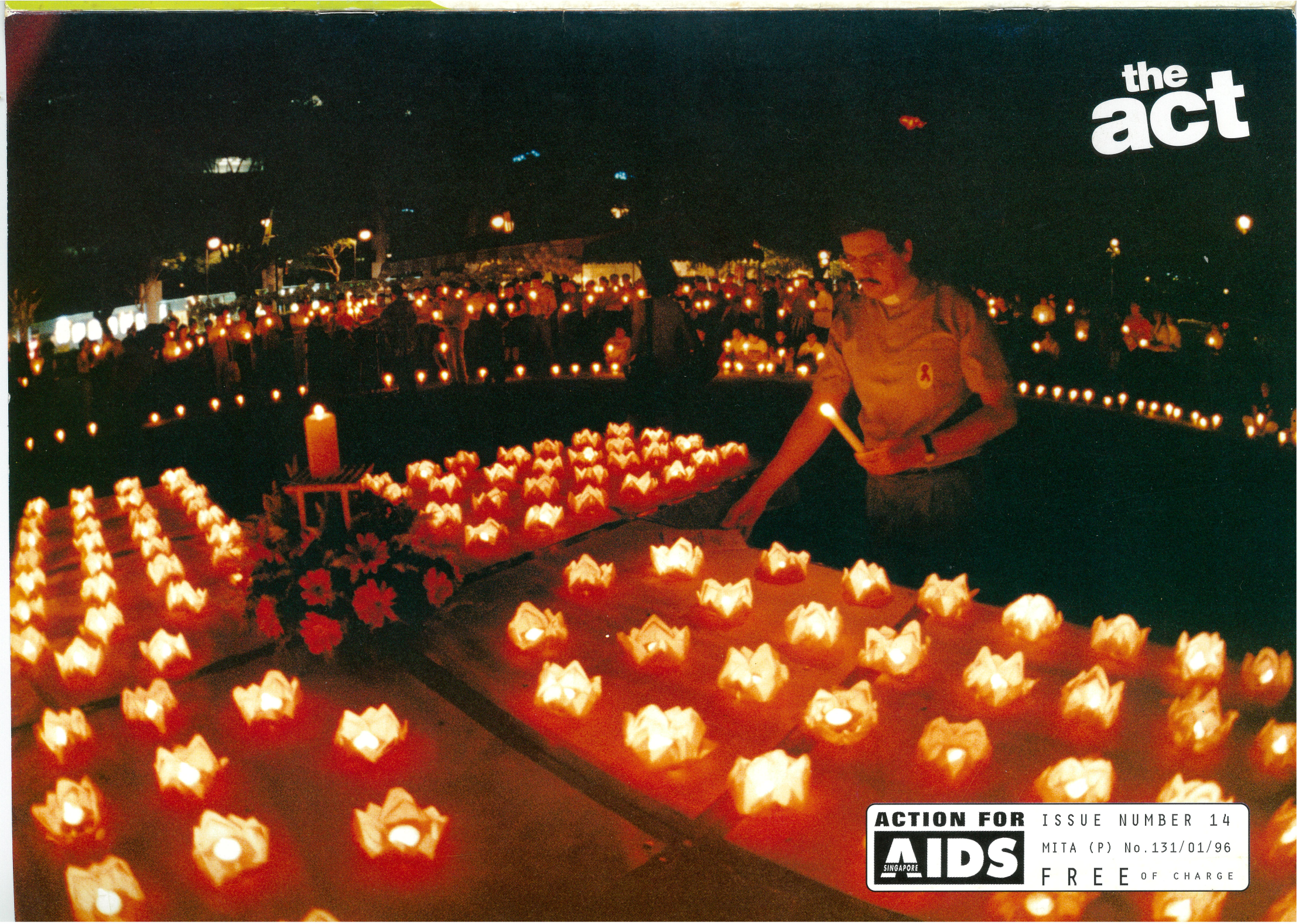

the act

ACTION FOR AIDS SINGAPORE

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FREE OF CHARGE

EDITORIAL

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1996 AIDS Candlelight Memorial

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EDITORIAL

Four years ago, fresh back from abroad and full of crisp edges, I took on the task of launching this publication. With much enthusiasm but little experience, we managed to get the newsletter off the ground.

While I'm writing this, I'm also watching Gary Barlow's latest music video, "Forever Love", gorgeously shot in black-and-white.]

A lot of things happened in four years. I lost a dear friend to AIDS. Got older - probably a bit wiser too - in the process. In the meantime, I suffered from what afflicts many volunteers: the burn-out syndrome. My friend's death forced me to truly face up to the issue of the epidemic. Instead of merely making sure that the spelling was right, the grammar correct, and the layout pleasing to the eye, it finally hit me that AIDS is a flesh-and-blood matter of life and death.

I withdrew. No, "chickened out" is the more appropriate term for it. I dropped out from voluntary work altogether, like a hurt animal, licking its wounds while waiting for them to heal.

Two years have since passed. I've gathered more experience through working in the media. I feel I'm ready to take up AIDS voluntary work again. Juggling various tasks, isn't easy, but one makes time for what one considers to be important.

The greatest eye-opener for me is doing interpretation work for PWAs (people living with AIDS) who speak little or no English. Hearing them discuss the merits of various

treatments makes one realise that the HIV virus doesn't discriminate. Most of them converse in dialects and had little knowledge of safer sex prior to contracting the disease. And the almost "cheery" tone in which they talk about novel "treatments" - eg. one PWA swears by the efficacy of swallowing whole lumps of garlic - is surprising yet revealing.

Hence our decision to highlight in this issue's the strategy of "hitting it early and hitting it hard" - "it" being the HIV virus. Our second feature sees an experienced educator explaining the importance of imparting proper and non-moralistic knowledge to sexually-active young people. Teaching preventive measures by no means encourages promiscuity or irresponsible behaviours.

Whether you listen to Gary Barlow or are a loyal follower of Emil Chau, everyone is equal where the virus is concerned. I firmly believe that every person, be they overseas-educated graduates or blue-collar lorry drivers, should have the same opportunity to learning about the epidemic, which carries with it not only medical, but economic and socio-political implications.

Reaching out to the masses is one of our most urgent tasks right now.

Ultimately, love, and the humane spirit, will save us from this tragedy. Cliches do contain an element of truth. Otherwise they wouldn't have existed in the first place. Read this with an open mind.

Ng Sek Chow

Contents

NEW OPTIMISM : CONTROLLING HIV INFECTION

Today there is more optimism among leading experts about the prospects for controlling HIV infection than at any previous times in the AIDS epidemic. This change does not reflect any single breakthrough, but rather a number of clinical research findings, which together are strengthening an approach to treatment strategy which began coming into public view a few months ago. It is important to understand the limitations as well as the promise of this new approach.

In late January 1996, at the Third Conference on Retroviruses and Opportunistic Infections, early data from two small trials suggested that, under ideal conditions, certain drug combinations could reduce all evidence of viral replication to undetectable levels in most patients. And the proportion of patients achieving this success seemed to increase over time - the opposite of previous experience with anti-HIV drug treatments, which quickly reached a peak of viral suppression and then steadily lost effectiveness.

New data suggest that:

1. Under ideal conditions (i.e. treatment is started early, using certain antiviral drug combinations, in patients who are previously untreated with the drugs in that combination), and with patients who can and do comply with the treatment regimen by using the drugs as directed — HIV replication in many patients can indeed be reduced to levels which are completely undetectable by any test known, for prolonged periods of time. No one knows how long this complete shut-off of viral replication will last, because the trials are only running now; but in most of the patients who can achieve this suppression and who can continue using their treatments as directed, there seems to be no evidence yet that this antiviral success is coming to an end. Some people have been on treatment in the studies for well over a year.

2. If viral replication can be reduced to undetectable levels, patients do not progress to more serious disease, in the time frame seen so far. Again, no one knows how long this will last, since there is no long-time experience yet with patients whose viral load has been greatly suppressed by drugs. There are also anecdotal reports of substantial improvements in ongoing AIDS-related symptoms in some of the patients. The viral load in these patients is lower than that in long-term non-progressors, who remain disease-free for many years, possibly indefinitely in some cases. But the number of persons who are naturally long-term non-progressors (without treatment) is low, probably about five per cent or less. By contrast, it appears that currently available drug treatments —when under ideal conditions—can suppress all evidence of viral replication and disease progression in most patients, for an unknown period of time.

3. The major problem in treating HIV has been that that the virus develops resistance to all known drugs, causing treatments to lose effectiveness. It has long been known

that the time required for resistant virus to develop varies greatly, depending on the drug. For example, with nevirapine (a treatment recently approved by FDA), high-level resistance occurs very quickly if the drug is used alone. But AZT resistance develops more slowly, and some patients can use that drug for years without it happening. But now there are trials of antiviral drug combinations active enough to reduce viral replication to undetectable levels in many patients. And it's being learned that when viral replication is reduced to a low enough level, the development of drug resistance is greatly slowed, or possibly even stopped.

4. Like almost all treatments for infectious diseases, this approach works best when treatment is started early—and when patients do not already have resistance to any of the drugs in the combination they are starting. But there is no known reason why the same approach could not also work in advanced patients who have had many previous treatments, provided that some way could be found to reduce viral load to a low enough level. The problem is that it will be more difficult to find drug combinations which can do this for persons with more advanced HIV disease. This is why it is important to develop new and more powerful drugs, and better information about how to use them in combination, and about what treatments work best for different kinds of patients.

The emerging view of experts today is that what counts is getting the viral load very low and keeping it very low, regardless of how this is achieved—whether naturally in persons fortunate enough to be long-term non-progressors, or by whatever antiviral combination works for the particular patient. The more advanced the illness, the higher the viral load is to start with, the more drug-resistant viruses the patient already has, and the more problems there are with continuing the drugs and using them as directed, the more difficult it will be to get the viral load low enough. To maximise potential benefit, the emerging treatment philosophy is "hit hard and hit early".

How low a viral load is low enough? No one knows for sure at this time. A viral load which is and remains below the limit of detection of the Hoffmann-La Roche Amplicor HIV-1 Monitor (TM) test—the only viral load test currently approved by the FDA—would seem to be a reasonable goal for now.

IS VIRAL ERADICATION POSSIBLE?

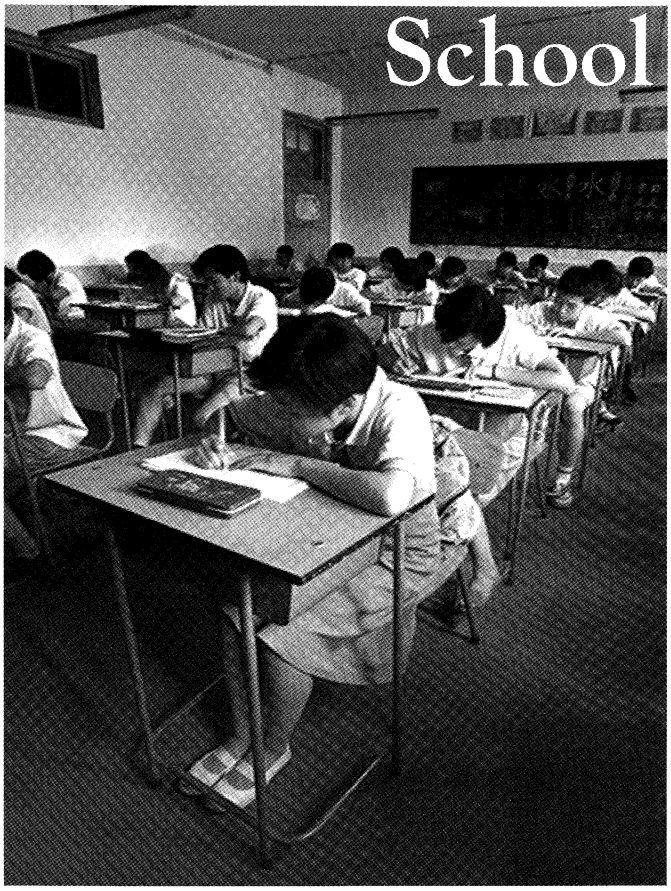
If viral replication can be essentially completely suppressed for a long time, is it possible that the virus remaining in the body would eventually die, meaning that HIV was eliminated and the person could stop taking the drugs and would be cured? This is conceivable, but at this time there is no evidence that this is possible. Eventually some people whose virus is completely suppressed by antiviral drugs will try going off the drugs, and then we should find out quickly whether or not the virus comes back. (Two patients who had undetectable viral load for two months and four months respectively did interrupt therapy, and the virus returned. This was reported by Dr.Luc Perrin, of Geneva University Hospital, at the recent HIV Eradication conference mentioned above.)

Although there is no evidence today that it is possible to eradicate HIV in an infected person, what is new is that the question is now open. Until recently, all drug regimens had been observed to fail with time. Therefore, there was no possibility that any amount of those treatments could eliminate the virus. Today, with better treatments, we do not know. But even if it turns out that HIV cannot be eradicated just by suppressing it completely enough for long enough, the new results would still suggest that for many patients viral activity can be stopped for a long time, and drug efficacy maintained, with combinations of currently available drugs.

COMMENT: PRACTICAL CONCERNS

Most of the drugs being used in the new trials which appear to have largely shut off HIV replication in many pa-

continued to page 6



School - Based HIV Prevention

Jessica Ball

HIV and AIDS prevalence data in Southeast Asia establish the need for risk prevention efforts to reach out to teenagers, observes JESSICA BALL.

Findings reported from around the globe, including those obtained in South East Asia, show that the second fastest growing group of individuals becoming infected with HIV are adolescents (13-21 years). This fact alone is probably little known among youth, their parents, and teachers in Singapore.

While the incidence of sexually transmitted diseases is relatively low among adolescents in Singapore at this time, it is well known that the sexual attitudes of youth are relaxing and that pre-marital sex is becoming more prevalent. In addition, Singapore is surrounded by countries in which HIV has taken a strong hold. Because of these two circumstances, adolescents in Singapore need to be viewed as a generation at risk of increasing HIV infections.

Preventive education is the ONLY tool available for reducing the risk of HIV infection. Prevention must be aimed at the time when people are most likely to be infected, and not at the time when people are most likely to be diagnosed (a median of 11 years after infection). In Singapore, the vast majority of youth attend school until they are at least 17 years old. Secondary schools provide the most wide-reaching, feasible, and potentially effective context in which to produce preventive behaviours and to prevent the spread of HIV among youth in Singapore.

Internationally, there is an agreement at many levels in health care and education about the necessity of school-based HIV prevention. For example, in 1984, the World Health Organisation stated that there should be a legal requirement for prevention-oriented sex education in all schools.

Sex Among Singaporean Youth

Sex among teenagers in Singapore is largely invisible. There is almost no discussion between youth and adults. In a series of studies that I conducted along with my colleague Kenneth Moselle, Singaporean youth revealed the large extent to which they feel they lack knowledge about sex and its vicissitudes. The vast majority (89%) of adolescents reported that they did not discuss matters concerning sex with their parents, teachers, or any other adult. A large proportion (74%) said that they did not discuss sex with their peers. Yet, sex happens among youth in Singapore.

Parents who were surveyed as part of our study acknowledged that they were reticent about discussing sex with their children, either because they were too embarrassed or feared that they did not know enough to answer the questions that they anticipated from young people. Some parents may feel that ignorance is a service to their children, believing that if the topic of sex is kept out of discussions, young people will not be tempted to experiment with sex. However, our survey of 5,149 Singaporean secondary school students showed that nearly one-fifth of both boys and girls had already experienced sexual intercourse by the time they had reached 19 years of age. Most youth who reported engaging in sexual intercourse also stated that they did not use any form of protection against conception or HIV transmission.

Our study also revealed that most Singaporean youth, like adults, misperceive AIDS as a 'gay' disease. Ef-

forts must be made to help youth understand sex, the nature of casual sexual contact, the facts about transmission of HIV, and the use of condoms.

It's not in anyone's best interest for young people to be left to their own resources to find out what healthy and unhealthy sexual behaviours are by trial and error. If parents are not prepared to discuss HIV prevention openly with their children, then it would seem that schools should take over that responsibility.

Gaining Parent's Acceptance

Steps can be taken to help gain parents' acceptance of school-based HIV prevention initiatives:

(1) Parents must be educated about the risks to which their children are exposed.

(2) Parents must be given information about HIV/AIDS and opportunities for developing proactive communication skills so that they can learn concurrently with their children.

(3) Parents must be informed about the aims and content of school-based prevention efforts. In particular, they need to be reassured that these initiatives do not pose a threat to traditional Asian values to which they may subscribe. Rather than giving a green light to sex by providing information, prevention activities are intended to put up some red lights by giving students hard-hitting information about the consequences of casual sex and how they can avoid them.

Support For Teachers

In addition to a broad base of support and encouragement from parents, teachers and school administrators need support from the Ministry of Health and the Ministry of Education in order to prepare for and carry out their role in HIV prevention efforts.There is no reason to expect that most teachers would be any more comfortable with helping adolescents learn about HIV and how to prevent infection than most parents.

Preventive education is the ONLY tool available for reducing the risk of HIV infection. Prevention must be aimed at the time when people are most likely to be infected, and not at the time when people are most likely to be diagnosed (a median of 11 years after infection).

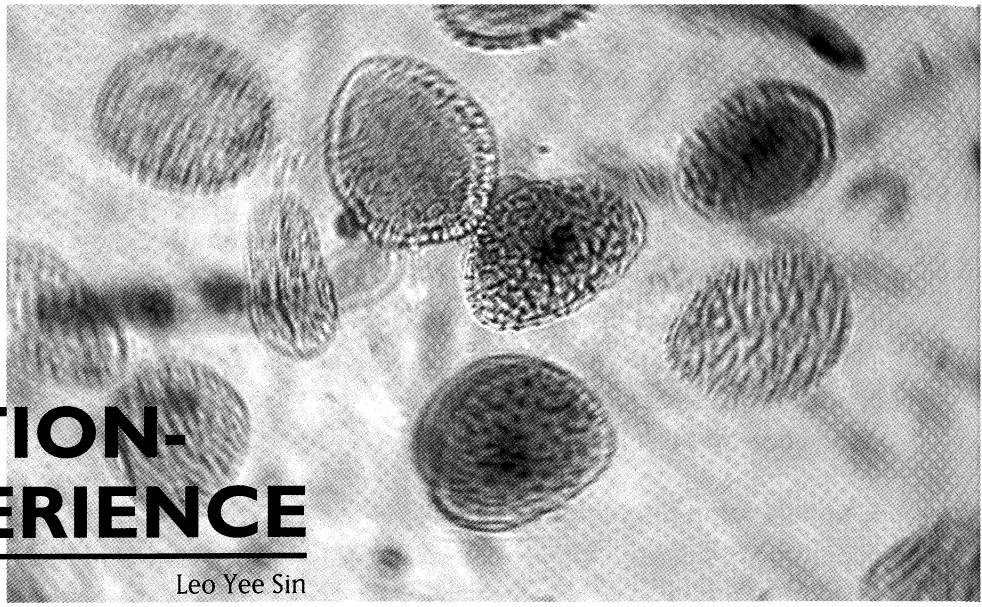
Schools can help to prevent the spread of HIV infection among youth in Singapore only if they are staffed by teachers who are informed about HIV and its prevention and are comfortable initiating and participating in discussions with their students about HIV. Teachers also need to be able to create and structure a range of opportunities for students to develop refusal skill, interpersonal assertiveness, and positive, safe approaches to exploring their identity and intimate relationships. In order to facilitate this personal growth among students, teachers need to be trained and empowered through their own psychosocial development and confidence in relating to teenagers about sex and human relationships.

Preparing Teachers / Teaching Students

Training for teachers will need to cover the same content and may well assume similar forms as preventive education for students.

First, a core of factual information is a necessary first step in designing an HIV prevention initiative. However, accurate HIV knowledge and warnings about risk of infection are not sufficient conditions for HIV risk reduction. In other countries, studies on student knowledge have suggested that once students' knowledge gaps about HIV and the across the (examinable) academic curriculum, and not isolated in a special one-time special programme. This helps to get the messages across in a variety of ways. For example, calculating and mapping the spread of HIV in mathematics and geography, understanding virus transmission and mutation in science, and exploring psycho-social contributors in selective literature study. Across subject prevention activities help young people to see that this is a relevant and pervasive concern, and not just something that they have to think about once or twice a year when HIV is suddenly introjected into the P.E. curriculum on a rainy day. The risk of HIV infection will decrease if students receive a comprehensive, context-relevant approach to prevention aimed at personal development and responsible decision-making throughout school. ■

Dr. Jessica Ball holds a Doctorate in Clinical and Community Psychology and a Master of Public Health in International Health Planning from the University of California at Berkeley,USA. She was on the faculty of NTU (NIE) for three years, from 1992 to 1995. She is currently on the faculty of the Department of Psychology at the University of Victoria, BC, Canada.



CMV INFECTION- LOCAL EXPERIENCE

Leo Yee Sin

Cytomegalovirus (CMV) has the characteristic clinical feature of latency like the other viruses in the herpes family. In most places, including Singapore, CMV sero-prevalence rate among adults is very high. Almost all of the local HIV-infected patients have detectable CMV antibodies indicating a past exposure to this agent. Approximately 20% of local AIDS patients had active CMV disease requiring treatment. The number of CMV disease in the HIV-infected population is expected to increase due to the increasing survival of these patients to stages of extreme immuno-deficiency.

The reactivation of CMV causing disease occurs when the host became severely immuno-compromised at the advanced stage of HIV infection. The CD_4 counts normally fall below from 100 to 50 cells/ul at that stage. Retinitis is the most common manifestation of CMV disease. Other common manifestations include esophagitis/colitis (gastro-intestinal tract), ventriculo-enphalitis/ myelitis/ polyradiculopathy/ mononeuritis multiplex (nervous system), adrenalitis, generalised infection with fever, etc.

So far, the regimens tailored for the treatment of CMV disease are best studied in cases with retinitis. It's well demonstrated that without treatment, CMV retinitis progresses rapidly causing floaters, visual field defects and ultimately blindness in a short period of time. Routine eye screening is available to patients with advanced HIV infection including all AIDS patients at the HIV clinic at Communicable Disease Centre (CDC) and Tan Tock Seng Hospital (TTSH). The treatment of CMV retinitis should be instituted as soon as possible, even in cases of peripheral retinitis detected at routine fundoscopy.

The two drugs currently available for the treatment of CMV disease are ganciclovir and foscarnet. These two agents have been shown to have comparable clinical efficacy but patients on foscarnet tend to survive longer due to its additional anti-retroviral activity. However, ganciclovir has the advantage on the logistics of administration. Ganciclovir can be infused from a half to an hour for five days a week as maintenance treatment, whereas foscarnet needs to be infused slowly over two to three hours everyday. The major adverse effect of ganciclovir, however, is bone marrow suppression leading to neutropenia, anaemia and thrombocytopenia. Adverse effect of foscarnet is mainly associated with renal insufficiency and disturbances in plasma electrolyte levels.

For the treatment of CMV diseases, patients are advised to stay in the hospital for the induction therapy in-

volving intravenous infusion for the induction therapy involving intravenous infusion two to three times a day for two to three weeks. For patients with CMV retinitis, induction treatment should be followed by lifelong maintenance treatment using either daily intravenous foscarnet or ganciclovir five times a week. The administration of these drugs is usually carried out at the Ambulatory Care Clinic at CDC/TTSH. Oral ganciclovir (although known to have poor oral bio-availability) as suggested by recent clinical trials, at high doses can be used as a maintenance therapy for CMV retinitis. Its use may be indicated in local patients with stabilised eye disease and are unable to return daily to the Centre for infusion treatment. The efficacy of maintenance treatment for CMV disease other than retinitis is less clear at this point in time. The role of oral ganciclovir as a primary prophylactic agent for CMV retinitis is yet to be defined.

Local treatment to the eye may be employed as an alternative treatment of CMV retinitis for patients who suffer from severe systemic adverse reaction from either ganciclovir or foscarnet. These can be done by intermittent injection or implant of ganciclovir-coated intra-ocular device into the affected eye. ■

Dr Leo Yee Sin, Senior Registrar at CDC/TTSH.

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continued from page 2

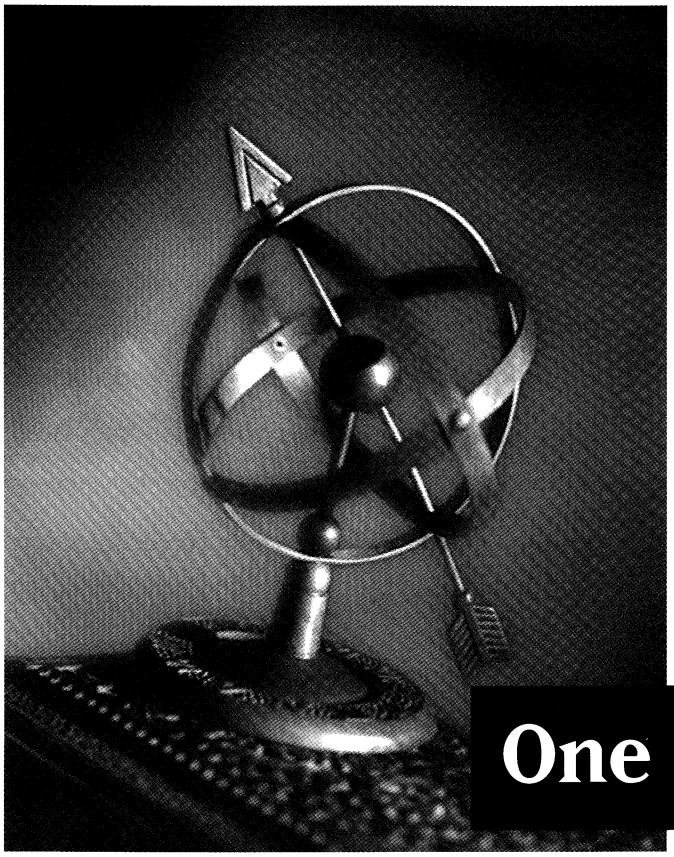
tients are already widely available (in the U.S. and some other countries), by prescription or through expanded-access programmes. The researchers running the trials have been unwilling to recommend particular combinations, since what counts is getting the viral load low enough, and the best drugs to use for this purpose will vary depending on the patient. Most of these regimens combine a protease inhibitor with at least two antivirals.

One of the practical difficulties in implementing the "hit hard and hit early" strategy, as the new results suggest, is that it means that people in early illness, who have no symptoms, are expected to begin long-term (possibly life-long) therapy with combinations of at least three drugs. All these drugs can have side-effects—and all are expensive, and often inconvenient to use (as most must be taken twice a day or more, some on an empty stomach, others with food, etc). How many people will be able and willing to begin and stay on such multiple-drug treatment, when they feel completely healthy, and may understandably be inclined to leave well enough alone? How many will be able to pay for expensive treatment (especially when their insurers see that they appear entirely well)? The new results seem to suggest that everyone who is HIV-positive should be on aggressive treatment with multiple antiviral drugs. But how realistic is this?

It seems to us that the widespread use of very early, very aggressive treatment will in practice usually wait until more evidence becomes available. Much more will be known by later this year. And it is possible that persons with a naturally low viral load might need less aggressive treatment to achieve the suppression required. It is also possible that after a period of suppression, maintenance therapy might not need to be as aggressive as the initial therapy. But this is only speculation until more is known.

Meanwhile, physicians and patients should re-think the unfortunately common practice of beginning HIV treatment with AZT alone, or with other regiments not strong enough to suppress the virus sufficiently. The approach is likely to lead to resistant viruses, which might make future treatment more difficult than if the inadequate treatment had never been started at all. ■

Adapted from AIDS TREATMENT NEWS Issue #249, June 21, 1996 phone 800/TREAT-1-2, or 415/255-058-by John S. James.



One World, One Hope

On 1 December 1996, people around the world will observe World AIDS Day for the ninth time. The Joint United Nations programme on HIV/AIDS (UNAIDS) has chosen the theme " One World, One Hope" as a call for a truly expanded response to the AIDS epidemic.

The theme emphasises the need for people everywhere to put aside their differences and to work together to face the challenge of slowing down the epidemic and alleviating its impact. At the same time it reflects a universal aspiration to find the means to prevent and cure HIV/AIDS, and the hope which comes from that there are approaches that the have proved to be successful in caring for people affected by HIV/AIDS and in preventing the spread of HIV.

HIV/AIDS is a global problem that cannot be treated in isolation in a world where contacts between communities, traveling and migration are constantly on the rise. HIV/AIDS therefore requires a global response. Many underdeveloped countries depend on the resources of more developed countries may benefit from innovative strategies for prevention and care found in developing countries. The tools and strategies of protection against HIV/AIDS are of universal interest and relevance. By replicating successful approaches, unnecessary suffering can be prevented.

World AIDS Day will be the focal point of activities that will be organized throughout the year around the chosen theme. It will also build on the action that results from the 11th Interantional Conference on AIDS, held in Vancouver, Canada, 7-12 July 1996, which carried the same slogan.

In Singapore - AfA needs volunteers to plan and carry out activities to commemorate World AIDS Day 1996. If you have the burning desire to do some voluntary work - please write to us at - AfA, c/o DSC Clinic, Block 31 Kelantan Lane #02-16, Singapore 200031.

Shattered memories in shifting reflections of AIDS activism

L. Mun Wong

It was a humid evening. The tranquillity of the evening was given away by the calm composure of the trees. The silence in the park broken by the traffic from the roads and occasionally interrupted by the voices of the trishaw men at the side streets. But if you listened carefully, you would have also heard the reverberating sounds of volunteers inviting, requesting and soliciting assistance - giving out stickers, talking to friends, welcoming families and handing out programs. Any passer-by would not have known that there was an AIDS vigil, maybe except betrayed by the red ribbons littered across shirts, tees, tank tops and bags. Men and women, straight and gay/lesbian, Chinese, Whites, Malays and Indians, the wealthy and the poor, flamboyant and subdued, young and old gathered for a memorial to remember, honour, bless, to bid farewell and say goodbyes to friends lost to AIDS .. a simple, yet elegant, ceremony .. white candles carefully placed in the shape of a circle, and in the centre was a table of unlit candles .. After my sojourn in the US for a decade, I called Lalitha and Paul to offer my services and skills to the organisation. They were kind to inform me about the ceremony .. I brought a couple of friends - heterosexual young men and woman, seemingly untouched by the virus. My friends' lack of concern and disinterest were given away as soon as they stepped within the vicinity of the lights. They wanted to leave. "When is the show going to begin?" They were hungry. Why should they be interested about AIDS? Youthful, vibrant and heterosexual .. surrounded by an illusion of immortality? AIDS is a gay man's disease. It inflicts on intravenous drug users. The deserving? It strikes haemophiliacs and babies. Perhaps, their hunger masked their fear, ignorance, prejudice, apathy, heterosexism. Just perhaps ..

It was a hot evening. Perspiration dripped off my brow as I tried to keep the bugs off me. In the midst of my discomfort, thoughts strayed and lost to the chatter, grief and laughter around me ...

rewind ◀◀

1987, Minneapolis .. As I stood on the crossroads of Lyndale and Franklin, I prepared for my first assignment as a buddy. Dennis was my first buddy. He was in the latter stages of lymphoma. I was assigned to Dennis because his other buddy could not fulfil his needs and obligations. It was a nervous and scary moment for me. I needed a caffeine rush but it was too late to rush over to the "Seven-Eleven" to pick up a cup of coffee. Instead, I kept reciting and chanting the mantra, "I am going to the best buddy that Dennis will have. I will be his friend and his confidant. We will share everything and pull through this together" ... Walking into his apartment , I was greeted by his lover and mom, who brought me into his bedroom. I remembered distinctly being taken aback by his appearance. His thin and emancipated body was loosely covered by a shawl. He was lying in bed with a tee shirt barely clinging onto his body. His pyjama pants no longer fitted him. He was incoherent and mumbling. A baby apron draped around his neck. He was shivering .. his mom said, "Dennis? .. Mun, your new buddy is here .." he nodded his head, smiled and went back to sleep .. his mother asked me to excuse him as he had not been feeling well these last few days .. "I am not ready for this" .. I repeated my mantra, "I am going to be the best buddy that Dennis will ever have," .. "What am I doing here?" .. my expectations displaced .. felt cheated of an opportunity to perform as a volunteer

.. I wanted my buddy to be healthy so that we can tackle this disease as a team. Questions raced through my capricious mind, "Why is this about fulfilling your needs? Aren't you supposed to be here to do whatever you can? Why are you entertaining such delirious dreams and romanticising volunteerism and AIDS?" ... Dennis was dying. His body ravaged by AIDS related diseases. His bruised body was torn apart by Karposi' sarcoma leaving deep blistering wounds. Repeating images and representations of famine survivors replayed in my mind .. I shivered .. My gaze fixated on the swelling on his head, which was like the size of a base ball .. I was reminded of my own mortality .. I wanted to leave, rush out, puke and cry .. suddenly, he vomited a greenish slush .. that I would only see again when my father was dying of cancer .. I wiped it off. I was embarrassed because I could not contain my repulsion and disgust betrayed by my face. His mother gently touched me on the shoulder to inform me that they were leaving .. Dennis slept and occasionally muttered inaudible sounds .. I remembered that for the rest of the afternoon, I read .. I did not have to do much. As he slept, I kept him company .. I left in the evening when his mom returned .. and that was the only time I saw Dennis. He died a couple days later. My first assignment as a buddy. I saw Dennis again a couple of years later in Washington DC. His photograph, his memory, his tribute, his face emblazoned on a Names' Quilt - smiling, and beaming with pride .. a dedication to his vivacity, his love and his spirit. I lost three "buddies" during my tenure as a "buddy" in the Minnesota AIDS Project. Burnout, scarred and distressed, I decided to be a AIDS Hotline counsellor hoping that the distance will temper my fears. Not knowing that, no matter how "far" I ran, AIDS is part of my life.

fast forward

My legs were tired. I ran in the morning for two consecutive days. The pounding of my knees against the pavements at Marine Parade was showing effects. I looked at my watch. Its already 7:40.My friends have stopped complaining about hunger. I guessed the mood of the ceremony had sunk in. I struggled with patience. The ceremony had not begun yet. It was already 7.45. The bugs were irritating me. Meanwhile, unbeknownst, the field has been slowly filling with mourners, friends, family, PWAs, volunters, lovers and observers, .. A volunteer asked,"Would you like to have a candle, but be careful, the cup is slightly bent .. " .. I mumbled, Thank you .."."Excuse me, the ceremony is about to begin .. " a voice piercing through the silence. The tremulous wait is over .. Let's get started .. I looked at my watch .. its around 7:50 ..

rewind

1989, New York City .. cramped inside the main floor on the Gay and Lesbian Center on 13th street .. its 7:30pm on a Monday night .. the room brimming with folks, in their East Village clone outfits and hairdos .. there was no standing room .. there must be two hundred or more folks here .. the meeting was about to convene .. Two facilitators announced, "ACT UP, the AIDS Coalition to Unleash Power is a diverse non-partisan group of individuals united in anger and committed to direct action to end the AIDS crises" .. Roughly between 1987 and 1992, two hundred gay men, lesbians, people with AIDS (PWAs), survivors and friends, disillusioned, cynical and angry gathered at the Gay and Lesbian Center to tackle the slow response of the Reagan and Bush administration, to demand and to expedite the drug treatments, to fight AIDS discrimination, and to educate and prevent the continuing spread of the disease. This ritual would repeat itself every Monday at 7:30pm. At these meetings, political actions, zaps, voting on the expenditure of funds and endless arguments over procedural matters and AIDS-activist theory were put forth. The group's motto is "Silence = Death" that is to remain silent about the AIDS crises is to be part of an accomplice to death. After spending a couple of years in AIDS care delivery and research, I felt I needed to be with

13th International Candlelight and AIDS Memorial Mobilization

like-minded cynical folks who are frustrated with the medical, political and scientific establishments to respond promptly to the virus that is slowly decimating lives that are mainly gay, poor, racial minorities and drug users - the pariahs of society? Meanwhile, increasing numbers of bystanders were being poisoned by the Religious Right and demagogues. Meanwhile, HIV+ infected men and women were prevented (because of income and drug protocols) from acquiring drug treatments to halt the AIDS related diseases. Or in some cases, some face discrimination in their communities, homes and workplace. Others are denied assistance and shunned.

fast forward ▶▶

It was autumn. I looked around during this rush hour morning of Manhattan. Nothing out of the ordinary. New Yorkers rushing to their offices. On this brisk morning, the road was cold .. I looked over and saw others basking in the sun, "I am lying down in front of the governor's office, in the parking lot in front of the World Trade Center. I am protesting against the proposed budget cuts that the governor in his recently proposed fiscal policy." About ten minutes later, we stood up, marched in a spiral formation and chanted, "Fight Back, Fight AIDS" .. "ACT UP Now" .. There were about fifty of us but the numbers continued to grow as the morning proceeded. As numbers increased, so did our strength, virility and anger. Our chanting became louder. The drumming sounds and blowing of whistles were deafening. Onlookers gathered around the men and women in blue uniforms. Some stared. Others amused. A few were disgusted. And the

continued to page 16

Karaoke Night

A total of 63 participants sang their hearts out for a place in the finals of the Outreach Karaoke contest in March. On showdown night, 1 April '96 at the BOOM BOOM ROOM, 18 finalists sang their way into the hearts of a capacity audience.

The event was organised to raise awareness of AIDS amongst patrons of several well known karoake bars. It culminated in a show of unity and bonding on a wonderful night where the audience, participants and organisers roared, cheered, laughed, partied and re-affirmed support for each other. ■

Black Jack Show

Put a new boutique about to open, a supportive disco venue, generous sponsors and 49 volunteer models together and what do you get?

An explosive "Guide To Summer Loving" - the fashion extravaganza held on 4 April at Velvet Underground. Double billed as an AIDS awareness evening and a fundraiser, the event peaked when volunteer models took to the dance floor in clothes from BLACKJACK boutique and strutted the stuff they were made of: raw talent, a zest and gratitude for life, courage to show it, love and care for others in the community. In a word, Attitude - the message hit home in a very '90s way, thanks to our modern sages and heroes, dressed to a hilt and sporting the wildest hairstyles by RITZ Salon. Other sponsors were YVES SAINT LAURENT, ONE FM 90.5 and MALIBU coconut liquor. MTV was there, and the show was beamed Asia-wide on its networks the following day. ■

Regional Highlights

SRI LANKA - SEXUAL ABUSE OF CHILDREN

Halthota detention camp is home to 110 Sri Lankan children -the majority of whom have been sexually-abused by Western tourists. Aged between five and 20 years, they are brought to Halthota by police who find them with paedophiles. They must stay for 6 months, but most stay as long as 6 years because they have no where else to go - parents who push their children into prostitution want nothing to do with them when they are caught.

Sri Lanka, along with the Philippines and Thailand, is a popular destination for Western paedophiles. It also cultivates a multi-million dollar child pornography industry. According to government estimates, there are 30,000 child prostitutes aged eight to 12 years on the island - but real figures may be higher. One arrested Westerner said he had sex with 350 different children in the previous year.

Until recently, Sri Lankan law on sexual abuse made prosecution of paedophiles almost impossible. While abused children were sent to "detention centres", their abusers received only fines or suspended sentences. One Swedish paedophile quipped that "They are only street children. Aren't you pleased I'm feeding them and giving them a bed?".

Recent changes in the law give the police powers to arrest organisers and perpetrators of child prostitution. However, campaigners say deeper economic and social changes are needed for the laws to be effective. Child abuse has become entrenched in Sri Lanka and it is no longer restricted to foreigners - if indeed it ever was. Moreover, many families are dependent on the money gained from prostituting their children.

Peter Hybsier of the World Health Organisation (WHO) points out, "At the official level, they blame foreigners, but actually [sexual abuse] is indigenous. There are cases of babies and young children with gonorrhoea because there is a belief that having sex with virgins cures STDs [sexually transmitted diseases]."

Maureen Seneviratine of the NGO PEACE (Protecting Environment & Children Everywhere) believes the tradition of child prostitution is so established that it has developed its own momentum, "It has become a sub-culture. These boy-children think they are born to it ... We need to find alternative ways of helping them be useful to their families."

There is no evidence yet how many of these children are infected with HIV, but Seneviratine says, "Children are dying of coughs and colds before our eyes."

Local campaigners target women who migrate to the Middle East to work. They say "unsupervised" children are vulnerable to exploitation by local pimps and sexual abuse by local men, including their fathers. If men want sex while their wives are away, the argument goes, they will have it with their children.

The NGO - the Community Front for Protection

Sri Lanka, along with the Philippines and Thailand, is a popular destination for Western paedophiles.

against AIDS, has set up alternative employment schemes for women in rural areas and is encouraging men, rather than women, to work overseas.

Perhaps the most important obstacle to the success of the new laws is that many Sri Lankans, from the police to parents, make money from child prostitution. Usually children are taken away from their home area to ensure they are completely dependent on the middleman. Often, he sets up a "front" - a factory or workshop - and this "business" provides free gifts to local people, including the police, in return for their silence. Seneviratine believes that persuading the police to implement the new law is the next most important task. While it is crucial to work with parents, middlemen, villagers and children themselves, campaigners must also work to reduce the "demand" for child prostitutes. And this will only happen when Sri Lankan authorities make it clear they are serious about prosecuting abusers.

Source: AIDS Analysis Asia May 1996, by Rebecca Dodd. For a sample copy contact John Swainston, 107-111 Fleet Street London EC4A 2AB.

JAPAN - INCREASING LOCALLY ACQUIRED HIV INFECTIONS

The method of HIV/AIDS transmission in Japan has often been thought to be through men who travelled abroad - to Southeast Asia, in particular. But now, there is evidence to show that an estimated 70% of the people with HIV in Japan were infected inside the country. According to a report by the Japanese government, the increase in new AIDS cases is attributed to widespread complacency and ignorance. The report stated that 446 new cases of HIV and AIDS were reported in 1995 and of this, 57% of the affected were men. Sexual transmission was the main source of these AIDS cases.

Source: AIDSLink #37 Jan/Feb 1996

JAPAN - COMPLACENCY CITED AS A THREAT

In two studies on over 10,000 adults in Japan, Tsunetsugu Munakata, a researcher at the University of Tsukaba warns that most do not view AIDS as a threat. One in five males and one in 12.5 females who were married or had a regular sex partner had sex with another sex partner within the last one year. Three-quarters of them, especially those between the ages of 20 to 24 years said they do not always use condoms. There was a strong reluctance to be tested for HIV and to notify sex partners of the test results. More AIDS education especially the promotion of condom use is needed.

Source: Reuters, CDC AIDS Daily Summary 31/5/96.

MALAYSIA - MUSLIMS TO UNDERGO COMPULSORY PREMARITAL TESTS?

A new government rule will perhaps be implemented in 1997, forcing Muslims to undergo an AIDS test before marriage. This is to ensure a "healthy next generation", according to a senior official. Despite complaints that this is an invasion of privacy and is ineffective at containing HIV, this rule is expected to go ahead. Under this law, couples will not be allowed to marry if one of them should test positive.

Source: AIDS Asia Vol ii Issue 5 & 6, Nov/Dec 1995

One Swedish paedophile quipped that "They are only street children. Aren't you pleased I'm feeding them and giving them a bed?".

THAILAND - AIDS DISCRIMINATION

A survey of 90 People living with AIDS (PWAs) conducted by the Legal Working Committee, a consortium of Thai NGOs and lawyers, has revealed startling facts which shed light on discriminatory practices.

According to the survey, 34% said they had been forced into taking a blood test by either employers or health workers; 18% were refused medical treatment; and 14% had suffered a breach of confidentiality either at work or a health care centre. The more serious offences were experienced by a smaller proportion: 7% were refused access to education; 6% were sacked; 5% were refused employment; and 2.5% were refused insurance. The most disturbing finding was that 5% had been coerced into being sterilised or having an abortion.

It was noted that while there were laws in place which could be used to protect PWAs from discrimination, they had not yet been tested.■

Source: AIDS Analysis Asia, May 1996

One arrested Westerner said he had sex with 350 different children in the previous year.

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continued from page 12

majority were nonchalant .. my friend, Alvin ran over, "Did you see that guy over there, isn't he cute?" .. I looked over and it was my friend, Alfredo .. I waved to him .. "He throws great parties!" .. Barricaded by police ramps and men in blue uniforms holding their batons were terrifying displays of state power .. "I hope I do not get arrested" .. The possibility of being arrested in these demos existed. My fears were always about deportation .. The circle of demonstrators continued to grow .. .. walking round and round, holding placards, signs, whistling, blowing our whistles, banging against drums, screaming .. chanting .. and chanting .. "ACT UP, Fight Back, Fight AIDS"

fast forward

"Let us pray" .. the priest announced .. I bowed my head in respect .. but my thoughts were lost .. It has been almost three years since I have done any AIDS -related activism. My priorities have shifted - trying to complete my degree, working with poor women, homelessness, and women's reproductive issues. But I never seem to stray afar from AIDS. Before I left New York, I learned that a couple of friends have been tested positive. One died. Another is suffering from AIDS bereavement. And last time, I met Alfredo, he was healthy but lost a lot of weight .. Coming home seemingly allowed me to run away from pain, sorrow and death .. but am I? .. "One hundred and twenty four have died from AIDS related illness," the man announced. "John, Ah Beng .." The disguise, the masking, the first names .. "I am in Singapore!" .. Discriminations abound. Fear remains. Ignorance persists. And this is compounded by a climate of heterosexism and Chinese patriarchy. The basics of relearning, reinventing and revisiting the same issues about prevention and education will be made more difficult. Unravelling heterosexism seems unsurmoutable. AIDS activism will have to be strategic, tactical, contingent and provisional.

The white balloons were flying off. The man was speaking about Siti and her achievements .. More balloons were being released .. They soared as if they were lifted from the ground by a gentle hand .. guiding them .. fascinated by the billowy movements, my gaze fixated on the whiteness against the dark backdrop... whiteness fading into the blackness of night .. with every balloon released, I can only imagine the casualties of AIDS floating and soaring through the still night. Their spirits ascending to the heavenly realms of Bhaisajaguru (Buddha of Medicine), Allah, Shiva and God .. I can only look up and pray .. "You don't have to suffer. Enjoy the blissful lands. Be in peace. But please, looked down upon us occasionally. Watch over us. Encourage us. Support us. Protect us. Most importantly, infuse us with hope." .. I tried tracking one balloon to see how high it goes .. it disappeared into darkness .. maybe not for the mortal eyes? I turned round to my friends, "Let's go for dinner?" .. ■

(The AIDS Candlelight Memorial is held worldwide on the 3rd Sunday of May every year. In Singapore the venue is the Bras Basah Park opposite the National Library.)

Speaking Out: Face-To-Face With A PWA

Ng Sek Chow

We spoke over the phone to arrange for a place and time to meet. In hesitant Mandarin, he agreed to meet me at the turnstiles of an MRT station.

On the day of the appointment, I'm running late. He waits patiently, with a look of resignation on his face. The skin is sallow, the complexion slightly bruised, and he is underweight for someone of his height. But otherwise Hock (not his real name) appears, well, normal. Certainly not someone you'd do a double-take if you're to bump into him on the street.

With a primary school education, Hock speaks mainly in Hokkien and accented Mandarin. He is heterosexual. He certainly defies most people's mis-perception of the profile of a PWA: an ang moh, gay, or someone educated abroad.

Au contraire, as Hock, who's in his late twenties, can testify. "I've always been a pai kia since I was a little kid. My family lived in a three-room HDB flat. There was never much money around. So both my parents had to work long hours to make ends meet. I saw little of them when I was growing up, so I wasn't that close to them..." his voice trailing off, tinged with regrets. At this point, I offer to buy him a drink, something nutritious. He declines politely. What he seems intent on doing is telling his story.

It's a sad but not unusual tale for someone with Hock's background, With little attention from his family, he soon fell into bad company. "I started gambling. It's addictive. As you know, when you gamble often enough, you're bound to lose more than you win." To support his habit, he lapsed into small-time gangsterism. Extorting money to pay off his debts. Seducing gullible young girls and feeding off them. One thing led to another. It's a slippery slope. Soon, Hock became a regular customer of brothels.

"I did a lot of foolish things, like having unsafe sex with prostitutes, without using condoms. At the time, I

knew vaguely about AIDS, but I thought it was only a problem for gays and ang mohs. Me, a straight man, it wouldn't affect me."

He was wrong. The HIV virus doesn't discriminate, certainly not against Hock. Over a period of time, he noticed that he became weaker and weaker. A blood test one day confirmed that he's HIV positive.

All things considered, how he contracted the disease was immaterial, especially compared to the practical problems he has to deal with on a daily basis. As mentioned, Hock never has a good relationship with his family. "In the past, I was always asking them for money as I was constantly in debt. When they found out that I had AIDS, that was the last straw. They threw me out of the home. But," after a long pause, Hock adds, "I guess I would have done the same thing. I really behaved badly in the past".

So began Hock's odyssey on the island. With no steady job and little money, he has resorted to, at different times, sleeping in deserted huts around the MacRichie Reservoir, seeking shelter in Chinese temples, and wherever he could find a roof over his head. "Once, I was staying at this pondok. The roof leaked and it was the monsoon season. I was soaked through and through."

Hock, at the time of this interview, is putting up temporarily at a religious home. He admits that the disease has been a harrowing but soul-awakening experience. It has made him a changed man. "I think what I did in the past was sinful, and hence this punishment. I'm now trying very hard to mend my ways". It's obvious that Hock is seeking comfort and drawing strength from his religious faith. A psychological crutch which he direly needs. So I don't have the heart to argue with him that the HIV virus has little to do with one's religion.

Through the help of a kind social worker and his renewed belief in life, Hock has decided to turn over a new leaf. No more gambling and whoring. Instead, he now leads a responsible life. He has managed to find a temporary job as a night guard. "I don't have the physical strength to do any heavy tasks, so I'm lucky to have this security guard job." What little he earns from the job allows him his daily sustenance. It also provides, for the first time in his life, a stable structure of sorts around which he can organise his life.

Nonetheless, like a man in a sinking boat, Hock is grabbing onto any forms of treatment he can find. Pills of indeterminate nature with names he can't pronounce, "exotic" Chinese herbs. Anything which might provide some form of "salvation". Sad thing is, given his limited education, the extensive corpus of literature about living with HIV and/or AIDS most of which in English is closed off to him. So he has to rely on hear-say and second-, or even third-hand information on the latest discoveries in HIV/AIDS research.

During the brief time we spend together, I can sense Hock's eagerness to begin a new life. I, however, feel frustrated, angry even, as there seems to be so little I can do for him. His "homelessness"; his meager understanding about the nature of the disease and even more minuscule resources to seek proper treatment; and his potential isolation and discrimination from society if news of his serostatus were to leak out.

Hock, by comparison, seems more at ease. After all he has the support of his religious faith. "These days I live from day to day. I place myself at the mercy of God and leave the next up to Him. Whatever I've done in the past can't be undone. What I can do is to change my ways now."

* *Certain details of the interview have been changed to protect the identity of the interviewee.*

Makchik Agony Dearest

Makchik dearest thanks the officers and men of Tuas and Brani naval bases for the following questions.

Q. Is sex safer if you use two condoms instead of one?

A. Providing the condoms are not past their expiry date, are made by reputable manufacturers and are used properly, the chances of seminal or vaginal fluids coming into contact with either partner are very slim. So using two condoms at the same time is very safe sex. Makchik though, never insists her man use more than one condom at a time. If used properly a single condom is very safe and of course, less sensation is lost compared to a " double rubber". An alternative is extra thick condoms usually targeted at lovers of vigorous and anal sex. They might suit you too. Makchik buys her condoms at Condomania at Lucky Plaza. It's worth a visit.

Q. Can HIV be eliminated from the body if there is a complete change of blood?

A. No it cannot. Even if HIV could be removed from blood by a complete transfusion, something which is technically impossible, HIV will still be present in high concentration in the lymphatic tissues, semen, vaginal secretions and mother's milk. Once HIV moves in, it's there to stay.

Q. How long can an HIV carrier live until his or her death?

A. The longer we study infected people, the more we revise this figure upwards. For many years we said eight to ten years in the case of developed countries with good health care and public hygiene. Add to that changes in lifestyle and recent advances in drug therapies and treatments, the figure for many people is probably longer. However, in countries with a poor public health record, where infected people live in poverty and where medical treatment is expensive or unavailable, life expectancy for the infected could be much lower.

Q. Is it possible for HIV to be transmitted through blood transfusion or donation during the window period?

A. The window period is the weeks or months between a person being infected and the body producing antibodies to HIV which can be found in blood tests. Put another way, during the window period, HIV cannot be detected in infected persons using standard blood tests. So if an infected person is in the window period, has not developed antibodies and donates blood, their blood will infect another person if it is transfused into them. Happily, the documented instances of this happening are rare.

In Singapore, a blood donor must sign a declaration that they have not been exposed to the risk of HIV infection. If their donated blood is found to be infected, they risk a fine and jail sentence. If you are ever in a situation where donating your blood appears inevitable and you might have risked exposure to HIV, tell the nurse that you have had hepatitis. Or you can call back to the Blood Bank after donating your blood, say that you do not wish your blood be used for transfusion to others, your blood will then be discarded. The process of donating blood is perfectly safe. In Singapore there is no risk of HIV or other infections from blood donation equipment as it is sterilised and used once only.

Q. Can heavy petting lead to AIDS?

A. As a guideline, petting which leads to a partner being exposed to vaginal or seminal fluids or blood, has a high risk factor if any of these fluids falls on broken skin. If you have cuts on your fingers, don't insert them into a vagina or anus and don't let semen come into contact with them. Sucking breasts, French kissing, massaging, licking the body while avoiding the vagina and tip of the penis, are all safe petting techniques.

Q. Can love bites transmit HIV?

A. As love bites done properly doesn't draw blood through the skin, there is no risk of infection. If a botched love bite draws blood, the vampire who did it could be at risk if the blood is infected and s(he) has a cut in the mouth. The lesson? Makchik says practice love bites on a tomato before graduating to the real thing.

Q. When anal sex is practiced within a monogamous relationship, is it necessary to use a condom given that the lining of the anus and rectum is so delicate?

A. None at all. If neither partner has HIV, the only reason Makchik would recommend a condom is the mess: blood and faeces can be present during anal sex. A condom would be necessary if either partner carries the hepatitis virus as it can be transmitted during anal and vaginal sex, as can herpes, gonorrhea, chlamydia

and other sexually transmitted infections.

Q. Can a person with HIV never get AIDS?

A. The answer seems to be yes but this should not lead to a false sense of security. There are a handful of people who have had HIV for 15 years or more and are still very healthy. Their CD_4 cell levels are normal as are their immune systems. Rest assured that they are being studied carefully as their ability to remain healthy offers hope for everybody else who is infected. On the other hand, these numbers are very small. If you get infected with HIV, the chances of your dying from AIDS are still very high.

Q. If you wash your hands and genitals immediately after sex, does it reduce the chance of contracting HIV?

A. It may well help especially if you have not used a condom and either of you have scratches or cuts on your genitals. On the other hand, HIV could have already passed into your bloodstream, via a cut, before you shower. So Makchik has to take the tough line and say why put yourself, your partner, your spouse and your unborn children at risk through casual sex? Aim for one mutually faithfully lifelong partner. Don't graze in other pastures.

Q. If an infected woman with a cut in her mouth gives a blow job, can she infect partner?

A. A month ago Makchik would have said—no, the chances are very small. She would have to have blood flowing in her mouth and he would need a cut on his penis to receive her blood. However, researchers at the Dana Farber Institute in Boston recently reported a study among monkeys that showed the monkey AIDS virus (SIV or simian immunodeficiency virus) easily infected monkeys when the virus was placed in their mouths. We still do not know if these findings are applicable to humans, but they certainly cast doubts on the safety of oral sex (sucking the penis or licking the vagina). Until more studies are done we recommend that you use condoms for oral sex as well. Watch this space!

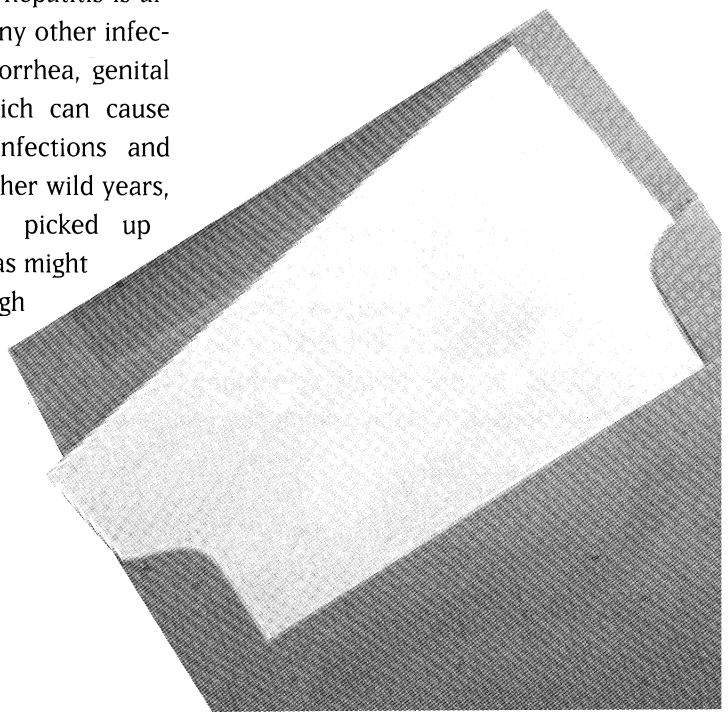
So Makchik has to take the tough line and say why put yourself, your partner, your spouse and your unborn children at risk through casual sex? Aim for one mutually faithfully lifelong partner. Don't graze in other pastures.

Q. The Terence Higgins Trust [a UK AIDS charity] advocates using a condom even in a monogamous relationship. Does Makchik agree?

A. Makchik is no angel. She's had her fair share of lovers and even though her wild past is behind her and she's found the man of her dreams, she still insists on a condom. Why? There are plenty of other nasty things that come with monster orgasms. With so many carriers in Asia, hepatitis is always a risk. So are many other infections like herpes, gonorrhea, genital warts, chlymydia, which can cause acute and chronic infections and complications. During her wild years, Makchik might have picked up some of these things, as might her man. And although she trusts him, there are many who'd like to wrap their hands round his heavenly body. And besides, rubber turns Makchik on! Terence Higgins probably had Makchik in mind when he recommended rubber love.

Q. While the use of injectible illegal drugs is implicated in the spread of HIV, what about poppers?

A. Poppers, little phials of amyl or butyl nitrate which are inhaled just before orgasm to heighten the sensation, are fairly common sex accessories in Western societies, especially among gay men. While poppers cannot spread HIV because no injection is involved, they can cause the user to get so carried away that they have unprotected (without a condom) vaginal or anal intercourse. AfA and Makchik believe that anything which impairs your judgment during sex is best avoided. Poppers are at your own risk.



ACTION FOR AIDS SINGAPORE

Projects & Programmes

HIV Education and Workplace (HEW) Committee
Coordinator: Douglas Ong -9205 0223

Education is still the mainstay in preventing the spread of HIV. With this aim in mind, HEW - the public education arm of AfA - trains volunteer lecturers to speak to interested groups and organisations to help raise AIDS awareness. Lecturers are also trained to help organisations develop workplace policies relating to HIV and HIV-infected workers. HEW welcomes people interested in becoming volunteer lecturers and requests for talks. If you know of any interested organisations with such requests, please get them in touch with Lalitha at Tel: 293 9716.

The ACT
Coordinator: Roy Chan -250 9495

This is AfA's in-house publication which provides medical, social and personal articles and updates AfA's activities to its members and volunteers, as well as schools, libraries, organisations, clinics and hospitals. We need writers and journalists to contribute their writing talents to help raise AIDS awareness.

Outreach Programme For Homosexual Men
Coordinator: Calvin Tan -476 6602

This programme is designed to reach out, educate and empower men who have sex with men (MSM) to adopt and maintain safe sex practices. Volunteers are needed to help plan, implement and evaluate programmes.

AfA Malay Group
Coordinator: Juraidah -444 6911

Formed to meet the challenges of educating the Malay-Muslim public on the AIDS epidemic, this initiative supports AfA's public education projects through various Malay-Muslim organisations. We need volunteers interested in giving talks and tackling the long-term issues of HIV/AIDS in the Malay community. Volunteers with connections with Malay community groups are especially needed.

AfA Research Committee
Coordinator: Roy Chan -250 9495

AfA has funded research in studies on high-risk behaviours, and on prevention and intervention programmes in Singapore. We invite applications for HIV-related studies which may improve the understanding of HIV/AIDS, and contribute to the control and prevention of HIV and the better management of PWAs in Singapore. Size of grants range up to $10,000.

Club AIDS Project (CAP)
Coordinator: Calvin Tan -476 6602

CAP coordinates AIDS-awareness events at local nightspots and develops party packs complete with educational materials for distribution at these venues.

Information & Counselling Hotline (Tel: 295 1153)
Coordinator: Gerard David
-278 0278

AfA provides information and counselling services on AIDS and related issues. Phone lines are manned by trained AfA volunteer counsellors between 6.30 - 9.30 pm on Tuesdays, Thursdays and Fridays. Interested and reliable volunteers needed. Training will be provided.

SOCIAL SUPPORT & WELFARE

Buddies & Friends Support Group
Coordinator: Iris Verghese
-359 9504 / 359 9591

This is a support group for people living with HIV/AIDS (PWAs) and their families. We need volunteers to provide support, care and concern for PWAs. If you have experience in dealing with HIV, terminally-ill patients, crisis counselling, sexual problems and alternative therapies, you will be of valuable use to this group. The necessary training will be provided and volunteers will be assigned to work in home care teams or as personal counsellors to PWAs.

Life Goes On (LGO)
Coordinator: Vincent -9202 2345

While death is a part of AIDS, so is life. LGO is a self-help group organised by PWAs and funded by AfA. Besides being a support group, LGO also networks with similar self-help groups regionally and shares experiences and information that are mutually beneficial. Through LGO, PWAs' interests and rights are represented in all AfA activities, in both organisational and participatory levels, with confidentiality preserved. LGO meetings are restricted to PWAs and their spouses. There are separate support circles for heterosexual men, married couples, homosexual men and women. AfA employs 3LGO members to plan, coordinate and execute hospiatl and home support and welfare activities of LGO, and also to assist in other AfA activities.

Women & AIDS Committee

The rising number of women contracting HIV has prompted an urgent need to tackle the unique issues and problems that women will face in dealing with the AIDS pandemic. Now, more than ever, we need caring and committed women volunteers to help achieve these goals. WANTED: Caring and committed women volunteers to join and spearhead this committee.

The Quilt & The Candlelight Memorial
Coordinator: Daniel Tan -9409 8302

Both annual events help draw people into the circle of AIDS awareness by allowing friends and relatives to openly express their grief and emotion of coming to terms with death and AIDS. These events have become powerful symbols of the presence of AIDS in Singapore and the world. Newsflash - the 1997 Candlelight is scheduled on Sunday 4th May 1997

Survivors
Coordinator: Iris Verghese
-359 9504 / 359 9591

This support group helps link relatives and friends of PWAs who have passed on. Members help each other come to terms with their losses and move on to help others learn to live with AIDS in their families and relationships.

Legal & Ethics Working Group
Coordinator: Wilfred Ong -432 8851

The group provides free legal advice and assistance to PWAs and their families.

CLINICAL SERVICES

Anonymous Testing & Counselling
-293 9716

We provide pre- and post-test counselling for voluntary, anonymous HIV testing at DSC Clinic, 31 Kelantan Lane, #02-16 (200031) on Saturdays between 1 to 4 pm (except public holidays). It is the only anonymous test-site in Singapore. Test results are available in one week and have to be collected in person. Cost $10.

Funding For Medications

AfA provides funding for selected medications to PWAs, such as aerosolised pentamidine, nebulisers. anti-pneumococcal vaccines, and antiretroviral medications (for special cases).

HALFWAY HOME

AfA is currently planning to set up a halfway home for residential support for PWAs who have no where to stay, and for daycare/occupational care for other PWAs. Members of the public who may have connections with possible premises for such a facility, please call us at 2509495 or 2951153..

Pick up an entry form and join in the fight today.

Art Against AIDS

The Singapore Red Ribbon Awards

The Red Ribbon is the international symbol of AIDS awareness and a visual expression of support for people affected by the epidemic. You are invited to participate in Action For AIDS' first ever Singapore Red Ribbon Awards, which honours the objective of raising AIDS awareness and encouraging community participation in AIDS prevention. For this Art Competition, you are free to work in any two-dimensional medium and to interpret the theme in any way you wish - one that best conveys your thoughts and views about AIDS and related issues. *You stand to win return air tickets to the U.S.A., cash prizes up to $10,000 and a prestigious Red Ribbon accolade.*

Winners and entries of merit will be featured in a travelling public exhibition at selected venues.

Organised by ACTION FOR AIDS SINGAPORE

Sponsored by NORTHWEST AIRLINES

NWA actively supports programmes that raise AIDS awareness.

SINGAPORE INTERNATIONAL CONVENTION & EXHIBITION CENTRE

durex QUALITY

Entry forms available at The Substation and must be submitted at Room 204, Singapore Suntec Centre from 9.00am to 7.00pm on 31 AUGUST 1996.

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