

# HAPPINESS IS VITAL



Quarterly Newsletter of AIDS WEST ©

NO.3 VOL 9 SEPT 2007

Many people with HIV are treated like second-class citizens.



It's time we changed our attitudes.



# EDITORIAL

Another autumn is upon us as this issue of Happiness is Vital finds its way to you by post or email or through a library somewhere around the country. For new and old readers alike there is a great mixture of articles for you to read, from the startling findings of the syphilis outbreak in Northern Ireland to what the restrictions are on travel when you are HIV positive or to the simple health benefits of drinking tea. For those who are new to the language of the virus, stigma and discrimination are the words that go hand in hand with HIV and our cover this issue is one of the postcards of the Stamp Out Stigma Campaign. This campaign is a result of the government's commitment to the abolition of prejudice suffered at work, at school or college and in healthcare matters by those affected by the virus. The Taoiseach, Bertie Ahern said in

his address on HIV and AIDS to the United Nations in 2006 that, "we must all work together to make our societies more open and caring, more inclusive and less judgemental."

Emily Scanlan, co-ordinator of the campaign has given a brief outline of the campaign in this issue and the postcards already in circulation suggest 3 ways of stamping out stigma. They include: to find out the true facts about HIV and AIDS; to challenge stigma and discrimination against people with HIV and AIDS and to always keep in mind that people living with HIV or AIDS can be your mother, father, brother, sister, uncle, friend, work colleague, or neighbour. Let's all do our bit to stamp out this prejudice for once and for all.

GERALDINE MILLS, EDITOR

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 HSE West 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

## Thank You

We wish to thank most sincerely the First United Methodist Church Choir of Kerrville, Texas for their generous donation of €290 when they performed a benefit concert for AIDS West at St. Nicholas' Collegiate Church, Galway on Friday 13th July at 8.00p.m under the musical expertise of Lynda Ables, director. We would also like to thank Reverend Patrick Towers and Catherine More-Temple for their unstinting support.

## 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

### Infectious Disease Clinic

Beaumont Hospital 01-8093006

### 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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Layout: Marie-Noëlle Biddulph. Printing: Ace Printers, Galway

Deadline for all your articles, poems, photos for the next issue is 5th Nov 2007. 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.

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photos Micheal Dillon Stamp Out Stigma Campaign Original artwork by Ness Kelly

# STILL STANDING STAMP OUT STIGMA



Following a visit by AIDS West staff to the Terrence Higgins Trust (THT) offices in London, I was invited to launch Liz Martin's book 'Still Standing' on 13th of June. I was extremely happy to do this, not just because I was delighted to be involved in its launch but also because I was keen to visit Galway. My only other visit to Ireland, I am ashamed to say, was to Dublin many years ago, so I was prepared to

fight off my colleagues to be the one to go west.

I was lucky enough to see a PDF version of the book the day before the launch so I managed to read it ahead of the event. I was concerned that I had little time to get to grips with the content of the book but I really need not have worried. It was one of the easiest books to read that I have ever picked up and I thoroughly enjoyed it. Liz does not shy away from any of the issues and it is an honest account of her life, with her triumphs and mistakes there for all to see. 'Still Standing' is a credit to Liz as a HIV positive woman dealing with all that life throws at her but more than that it is a book for mothers who despite sometimes feeling like hiding under the duvet, always get up and get on with it because our kids need us and because of them we have the strength and the incentive to carry on. The book is also a tribute to AIDS West and the huge support it has given Liz over the years and I have seen for myself what you can achieve with a small staff team working in a challenging area.

I thank Liz for being brave enough to write this book, as I know it will give hope and encouragement to other HIV positive women who feel that the burden is too big to carry. In the UK we have seen a huge increase in women living with HIV in recent years and along with that an increase in children both infected and affected. THT has been working hard to adapt its services so that they are more 'family friendly' and to support women with their concerns, many of which are around their children. Even within the UK there are many women who are completely isolated and have no contact with any other HIV positive women. I would have no hesitation in recommending the book as I think other women would greatly benefit from reading it and hearing about how Liz has dealt with different problems - women like Liz make our jobs as workers so much easier.

So, a huge thanks to Liz for allowing us to share in her story and for being such a joy to be around. I send you my love and all the luck in the world that the book will be a huge success. I would also like to thank AIDS West for looking after me so well and making me so welcome on a day when you were all rushed off your feet.

I had an amazing time at the launch party and Galway is one of the most beautiful places I have ever seen. I will be back very soon.

JACKIE REDDING

The Taoiseach acknowledged the pervasive nature of HIV related stigma and discrimination when he addressed the UN General Assembly High Level Meeting on HIV/AIDS in June 2006. He called on political leaders to work to make our societies more open, caring, inclusive and non-judgemental. He announced that "As a first step we will have a National Campaign to combat stigma and discrimination against people infected with HIV in Ireland coinciding with World AIDS Day on 1st December this year". (2006)

Since then, a Multi-Stakeholder Forum has been established consisting of representatives from both domestic and development civil society organisations working in HIV/AIDS; the Department of Health and Children and Irish Aid. People living with HIV in Ireland are central to this multi-stakeholder forum which developed the concept of the National Campaign.

The campaign is a year long process which aims to tackle the stigma associated with HIV, while further challenging both direct and indirect discrimination experienced by people living with HIV in Ireland, as well as learning from experiences in developing countries. It also aims to promote an understanding of HIV while highlighting the irrationality of stigma and discrimination at home and abroad.

HIV positive people are central to the planning of the advertising campaign. Five focus groups took place throughout Ireland which informed the advertising campaign.

Seminars will be held to work with the national print and broadcast media to promote a greater understanding of HIV and AIDS and to encourage responsible, non-stigmatising reporting in both print and broadcast media throughout Ireland on issues related to HIV in Ireland and in developing countries.

The campaign will seek to work with the Equality Authority to promote awareness of the Employment Equality Act 1998 and the Equal Status Acts 2000 and 2004 that provide for the illegality of discrimination on the basis of HIV status; while supporting employers, unions, schools and other educational institutions, housing bodies and associations to develop workplace policies.

Those NGOs currently providing HIV services throughout Ireland will engage with the campaign at community and statutory level to reinforce the anti-stigma campaign and in challenging attitudes and prejudices, through the design and implementation of HIV and Stigma Workshops. For more information go to [www.stampoutstigma.ie](http://www.stampoutstigma.ie) or call 0868056661

EMILY SCANLAN, CO-ORDINATOR

# MEDICAL MATTERS

## Syphilis Outbreak in Northern Ireland

In Western Europe, the incidence of infectious syphilis declined in the early to mid-1980s, coinciding with emerging awareness of HIV, adoption of safer sex practices and a parallel fall in HIV transmission among men who have sex with men (MSM).

Relative to other sexually transmitted infections (STIs), syphilis cases remained low in the UK until the late 1990's and then rose sharply as evidenced by numerous outbreaks, the first of which occurred in Bristol in 1997. These outbreaks were associated with heterosexually acquired infection, commercial sex work and intravenous use of cocaine. Subsequent outbreaks in Brighton, Manchester, London, Birmingham and Walsall were mostly among MSM. The outbreaks in Oslo, Dublin and Antwerp were associated with anonymous sexual contact in gay saunas. During the 1990s, approximately three new cases of syphilis were diagnosed annually in Northern Ireland. However, these figures have risen dramatically in recent years. An outbreak control team was established to carry out investigations of the outbreak.

For the purpose of this study, clinical cases were defined as primary if a chancre was present, secondary if there was presence of multi-system involvement, and early latent if positive serological tests for syphilis with no clinical evidence of treponemal infection within the first two years of infection. Each case was interviewed by a health advisor and an enhanced

surveillance form completed. Quarterly analyses were undertaken to inform the work of the outbreak control team.

In all, 161 cases met the case definition. Of these individuals, 145 (90.1%) were male and 16 (9%) were female. Of the males, 121 (83.4%) were MSM; 12 (9.9%) of whom were bisexual. Twenty four (16.6%) were heterosexual.

Sixty cases had primary syphilis, 55 had secondary syphilis, 24 had early latent syphilis and staging was not possible in 22 cases.

Thirty-six cases had concomitant STIs, and of these, four had two STIs in addition to syphilis infection. Twelve cases were HIV-positive (nine of whom were previously aware of their status). Fifty-six patients did not have an HIV test.

Most people cited more than one reason for attending the GUM clinic. The majority of cases presented because they were symptomatic for syphilis or another sexually transmitted disease.

Thirty cases (19%) were identified through contact tracing. Four of these were contacts of cases involved in the Dublin outbreak. These four contacts from Dublin were not included in the Northern Ireland database. Twenty-six cases in the Northern Ireland outbreak were identified as a result of contact tracing from this outbreak.

Of the 121 MSMs, eighteen cases stated that they most likely contracted their infection in Dublin. Of these, 10 implicated saunas as the source of infection and two saunas were specifically named. In general the number of sexual contacts associated with this cohort is not large. However,

one, a male commercial sex worker (CSW) had between 60 and 70 contacts. None of the other cases admitted contact with a CSW in the three months preceding diagnosis. The male CSW was also HIV-positive and worked in both Northern Ireland and the Republic of Ireland.

There is a recognised synergy between HIV and STIs, which may enhance transmission of both, and early syphilis has been shown to increase the risk of acquiring or transmitting HIV. Globally, there is evidence that improved STI control reduces HIV spread.

The incidence of syphilis continues to rise in Northern Ireland, particularly among MSM, but with numbers also increasing among heterosexuals. Initially, most cases were acquired from sexual contact in Dublin and then, as the number of cases in Northern Ireland increased, this became an internal problem.

Finally, the challenge is to continue raising awareness of sexual health issues in all groups. The need remains to educate the sexually active population about the long-term consequences of infectious syphilis and other STIs and to highlight the importance of prevention and early detection if at risk of infection.

EXTRACTS FROM "SYPHILIS OUTBREAK IN NORTHERN IRELAND",  
BY DR. CAROL M EMERSON ET AL,  
INTERNATIONAL JOURNAL OF STD & AIDS  
(VOLUME 18, NUMBER 6, JUNE 2007)  
WWW.RSMPRESS.CO.UK/STD.HTM  
EDITED BY ORLA NUGENT IRWIN.



### LETTER FROM LIZ MARTIN

I would like to take this opportunity to thank Geraldine Mills for taking the time to edit my book 'Still Standing'. Working together with Geraldine has been an awesome experience. This last two years Geraldine has worked tirelessly into getting the book off the ground and onto the shelf. Her painstaking work, determination and belief has brought this book to fruition. I know for her it has been a great labour of love. Thank you for your encouragement, Geraldine, the dedication you have shown to this project and believing that I had the potential to write. More importantly, thank you for being 'just you'.



# WHAT'S IN THE NEWS



## From Local to Global

An Irish man working with HIV-positive people has recently travelled to South Africa to live and work in a country where one in five adults has the virus and where about a thousand people die from AIDS-related illness every day. James O'Connor, who has been living with HIV since 1992, was one of four people chosen to travel to Africa as part of an intercultural exchange programme.

The exchange is organised by EIL Intercultural Learning, the Irish office of a worldwide organisation founded in the US in 1932. The Experiment in International Living (EIL) is a non-profit, non-religious association.

Mr. O'Connor, who is development manager with Open heart House and was selected after a vigorous selection process, travelled to South Africa for eight weeks to live in a shantytown outside Capetown.

He was driven by his own experience of working with HIV-positive people on a daily basis at Open heart House, a peer support network with more than 680 members, many of them non-Irish nationals.

"At Open heart House I am meeting people who are coming from other countries and I really want to understand what it is like for them," Mr. O'Connor said. "While I can empathise with Irish HIV-positive people, because I know what it feels like to have HIV, I actually really don't understand what it feels like to be South African and living in Ireland."

More than 5.5 million people live with HIV in South Africa and Mr. O'Connor is at the moment living and working in the Tehillah Community Collaborative which is a non-profit organization in the Elsies River community. This project provides an holistic service towards social and economically challenged situations such as poverty, unemployment, TB and HIV/AIDS.

*THE IRISH TIMES*

## 66 Patients May be Tested after HIV Dental Disclosure

Some 66 patients, most of them children, are being recalled for blood tests by the Health Service Executive (HSE) after a dentist who treated them, tested positive for HIV.

The dentist was diagnosed with HIV last October after feeling unwell. The HSE

said it immediately made sure the dentist had no further contact with patients.

Asked why it was only now contacting patients treated by the dentist, some nine months later, the HSE's director of public health, Dr Brian O'Herlihy, said it took some time to identify the patients who should be contacted. Only patients who would have had open wounds in their mouths as a result of treatment by the dentist were being recalled for blood tests.

Dr O'Herlihy said there were national guidelines in place on how to deal with situations which arose when a healthcare worker was diagnosed with a blood-borne infection.

In accordance with these, an expert group was formed to advise on what steps should be taken, and following its deliberations the families of 66 patients were contacted by telephone or letter.

The majority of the 66 patients are aged eight years, and most of the remainder range in age from 6 to 18. However, a small number of older adults are also included.

Dr O'Herlihy confirmed the dentist was recruited by the HSE to work in the public dental service in September 2005. He said that dentists were not screened for infections such as HIV at the time of their recruitment. This was not currently required by national guidelines.

He stressed that since HIV was first identified 25 years ago, there has been only one documented case worldwide of a HIV-positive dentist infecting patients.

*THE IRISH TIMES*

## Increase in HIV infections among Gay community.

HIV infections among gay and bisexual men are on the increase in Ireland, new research showed today. The figures were released by the Gay Men's Health Project at its fifth annual forum held in Dublin Castle.

The most recent statistics on HIV infection among gay and bisexual men show that in 2006 a total of 80 men were diagnosed with the HIV virus representing a 45% increase on infection rates in 2005.

"Overall, these results highlight the consistent demand for the vital

services we offer as well as the need for the continuation of our on-going health and education programmes," said Mick Quinlan, the project co-ordinator. The figures from the Health Protection Surveillance Centre showed 75% of those infected by the virus were over 30, while 28% were born outside Ireland.

During 2006, there were 4,500 visits to the gay health facility's clinic, with 650 new clients registered.

*IRISH NEWS*

## "REAL LIVES 5"

### The All-Ireland Gay Men's Sex Survey 2007

The annual gay sex survey via the Internet is taking place once again this year. It is aimed at gay, bisexual men and men who have sex with men who live in Ireland. The survey is totally anonymous, and it only takes a few minutes to complete. The information gives sexual health promoters a wealth of information to help plan our work.

The Real Lives survey is conducted by Sigma Research, the Gay Men's Health Project (GMHP), and The Rainbow Project. It is part of the UK Vital Statistics 2007.

Questions range from sexual behaviour and HIV testing to where you meet new male sexual partners, HIV status, condom usage, PEP, drugs and alcohol usage etc.

Those who are interested can log on via various Irish gay websites such as [www.gayhealthnetwork.ie](http://www.gayhealthnetwork.ie) and via the Sigma Research site directly.

For further information and details, contact Mick Quinlan co-ordinator GMHP at [gmhpadmin@maild.hse.ie](mailto:gmhpadmin@maild.hse.ie) or telephone +353 1 669 9521.



# Travel Discrimination

Thinking of going on holidays to escape the Irish weather? Well if you're HIV positive you could be deported from some countries. For example, attempting to visit the USA, Fiji, Honduras, South Korea, Moldavia or Saudi Arabia might find you back on a plane to the Emerald Isle.

Despite 21st century advancements, people living with HIV/AIDS can still be denied entry to certain countries because of their positive status. There are generally no problems with EU countries, but many other countries ban HIV positive people from entering.

If you are planning an international trip, find out if the country you are planning to visit has any entry restrictions for people with HIV/AIDS. It's generally well known that you cannot visit the USA if you are HIV-positive except in very special circumstances. But other countries also place restrictions on either temporary or long-term visits by individuals with HIV. For further information check out: <http://www.aidsmap.com> and enter the word 'travel'.

Also, the most reliable way of finding out if a country has entry restriction is to call the embassy or consulate. If you do this, it is best not to reveal your name or the fact that you are HIV-positive to them. An HIV advocacy or support agency might be willing to do this for you. It might be useful to contact an HIV service organization in the country you are thinking of travelling to and enquire about entry restrictions.

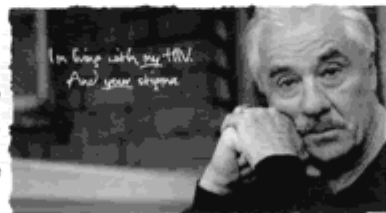
NAM's AIDS Organisations Worldwide and European AIDS Directory provides listings of major HIV organizations with contact details.

If a country has entry restrictions and you still attempt to go, you may be stopped by customs or immigration. If they establish that you are HIV-positive, they will probably refuse entry and deport you. If you are taking anti-HIV drugs you'll need to carry them with you when you travel. Customs officials often take a particular interest in medicines, and the discovery of anti-HIV drugs in the luggage of people with HIV has been the reason why many people have been refused entry to the USA and deported.

If you have haemophilia and are travelling with clotting factors or injecting equipment, it's likely that customs officers will question you about your HIV status.

Bon Voyage

DEE VAUGHAN, AIDS WEST  
EDUCATION COORDINATOR



WWW.STAMPOUTSTIGMA.IE



## Drugs & Alcohol Education Co-ordinator

AIDS West is delighted to welcome on board its first Drugs & Alcohol Education Co-ordinator, Jennifer Corbett. The position is funded by the Western Regional Drugs Taskforce (WRDTF), which was established in 2003. The function of the WRDTF is to research, develop and implement a co-ordinated response to substance misuse and covers counties Galway, Mayo and Roscommon. The overall aim of the WRDTF is to significantly reduce the harm caused to individuals and society by the misuse of drugs.

Jennifer's position includes designing and implementing substance misuse education programmes for various community groups i.e. youth groups, parents groups, teachers, trainers, etc. The programmes aim to give participants a background knowledge of substance misuse issues, current drug-taking trends as well as information on drugs and alcohol. They also aim to enhance the skills of participants in dealing with the issues surrounding education and prevention of substance misuse.

Jennifer is currently working with Sue Redmond of the WRDTF on a "Train the Trainers" programme and training manual which will be published in the coming months. Each programme is designed and tailored towards each individual group and the abilities of each group are taken into account while the programme is being designed.

For any queries please do not hesitate to contact: Jennifer Corbett, 091 566266. Email: [jen@aidswest.ie](mailto:jen@aidswest.ie)

## Practical Considerations For Your Trip

Identify specific sources of medical care at the destination before departure and seek medical attention promptly when ill.

Avoid changes in your medication regimen shortly before travel to ensure that no side effects or complications of a new regimen occur while traveling.

Remember that travelling across international time zones is likely to have implications for the time you take your medication.

Verify medical insurance coverage, purchase additional

travel insurance if necessary and possible, and understand that many policies will not cover pre-existing conditions such as HIV.

Carry an oversupply of medications, along with copies of prescriptions. Medications should be divided between carry-on and checked baggage, as either one can be lost or stolen.

Find out if you need any vaccinations, and if it is safe for you to have them. Generally, people with HIV should not be given 'live' vaccines.

Talk to your doctor about this.

## What's in a day?

Yesterday I was living my dream, addiction had lost its death grip on me and at last life was good. I had pioneered three successful rehabilitation centres for addicts. Had nearly thirty staff and a budget of almost £1,000,000 a year. I swam in the lake at the back of my house just the night before and my wife, Tricia and I had watched the beautiful orange and red sun going down behind the mountains on the country estate we lived on.

Next day our world changed, when I received a letter, which told me that I had Hepatitis C, a killer virus. Was our dream being robbed from us? I made an appointment to see the doctor. He was very hopeful. "John," he told me, "we think we can give you treatment for your Hepatitis C."

However, the week after that I was told that the Hepatitis C had developed into sclerosis of the liver and as a result, the veins in my oesophagus could haemorrhage at any moment. I had six operations in total on my oesophagus. Thank God they were successful.

Then the results of a scan came back. Tricia and I were called into the doctor's office.

"Looks like this could be more bad news," we told each other. We held hands and prayed for strength, please God help us to stay strong.

The doctor told us that I had cancer with three tumours on my liver. They said that my only hope was to put me on the liver transplant list. We were shocked but our faith kept us strong. Beyond our wildest dreams, four and a half weeks later, I got my new liver. The operation was a great success. That was one year ago. We moved from Scotland to recover. We had to let go of our beautiful house with the lake and my rehabs too. We basically lost everything and had to start from scratch again.

I worked hard to get fit again. Just recently, I won three gold medals in the Irish National Transplant Games. That makes me the Irish Champion in the 1500, 800 and 400 metres. Not bad eh?

We now live in Yorkshire. Last night we were out on the streets feeding the homeless. I have a small house where I take people in to get them off drugs. I have no staff, no budget to boast about. I still have the Hepatitis C Virus.

Tonight Tricia and I walked by the canal near our house; we fed the ducks and marvelled at their cute little babies. We then sat and watched the beautiful orange and red sun go down behind the tall black chimney stacks on the old factories near our house.

The grandkids are coming round later. Tomorrow morning we will take them swimming in the local pool. What a buzz that will be.

JOHN EDWARDS

Happiness Is Vital - page 7

## THE BENEFITS OF TEA

As mentioned in the last newsletter, green teas' anti-microbial, anti-viral, and cell-protective properties might play an important role in the challenge of HIV. These antioxidants have many beneficial effects and have been known for thousands of years.

Tea was first mentioned in 2737 B.C. by the Chinese Emperor, scholar, and herbalist Shen Nong. He was sitting over a cauldron of boiling water when a few stray, wild, tea leaves drifted into it. He describes the effects as sweet, reviving and delicate. Since then tea has been revered as a medicine which alleviates drowsiness and assists concentration, restores energy, and combats depression. Recognized as a tonic, tea was taken internally by the Chinese as a digestive aid and applied topically in ointments to alleviate skin troubles and rheumatism.

For beneficial purposes the most effective teas are loose whole-leaf Green Tea or White Tea. These are the teas with the highest amount of anti-oxidants, since they are unfermented. Once tea gets broken down to tea-bag cut, the leaves start to oxidise and a lot of the anti-oxidant properties are lost. Black tea, which is the most popular tea drunk by the Irish, is less effective, since the tea leaves are bruised for fermentation. Therefore it has the least amount of anti-oxidant. Black tea was actually invented for the West to conserve the tea from becoming mouldy while in transit.

99% of tea drunk in Asia is green and it is reported that there are over 900 varieties of it available in China. Varieties include Sencha, Gunpowder, Chunmee, (MaoFeng), Jasmine Green Teas, LungChing, PiLoChun. In Ireland I have counted 5 so far. But it is becoming more and more popular here, so we can expect to get more choice in the near future. With up to 3 mins infusion time, Green Tea is subtle and refreshing. After 5 mins it becomes bitter and may cause constipation.

White Tea is the least processed of all the teas, therefore retains even higher amounts of anti-oxidants if used as whole leaf tea. It also has the lowest caffeine content so it is the most beneficial of all. Remember, that milk and sugar bind a high percentage of the anti-oxidants in the stomach, therefore I would advise against their addition, if tea is taken for the health benefit.

I would also like to promote the use of organic tea, because the amount of pesticide used on tea farms is considerable. The water-soluble toxic components diffuse into the liquid and thus negate any of the health benefits. So when you are brewing up, why not treat yourself to a nice cup of organic white tea and enjoy all its refreshing benefits. *As Mrs Doyle would say, Go on go on go on.* (Ed)

JORG MÜLLER, MEDICAL

HERBALIST AND AWARD-WINNING TEA BLENDER.



# MADaboutART POETRY

MADaboutART is a UK based organisation that is running a project in the Western Cape in South Africa. It aims to provide innovative, interactive educational programmes to children and young people to increase their practical skills and knowledge about HIV/AIDS as well as help address related misunderstandings, taboos and stigma. The organisation uses a mix of arts-based education and narrative therapy designed to increase children's knowledge of HIV and AIDS, create more open communication on the issue as well as reduce risk-taking behaviour by increasing self esteem and self-advocacy. It reaches its audience through after-school clubs, life skills programmes, peer education, pre-school, a pre school project and community activities. MADaboutART has established an art and education centre in Nekkie, a township outside Knysna in the Western Cape of South Africa and runs a variety of projects from the centre. These pictures are from MADaboutART's second community HIV competition run through six community libraries in the Western Cape.

SOURCED AT BHIVA CONFERENCE APRIL 2007



## Incense

Wisps of opium:  
boa constrictors  
curl into curtains  
of late afternoon.  
Milky ribbons tantalize  
like the soft, deliberate motion  
of the belly dancer you admired  
in Turkish solitude.  
I remember you burning sandalwood  
in Illinois to set the mood.  
Now smoky arabesques  
tease then evanesce  
while broken trails of ash,  
like fossilized worms, announce  
seduction as but a crumbling dream:  
brittle, grey, ephemeral.

## Googled

I google your name  
and a baby's head in Arizona  
a thirtysomething  
professional runner,  
an elder lemon academic  
discoursing  
in Wyoming  
  
are thumbnails  
I blow up full-size,  
perversely  
longing for some clue  
as to where you have moved  
  
until pixel by pixel  
your face mosaics  
into my bit bucket,  
defying the fibre optic coil  
as I sit, fully self-aware  
of my stubbornness to remain alone  
in my Platonic cyber-cave  
where all is constructed as its image

EMILY CULLEN

Emily Cullen is an IRCHSS doctor  
fellow in English at NUI Galway. Her  
first collection of poetry *No Vague  
Utopia* was published by  
Ainnir ([www.ainnir.com](http://www.ainnir.com)) in 2003

