

HAPPINESS IS VITAL



Quarterly Newsletter of AIDS WEST ©

NO.3 VOL 7 SEPTEMBER 2005

IRISH AIDS DAY

AIDS WEST honoured Irish AIDS DAY on the 15th June by distributing red ribbons in the Shop Street area. Organised by Angela Small, local musicians came along to support the day. People reached into their pockets and gave very generously.

AIDS WEST would like to thank very sincerely all those who gave of their time, the musicians: Mary O'Sullivan, Rena Small, Bernard McNamara, John Norman, Willie Green, Ellie Cummins, Flan Fox, the collectors: Julia Hough, Caoife Garvey, Helene Lynch, Sara Small, Sarah Mularkey, Anna Mularkey, and Kieran Browne.



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EDITORIAL

Welcome to the autumn edition of Happiness is Vital. It seems no length since we were acknowledging the length in the day and now here we are, preparing for the longer night as we head into change. But change is not always a bad thing and any changes that are happening in the area of HIV, no matter how small, are going in the right direction. Take for example the decision by the Canadian Government to change their policy on visas for HIV Positive visitors. As a result visitors no longer have to disclose their status on the application form. Or the breakthrough for scientists who believe they have found a cure for the "latent virus" that remains hidden in the body's DNA. You can read about these in What's in the News, page 3.

Even here on home ground, Ireland is heading for change if

RTE, who are planning to remove their self-imposed ban on the advertising of condoms on radio and television, actually do so. Recent figures announced by the HPSC show a continuing rise in cases of AIDS so greater energy needs to go into education and awareness around prevention. Appropriate advertising can go a long way in that direction.

We are always looking for the most up-to-date information on HIV and AIDS so that we can keep you, our readers, informed. If you have any articles, poems, stories or funny incidents that might benefit other readers we would be delighted to hear from you. Deadline for the next issue is the 5th November, so keep the articles coming.

Keep well, keep healthy.
Ed

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: info@aidswest.ie
website: 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.

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 November 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.

**BE WISE
SAY NO
TO HIV AND STI'S
USE A CONDOM.**

THE IRISH AIDS MEMORIAL QUILT



In the months that followed Donna's death, I asked her family for their permission to make a panel for the Irish AIDS Memorial Quilt in her memory. The family gave their approval and Donna's sister lovingly made and added her contributions too. Each was a symbol

of her life and a token of our love for her.

After I was diagnosed in the early nineties, a peer support group for HIV positive people was set up in Galway. There were five in that original group, Donna, Luke, Franco, Hans and me. We all hit it off pretty well. I loved listening to Donna's tales of her travelling the world and I'd dream of sitting on a sun-kissed beach in some far off land. Motorbikes were another of her passions. I admired her independence, her strength and her love of life. Often we'd visit each other in hospital or she'd sing another Queen classic, "The Show Must Go On", down the phone if I was feeling low.

It came as an awful blow when I heard she had died. We were both in the hospital at the same time but I was too sick to visit her, and when I got out, Marie was at the doorstep to tell me the sad news. I went to her funeral but it all went by in a blur. Donna was only 34. I can still remember the funny laugh she used to have and when I smell lavender, I think of her. Donna was the first close friend I had that I lost to this virus, but she wasn't to be the last. Franco and Hans also both died shortly after.

People may have forgotten the story of the Quilt. It began in America in 1987 when a display of thousands of assembled panels in front of the White House in October that year, caught the public imagination and established the Quilt as America's National AIDS Memorial. In the early '90s over 12,000 panels were made. Each panel measures 3 feet by 6 feet, the size of a standard grave, and usually carries the person's name and details of their life (work, interests, hobbies etc.) along with messages of love from its creators. The panels are richly decorated, often with striking colours and images, so that when displayed they are not only emotionally but visually stunning.

Worldwide, the Quilt has been established as a powerful symbol of remembrance for those who have died and of hope for those living with AIDS. Donna's Quilt panel was the first named panel in the West of Ireland. It has joined the Irish Quilt tour and has been displayed not only in Ireland but also overseas.

EXTRACT FROM
"Liz's Story"
TO BE PUBLISHED SOON.

WHAT'S IN THE NEWS?

BREAKTHROUGH FOR SCIENTISTS HUNTING AIDS CURE

Scientists announced for the first time that they could be nearing a cure for AIDS, which has already claimed 25 million lives world-wide. A decade after the development of the therapeutic drug cocktail which transformed AIDS from a killer infection to a chronic disease, doctors have announced recently in the *Lancet* that they may have made the next big breakthrough.

AIDS is unique among infectious diseases because even after treatment with this cocktail of powerful drugs, "latent" virus remains hidden in the body's DNA and erupts as soon as treatment stops.

Scientists found that combining a cheap drug called valproic acid, used in the treatment of epilepsy with the existing therapeutic cocktail, the level of latent HIV fell dramatically. They claim they may be able to eliminate the latent HIV altogether, curing the disease.

The claims published in the *Lancet* had some scientists hailing a breakthrough, while others warned against talk of a cure.

Jean Pierre Routy of McGill University in Canada said the finding, "merits further urgent study", while Robin Weiss, professor of virology and an expert on HIV at University College London said: "This is a potentially exciting advance but any talk of 'curing' infection is premature, if not reckless."

COURTESY OF
INDEPENDENT ONLINE

CANADA CHANGES VISA PROCESS FOR HIV POSITIVE VISITORS.

As a result of ongoing discussions between government departments, the organisers of the XVI International AIDS Conference (AIDS2006 due to be held in Toronto in August 2006) and others, Canada no longer requires people applying for visas as short-term visitors to disclose their HIV status on the application form. Previous Canadian immigration policy was that a person may be denied a visa or entry to the country if "they are likely to be a danger to public health or public safety" or, "they might reasonably be expected to cause excessive demand on health or social services".

Generally, neither of these grounds applies to a person living with HIV/AIDS seeking to enter the country as a visitor on a short-term basis (i.e. under 6 months). HIV is not a casually communicable infectious disease (unlike tuberculosis). In May 2005, the new visa application form was implemented by CIC.

As a result of this change, Canada does not require people applying for a visa to enter Canada as a short term visitor, to disclose their status on the application form.

This positive approach could easily be adopted by the USA, which still maintains a discriminatory policy that includes HIV as a barrier to enter the country. This is why IAS conferences are no longer held in the USA.

COURTESY OF I-BASE

RESISTANCE & ADHERENCE

Several billion new HIV infected cells are produced in an HIV-positive person every day. In making this vast number of copies of itself, the virus also makes very small mistakes. These changes or mistakes are called mutations. This means that an HIV-positive person is really infected with thousands of slightly different viruses, which continue to evolve and change over time.

When you are not taking treatment, these changes do not generally affect how you will respond to treatment. There is no reason for any particular mutation to be produced, because they are usually not as strong as the original HIV. Non-resistance HIV is called 'wild-type'.

However, when you are on treatment, some mutations that develop will stop the drugs from working. These resistance mutations will continue to reproduce and because they have a competitive advantage over wild-type virus, will eventually become the major type of your HIV. You then become more resistant to those drugs, as well as to other similar drugs.

The higher your viral load rises when you are on treatment, the

more likely it is that you will develop resistance. That is why it is so important to get your viral load as low as possible. Even between 50 and 500 copies/mL, you have enough new HIV produced each day to be at risk of developing resistance. However, if your viral load remains below 50 copies/mL, there is so little new HIV produced each day that mutations are very unlikely to develop. This means you could use the drugs for many years and still not develop resistance.

Some drugs stop working after only one mutation. These include nevirapine and efavirenz (NNRTIs) and 3TC (a nuke). Other drugs need to develop a series of mutations before they stop working. With protease inhibitors, you first develop one or two mutations (which may stop the drugs working a little). If you then continue taking the same drugs without changing your treatment, more mutations will develop that will stop the drugs working completely.

Sometimes you can overcome protease inhibitor resistance by increasing the doses of these drugs. Resistance and

adherence are closely related. If you miss, or are late, taking one or all of your drugs, you increase the chance of developing resistance. This is because drug levels fall below a minimum safe level to control the virus.

The mutations that occur when you only have low concentrations of your drugs in your blood can stop the drugs working. Then, when you restart or continue treatment, they may not work at all.

Adherence is just as critical when you are on your second, third or later combination.

One study showed that people who had developed resistance to previous combinations, who took every dose of their new regimen on time, saw their viral loads become undetectable.

These people had much better results than a similar group taking their first treatment, who would be expected to do much better.

Resistance and adherence are discussed in detail in the i-Base booklet, "Introduction to Combination Therapy".

COURTESY OF I-BASE



KNOWLEDGE IS POWER

The number of notified STI's has been on the increase every year since 1994. Some of the more common infections on the rise are genital warts, *Chlamydia trachomatis*, non-specific urethritis, molluscum contagiosum, genital herpes simplex and candidiasis, among others.

With this in mind, it is the aim of this series of articles to raise awareness around the symptoms of STI's so that people can educate themselves and take appropriate precautions when expressing their sexuality. The three infections outlined here are: Ano-Genital Warts, Non-specific Urethritis and Chlamydia.

Ano-Genital Warts

Genital warts are small fleshy growths which may appear anywhere on a man or woman's genital area. They are caused by a virus called human papilloma virus (HPV), of which there are more than 60 different types. After infection with the virus it usually takes between 1 and 3 months for warts to appear on the genitals. A person may notice pinkish/white small lumps or larger cauliflower-shaped lumps around the vulva, the penis, the scrotum or the anus. They may itch, but are usually painless. Often there are no other symptoms. In women, genital warts can develop inside the vagina and on the cervix.

Genital warts are spread through skin-to-skin contact. If a person has sex or genital contact with someone who has genital warts, he/she may develop them too. They can be passed on during vaginal or anal sex.

Genital warts are caused by a virus and not a bacterium, therefore antibiotics will not get rid of them.

The clinic may prescribe podophyllin, which is painted onto the wart(s) and must be washed off 4 hours later (or sooner, if the area is irritated). They can also remove them by freezing or laser treatment. Often, more than one kind of treatment is necessary before the warts are gone. Remember, condoms will only protect against the wart virus if they cover the affected areas.

It is important to return regularly for treatment until all the genital warts have gone. Sometimes treatment can take a long time. The majority of people whose genital warts initially disappear will get a recurrence. It is always important to seek medical advice.

Non-specific Urethritis.

Non-specific Urethritis (NSU) is an inflammation of a man's urethra. This inflammation can be caused by several different types of infection, the most common being Chlamydia.

NSU may be experienced months or even years into a relationship. The symptoms of NSU may include: pain or a burning sensation when passing urine, a white/cloudy fluid from the tip of the penis. This may be more noticeable first thing in the morning. Often there may be no symptoms, but this does not mean that a person cannot pass the infection on to his/her partner(s).

NSU is almost always caused through sexual infection. A physical examination of the genital area by a doctor or nurse is carried out and a swab taken from the penis or urethra. A sample of urine is also taken. Samples are looked at under a microscope to check for infection. NSU can be treated with a course of antibiotic tablets. Partners should also attend the clinic for a check-up. It is important to return for a check-up after the treatment is completed to ensure that the infection has gone. The infected person should not have penetrative sex (when the penis enters the vagina, mouth or anus), not even with a condom, until he/she has returned to the clinic and been given the all clear by the doctor.

Chlamydia (*Chlamydia Trachomatis*)

Chlamydia is the most common treatable, bacterial, sexually transmitted infection. It can cause serious problems later in life if it is not treated. Chlamydia infects the cervix in women. The urethra, rectum and eyes can be infected in both sexes. Symptoms of infection may show up at anytime. The majority of women who are infected with Chlamydia will have no symptoms at all. Possible symptoms are: a slight increase in vaginal discharge, pain on passing

urine, lower abdominal pain, pain during sex, irregular menstrual bleeding, a painful swelling and irritation in the eyes (if they are infected). Men are more likely to notice symptoms than women, including a cloudy discharge from penis.

Chlamydia can be transmitted by: having sex with someone who is infected, occasionally, by a mother to her baby at birth, or by transferring the infection on fingers from the genitals to the eyes. During a surgery visit, an examination of the genital area is carried out by a doctor or a nurse. The treatment for Chlamydia is a course of antibiotic tablets. If left untreated, Chlamydia can lead to Pelvic Inflammatory Disease (PID). Many cases of infertility can be traced back to infection with Chlamydia. Remember, after treatment, using condoms during sex can reduce the risk of getting or passing on sexually transmitted infections.

COMPILED BY JUTTA GHEVE, EDUCATION
CO-ORDINATOR AIDS WEST

If you think you may have an STI contact your local STI clinic. Phone numbers on page 2.

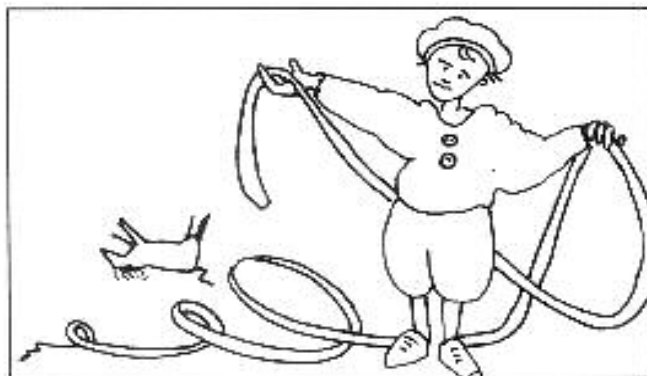


HOW CLEVER ARE YOU?

- (1) There are ten blue socks and ten red socks in a drawer. If you reach into the drawer in the dark, what is the minimum number of socks you must take out before you are sure of having a pair that match?
- (2) A shepherd had 17 sheep. All but nine died. How many did he have left?
- (3) The number of eggs in a basket doubles every minute. The basket is full of eggs in an hour. When was the basket half full?

Answers on page 8

CONDOMS, WHAT'S THE STORY?



Condom use can be traced back several thousand years. It is known that around 1000 BC, the ancient Egyptians used a linen sheath for protection against disease. The earliest evidence of condom use in Europe comes from scenes in cave paintings at Combarelles in France, dated around 100-200AD. There is also some evidence to show that some form of condom was used in Imperial Rome. In the 1500's, the syphilis epidemic that spread across Europe gave rise to the first published account of the condom. Gabrielle Fallopius described a sheath of linen he claimed to have invented, to protect men against syphilis. Having been found useful for prevention of infection, it was only later that the usefulness of the condom for the prevention of pregnancy was recognised.

Later in the 1500's, one of the first improvements to the condom was made, when the linen cloth sheaths were sometimes soaked in a chemical solution and then allowed to dry prior to use. These were the first spermicides on condoms.

The first published use of the word "condum" was in a 1706 poem. It has also been suggested that Condom was a doctor in the time of Charles II. It is believed that he invented a device to help the king to prevent the birth of more illegitimate children. Even the most famous lover of all, Casanova, was using the condom as birth control as well as against infection.

In the 1700's, condoms made out of animal intestines began to be available. However, they were quite expensive and the unfortunate result was that they were often reused. This type of condom was described at the time as "an armour against pleasure, and a cobweb against infection". In the second half of the 1700's, a trade in handmade condoms thrived in London and some shops were producing handbills and advertisements for condoms.

The use of condoms was affected by technological, economic and social development in Europe and the U.S. in the 1800's. Condom manufacturing was revolutionised through the discovery of rubber vulcanisation by Goodyear (founder of the tyre company) and Hancock. This meant that it was possible to mass-produce rubber goods, including condoms, quickly and cheaply. Vulcanisation is a process which turns the rubber into a strong elastic material.

In 1861, the first advertisement for condoms was published in an American newspaper when The New York Times printed an ad for "Dr. Power's French Preventatives." In 1873, the Comstock Law was passed. Named after Anthony Comstock, the Comstock Law made illegal the advertising of any sort of birth control, and it also allowed the postal service to confiscate condoms sold through the mail. Until the 1920's, most condoms were manufactured by hand-dipping from rubber cement. These kinds of condoms aged quickly, and the quality was doubtful.

In 1919, Frederick Killian initiated hand-dipping from natural rubber latex in Ohio. The latex condoms had the advantage of ageing less quickly and being thinner and odourless. These new types of condoms enjoyed a great expansion of sales. By the mid-1930s, the fifteen largest makers in the U.S. were producing 1.5 million condoms a day.

In 1957, the very first lubricated condom was launched in the U.K. by Durex. From the early 1960's, use of condoms as a contraceptive device declined as the pill, the coil and sterilisation became more popular. The use of the condom increased strikingly in many countries following the recognition of HIV/AIDS in the 1980's. Condoms also became available in pubs, bars, grocery stores and supermarkets. The female condom has been available in Europe since 1992, and it was approved in 1993 by the U.S. Food and Drug Administration (FDA). In 1994, the world's first polyurethane condom for men was launched in the U.S. The 1990's also saw the introduction of coloured and flavoured condoms.

Condoms finally became legal in Ireland in 1993 allowing the sale of condoms over the counter in shops and vending machines in pubs and clubs without any age restrictions.

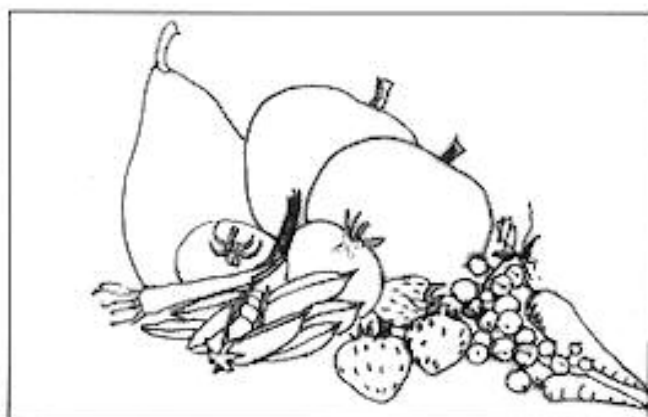
For more information check out www.averyl.org

JAMIE OLIVER INSPIRES SEX EDUCATION SERIES

Channel 4 is aiming to follow the success of Jamie's School Dinners by launching a similar campaign to improve sex education.

Before her lecture entitled "Not all TV is Crap" Heather Rabbatts, the channel's head of education, told the Independent: "We have the highest rates of teenage pregnancy in Europe, we have a high rate of sexually transmitted diseases, ... yet sex education is not compulsory in schools and parents are entitled to withdraw their children from sex education lessons. Other European countries don't treat the subject in the same way. We want to educate young people to make decisions, i.e. to say 'no' - which is probably not something we've been associated with in the past." The company is planning to commission the programme for next year.

LOOKING AFTER YOURSELF



HIV infection causes a much higher need for nutrients in the body. HIV+ people with higher levels of nutrients, progress more slowly to the symptoms and diseases associated with AIDS. Nutrient supplementation can greatly decrease or eliminate many drug side effects and improve quality of life. Therefore in looking after yourself, it's important to choose a nutrient dense diet, rich in fresh fruit, vegetables, whole-grains, nuts, seafood. Avoid junk food.

Treat anything that makes it difficult for you to eat or absorb food, for example depression, thrush, low levels of stomach acid, indigestion or diarrhoea. Avoid smoking, alcohol, other drugs and exposure to chemicals. Drink plenty of water.

Important nutrients for someone who is HIV+ are Selenium, Vitamin C, Vitamin A and Beta-carotenes, Vitamin E, Zinc, Vit B12, essential fatty acids and the three Amino Acids: cysteine, glutamine, tryptophan.

The Human Immunodeficiency Virus has a gene that is almost identical to the human gene which produces the anti-oxidant enzyme glutathione peroxidase(GP). As the virus replicates, it seriously competes with the body for the nutrients that are required to make the enzyme. If there is a scarcity of these nutrients in the diet of the HIV infected person, not enough glutathione peroxidase will be made and the person will lack the protection that this important enzyme gives against carcinogens, toxins and infections. Selenium is one of the most important components of glutathione peroxidase. There is abundant evidence to show that a high dietary intake of this element gives a great deal of immunity against viruses.

Viruses are like all other life forms: they thrive in specific physical and social environments and not in others.

One of the reasons put forward as to why HIV/AIDS is pandemic now is that certain changes in the environment occurring in the latter part of the 20th century and the early part of the 21st century, have greatly improved HIV's competitive position. One of them is Selenium deficiency. This is very common in soil worldwide and is due mainly to increasing air pollution in the last 50 years. Because of this pollution, precipitation has become increasingly acidic. This

has caused soil pH to fall and heavy metal and fertiliser contamination has increased. As a consequence selenium bio-availability has declined and levels of this element in the food chain have fallen.

Areas that were already low in Selenium have been particularly affected, one of the most obvious being sub-Saharan Africa. Senegal however is a different story. Despite polygamy and unprotected promiscuity, its HIV levels are very low in comparison. In Dakar, its major urban centre, HIV-1 prevalence among women attending antenatal clinics has remained at one percent or less since the time that surveillance began in the mid-80's until the present day. Geologically, Senegal contains a rock type that is always Selenium rich in comparison to other areas.

Good food sources of Selenium are Brazil nuts, seafood, organ meats, barley, wholewheat, eggs, brewer's yeast, shiitake mushrooms, broccoli, onions, garlic, tomatoes. Brazil nuts are particularly high in the element and three to four Brazil nuts a day supply your daily quotient. Brazil nuts also supply good levels of the three amino acids glutamine, cysteine and tryptophan as well as vitamin E and essential acids. All these nutrients are important to all but especially HIV+ people so they are well worth including in everyone's diet.

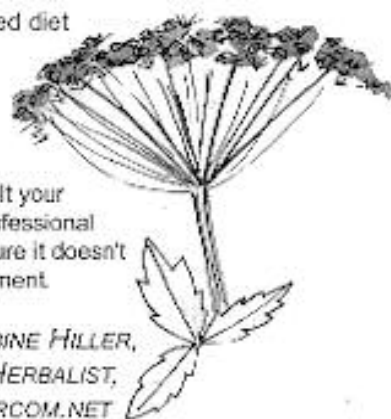
Fresh food and vegetables supply a good source of vitamins C and A. Fish, seafood and flax oil offer good supplies of essential fatty acids as well as Zinc.

Vitamin B12 is involved in regulating parts of the immune system. It reduces bone marrow toxicity caused by drugs. It increases appetite. Together with folic acid, it increases the ability of red blood cells to carry Oxygen. This is important as most anti-retroviral medications destroy red blood cells and cause anaemia. The best sources for this vitamin are meat, fish and dairy products.

Inflammation in the body of HIV+ people can activate the virus and increase replication, raising the viral load. Foods that limit inflammation include Ginger, Turmeric, bioflavonoid rich fruits (e.g. berries), Omega-3 fatty acid rich foods like fatty fish, flaxseed, walnuts and other seeds and nuts as well as the anti-oxidants such as Vit. C, A, E, Selenium and Zinc, already discussed.

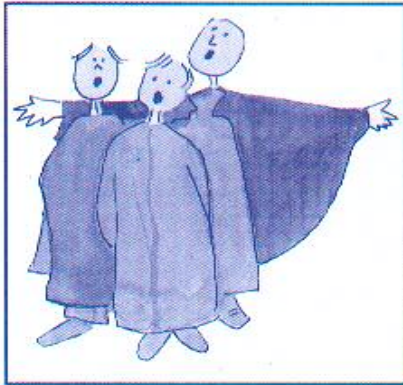
So eating a good, varied diet can go a long way towards looking after your health.

If you go on vitamin supplementation, consult your doctor or healthcare professional before doing so, to ensure it doesn't interfere with your treatment.



COMPILED BY SABINE HILLER,
MEDICAL HERBALIST,
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AMERICAN CHOIRS FUNDRAISE FOR AIDS WEST



While Galway's media was turned to the goings-on at Ballybrit and the Galway Races, there were other good things happening in the city during the month of August and a double treat was in store for all music lovers.

For those who had more of a love for heavenly singing than for horse racing the place to be was St. Nicholas' Collegiate Church on Friday 29th of July at 8.00 pm when the Mayfield United Methodist Church Choir gave Galwegians a real treat. The choir which hails from Mayfield Heights, Ohio, has already had three other European tours this year and this was their first time to perform in Ireland.

Under the direction of Craig Mc Gaughey, the concert included such works as Gloria in Excelsis (from the 12th mass) by Mozart; O Lux Beatissima by H. Helvey; Immortal Love Forever Full by D. Schwoebel; Steal Away

and Deep River arranged by John Rutter and How Can I Keep From Singing, arrangement by B. Ellingboe.

The Faith United Methodist Church Choir from Minnesota USA gave a concert in the same venue on Friday 5th August. Under the musical direction of Joanne Halvorsen and with Marie Kuglin as organist the choir performed such well known numbers as: O Happy Day, Battle Hymn of the Republic, Dixie and many others. This was also the choir's first time to perform in Ireland. As well as Galway they gave concerts in St. Patrick's Cathedral, Dublin, Kilkenny Methodist Church, Muckross House and St. Mary's Church in Killarney.

Everyone at AIDS West greatly appreciates the generosity of both the Faith United Methodist Church Choir and the Mayfield United Methodist Choir who donated all proceeds from the concerts to the organisation. We would also like to thank Reverend Patrick Towers and Catherine Moore Temple for their unstinting support to us. We also appreciate the work carried out by Carrie Shuman of Ambassador tours in getting the choirs here and organizing all posters and flyers. We hope both groups enjoyed their first taste of Ireland and that they will get an opportunity to charm Irish audiences in the near future.



Irish Aids Day in Galway

POETRY

left over love...

Alice Walker

IF I HAD A PLACE

If I had a place
for my left over love
I'd pin it to the sun you handed me,
tie to a blossom at the end
of a long southern pine table,
place it near the stem
your fingers once held,
leave it in a turquoise vase
so the stem when you turn it toward you
catches the yellow light & dust
like a semiprecious stone.
You smile & think:

Bee's honey, humming birds
flirting with swollen stamens.

YOUR WORDS MAKE ME LAUGH OFTEN

Your words make me laugh often.

Although there's no photo of you in the apartment
I encourage you to send one
so that my tongue may know
the touch of your lips.

I want to know the rivers
& mountains you've crossed
& the wave of you following
another wave of you touching me.

What filters in are the longings I have of you,
the yearnings you have to offer me,
to feel, to hold, to lend an ear to listen.
This is the touch of love.

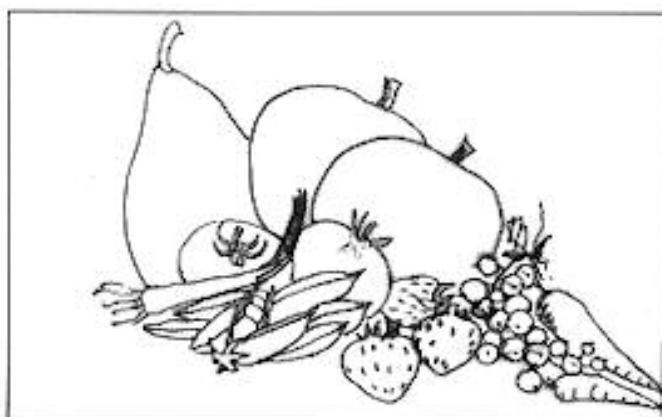
The meteor across the southern sky-a good omen.

Preston Hood III is an American poet who was writer-in-residence during July in the Heinrich Boll Retreat for artists in Achill Co. Mayo. These poems are from his forthcoming collection titled "The Chill I Understand"



Answers to puzzle page 5: (1) 3, (2) 9, (3) 59 mins

LOOKING AFTER YOURSELF



HIV infection causes a much higher need for nutrients in the body. HIV+ people with higher levels of nutrients, progress more slowly to the symptoms and diseases associated with AIDS. Nutrient supplementation can greatly decrease or eliminate many drug side effects and improve quality of life. Therefore in looking after yourself, it's important to choose a nutrient dense diet, rich in fresh fruit, vegetables, whole-grains, nuts, seafood. Avoid junk food.

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The Human Immunodeficiency Virus has a gene that is almost identical to the human gene which produces the anti-oxidant enzyme glutathione peroxidase (GP). As the virus replicates, it seriously competes with the body for the nutrients that are required to make the enzyme. If there is a scarcity of these nutrients in the diet of the HIV infected person, not enough glutathione peroxidase will be made and the person will lack the protection that this important enzyme gives against carcinogens, toxins and infections. Selenium is one of the most important components of glutathione peroxidase. There is abundant evidence to show that a high dietary intake of this element gives a great deal of immunity against viruses.

Viruses are like all other life forms: they thrive in specific physical and social environments and not in others.

One of the reasons put forward as to why HIV/AIDS is pandemic now is that certain changes in the environment occurring in the latter part of the 20th century and the early part of the 21st century, have greatly improved HIV's competitive position. One of them is Selenium deficiency. This is very common in soil worldwide and is due mainly to increasing air pollution in the last 50 years. Because of this pollution, precipitation has become increasingly acidic. This

has caused soil pH to fall and heavy metal and fertiliser contamination has increased. As a consequence selenium bio-availability has declined and levels of this element in the food chain have fallen.

Areas that were already low in Selenium have been particularly affected, one of the most obvious being sub-Saharan Africa. Senegal however is a different story. Despite polygamy and unprotected promiscuity, its HIV levels are very low in comparison. In Dakar, its major urban centre, HIV-1 prevalence among women attending antenatal clinics has remained at one percent or less since the time that surveillance began in the mid-80's until the present day. Geologically, Senegal contains a rock type that is always Selenium rich in comparison to other areas.

Good food sources of Selenium are Brazil nuts, seafood, organ meats, barley, wholewheat, eggs, brewer's yeast, shitake mushrooms, broccoli, onions, garlic, tomatoes. Brazil nuts are particularly high in the element and three to four Brazil nuts a day supply your daily quotient. Brazil nuts also supply good levels of the three amino acids glutamine, cysteine and tryptophan as well as vitamin E and essential acids. All these nutrients are important to all but especially HIV+ people so they are well worth including in everyone's diet.

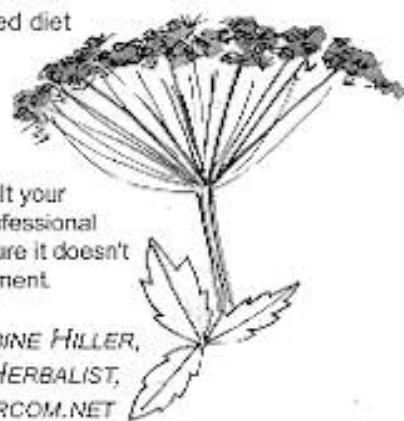
Fresh food and vegetables supply a good source of vitamins C and A. Fish, seafood and flax oil offer good supplies of essential fatty acids as well as Zinc.

Vitamin B12 is involved in regulating parts of the immune system. It reduces bone marrow toxicity caused by drugs. It increases appetite. Together with folic acid, it increases the ability of red blood cells to carry Oxygen. This is important as most anti-retroviral medications destroy red blood cells and cause anaemia. The best sources for this vitamin are meat, fish and dairy products.

Inflammation in the body of HIV+ people can activate the virus and increase replication, raising the viral load. Foods that limit inflammation include Ginger, Turmeric, bioflavonoid rich fruits (e.g. berries), Omega-3 fatty acid rich foods like fatty fish, flaxseed, walnuts and other seeds and nuts as well as the anti-oxidants such as Vit. C, A, E, Selenium and Zinc, already discussed.

So eating a good, varied diet can go a long way towards looking after your health.

If you go on vitamin supplementation, consult your doctor or healthcare professional before doing so, to ensure it doesn't interfere with your treatment.



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