention. Litigations may have to be taken up by law enforcement agencies such as the Equal Opportunities Commission. It will establish a precedence in handling such issues in the future, and the public would have a clearer picture of what behaviour is acceptable under the present law.

Going through the whole process, the PWAs being the 'chosen' people must develop their own representative views, and to call for societal acceptance. Their consolidation and articulation should help to bring about a grass-root movement, and demand for active participation in policy-making to ensure the protection of their own interests. Professionals such as doctors, social workers, service agency workers, and human rights groups are often involved in defending the interest of the PWAs and promoting their acceptance.

This is usually the cycle of involvement of groups relating to a social issue. With the experience learnt by different groups on the process, the society is educated on the proper ways of handling the matter. There will also be less hostility in setting up other facilities and services provision for the PWAs.

The political process involved in tackling the discrimination issues of the PWAs is an enlightening one. Depending on whether you are a PWA, a service agency or staff thereof, a professional working with the PWA, a human rights advocate and organizer, a government official responsible for the service, a district representative or a community leader, you have a different role to play in the process. To win community support for the siting of facilities for the PWAs or the acceptance of them, one needs to understand the logic and dynamics of social action and the strategies in doing so. Local Hong Kong experience and cases illustrations are presented in this paper to document how we tackle the matter, and what strategies we can develop from these actions.

Discrimination is basically a social and political act. People living with HIV/AIDS (PWAs) often receive less favourable treatment in the society. Sometimes they are even excluded from the community in terms of accommodation and treatment.

The projection of the fatal nature of the disease especially when cures were not available, and the association of the disease with homosexuality and promiscuous sexual relations resulted in the rejection of PWAs. Ignorance of the disease and the fear arising from it resulted in self-defense actions of service providers as well as members of community. PWAs were excluded from the normal life of the people. Accommodation was denied, employment rejected, precautions taken more than necessary by the professionals, facilities for HIV/AIDS treatment were prevented from setting up in communities and PWAs were often required to disclose their identity and forced into treatment. They were often accused of causing threats to the community and even condemned by the society for what they suffered from. Social tension developed and struggle began between those living with HIV/AIDS and those affected by the facilities.

Community education has always been called upon to inform the public of the seriousness of the disease and its means of transmission. Government's threatening strategy in publicity has to be modified to encourage the public to talk about the issue and not to be frightened off by just the presence of PWAs. Doctors, nurses, personal care workers and even funeral parlour workers are to be educated on the proper way of handling patients or clients with HIV/AIDS without unnecessary pre-cautions and rejection. Guidelines and working manuals have to be developed for these professionals to avoid confusion and mishandling. Training is often necessary to ensure that the principles and guidelines are being observed.

With the presence of PWAs in our community looking for accommodation, training and treatment, conflict with the local people is inevitable. Resistance by neighbourhood residents against setting up or provision of services to PWAs often arises, sometimes with great hostility. AIDS service agencies have then taken up the responsibility to clarify the problems to the residents and to win their support on the new services. This will often arouse societal debates on the tolerance or acceptance of PWAs, and public officials and elected representatives are often drawn into them.

How the issue is tackled has far reaching implications on the future form and location of service provisions. PWAs and service agencies as well as conscientious community groups will emerge working individually or in concerted efforts to confront the issues directly with neighbourhoods and opposing community groups.

Government intervention has always been important in dealing with these rising issues of community concern. Government's decision to locate service provision is being challenged. Clearer and fairer policies have to be developed to address such conflicts. Political parties and community groups may be drawn into the scene to bring individual cases to debates on policy and standard of service provisions. Depending on the existence of protective legislations and mechanisms such as the Equal Opportunities Commission and the Disability Discrimination Ordinance, PWAs will be protected to such extent despite community hostility.

In certain situations, issues may not be solved through social debate and political intervention. Litigations may be necessary by law enforcement agencies such as the Equal Opportunities Commission. It will establish precedent in handling such issues in the future and provide the public with a clearer picture of what behaviour is not acceptable under the law.

The provision of AIDS treatment facilities in Kowloon Bay Health Centre near the home-ownership scheme housing estate of the Richland Gardens was an exemplary case of community resistance in Hong Kong from 1995 to 2000. Government was accused of changing its original plan of constructing community centre and school to building a Health Centre with general outpatient polyclinic services, school children check up facilities, elderly infirmary and an integrated treatment centre for AIDS and social hygiene treatment. The proximity of the facility to the housing estate and the fear of the transmission of HIV/AIDS disease to the people around were the major reasons for community resistant actions. Residents undertook protracted social actions against the government by signature campaign, demonstrations around the community and to the Central Government Offices, blockage of construction and preventing and cursing workers from construction and even harassing staff working in the Centre upon its completion and operation. The residents have also obtained local community support from the District Board for site relocation and set up a command post next to the construction site to monitor the construction and dated their struggle day by day for over 3 years.

Because of the strong local support and the persistence of the residents, District Officers took a tolerant attitude to allow social actions to happen and derogative banners to be hoisted around the site. Residents even got the Ombudsman's support in accusing government for insufficient consultation on the construction of the Health Centre but no comment on the policy of siting such facilities were discussed.

Failing to block the construction of the Health Centre, the residents attempted to harass the service users and staff working in the Centre. People getting into the Centre were cursed and those coming out of it were not allowed to use the only passage within the estate compound to go to the bus terminal on the other side of the estate. People were followed and water splashed after their steps in the name of cleaning whatever virus or germs might be carried out of the Centre. Such actions were complained to the Equal Opportunities Commission as harassment to people with disability (HIV/AIDS being regarded as one) or people associated with them. EOC tried to conciliate the cases failing which it took the case to Court and only settled the matter by agreement not to continue with such behaviour in future.

Other than taking litigation against the residents, EOC also organized talks on the Disability Discrimination Ordinance and set up an office in the Centre to receive complaints and offer guidance to people using and working there. It also worked with government departments in the district to urge them to take actions against the banners, the command post and clarified the illegality of the residents blocking people from using the trespassing road for public transport.

The Health Department has also formed for the first time the Kowloon Bay Health Centre Community Liaison Group to establish dialogue with the resident groups and to address their issues of concerns such as the worries of nuisance of HIV/AIDS treatment, the X-ray 'leakage', the noise pollution from ventilation tower of air-conditioning system, and the increase of public light bus stop and passage road outside the estate. With the ground work laid down by the Liaison group, the Centre was able to conduct its opening ceremony with visitors from schools and community in the district. This paved a wider acceptance of the facility by nearby residents by addressing their concern and taking positive steps and concessions to comfort them.

The use of litigation is sometimes inevitable and a necessary complementary tool to tackle the diehard bigots. Political parties often back up community groups' demands and test the limit of government on issues. By channeling issues into the political process, residents are able to get their views heard and genuine grievances addressed which eventually bring forth lesser resistance in community. With the societal debates over the years on certain issues, both government and local people are more educated on the issues. Prejudice and discrimination against disadvantaged groups will hopefully be reduced and more tolerance of similar facilities might be encountered in future. We can see that the construction of another Health Centre in Fanling was able to proceed with careful thought on the plans of community involvement and consultation. Hence, resistance is being contained and more community acceptance of such facilities is achieved. Sometimes lessons have to be learnt in a hard way. We can only hope to pay less cost by more calculated move and more involvement of local communities at an earlier stage. Willingness to solve problems and find better solutions and making concessions to ensure win-win situations are important realization.

Going through the whole process, the PWAs being the 'chosen' people have to be developed to represent their views and to call for societal acceptance. Their consolidation and articulation of interests will bring about grassroots movements to demand participation in policy making to ensure the protection of their interests. Professionals such as doctors, social workers, and service agencies workers and human rights groups are often involved in defending their interests and promoting their acceptance.

This is usually a cycle of involvement of groups relating to a social issue. With the experience learnt by different groups on the process, the society is educated on the proper way of handling the matter and there will be less hostility in situating other facilities and services provided for PWAs.

The political process involved in tackling the discrimination issues of PWAs in the Kowloon Bay Health Centre is very enlightening. Depending on whether you are a PWA, a service agency or staff thereof, a professional working with PWAs, a human rights advocate and organizer, a government official responsible for the service, a district representative or a community leader, you have a different role to play in the process. To win acceptance of PWAs or community support for the siting of facilities for them in the community, one needs to understand the logic and dynamics of social action and the

strategies in doing so. Local Hong Kong experience in the siting of facilities for HIV/AIDS presented above is worthy of further consolidation in developing strategies to tackle similar issues in other places. It is hoped that with concerted efforts, the acceptance of people with HIV/AIDS can be nurtured in our society.

- End -

***Aspects of Discrimination - Its
Mechanisms and Resolution:***

4.

Legal perspective

by

Ms Anna Wu, JP

Chairperson,

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Abstract

Discrimination has played a prominent role in all cultures throughout history and its roots run deep, expressing primitive fears and hatreds buried within people. Yet, discrimination is not always a result of hatred or prejudice. It can also be a result of ignorance, indifference and carelessness, resulting in segregation, exclusion, or the denial of equal opportunities.

Discrimination blights the lives of people and disturbs the subtle balance for peaceful coexistence in society. Around the world, governments have introduced legislative and administrative measures in an attempt to eliminate or reduce the incidence of discrimination. Different dispute resolution mechanisms have been developed and enjoy varying degrees of success. In Hong Kong, anti-discrimination laws have been enforced since 1996 to protect people against discrimination on grounds of sex, marital status, pregnancy, disability or family status. Under these laws, the EOC is empowered to resolve discrimination disputes by way of conciliation.

In this presentation, the Equal Opportunities Commission (EOC) offers its perspective on conciliation as a dispute resolution mechanism and its compatibility with Chinese culture. The EOC believes that the concept of “restorative justice” can be applied to the conciliation process, which works toward restoring and empowering the aggrieved persons, as well as supporting perpetrators and encouraging them to understand, accept and carry out their obligations. The EOC’s experience with conciliation so far shows that the process can be very effective in resolving individual complaints as well as neighbourhood disputes.

Introduction

In my current job, I am often asked how the Equal Opportunities Commission (EOC) resolves discrimination cases. Because the EOC administers three anti-discrimination laws, and because we have recently won a few landmark cases in courts, we are sometimes perceived to be some sort of prosecution agency. This is far from true and I am very pleased to have an opportunity? Tonight to talk about the main dispute resolution mechanism that is used by the EOC.

Equal Opportunities Commission

By way of background, legislation against discrimination in Hong Kong has been in effect since 1996. The three anti-discrimination laws currently enforced are the Sex Discrimination Ordinance, the Disability Discrimination Ordinance and the Family Status Discrimination Ordinance. Under these ordinances, discrimination on grounds of sex, pregnancy, marital status, disability and family status are unlawful in the fields of employment, education, provision of goods, services and facilities, clubs and activities of government.

Established in 1996, the EOC is a statutory body to administer the three ordinances and to eliminate discrimination. Our work is based on a belief that everyone should have the right and fair chance to participate in the social, political and cultural life of Hong Kong. In real terms, everyone should have equal access to education, employment, services and facilities.

The Conciliation Role

One of the EOC's main functions is to investigate cases of discrimination brought under three anti-discrimination ordinances and to resolve disputes between parties through conciliation. Conciliation, as an alternative to formal legal procedures, is not a novel invention. It has been used widely in some parts of the world, such as the U.S. and Australia, and is beginning to gain popularity in Asia.

When a person lodges a complaint with the EOC, we are required by law to conduct an investigation into the complaint and endeavour to settle it by conciliation. If conciliation is not successful, the applicant may then apply to the EOC for legal assistance to file a civil suit in the District Court. Our litigation is conducted on a strictly strategic basis and applicants for legal assistance need to satisfy a range of criteria.

It should be made clear here that a person may file a civil suit in the District Court independently without needing to come to the EOC first or at all. And even if our assistance is sought, a person does not waive the right to file his/her own civil suit unless the dispute has been successfully settled by the EOC.

I will talk about the litigation process later but I would like to focus on the conciliation role of the EOC first.

Advantage of Conciliation

Why conciliation, you may ask, and why is it built into the legislation? Some of the advantages of this process are obvious. For a start, it is less time consuming and expensive than going to court. On average, a claimant can expect to wait up to 18 months, or even longer, for a court hearing. In contrast, conciliation can be organised within weeks, or even days, with the consent of the parties.

The ultimate authority in conciliation belongs to the participants themselves. Unlike the legal process, the emphasis is not on who is right or wrong, or who wins and who loses, but rather on establishing a workable solution that meets the participants' unique needs. It tends to diffuse hostility and, since a consensual agreement reached through conciliation reflects the participants' own preferences, it will be more acceptable in the long run than one imposed by a court. In the process of conciliation, participants formulate their own agreement and make an emotional investment in its success.

Since the EOC began taking complaint cases in September 1996, we have so far endeavoured to conciliate a total of 860 cases of which 543 cases, or 63%, had been successfully conciliated. The terms of settlement for our cases depend on the circumstances of the dispute. Sometimes it is a reversal of the situation that led to the

complaint, such as reinstatement. Sometimes financial compensation is involved. Other solutions have included implementation of equal opportunities policies, training or a letter of apology. Policy changes and training transcend the individual level and produce more lasting effect. While there is no direct economic value attached to an apology, it in fact has an important social value: it repairs a relationship and heals a rift. When people's feelings are injured, they may not necessarily look for financial penalty. What they want is a solution that can redress the wrongdoing and heal the wound. Conciliation as a form of alternative dispute resolution process is based on the notion of "restorative justice" and has a high restorative value.

Restorative Justice

Dr. Dennis Wong of the City University of Hong Kong has been advocating the use of "restorative justice" as distinct from "retributive justice" in treating youth delinquency. He believes "restorative justice" is compatible with Chinese culture, which emphasizes collective values and the restoration of harmony. I believe "restorative justice" can also be used in dealing with discrimination cases. Respect for each other represents the collective value of a community and an equal opportunities law is equivalent to a social contract made between the individuals in the community for harmony and social order.

So what is restorative justice? In situations where there is a victim-offender relationship, it means that the justice process works toward restoring victims, empowering them and responding to their needs, as well as supporting offenders and encouraging them to understand, accept and carry out their obligations. It provides opportunities for dialogue between victim and offender.

The victim has the opportunity to confront the offender with the real human impact of the offence, and the opportunity to ask for and receive an apology. The offender gets the opportunity to truly understand the real human consequences of the offence and the opportunity to offer an explanation or an apology. The process perhaps could be likened to a child who has misbehaved and made a neighbour's child cry. It helps if the mother of the naughty child drags the child, by the ear if need be, to say sorry to the hurt child. That way the children and the parents can probably remain friends while the naughty child learns about shame and hurt, and the hurt child about forgiveness and giving someone another chance.

Sometimes, the process of conciliation requires creativity as well. I would like to share with you the “basket of fruit” story. It concerns an employment dispute handled by the EOC where the employer and the employee came to a deadlock during the conciliation process. This took place close to the Mid-autumn Festival. Inspired by the occasion, our conciliator suggested to the employer, “Why don’t you send your employee a fruit basket? It will show that you value his contribution to the company and you really want to mend the relationship.” The employer agreed and a fruit basket was duly sent to the employee. The fruit basket was perceived by the employee as a gesture of respect for him, a gift that employers usually reserve for valued customers. The employee was impressed and a deal was struck.

There are times when the fruit basket theory does not work and the victim goes through litigation and asks for punitive damages. The human and economic cost escalates in these circumstances and the social objective behind redress mechanisms, which is to restore social order and repair human relationships, diminishes.

Restorative justice is particularly suited to neighbourhood conflicts. In a Romeo and Juliet scenario or where there is structured race tension, there is no winner. Reparation using restorative justice is preferable.

I am conscious that I have so far not made any negative comment about conciliation. It is not my intention to leave you with an impression that we have a perfect mechanism for resolving discrimination disputes. The use of conciliation in discrimination cases is not without its controversies and current debates are far from settled. Some advocates argue that conciliation is too individualised and does not address systemic discrimination; or that settled cases have limited societal value because they are unable to effect social change that benefits the wider community. Others are concerned that the balance of power could sway against the complainant, making it difficult for him/her to assert their wishes.

These are all valid concerns and we share them. It is a matter of sensitivity and technique to build in devices in the conciliation process that are capable of addressing the flaws in the system.

For instance, the Disability Discrimination Ordinance and its Rules prescribe that representative complaints can be made. This covers situations where the aggrieved persons regard themselves as being in a position of relative weakness or where the aggrieved persons have disabilities which require the assistance of another.

The Litigation Role

I now turn to EOC's litigation role. Deep seated prejudices and entrenched practices will not change overnight and sometimes the force of the law has to be called upon to start the process of change. For instance, people quickly learned to stop jay walking and spitting in public when they were fined. Similarly, a court order as a final resort must be relied upon to secure protection for the aggrieved person as well as to compel change. The threat of litigation also serves as a stick that makes the conciliation process more effective.

The EOC may provide litigation support where, for instance, the case raises a question of principle, where it relates to a matter of public interest, where a precedent or a clarification of the law through interpretation by court is required or where the case is complex.

This strategic litigation role has been used successfully in a number of cases.

The EOC has provided litigation support to three aggrieved persons in their court actions against the Fire Services and Customs for their refusal to employ them on the ground that they each had a relative with mental illness. Other than this association with relatives, the three aggrieved persons were fit for employment. The criterion for rejection was so entrenched in the system that the departments refused to change their position without the compulsion of law.

Similarly in the case of the Secondary School Places Allocation System, the EOC had to take the Education Department to court to declare the allocation system to be discriminatory. The system had been in use for over 20 years and 70-80,000 boys and girls are placed in high school each year using this system.

These two cases challenged government policies and practices and have wide impact. It would have been difficult to get government to change in these cases without calling in aid the process of the law.

A third case that attracted a great deal of attention concerns pregnancy discrimination in the private sector. The court ruled in that case that there was discrimination on the ground of pregnancy as well as victimisation of the aggrieved person after a complaint was lodged with the EOC. Further, the court concluded that the circumstances surrounding the resignation of the aggrieved person amounted to constructive dismissal and that the employer was

vicariously liable for the acts of its employees. This is the first pregnancy discrimination case. The EOC receives many pregnancy related complaints.

Each of these cases sent out a strong and unambiguous message to the public and has strong education value.

The Formal Investigation Role

Another significant aspect of the work of the EOC is to undertake formal investigation into systemic discrimination. We can make recommendations to rectify the situation and develop position papers to heighten public awareness. System and policy change has a wider impact and can benefit a greater number of people. In the context of the government it is also a system of accountability and good practice.

The EOC's formal investigation into the Education Department's Secondary School Places Allocation System found that the system discriminates on the ground of sex and potentially affects both sexes, but more girls are adversely affected than boys. This report laid the foundation for the subsequent court action discussed earlier.

Conclusion

Finally, I would like to say that all these mechanisms have been designed both to enhance awareness and to provide redress. The role of the law is to provide a level playing field for individuals, to redress wrongs and to act as an agent for change.

Reference

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***Aspects of Discrimination - Its
Mechanisms and Resolutions:***

5.

***Psychiatric Aspects of
Discrimination***

by

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Abstract

Discrimination and stigma are overlapping but different terms. The former is not yet a familiar category among psychiatrists, who are more used to the micro-level concept of stigma. Although stigma often has a kernel of truth, it is over-generalized to connote a host of unjustified negative stereotypes, such as dangerousness, immorality, insincerity, unpredictability, and non-treatability. The psychiatric impact of stigma varies with individuals, social contexts, and the condition being stigmatized. More specifically, it depends on such factors as its perceived controllability, alterability, contagiousness, concealability, and violent propensity. Discrimination against stigmatized and marginalized groups such as HIV positive subjects, psychiatric service users, elderly, females, and colored people are widespread in practically every community, but are perhaps more marked in societies where anti-discrimination laws, human rights, press freedom, and advocacy efforts are absent or under-developed. Via the interactive mechanisms of lowering self-esteem, social isolation, cognitive intrusion, impaired access to health care, and under-employment, discrimination has multiple adverse effects on the psychological and physical health of the discriminated individuals. Negative emotional states such as shame, guilt, anger, paranoia, anxiety and depression are common. Discriminated subjects are therefore at a high risk of developing psychiatric and behavioral disorders, including suicide. However, these problems may not be revealed because of the subjects' fear of exposure, and because of discrimination from health care professionals themselves. That stigma and discrimination exist in every society attests to certain functions that they serve for individuals, institutions, and even the state. There is no evidence that public education alone can effectively reduce stigma and discrimination. Rather, an inter-sectoral approach that integrates legal, human right, media, advocacy, school, and other institutional efforts is more likely to reduce discrimination and thus enhance the well-being of those who are discriminated as well as those who discriminate.

Full Text

(Note : Prof Sing Lee indicated that he does not have the full text for publish.
Please refer to his speech summarised at the abstract part [Page 39 refers])

***Aspects of Discrimination - Its
Mechanisms and Resolutions:***

6.

***A Bio-Psycho-Social
Perspective***

by

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Abstract

Discrimination literally means to make distinctions. Biologically it is a means to know between you and me, them and us, as well as among things in the whole world. It is normally a function for biological recognition of our external reality, which forms the basis for learning and growth. By discrimination we know the differences, and the differences teach us about things or people that are better or worse, wise or foolish, superior or inferior, powerful or weak, useful or useless, moral or sinful, dangerous or safe, etc. Selfishly perhaps we are inclined to learn from the wise and to reject the foolish. When the attitude to learning and survival is associated with the attitude to treat others, we adore or divinify the superior and despise or reject the inferior. This is obviously against the principle that all human beings are born equal. However, ironically, the way and ability human beings are able to discriminate against others is similar to the way and ability we worship others, except that they operate in opposite directions.

The current-day information processing in social interactions is complex. We may follow certain experiences, obtain information, formulate opinions, and subscribe to action. The way that we formulate our opinions may depend upon things we see and experience, as well as their consistency, distinctiveness, or consensus. It may also depend upon an observed person's internal attributes or situational causes. These opinions will finally become our stereotypic belief, and determine our emotional attitude and behavioural action. They may have a primary effect, may be resilient to change, hence giving rise to stereotypic behaviours that are self-fulfilling and self-perpetuating.

Resolution of such stereotyped beliefs is therefore to provide adequate and authentic or competing information and to change stereotypic behaviours. The latter can possibly be dealt with through better personal acquaintances, experience of equal status, meeting of non-stereotypic persons, opportunity for inter-group contact and cooperative efforts.

Full Text

Introduction

Discrimination is basically a behaviour for survival. In our daily life, we need always to keep awareness of what is safe or dangerous, and who are friends or foes. In fact, this function of discrimination begins as early as when the baby is born. The first thing a baby learns is to discriminate 'me' from the external world, and so it does through its senses, e.g. touch, taste, smell, hearing, and seeing. According to Jean Piaget (1896-1980), the famous Swiss psychologist, the first two years of an infant's life is spent in learning cognitive functions through sensori-motor development. Through growth and development, we also discriminate among different kinds of needs and different preferences in response to them. For example, Abraham Maslow (1954) proposed a hierarchy of needs that are developed in life. These, in ascending order of hierarchy, include the physiological needs, the needs for safety, the needs for belonging, the needs for esteem, the needs for curiosity, the needs for aesthetics, and the needs for self-actualization. Accordingly, a lower order of needs will have to be at least partially satisfied before the higher order of needs becomes a focus of attention and motivation. Thus, in the course of satisfying our needs, we have to discriminate what is friendly and helpful from others that may be dangerous and useless.

However, discrimination in the popular usage nowadays has a negative connotation. It means that an individual is unfairly discriminated against, being singled out for humiliation, belittlement, or rejection.

The Cognition

From the above discussion, it is clear that human beings are born with the ability to discriminate, which forms part of the normal cognitive development of learning and intelligence. However, discrimination in itself is purely a neutral process of cognition. It is only after emotions are aroused by and attached to the differences, that determines one's attitude towards the target and the action that follows. For example, if people are presented with two preparations of Soya milk, one is sweet and another is salty. Some

may prefer the sweet Soya milk, but others may opt for the salty one. This is simply because people discriminate between two different kinds of Soya milk, and the difference of their preferences depends upon their past personal experiences. Thus, people who had prior satisfactory experience with sweet Soya milk may choose to have it. Others, who have enough prior experience of sweet Soya milk or prior satisfactory experience with salty Soya milk, may prefer the latter.

Therefore, according to social psychologists, the process of gaining information from the outside world and acting accordingly depends very much on three components, i.e. the cognitive (knowledge or belief), the affective (attitude), and the behaviour (action).

The Cognitive Component in Processing Social Information

Cognition is a checking-up process involving perception, memory retrieval, and comparisons. It is a way to compare the target object or situation with the prior storage of similar materials inside our brain that are commonly known as the schema (Markus, 1977). A schema is an image that is stored in our memory as a result of the prior experience. Although it was thought to exist in an infant from the time of 8 months old, it is now believed to have been in existence since the first days of life (Siegel, 2001). Throughout our life we have accumulated millions and millions of images, which are stored in memory and are also known as the implicit memory. Such cognitive processes help maintain a full backup for assessing, and responding to, the current situation. The repeated use of such a process also forms an important part in daily learning. Thus, each time we see a person or get involved in a situation (the target), we check through our memory store for similar images. Squire et al. (1993) reported that the perceptual memory might be stored in the perceptual cortices, the emotional memory in the amygdala and other limbic structures, and the behavioural memory in the basal ganglia and motor cortex.

The Stereotypes

These retrievable images can be general impressions, also called the prototype schemata (Cantor & Mischel, 1979), or they can be more specific once the target is known more personally and in depth (Markus, 1977). Although prototype schemata provide ways for processing cognition, memory storage and retrieval, and grounds for judgment and action, they are merely simplifications of reality. Unfortunately simplifications are rough sketches of reality that are liable to biases. Since they are earlier impressions, they have greater impact on the ensuing or overall impressions. This is also known as the primacy effect. When people use such simplifications repeatedly and frequently, they tend to be self-perpetuating and self-fulfilling. In this way we create our own stereotypes, which may be resilient to changes.

The Attitude

Certain factors may determine how people like each other, e.g. proximity, familiarity, similarity, physical attraction, and a good match in appearance. This is the attitude we take to make friends. We hold a positive attitude to friends if they have the following descriptions: good, stable, wise, superior, powerful, useful, moral, and safe. Meanwhile we might not accept, or might reject, those with the following opposite descriptions: bad, impulsive, stupid, inferior, weak, useless, immoral, and dangerous. In fact these descriptions came from our past impressions of what a friend should or should not be like. That is, an emotional feeling felt or learned in the past in relation to a particular person or situation, hence carrying a special meaning to us in relation to the current target. But these meaningful differences of a person or situation could also come from the way we make judgment about people or situations. Theories of causal attributions conduct research on why people behave in the way as they do, providing more insight into what and why we hold an attitude towards people in the surroundings.

The Causal Attribution

It has been shown in social psychology that there are two general rules for attributing causes in our social transactions. The covariance rule makes use of the criteria of distinctiveness, consistency, and consensus, which are processes for interpreting people's behaviour (McArthur, 1972; Kelley, 1973). These criteria are based on whether the effects are distinctively, consistently, or mostly occurring in the presence of a particular cause. The discounting rule stipulates that 'the role of a given cause in producing a given effect is discounted if other plausible causes are also present' (Kelley, 1972). Unfortunately, we do not seem to apply these rules correctly or sufficiently in everyday life (Nisbett and Ross, 1980). In consequence, daily causal attributions may, not uncommonly, give rise to biases. In general, as an observer, we are more likely to judge people's behaviour as arising from their inner dispositional causes. On the other hand, as in self-attribution, we tend to judge our own behaviour as a consequence of the external situational causes. When we are influenced by the internal need to boost our own self-esteem; we may separately attribute successes to inner dispositional causes and failures to external situational causes. This may explain why an individual tends to blame others for his failure, which also provides rationalization for him.

Individuals with HIV/AIDS

Let us now take an example from individuals with HIV/AIDS¹. First, we might accept that within our schemata we believe that 'we can get infection by contact', and that 'incurable diseases are life-threatening'. This was reinforced by the public education advertisement in the past, e.g. the death pyramid, that 'HIV/AIDS are spreading fast', that 'there is hardly a cure for HIV/AIDS', and that 'people are dying for the disease'. In the mean time, an ordinary Hong Kong person can hardly meet a person with HIV/AIDS as the prevalence is currently not high in Hong Kong. He only reads about the subject through newspapers, which may only give bad and shocking news. It is therefore easy for us to put two together, and to associate the problem of HIV/AIDS to our prototype schemata of infectious and incurable diseases. In our panicky mood we may not even want to refer to the scientific rules for causal attribution as discussed earlier. On the other hand, we may easily fall prey to common biases by attributing the cause of HIV/AIDS to their internal dispositional causes or a weak character, e.g. homosexuality,

promiscuity, prostitution, drug abuse, etc. This further reinforces our dislike to people with HIV/AIDS, and helps consolidate our preexisting belief and attitude that 'HIV/AIDS are dangerous and infectious', and that 'HIV/AIDS are incurable'. Such stereotypes formulate our negative attitude towards people with HIV/AIDS. In action, this means that 'we do not like people with HIV/AIDS', that 'we do not want to mix with them', and that 'we have to reject them'..

Overcoming Unfair Stereotypes and Discrimination

In the discussion on social stigma to psychiatric patients, Corrigan & Penn (1999) proposed three basic ways to confront stigma. They are: (1) protest: this is to deter the press media from perpetrating negative stereotypes, and to lobby the legislative members or the general public. (2) education: this is to provide information in order to overcome fear and ignorance; and (3) contact: this is to promote meeting with people who are stigmatized and rejected, which can help reduce prejudicial attitudes. Paul Gilbert (2001) further proposed that we should: (1) study de-stigmatizing social interventions; (2) stress treatability of the condition; (3) involve people in treatment and decision-making; (4) work with advocacy groups; (5) avoid negative publicity; and (6) enhance self-advocacy.

Taking these views together, it would seem that, in the battle against unfair discrimination, we should try to provide appropriate public education in order to fill the void of information in the public mind. We should try to alleviate fear and threat to the general public by reporting correctly the better quality of life obtainable from the recent advances in treatment and research development. On the other hand, we should also try to empower people with HIV/AIDS in advocacy, in clinical settings, and in lobbying for better care and fair treatment. Finally we need to tackle the problem of stereotypes by making more studies on de-stigmatizing social interventions. On the last point, Cook (1978), working on racial discrimination, suggested that five conditions are mandatory before people are willing to give up their on-going stereotypes. These five conditions are concerned with the potential exposure between those who are unfairly discriminated against and others who may act on it: (1) Equal status between people from different groups. (2) An opportunity for personal contact. (3) An opportunity for contact at work. (4) A social environment that supports the above-mentioned activities. (5) An opportunity for working and cooperating together. These may be useful areas to which future research on unfair discrimination should be directed.

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Part II

Record of Discussions

Note

The following pages contain an edited record of discussion between the invited guests of the symposium and those participating the symposium, which was held on 27th August 2001 at the Hong Kong Convention & Exhibition Centre. A total of 87 participants attended the symposium and the discussion.

<p>Participant A :</p>	<p>I came all the way over from Tanzania to attend this conference, and I must say I am very pleased to be here. I have been quite thrilled with all our presentations, and would like to share my African experience in regards to stigma. My perspective would be in relation to what Sing LEE described as phobia in relation to fear of disclosure. Well, in Africa, we have had a bit of success in fighting stigma in regards to people living with HIV/ AIDS.</p> <p>Todate, we have set up networks whereby people living with HIV/AIDS (PWA) come together and discuss their own problems. In this network, PWAs are able to sit down and discuss their own problems, and form groups that can help advocate for issues that are of importance to them.</p> <p>Next, these groups have also been going a long way to solve the problem of unemployment among PWAs. Obviously, the groups have an office; they need a secretary, and they need an accountant. Since PWAs have been discriminated in many places of employment, the groups provided the right kind of employment. Though many PWAs are not professionals and do not have technical qualifications, they have been empowered with skills and knowledge and are able to advocate for their own rights. On the other hand, professionals living with HIV/ AIDS are encouraged to join these groups, so that they, too, become advocates of their fellow PWAs. With time, many work forums have been created for providing social therapy. When these people come together, they are able to encourage each</p>
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	<p>other, to reinforce the attitude of continuing living positively, and develop a collective voice to help change attitudes of the society.</p> <p>Let me share with you my experience in the organizations of a workshop to empower PWAs with counselling skills. There were PWAs who had lost hope in life, others were suffering from stress and had attempted to commit suicide before. In this workshop, they spent time together for about ten days. By the time they left the workshop, they were all in a very good mood and ready to continue living positively. I would encourage you to form the same groups, so that people can come together, share experiences, and motivate each other to live positively. Thank you.</p>
<p>Participant (Kim-yee):</p>	<p>I'm from Malaysia. My question is directed to Professor Lee and Professor Chen on the psychiatric basis of discrimination. Obviously there were reasons why people discriminate. I wonder whether we could turn the reasons the other way round, and use them as the basis to counter discriminations.</p>
<p>Professor Lee:</p>	<p>Actually, those works that were described have not come from psychiatrists but social psychologists. We have to go back to the theories in order to tackle the reasons. For example, one reason behind discrimination is that it allows a particular group of people to increase their own self-esteem. If you take this as a linear kind of causality, you have to increase people's self-esteem to make discrimination disappear. But that is easier</p>

	<p>said than done. Another theory is that discriminated individuals are non-reciprocators. So people feel that it is fine to leave them alone, to marginalize them. Whether that can lead to a solution is an interesting question. As far as I can understand, an effective strategy that works does not necessarily address the cause, or the function of discrimination. In the case of mental illnesses, one of the most powerful tools in the last ten to twenty years in United States is advocacy-advocacy coming from family members, like many in the States. But in the case of Hong Kong, our clients have been so well-treated medically. There seems to be no need to speak out!</p>
<p>Chairman :</p>	<p>I am not that pessimistic. From my experience of providing psychiatric and psycho-social support to the PWAs, my feeling is that some patients are very sensitive to and very much upset by self-perceived discrimination. Because of their perceived discrimination they become disturbed, depressed or anxious. It is very important that two things should be done. One is for them to be able to talk about their problems, and that is essential. The second thing is to be able to offer support to them, so that they can actually feel that some do care, and we can do that. And of course, when depression or anxiety is properly treated, they feel competent and confident. When they feel that people do care, they can then behave positively in their daily life. In fact, I am very pleased to see some of my patients here today, though you may not know who they are. Imagine someone with this disease who feels it difficult</p>

	<p>to talk to their parents or even their wives for the fear of discrimination. Under the circumstances, we should not force them, but provide them with support and alleviate their physical and psycho-social problems. When the time comes, they will be able to talk about it.</p>
<p>Participant (Kim-yee):</p>	<p>May I ask one more related question? In Malaysia, we have started a project whereby we encourage people with HIV to document discrimination. Now I wonder in your similar opinion, whether that process of documenting discrimination by people with HIV themselves, could be a means of helping them overcome their own inhibition and their own fears. Almost an empowering process, I mean. Do you think there's something in that?</p>
<p>Chairman:</p>	<p>It depends on the environment that one lives in. If people live in a very open environment, where others are caring and supportive, it obviously would help by documenting all these problems. But I must say that it doesn't always help. It really depends on how emotionally one is disturbed. And if he is very disturbed, he cannot even document it. Besides, psychologists have been doing cognitive therapy for psychiatric patients for a long time. What they do really is to document patients' difficulties, and then try to sort them out one by one. You still have to sort these out eventually.</p>
<p>Participant (Suzy):</p>	<p>To supplement Kim-yee's documentation process, we actually organized in Malaysia workshops for PWAs where we taught</p>

	<p>them how to document the experiences. For example, we had cases of PWAs going to dentist and disclosing their illness. The dentist just told the patient to “ok, go back” and “come again another day” again & again. This poor guy has never had his tooth pulled out! What the Malaysian counsellor did was to empower the PWAs to document the experience they had, and then brought it up with, let’s say, the Malaysian dentist association of which the dentist is a member. We wrote to the association, raising the issue of universal precautions and indicating that dentists should treat their patients accordingly. And we had problems with death certificate that a PWA documented. The issue was brought up with the Ministry of Health, which then gave a directive to all the hospitals that AIDS shouldn’t be stated as the cause of death.</p>
<p>Ms. Anna Wu:</p>	<p>In the area of HIV/AIDS, there’re two critical issues that we must bear in mind. One, to protect the person who is living with HIV/AIDS, you must provide institutional support in seeking legal redress and protection. Two, privacy and confidentiality are always of concern. Because disclosure attracts vulnerabilities. We’ve had this problem with the health clinic providing the HIV/AIDS treatment services in Kowloon bay that was mentioned by Professor Ma earlier on. In this particular case, which occurred over period of many years, AIDS/HIV patients and the staff members and carers of the clinic were harassed by some residents. The problem was that these victims could not, did not want to seek help. If they were to come to the Equal Opportunities Commission, and</p>

	<p>we were to take litigation, it would mean that their identities would be revealed. It was the reason that they didn't want to seek that kind of public support. So what we did eventually was to undertake an investigation, make documentation of some of the arguments, and make our position clear. The process was helpful in some ways. It's by gathering the victims' experiences, stating in the public document without disclosing their identities and taking up positions which gave them supports. That was what they really needed it at that point of time. But that was not sufficient. In order to get people to change their behaviors, you have to do a lot more. The worry is if you allow this to get away on one occasion, it would repeat itself on another occasion when we have new health clinics. This stigmatization could be brought under a court process. As an open process, the names of the individuals could be all over the place and there would be a lot of media attention. In the case of mental illnesses, we actually asked the court to put in a gag order to forbid the media to report on individual's identities. We plan to ask for the same gag order should we need to represent an HIV/AIDS patient in court, but we need to come up with the necessary support systems first. There is no way that an HIV/AIDS patient can go on to court by himself or herself and fight a case. That has to come from a commission and organization that could represent them. We need to bear the two factors in mind, the institutional support which must be strong to serve them, and must be able to protect their identities on many occasions.</p>
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<p>Participant (Action for Reach Out):</p>	<p>I want to hear the response to the issue last month about a sex worker who is a PWA. In the newspaper, it was written that this sex worker who has died, was no different from a murderer. It's not fair and we have a strong reaction to this. I want people to react on this, and want to know your reaction and also that of the speakers. That's all.</p>
<p>Professor Joyce Ma:</p>	<p>When I read that news, I was very upset because of the comment by the judge. My feeling is that the judge held the assumption that the sex worker had the power to negotiate in the process of the exchange, which I believed was not so. My graduate student who had worked closely with the sex workers once told me that there's not much choice for the sex worker. Some may say that 'well, you can leave the industry'. But if you look at it from another angle, that could be the only way that one could earn money. So, in that sense, I share your reaction. I do hope that people should listen to the stories of the oppressed, before deciding on what they should do and what they should not do.</p>
<p>Dr. Kong:</p>	<p>If we really want to reduce discrimination the legal aspect is very important. Ms. Anna Wu talked about the Equal Opportunities Commission, and we talked about education, all of which are very important too. And there is another perspective that I would like to raise, which is related to your question. We need a kind of alliance of different minority or vulnerable groups in the society. So, for example, you mentioned about the sex workers, but for me there are also</p>

	<p>the gay and lesbians, single mothers, HIV carriers, and drug users. In some ways, they are all being discriminated in the society. If there is a common point for interaction, that can facilitate people to come together, ally together, and then fight against discrimination in the Hong Kong society.</p>
<p>Participant B :</p>	<p>If you take the fact that different kinds of mental illnesses affect 1.2 millions of our population, then they become a majority not minority. If you have the right political system, the politicians and policy makers would listen to you. Back to the question about media: most people or groups complain about the media in the beginning of their fight against discrimination. But as advocacy matures, more of these groups would realize that the media can also be a very good partner. The media are also very interested in touching stories about human right, and about equality. Media advocacy may eventually become a profession on its own and you need full time people to do it.</p>
<p>Participant B :</p>	<p>Building up alliances is very important in our experience with the movement against discrimination. If you are fighting on your own issues, you would be too preoccupied without taking into consideration the wider environmental context. If you join others in the fight, then you can take a more objective position. In that way, you might be able to see more than when you are inside the struggles.</p>

<p>Participant (Nadine France, Health & Development Networks)</p>	<p>I just want to say thank you to all of you for the incredible state of the art presentations on stigma, discrimination and HIV/AIDS. Over the past year, I've been working with many others to develop in a very broad-based way on operational research agenda for stigma and HIV/AIDS in the eastern and southern African region. I want to comment on what you have touched on the psychological approach to stigma. In fact, in the West and in Africa, there are actually very very few, or almost no intervention, that address stigma relating to HIV/AIDS on the psychological respect. With the psychological background myself, I was incredibly excited to see the two last presentations, that totally linked stigma to the psychological theories. I think these could help us in terms of strategies for understanding and actually combat on stigma. To date, we have focused very much on discrimination which led us legitimately to a legal and human right frame, which I think is very important. What has been missing is a parallel approach that includes a psychological perspective to address stigma and HIV/AIDS.</p>
<p>Participant (Dr. Joseph Lau) :</p>	<p>We definitely need some more psychologists! A lot of counselling is now being provided by AIDS workers, nurses with training, and psychologists. I want to have some discussion about what the NGOs are doing in Hong Kong about the support to the PWAs. Some are advocates but may be in a quite passive way without an active and continuous effort. Others are networking PWAs, through services or even formation of small groups to provide mutual support. PWAs</p>

	<p>is not a homogeneous group, there should be more than one type of PWA groups with different explicit terms of reference and missions. NGOs might wish to discuss a bit more explicitly about the role of networking of NGOs for purposes like empowerment. I'm a bit surprised that we have two clinics with good access to six, seven hundred PWAs, but the capacity for networking has not been very strong. There might be difficulties of forming groups, getting financial support, etc.</p>
<p>Chairman:</p>	<p>On your second comment, there are difficulties to get PWAs to come together and form alliance. I think that NGOs might like to look at their own role, and determine whether they are using the right technique in recruiting them, and earning the trust from them. I like to draw your attention to the CDC in Atlanta that had been able to provide technical assistance to NGOs in the community. They were helped in the area of capacity building or in acquiring special skills to decide on their operational goals, and set strategies, so that they can do the right thing for their clients, and perhaps that can be done together.</p>
<p>Professor Sing Lee:</p>	<p>I can reflect from the experience of advocacy for the mentally-ill family members, or family members with mentally illnesses. You need a full-time person to do the networking. You can't rely on one NGO's social worker to take some time off for the work, which demands to making criticism on policy, and speaking out. The experience in Asian region and psychiatric advocacy is that initially you need a lot of professional</p>

	<p>leadership, which is a continuous process of development before the clients are ready to truly do it on their own. It has been a year since we run a family education advocacy programme, and we now get family members and patients to talk openly, a family to speak at a regional conference in June in front of four hundred psychiatrists in Asia. So, it's possible. The strong professional leadership is not just giving of care, but a deliberate intention of empowering clients until they feel more ready, and the responses fluctuate.</p>
<p>Participant C:</p>	<p>Social workers have a constant tension and struggle between the individual empowerment and the empowerment at the structural level. At the individual level, there would be little problem. But when it comes to the structural level, there is a constant struggle between the agency's ambition and the professional interest. My experience in working with family member of the mentally ill is that what they need is more service, more profession guidance, and more nurturing and care. On the other hand, you say to them "come on, you can do it! You have the power, you can organize among yourselves and fight back." It is very demanding especially because of poor physical condition or fragile mental condition. When I was a social worker, I faced a lot of ethical dilemmas. If I have to serve my clients, follow their views, of course, I've to give up structural empowerment, which is very messy as you have to face political issues, and hostility from the community. I stood by my professional ideal, but I can appreciate the difficulty, even though I agree that it should be the direction</p>

	<p>we should be heading. But the intrinsic struggle is ongoing and I can anticipate that it will continue. Professor Lee's idea about a professional group, which is not bonded by the agency's interest, might be a possibility.</p>
Participant C:	<p>I would like to slightly direct from what the previous speakers had said about the mentally incapacitated people, who are unable to do a lot by themselves. People who are living with HIV/AIDS have the ability to do a lot by themselves. Therefore, I do not like the comparison between the mentally incompatible and the PWA group. A notion that has come up recently is that people who are living with HIV actually do not want to be called 'people who are living with AIDS' because they feel that it makes them feel fragile and vulnerable. I would like to give an example in Uganda, where a lot of people are infected including doctors and even religious leaders. When these people come up to face the public, they give their addresses, and give a lot of encouragement to people who are out there but are afraid to come out in public. When people living with HIV/AIDS are professionals, they are able to set up a structure and sustain them.</p>
Participant D:	<p>Permit me to be honest. When you comment in that way, I feel uncomfortable because that is a kind of discrimination against the mentally ill!</p>
Participant (Frank Tom):	<p>I am responding to one point raised in Professor Chen's presentation, which is about getting contact with the</p>

	<p>discriminating group would help to address the problem of discrimination. I'm all for getting contact with the groups concern. But in the actual situation how do you do it for the discriminator and for those being discriminated against? Because of their stereotypes, discriminators don't want to get in touch with other groups. And for those being discriminated, because of their fear of the loss of job opportunity, etc., they dare not get in touch with the others. I'm not sure how that concept can be applied in the real situation.</p>
<p>Chairman:</p>	<p>I think that ingenuity applies. Reverend Chu* shall be able to tell you that because of the Kowloon Bay incident, and because we are now building another AIDS clinic in the Northern District, we have created a committee that involves some of the residents living nearby. By doing that, we are involving some of the people who might be the discriminators and makes active contact with them. I believe that these people will in turn tell story to other residents nearby. And that is what contact means really.</p>
<p>Participant E:</p>	<p>I was thinking about how we can use the information that Dr. Lee and you have articulated. In the Kowloon Bay context or any other community conflict, it's one block of people against the other block. With this kind of community conflict, you can't just employ the psychological analysis to understand how the incident has occur and why, and have it to diffused.</p>

Chairman:	<p>I'm surprised that you are still here, it is over the dinner time!</p> <p>Thank you all for your enthusiasm and active participation. I should also like to take this opportunity to thank all our speakers, I'm sure you agree with me that they have given us very interesting and stimulating talks. Last but not the least, I would like to thank all our colleagues in the Special Preventive Programme of the Department of Health, without their hard work it would not be possible for us to run this symposium.</p> <p>Thank you all and good night.</p>
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- * Rev Y M Chu is the Chairman of the Community Liaison Group of the Kowloon Bay Health Centre and the Nursing Home. He is also a member of Hong Kong Advisory Council on AIDS.

About the Committee on Promoting Acceptance of People Living with HIV/AIDS

The Committee on Promoting Acceptance of People Living with HIV/AIDS (CPA) is a new committee formed under the fourth term of ACA. It is responsible for coordinating and recommending strategies for enhancing acceptance for people living with HIV/AIDS. It also works towards creating an environment of acceptance through community mobilization, conducting studies and making recommendations accordingly.

CPA has the following terms of reference:

- (a) To recommend and coordinate strategies towards promoting understanding of HIV/AIDS and acceptance of people living with HIV/AIDS;
- (b) To recommend to policy makers measures conducive to acceptance of people living with HIV/AIDS;
- (c) To mobilize the wider community in creating an environment of acceptance for people living with HIV/AIDS;
- (d) To examine legal and ethical issues of HIV/AIDS and their impacts on societal acceptance and make recommendations to the Advisory Council on AIDS; and
- (e) To review steps taken pursuant to recommendations made by the Committee and to carry out functions that ACA may delegate to the Committee.

Membership

Chairman: Prof C N Chen, JP

Members: Ms Carlye Tsui, JP

Dr Richard Tan

The Hon Fred W M Li, JP

The Very Revd C J Phillips

Rev Y M Chu

Prof Peter W H Lee

Prof Sara Ho

Mr Vincent W S Lo

Dr C K Lo

Mr Mak Hoi Wah

Mr Tony S F Pang

Mr John K H Loo

Ms Winnie Ho

Ms O C Lin

Ms Atty Ching

Ms Rita Chung

Dr Chan Kin Sang

Dr Chan Kin Man

Mr Tommy P L Chan

Mr Tang Wai Chung

Equal Opportunities Commission

Ms Anna Wu

Health & Welfare Bureau

Mr Peter Kwok

Department of Health

Dr P Y Lam, JP

Social Welfare Department

Ms Heidi Kwong

Secretaries:

Dr Kenny Chan (up to June 2001)

Dr Kelvin Low (from July 2001)

Mr John L S Yip

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