the act

care and protection for all

10 years

ACTION FOR AIDS SINGAPORE

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discrimination against no one

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FREE OF CHARGE

Cover Synopsis:

Love Openly With Your Heart And Carefully With Your Body

Andy Dallas Naylor
25 years
Merit Award
Open Category
Art Against AIDS - 1998

This painting has two important messages:

- Love openly with your hearts: accept and understand the difficulties and discrimination suffered by people living with AIDS, People with AIDS need love and support more than ever; and
- Love carefully with your body. Practice safe sex and treat yourself and your partner with care.

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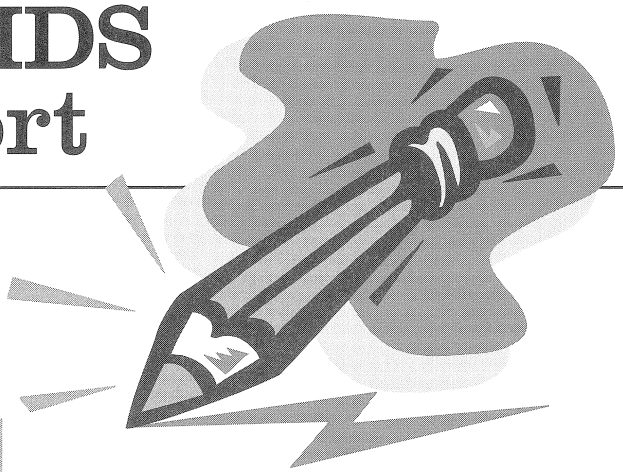
Dr Roy Chan President AfA



Action for AIDS celebrated its tenth year in 1998. This year has been a year of consolidation for many of our projects and programmes, and also advancement on several fronts in our fight against AIDS.

Ongoing projects are strengthening, in particular the PWA support groups Life Goes On and Club Genesis. Greater participation and interaction of PWAs with one another, as well as with other volunteers indicates increasing maturity and mutual understanding of these groups and volunteers. The Buddies programme provided assistance to patients both in the hospital and at home.

In 1998 subsidies for anti-retroviral medications provided by AfA for needy patients came online. Initial problems in subsidy applications have been ironed out, and the funds will now be paid out quarterly on receipt of applications and approval by the medication subcommittee.

A second anonymous testing site was opened on Wednesday evenings in a private clinic in mid-98. There has been a significant increase in clients at both the test sites, reflecting the popularity and quality of services provided. The AIDS telephone helpline also attracted a greater number of calls from the public.

Mass media print campaigns featured in selected magazines and newspapers. Our website continues to provide up-to-date information on ADS on the Internet. The second Art Against AIDS competition and exhibition was a resounding success, attracting almost 200 entries and great public attention.

The Outreach project for homosexual men was very active this year with the series of events held in bars and clubs. Annual events like the Candlelight Memorial and the World AIDS Day AIDS Walk continued the tradition of involving the public in AIDS awareness events and at the same time raising valuable funds.

The first AIDS Charity Run also attracted significant interest from the public, and was flagged off by Senior Minister of Health Dr Aline Wong.

The year culminated in the first ever multisectorial AIDS Conference in Singapore held at the Singapore International Convention and Exhibition Centre in Suntec City. This conference was coorganised by both AfA and CDC, and was opened by the Minister of Health Mr. Yeoh Cheow Tong. A highlight of the conference was Mr. Paddy Chew who gave the first ever public address and press conference by a Singaporean PWA. We have always highlighted the importance of giving AIDS a face in Singapore and Paddy's courage attracted much positive public attention and sympathy and highlighted the plight of PWAs in this country. We hope that his action will make a deep impact on the perceptions and attitudes of our citizens towards PWAs and AIDS here.

It is clear that our programmes and objectives have received support from not only the public and the press, but also the government, as evidenced by the presence of senior officials at several of our events. Government funding of the Streetwalkers Project is an excellent example of useful and valuable collaboration between AfA and the government bodies in implementing innovative programmes. We hope that this will be a harbinger of greater collaboration in the future.

1998 has been a difficult year for fundraising, and this will be the case for the next 2 to 3 years. AfA will have to implement costcutting for most of our projects, and to delay implementation of others. An example of this is the Halfway Home project which has been shelved, this because of a lack of funds and because no premises have been made available so far.

In 1999 we will need to review some of our services. The Buddies programme is currently being reassessed to streamline coordination with services provided by the CCD. Training programmes will be simplified to prevent overextension of volunteers and other resources.

Finally I would like to acknowledge and congratulate our staff and volunteers for their untiring dedication and spirit, and to thank our supporters and sponsors for their generosity in these difficult times.

Fear and Stigma:
Meeting the Challenge

Plenary lecture - AIDS Conference 1998: Facing the Challenge in Singapore

George D. Bishop National University of Singapore

During this conference today, we have heard a great deal about the epidemiological and medical aspects of HIV and AIDS, what needs to be done to prevent further spread of this devastating epidemic and the latest advances in treating AIDS and caring for PWAs. In this final plenary session, we will be changing our focus somewhat. The medical effects of AIDS are horrendous, of that there is no denial. But perhaps even more disturbing are its social effects. AIDS is a disease that strikes fear in people's hearts and all too often causes severe disruptions to social relationships. We have numerous reports of PWAs being ostracised in their communities, losing their jobs or being denied medical treatment because of their condition. In addition there have been cases of school children with HIV being excluded from school, and, in at least one case, a family being burned out of their home because of neighbours' fears about haemophiliac sons with HIV. These examples come from around the globe but we certainly have similar examples in Singapore, ranging from the well-publicised case of a hotel porter who lost his job when colleagues found he had HIV, to the personal stories of PWAs and the stigmatization they have experienced on account of their condition.

What is particularly striking about all of this is that none of it is necessary. The evidence is very clear that HIV is only transmitted through intimate sexual or blood contact and not through every day social interaction. And yet, people all too often seem to be acting as if they can contract HIV simply by being around an infected person. On top of that PWAs are often blamed for their disease and treated as social pariahs. It all seems so very irrational and unfair. And, in fact, it was that very irrationality that first attracted my attention and got me involved in research related to attitudes and beliefs about AIDS. After all, there's nothing like seemingly irrational behaviour to attract the attention of a psychologist.

So how are we to understand the fear and stigma associated with AIDS? Key factors undoubtedly lie in three unfortunate characteristics of AIDS as a disease. First, to date AIDS is universally fatal. As such AIDS is virtually guaranteed to be a source of fear. Second, AIDS is caused by a virus. Third, HIV is spread through behaviour that is heavily stigmatised, such as use of injecting drugs, homosexual behaviour, promiscuity, and commercial sex work.

The role of these characteristics in perceptions of HIV and AIDS can be seen in surveys on people's beliefs about AIDS and how HIV is spread. This slide shows some of the results of a survey done of Singaporeans' beliefs about how one can get HIV. As we can see, the vast majority of Singaporeans are well aware that HIV is transmitted through sex and the sharing of needles. So far so good. However, despite strong evidence to the contrary, there is also a substantial number of Singaporeans who believe that HIV is spread through everyday social contact such as sharing plates, drinking glasses or cutlery, being coughed or sneezed on, using public toilets or working near someone with AIDS. In other words, people clearly have the message about how HIV is spread but many have not gotten the word about how HIV is not spread.

Perhaps even more disturbing is the fact that lay people are not alone in this. This slide gives results from recent surveys of Singapore health professionals. Again, virtually to a person they know that HIV is transmitted through sex and the sharing of needles but a disturbing minority also appears to believe in the spread of HIV through casual social contact.

The attitude portrayed here can probably best be described as "better safe than sorry". In many ways that's a laudable approach to any situation involving danger. The problem here, however, is that people are seeing danger in situations of casual or non-intimate interactions with PWAs where there is none, thus contributing to fear and stigma.

Beliefs about how HIV is spread are one part of the problem. Other aspects can be seen in attitudes expressed about AIDS as a disease and about PWAs. This slide gives additional data from our survey of Singaporeans' perceptions of AIDS. The picture that emerges is one in which AIDS is seen as someone else's problem with roughly half of the respondents indicating that they aren't worried about AIDS as it has little to do with them. In particular AIDS is seen as a disease of homosexuals, prostitutes and drug addicts, and as punishment for immoral behaviour. We find related attitudes among health care providers with varying percentages of doctors, dentists, and nurses expressing the view that people at risk for AIDS have endangered society, AIDS is punishment for immoral behaviour and people with HIV or AIDS have brought the problem on themselves. Also a significant percentage indicate that they are more fearful of homosexuals because of AIDS.

Undoubtedly there are those who would make an argument for these positions. However, the problem with these attitudes, regardless of one's arguments, is that they separate persons with AIDS from the rest of humanity, implicitly make assumptions about why someone might have AIDS, and blame PWAs for their disease. Such attitudes can very easily serve as an excuse for a lack of compassion. After all, why have compassion for people whose disease is their own fault? Such attitudes can hardly lead to a constructive approach to AIDS, let alone the problems faced by PWAs. When faced with attitudes such as these is it any wonder that PWAs feel isolated and condemned and fearful that others will learn of their condition?

To be fair, the attitudes revealed in our surveys are not unique to Singapore or Singaporeans. The problem of AIDS fear and stigma is widespread and found to varying degrees wherever one finds AIDS. The real question, though, is what can be done about it. What can be done to meet the challenge of fear and stigma?

The simplest and most obvious answer is education. But I don't believe that it's sufficient to wave the talisman of education and expect all to be well. We need to consider the precise nature of that education and its target. In this respect I believe that it's useful to draw on work in the psychology of attitudes and in particular the functions that attitudes perform for people. One of the lessons from the study of attitudes is that attitudes do not simply exist in a vacuum but exist because they do something for the person holding them. In other words, they perform a psychological function for the person. Research on attitudes concerned with HIV and AIDS indicates that these attitudes perform at least two different functions. On the one hand, attitudes may play what has been described as an evaluative function. In other words, people hold the attitude or belief because they believe it will help them in gaining an objective or avoiding harm. In the case of HIV and AIDS people may adopt beliefs and attitudes because they believe that those beliefs will help them avoid infection. Clearly, beliefs about ways in which HIV is transmitted perform this function. However, problems arise because some of the beliefs that people hold are wrong. Holding the belief that HIV is transmitted through sexual contact with infected persons and acting on that belief by avoiding risky sexual encounters indeed protects one from infection. However, avoiding PWAs because of fears of transmission through everyday social contact provides no additional protection, since HIV is not transmitted in that way, and only serves to isolate PWAs and heighten the stigma.

The second attitude function is what has been termed the expressive function. In this case people hold particular attitudes or beliefs because they reflect underlying personal or social values. Such attitudes and beliefs have also been termed symbolic because people's attitudes or beliefs are based on what the object of that attitude symbolises. This becomes particularly problematic in the case of AIDS. Because HIV is transmitted sexually as well as through IV drug use it raises many issues that often make people feel distinctly uncomfortable. AIDS comes to symbolise those issues and attitudes about AIDS and PWAs reflect feelings that people have concerning drug use and sexuality generally as well as homosexuality, promiscuity, and commercial sex work in particular. In the process assumptions tend to be made about the moral character of PWAs and how they contracted HIV and PWAs are blamed for their condition. Studies of AIDS attitudes indicate that for a goodly number of people, negative attitudes about PWAs, support for punitive AIDS policies and condemnation of PWAs for contracting HIV in the first place seem to perform the expressive function.

What all of this suggests is that to be effective in meeting the challenge of fear and stigma education must address both the evaluative and expressive functions of AIDS attitudes. With respect to the evaluative function we need to come up with ways of convincing people that HIV is not spread through everyday social interaction. Campaigns to date have been very successful in getting the message across that HIV is transmitted through sexual activity and the sharing of needles. These have been much less successful in convincing people that HIV is not transmitted through everyday social contact. Perhaps in our zeal to convince people of the dangers of AIDS the message about HIV not being transmitted through casual contact has gotten buried and we need to be placing more emphasis on it. Also there is evidence that the term virus is associated in people's minds with transmission through the air since many common viruses such as colds and flu are indeed transmitted that way. This then leads to confusion in people's minds as to whether that might also be true for HIV. This suggests education targeted at helping people to better understand viruses and the different ways in which they are transmitted so as to more effectively get across the message that HIV is not transmitted in the same way as other common viruses. These are only two possibilities, there are certainly others as well. Irrespective of the approach we choose, it is clear that much more needs to be done to get this message across if we are to meet the challenge of fear and stigma.

However, of themselves efforts targeted at the evaluative function are not sufficient, the expressive function must be addressed as well. To address this function, we need AIDS education that addresses our common humanity and promotes empathy with PWAs. We have the beginnings of this in stories in the media about PWAs and their experiences. However, one unfortunate aspect of these stories is that because of the stigma involved with AIDS and the desire to protect the identities of the PWAs, names are routinely changed and faces blacked out or distorted. This preserves anonymity but has the unfortunate side effect of emphasizing and reinforcing the stigma of AIDS. A way needs to be found to break through this cycle. If we are to make headway in meeting the challenge of fear and stigma we must finally put a face on this epidemic and make it plain that PWAs are not faceless people out there but living, breathing human beings who are just as much a part of our communities, workplaces, and families as anyone else.

Continuing in this same vein I believe that another important ingredient in meeting the challenge of fear and stigma is to mobilize ethical and religious values of brotherhood and compassion. The very nature of AIDS and the ways in which HIV is transmitted make it all too easy for people to fall into a pattern of blaming and judgment whereby emphasis is placed on the moral transgressions, whether real or presumed, of the PWA and judgment is brought to bear. This is an easy response but is also the lower road that does nothing to address the real problems of AIDS, results in PWAs being treated as outcasts, and leaves those passing judgement diminished as persons. It is imperative that we break that cycle and seek higher ground. Values of brotherhood and compassion are a part of all of the world's great religions and come as close as anything I can think of to being universal values. It's time we harnessed those values and made them the centrepiece of our response to AIDS and persons living with this devastating disease. We can do this in our media campaigns and AIDS education and we can do this in our places of worship. I mention places of worship because I believe that people of faith and faith communities have an important role to play in dealing with AIDS and the issues it raises. We can see this in the response of numerous religious groups in the region and around the globe to the AIDS epidemic. These responses range from a campaign of AIDS awareness currently ongoing in mosques in Turkey to outreach and hospice programmes for PWAs being conducted by Buddhist monasteries in Thailand to orphanages as well as educational and pastoral care programmes operated by various Christian churches and organizations. We see the beginnings of this in Singapore with the activities of the Catholic AIDS Response Effort or CARE but clearly much more can and must be done.

It is my strong belief that mobilizing values of brotherhood and compassion in the fight against AIDS will do much to help us meet the challenge of fear and stigma. Too often public response to AIDS and PWAs gets mired down in a divisive and counter-productive pattern of blame and condemnation. Once we are able to break that pattern and base our response on the higher values of brotherhood and compassion we are freed up to truly listen to the experiences of PWAs, embrace them as our friends, colleagues and family members and welcome them home. And it is then that we can truly meet the challenges of fear and stigma. For we can most effectively meet those challenges when we meet them together.

Thank you for your kind attention.

Discrimination, Barriers and Social Obstacles Facing People Living with HIV/AIDS

Plenary lecture - AIDS Conference 1998: Facing the Challenge in Singapore

Paddy Chew

I stand here before you this morning to talk about the discrimination and several other problems faced by people living with HIV/AIDS. I also stand before you as a person living with HIV/AIDS.

There are many social and medical reasons as to why people with the disease are facing so much discrimination. Misconception is prevalent amongst the population. Many heterosexual people still believe that this is a homosexual disease and that they are immune to it simply by being heterosexual. AIDS does not know gender or a person's sexual preferences. Many still think you can get the disease by being near or touching an infected person - more so if you are gay.

Misconception runs amok in all areas and from people from all walks of life. This has posed huge problems for the person living with HIV/AIDS, and also for their families and friends. Recent findings here have shown that 70% of those infected in Singapore are heterosexual. The figures speak for themselves. There are to date about 1,000 Singaporeans who have been registered as infected with the HIV.

This figure is deceptively low. Singaporeans are widely travelled. As such, many are able to seek testing and treatment overseas, without having to expose themselves, and keeping it a secret for fear of the consequences if they are found out. This could lead to stigmatisation and even ostracisation by family and friends, working colleagues - even the loss of their livelihood by being HIV+.

Many have lost their jobs and told to leave because they are discovered to have this disease. This disease is like any other disease - why then, the unwanted discrimination and fear among everyday people? Is it due to misconceptions? The lack of awareness? The lack of proper information that goes out to the general public? More must be done!

I have been unemployed for the past 3 years - the recession started 3 years earlier for me. You are just now facing yours.

There are patients who have been thrown out by their families, shunned by society, told to leave their jobs or pressured to resign... All this has in a sad way compound the suffering of the person - and all this due to ignorance and fear.

The AIDS cocktail or anti-retroviral medication is very expensive. Only about 30% of patients are able to afford the medication, and many go without it. Funding and subsidies need to be addressed. Medication here is based on purely financial terms - if you don't have the money, then you can't buy any. Action for AIDS helps in fund-raising and subsidies with limited resources. There is little or no other help.

Having to face the disease alone is one thing. But having to face the emotional and psychological stress without any kind of support is another. The fear and stigmatisation of this disease is apparent, highlighted by the fact that there is a lack of protective legislation. All Singaporeans should have the right to necessary care and medication. The rights of people who are unable to care for themselves should be recognised and respected.

Legislation for people living with HIV/AIDS needs to be addressed and re-assessed. This is not based on any confrontational methods, but simply based on humanitarian and compassionate grounds. This is the right of Singaporeans, regardless of whether they are HIV+ or not. Can anti-discrimination laws be realised? Not tomorrow, maybe, but hopefully in the near future.

There are, however, some notable changes that have been implemented. Before, should an AIDS patient die, from the time of death, all they had was 6 hours and the body had to be cremated. Not very much time for any kind of dignified send-off. Now, they are given 24 hours. I believe that this is due to the fact that morticians here are not trained in handling an AIDS death. The training is to protect them from any risk of exposure to the virus during the embalming process.

The other notable change is the use of a person's Medisave. Before, you could use $200 a month, only - and for one type of drug. Now, however, you are able to use $500 per month for most of the anti-retroviral drugs. This has helped many HIV/AIDS patients. If these changes can be implemented, then there is hope that further changes in legislation can be done to protect the rights of people with HIV/AIDS or PWA. Maybe then the stigmatisation, discrimination and fear of the disease will be a thing of the past.

Most of the PWAs, or I could say majority of them, are so afraid that many even declined to attend this conference. There is the real fear to being associated to anything that could get them identified as a PWA. Paranoid behaviour is a problem for most PWAs and this is due to discrimination they feel they will suffer from.

I stand here before the conference and the media to 'out' myself as PWA. I am but one person but it is time that this disease is properly addressed and that all forms of discrimination, fear, stigma, ostracisation, hate and resentment be cast aside. This can be achieved not by one person but by all. Hopefully you all will leave this conference with a better understanding and a different, more compassionate attitude towards people suffering from this disease.

The media plays a very important role in how this disease is reported. Any form of sensationalism would only cloud the truth from the general public. Many people are at risk and it could happen to them and also to you. Again, I stress on correct and proper information that goes out.

I am outing myself today as the first Singaporean to publicly announce my HIV+ status. This decision was made in part by the many deaths and sufferings that I have personally experienced and witnessed in my work as an AIDS activist and volunteer with Action for AIDS. With support and approval from my wonderful family, I am able to stand here before our esteemed Minister and all of you, in the hope that my outing will achieve the necessary changes. And perhaps in the near future, Singapore will be able to lead in the fight against this disease which is affecting this region economically and socially as well. But first, the fight must begin here at home.

It is recognised that an AIDS Task Force has been established. But representation by people with HIV/AIDS is absent, especially where policy-making decisions are concerned. This is food for thought. To achieve all that we can, it is hoped decision-makers and PWAs can work hand-in-hand in the combat against this disease. I, for one, will be the first one there if my help is needed - as a representative for PWAs who are afraid to come out.

Ladies and gentlemen, I have here this morning spoken to you on: discrimination; stigmatization; suffering; death, and lack of effective legislation. And so on, and so on...

I am going to end my speech by saying that above everything that has been mentioned, I believe as a Singaporean and a human being, that this disease is not the main killer. It is the human aspect, the lack of human warmth, the absence of human care that has actually contributed to the many deaths and suffering.

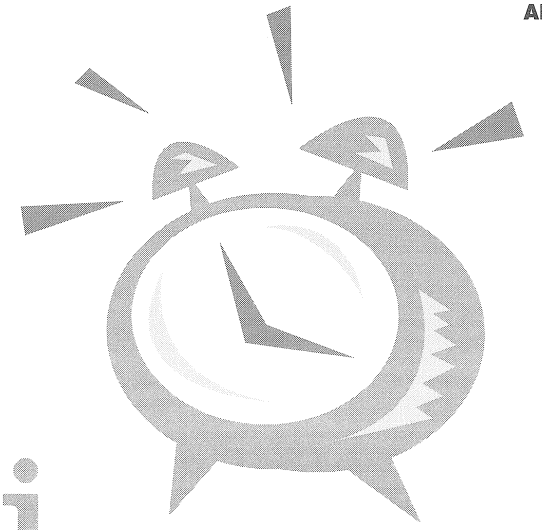
This disease does not discriminate - people discriminate. Let's stand together as Singaporeans, I plead to all of you. Help us, and help our future generations to FACE THE CHALLENGE.

AIDS and the Media:

Time to fight fear

Plenary lecture - AIDS Conference 1998: Facing the Challenge in Singapore

Alan John

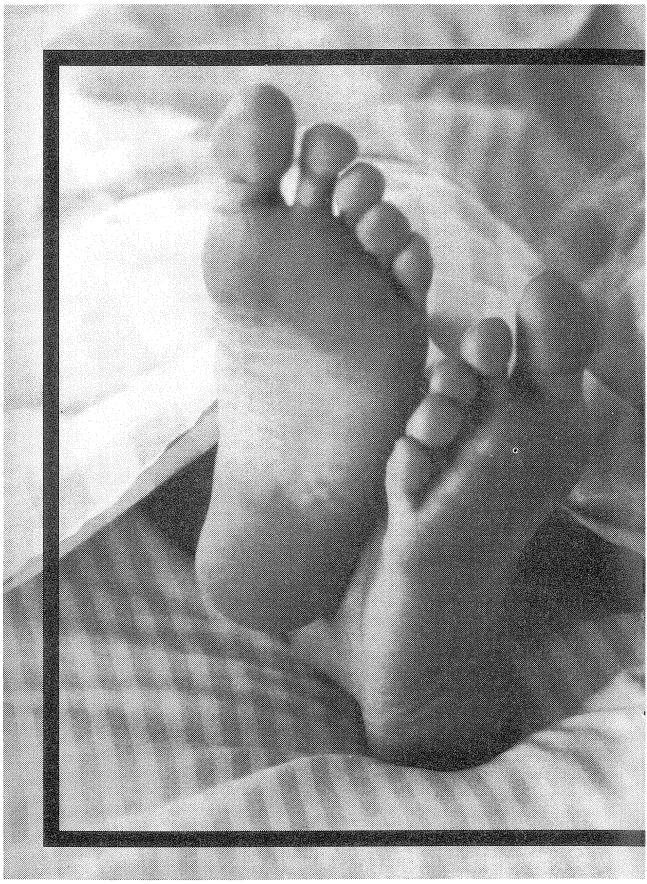


In December 1984 The Business Times ran a report headlined: Singapore is Safe From Aids Threat, quoting a doctor doing research on Aids here. Four months later, The Sunday Times had the scoop on the first three men found with the Aids virus. That first year, if there was one clear message about Aids in Singapore, it was this: Don't panic over Aids. In fact, that was the headline of a Page 1 lead report in The Straits Times. Another Page 1 lead report promised Aids-free blood stock at the blood bank, thanks to 100 per cent screening of all blood donations. In that first year, the people most at risk here appeared to be homosexual men, and along with Don't Panic, another message crept into many a newspaper report: Don't Worry, Aids is about them, not us.

Much has changed. The HIV and Aids statistics are no scoop these days, because the Health Ministry provides regular updates. But the prediction that Aids would not be a problem here proved wrong, and the promise on blood transfusions turned out, tragically, to be too optimistic. The 1990s have seen the picture change completely, with heterosexual men becoming the ones most at risk. And we now have women and children with HIV too. The media have reported the updates, the memorials and the charity drives. We reported the scant details given when a HIV-infected health worker's patients were recalled to be tested, and reported the court cases of men with HIV and Aids who ran foul of the law and lost their right to remain anonymous.

Journalists interested in Aids have always kept a look-out for human interest stories about men, women and children living with HIV and Aids in Singapore. The stories have been anonymous, with fake names, because nobody wants to be identified as a person living with HIV and Aids. As a newsman, I have waited for the day when someone would stand up and be prepared to be named and photographed as he told his story. We have needed to put a face to people with HIV and Aids, to make the point that they are not monsters, they do not need to be shunned, and do not deserve their fate, no matter what they did to get infected.

Today Paddy Chew stood up and did just that, and I salute him. A year ago I became an Aids volunteer with a small Catholic group called Care, and I now feel torn in two directions. As a newsman, I have wanted that story. I know that every person with HIV or Aids I have met over the past year has a powerful story to tell, and if it were told, it might help save someone else from making the same mistakes and getting infected. But as a volunteer, I also feel an intense protectiveness for the people with Aids meet - I know they are vulnerable individuals and in telling their stories openly, they will risk a great deal because there is still too much ignorance and unnecessary fear surrounding HIV and Aids in Singapore. I would like to highlight three areas in which I feel change is needed.



Fear of talking sex

Thirteen years after the first cases were detected here, we now know that HIV spreads in very specific ways, through unprotected sex, injecting drugs and sharing needles and syringes, and from mother to child. Singaporeans might have been educated better about the facts and risks of HIV infection if the main mode of transmission here had been intravenous drug abuse, not sex. We have had no qualms about discussing drugs and rehabilitation of addicts openly and frankly. We do not fear showing graphic images in advertisements, and of putting faces to the drug tragedy. But Singapore's Aids story is a story about sex, and straight sex at that.

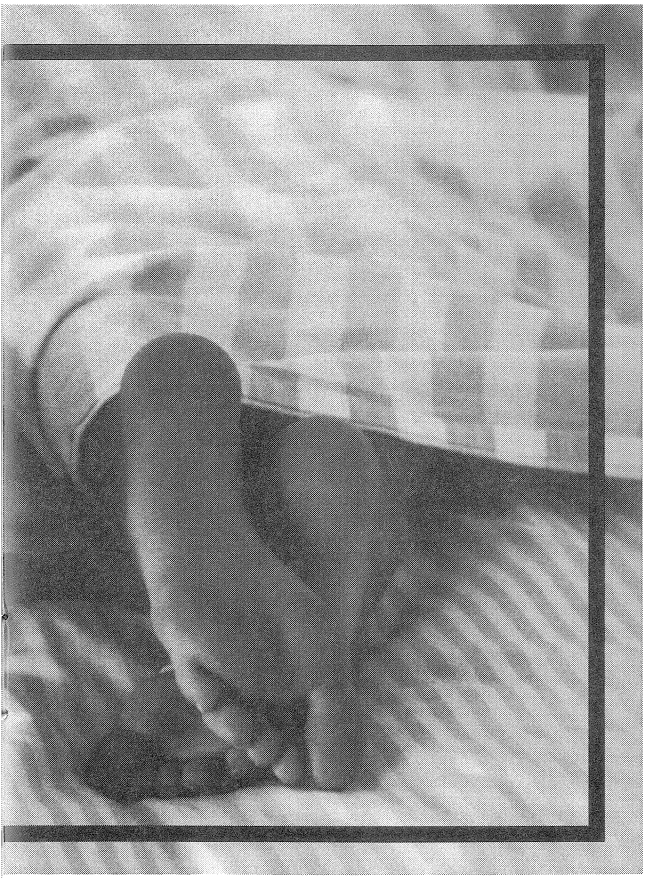
If Singaporeans are to be educated properly about HIV and Aids, we have to start talking sex, openly, plainly, in our homes, in our schools, at our places of worship and in the media, and this must happen early enough to help teenagers who experiment with sex to avoid ending up in the HIV statistics when they reach their 20s.

But can we talk openly about sex? We fear offending those who blanch at the mere mention of sex and object to seeing it in a family newspaper like The Straits Times. When the newspaper ran the findings of a properly-done survey on sex and teenagers earlier this year, some readers were upset that the story was blurbed on Page 1. We seem to have stronger stomachs for reading about sex when it involves prominent politicians elsewhere, than when it is about teenagers, the guy next door, or grandpa and what he does when he goes to Batam with his pals. We have to stop pretending that sex must be talked about in hushed tones because we are conservative, shy Asians. The fact is, lots of nice, married Asian men go to prostitutes regularly enough to put themselves and their wives and children at risk. With no sign of any decline in HIV and Aids statistics here, sex education has become critical. Parents must teach their children, schools and religious leaders must do more and do it earlier, and the media can help. If we continue to fear offending the more conservative in our midst, we contribute to perpetuating ignorance.

Fear of the infected and dying

Ignorance about HIV and Aids continues to make people fear Aids needlessly. It was shocking to read last year that a survey of 1,500 doctors and dentists here showed that one in five still believed wrongly that gay sex is the commonest way in which HIV spreads, and almost one in three thought that you can be infected if you share eating utensils with a person who has HIV or Aids. There is fear, based on such ignorance, even within our hospitals. A man with Aids told me that when he had to sign some documents, the hospital employee who gave him the forms handed him a pen to use. When he finished, she told him he could keep the pen. He knew that was no small kindness on her part, but plain fear of handling a pen he had touched. We now know that it is safe to socialise with someone with HIV, to touch him, hold him or kiss him. And if he coughs or sneezes at you, it may not be pleasant but you won't walk away with HIV. But if doctors and dentists can get such basic information wrong, imagine what myths and misconceptions about HIV and Aids must continue to hold among the rest of the population.

A question that bugs me, too, is why so many people with Aids die in hospital, when they might be better off spending their last days in a hospice setting. Elsewhere, people with Aids have access to hospices like any other terminally ill patient. Some hospices have dedicated wings or wards for people with Aids. Is fear of Aids standing in the way of Singapore having an Aids hospice, or having a wing for Aids patients in any of the hospices here? If it is, then those who fear need educating - whether they are hospice staff, or family members of hospice staff or non-Aids patients. For what this is worth, I know of at least 20 volunteers who will be willing and happy to serve in an Aids hospice, if one is set up here.



Fear of the dead

I have been at the bedside of a man dying of Aids, holding him close to me, and I have watched his family members keep their distance, some staying rooted at the door of his room. I came closest to appreciating why needless fear of Aids prevails when someone I knew died, and I witnessed the rush to get him cremated within 24 hours. My friend's body was washed, dressed, put into a plastic bodybag, zippered shut, and kept in a fridge overnight, and whisked from the mortuary to the crematorium directly. As someone who cared deeply for that man, I found it awful to behold, close-up, and it is not a funeral to wish on your worst enemy. For every family member, relative, friend or curious passer-by who witnesses any part of this mad dash to the crematorium, the message is plainly that Aids is to be feared mightily and shunned. The treatment of people who die of Aids is unnecessarily terrible, and only serves to reinforce and perpetuate every primitive fear, misconception and prejudice among those who are ignorant about HIV and how it spreads.

In some other countries, people with Aids are allowed to die with dignity and that includes having a proper wake and funeral. The bodies are embalmed, and lie in open caskets, allowing family members and loved ones time to grieve, to see, to touch and say goodbye. Why is it that rules drawn up in the 1980s, when so little was known about HIV and how it spread, are still being enforced in Singapore today, when we now know that this virus spreads in very specific ways? Morticians and undertaker's assistants can be trained to take basic precautions when embalming an Aids corpse. We will start to remove so much needless fear the day we change the rules and let people with Aids have normal wakes and funerals like everyone else.

Today, more than in 1984, there is no reason to panic about HIV and Aids. There are many reasons to be concerned, because clearly we have not done enough to educate our people. Fear gets in the way, and the media can play a role in breaking down this barrier. But journalists need the people who know best to step forward and teach the rest of us why Aids is something to guard against, but not fear. That message must come through when we teach children and adults, when we talk about sex, and about living and dying with HIV and Aids. It is a message that must be put across not only in English. Sometimes when I am in the Aids ward I wish I could speak Hokkien or Teochew, because so many of the men I meet are most comfortable speaking in Chinese dialects and they read the Chinese dailies, not The Straits Times. It highlights that the Chinese media here have a critical role to play to reach out to some of the people most at risk today, and their families.

Journalists will continue to cover the news, the updates on HIV.and Aids infections, breakthroughs in treatment, the mishaps and court cases involving people with HIV and Aids. But in order to break down the barriers of fear, journalists will also keep looking for the brave people who will step forward to tell their stories and let the rest of us understand what living with HIV and Aids is about. We need family members to describe coping, forgiving, accepting and loving the father, son or brother who brought Aids home. We need women who will describe coming to terms with being infected by their husbands, and having their families shattered. We need friends and neighbours of people with Aids to say why they are not horrified. Who will be the mother who will say, I know my neighbour's son has HIV, but he is a wonderful child and my kids love playing with him? Aids is not about them, it is about us.

Alan John is News Editor of The Straits Times and a volunteer with Catholic Aids Response Effort (Care).

Summary of Seminars

AIDS Conference 1998: Facing the Challenge in Singapore

Chere Chapman

Seminar 1 - Vulnerability, Risk, and Prevention

This seminar focused on the diversity of the many populations and sub-populations in Singapore who might be vulnerable to contracting HIV. Assessing the diversity of these groups is critical when designing preventive efforts to limit the spread of HIV in and among these groups. Because each group is unique, preventive programs must be tailor-made to effectively reach each population.

Vivian Heng from the Ministry of Health kicked off the seminar with a discussion of the evolution of the HIV mass media campaign since its inception in 1988. In her talk, she highlighted the difficulties in working with Singapore's diverse multiracial population. Language barriers and different cultural beliefs provide many challenges and obstacles make approaching the Singapore mass population about HIV/AIDS a sensitive process. **Chia Hwee Pin** outlined the opportunity provided by the Singapore Armed Forces to educate and screen the vast majority of all young men in Singapore for HIV. He focused on the many efforts being undertaken to reduce the risk of servicemen contracting HIV during overseas training. **Douglas Ong** from the Singapore General Hospital, on the other hand, spoke among other things of the specific challenges facing the prevention of HIV among women. He pointed out that the data in Asia reflects women's lower status and autonomy, and the unequal balance of power between men and women. Therefore, prevention efforts targeted at this group must extend beyond individual behaviour change to address larger societal issues affecting the overall status of women in Asia. **Martin Lee** from the Ministry of Health, **Jenny Bong** from the Lakeside Family Centre, and **Anne Rabley** from the ISS International School all spoke of specific issues and challenges that arise in educating Singapore's youth on HIV/AIDS prevention. Each of these three speakers pointed to the need to carefully consider the particular audience being addressed. Age, maturity, and whether the youth are in the regular school system, a private school, or are out of school are just some factors that should considered in the development of curricula dealing with HIV/AIDS. **Roy Chan** from Action for AIDS outlined many successful programmes designed to target sex trade workers in Singapore. Some focused on raising the awareness of HIV/AIDS while others attempted to improve the sex workers' life skills such as negotiating condom use. Finally, **Paul Toh** from UNAIDS spoke of a lack of programmes targeted specifically at bisexuals and men who have sex with men in Singapore. He called for an increase in not only prevention efforts for this group, but also specific efforts to decrease the stigmitisation and discrimination that are still present toward these populations.

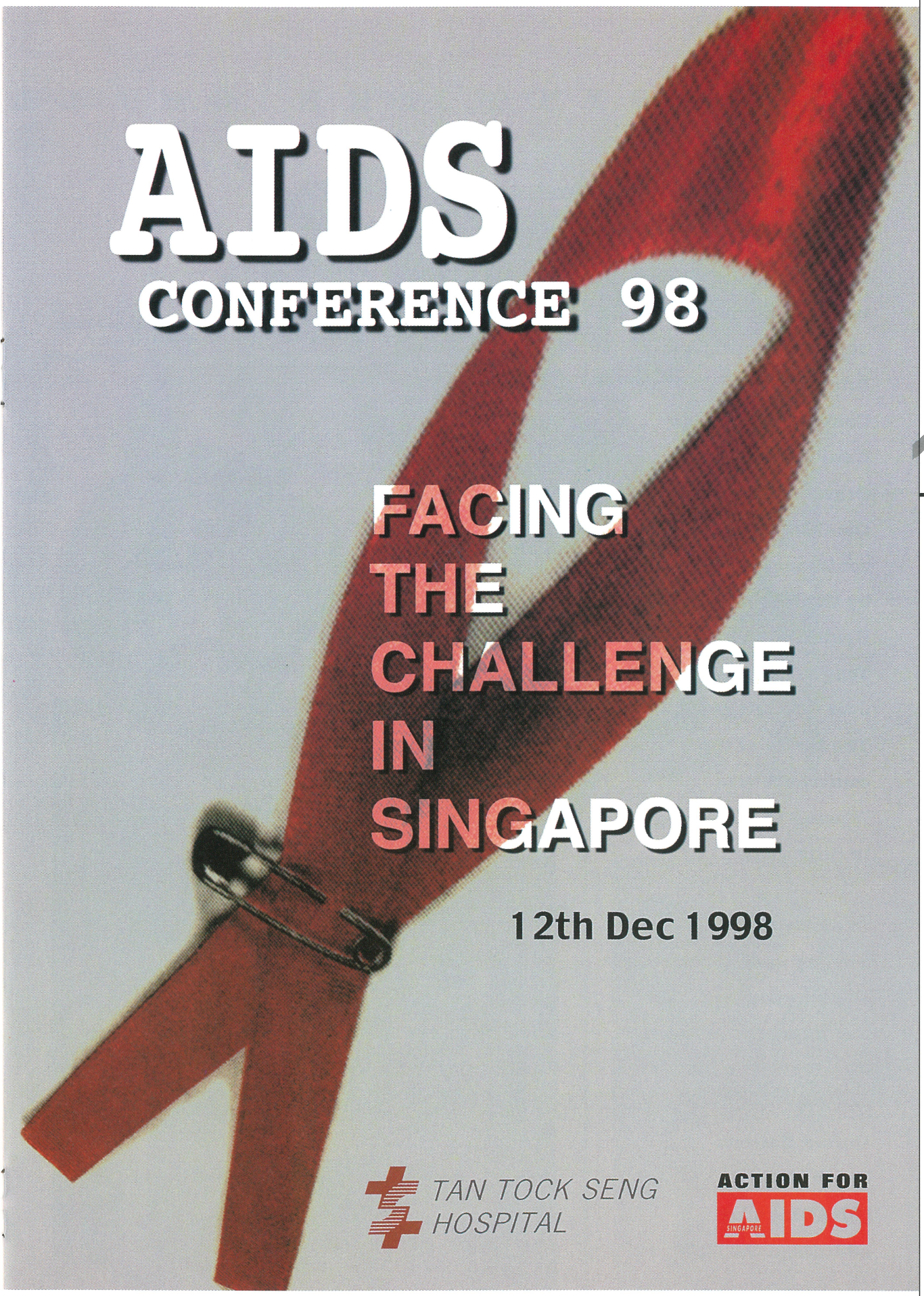
Each of the speakers in Seminar 1 focused on a particular group, ranging from the mass population to Singapore's youth to men who have sex with men. Each then outlined the vulnerabilities and risks facing these groups - illustrating the diversity of Singapore's population which must be considered in designing different HIV/AIDS prevention programmes.

Seminar 3 - Societal and Community Response

Overall, the title for Seminar 3 was an extremely apt description for the discussion it involved. The seminar did indeed cover the general community and various responses from individual groups in Singapore.

Jimmy Sng from Singapore General Hospital began the seminar by detailing Singapore's official governmental response to the epidemic, The National AIDS Control Programme. This multifaceted programme includes many approaches such as education of the general public and protection of the national blood supply, to give just two examples. It also covers any amendments to the Infectious Disease Act, the details of which were described by **Lin Shiu Yi**, the coordinator of legal counseling for the Communicable Disease Centre and Action for AIDS. This legislation serves not only to protect the public from the spread of HIV, but also to shield the person living with HIV/AIDS (PWA) from discrimination from lack of privacy with respect to their disease status. Many important ethical and social questions are undoubtedly raised in the development of this type of legislation. Some of these were introduced by **Stella Quah** and **David Chan**, both of whom are from the National University of Singapore. What affects societal attitudes toward PWAs? How do culture and religion help to shape moral and sexual norms? Should HIV testing be mandatory or voluntary? Should an HIV-positive health care worker continue to treat patients? These are tough questions that generate fascinating debate and dialogue. **Ricky Tan** from Care Corner, a Christian organisation doing HIV/AIDS charity work in Thailand, tried to answer some of these questions by outlining specific ways that culture and religion can play positive roles in halting the spread of HIV. Finally, **Le Truong** from Levi Strauss and Co. and **Alan John** from the Straits Times highlighted both the ability and the need for media and big business to take on leadership roles in the fight against HIV/AIDS.

The critical take-home message from Seminar 3 is that *everybody* - whether from government, religious organisations, the legal, academic, media or business communities - has a role to play in raising awareness of the issues surrounding HIV/AIDS in Singapore. Most important, when these sectors work together, we can finally begin to deconstruct the barriers of stigmatisation and discrimination toward PWAs that are still prevalent in Singapore today.



11

Singapore International Convention & Exhibition Centre

AIDS CONFE

FACING THE CHALL

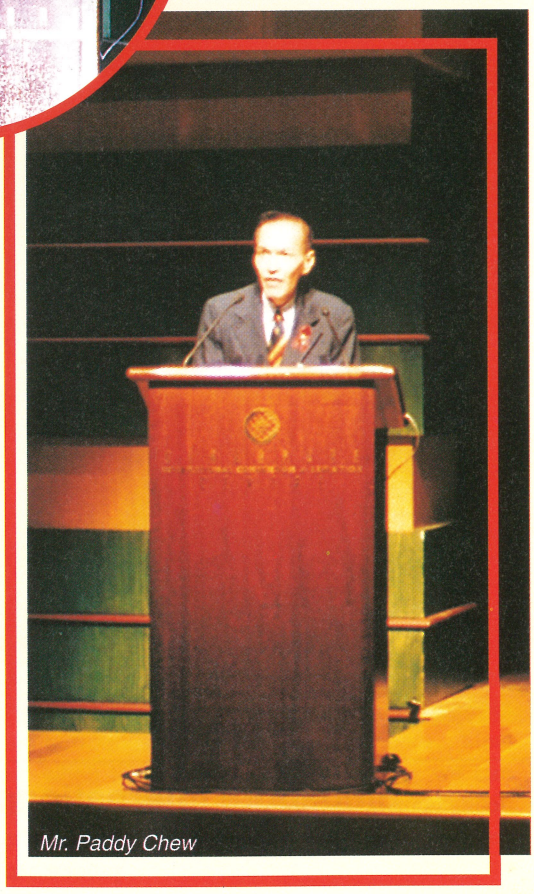
The first ever multisectorial conference on AIDS was held on December 12th 1998 at the Singapore International Convention and Exhibition Centre. Organised by AfA and the CDC/TTSH the conference was opened by the Minister of Health, Mr Yeo Cheow Tong, and attended by over 400 delegates. The theme of the conference was "Facing the Challenge in Singapore".

In all there were 4 plenary sessions and 29 seminar presentations. The keynote speaker was Prof. Werasit Sittitrai, from the Joint United Nations Programme on HIV/AIDS (UNAIDS) who addressed the topic "Safeguarding Young People for the Next Generation".

Mr. Yeo Cheow Tong, Minister of Health, opening the conference

A/Prof George Bishop of NUS

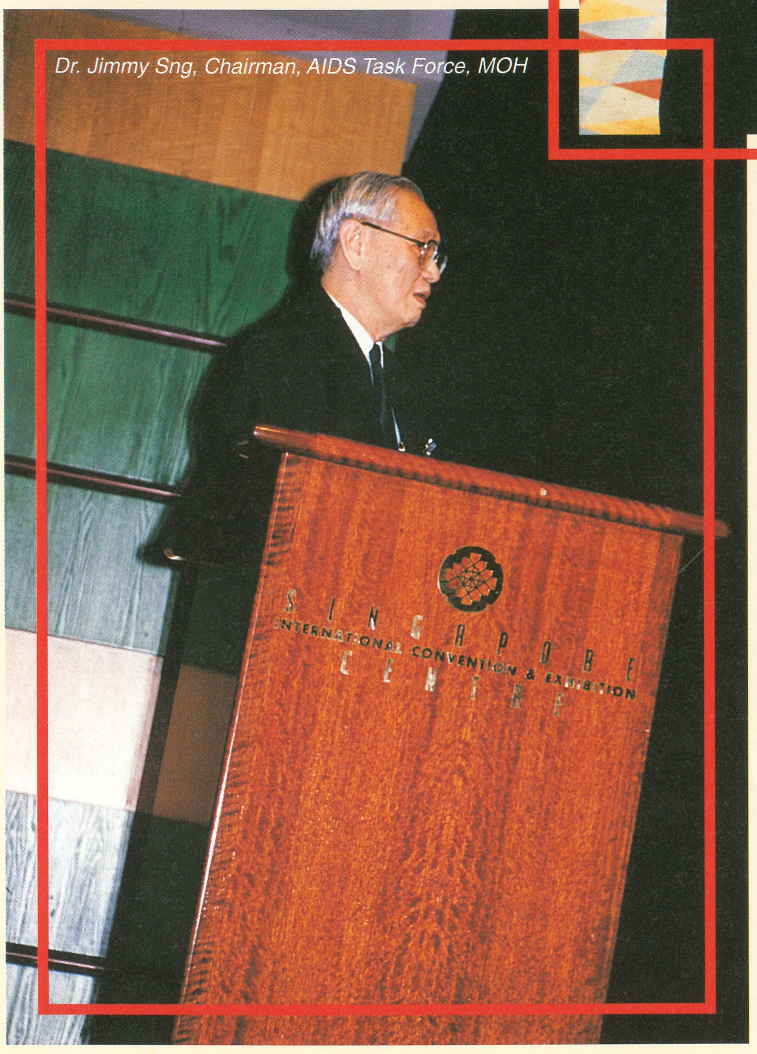
Prof Werasit Sittitrai of UNAIDS Geneva



Mr. Paddy Chew

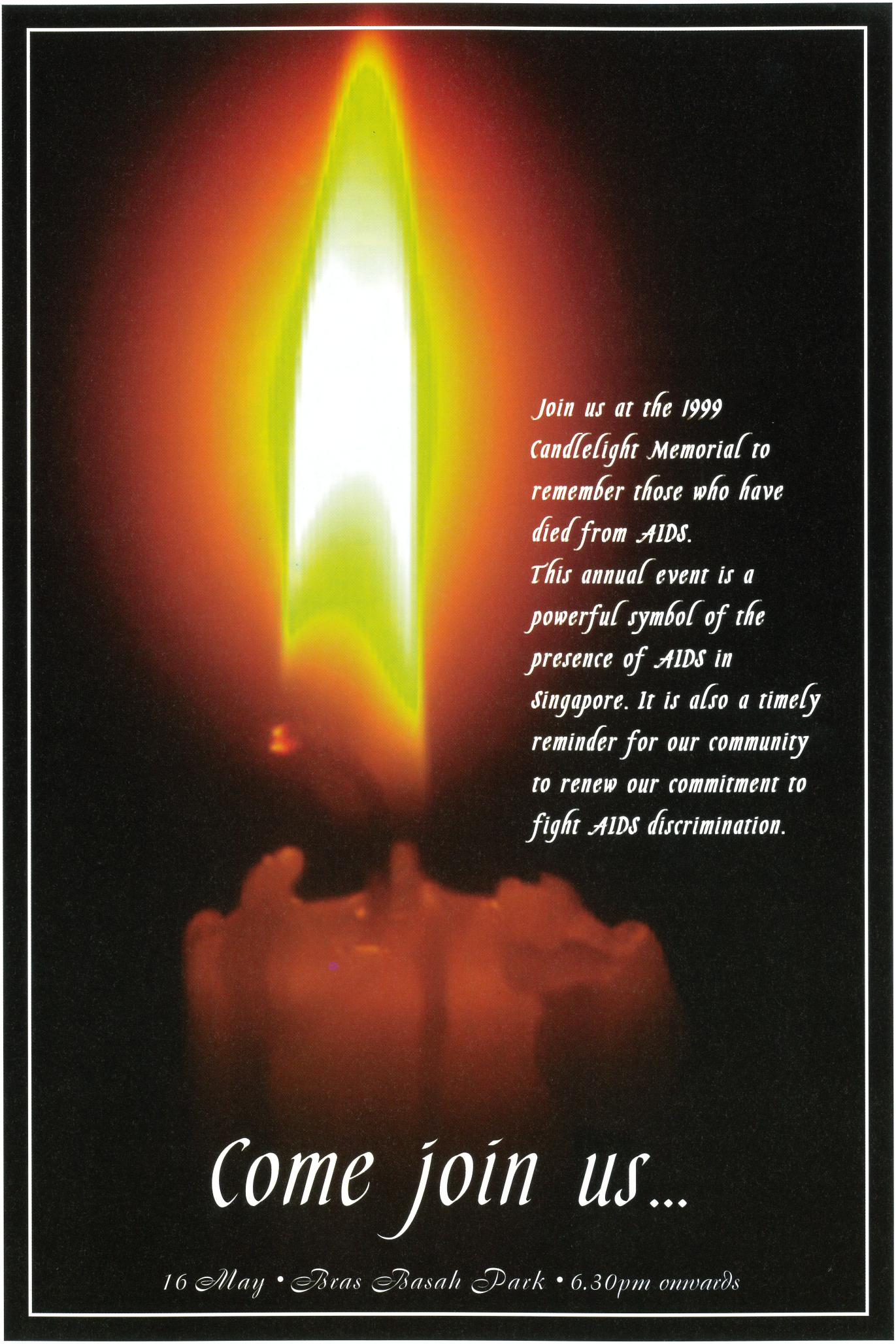
Mr. Alan John of the Straits Times

Mr. Yeo and Dr. Roy Chan, President of AfA



Dr. Jimmy Sng, Chairman, AIDS Task Force, MOH

Dr. Chew Suok Kai, Director,
Epidemiology and Disease Control, MOH


Join us at the 1999 Candlelight Memorial to remember those who have died from AIDS.
This annual event is a powerful symbol of the presence of AIDS in Singapore. It is also a timely reminder for our community to renew our commitment to fight AIDS discrimination.
Come join us...
16 May • Bras Basah Park • 6.30pm onwards

The Accuracy of HIV-Antibody Tests

Roger Winder

What tests do we use at the anonymous testing sites?

AfA runs 2 anonymous testing sites. One operates on Wednesdays, from 6.30 p.m. to 8.30 p.m., at Tanglin Shopping Centre. The other runs on Saturdays, from 1.00 p.m. to 4.00 p.m, at the DSC Clinic at Kelantan Lane.

The Wednesday site uses only the rapid Hemastrip test, the results of which are available within 15 minutes of the test being done. The Saturday site uses the Hemastrip test as well as the more widely-used enzyme-linked immunoabsorbent assay (ELISA) and Western Blot tests. For the ELISA and Western Blot tests, the blood specimens are sent to a laboratory and clients collect their results a week after they have the test done. The Western Blot test is only used as a confirmatory test for a positive ELISA test result, i.e. it is not used when the ELISA test yields a negative result.

What's the concern?

At the Saturday site, when clients are told that the ELISA and Western Blot tests are used as confirmatory tests for the Hemastrip test, they usually suspect the reliability of the latter test. Confirmation is only needed if the initial test result is not very reliable, right? In fact, the Western Blot test is only used to confirm a positive test result for an ELISA test. Does this mean that the ELISA test is unreliable, too? And why is the Western Blot test used to confirm only positive results?

At the Wednesday site, if there is a positive result for the Hemastrip test, the client is advised to have the ELISA and Western Blot tests done before getting any referrals and taking any action based on the initial result.This also gives the impression that the Hemastrip is unreliable. Again, one asks why clients are not given the same advice for negative results.

An Initial Explanation

The fact of the matter is that all the tests are very reliable, with the Western Blot being slightly more specific than the other tests. However, like all things in life, none of the tests are 100% accurate. There is a margin of error for each test, albeit a very small one. While most positive results indicate that the client is HIV-positive and most negative results indicate an HIV-negative serostatus, there are false positive and false negative results. **False positive** results are results which indicate that the client is HIV-positive although s/he is actually HIV-negative. **False negative** results indicate that the client is HIV-negative when s/he in reality is HIV-positive.

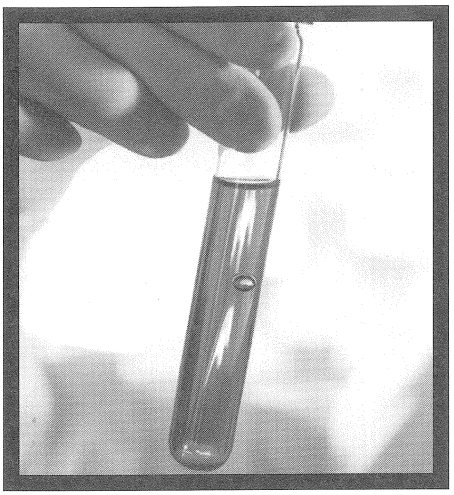
On rare occasions, the false positive and false negative results may be due to human error. More often, false negative results are due to clients testing within the window period of infection, when there is an insufficient level of HIV antibodies present in the blood. Sometimes, false results are due to the nature of the tests, specifically the sensitivity and specificity of the tests, and the prevalence of HIV infection in the group which is tested.

What is Sensitivity and Specificity?

Each test has an indicated sensitivity and specificity level, which is usually close to 100%. In order to understand these two terms, it is useful to examine what happens when testing is conducted.

As has been mentioned, there are 4 possible types of results. The first two are the **true positive** and **true negative** results where the test results provide an accurate indication of the clients' HIV status. The other two are the false positive and false negative results mentioned earlier. The situation can be summarised in the diagram below.

		True HIV Status: Positive	True HIV Status: Negative	
Indicated HIV Status - Test Results	Positive	True Positives A	False Positives B	A + B
	Negative	False Negatives C	True Negatives D	C + D
		A + C	B + D	



A+B indicate all the positive results from the tests, including the false positive ones, while C+D indicate all the negative ones, including the false negatives.

A+C indicate the group of clients who are ACTUALLY HIV-positive, including those who receive (false) negative results. B+D clients are those who are ACTUALLY HIV-negative although some of them (B) would have received (false) positive results.

We can now define **sensitivity** as the ability of a test to correctly identify the HIV-positive status of clients. It is calculated by determining the proportion of true positive results in relation to the actual number of HIV-positive people in the sample.

Sensitivity = A ((A + C)

The **specificity** of a test is its ability to identify HIV-negative results correctly. It is determined as the proportion of true negative results in relation to the total number of HIV-negative individuals present in the sample.

Specificity = D ((B + D)

Two other terms are useful in discussing HIV tests. One is the **Predictive Value of Positive test (PVP)**, which refers to the reliability of a positive result. This is calculated in the following manner:

PVP = A ((A + B)

The other is the **Predictive Value of Negative test (PVN)**, indicating the reliability of a negative result. Calculation of this value is shown below:

PVN = D ((C + D)

What is the relevance of these terms?

We can use PVP and PVN to examine the implications of using the same tests in different situations of HIV prevalence. Let us first take a population with low HIV prevalence, as in the case of Singapore. We shall use the following figures in our first example:

Sensitivity = 0.980
Specificity = 0.995
Population: 1,000, 000
Low Prevalence: 0.001 (1 HIV-positive individual in 1,000)

The number of HIV-positive individuals in this population would be 1,000 (0.001x1,000,000). There would therefore be 999,000 (1,000,000-1,000) HIV-negative individuals in this population.

		True HIV Status		
		Positive	Negative	
Indicated HIV Status - Test Results	Positive	1,000 x 0.980 = **980**	999,000 – 994,005 = **4,995**	5,975
	Negative	1,000 – 980 = **20**	999,000 x 0.995 = **994,005**	994,025
		1000	999,000	

The following figures for PVP and PVN can be calculated:

PVP = (980 (5,975) x 100 = 16.5%
PVN = (994,005 (994,025) x 100 = almost 100%

We see that in a low HIV prevalence situation, positive results are not very reliable while the negative results are almost completely reliable.

If we now keep everything but the HIV prevalence constant, we get a different set of figures.

Sensitivity = 0.980
Specificity = 0.995
Population: 1,000, 000
High Prevalence: 0.1 (10 HIV-positive individuals per 100)

The number of HIV-positive individuals in this population would be 100,000 (0.1x1,000,000) and there would therefore be 900,000 (1,000,000-100,000) HIV-negative individuals in this population.

		True HIV Status		
		Positive	Negative	
Indicated HIV Status - Test Results	Positive	100,000 x 0.980 = **98,000**	900,000 – 895,500 = **4,500**	102,500
	Negative	100,000 – 98,000 = **2,000**	900,000 x 0.995 = **895,500**	897,500
		100,000	900,000	

The figures for PVP and PVN are now as follows:

PVP = (98,000 (102,500) x 100= 95.6%
PVN = (895,500 (897,500) x 100 = 99.8%

The reliability of the negative results dips negligibly but that of positive results rises dramatically. This shows that positive results are very reliable in areas of high HIV prevalence but are not very good indicators in low HIV prevalence situations. The HIV-negative results are reliable in both situations.

Implications for Singapore

As HIV prevalence in Singapore is low, it is imperative that initial positive results be confirmed by using repeat tests, such as the ELISA and Western Blot tests. This is, in fact, recommended by UNAIDS. Specifically, it would be best if the repeat test had a higher specificity value so that the chance of a false positive test is reduced further. This is not necessary for negative results as they are very reliable.

Using more than one test at the testing sites is therefore very helpful in eliminating false positive results. This is crucial, as news of an HIV-positive result can be devastating for an individual. It may now be easier to understand why confirmatory tests are used, especially for positive results.

Another reason for using confirmatory tests for the Hemastrip test in particular is its relatively recent introduction to testing sites here. Although its sensitivity and specificity values are high, AfA decided to exercise some caution in using it. It was first used at the Saturday site in conjunction with the ELISA and Western Blot tests to determine whether there were any contradictions in the results. After a significant number of tests established that there was no such contradiction, it was decided that the Hemastrip test could be used on its own at the Wednesday site.

Good News

One piece of good news with testing is that the tests are gradually becoming more sensitive and specific. The chances of getting false results are getting slimmer.

With the current tests we use at the DSC anonymous testing site, we have been fortunate enough not to have had false positive results. Of course, most of the volunteers at the testing site hope not to give even a true positive result.

The First HIV/AIDS ASEAN Regional Workshop of Islamic Religious Leaders

Jakarta, November 30 to December 3, 1998

We, the Participants of the Workshop of ASEAN Muslim Leaders in Jakarta

Mindful

That the magnitude of AIDS epidemic problem in the ASEAN region is creasing significantly. The increase has to be controlled in the time, otherwise religious, social and economic development in the region will be hindered and disparities within and between ASEAN Member Countries will increase accordingly,

That very individual has the right to have an appropriate and right information on HIV/AIDS. Without having the information nobody will be able to prevent HIV infection,

That the biggest population in the region is Muslim, but most Islamic community members in most ASEAN Members Countries are not yet fully involved in HIV/AIDS campaign in their respective communities. They are not yet reached by IEC activities of National AIDS Programme in their respective Countries. Most of their leaders are also still beyond the reach of the IEC activities,

That IEC instruments and methods have to be developed to effectively reach each adult member of the Islamic communities in all ASEAN Member Countries, so that all the adult members of the communities will have an appropriate and right information on HIV/AIDS. The information will give them an appropriate and right perception of the challenge of AIDS,

That all Muslim Leaders in all ASEAN Member Countries have to be properly trained to use the IEC instruments and methods. The well-trained Moslem, leaders will then play their important role in HIV/AIDS campaign in their respective community.

Mindful also

That all governments of all ASEAN Member Countries have responded to the challenge of AIDS by launching both national and regional HIV/AIDS Programmes,

That the programmes have to be strengthened and fully supported by community involvement including Muslim community which is the biggest religious population in the region, otherwise the programmes will not be successful.

Solemnly declare

Our obligation as Muslim leaders to support both the national and the regional HIV/AIDS Programmes as long as the programmes' activities are not against Islamic teachings,

Our obligation to involve in HIV/AIDS Campaign in collaboration with Government and Non Government officials/workers at all (grassroots, local, national, regional and global) levels,

Undertake in our involvement in HIV/AIDS Campaign the following activities:

Developing of IEC instruments and methods to effectively reach target population in our communities in an effort to give all of them appropriate and right information on HIV/AIDS,

Training IEC trainers and Muslim Community Leaders on HIV/AIDS Campaign, *implementing the following Islamic guidelines on HIV/AIDS and PLWHA as follows:*

Attitude toward HIV/AIDS: HIV infection with its terminal state AIDS is a dangerous communicable disease that threatens the existence of human beings. The virus can infect anybody irrespective of gender, age and profession. Therefore HIV/AIDS is regarded as a global danger.

Euthanasia, either passive or active is prohibited to be performed to AIDS patients

Knowingly transmitting HIV is against Islamic Law.

Marriage between PLWHAs is permitted.

Marriage between a HIV free individual and a HIV positive individual is not prohibited/against law but avoiding it is preferable.

Divorce due to HIV infection/AIDS is lawful. A HIV free wife can demands divorce from her HIV positive husband. But based on their consensus, their marriage may continue although the husband is already HIV positive.

A married couple must use method, which can prevent HIV transmission whenever one of them is already HIV positive. The wife is suggested not to be pregnant.

Abortion is not allowed even if pregnant women is infected by HIV.

Pregnant women living with HIV/AIDS due to injection of prohibited drug contaminated by HIV must be humanistic treated, but she has to be made fully aware of her sin and guided to ask forgiveness from Allah.

PLWHAs staying in their families.

Families having member/members living with HIV/AIDS to take care of the HIV infected member/members.

Care of pregnant woman during delivery.
The process of the delivery be preferably handled by a well-trained health personnel to prevent HIV transmission.

Circumcision for children living with HIV/AIDS.
Children living with HIV/AIDS must be circumcised as long as it is not dangerous for him and the process of the circumcision is preferably handled by a well trained health personnel to prevent HIV transmission.

To properly help PLWHA who gets accident:
PLWHA who gets accident, for example car accident on the road must be properly helped and all precautions and equipment must be used to prevent HIV transmission.

Handling deceased AIDS patients:
Deceased suffering from AIDS have to be given proper Islamic burial.

Delegate Chairman,
1. *Indonesia: Prof. Dr. M. Quraish Shihab*
2. *Brunei Darussalam: Dr. Awang Haji Besar bin Haji Abu Bakar*
3. *Malaysia: Dr. Ahmad Jusoh,*
4. *Singapore: Mr. Jaffar Mohd Kassim,*
5. *Philippines: Mr. Ali Mistul*
6. *Thailand: Dr. Smai Kaovijit*

PLAN OF ACTION

I. Background

There are many different religious populations in the ASEAN region. Among all of them, Islamic population is the biggest. Islam religious leaders in Islamic communities in all ASEAN Member Countries are not only well-respected by their respective community members but also involved in many important community development activities. Their role has been proved to be very crucial in making work done through people in their respective Islamic communities. They can also play an important role in HIV/AIDS campaign, but they have not yet reached by IEC component of National AIDS Program (NAP), except a few of them, living mainly in urban areas. As long as they are left beyond the coverage of the NAP IEC component, their potential role in making HIV/AIDS campaign successful in their respective Islamic communities will remain idle. Therefore feasible methods and appropriate instrument have to be developed to empower not only them but also their respective community members with all necessary appropriate information on HIV/AIDS. The empowerment will enable them to play their important role in making work done through people in HIV/AIDS campaign in their respective Islamic communities.

The problem to be solved through the Seminar for Islam religious leaders is the gap between the existing unavailability and the expected availability of feasible methods and appropriate instruments for empowering the majority of Islamic religious leaders in ASEAN Members Countries to enable them playing their important role in HIV/AIDS campaign in their respective Islamic community.

II. Problem

Identification: The following issues are identified:
Basic knowledge that leads to misconception on HIV/AIDS among some Moslem leaders. Sex education is not given systematically based on Islamic teaching. High risk behaviors, continue to endanger community at large. Perinatal HIV transmission is generally neglected in their region. Cooperation between Moslem leaders and certain agencies government in relation to prostitution is not yet well developed.

III. Objectives

To implement religious approach in HIV/AIDS campaign
To strengthen cooperation among Moslem leaders in ASEAN region combating HIV/AIDS. To establish information network among ASEAN Moslem leaders.

IV. Activities

To hold seminars, workshop, training, symposiums on HIV/AIDS for Moslem leaders in the region to wipe out misconception on HIV/AIDS.

To establish expert committee on Sex Education based on Islamic teaching to develop guidelines, teaching modules for children, youth and married couples.

To establish Technical working Groups in accordance with Islamic teaching on high risk behaviors to develop risk reduction program focussing on homosexual, bisexual, transsexual behaviors.

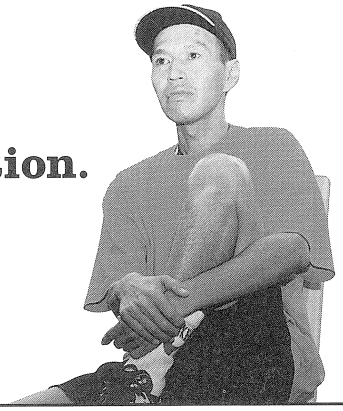
To implement mother to child HIV transmission prevention

To strengthen cooperation between Moslem leaders and the government in solving prostitution problem by implementing religious and public health approaches.
To hold follow-up workshop in Jakarta in 1999 to assess the work plan implementation.

RECOMMENDATIONS

Dissemination of appropriate local version of Jakarta Declaration in all ASEAN Member Countries. Intensifying the implementation of religious approach in HIV/AIDS campaign among Moslems in ASEAN region. Strengthening cooperation between Moslem Leaders and the Government in combatting HIV/AIDS in the region.

Paddy has a story to tell. It's about courage and about conviction. It's about making a change. It's about standing up for his belief.



On 12 December 1998 at the landmark AIDS Conference in Singapore, Paddy Chew, then 39 years old, revealed to the world his HIV status. And in doing so, he has chosen to become the very human face of the thus far taboo AIDS epidemic in Singapore. The historical and bold public disclosure sent shock ripples across every strata of Singaporean society and became a much- talked about event both here and, to a lesser extent, abroad.

The "coming out" however is only the first step of what will surely be an arduous and uphill journey. For a start, Paddy will be telling his story in the enigmatically titled play, *Completely With/Out Character* at The Drama Centre from 10 to 17 May 1999. The proceeds from the sale of tickets for the opening night will be channeled to Club Genesis. The one-man show will be produced by one of Singapore's most respected theatre companies, The Necessary Stage (TNS).

TNS is known for producing plays with often controversial and unpopular social themes such as suicide (*'Scuse Me While I Kiss The Sky*), mental illness (*Off Centre*) and domestic violence (*Walking Into Doors*). Last year as part of their M1 Youth Connection programme, TNS, in association with Women United To Fight AIDS, presented *Thicker Than Water*, a play which dealt with the virtually unacknowledged issue of HIV and AIDS among teenagers in Singapore. When TNS' Alvin Tan, the Artistic Director, and Haresh Sharma, the Resident Playwright, met Paddy during the making of their production *Superfriends at the Hall of Justice* in 1998, the 3 excitedly mooted the idea of Paddy using theatre as a platform to present his thoughts and experiences as a person with HIV/AIDS (PWHA) in Singapore. For TNS, *Completely With/Out Character* is a natural addition to their already vast repertoire of socially conscious plays. For Paddy and Action for AIDS, it will be yet another opportunity to bring about greater awareness about the disease and perhaps another tool in their struggle to fight public ignorance and apathy.

All parties involved in this play are only too aware and indeed anticipate the many criticisms that will be levelled against them. Foremost would be the suggestion that Paddy is being exploited. However, as Paddy explained, he was adamant about being onstage to personally present his story. While a trained or experienced actor would probably bring to stage a polished performance, the impact of having Paddy himself on stage would be incomparable. As Paddy gleefully puts it, "I am the real McCoy!" Even if the audience comes out of some morbid curiosity or only to gape at him, he will not balk, because they will, in any case, have to listen to his story and hopefully hear the message.

In life, Paddy is flamboyant, extroverted and generally a riot and he hopes to bring all that vivaciousness and verve to stage when he tells his stories, all of which are true. In the play, Paddy talks about how his priorities and perspectives in life have changed since being diagnosed as being HIV positive. He talks about his frustration and about how he is nevertheless able to carry on his work because of the support he gets from family, friends and AfA. He talks poignantly about friends who had succumbed to AIDS, friends who died in heart-wrenching conditions and how their deaths had given him his mission - to fight the prejudice surrounding the disease as well as to fight for the very basic rights which so far have been denied to PWHAs in Singapore. As Paddy observed, often PWAs die because they simply give up the fight to live; when they are no longer able to cope with the alienation, the hostility and the stigma.

For AfA, *Completely With/Out Character* is yet another forum in their unceasing efforts at public education and the challenge to obtain basic human rights for PWHAs in Singapore. Brenton Wong, the Honorary Secretary of AfA, pointed out that unlike many of the European countries and even neighbouring Philippines, Singapore has yet to pass any anti-discriminatory legislation with respect to a disease that is ironically non-discriminatory when claiming its victims. Existing legislation, such as the requirement that AIDS victims be cremated within 24 hours of death is based on outdated World Health Organisation guidelines. Issues such as exorbitantly expensive medication and lack of available insurance coverage are oft repeated but still go very much unheeded by the authorities. In the end, desired changes can only come about when there is a change in the mindset of society at large and the first step towards attaining this goal is through education. Hence, not wanting to let an excellent chance go by, AfA will set up a booth at The Drama Centre for the duration of the run of *Completely With/Out Character* and AfA volunteers will be on hand to answer queries from the audience.

Churches tackle

Thailand's AIDS problem

In many families only the very old and very young have survived The spread of AIDS in Thailand has prompted the country's two main religious communities to work together for the first time. Thailand has the highest level of infection with the HIV virus in Asia. AIDS has left Thailand with around 80,000 orphans. In many families, only the old and young have survived.

Prostitution rife

Local communities say HIV has spread rapidly because many young men visit prostitutes frequently and then pass on the infection to their wives. For more than 100 years, Christian missionaries were seen as a threat to Buddhism in Thailand, but AIDS has joined the two religions. Christians and Buddhists are co-operating on several projects to save communities.

Moral influence

Temples are acting as health clinics where medication and sex education is provided. Catholic nuns are monitoring the numbers of AIDS-infected people with help from village elders. Buddhist monks are even exerting their moral influence over boys by attracting them to the temple with classes in Thai boxing.

Father Cyril Niphot, from the Diocese of Chiang Mai, believes that by helping Buddhist communities rediscover their moral values, change will come.

"When you lose your value system the result is the death," he said. "You have to change your perspective and value system, and go back to the traditional belief."

The results of this religious partnership are that brothels are closing and the pace of HIV infection is slowing down. In one of the worst infected areas in the north of the country, Muang Phayayo, no new HIV infections have been recorded for the last six months.

Such is the success, that campaigning against HIV using the religious network could become an example for the rest of Asia.

[Source: BBC 6 January 1999]

... continued from page 20

Both Tan and Sharma have since August '98 been devising the play with Paddy.

While there is a working script, Paddy will not be saying lines learnt off a proper and finished script. He will instead use his own words and ad-lib where appropriate during the performances.

Paddy has very much been given the freedom to speak his mind. This translates to quite alarming statements being made sometimes, such as when Paddy voices his honest belief that his disease is perhaps a penance for his previously extravagant and selfish life. TNS has been careful in wanting not to censor such statements. Besides wanting to allow Paddy to be as real and flawed a person as he is, TNS is conscious of wanting to present multiple perspectives when dealing with social theatre, i.e. to offer views which are politically correct and liberal alongside those ideas which people might resist or find repugnant.

Completely With/Out Character is only one project. Given a chance, Paddy would like to do a million things - for starters, write a book, make a movie and speak at international conferences. But he's only too aware that time is his nemesis. His prayer is that he would have paved a way for those who will come after him and who will likewise find the courage to carry on wherever he may leave off. To find dignity and purpose in this illness. To bring about compassion and acceptance in society. And ultimately one day, a cure.

Paddy has a story.
Hear him.

- Caroline Fernandez

Completely With/Out Character presented by The Necessary Stage will be staged at The Drama Centre from 10 - 17 May '99. The Charity Opening will be held on 10 May, proceeds go to Action for AIDS. Tickets for the Charity Opening are priced at $45, $65 and $85. For general enquiries and ticket enquiries, please call Emmy at The Necessary Stage: 733 2716.

Dear Makchik

If there is one sure thing in Makchik's life, it's that her postbag is always pregnant with questions about sex and AIDS. If I do this...? If we have sex standing up...? Is kissing OK? No matter how many times we answer these questions, Singaporeans know another hundred ways to ask them! And the men are worst of all. You tell them sex without condoms is dangerous, they still visit brothels. Oral sex? At the drop of their trousers they ejaculate in the mouth of their floozies but are dead sure they are at risk from her saliva! Doncha wish we could banish men to Venus and let us girls run the world? So this time, rather than dip into her postbag, Makchik is going to set the record straight about the sexy things that homosapiens do.

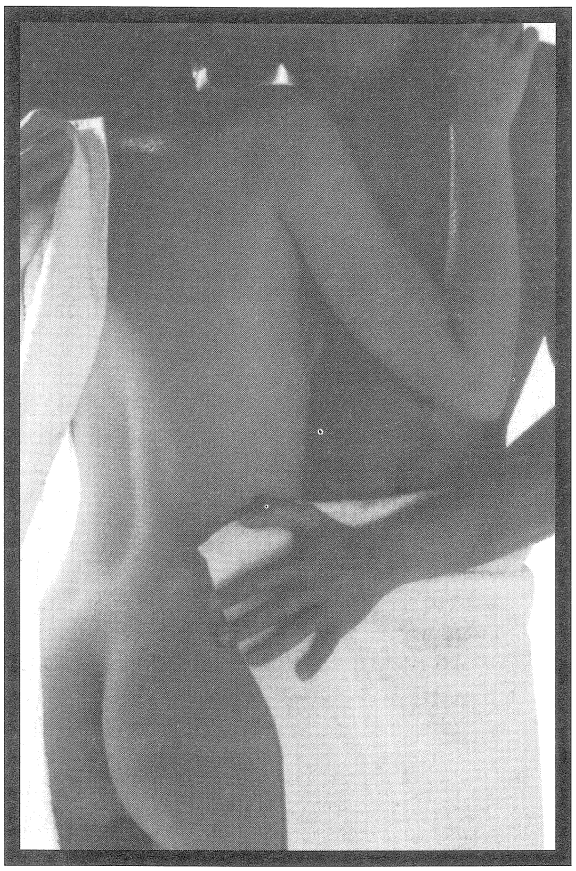
But first, understand that Makchik doesn't like to preach. She had enough of that from her Mum when she wanted to go with Anwar on her first date to the movies. "Sixteen year olds don't date" is all she said. And when a week later she found me wearing lipstick and eyeliner, it was as if I'd sold my body to the devil in Geylang. But times have changed. In the 60s when your Makchik was growing up, sex made babies, bad enough for an unwed schoolgal. But in the 90s, sex kills. So the one thing a lot of you don't want to hear is currently Makchik's favourite mantra: **Monogamy** is hip! Yes, it sounds old fashioned and uncool. But listen people, sex between two partners who are faithful to each other and free of HIV is the safest sex there is. Before and above all else, Makchik and her kakis in AfA emphasize mutually faithful relationships as the best form of safe sex. All you men out there take note!

Abstinence is also an answer. Singletons, especially teenagers, can get up to all sorts of experimentation without understanding the consequences. And to all you men cheating on your wives and putting them at risk of catching HIV, no sex is best until you have an HIV test and get monogamous again. For men and women infected with HIV, abstinence is absolutely necessary unless you have a partner who is also infected with the virus and you are faithful to each other.

If you think Makchik is a silly old cow trying to stop you having fun, you're wrong. She wants every Singaporean to lead long, productive, happy lives away from the shadow of HIV. But for those of you who are not going to take any advice, the least you can do is treat your partners and yourself as if you are infected with HIV. That should keep both of you safe. If you are going to have sex, use condoms, or better still, sex which doesn't involve penetrating the vagina, mouth or anus.

Vaginal intercourse, inserting the penis into the vagina, with or without ejaculation is high risk if a condom isn't used from start to finish. Both men and women are at risk if either carries HIV. The virus is passed from men to women in semen and blood and from women to men in vaginal secretions and blood. The risk of infection is increased if ejaculation takes place in the vagina. It is even higher if either partner already has another sexually transmitted disease such as syphilis, gonorrhoea, chlamydia or herpes. Worldwide, including Singapore, unprotected vaginal intercourse accounts for the vast majority of HIV infections in men and women. If you are going to have intercourse, Makchik says do it within a monogamous relationship. If you have intercourse with casual partners or prostitutes, use a lubricated condom from a reputable manufacturer. Adding additional water-based lubricant such as K-Y jelly or Durex Topgel, can reduce the chances of the condom being damaged. To further reduce the risk of tears or leaks, withdraw and ejaculate in your condom outside the body of your partner.

Anal intercourse, inserting the penis into the anus, with or without ejaculation, is also high risk if a condom is not used. Why? The delicate lining of the anus and rectum is prone to tearing and bleeding during sex. The risk of infection is greater for the receptive partner (whether man or woman) than the insertive partner, especially if ejaculation takes place in the rectum. It is even higher if either partner already has another sexually transmitted disease. Makchik recommends that anal intercourse happens only within a monogamous relationship. If not, use a lubricated condom from a reputable manufacturer adding additional water -based lubrication. Withdraw and ejaculate in your condom outside the body of your partner to reduce the risk if your condom bursts.



Oral sex, sucking the penis of your partner, with or without ejaculation, is properly called fellatio but commonly known as blowjobs, ice cream, karaoke, going down.
Risk: High if the person being sucked ejaculates in the mouth of his partner. Low if no ejaculation takes place. Pre-cum, a few drops of fluid secreted by some men prior to ejaculation, can contain HIV. But given that the concentration of HIV in pre-cum is very low, the chance of being infected by it are millions to one. Nevertheless, there is a theoretical risk that the "sucker" could be infected by pre-cum. There is no risk of infection to the person getting sucked unless he has cuts or broken skin on his penis and the sucker has free flowing HIV-infected blood in his or her mouth. Unprotected oral intercourse can also transmit other STDs including gonorrhoea, herpes and syphilis.
AfA's recommendation: Outside a mutually monogamous relationship, condoms should be used for fellatio. The risk is minimised further if the partner getting sucked withdraws before he ejaculates in his condom. If no condom is used, ejaculation in the mouth of the sucker must be avoided at all cost.

Oral sex by licking the vagina is known as cunnilingus, but is also called going down on somebody.
Risk: High if the mouth of the person doing the licking comes into contact with infected vaginal secretions or blood. There is no risk of infection to the woman getting licked unless she has cuts in and around her vagina and her partner has free flowing HIV-infected blood in his or her mouth.
AfA's recommendation: Outside a faithful relationship, a barrier should be used for cunnilingus. The best barrier is a dental dam, which is a square piece of rubber used by dentists. But as they can be hard to find, the next best thing is a cling-wrap like Saran Wrap or Gladwrap, the thin, stretchy plastic used to wrap food. To keep the plastic in place put some K-Y jelly on the side facing the vagina.

French or Deep Kissing: A kiss during which the tongues of the kissers explore the inside of each other's mouth resulting in an exchange of saliva.
Risk: Very low, if at all. While HIV has been found in saliva it is in such low concentration, it cannot cause infection through kissing. Saliva is also thought to destroy HIV. Nonetheless, a theoretical chance of infection is present, this is when one of the partners has free flowing infected blood in the mouth and the other partner has cuts or boils in his/her mouth.

AfA's recommendation: Kissing is fine. But if you have ulcers or cuts in your mouth give up kissing until they've healed.

Rimming: Licking the anal region.
Risk: Low. If the anal region is washed and clean. The risk of transmitting other organisms such as intestinal parasites is higher than for HIV.
AfA's recommendation: Use a barrier such as cling-wrap with the side facing the anus lubricated with K-Y jelly. This will help the wrap stay in place.

Sharing sex toys: For example, inserting a dildo or vibrator into two or more vaginas or anuses.
Risk: High. If a toy is inserted into a vagina or anus and then into another vagina or anus without being thoroughly washed, HIV can be carried on the toy from one person to the other in secretions or blood. Toys, if not used gently, can easily create wounds facilitating the passage of HIV directly into the blood stream.
AfA's recommendation: If toys such as dildoes are to be shared, they should be washed and covered with a fresh condom between users.

Action For AIDS Singapore -

Projects & Programmes

AfA was formed in 1988 in order to -

1. provide general and targetted HIV/AIDS information, and raise awareness of the disease
2. provide support and welfare to persons living with HIV/AIDS (PWA), their families and loved ones
3. fight discrimination against PWA
4. encourage research in HIV/AIDS and related issues in Singapore

AfA is a private non-governmental organisation and a registered charity.
Projects and programmes are planned, implemented and coordinated by volunteers supported by staff.
AfA is totally self-funded, through the generous donations of private individuals and organisations.
In order to realise our objectives the following are some of our main activities.

I Educational Programmes

The ACT

This publication contains articles dealing with medical, social and personal issues; it also reviews and updates AfA's activities. The magazine is distributed free to members and volunteers, as well as schools, libraries, community organisations, medical and dental clinics and hospitals.
Editor - Roy Chan
Telephone - 2509495

www.afa.org.sg

Our web page has been online since 1 January 1997, and contains information on HIV/AIDS and AfA, publications of the society, the latest HIV/AIDS statistics in Singapore, a "Dear counsellor" page, and links to other AIDS web pages local and foreign.
Editor - Roy Chan
Telephone - 2509495

Outreach Programme For Homosexual and Bisexual Men

This programme is designed to reach out, educate and empower homosexual and bisexual men to adopt and maintain safe sex practices.
Coordinator - Brenton Wong
Telephone - 4485958
email - brenton@pacific.net.sg

HIV Education and Workplace (HEW)

Education is the most important strategy to prevent the spread of HIV. We have trained educators who can speak to interested groups and organisations to help raise AIDS awareness. They are also trained to help organisations develop workplace policies relating to HIV and HIV-infected workers.
Coordinator - Douglas Ong
Pager - 92050223

Streetwalkers Project (SWP)

An outreach programme to increase AIDS/STD awareness and safe sex practices among freelance sex workers. Volunteers are required to distribute information packages and condoms, and to provide on-the-spot advice and counselling in the field.
Coordinator - Amy Tan
Telephone - 2919861
Pager - 94183890

Women United to Fight AIDS (WUFA)

The rising number of women contracting HIV has prompted an urgent need to tackle the unique issues and problems that women face in dealing with the AIDS epidemic. This committee looks into these challenges.
Coordinator - Ngiam Su-Lin
Mobile - 97472924

AIDS Information & Counselling Hotline (2951153)

The Hotline provides information and counselling services on AIDS and safe-sex. Phone lines are manned by trained AfA volunteer counsellors between 6.30-9.30 pm on Tuesdays, Thursdays and Fridays.
Coordinator - Yang Oi Kok
Pg - 96034847

II Support & Welfare Programmes

The Buddies Programme

Volunteers are trained to provide counselling to PWA, care for terminally-ill patients, crisis counselling, advice onsexual problems, and therapies. Volunteers are assigned to work in home-care teams or as personal counsellors to PWA.
Coordinator - Roger Winder
Pager - 95411870

Life Goes On (LGO) and Club Genesis (CG)
While death is a part of AIDS, so is life. LGO and CG is a self-help support groups funded by AfA. They also network with self-help groups regionally and share experience and information that are mutually beneficial. Through LGO and CG, PWA interests and rights are represented in all of AfA's activities, at both organisational and participatory levels, with confidentiality preserved.
LGO caters to heterosexual men and women, while CG caters primarily to homosexual men. AfA currently employs PWAs to plan, coordinate and execute hospital and home support and welfare activities, and also to assist in other AfA activities.
LGO Coordinator - Roger Ang
Pager - 93241659
CG Coordinator - Benedict
Telephone - 2951153
email - bennijt@pacific.net.sg

Survivors
This support group helps link relatives and friends of PWAs who have passed on. Survivors 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.
Coordinator - Iris Verghese
Telephone - 3599566

The Candlelight Memorial
This is an annual event held to remember those who have died from AIDS. In most cases there is no funeral service and no time for relatives and loved ones to mourn and grieve. The Candlelight Memorial provides the opportunity to do so, to come to terms with death and AIDS. It has become a powerful symbol of the presence of AIDS in Singapore, and a timely reminder for the community to renew its commitment to fight AIDS discrimination. This year's Candlelight will be held on 16 May, Bras Basah Park at 6.30pm. Free.
Coordinator - Daniel Tan
Pager - 94098302

III Clinical Services

Anonymous HIV Testing & Counselling Centres
Only Afa provides anonymous testing in Singapore. Trained and experienced counsellors areavailable to provide pre- and post-test counselling for our clients.
Early diagnosis and treatment of HIV yields better results from treatment with the new antiretroviral medications. In order to simplify the testing procedure, we have introduced immediate HIV testing. Instead of waiting a few days for the result, it only takes 30 minutes with this method. Anonymous testing is available at -
- the DSC Clinic, Blk 31 Kelantan Lane, Saturdays from 1 to 4 pm.
- Tanglin Road, Wednesdays from 6:30 to 8:30 pm.
Call 2951153 for details.
Coordinator - Lalitha Nair
Telephone - 2939716/2939648

Endowment Fund for Medications
AfA has started an Endowment Fund to subsidise anti-retroviral medications for needy PWAs. AfA also provides other selected free medications to PWAs, such as aerosolised pentamidine and anti-pneumococcal vaccine.
Coordinator - Roy Chan
Telephone - 2509495

IV Other Projects

Research Studies
We have funded behavioral and intervention studies on various groups with high-risk activities, and on prevention and intervention programmes in Singapore. These will improve the understanding of HIV/AIDS, and contribute to the control and prevention of HIV and the better management of PWA.
Coordinator - Roy Chan
Telephone - 2509495

Legal Assistance
There is no legal protection for PWA who are dismissed from their jobs because of their serostatus. The group provides free legal advice and assistance to PWA and their families on how to deal with difficult employers and workplace issues, draw up wills, and advises on issues related to the Advanced Medical Directive.
Coordinators - Wilfred Ong & Lin Shiu Yi
Telephone - 2491815 & 96864860

AIDS Conference
The first national multisectorial conference on AIDS was successfully organised (together with CDC/TTSH) in December 1998 to coincide with Afa's 10th anniversary. Over 400 delegates from government and nongovernmental organisations, volunteers, the press and businesses attended. We hope that this conference will be a biannual event.

Fund Raising
A critical part of AfA's work is to raise money to fund our many varied projects and programmes. If you have ideas on how to assist in fund-raising please contact us.

*If you would like to make a donation, please make your cheque out to "**ACTION FOR AIDS SINGAPORE**", and post it to Action for AIDS, c/o DSC Clinic, Block 31, Kelantan Lane #02-16, Singapore 200031.*
All donations are tax deductible.

*If you would like to be a volunteer, do write to us at the above address, or via our website at - **www.afa.org***

Alternatively, you may call or email Benedict at 2951153 or bennijt@pacific.net.sg respectively.

Riding for Life '99

Penang to Singapore
7 - 13 June 1999

Proceeds to go for life-giving medicines for Singaporeans with AIDS.

If you can't join us on the ride, please support us with your pledges.

For information on how you can be part of this exciting event
call 874-6415 or 295-1153
or e-mail Riding_for_Life@hotmail.com

ACTION FOR AIDS SINGAPORE