

# HAPPINESS IS VITAL



Quarterly Newsletter of AIDS WEST ©

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# EDITORIAL



As each year reaches this point, the more significant date in the winter calendar for me is not the twenty-fifth but rather World AIDS Day on the first of December.

It is the day to remember those who are affected by HIV/AIDS and there are a lot to remember, for globally the figures are staggering - 46 million people diagnosed with HIV, almost 3 million of those being children. In 2003 alone there were over 5 million people newly infected with HIV and deaths from AIDS reached over 3 million.

That is why occasions such as the candlelight memorial service in St. Nicholas' Church are of such importance, since people can come together and offer their support to those who may feel that they are forgotten in a world where there are forever global crises making bigger headlines than HIV statistics. World AIDS Day is an occasion where we come to understand that these figures

represent real people, some of whom live with the illness, not in countries far away, but here in Ireland.

This year the service was very well attended by the public and anyone who came to it felt that it captured more of the spirit of Christmas than the frenzy of the shopping centres or Shop Street. The carols, the words of remembrance, the music and singing were so uplifting, while the light from the candle held in every outstretched hand was a very strong symbol of hope to those who find each day a struggle. The sharing of wine and mince pies was a very fitting finish to the service and I hope there was a precious moment in the evening for everyone.

A very happy Christmas to you all and may the next year be one of hope for everyone.

Ed

## Front Page

World AIDS Day Candlelight Memorial Service at St. Nicholas' Church, 1st December 2004.

All photographs by Michael Dillon.

AIDS West is a voluntary organisation based in Ozanam House, St. Augustine Street, Galway.

Support for people affected by HIV/AIDS and other sexually transmitted infections, and education/prevention services are offered throughout the Western Health Board area (counties Galway, Mayo and Roscommon).

The organisation can be contacted in confidence by phoning: 091-566266 (office) or 091-562213 (helpline)

Fax on 091-564708 or e-mail: [aidswest@iol.ie](mailto:aidswest@iol.ie)

website: [www.aidswest.ie](http://www.aidswest.ie)

### USEFUL SERVICES - USEFUL SERVICES - USEFUL SERVICES

#### AIDS West

Sexual Health Helpline 091-562213

#### STI Clinic Galway

091-525200 by appointment only

#### STI Clinic Portlincula

Hospital, Ballinasloe 09096-48372

#### STI Clinic Mayo

General Hospital, Castlebar, Co Mayo 09490-21733

#### STI Clinic Sligo

Regional Hospital, The Mall, Sligo 071-9170473

#### G.U.I.D.E. Clinic Dublin,

St. James' Hospital 01-4162315/2316

Beaumont Hospital, Dublin 01-8093000

#### Open Heart House.

Contact James or Paul at 01- 8305000



#### AIDS HELP NORTH WEST

Letterkenny, Co. Donegal 074-9125500

#### Red Ribbon Project,

9 Cecil St. Limerick. Helpline 061-316661

#### Alliance Sexual Health Centre,

16 Peters St. Cork 021-4276676

#### Dublin AIDS Alliance

53 Parnell Square West Dublin 1 Tel.01-8733799

#### STI Clinic Waterford, Clonmel, Carlow

Tel. 051-842646 for all appointments.

If you would like your organisation to be included in our list of useful services please phone, e-mail or contact us at the address below.



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Deadline for all your articles, poems, photos for the next issue is 5th February 2005. Send to: The Editor, Happiness is Vital, AIDS West, Ozanam House, St. Augustine St. Galway.

The opinions expressed in this news letter do not necessarily reflect the views or policies of AIDS West. We reserve the right to edit where necessary.



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# LIVING WITH HOPE



Berni met Martin the night before he emigrated to America. Ireland in the eighties had very little to offer anyone and he saw the States as a place of new opportunity for him. They had a drink or two together but didn't expect to meet again, until a year later, when Berni herself emigrated to Boston and happened to meet up with him. They enjoyed one another's company and started going out together. Their relationship developed; both of them were working in good jobs. They had everything going for them, so in 1992 Martin returned to Ireland to organise his green card. He had a medical examination as part of the procedure and when the results came back it showed that he was HIV positive. He was completely shocked as he was presenting with no symptoms whatsoever. Since it was the nature of their relationship that they kept nothing from one another, when he returned to Boston he told Berni. She went and had the test done which turned out to be negative. Martin gave her the option of staying in the relationship or leaving him and when she said she was staying he proposed to her. They married a year later. It was very important that Martin find a doctor that he could confide in and after some time he did. He was showing no symptoms at all but the doctor put him on medication which did not suit him and even

Because Martin was feeling well they both believed that it was important that they live every day as best they could. He had monthly checkups and remained in good health. When he told his family about his condition they were very understanding so the diagnosis did not affect their lives other than the occasional worry about how they would cope if it developed into full-blown AIDS. But Martin's faith was very strong and they believed that they would cope with whatever life sent them.

In 1995 Martin began to develop severe headaches and because of his HIV diagnosis, Berni insisted he go to the doctor, expecting to be told that it was related in some way to his illness. But it was not. It was, in fact, discovered that he had a brain tumour which was operated on very successfully. Then Berni herself became ill and was diagnosed with cancer. Martin took great care of her after her operation and during her convalescence, but since they had no medical insurance, both hospital stays put an enormous strain on their savings and they realised if they needed further medical care they could not afford it in America. So they made the decision to move back to Ireland. When they settled in the midlands, Martin found a local doctor who prescribed medication that had no side effects for him and they

Martin's health remained good but Berni experienced another health crisis. She suffered severe haemorrhaging when an artery ruptured in the area where the cancer was removed in her upper arm and the only possible outcome was to have it amputated. This was a devastating blow for both of them but Martin was a tower of strength. He did everything for his wife to help her to come to terms with her loss and adjust to the new life. This she did very successfully with his support. They had always prepared themselves for the time when Martin's health would deteriorate but life took them on a different path. Martin suffered a severe heart attack one night and when Berni woke the next morning, she found him dead beside her.

She says that though the shock to her was enormous she was glad that he didn't have to face a future that they both feared.

Berni struggled after his death. They had come through so much in their years together and now she was without that support. There were days when she didn't want to see anyone; days that were too much to bear without her husband beside her but slowly she began to recover her hope and put her life back together again. There are days now when she can wake up and be grateful that she can get out of bed, put on her clothes and walk to the shops. Sometimes she dreams about him and she sees him coming in the door.

It is her faith in God that brings her through the hard times, she says. This is something Martin gave her, his strong faith throughout the days when they didn't know what the future would bring them. She is full of gratitude for that and for the precious years she had with Martin.



# THE IMPORTANCE OF EDUCATING ADOLESCENTS ON THEIR SEXUAL HEALTH

By DR. MARY SHORT, A GP IN BLACKROCK, CO. DUBLIN

Adolescence is a time of self-discovery when sexual development and sexual behaviour occurs. While curiosity and experimentation are normal, sexual behaviours, both coital and non-coital, put adolescents at risk for undesired consequences including sexually transmitted infections and unplanned pregnancies.

Trends in adolescent sexual behaviour are changing. Much emphasis has been placed on the coital sexual activity of teenagers, but more attention should be paid to the non-coital sexual activities such as mutual masturbation and oral sex.

A telephone survey conducted by the Kaiser Health Foundation in 2002 of the sexual experiences of 15 to 17 year-old teenagers revealed some startling facts. Twenty-six per cent of teenagers said that oral sex was a normal part of a dating relationship. Approximately one-third of those interviewed experimented sexually in casual encounters, while 14 per cent admitted to intercourse as part of the casual encounter and 335 had regular intercourse as part of a committed relationship. Nearly 25 per cent of both boys and girls admitted to cheating on their boyfriend/girlfriend. These teenagers

Unprotected sexual activity has major public health implications. An increased prevalence of genital herpes simplex has been documented worldwide. An increase of 30 per cent in sero-prevalence of HSV-2 (Herpes Simplex Virus 2) in North America and Europe has been noted in the last 20 years. HSV-2 is now the most common cause of genital ulceration.

However, the prevalence of HSV-1 (Herpes Simplex Virus 1) is approximately four times that of HSV-2 and accounted for 68 per cent of those attending a routine antenatal clinic in Britain. Those without immunity who practise oral sex are especially at risk for genital HSV-1 infection.

In another survey published in the *Perspectives in sexual and reproductive health choices*, many women believed that they did not have the right to make their own decisions regarding contraception. This study noted that poor educational status, low achievement, sexual inexperience and inconsistent contraceptive use were independently associated with lack of sexual assertiveness.

This was reflected in the Kaiser Foundation study, where girls in long-term relationships were more likely to discuss contraception, past sexual

sexual decision-making was influenced by drugs and alcohol in over two-thirds of those surveyed, and more than three-quarters were influenced by what the other person wanted to do. Interestingly though, 68 per cent of those surveyed noted that parents' opinions of them were important.

Casual coital and non-coital sexual behaviour has serious health implications for the individuals concerned and for society as a whole. Ireland is no different from many other parts of the world.

The medical profession can play an important role in information-gathering, education and empowerment of adolescents. Evidence-based medicine has its foundation in the effectiveness of a particular intervention rather than on the authority of a particular physician. Patient-centred medicine emphasises that patients play a central role in decisions about their healthcare. None of this could be more important than when counselling adolescents.

Sound, informed decisions based on the best information available, and the ability to put the information into practice, are at the core of good clinical practice. Teenagers are trying to discover themselves and keep their emotional distance from their parents. It is important that they do this in a safe environment. The information should be of a quality that they find important and acceptable. There should also be an emphasis on important questions so that there is empowerment and interaction in the decision-making process.

Empowerment means better communication about sexual behaviour, more ability to control some undesired aspects of sexual behaviour, and the ability to intervene to prevent an increase in sexually transmitted diseases, unwanted pregnancy and coercive sexual behaviour.

The impact of good clinical practice, together with informed and educational public health campaigns, would promote sexual health, reduce sexual risk-taking and reduce sexual violence.

## When feeding becomes a "MASSIVE BURDEN"

While doctors in developing countries are gaining ground in preventing HIV-positive mothers from passing on the virus to their babies, due to major issues such as poverty, culture and sanitation, the inability of these mothers to bottle feed remains a major obstacle.

An editorial in the July 15 issue of *The New England Journal of Medicine* (NEJM) reveals these startling statistics:

- 700,000 children worldwide were infected with HIV worldwide in 2003.
- Nearly half of these children (315,000) acquired HIV through breastfeeding.

The editorial highlights the findings of two major studies on protecting infants from HIV infection. The studies show that access to antiretroviral agents in developing countries is improving, which in turn is lowering the rates of mother-to-child HIV transmission.

Since, however, the primary cause of mother-to-child HIV transmission in developing countries is breastfeeding, the findings of these studies don't address what the NEJM calls the "massive burden" of women who cannot bottle feed their babies.

### Astonishing results.

The first study examined showed 'an astonishing reduction' in the rate of intrauterine transmission of HIV. The study involved HIV-positive women in Thailand who were given a single dose of nevirapine and a course of zidovudine beginning at the 28th week of pregnancy. In addition, the infants were given a single dose of nevirapine after birth.

After this drug regimen, in women who did not breastfeed, the rate of HIV transmission fell to 1.1 percent - a rate on par with developed countries.

The authors raised one concern, however, that the use of these antiretroviral agents could be less effective in any future pregnancy, in future management of HIV in the mother or in HIV management of an infant who does acquire HIV.

### Is resistance a danger?

The second study reveals that some HIV-positive women who receive nevirapine during pregnancy develop resistance mutations to AIDS drugs. This discovery raises the question of whether antiretroviral agents used in pregnant women compromise the effect of future antiretroviral treatment in the mother.

Statistics from this study include:

- 10 days after delivering their babies, 5 percent of mothers had resistance mutations to nucleoside reverse-transcriptase inhibitors (NNRTIs); zidovudine is an NNRTI.
- Among women who received nevirapine during pregnancy, 32 percent had resistance mutations.

The risk of a mother developing resistance after receiving nevirapine increased with higher viral loads and lower CD4 cell counts. According to the authors, these women should be receiving HAART during their pregnancies.

The authors warn that their results do not suggest that doctors should eliminate single-dose nevirapine for pregnant women. '*Single-dose nevirapine is a regimen of striking simplicity, efficacy and affordability*', they say. The dangers of resistance need to be further investigated, according to the study's authors, to determine how doctors should be dealing with this problem.

An important fact to keep in mind is that only 6 to 16 percent of HIV-positive women in Africa receiving antenatal care have AIDS (CD4 cell counts of less than 200 per millilitre). In women who are immuno-suppressed, HAART reduces the chance of transmitting the virus to the child and helps the mother fight the virus.

Yet the majority of pregnant women do not need HAART. In their cases, adding a single dose of nevirapine to a short course of zidovudine '*could be chosen by national authorities*', say the NEJM editors.

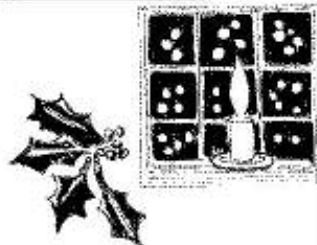
Considering that nearly half the children infected with HIV in 2003 was due to breastfeeding, the findings of the group do not address this "massive burden" and to ensure improvement in the overall rate of survival among children, improved drug regimens covered by these two studies '*will have to be adapted and used by the majority of HIV-infected women in developing countries*'.

*Resumé of the Editorial taken from New England Journal of Medicine, July issue.*

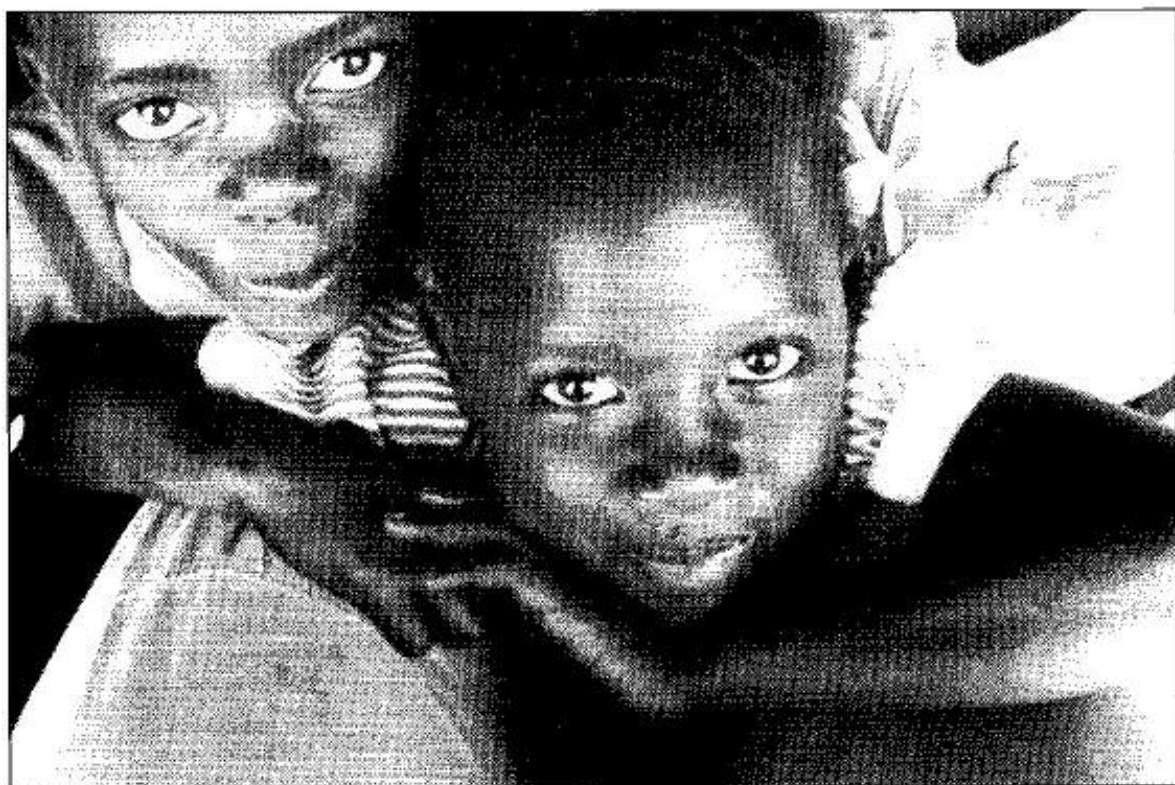
## Remember

In the lighting of the candle and the quenching of the flame we think of you  
In the beauty of the song and the sweetness of the voice remember you  
In the clasping of a hand and in the letting go we think of you  
In the opening of an eye and the closing of a book remember you  
In the whisper of the wind or the turning of the day we remember you  
In the frenzy of our heads and fragility of hearts we think of you  
In the courage of your pain and the strength of your resolve remember you  
In the stillness of the hush and the listening of the heart we remember you.

We go out into the dark with the warm cloak of remembrance around us the light of hope in our eyes.  
In the holy of the day and the holy of the night we remember you.



# LOVE SHACK



In late June this year, I set off to Kenya to visit my friend Karen Ward who has set up a children's charity called *Love SHACK* for sick, homeless, abandoned children in Kenya.

It is estimated by the year 2010, 1.9 million children will be orphaned because of HIV in Kenya. That's nearly half the current population of Ireland.

On my trip, Karen took me to visit orphanages in Nairobi and in the eastern province of Kenya. Most of the children in orphanages are there either because their parents have died of AIDS or because they have been abandoned on the streets. I couldn't help but think how different things would be if only these children's parents had been able to access medicine and adequate nutrition. The future is very bleak for those who are HIV positive unless they are fortunate enough to be able to afford anti-retroviral drugs costing 5,000 Kenyan Shillings or €50 a month. With the

*Love SHACK* has just established its very first home and the hope is to have *Love SHACK* homes throughout every province in Kenya. Each home will have no more than 20 children and the aim will be to create an holistic, loving, self-sustaining and secure environment for sick, homeless and abandoned children, as well as vulnerable adults, to live together as a family. Karen has already begun to provide temporary respite for sick children from rural areas who have undergone medical treatment but who are unable to return home immediately after discharge from hospital. In addition, it is also hoped to enable each child to reach his/her full potential in preparation for self reliance through education and counselling.

Each *Love SHACK* will become independent of the organisation within two years of being established, with the umbrella organisation providing advice and training thereafter. As a

the efforts underway. Already, medical equipment no longer being used in Irish hospitals has been collected and sent to a hospital in Nairobi where as a result, children are now getting treatment free of charge. A teddy bear amnesty has also seen Irish teddy bears bring huge excitement and delight to many Kenyan children.

If you can help us in our work, whether it is to fundraise or send supplies, please contact:  
Sam Poynter c/o Drugs/AIDS Service, Bridge House, Dublin  
or Kay Melvin on 01-6206083  
or email:  
[samantha.poynter@swahb.ie](mailto:samantha.poynter@swahb.ie)



# WINTERTIME IS KIDNEY-TIME



Have you ever wondered why animals hibernate in wintertime? Their body clocks are telling them that it's time to give the body a rest. If we looked closer to the animal kingdom we wouldn't go very far wrong in keeping our bodies healthy. Think also of a time when Ireland relied solely on agriculture as an industry and rest time coincided with the end of the harvest. Back then, people listened to nature. It's time we did the same, so let your body clock follow the natural rhythm of wintertime. If your body is tired in the morning when it's dark outside, take that extra time in bed, if possible. The body needs to be nourished, so eat warming foods, not raw foods, which need too much energy to be digested.

We have now approached the Kidney-time of the year according to Chinese medicine. The kidney function is that of governing birth, growth and reproduction. The element associated with the kidneys is water, the colour is blue and the emotion is fear. Just think how your kidneys work when you are anxious or frightened. The Chinese would say if you go grey before you are 50 years of age, the kidney essence is depleting before its time.

One of the main afflictions in connection with the kidneys is kidney stones. These are 60% less common in vegetarian diets.

Healing foods associated with kidney stones are apricots, mango, melon, peaches, asparagus, brown rice, flax, pumpkin, sesame, sunflower seeds and all vegetables. Herbs that help kidney stones are plantain and stinging nettle. It is important to drink at least two large glasses of water four times a day between meals to flush out stones and avoid bacterial build-up. Cut down on animal protein in meat and dairy products and replace with soy or vegetable based protein.

Salt and high-sodium foods such as bacon and processed foods should be eliminated from your diet, as well as sugar, high-oxalate foods such as leafy greens, rhubarb, coffee, tea, chocolate, grapefruit, parsley, peanuts, strawberries, tomatoes (for oxalate stones), seafood (for uric acid stones), alcohol and refined flour.

I know Christmas time has become a time of excess for most of us, so if you can, watch your intake of these foods that are hard on the kidneys, especially alcohol. Remember to enjoy the holiday and give your poor body a holiday as well, it more than deserves it. It has seen you through twelve months and deserves a little kindness and thoughtfulness. Also remember, "If winter comes, can Spring be far behind?"

Springtime is liver-time and we start the whole cycle all over again.

TML

## World AIDS Day Memorial Service Thank you

AIDS West would like to thank all those who made the memorial service in St. Nicholas' Church such a special event. Morgan Cooke for his musical arrangement, for the talent and beautiful voices of Delia Boyce and Sandra Shelks as well as the Corelli String Quartet, Jaime McEleney and Cuckoo Savante and each of the readers: Isadore, Liz, Rebecca, Maryanne and Colm.

A special thank you to St. Nicholas' Church, Catherine Moore-Temple and Rev. Patrick Towers, who have always shown us such support and generosity, Paddy Jordan for the sound, Michael Dillon our photographer, John Mannion who provided the refreshments, Emer Hennelly for supervising the reception and the Girl Guides for their Trojan work on the night. And last but not least, all of you for coming and showing your support for those affected by HIV/ AIDS. We hope you have received something in return.



## Pea and Lentil Soup

1 Litre Water	1/2 cup of lentils	1 cup of yellow split peas
1 Organic Vegetable Stock Cube		2 Carrots chopped
1 Stick of Celery	1 Onion, clove garlic	Bay leaf if available, mixed herbs, all spice
Pepper	Table spoon oil.	

### Method

Chop onion, garlic, celery and carrots and fry in heated oil until soft. Then place them in a large saucepan with lentils, peas, water, stock cube and bring to the boil. When it has reached the boil, reduce the heat and simmer until the peas

# CHRISTMAS CAROLLERS

It snowed that week, just a dusting, but it was snow nonetheless. It remained on the ground and frosted over to crunch underfoot. A bunch of us got together and decided to do our bit for charity. Christmas week and the setting was perfect for Carolling.

We rehearsed the few carols we knew until we were sufficiently polished for a reasonable performance. In the interest of authenticity, we borrowed County Council Road Lanterns and tied them to broom handles.

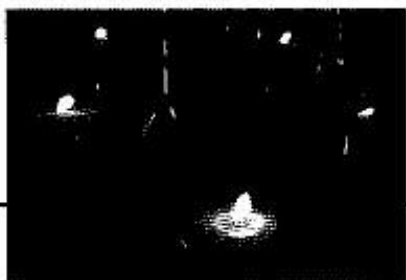
One. Two. Three. Our self-appointed conductor counted and we tried to join in together but somehow Angels We Have Heard on High didn't sound quite right - and when it came to the chorus "Glo...o...o...o...o...ria" was all over the place and totally out of sync. We had to get it right. And we did after two more false starts. God! But we were brilliant.

D'you know that little pause after a great performance when you hold your breath for a couple of seconds waiting for the applause? Well, we were just at that point when a man bounded down the steps of a house and vaulted over the garden wall and ran towards us shouting hysterically - "Get out. Get out of here. Ye bunch of crows. My wife's gone out and I just got that cranky baby to sleep. Go away this minute or I'll call the Guards and have the lot of you locked up for disturbing the peace. Get out, now," he flung at us over his shoulder as he bounded Basil Fawley like, up the steps into his house and snapped the door shut.



Well, we were stunned to silence, totally demoralised and decided it was time to call it a night. The lord- a- leaping had called the tune. The Carol Singers sighed and shrugged. Upholding the ancient tradition was a bit beyond us after that. Our lamps well and truly quenched we headed for the nearest hostelry for something hot and spicy to bolster up our courage for the next performance.

MAE LEONARD



**All the staff of AIDS West would like to extend their deepest sympathy to Gerry Coy, our support services co-ordinator on the recent death of his mother.**

## WINTER WORDSEARCH CLUES

p	l	a	n	s	o	r	t	d	f	g	j	k	
s	e	r	t	h	u	i	n	e	y	g	k	l	
l	o	p	k	i	d	n	e	y	s	s	w	e	
o	c	a	r	b	o	e	t	s	b	f	e	r	
r	t	u	r	e	e	k	e	t	y	d	o	y	
a	n	n	m	r	e	e	r	r	l	a	s	e	
e	s	i	s	n	h	a	l	m	i	n	t	k	
s	l	a	e	a	a	r	f	b	s	i	a	r	
d	i	t	w	t	u	i	c	h	i	b	d	u	
a	t	n	m	i	s	t	l	e	t	o	e	t	
s	n	a	b	o	n	s	a	n	r	r	d	i	
a	e	f	w	o	l	s	h	o	l	i	r		
p	l	p	r	e	i	d	e	r	e	d	n	e	
p	o	s	a	m	t	s	i	r	h	e	o	e	
y	r	o	l	h	r	e	a	c	f	o	l	s	d
l	p	l	u	o	m	p	a	l	d	i	n	n	
l	s	a	a	t	n	a	s	s	d	d	i	i	
o	g	i	u	r	k	e	h	a	a	u	m	e	
h	l	e	a	s	e	h	s	e	s	i	a	r	
a	l	h	a	r	m	a	h	r	a	n	l	e	

- (1) Kidneys
- (2) Hibernation
- (3) Winter
- (4) Mistletoe
- (5) Christmas
- (6) Carols
- (7) Santa
- (8) Holly
- (9) Stones
- (10) Tree
- (11) Plum-pudding
- (12) Candle
- (13) Robin
- (14) Reindeer
- (15) Turkey
- (16) Ham
- (17) Blue
- (18) Lentils
- (19) Fear

## Solution to Autumn wordsearch

