

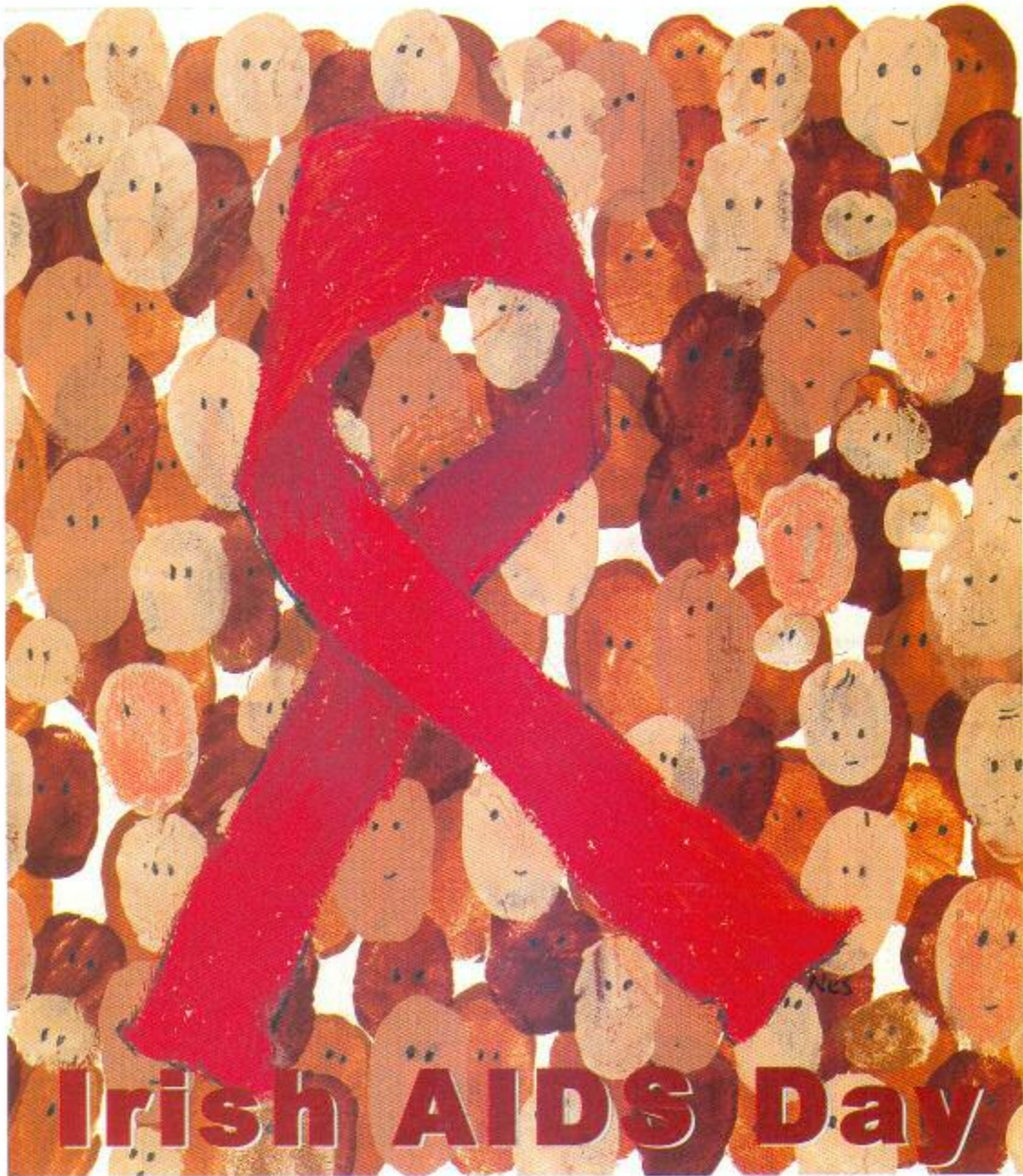
# HAPPINESS IS VITAL



AIDS  
WEST

Quarterly Newsletter of AIDS WEST ©

NO.2 VOL 7 JUNE 2005



**Irish AIDS Day**

# EDITORIAL

Welcome to our special edition to commemorate Irish AIDS Day. I hope you like our front cover by artist Ness Kelly who painted it especially for the occasion. For me it reflects very much the changing face of the HIV profile in Ireland. According to the latest figures from the Health Protection Surveillance Centre (HPSC) there were 182 new diagnoses of HIV infection in Ireland during the quarter 1 and 2 of 2004. Of the 150 where geographical origin is known, 65 were born in Ireland and 62 in sub-Saharan Africa. This brings to 3590 the total number of HIV infections in Ireland up to the end of June 2004. The virus is not fussy about the colour of skin or what country a person is from. It has no difficulty crossing international borders or continents. Figures elsewhere show that there is an increase in the gay and bisexual community as well as the heterosexual community. A recent editorial in the British Medical Journal states that this increase 'is rooted in poverty, ignorance and lack of autonomy for women.' It also says that 'the increase represents a failure of prevention.' So there is still a long way to go to bring the virus under control.

However it is not all doom and gloom. This same editorial says that in 'Thailand and Uganda, dramatic falls in the incidence of new HIV infections have coincided with concerted attempts at changing behaviour, with extensive campaigns to increase awareness of HIV and popularise the use of condoms.' We know that people are living longer and healthier lives because of the developments in drug therapy. Companies continue to work on a universally available vaccine. So on Irish AIDS Day there is a lot to be hopeful about. Dr. Margaret Johnson, chairperson of the British HIV Association believes very much in the future. She says that 'seeing people rebuilding their lives, women having healthy children, men and women having good careers despite living with HIV is inspiring. So if you smoke stop ASAP and save for your old age because you might well have one.' We all agree with that.

ED

*(Quotations from BMJ with permission from the BMJ publishing group, issue 330 page 320-321 Rising Rates of HIV Infection)*

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)

Everyone at AIDS West would like to extend their congratulations to our manager Orla Nugent Irwin and Stanley Irwin on the safe arrival of Sadhb, a little sister for Cian. May she bring you all great joy.

## 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.

Editorial team: Geraldine Mills, Orla Nugent-Irwin, Gerry Coy.  
Layout: Marie-Noëlle Biddulph. Printing: Ace Printers, Galway

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

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

## WHAT'S INSIDE

PAGE 3: This is the Start of Everything for Me

PAGE 4: Making a Difference!  
The Derry Charter

PAGE 5: Is There a Case for Normalisation?  
Focus on Life

PAGE 6: Being HIV in Ireland

PAGE 7: AIDS and Mobility Network/ Poetry

PAGE 8: Women with HIV

Original Artwork: Front cover especially painted for Irish AIDS Day by Ness Kelly. Photographs Julia Greve, John Dunlea, Samantha Poynter.

## “This is the start of everything for me..”

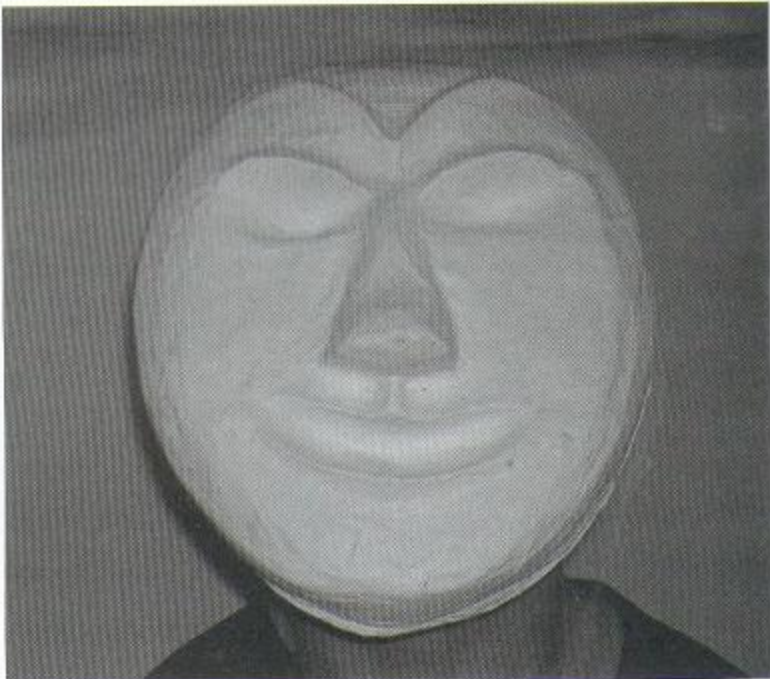
Anseo is a collaboration between Positive Input and Gare St. Lazare Players which has been made possible by a grant awarded under the Cork 2005 European Capital of Culture / Credit Union Artists in the Community Scheme.

The project is a theatrical exploration through mask-work of some of the experiences of HIV positive people and will culminate in a performance in Cork in July.

That Monday in April saw me at the first workshop of our project with artist Judy Hegarty from the Gare St. Lazare Players. The group of six people who participated is a cross section of the HIV community. The ground rules for the project had already been laid down, including confidentiality, so after a short talk we began to make the masks. The group needed very little coaching in terms of making them and soon we were all moulding clay. By the end of the day the bases were made and we were ready to mould the papier maché onto them.

Tuesday saw us layering the bases with papier maché to make the actual masks. A natural interest was discovered from moulding this object with my hand and I found myself becoming more interested in what it would look like, what it would eventually do. I suppose it's not unusual that the masks began to resemble an accurate, sharp expression of the character of the person who made it. The calming repetitive work also allowed for the establishment of an assured atmosphere for all. At the end of this day we each had made two masks.

On Wednesday we painted the masks with white acrylic paint. Judy suggested that colour be left out of them so as to maintain a uniformity and a chorus image for the performance. She spoke about some of the basic principles of working with masks, of allowing the character of it to express itself rather than trying to impose an expression on it. Next we had a chance to see the mask move in space - first on its own, held apart from the wearer. It was extraordinary to see how this moulded papier maché could take on a personality of its own, and how it seemed to want to move and act according to that personality. As I watched each member of the group one at a time move their masks, I was struck by the strange order of a life, mine in this case; that I had contracted HIV, (how far that had been from my life plan) how it had



brought me together with this group of people, with these women from different countries with whom I now had a strong bond, a common experience, and whose stories I may never have heard were it not for this virus entering me. All the things lost and all the things gained.

Thursday was the day we became actors. Having gone through the process of making the masks, getting to know them, we now began to create some scenes with them. Using a mask means that you are deprived of spoken language. It covers the whole face and so both body and mask have to convey emotion and story. Gesture becomes very important. Judy suggested some scenes for us to improvise; a visit to the clinic for starters. The result was that everyone got a chance to work out some scenes, as well as some ideas for areas to focus on for the next workshop. The day ended on a high.

Friday was the last day of the workshop so we took some time to take stock of what had happened personally and creatively during the week. The reaction from the group was very strong and positive. Society prefers to ignore us and we all experience exclusion and isolation in our own smaller communities, so when suddenly you are involved in something through which your opinions and experience are of central importance, it is profound. "This is the start of everything for me", one woman said. It is only when I was given a chance to speak that I realised how much I needed a voice. This was a very special workshop and it left us all eager for the next phase of the project in July.

JOHN DUNLEA

# MAKING A DIFFERENCE

You may have heard about the LoveSHACK project in previous issues of "Happiness is Vital". It is a children's charity with its grassroots in an area of Nairobi, Kenya. Since setting up the project in June 2004 we have helped many families and children who live in the area of Kwangware slum. Thanks to the generosity of people in Ireland the project is really prospering and we hope to purchase land at the end of this year with a view to building our very first school.

During my trip to Kenya this February, I spent a day with Carol from the home-based care team. This is made up of volunteers who visit people living with HIV in the community of Kwangware and Dagoretti in Nairobi. It was one of the most memorable days of my entire life. The hardship that these people go through on a daily basis is thankfully something that many of us will only experience through our television sets.

As Kenya does not have a social welfare system, being unemployed can have serious consequences and many people are thrown into abject poverty. When there is ill health on top of this, it crucifies a community. What struck me about these people was that despite this, they possess an indomitable spirit, strength, and a will to live. Their faith is incredible and serves such purpose and meaning to their lives.

We formulate ideas about what we think people need in Africa; all these fancy words like 'global funding' mean absolutely nothing to a person that does not have any food to feed their children. A lasting imprint on my mind was also loneliness; some of these people had no-one to care for them other than their neighbours.



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

My visits to Africa and work with the LoveSHACK project has had such an effect on my life. I hold my hat up to people like Carol in the Home Based Care team. They may not have medicine but they can offer their love and sheer presence to a person and for some this is their only lifeline.

If you think you are in a position to help us please contact me on 087-6497337, [samantha.poynter@mailm.hse.ie](mailto:samantha.poynter@mailm.hse.ie)

SAMANTHA POYNTER

## IS THERE A CASE FOR NORMALISATION?

It goes without saying that HIV and AIDS are as much about social phenomena as they are about biological and medical concerns. There is a move by government departments and the medical community to normalise HIV infection and as someone said to me in the Dept of Health "Yes, normalise it like diabetes". Meanwhile the British government is talking about bringing in laws to stop people with HIV moving to the UK and removing access to life-saving anti HIV drugs for people of uncertain immigration status. I have never heard of anyone being burnt out of his or her home, stoned to death or refused entry to another country because he/she has diabetes. This may seem like something that happens in other parts of the world but a friend of mine from the west had the courage to come out of the HIV closet and she was spat on in the street.

While Mary Harney is going to make sure that everyone infected with HIV through a blood transfusion or anti-d infections will get life insurance and a mortgage because of the government's responsibility to them,

so it's ok for the government to discriminate against me because of the way I became infected. The Minister of Health should be making sure that we are all treated equally; that insurance and mortgages are available to all people living with HIV. So before the powers that be in government decide that they will normalise HIV infection they need to address the discrimination and stigmatisation that is associated with it. They also need to fund networks and community groups as well as HIV/AIDS organisations to organise campaigns to educate people about the infection. Stigma arises from: fear that HIV causes a life threatening illness, misconceptions around how HIV is contracted or a belief that HIV is a result of having a promiscuous or deviant lifestyle.

This stigma is made worse by prejudice against gay people and other groups who are disproportionately affected by HIV. Some gay men may prefer not to know their HIV status to avoid this and may therefore be denied the advantages of early diagnosis and access to HIV

treatments. Which is why when people are being encouraged to test they must be reassured about the confidentiality of the result. They must be told where the results are going and who has access to them. What are the implications of a positive test result? If I test in a clinic are my results going to be sent to my local GP who is a friend of the family? And does it end there? Will the Dept of Health be notified? Will my ex-partners be contact-traced? People with HIV are sometimes treated differently and often not for the better, simply because of their HIV status.

Fear of discrimination may prevent people from seeking treatment for AIDS or from acknowledging their HIV status publicly. It's not that long ago since a positive result meant a very bleak future, but nowadays HIV meds are proven to work and we are all living longer healthier lives, so it is a good idea to test.

Ending discrimination against HIV positive people can only be good for the health of society in the long run.

NOEL WALSH

## FOCUS ON LIFE

Some time ago, I had to go to the optician as my best buddy in the world was in danger of falling out of bed at night. This was because he had to hold onto the edge of it in order for me to hold my book at arm's length so that I could read clearly. I presumed that I had become short-sighted, as it runs in my family, but the optician assured me that this was not the case, it was my focus that was distorted due to 'my age'. She informed me that I was very lucky; it usually happens much earlier in life. Dwelling on this problem, I started thinking about how at this stage in our lives, there is probably a reason why our focus starts to go. I have discovered since I passed the '40s' milestone that I have developed insights into things that have been mysteries to me all my adult life.

Have you ever just found that answers come to you without dwelling too much on them? It has made me realise that it's not as important anymore to be too clear about what is actually going on out there, if what is going on inside you is clear or in sight. Then you can let the external focus sort itself out with glasses.

This 'focus' issue has also re-confirmed for me the reason why we shouldn't take our livers for granted at this late springtime of the year. The liver is open to the eyes which means, in order to keep our eyes in good condition, we must make sure the liver is functioning properly. Vitamin A is excellent for both the eyes and the liver, found in fish liver oil, carrots, green and yellow vegetables, eggs and yellow fruits. If taking a

supplement of Vitamin A, remember it is fat-soluble, which means the body doesn't flush out the excess, and is therefore retained in the body. The best way to avoid this is to try to get your Vitamin A in the food you put into your body. If your weekly diet includes ample amounts of liver, carrots, spinach, sweet potatoes or cantaloupe, you are unlikely to need a supplement. I personally find the glass of carrot and nettle juice a day does the trick. The herb Eyebright is often used for problems such as conjunctivitis, red eye, stye (lotion), and poor visual acuity due to eyestrain or diabetes, itchy or stinging eyes.

They say the eyes are the windows to the soul; so keep your eyes healthy and be aware of your inner 'focus'.

TML

## Being HIV in IRELAND

I am a mother of four children. I came to Ireland from Africa in 2000 to work after my husband died. I started to work in one of the companies here on a work permit. I was not allowed to do the work I trained for in my country but I didn't mind because I wanted to look after my children whom I had left in Africa with my mother who is a widow as well.

Work for me was difficult as I worked long hours. In a bid to try and improve my life here, I started doing a course during the day and working in the evening. Then came a big blow to me in 2003 when I was diagnosed HIV Positive. My life was filled with darkness. When my health status was discovered my GP told me not to work or go to school. Life became impossible for me. I thought of killing myself because I was thinking of how I would care for my children. Thank God, I was finally introduced to a lady working in the Helpline. She was really nice to me, sat with me and gave me counselling which changed my suicidal mind. She helped me to keep going and do my course. She cheered me up and helped me in every way possible.

At the end of 2003 my mother got a stroke, so she was unable to look after my children. I decided to apply for visas for them to come to Ireland but was turned down. Then I became sick with stomach ulcers and was admitted to hospital. At first they treated me well but when they discovered my HIV status things changed. One of the staff members couldn't be close to me. They began to discuss me as if I

was a fearful thing which they had never seen. It became better when I was taken to another hospital. All these things were like thorns in my flesh though I was cheered up by the lady from the Helpline. She showed me much love.

When I got out of hospital I struggled to finish my course and despite everything, passed very well. I wished to continue my studies but the words of the GP kept ringing in my ear, "here in Ireland you will never be allowed to do such a course with your status."

Then I developed a heart problem. While in hospital one nurse in charge started asking questions which were wounding me even more, like "Why don't you go back to Africa, there are some HIV treatments even in Africa. Who will look after your children?" and so on.

It has been really tough and hard to swallow for me, experiencing a hard situation like this. Several times I have had appointments in different hospitals. When they learn from my records that I am HIV I get a different treatment. I don't feel free in hospitals because of my situation. It pains me more when I think that I don't really know how this disease entered my life. If it is through sex, I only slept with one man in my life who gave me four children. Only God knows and will tell me one day.

PETINA

### SOME LIFE MYSTERIES

- Why is the word "abbreviate" so long?
  - Why do doctors call their work "practice"?
- Why is it called rush hour when everything moves so slowly?
  - How is it that wrong numbers are never busy?
- Why is it that if it's sent by ship it's a cargo and if it's sent by road it's a shipment?

## THE DERRY CHARTER

Recently I attended the Positive Voices Initiative in Derry to take part in a consultation process to write a Human Rights Charter for HIV people in Ireland. Over 40 people attended from HIV organisations of the HIV Services Network and from the Rainbow Projects in the North. Asylum seekers, refugees, women, young adults, gay and bisexual men were all represented.

Noel Walsh, the HIV representative from the National AIDS Strategy Committee and the sub committee on Care and Management addressed peoples' concerns about proposed actions to criminalise non disclosure of HIV status. If you are interested in reading a good paper on non disclosure of HIV Status look up Cuerrier VR case paper from the Canadian HIV and Human Rights Law website. It discusses the legal definition of true consent and the recommendations made by the Canadian Supreme Court after Cuerrier failed to inform a long term girlfriend and a casual partner of his HIV status.

It can be difficult to disclose HIV status. Conflicting sources of information on safe sex practice, on viral loads, infectiousness and on being asymptomatic lead some people to make genuine mistakes and unwittingly put others at risk. Internet sites, magazines and newsletter articles have sometimes played down the risks of transmitting HIV against advice from doctors and counsellors. Many of us have all read articles about sero-discordant couples who don't use protection yet stay uninfected. I have read articles that suggest the 'low probability' of infecting negative partners when you have a suppressed viral load as a result of HAART.

In 2002 in Seattle USA the MSMHIV/STD task force on HIV prevention wrote the Sex Manifesto. This followed a series of community sex and ethics workshops with HIV positive people and professionals in response to the climbing HIV infection rates in the gay community. They wanted to build a HIV responsive community and to promote ideas that would support HIV positive men - in this case to establish healthy gay community norms. The manifesto has been welcomed by members of the HIV community straight and gay. If we adopt a legal policy against non disclosure of HIV in Ireland it should go hand in hand with HIV sexual health support programmes.

JULIANNA KENNY

# AIDS & MOBILITY NETWORK

The first meeting of the new AIDS and Mobility network Ireland was held recently in Hawkins House, Dublin. The purpose of the meeting was to gather both statutory and voluntary sector representatives working in the area of Migration and HIV/AIDS. AIDS and Mobility Europe (A&M) is a network for the support of organisations in Europe in the field of HIV/AIDS and mobile and migrant populations with a special focus on young people. A&M supports non governmental and community based organisations that develop and provide HIV/AIDS policies and interventions for mobile and migrant populations. It provides opportunities for collaboration and exchange between all such organisations in Europe.

There is a network of National Focal Point contact people (NFPs) in each participating country as part of the A&M European Network. Each NFP is responsible for the coordination of a national network in which the main mobile and migrant groups are represented in association with agencies working in the area of HIV / Aids & migration. One of the tasks of the NFPs is to collect information and disseminate it both at the national and the European level following consultation with the national network group.

Another task is to stimulate collaboration between community-based, non governmental organisations and HIV services that are working with mobile and migrant populations to provide capacity development and general information for migrants living with HIV. The network of NFPs has recently been extended to the new EU member states.

At present the overall working plan of the A&M European Network is addressing 5 main areas:

(1) Young Migrants Living with HIV, (2) HIV positive people with uncertain status in Europe, (3) Gender Issues, (4) Epidemiological Developments, (5) The New EU member states.

The Irish network is currently participating in two of these working groups i.e. groups 1 & 2. The planning process and working group schedules are currently underway.

Participant groups hope to have recommendations and practical solutions to address these issues completed in 2006. P.J. Boyle is the NFP of the Irish network.

For further information contact P.J. Boyle at 01-8569015 or email [pj.boyle@mailc.hse.ie](mailto:pj.boyle@mailc.hse.ie) or log on to [www.aidsmobility.org](http://www.aidsmobility.org).

## A real Galwegian

Because when you watch a woman  
sitting next to you writing an e-mail  
in what looks like Korean, or find yourself asking  
someone called Candy from Saskatchewan  
for two bagels with cream cheese,

It occasionally still hits you; how it's  
like a blink of an eyelid since, down this street,  
the coffee was rotten, and a night out  
just a pint of sad *Smithwicks* eventually  
emerging in a withered hand  
from a back street hatch, a barman telling

a complaining Yank how the lock broken  
on that toilet door has been that way  
for nearly twenty years, and not  
a single shit stolen yet.

## KNIVES

It wasn't from the wind I took it:  
with a granddad who once threatened  
to tie the cat across the hedge,  
so that nosy bastard neighbours, as they passed,  
would gawk at it instead of in at him;  
and a father who often likened  
Albert Reynold's face to a torn slipper;  
I come from a long line of men,  
who saw words not as decorations  
but weapons, knives with which to cut  
others down to size.

*Kevin Higgins poetry has appeared widely in literary journals in Ireland, Britain, US and New Zealand. He has just been awarded an Arts Council Literature Bursary.*

*These poems have been taken from his collection The Boy With No Face published recently by Salmon. He is the poetry critic for the Galway Advertiser.*

**Watch out for AIDSWest activities  
on Shop Street, Galway  
on Irish AIDS Day.**

# WOMEN with HIV

Our support service coordinator and myself were privileged to be invited to the 11th Annual Conference of the British HIV Association (BHIVA) with the British Association for Sexual Health (BASHH) in the Burlington Hotel in Dublin from 20-23rd April 2005.

We arrived at the hotel on Thursday morning to be given a badge to hang around our necks and a luxury conference pack with a whole range of items (i.e. pens, pens and more pens as well as enough paper to keep us going for a life time). First we had a look around the stands. Each one had a variety of gadgets to give away - from coffee mugs, to pens, (don't you know) to digital cameras and stress balls; all of course branded with the pharmaceutical logo but at the same time totally unrelated to HIV.

Over the two and a half days we got to hear a variety of talks from individualization of antiretroviral (ARV) treatment, to drug interactions of antiretroviral drugs and many other clinical issues. Unfortunately many lectures went straight over my head, as I wasn't familiar with the more intrinsic scientific details of both the drugs and HIV and the endless list of abbreviations used by clinicians.

However one very interesting symposium dealt specifically with the area of women and HIV. Dr. Jane Anderson from the Homerton University Hospital London spoke of the increasingly diverse population of HIV positive women present in the UK. This picture more and more applies to the situation here in Ireland with the influx of non nationals and HIV positive women from other cultural backgrounds. In terms of their differing needs, she urged us to be aware of the roles women often play, whether as wives, mothers or caring for the elderly and as a result often have less time or motivation to look after their own needs.

Dr. Anderson pointed out that there is less data on women out there and hence not enough specific knowledge available for clinicians about their particular needs.

While it seems that the major pathology is similar in both sexes, women have added cervical and gynaecological complications. Questions such as "Does HIV affect fertility?" and reproductive decision making were on the agenda. Often it seems that

pregnancy coincides with HIV diagnosis, which brings with it issues around mother to child transmission, but also of course questions around how the pregnancy itself as well as ARV treatment affect the course of the HIV infection in the woman. In terms of women's response to treatment, it appears that it is similar to that of men, while sometimes even better as women have a tendency to live longer than men, with or without HIV. However the side effects of HAART tend to be multiple among women and hence they are more likely to switch therapy at one point or another. One of the metabolic effects of HAART, which seem to be greater in women, is the change in body shape due to a slowing of fats being metabolised. Women are therefore far more likely to put on weight compared to men, who are more likely to lose it. This brings with it both physical and psychological problems. In general, a woman's treatment options vary from that of a man; particularly during her reproductive years which depend on whether she is pregnant or not at time of diagnosis or in fact, wants to conceive in the future.

Dr Anderson concluded her talk on the note that women's needs centre around services that should be specifically focussed on psychological, social and peer support as well as appropriate advice on reproductive choices, but that are overall gender sensitive and respectful of the position of women.

JUTTA GREVE



ONE OF THE MORE INTERESTING STANDS AT THE CONFERENCE.



MARY BRYSON AND JUTTA AT THE "BHIVA" CONFERENCE IN DUBLIN IN APRIL 2005