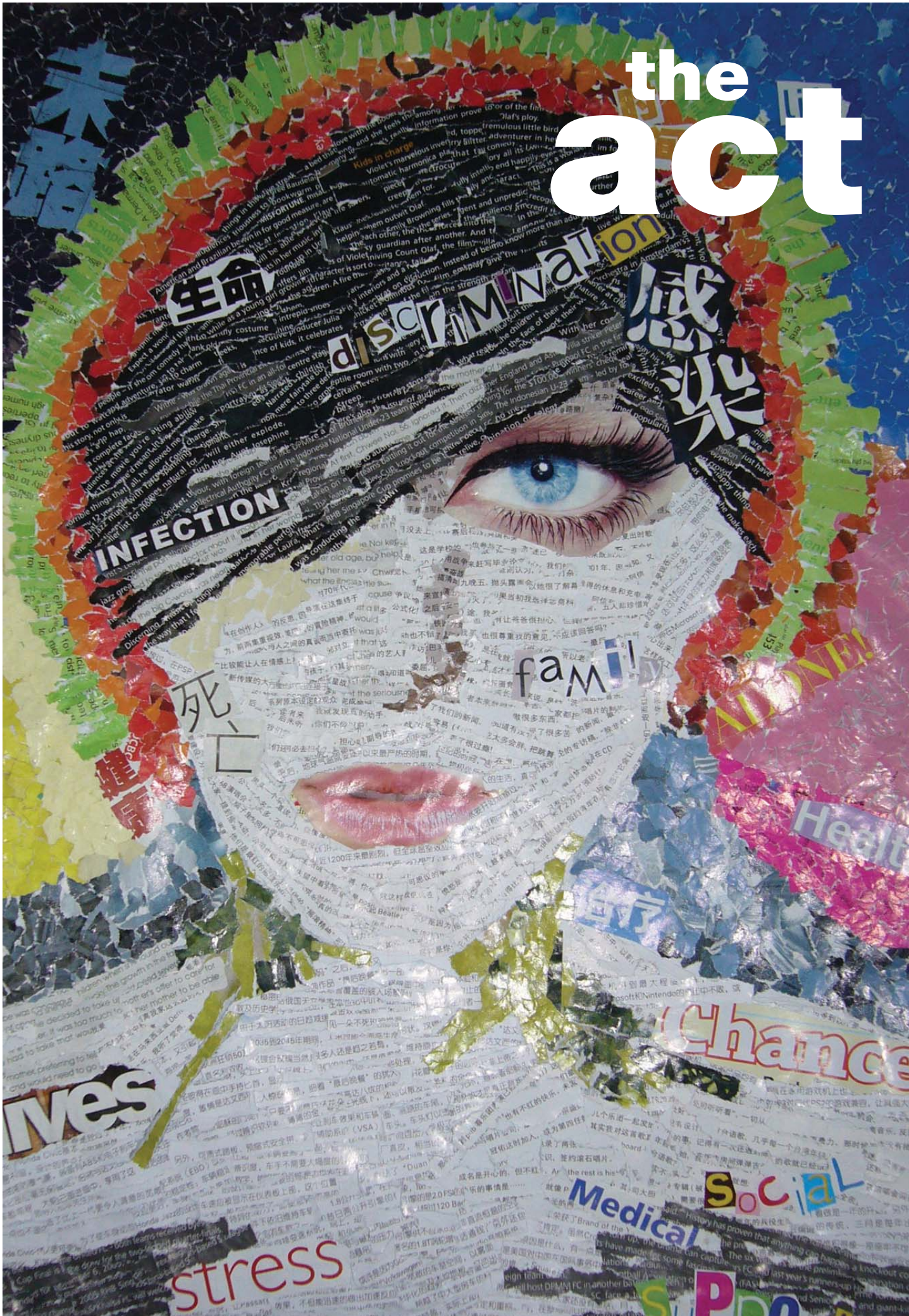


the act



Paddy Chew was the first, and till now, the only Singaporean face of AIDS. Paddy passed on 8 years ago, but he is dearly remembered by many of us. Paddy outed himself at the 1st Singapore AID Conference in 1998 with the words "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".



Paddy Chew

He devoted the last year of his life tirelessly disseminating AIDS information, he took part in awareness and fund raising projects, spurred community activism and fought for acceptance of PWAs in Singapore. He gave several interviews with newspapers, as well as on television and radio programmes, to explain the infection and to provide first person accounts of how it is to live with AIDS. His

swan song was his one man play "Completely With/Out Character". He has left an indelible mark on our psyches; his life was recently chronicled in a documentary presented on by Mediacorp Channel 5.

The important role of PWAs (People With AIDS) in AIDS prevention and control programmes cannot be overstated. Paddy demonstrated 10 years ago that a public face to AIDS makes prevention messages so much more meaningful and believable. It encourages people to adopt and maintain safer sex behaviour; it helps people overcome their fears and promotes compassion towards PWAs. PWAs in public space will also help to overcome the discrimination that so many PWAs face on a daily basis.

The fact that no other PWA has come out publicly reflects the stigma and fear that HIV-infected persons have to deal with. This issue of the ACT is devoted to PWAs in Singapore. I remain hopeful that there will soon be another brave person who will move our programmes to a higher plane.

A/Prof Roy Chan

Editor-in-chief

Every week I meet and counsel at least two to three people diagnosed with HIV. Most of them younger in age as time goes by since I started my HIV work several years ago. The record for me thus far is a 16 year old boy who was recently diagnose with HIV. He passed me a letter to give to his parents in the event he was to die before them. In it was his apology for what he felt was the shame that he had brought to his family and his apology for getting infected. He could not bring himself to tell them he has HIV as he was afraid of their rejection. While the country comes up with more draconian laws to 'stop' the epidemic in Singapore, the state of stigma and discrimination is reaching an all time high. We seem to be far away from universal access and a better system of care and support for people living with HIV. Besides the law that prevents health care workers from carelessly disclosing their patients' HIV status, the government has not come up with any other regulations to prevent discrimination against people living with HIV.

This issue of the ACT is devoted to people living with HIV. Their lives are our business and their suffering and their pain are our pain as well. It is not just the job of AfA or the health care workers to lend them the shoulder to cry on but for the society as a whole to get out of their comfort zone and understand their plight in a manner that is real, sincere and tangible.

However, no policy or law can alone combat HIV/AIDS related discrimination. The fear and prejudice that lies at the core of the HIV/AIDS discrimination needs to be tackled at the community and national levels. A more enabling environment needs to be created to increase the visibility of people with HIV/AIDS as a 'normal' part of any society. In the future, the task is to confront the fear based messages and biased social attitudes, in order to reduce the discrimination and stigma of people who are living with HIV.

I hold on to this letter and I pray for a time in the near future where he will come to me as say that it is no longer necessary cause he has told his family and they are supportive of him and will be there for him for many more healthy years to come.

Raphael Meyer

Guest Editor

Positive Prevention – stopping onward transmission from HIV infected MSM

Effective prevention ensures that everyone has access to the information, resources, and support needed to protect their health and general well-being. Prevention plays an important role in our health as individuals and as a society. It is an activity that should be encouraged on both a collective and an individual level.

Comprehensive HIV/AIDS prevention strategies must include "positive prevention" programmes. These programmes help people living with HIV/AIDS protect their sexual health, avoid new sexually transmitted infections, delay the progression of HIV/AIDS, and avoid passing their infection on to others. They are intended to reduce the negative/challenging effects of the illness and maximize quality of life.

Criminalising of HIV

Prevention efforts had not been directed toward HIV-positive persons for fear of "pointing the finger" or blaming HIV-positive persons for the epidemic. Like in most other places, AIDS is highly stigmatized in the Singapore. Many HIV-positive persons also fear laws criminalizing homosexual intercourse and prosecution of injection drug users (IDUs). In Singapore, the Infectious Diseases Act (Chapter 137) section 23 states that: (1) A person who knows that he has AIDS or HIV Infection shall not have sexual intercourse with another person unless, before the sexual intercourse takes place, the other person – (a) has been informed of the risk of contracting AIDS or HIV Infection from him; and (b) has voluntarily agreed to accept that risk. Any person who contravenes subsection (1) shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$10,000 or to imprisonment for a term not exceeding 2 years or to both.

There is a genuine fear among PWAs (People living with HIV/AIDS) on the extent of how the Infectious Disease Act may be used against them. Even with all the safe sex precautions they may take, they are still obligated by the law to disclose their HIV status to their sexual partner. Disclosure is a genuine fear for PWAs for the simple reason as stigma and discrimination in Singapore is still high and the myths about HIV infection have not been fully debunked. Many people still think you can get HIV from sharing

towels and drinking from the same straw. How much more with sexual intercourse! PWA's live in the fear that if they do tell, they face the possibility of rejection and public disclosure but if they don't tell, they face the penalty of the law. Either way they feel they loose.

In many other countries, the intentional or reckless infection of a person with HIV is considered a criminal offence, and people who do so can be charged with criminal transmission of HIV, murder, manslaughter attempted murder, or even assault. The biggest challenge is to link the infection with a person who has infected that person. DNA technology and detailed contact tracing, may point the finger to the culprit. It is a matter of time when the courts in Singapore exercise their judgement on this. However this may not be an effective prevention strategy because these coercive powers may cause a loss of trust and confidence by the persons at risk and discourage them from learning their HIV status voluntarily, thereby undermining prevention efforts.

If the IDA is amended as has been proposed and those who do not know their HIV positive status and are high risk are prosecuted, it may discourage them to give vital information to assist health care workers in contact tracing. By divulging contact information, they may well be incriminating themselves.

Furthermore, these types of laws can also increase discrimination by suggesting that people with HIV are more irresponsible than others.

Is it right to say PWAs are causing the spread of HIV?

Sexually active MSM (men who have sex with men) , especially those who feel validated by sex, have great difficulty handling a HIV positive result. I think that laying blame for the spread of HIV on the people who are already infected is not helpful. It's incredibly psychologically challenging to live with both the social pressure of being gay and being seen as a walking infection in Singapore. Being gay is in itself illegal under section 377a of the Penal Code.

It is wrong to say that all PWA's purposefully infect others, however we do have to accept that there may be a few who are knowingly running around indiscriminately infecting other men with HIV. These PWAs act irresponsibly because they are bitter over the situation they are in or have a hard time negotiating safe sex under the circumstances. Should we have compassion? What about

compassion for the men he's infecting and his responsibility not to spread HIV? As for education, if this irresponsible guy is smart enough to use the Internet chat rooms to line up sex dates, he's smart enough to know it's wrong to give someone else HIV.

Most PWAs I know understand how HIV is transmitted and go to extraordinary lengths to make sure that they protect their sexual partners. However there are often enormous barriers to this in terms of possible stigma and rejection, even violence and abuse. There was a time recently when I was told by a PWA that when he refused to have sex without a condom, he was beaten and the person forced himself on him in any case. This is not an isolated case as PWA's feel helpless at times to those who are stronger at will and size. They feel that they have no one to complain to as gay sex is still illegal in Singapore! They will have a hard time to explain many aspect of the incident to the authorities. This leads to a great deal of fear and guilt, and people with HIV need support to address these barriers. There has not been enough done for and by PWAs to equip themselves with the necessary skills to adopt a life of a safer and more responsible behaviour.

So what resources and programmes do we have here in Singapore targeting at HIV positive MSM and supporting them to lead a healthy and fulfilling life with HIV? Over the few years I have been involved with programmes for PWA's I have experimented on various health communication and prevention strategies targeted specifically to people living with HIV/AIDS, to recognize and empower the sexuality and sexual health of people living with HIV/AIDS and to promote risk/harm reduction behaviours and activities.

Experts working on prevention programs acknowledge the role HIV-positive people can play in prevention. However where are positive people in our prevention campaigns? Almost all prevention programs thus far have been aimed at people who are negative. Some prevention planners were reluctant to include HIV-positive people in prevention messages, at least partly out of concern about further increasing the stigma against people who are positive.

Positive men are left with a host of social issues they need to deal with for example when is the best time to disclose to a partner? How do you handle rejection if you disclose? Who is entitled to know what facts about your life? How do you deal with the isolation from the larger community if you're open about your HIV status? How much of the burden of protection ought to fall on people living with HIV, and how much on people who are (or believe themselves to be) HIV-negative?

Medical issues, too, must be considered. When do you start medication? What combination do you take? How do you decrease the disease progression and deal with side effect from the medication? How do all of these issues interact to contribute to their decisions about sexual safety?

Sex and Drugs – What a cocktail!

Another major issue surrounding the spread of HIV among MSM is that many put themselves in situations where their judgment is impaired, namely by mixing sex with drugs or alcohol. Low self-esteem may fuel a need for alcohol and drugs to have a good time. Party drugs often decrease inhibition, which some people may feel they need to participate in the club or sex scene. Even though the authorities in Singapore have largely been successful in suppressing activities related to the importation, trafficking and usage of illegal drugs, there are still those who are able to get their hands on small amounts of these drugs for personal use. The use of recreational drugs often impairs the judgement of an individual during sex, thus leading to unsafe behaviour. What they often do not realise are the consequences they have to face should they be caught.

Singapore has a very tough stand on drug consumption and trafficking. They can be jailed for years and even sentenced to death. If they are known to be HIV positive, and when they are sentenced to prison time, they are segregated in an area with only other HIV inmates. The stigma goes with them right into the prison and the time they have to spend in there.

Positive Prevention Programmes in Singapore

The most effective HIV support programs are those that have been designed by peers based on knowledge derived from their life experience as someone who is also HIV positive; this also gives ownership. These types of peer-driven action programs are starting to emerge in a Singapore starting with the MSM positive community and spearheaded by Action for AIDS (AfA). They include a range of activities, such as workshops on living with HIV, safer sex, staying healthy, and disclosure. The goals of the programmes include developing HIV-positive role models. Club Genesis (CG), a support group for MSM in Singapore and a part of AfA, has been developing programs especially targeted to positive MSM.

So far over 60 HIV-positive people attend the CG's programmes which range from weekly cell group meetings, monthly gatherings to discuss current HIV issues and medical updates, buddies programme, to workshops dealing with range of issues affecting PWAs.

Some of the main challenges in the programmes have been the fact that PWAs are afraid to meet other HIV+ people because of disclosure. Disclosure of HIV serostatus has been difficult for most PWAs. In Singapore, there is still much stigma surrounding the issues relating to MSM and even more so the subject of HIV infection. Disclosure of one's HIV positive status has its own set of risks. Homosexual PWAs fear being cast as social pariahs even among other MSM. There is no perfect formula to tackle this

problem but continued education and PWAs coming forward in a real and open way, it might lead the public to be more accepting as they are able to see that PWA's are just like everyone else. They breathe the same air and feel the same pain. One of the ways we try and help them overcome that is to let them understand that those who come to the programme are there for the same reason they are and that disclosure is kept within a safe environment. Sometimes it works and they look beyond the issues but many a times it does not; so they opt for the one on one counselling which AfA does with many PWAs.

Sex addiction and hypersexuality has been factors contributing to the continued spread of HIV. There is a need to focus on education with regards to sex addiction and intimacy. Affected individuals have the fear of meeting someone they know or worse still, someone they had a sexual encounter before. Another big challenge is that young HIV+ men have issues interacting with older HIV+ positive men. They tend to have a generation gap fuelled by the stereotype gay man who is always looking for that elixir of youth. If you are in the category of youth, then you tend to want to mix with those in your age. However I do not think this is a major issue when it comes to HIV support as the younger PWAs realize that those older and living with HIV for a longer period of time have more to offer and share of their lives, and how they cope with living with HIV. They quickly learn that HIV support is not a clubbing scene or a dating service but support to ensure their continued fight and struggle with HIV is one with courage and effectiveness.

While most of the information available is in English and those with other language barriers find it difficult to join the programmes. This year CDC in conjunction with AfA launched HIV information and learning programmes at CDC which catered to both the Chinese speaking patients and the English speaking patients. The sessions were successful with almost 30 PWA's in attendance each session. The feedback given was extremely positive and CDC along with AfA will be continuing to look into this type of bilingual programme for 2008.

PWAs who are hearing impaired have to have facilitators who are versed in sign language. This year, in 2008, AfA launched a series of sign language lessons. It was successful as it could have been due to the fact that those signed up in the programme had a hard time pairing up with a hearing impaired PWAs. The psychological barrier was still there but it was a good start to break the wall that separates those hearing impaired with those who are not. The stigma and discrimination of those who are challenged physically remains high.

At cell meetings, members are counselled to identify and change sexual behaviours that increase their risk of transmitting HIV or contracting additional infections. They discuss the difficulties of maintaining safer behaviours to prevent HIV transmission. These discussions are usually lively and compelling, marked with the sharing of experiences. The members speak on love, rejection, trust, depression, desire, discrimination, passion, death, loss, stigma, and the way these issues affect safer sex behaviour. PWAs have few opportunities to express their deepest concerns and the complex situations they must deal with; cell meetings provide a channel for PWAs to voice their concerns. One focus of prevention strategies is to ensure that PWAs discuss their problems among themselves and even to HIV-negative people. A survey was carried out to compare their behaviour before participation; those who attended the counselling sessions reported having fewer sex partners and their concerns shifted from psychological concerns to more tangible concerns on their health.

Another strategy is that CG has been encouraging HIV positive individuals to use personal story-telling as a health promotion strategy for people with HIV and with healthcare workers. Participants in at a recent Health Promotion Board HIV awareness for business leaders in December 2006, reported that the HIV positive speaker who shared his story was the most effective educational intervention for connecting theory of HIV to reality. Moreover the speaker himself reported an increased sense of well-being related to the therapeutic function of sharing his story and the sense of their ability to create positive changes in the lives of other people with HIV, and in community perception of HIV. UNAIDS (Sept. 1999) has developed a 'pyramid of involvement' by people with HIV to show how the GIPA principle (Greater involvement of People living with or affected by HIV/AIDS) is applied at all levels, from being target audiences for activities aimed at people with HIV, to contributors, speakers, implementers, experts and ultimately decision-makers. The involvement of people with HIV is key in helping to realise an approach to HIV/AIDS that follows the prevention-care continuum.

In conclusion, PWAs are living longer today, with better medical care and access to medications. The rates of new HIV infection appear to be rising. Now is the time that PWAs should be gathering support to be included in prevention planning, for their benefit and the benefit of all those who are not infected as we strive to tackle the increasing challenge of HIV/AIDS.

Raphael Meyer is the coordinator of Club Genesis (CG) a support group for MSM living with the HIV under the auspices of Action for AIDS and a member of the executive committee of AfA. Raphael, a graduate from the University of Liverpool, UK, has been working HIV and AIDS outreach since 2002. He has focused his outreach on People Living with AIDS (PLWAs), working mostly among MSM and HIV inmates in the Prisons.

Some issues that confront heterosexual HIV-infected individuals in Singapore

Introduction

"Isn't HIV a gay disease?"

"I'm not gay so I can't have HIV."

"I'm not promiscuous. I only have sex a few times a year. How can I have HIV?"

These are oft heard statements from heterosexuals who are newly diagnosed with HIV. Perhaps, they are statements of denial. Perhaps, it helps them feel better that they don't "deserve" to have the illness.

The issues and experience faced by heterosexuals with HIV are not so different from other groups suffering from this illness. Heterosexuals who are infected are mainly single men in their thirties to fifties. Many of them are blue-collared workers earning about \$1000 per month. They are usually infected through unprotected sex with commercial sex workers (CSW).

The women who are HIV positive are usually younger and most are married or were previously married.

From society's point of view, it appears that HIV is a punishment for a person's "deviant" sexual behaviour or "promiscuity". Society often separates people with HIV into 2 groups – those who deserve it and those who do not. Those who are judged to deserve it are those who have got the disease through "promiscuous" behaviour. The innocent ones are those who had been infected not through any fault of their own.

When a person gets HIV, they become a statistic and that gives them the identity as an HIV positive person. We forget that the person is so much more than just a statistic or someone with HIV. Each person has a story to tell ... a story of pain and suffering but most of all, a story of living well and courageously with an illness which stirs up much fear in many.

Their Stories

Mr Tan – single, heterosexual male

Mr Tan is a 40-year-old cook. He is single and has never had a girlfriend. He often goes to neighbouring countries with his friends to visit CSWs. Most of the time, he did not use protection during sexual intercourse. He was diagnosed with HIV when he became ill with cancer in 2006. He did not inform his family about his HIV diagnosis although he has a very close relationship with his parents.

He longed to find a girlfriend and getting married. Prior to his diagnosis, he had even thought about meeting someone through matchmaking agency. However, his hopes were dashed when he was diagnosed with HIV. Although he is now on the road to recovery, his life has changed from the moment he was diagnosed. His hope now is to continue to work so that he can contribute financially to his elderly parents and pay his treatment expenses.

Tom – single, heterosexual male

Tom was 23 years old when he was first diagnosed with HIV in 1997. He was tested positive during a blood donation drive at the company where he was working. He became sexually active at the age of 14 and his first partner was his first girlfriend who was also of the same age. When he went to a tertiary institution, he got to know a group of friends outside his school whom he considers bad company. They brought him to brothels.

When Tom was tested positive, he felt extremely lost and thought that he no longer had a future. At that time, he thought that there was no cure for HIV and that he would die very soon. He revealed his condition to his girlfriend. She went for an HIV test and fortunately, her HIV results turned out to be negative. They remained together for a few years but he eventually ended their relationship. His girlfriend had wanted to get married but he felt that he could not give her children and a family that she deserved.

His family and friends still do not know that he has HIV. He did not want to cause grief to his family and is afraid that his friends would treat him differently if they know that he has HIV. HIV had a great impact on John's life. He often wonders what it is like to live without HIV. After living with his diagnosis for 10 years, he has somewhat come to terms with his condition. He has regrets but feels that it is important to move on. Most of his friends have got married with families of their own. These days, he leads a very solitary life. He reckons that his life is not too bad and he does voluntary work to help those whom he feels are less fortunate than he is. He lives on in the hope that some day, there will be a cure for HIV so that he can live out his dreams. For now, he just wants to be treated like a "normal" person and lead a "normal" life. He has adjusted well to his HIV diagnosis but sometimes, he cannot help but feel very alone.

Jane – widowed, heterosexual female

Jane is now 29 years old. She was diagnosed with HIV in 2005 when her husband was found to have HIV. He also had cancer and he died shortly after his diagnosis leaving Jane a widow with a daughter who was only 1 year old at that time. Her husband had visited CSWs prior to their marriage and had unknowingly infected her with the virus. Jane's husband was her first and only sexual partner.

She informed her brothers about her diagnosis and they were supportive but they have their own lives to lead and she does not want to be a burden to them. Her husband's family was not as supportive and she was left to deal with his unpaid hospital bills when he passed away. She told a few of her close friends about her condition and they accepted her. However, she felt that nobody would be able to understand what she is going through. She speaks of the constraints and pressures that having HIV has placed on her. She often feels alone in her struggle with her illness and worries constantly that she would not be able to see her daughter grow up. She lives in fear that her company will find out that she has HIV and that she would lose her job. She has to lie in order to go for her medical appointments or when she feels unwell from the side effects of the medication she is taking. She feels that she has no choice but to accept the injustice of her situation and get on with life as best as she can.

Psychosocial issues

For people with HIV, the themes of loss, loneliness and fear are common. The stigma and discrimination that they face or will face if their diagnosis becomes known are real. Many are so fearful of the backlash of having HIV that they will not take the risk of disclosing their diagnosis to anyone. With new anti-HIV medications, they will live longer but it also means constantly struggling with existential issues and making meaning of their illness.

Loss

Inevitably, having HIV means a series of losses for those infected. Mr Tan's hopes of getting married are dashed. For Tom, he had to give up a treasured relationship which still remains a painful reminder of his HIV diagnosis. He longs to get married and have a family of his own like his friends but he does not think it is fair to have a girlfriend as long as he is HIV positive.

Jane speaks about the limitations which is inherent in HIV diagnosis. She feels that she has no right to even think about having another relationship with a man.

Fear

Tom did not disclose his diagnosis to anyone. He did not want to grieve his family and he felt that friends would not be able to understand and accept him. He is afraid that friends would shun him if they know. Mr Tan feels likewise and all his family and friends know is that he has cancer and is undergoing treatment for it. Jane feels that she is fortunate that her brothers and close friends accept her. Mr Tan, Tom and Jane expressed fear that their employers would find out and they would lose their jobs.

Search for meaning

In order to maintain optimism in the face of HIV, people with HIV/AIDS (PWHAs) have to constantly seek meaning for their lives. Mr Tan wants to be a good son to his elderly parents and continue to support them as long as possible. For Tom, he finds meaning in helping others. Tom, who has been his family's pillar since his father's death when he was in his teens, wants to continue to be there for his family. For Jane, she lives on for her daughter. Her goal is to work hard and to see her daughter grow up.

Have we made any progress?

Without a doubt, we have made significant progress since the first HIV patient was diagnosed in Singapore. When I first came to CDC in 1995, there were very few volunteers. Now, we have volunteers visiting every day. We even have to turn away people from our yearly volunteer training programme as we are unable to cope with the number of people who signed up.

More community services are available to people with HIV. Nursing homes and hospices are now open to accepting them. Community services are also more receptive to receiving referrals and working together with us to provide care for those who are HIV positive.

Challenges

However, much more need to be done especially in the area of stigma and discrimination. Society has to be better informed so that people will have less fear of the disease and the people infected with it. People with HIV have as much a right to live in our society as we do and we need to learn to live and work alongside them. We need to treat people with HIV like people suffering from other illnesses and not to place judgement on those who are infected.

It is not uncommon for a company to terminate the services of someone with HIV or re-deploy him/her to other sectors where they have less contact with customers. My patient's employer even told him to be careful when eating with other colleagues. This is totally unnecessary and it is no wonder that many have refused to disclose their diagnosis to their employers. The challenge is to educate employers on HIV and to put in place policies in the workplace to reduce discriminatory practices.

Conclusion

When a person becomes infected with HIV, the illness becomes his/her identity. It does not seem to matter to society that this person is an active member of our community and has other roles. It does not matter that this person could be a good worker or a good and responsible family member. A person with HIV is usually defined by the disease he/she has.

As HIV is showing no signs of abating, we need to move forward not only with medical advancement but also in terms of societal acceptance. We need to educate the society on this disease so that people with HIV can live with confidence that they will not be shunned and rejected.



"Red Alert" – Lin Weijie

Ho Lai Peng, graduated from the National University of Singapore with a Bachelor of Arts in 1991 and a Master of Social Work from Washington University, St Louis, USA, in 2003. Ms Ho who has been a medical social worker since 1991 and now is the Principal Medical Social Worker at CDC, Singapore. Her work ranges from managing the Department of Care & Counselling at the Communicable Disease Centre (CDC), planning of programmes for HIV/AIDS patients, giving talks pertaining to HIV/AIDS to healthcare workers and public to volunteer training, counselling and coordinating care of patients with HIV/AIDS.

HIV LAWS IN SINGAPORE

– AN OVERVIEW

Specific laws governing persons infected with the HIV virus or PWHAs are set out in the Infectious Diseases Act ("IDA"). It is a sign of the seriousness of the disease that the IDA devotes an entire section to it. This article's intention is to present a broad overview of these laws as contained in the IDA.

Notification and Disclosure Requirements

This must surely be the starting point in any discussion on HIV laws. Section 6(1) of the IDA puts the burden on every medical practitioner who has reason to believe or suspect that any person attended or treated by him is suffering from an infectious disease or is a carrier, to notify the Director of Medical Services.

By virtue of Section 8 of the IDA, the Director can then compel any person who is or suspected to be a case, carrier or contact of an infectious disease to submit to medical examination or treatment. If that person fails to do so, he would be guilty of an offence under the IDA. The effect of Section 8 of the IDA is that any person can be compelled by the health authorities to submit to a HIV test, with or without his consent.

The health authorities can also require a PWHA to undergo counselling and comply with precautions and safety measures. Failure to do so would be an offence under Section 22 of the IDA which carries a sentence of a fine not exceeding \$10,000 or to imprisonment not exceeding 2 years or both

Sexual intercourse by person with AIDS or HIV Infection

Section 23 of the IDA provides that any persons who knows he has HIV or AIDS shall not have sexual intercourse with anyone unless prior to the sexual act, the other person has been informed of the risk of getting HIV from PWHA and that other person voluntarily accepts that risk.

A person is deemed to know he has HIV if a HIV test has been carried on him and a positive result was communicated to him. The term "sexual intercourse" also includes oral and anal sex.

If a PWHA does not inform the other party of the risk, he would have committed an offence under Section 23 of the IDA. The sentence upon conviction is a fine not exceeding \$10,000 or to imprisonment for a term not exceeding 2 years or to both.

Recently, the Ministry of Health has proposed to amend the IDA to make it an offence for a person who is unaware he (she) may be HIV infected to engage in 'high risk' sex without first informing his (her) partner that he (she) may be infected with HIV infection. The proposed amendments makes such an offence punishable with a fine not exceeding \$50,000 or to imprisonment for a term not exceeding 10 years or to both. The Ministry of Health is currently inviting public consultation of these proposed amendments.

Blood donation and other acts by person with AIDS or HIV Infection

Section 24 of the IDA states that no person who knows he has the HIV virus may donate blood in Singapore or do any act which is likely to transmit or spread the HIV virus to another person. If a person contravenes Section 24 of the IDA, he may be convicted of an offence and sentence upon conviction is a fine not exceeding \$50,000 or to imprisonment for a term not exceeding 2 years or to both.

Section 11 of the IDA prohibits any person who donates blood in Singapore from giving false or misleading information when donating blood. If a person does so, he will be guilty of an offence and shall be liable on conviction to a fine not exceeding \$20,000 or to imprisonment for a term not exceeding 2 years or to both.

Section 11 of the IDA was amended in 1999 to provide specifically for an enhanced punishment for this offence. Prior to 1999, persons who gave false information to the National Blood Centre while donating blood have been charged under another Section 182 of the Penal Code where the maximum sentence was 6 months imprisonment and/or a fine of \$1,000.

In one case under Section 182 of the Penal Code, the blood donor declared in the donor registration form that he did not have unprotected sex with a prostitute or sexual partner other than his usual sexual partner in the last 6 months. He was later tested HIV+ and admitted to having unprotected sex with a woman in Thailand. In another case, the donor went to the National Blood Centre to donate blood to the victim of a road accident. In his donor registration form, he answered in the negative, the question, "If male, have you engaged in any sexual activity with another male since 1978?". He was also subsequently tested HIV+. He later admitted that he was homosexual and had, sometime in 1990, a physical relationship with another male person.

These persons were charged with giving false information to a public servant under Section 182 of the Penal Code and convicted. The District Court sentenced these persons to a week's imprisonment and a fine of \$800. Upon appeal to the High Court, the Chief Justice increased the sentences of imprisonment to 1 month. The Chief Justice commented that the danger inherent in the particular falsehoods given in these cases is sufficient to justify a sentence of some severity.

The 1st prosecution under the new enhanced Section 11 of the IDA came in 2001. In that case the accused donated blood at a mobile blood bank and made false declarations in the Donor Questionnaire. The false declarations made were that he did not give money to a prostitute to have sex with him within the last 12 months, he had not been hospitalised within the last 12 months and that he had not lived or travelled out of Singapore in the last 3 years. His donated blood was subsequently found to be HIV+. He was sentenced by the District Court to 15 months imprisonment.

Subsequent prosecutions for making false declarations on their blood donation forms came in 2005 where 5 blood donors were convicted. Prior to their blood donations, they did not know that they had been infected with the HIV virus. However, the point was that they had lied on the blood donation questionnaire. The sentences ranged from 8 to 10 months depending on the number of times they had donated. The Prosecution urged the Court to send a strong message to would-be donors that the questionnaire is not to be taken cavalierly. The questionnaire serves as a vital screening tool in the defence against contamination of Singapore's blood supplies. The Prosecution submitted that the Courts need to send out a stern signal to would-be blood donors that their stand on the protection of Singapore's blood supplies is firm and unyielding. Donors who lie on the questionnaire should not be let off with a mere slap on the wrist.

In sentencing the 5 blood donors to jail, the Court noted that they were extremely remorseful, adding that there was no doubt that they "bore no malice" when they went to donate. The Court said that their decision to donate blood was commendable but there is a need for all blood donors to be responsible. All of them had chosen to give information which they knew was not true. While the Court sympathised with their medical condition, it cannot ignore the inherent dangers each time a donor gives information. The Court held that there is a need to send a signal to donors that they should not take the questionnaire lightly.

Hence, it is extremely important that one does not lie on any of the questions in the Questionnaire during the blood donation. The Questionnaire contains a warning that provision of false information may lead to prosecution under the IDA.

Protection of identity of person with AIDS, HIV Infection or other sexually transmitted disease

Section 25 of the IDA gives limited protection of the identities of PWHA. It states that any person in performance or exercise of his functions or duties under the IDA cannot disclose any information which may identify the other person. There are several exceptions under Section 25 such as with the consent of the PWHA, when it is necessary to do so under the IDA, when ordered by a Court, to any medical practitioner or other health staff who is treating or caring for the PWHA, victims of sexual assault etc.

This duty of confidentiality is limited to persons in performance or exercise of his functions or duties under this Act i.e., medical practitioners, health care workers, government authorities in the enforcing control of infectious diseases in Singapore.

Hence, a doctor diagnosing or treating HIV patient may not disclose HIV status subject to the exceptions (a) to (k). E.g., doctor may not disclose HIV status to employer of HIV patient. If he does so, it is a criminal offence under the IDA

A criminal offence under Section 25 of the IDA carries a sentence of a fine not exceeding \$2,000 or to imprisonment for a term not exceeding 3 months or to both.

Disclosure by Director, medical practitioner and recipient of information

Section 25A of the IDA allows the Director of Medical Services to disclose information relating to any person whom he reasonably believes to be infected with HIV to

- (i) any medical practitioner or health staff who has been exposed to a risk of infection; and
- (ii) any first responder who has been exposed to blood or infectious materials of any patient.

The first responder would include any police officer, member of the Singapore Civil Defence Force or any person who provides emergency response, first aid care or other medically related assistance either in the course of the first responder's occupation, duties or as a volunteer.

Section 25A of the IDA also allows a medical practitioner or health officer to disclose information relating to a person whom he reasonably believes to be infected with HIV to the spouse, former spouse or contact of the infected person for the purpose of making disclosure. "Contact" is defined as any person who has been exposed to a risk of infection. Hence, casual sex partners would be included in this category.

There are several factors which a medical practitioner must satisfy before he is allowed to make disclosure of this information :-

- (a) He must reasonably believe that it is medically appropriate and that there is a significant risk of infection to the spouse, former spouse or other contact;
- (b) He has counselled the infected person regarding the need to notify the spouse, former spouse or other contact and he reasonably believes that the infected person will not inform the spouse, former spouse or other contact; and
- (c) He has informed the infected person of his intent to make such disclosure to the spouse, former spouse or other contact

If the medical practitioner is unable to counsel or inform the infected person, the Director of Medical Services may waive the requirements of (b) and (c).

Immigration Issues

Section 8 of the Immigration Act prohibits non-Singapore citizens who are infected with HIV from entering Singapore.

Foreign nationals tested for HIV are usually deported back to their country of origin in due course if they test HIV+ in Singapore. However, the immigration authorities has made exemptions for foreign spouses of Singapore citizens. The immigration status of foreign spouses who test HIV+ are dealt with on a case by case basis by the Immigration and Checkpoints Authority.

Thomas graduated from the Faculty of Law of the National University of Singapore in 1995 with an Honours Degree. Thereafter he obtained a Masters of Laws degree of the University of Singapore in 1996. Thomas was admitted as an Advocate and Solicitor of the Supreme Court of Singapore in 1997 and he commenced practice as a legal associate with a local law firm for 6 years before joining Tya Lye and Ngaw Partnership as a partner. He is an Associate Director with the Pacific Law Corporation. Thomas has been an active litigator since being called to the Bar. He was involved in diverse areas of practice including litigation in commercial cases, construction arbitration matters, alternative dispute resolution, tort cases, employment and labour disputes, intellectual property litigation, corporate litigation, criminal matters, family and matrimonial disputes. Outside the courtroom, Thomas is passionate about his volunteer work in relations to the AIDS cause as he feels that society can never be too aware of the dangers of this disease. He is the Assistant Honorary Secretary of the charity, Action for AIDS, Singapore and he is also their legal advisor.

Personal stories from people affected or infected by HIV/AIDS



Testimonial of a sister of a HIV positive Chinese male age 24 who has been diagnosed with HIV since 2003. However she only found out two years later in 2005 that her brother was positive. This is her testimony and her reflection of how she felt, how she has coped with the news of her brother's diagnosis, the strength of the family and the hopes she has for him.

When I was asked to pen my thoughts, feelings and hopes as the elder sister of a HIV patient, I was rather apprehensive. First, it meant that I had to reach for the emotions buried in the deep recesses of my brain two years ago. Then I was not sure if I was the right person to share my experience as a sister and friend who had not done very much, if not, anything, for a HIV brother.

The news of my brother being HIV positive came at the end of 2005. My first thought was 'How can this be? How can HIV be a part of him and his life? He is still so young, with potential to excel and talents to uncover.' This seemed very surreal, even as I write. In my eyes, my brother is always the cutest and smartest; he is the favourite child and my best childhood playmate. The thought of him having to cope with this illness in his twenties and taking medication for the rest of his life put me in tears and kept me awake for countless nights in the first few months of learning this painful truth.

As a child, my brother was admitted to the hospital several times because of high fever. Our family was very worried that HIV would have a greater toll on his health. While medication can control his condition, it means he has to rely on it his entire life. I remember this incident that happened soon after we knew about his condition – the side effects of a medication left him terribly uncomfortable, emotionally unstable and unable to sit, stand, eat or sleep. We were gripped by fear but no one said anything except to calm him down. We did not want to put him in greater fear as we watched him cling to our father tightly for support and told our parents he did not want to die. I was almost in tears watching him in a complete state of hysteria and later, lying alone on the bed in the hospital. I could not help but wonder if his mental and emotional state would be like this each time he took medication. I felt helpless as I watched him and entertained these thoughts in my mind. It was only after we found out that he need not take that particular medicine that we felt a great sense of relief.

However, after this incident, there were bouts of flu and sore throats almost once every month. Our mother had to bring him to the doctor each time, and he would skip his classes and stay at home to recuperate. She often nagged at him for not exercising, but I think she also knew that she had to refrain from giving him too much pressure, since his poor health also stemmed from stress, mainly from schoolwork. Because I had to work, I never really accompanied him to the doctor's. I would ask our mother if he was better, or messaged via sms, call him or see him after work. I felt guilty when I failed to accompany him for his medical consultation. But he never blamed me. Instead we grew closer over the past two years – taking holidays overseas, having our meals together, and sharing joy, laughter, anger and sadness.

My brother's condition, in a way, has also helped the family to bond, and proven the concern we have for each other. In particular, our father, the typical Asian parent who was a man of few words and had the stern look, held my brother and tried to comfort and calm him down during that incident. We now spend time together over quiet meals at home and outside. Though not much has been said over the past two years, and we have never really discussed about my brother's condition, we have grown emotionally stronger and we can face any turbulence as a family.

So far, my biggest contribution is perhaps to play the role of the mediator between my brother and our mother. I believe that 'what is done has been done' and there is no point wasting time mulling over the matter and thinking about how to undo it. There is no 'undo' or 'backspace' key in life. We have to move on and not waste precious time over questions that have no answers or only yield the same answer. I have stopped crying to sleep, and I no longer ask 'why did this happen?'. My hope is that we all spend as much time together as a family (without harboring any secrets), be the pillar of support for one another and most importantly, I hope my brother will keep his spirits up no matter what happens, and lead a happy life. But the biggest wish of all is to witness the cure for my brother and all other HIV patients.



Testimonial of a HIV positive Malay mother age 38 who has been diagnosed with HIV since 1999. Her short but poignant testimony shows her will and strength in her daily battle with her illness and the stigma and discrimination that is associated with it. Even through the enormous burden she bears, she finds hope in what may seem like a hopeless situation.

As a teenager I was an idealistic romantic. I believed there would be that one special person for everyone, I would fall in love, start a family with him and live happily ever after.

The man I met and married was a foreigner some years my senior. But that didn't matter.

And as I imagined in my youth, I fell in love with him and we were married. Together we brought 2 beautiful children into the world – both girls. I thought I was living my dream.

Then it all came crashing down. My husband became severely ill. Medical investigations revealed he had contracted a sexually transmitted infection. HIV. On his many extended business trips overseas he had strayed. His indiscretion with a prostitute would change our lives forever. After X years of illness, HIV AIDS finally claimed him. But he would not be its only victim.

He had unknowingly infected me with the virus. The realization that I too had been infected hit me like a speeding train. His unfaithfulness would claim me – an innocent bystander – as a victim too. The only positive thing in this whole situation was that my daughters were conceived before he or I was infected. Thank God.

I have lived with HIV for 8 years now. Apart from a handful of people, no one knows of my condition. My daughters do not know. Although I fear they have their suspicions. I want to tell them. I will tell them ... soon. But I worry about how they will react. Having already lost a father, will they wonder when I too will leave them? I just don't know how I will tell them. But I know I must.

That my illness has changed my life is an understatement. It has made it difficult for me to be effective at work. My frequent absences would make any employer reconsider my value to the company. But this is beyond my control. With an immune system that has been weakened by HIV, I fall sick easily. And even when I am not ill, my energy levels aren't what they used to be.

HIV has also made me feel I am on the outside. An outsider. Even amongst the medical community, I have been made to feel less of a person because I am HIV positive. Sideways looks, hushed whispers, being treated like ... a pariah. This disease has chipped away at my good health, my life, my dreams and my sense of self-worth. But I find strength in my daughters. For them I continue to fight the good fight. For them I have immersed myself in helping others like me as an advocate and volunteer.

I believe where there is Life, there is Hope. I live in hope that one day I will see my daughters begin their journeys to a fulfilling life. And that I will be here when my grandchildren arrive. Or that my doctor will one day say, "They've found a cure!"



Testimonial of a HIV positive Chinese male age 32 who has been diagnosed with HIV since January 2003. He brings us through his rough journey of discovering his diagnosis and the storm he faced as his health deteriorated along with the realization that taking anti-HIV drugs led to more complications and problems. But even with all of those challenges, he has managed to rise above it all and have a positive outlook in life.

It all began with an encounter that got me into where I am now. So far, till this encounter, I had only one exposure to sex. At that time I guessed I would not be so "lucky" since I'm young and strong, doing well and looking towards a great prospect ahead of me. To add on, my knowledge on Sexually Transmitted diseases was also dismal. All it takes is this ONE unprotected escapade in my life to land me in this situation ... being HIV positive.

Weeks after this encounter, I started developing fever. It escalated further as I started vomiting out all the foods and drinks that I consume. Further on a week later, rashes started developing. That was when I was admitted into A&E at Tan Tock Seng hospital. Until then, all I could think of was dengue fever and the SARS virus. Only after my doctor approach me to ask me for my consent to carry out blood test for HIV, I realized that I'm more likely to be infected with HIV. That was how I was introduced formally to this "companion" that stuck on with me more faithful than any other companion one could desire.

It wasn't easy at all to handle HIV. First of all, my working schedule was drastically affected. Next, my exercise regime was cut which means I could no longer enjoy the long runs that I used to enjoy. I get tired easily and was frequently sick. As a result of my weakened immune system, I developed enlarged and infected tonsil. Flu, fever or cough follows me the whole year round. Within a span of less than 2 years after my initial diagnosis, my CD4 fell to about 200. I was told that for a normal person it would measure around 1000. I would not have pull through these initial years of infection and my journey to taking medication if not for the support of the HIV support group that I attended at AfA. I was able to get the information I need through the people in the support group. There might be tremendous amount of information the internet, but nothing beats heart to heart personal talks with those living with HIV.

Starting medication was complete hell. I went through quite a rude shock when I develop allergies not just to one but a few medications. I ended with one of the most expensive combination available in Singapore. There were constant battle for me to get used to the side effects especially diarrhoea. To make matter worse, two of the medications I was taking could not be taken at the same time. I had to juggle to take the medications at the right time because strict adherence must be observed. I got very stressed and tense. Weight lost was also a constant struggle for me. I was very fortunate to have subsidies from CDC. I would not be able to support my medication if it's not for them.

Life is not always bad for me. My siblings who knew about my infections were supportive and very understanding. Till now my parents were unaware of what's going on in my life. I guess what most of us sufferers experienced is the shame of letting our close ones know especially our parents. To them, I will be a disgrace to the family if this infection were to be let out. It's like leading a pretentious life in front of my folks. There were times that I wished my parents knew. The pressure of keeping it a secret is indeed very tiring. My weight loss and constantly falling sick made them suspect that something was wrong. I would brush it off with excuses of being stressed over at work.

After enduring 5 years, when I look back, I'm glad and happy that I'm still alive despite what I had gone through. The care and support given to me help me through the bad times in my life. Being "positive" is what had carried me through. For the next coming days and years, I won't know what will happen to me. I hope there might be might be a cure. But in whatever circumstance, come what may, I have to remind myself of being positive towards the challenges lying ahead and never say never!



Testimonial of a HIV positive Chinese male age 35 who has been diagnosed with HIV seven months ago this October 2007. It tells us how real and how HIV is a problem in the now. He leads us glimpse into his sadness and despair, and to his acceptance of his predicament and hopes for his future.

It happened when I went to collect my annual health check report.

I could feel the stumping sensation inside me when, after a string of convoluted words, the senior physician of a well known medical hospital told me that the Elisa Test was positive. Sensing that I had stopped listening, he tried to help ease my nerves by saying that it was a sensitive but inaccurate test. A confirmatory test such as the Western Bloc (WB) Test would be deployed and if that turned out positive, then it would mean that I am HIV positive. The first WB test came back indiscriminate. So did the second one two weeks later.

I drove home in great despair unable to think beyond the recent diagnosis. I would have been killed in a car accident there and then and still that would be a better way to end my life then to live with the stigma of being a person living with HIV. My world and hopes were dashed immediately. I felt my time was running out. What have I not done? How long do I have? Are the medications expensive? That night I searched through the web to be informed of the chances on how long people with HIV are going to live. AM I GONNA DIE SOON?

The days passed so very slowly for the next few months. Despair and anger took over my current state of consciousness. I blamed myself for being so stupid and so naïve. Was I too complacent with my current beau that I forgo the rubber and to mistake what we had for real love? It was the most ironic and cruel joke that life seemed to have dealt with me. I questioned my morality and sought God's forgiveness for being a dirty and useless person. But each time I thought I had given myself for true love, I cannot comprehend why I was punished for the very thing that I was searching all thirty over years of my life.

The third blood test and four months after my first diagnosis, the WB test came back positive for the first time in Apr 2007. I thought I would be quite stable after few months of anticipation, but I still wept uncontrollably whenever no one was around me. Irrational panic attacks would grip me out of nowhere and I would flinch in mental agony as I allow my 'status' to torture me over and over again in my mind. Suicide was welcomingly sweet. The shame and pain kept haunting inside me, daring me with each nagging thought to kill myself in every possible method; jump into an oncoming car, slit my wrists, overdose on sleeping pills – to silence everything in one moment and there would be calmness thereafter.

Yet it would be so foolish to end my life now. Yes too stupid for that. In the months that followed and as much as I hated it; I educated myself on everything about my new status. From websites searching for relevant information on HIV, attending support group to making new friends who were in the same predicament as I am; I chose to live life again and to live it with zest and more fulfilling. Yes, life still has to go on.

When you read this article, it would be a year after my diagnosis. It is so difficult for me to explain to you how agonizing and sorrowful I had experienced over this one year, unless you are in the same position too. Cliché as it might be, it really takes one to know one.

But the purpose of re-telling my story is to allow a sensible form of catharsis for me to expedite the exorcism of past hurt, disappointment and regret that I had to level with myself to move along with my life.

The only thing I am thankful for was the fact that I was diagnosed early. In that sense, I can make informed decision to take better care of my health and to go for regular check ups to ensure that I can live and love living every day for the rest of my life.

To that, I can pick up the pieces of a shattered life to live more meaningful now. More importantly, I would want to share my story with you so that it may lend support for people who are still struggling with this issue of get tested (early) and to be there for them if one day, it should happen to one of You.

The 8th International Conference on AIDS in Asia and the Pacific (ICAAP)



The 8th International Congress on AIDS in Asia and the Pacific (ICAAP) took place in Colombo, Sri Lanka on from 19 – 24 August 2007. The conference brought together more than 3,000 delegates from some 60 countries to discuss critical issues on AIDS in the region such as stigma and discrimination, access to HIV prevention and treatment and the importance of sustained political commitment on AIDS.

Amongst the delegates were two representatives from Action for AIDS, Singapore – Raphael Meyer and Lionel Lee. Afa Exco member, Raphael was awarded a scholarship to conduct a skills building workshop at the conference where he shared the Singaporean experience of running the Club Genesis (CG) HIV+ support group for men who have sex with men (MSM). In addition, he also showcased his work through a poster presentation at the main conference foyer as part of the scholarship requirement. Perhaps what made the scholarship more meaningful were patch work from scholars of different nationalities being pieced together right in Sri Lanka – uniting and celebrating the spirits of HIV/AIDS advocacy.

Apart from the sharing experiences, AfA also garnered valuable insight into the HIV/AIDS work done in and around the Asia and Pacific – including innovative materials and outreach ideas which we hope to localise. What is most significant for the ICAAP for AfA is the network and friendship that we have built with other non-governmental organisations in the region at the conference which can help us provide better support network especially for foreign nationals residing in Singapore.

AFA Strategy Retreat



8 & 9 Sep 2007
CONRAD
CENTENNIAL
SINGAPORE





Candlelight Memorial 2007

held at the Singapore Management University

Leading The Way To A
World without AIDS
20 May 2007



HIV ART EXHIBITION

THE CHALLENGE & THE HOPE

Action for AIDS was proud to present a visual arts exhibition called "The Challenge and the Hope" to raise awareness of the issues and stigma surrounding HIV and AIDS in Singapore. The exhibition was produced by HIV-infected individuals in Singapore. This exhibition gave the public a glimpse into the lives of HIV-infected people, and the toll it has been on them. In doing so we raised awareness of HIV and AIDS and to enlighten the audience in the way we all think about the disease and those affected by it.

Many HIV infected people live in silence with their pain and suffering. Through their art, a number of infected individuals are relating their experiences as well as their hopes for a better life for themselves and for those around them.

There are a total of 35 works painted in the last year. The exhibition reminded people that HIV is as devastating a condition in Singapore as it is worldwide. The art works reflected the artist's hopes, desperation, celebration, fear and dreams about HIV/AIDS and their aspirations for the future.



101-0001 – Smokey Love

The piece of artwork consists of colourful wisps of smoke. As we know, smoke is a substance that has no definite form. These colourful wisps of smoke have come together to form shapes of love. The artwork portrays an image of uncertainty. Many promises have been made by the World Health Organisation like fighting the epidemic, making HIV medication more accessible to the poor, to abolish discrimination against HIV positive people etc. Though promises have been made, but they have not yet been fulfilled.

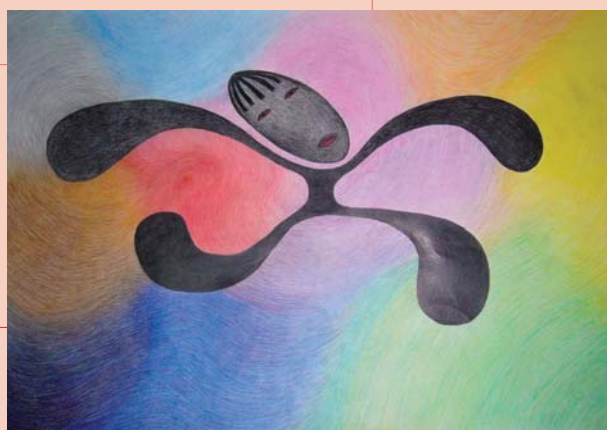
100-0975 – Words

How will the face of a person look like if it were made of words? What will the words reveal? Many people with HIV face social discrimination. The lack of education and the society's negative attitude towards us has caused a lot of stress and discomfort. With the lack of financial medical support, many find it hard to afford the medication which can enhance their lives.



100-0984 – Celebrate Life

The black figure represents a person with loss and despair from suffering a life tragedy of being infected with HIV. Surrounded with swirling colours of dark and bright, the person lives through the troubled dark moments and welcomes a bright vivid future signifying that every moment in life needs to be cherished and to be celebrated as a gift.



100-0985 – My Deepest Thoughts

No one is one perfect. We all make mistakes in our lives which we will perhaps live with regret. Regret will eat away hope and nurture our despair in life and humanity. This regret, we may carry with us for the rest of our lives. I want to show the society how important it is to trust and believe in us again.

Give us the hope and a new lease of life so we may believe in ourselves again and be given chance to start anew. Having HIV is not the end of life but a new beginning.



101-0002 – Living with HIV Drugs

The significance of the painting reminds us about the struggle of having to consume HIV drugs and the challenge of being alive despite being infected by HIV. As time progresses, the body weakens and

becomes venerable to illnesses. This in turn would require more drugs to be taken by us resulting into a chore of taking all these pills. The word 'HIV' is arranged like human bones to show how the effect of the disease and the many drugs we take eventually cases us to die in the end.



100-0989 – Egg



Having HIV is like an egg going through a lot of pressure. The lack of medical and financial support not only leads to physical stress but also emotional trauma. Society still finds it hard to accept people living with HIV. The rock around the eggs represents society. Under the intense pressure, the egg will be

broken. I hope people will be more understanding and give to us the help we so badly need.

100-0999 – My Scream

This piece of artwork is a representation of eyes with tears. The eye is the centre and it beholds the tears of fear, sorrow, emptiness and loneliness. The artwork portrays an image of a living hell.



Though some of us may look normal and healthy but deep down inside we are far from 'normal'. Having a disease which nobody would even want to talk about, we have indirectly created an invisible barrier to our friends and families. So deep in us like a living hell that no one knows and we see.



101-0997 – Emerging

Borne of Graffiti womb
Emerging from Earthenware tomb
Hands outstretched towards azure skies
Vermillion roses sing
Lush fronds serenades
Seagull echoes
Awake, awake.
Alas! Alas!
Twas only a dream.

101-0007 – The Virus

This is a simple work of mine to show the HIV virus in my blood. I can't see it but I know it is there. I know what it is doing to me because I feel it each day. I know there is no turning back. I am scared for my wife and my son. At least they do not have the virus. At least they have not turned me away.



101-0009 – Reflection

There are estimated over 4000 people with HIV in Singapore. There's no cure and no vaccine. HIV medication in Singapore is costly and there are no financial subsidies available. Many people with HIV do not disclose their status to their families in fear of their reaction and rejection. Many fight HIV alone.

The 8th ICAAP Colombo Declaration



19-23 August 2007

We, the participants of the 8th ICAAP Colombo declare that:

1. Low prevalence countries must maintain their status by:
 - Recognising that the low prevalence status could change quickly through complacency
 - Leadership provided by government to address AIDS as a development issue
 - Development partners not treating low prevalence countries as low priority ones and continuing to give priority to their needs and technical support
 - Meaningfully employing civil society and people living with HIV/AIDS in formulation and implementation of programmes
 - Employing focused strategies for prevention
2. Voluntary counselling and testing for HIV should be promoted by removing barriers to universal access because treatment is available
3. Government and policy makers must move beyond rhetoric to effect change by taking action against poverty, gender inequality, social marginalisation of vulnerable groups and stigmatization
4. Governments recognise the right and listen to the voices of women
5. Governments must meet the potential epidemic squarely by addressing the challenges posed by prevention of mother to child transmission (pmtct), sexual and reproductive health education (srh), child marriage and gender based violence.
6. Governments must stop treating drug use as a criminal offence rather than a public health issue.

Informal survey of newly-infected MSM

Informal survey of newly-infected MSM yields some clues to infection patterns amongst young MSM, who remain one of the most vulnerable groups to HIV infection.



The call is urgent:

More MSM outreach needed

There has been growing anecdotal evidence supported by data collected from the Anonymous Test Site at DSC, from 2005 and 2006, of the rising incidence of MSM getting infected – with most of them being fairly young (from teens to mid-20s), AfA decided to conduct a brief survey of HIV+ MSM, newly infected, to see what the information would yield.

A simple questionnaire was prepared and a total of 57 respondents were approached to complete the questionnaire, between December 2006 and February 2007. The information captured of respondents included: Age; race; educational level; sexual orientation; age at first penetrative anal act; how one met one's first sexual partner; the use [or lack of use] of condoms during the first sexual encounter; from their first sexual encounter, did they know that condoms could protect one from STIs or HIV, and lastly – whether had been provided information on STI/AIDS and safer sex information during their secondary/tertiary schooling.

The majority of respondents (43.9%) were from the 30-39 years old group, followed by those between 20-29 years of age (29.8%). And most of them (84.2%) were fairly well educated – having obtained 'A' Levels or had a tertiary education.

The majority (93%) had their first sexual encounter at age 25 years or below. The most frequent avenue of meeting their first sexual partner was through the internet (45.6%), followed by gay sauna (19.3%).

Alarmingly only half used condoms on their first (penetrative anal) sexual encounter – and a very high percentage (86%) claimed they were not provided information on AIDS/STI during their school days.

One can infer from the data collected that more needs to be done to reach young MSM, since the age at first sexual encounter is fairly young – and this would establish future sexual behaviour for a person as well.

In order to get more information to young MSM, it needs to be emphasized that present laws are a major impediment – sections 377 and 377A of the Penal Code criminalise anal sex between men.

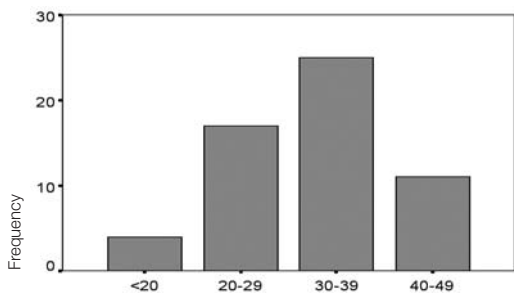
As AfA gears up to meet the challenge, it is hoped that the government will realize, as they review the law, that public health interests are at stake as well. The message is very clear: Keep the old, antiquated laws inherited from colonial British times, and you will practically guarantee that HIV infection will continue to escalate amongst this population of already hard-to-reach young men.

Meanwhile, volunteers and members of the MSM community have to scale up previous efforts – new partnerships and initiatives need to be put in place in order to stem the growing rates of infection.

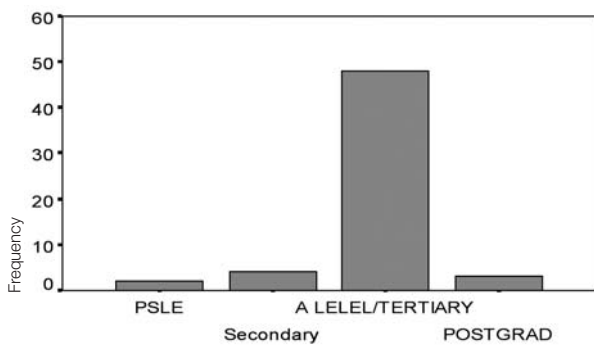
Were you provided information on AIDS/STI and safer sex information during Secondary School/Tertiary

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	5	8.8	8.8	8.8
No	49	86.0	86.0	94.7
Others	3	5.3	5.3	100.0
Total	57	100.0	100.0	

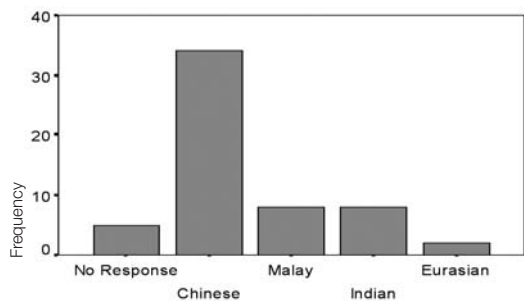
Age



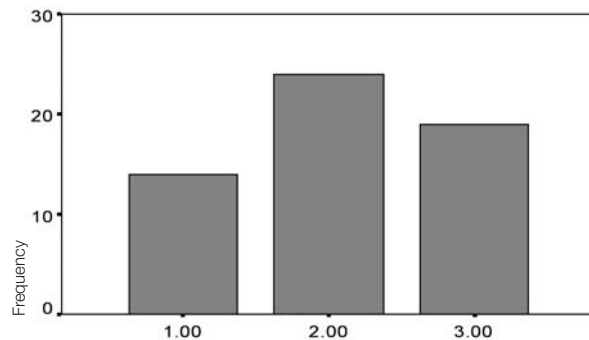
Education



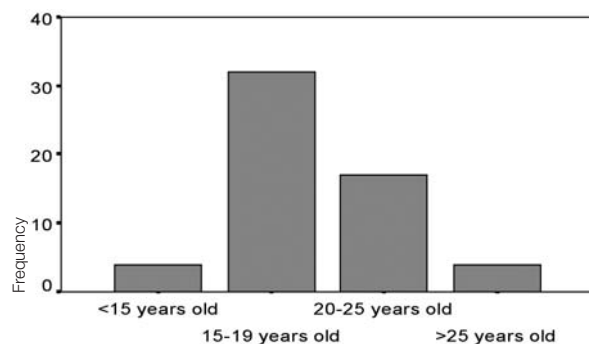
Race



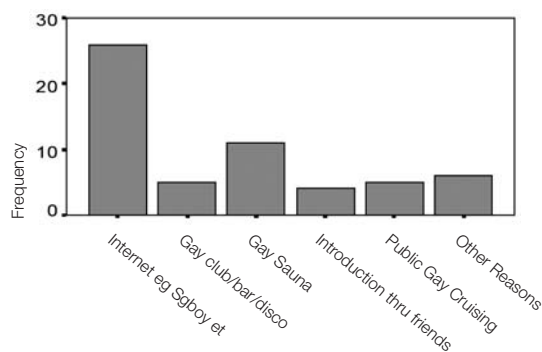
Gay Orientation



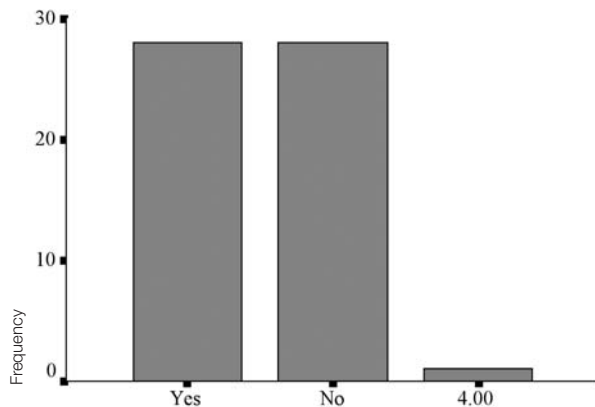
First Sexual (anal sex)



How you meet your first sexual partner

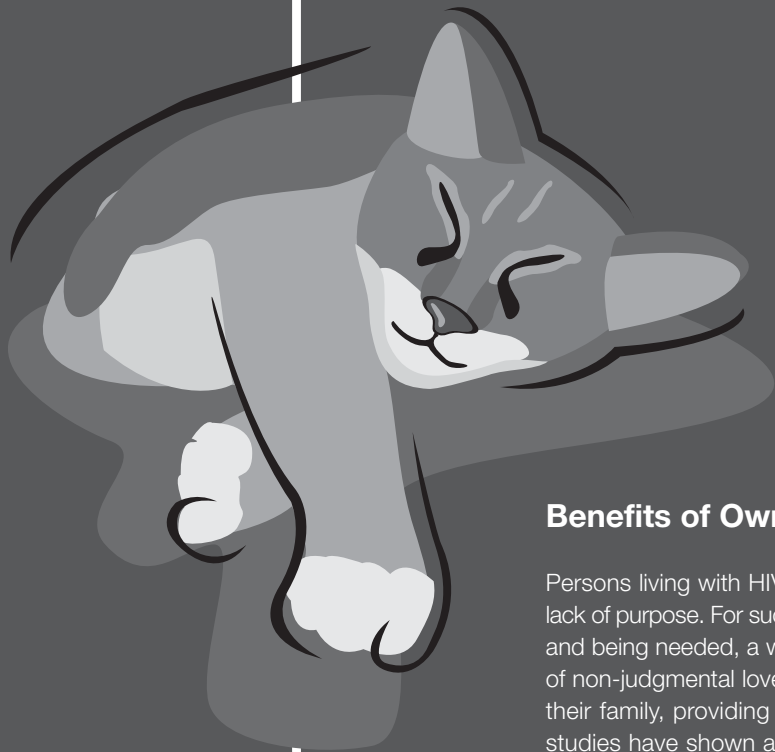


Use of Condoms on first Sexual Encounter



Brenton Wong is a long-time volunteer for Action for AIDS and former member of the executive committee of Afa.

keeping pets -



A Basic Guideline for HIV Positive Owners

Benefits of Owning a Pet

Persons living with HIV often deal with feelings of isolation, rejection and lack of purpose. For such people, pets offer purpose, a feeling of acceptance and being needed, a way to increase socialization, and a constant source of non-judgmental love and affection. For many, pets are like members of their family, providing a sense of continuity and stability. Many scientific studies have shown a positive correlation between contact with animals and improved emotional outlook and health stability. Examples of such health benefits are reduction in blood pressure, blood cholesterol, clinic visits, medication use, stress and loneliness. In America, pet facilitated therapy programmes are becoming a common practise.

Zoonoses are diseases that can be spread from animals to man. Even though there are 278 known zoonotic diseases, most are in relation to wild or farmed animals, and are not common in an urban setting, especially in the context of domesticated pets. The actual risk of disease transmission by pets is very low. Often such diseases diagnosed in people with HIV/AIDS were contracted prior to obtaining a house pet. Some of these infections are naturally transmitted between vertebrates and humans. Others are associated with, but not directly transmitted by animals. Indirect transmission can also occur through such means as contaminated food and water. People with HIV/AIDS have a weaker immune system and thus more likely to contract a disease. The best way to reduce such risks is to be informed of what are these diseases, their routes of infection, the symptoms and most importantly how to minimise the exposure.





Types of Infection

Below are some infections that can be transmitted to humans by their pets :

1. Bacterial

- a) **Pasteurella** – is commonly found in found in the mouth of cats, dogs and rabbits. Symptoms can range from a mild local abscess swelling, to serious sinus, brain or lungs infection.
- b) **Salmonella and Campylobacter and Escherichia coli** – are bacteria that can be found in especially in stools of young, sick or immunocompromised animals. Reptiles in particular pose a significant risk of carrying Salmonellae. Transmission is usually through eating or drinking contaminated food or water. Symptoms include severe bloody diarrhoea, vomiting and fever.
- d) **Cat scratch disease** – is the result of a bacterial Bartonella henselae infection transmitted by cat scratch, bite or lick wound. This organism is also found in fleas, which is probably how it is transmitted from cat to cat. Infected wounds became pussy and swollen. Lymph nodes also can get swollen. Fever, headache, chills, backache, abdominal pain and convulsions can also result from the infection.
- f) **Leptospirosis** – is transmitted by the urine of an infected animal. A pet can lick the urine of an infected animal off the grass or soil, or drink from an infected puddle. People can also be infected through the semen or blood of an infected animal. Infected human symptoms range widely, from flu-like signs like fever, headaches, chills, muscle aches, and vomiting and diarrhoea, to inflammation of the brain, liver and kidneys.
- g) **Chlamydia psittaci** – bacteria that can be transmitted through the stools, feathers or eggs of infected birds. Infected humans can result in high fevers, diarrhoea, severe headaches, and nose bleeds. Multiple organs including lungs, brain, liver and heart can be affected.

2. Protozoan & other micro-organisms

a) Toxoplasmosis – from cats

One of the most common organism to be identified as a potential pet-related threat. The cat is the definitive host of the parasite and can shed its oocysts (infective eggs) in the stools. These oocysts can survive in the environment for up to a year. The shedding is almost exclusive to kittens less than a year old. Shedding lasts for only 1-2 weeks after primary infection of the kitten. Infection occurs when these eggs are ingested through contaminated or undercooked food, - or water. Human symptoms range widely from abortions, inflammation of brain, eyes, liver, spleen, fever, convulsions, and jaundice. Progression of disease can be fatal if not treated early.





b) Cryptosporidiosis and Giardia – can be found in the guts of animals. The infective eggs are secreted in their stools. These can then spread to humans through contaminated food or air. Symptoms are profuse and watery diarrhoea, abdominal cramps, fever, nausea and vomiting.

3. Fungal

Fungal diseases are widespread and can be found in many animals (including man), from the soil and the environment. Those infected can either show no symptoms or appear as mild and transient local skin or mucosal lesions.

a) Ringworm – a common skin infection in pets, especially young kittens and puppies. Transmission to humans is through direct contact with the pet or the spores, which can survive in the environment for months. Symptoms are itchy ring-like raised skin lesions.

b) Cryptococcus neoformans – a yeast fungus commonly found in pigeon droppings. Transmission is by inhalation of airborne organisms. The brain is commonly affected. Skin lesions can also form as a result of the infection.

4. Parasitic worms

Roundworms, Hookworms, Whipworms Tapeworms – eggs of these worms can be found in stools of an infected pet, and can be transmitted to humans through contaminated food or water.

5. Viral

Viral diseases such as **Rabies** and **Bird Flu** are rare. Singapore is considered a rabies free country. However pet owners in other countries are strongly advised to vaccinate their dogs annually against rabies. Bird flu is usually in relation to farmed and wild birds. As both can be fatal, extreme caution against coming into contact with stray dogs and farmed or wild birds.



Allergies

Even though technically allergies are not diseases, they can result in symptoms from a skin rash to severe anaphylactic shock, causing collapse and difficulty in breathing. People can be especially sensitive to the dried skin flakes, known as dander, or saliva of their pets. Maintaining a healthy skin and hair coat, regular baths, good oral hygiene can reduce the exposure.

Care and Prevention :

1. Grooming/Flea control

- Keep your pet clean and well groomed. Bathe, brush and comb them to keep the skin and coat healthy
- Trim the toe nails to reduce the risk of scratch injuries. Alternatively, you can use rubber caps that can cover the cat's nails.
- Maintain your pet free from fleas and ticks by using appropriate parasite control products.
- Keep your pet's hair coat short to reduce allergies or respiratory problems.

2. Litter box guideline

- Maintain a clean living and feeding environment for your pet.
- Litter box should be changed and cleaned daily. Toxoplasma parasite takes at least 24 hours to become infectious. If possible, have someone do it that is not at risk.
- Use disposable plastic liners and change them each time you change the litter.
- Don't dump. If inhaled, the resultant dust could possibly infect you. Gently seal the plastic liner with a twist tie and place in a plastic garbage for disposal.
- Disinfect the litter box regularly, at least once a week by filling it with boiling water and letting it stand for 5 minutes.
- Wear disposable gloves for extra protection, and ALWAYS wash your hands after cleaning the litter box.

3. Animal Wounds

Any wounds resulting from either a bite or a scratch should be attended to immediately. Rinse the wound with cold running water. Disinfect with either diluted iodine or hydrogen peroxide or chlorhexadine. After this first aid, always contact your physician.

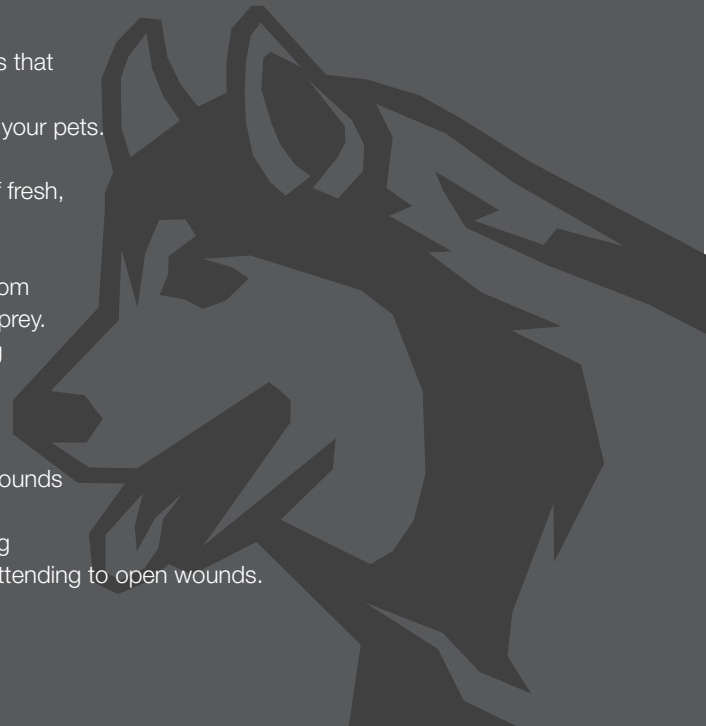
4. Diet

The following are ways to prevent your pet from picking up diseases that can be passed on to humans

- Never feed raw or undercooked meat or un-pasteurized milk to your pets.
- Never allow your pet to eat its own or another pet's stools.
- No drinking from toilet bowls or ponds; always provide plenty of fresh, clean drinking water around the house.
- Prevent any access to garbage bins
- Prevent your pet from hunting as they can get Toxoplasmosis from eating wild animals; attach two bells on their collars to warn off prey.
- Keep your dog on a leash for walks to prevent them from eating discarded food or even dead animals.

5. Personal Hygiene

- Avoid allowing your pet to lick you on the face, or any cuts or wounds which you may have.
- Always wash your hands well with soap and water after handling your pet, especially before preparing food, eating, smoking or attending to open wounds.
- Avoid sharing same bed as your pet.
- Avoid consuming raw or undercooked meat.
- Don't share the same meal with your pet.



6. Sick Pets

- Even though it is extremely rare for viruses to jump species from your pet to you, bacterial infections on the other hand can be easily transmitted in stools or nasal discharges.
- DO NOT come into contact with stools (especially when your pet is having diarrhoea), pus discharge from orifices or wounds, and urine. Disinfect any contact area immediately.
- Get your pet treated by a veterinarian as soon as possible.

7. Regular visit to your vet

- Keep your pet's vaccination and de-worming schedule up to date
- Keep your pet's dental health in good shape, this will reduce the amount of bacteria in their mouths
- Have your cat check for the Feline Leukaemia (FeLV) and Feline Immunodeficiency virus (FIV). These viruses damage your cat's immunity, and their ability to fight infections, similar to the case in HIV.

8. Adopting a Pet

Puppies and kittens, cute as they may be, are of a higher risk of carrying more diseases as they also have a weaker immune system due to their age. It is safer to adopt an adult or alternatively let the young pet stay at somewhere for observation for a few weeks before bringing home.

Always let your veterinarian do a check up on the pet before adopting it. Even this may not fully guarantee that the pet is fully healthy as some diseases can lie dormant or undetected inside the pet's body.

Choose a vibrant, lively, good body condition (not skinny) pet; observe whether it's eating well, what is the condition of its stools and urine. Look out for any discharges from the eyes and nose. Check the skin coat for any signs of skin diseases (baldness, flakes, lumps, scabs, rashes, excessive shedding). Keep your pet's vaccination and de-worming up to date.

Unfortunately some animals simply present too much risk to immunocompromised people and should be avoided if possible:

- Stray animals
- Animals with ongoing diarrhoea
- Reptiles and amphibians
- Farm animals
- Wild animals and birds
- Non-human primates (monkeys), as they are genetically closely related to humans, this makes it easier for diseases to pass between species.

9. Consult your doctor

As many of these diseases can be easily treated in early stages, it is important to consult your doctor when you display any persistent symptoms.

Inform your doctor in case you have a sick pet at home, as this may help him to narrow down the possibilities of which diseases is affecting you.

Before you panic and evict your pet, take note that the actual recorded cases of disease transmission from pets to owners are rare. The benefits of animal companionship far outweigh the actual risks. Be well informed with pet care guidelines and appropriate hygiene practices to help keep you and your pets healthy. Remember a little preventative care can go a long way in maintaining your pet's health, and a healthy pet is less likely to pick up diseases and transmit them to you.



Dr Loh is a private practicing veterinarian and a volunteer for Action for AIDS

ASIA PACIFIC NETWORK of people with HIV/AIDS



APN+ is the network of PLHIV living in Asia Pacific region. It was established in 1994 at a meeting in Kuala Lumpur by 42 PLHIV from eight countries. It was established in response to the need for a collective voice for PLHIV in the region, to better link regional PLHIV with the Global Network of PLHIV (GNP+) and positive networks throughout the world, and to support regional responses to widespread stigma and discrimination and better access to treatment and care.

The Asia Pacific Network of People Living with HIV and AIDS (APN+) has been working to improve the lives of positive people since it was established in 1994. To continue supporting PLHIV in ways that matter APN+ has developed a five-year Strategic Plan (2006-2010) that sets out how it will conduct its work activities in the Asia Pacific region in coming years. This document provides a detailed account of how APN+ proposes to work toward its vision of a better world for PLHIV by undertaking work in the key areas of Advocacy, Capacity Building, Network Development and Knowledge Sharing.

APN+ has 28 different country members:

- Australia
- Bangladesh
- Cambodia
- China
- Fiji
- Guam
- India
- Indonesia
- Iran
- Japan
- Lao
- Malaysia
- Mongolia
- Myanmar
- Nepal
- New Zealand
- Pakistan
- Papua New Guinea
- Philippines
- Samoa
- Singapore
- South Korea
- Sri Lanka
- Taiwan
- Thailand
- East Timor
- Vanuatu
- Vietnam



Each member country determines how its representative is elected, but representatives are generally nominated by the primary PLHIV organisation in that country. Where there is no national positive network, APN+ accepts representation of that country by individuals (key country contacts) rather than organisational nominees.

APN+ is a peer-based organisation and representatives must be HIV-positive. APN+ is committed to gender equity and encourages involvement of women in its activities. APN+ strongly encourages member countries to consider gender in the nomination of their representatives to the organisation. Country representatives vote to elect the APN+ steering committee, which is comprised of two co-chairs (one male and one female), a treasurer and one ordinary member. From time to time, the steering committee co-opts additional members.

APN+ is represented on the following organisations:

- Asia Pacific Coalition of AIDS Service Organisations (APCASO)
- Global Network of PLHIV (GNP+)
- Seven Sisters Asia Pacific Coalition
- International Treatments Preparedness Coalition

APN+ MSM (Men who have sex with men) Working Group

Due to the response from members of APN+ and the increasing issues of positive msm in Asia Pacific, the first meeting of the APN+ msm working group was held in Bangkok on the weekend (3rd & 4th March 2007) prior to the APN+ AGM and Training Days. The meeting was attended by 17 participants from 10 countries in the Asia Pacific Region including Singapore. Participants were either country representatives to APN+ or people linked to APN+, who all had a strong interest in positive msm issues.

The main aim of the working group is to identify and explore issues related to MSM who are living with HIV in the region, develop strategic interventions and. advocate on behalf of the APN+ MSM Working Group on emerging issues.

The International HIV/AIDS Alliance has agreed to support the working group for 2007 and 2008, which will focus on identifying and exploring issues related to msm who are living with HIV in the region and develop strategic interventions. At the meeting they heard about the HIV and msm situation in the region from Jan W de Lind van Wijngaarden (UNICEF) who told us of recent HIV prevalence rates for msm ranging from 4% in Beijing to 9% in Phnom Penh & Hanoi, and to a staggering 28% in Bangkok. Jack (Siam Arayawongchai) from the TreatAsia hosted Purple Sky



Network (PSN) informed the attendees of the increasingly coordinated msm activities across the Greater Mekong Sub-region. While this is pleasing, most actions seem to focus on HIV prevention, with minimal discussion of the issues of msm living with HIV.

One of the most important issues identified affecting positive msm, included double discrimination around being HIV+ and msm, difficulties accessing msm friendly services, and fears of rejection in disclosing their HIV status to sexual partners, family and friends.

APN+ msm working group plan to work hard in promoting the needs of the issues affecting positive msm in 2007 through developing collaborative partnerships with supportive networks and organisations like the PSN and Asia Pacific Rainbow and conducting advocacy activities. Recently at the recent International Congress of AIDS in the Asia Pacific held in Sri Lanka in August 2007, members of the working group gave oral presentations, skills building workshops and organized a satellite meeting to discuss and to share their experiences and concerns of positive msm in the Asia Pacific region.

APN+ msm working group will also be sharing and developing resources useful to positive msm, further exploring the needs of positive msm in various locations across the region by conducting focus groups and increasing the skills of our members through participation in activities

APN+ msm working group would welcome contact from other people interested in joining them to address the issues affecting positive msm and plan to keep in contact with each other via various methods such as an email group.

For more information regarding APN+ and APN+ msm working group, please

Contact

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Peranan Masyarakat Melayu/Islam Dalam Menangani HIV/AIDS

(HIV/AIDS and the Malay/Muslim Community)

Dayang (*bukan nama sebenar*), 22 tahun, dijangkiti HIV/AIDS 3 tahun yang lalu. Beliau yang mempunyai 3 orang anak hanya mengetahui statusnya bila beliau mengandung anak yang ketiga.

Dayang dijangkiti virus HIV melalui suaminya yang pernah beberapa kali ke Batam untuk seks.

Allahyarhamah Wangi (*bukan nama sebenar*), 38 tahun, meninggal dunia tahun lalu selepas dijangkiti virus HIV/AIDS 7 tahun yang lalu. Allahyarhamah Wangi, yang mengahwini seorang lelaki Singapura mempunyai dua orang anak. Suaminya meninggal dunia 2 tahun yang lepas. Anaknyanya yang berusia 5 tahun mempunyai virus HIV/AIDS. Kedua-dua anaknyanya sekarang adalah yatim piatu dibawah jagaan orang lain bukan saudara mara sendiri.

Allahyarham Tuah, (*bukan nama sebenar*), 50 tahun, seorang penagih dadah, dijangkiti virus ini 10 tahun yang lalu. Beliau dipulaukan oleh keluarga sendiri selepas mereka mendapat tahu bahawa beliau menghadapi penyakit ini. Beliau meninggal dunia awal tahun ini.

Siapa yang salah dalam situasi situasi begini? Allahyarhamah Wangi? Dayang? Suami mereka? Allahyarham Tuah? Apa yang akan terjadi kepada anak anak Dayang dan Allahyarhamah Wangi? Soalan yang senantiasa berligar dikalangan para sukarelawan yang bertungkus lumus cuba membantu para pesakit Melayu/Islam yang dijangkiti virus HIV/AIDS.

Masyarakat telah banyak didedahkan dengan pelbagai maklumat mengenai HIV/AIDS dan bahayanya kepada individu, keluarga, masyarakat dan negara. Ini telah menarik perhatian pelbagai agensi kerajaan mahupun badan badan bukan kerajaan mengembleng tenaga untuk membasmi penyebaran virus ini.

Namun begitu, tahap kesedaran dan kepekaan terhadap isu HIV/AIDS dikalangan masyarakat dan pemimpin Melayu/Islam masih belum memuaskan and perlu dipertingkatkan lagi. Hal ini dapat dibuktikan apabila dirujuk kepada program and aktiviti yang dilaksanakan oleh badan badan Melayu/Islam terlalu sedikit and amat kecil sekali.

Walaupun badan Melayu/Islam mempunyai saluran dan media yang berbagai untuk menyebarkan mesej HIV/AIDS, namun penggunaannya untuk tujuan mengatasi gejala buruk ini belum dimanfaatkan sepenuhnya. Institusi agama seperti masjid juga boleh digunakan secara bersungguh sungguh sebagai tempat menyebarkan maklumat bagi tujuan pencegahan dan pemulihan yang berkesan. Demikian juga halnya dengan khutbah Jumaat yang disampaikan dan bahan bahan kuliah dan tazkirah maghrib, subuh and sebagainya tidak diberikan tumpuan kearah membanteras gejala HIV/AIDS ini.

Punca kurang kepekaan terhadap isu ini mungkin disebabkan oleh berapa sebab. Antaranya ialah kurangnya maklumat mengenai bahaya HIV/AIDS ini yang disampaikan kepada mereka secara rasmi. Faktor-faktor lain yang mungkin menyebabkan keadaan sedemikian ialah sikap masyarakat sendiri yang cuba membebaskan diri mereka dari terlibat sama dalam menangani gejala ini dengan anggapan bahawa tugas mengatasi gejala HIV/AIDS ini adalah tugas badan badan lain and tidak ada kena mengena dengan mereka. Sikap sambil lewa ini boleh membawa mudarat kerana masyarakat tidak mengambil inisiatif untuk mengetahui tentang penyakit merbahaya ini.

Namun, yang amat menyedihkan sekali ialah sikap dikalangan masyarakat yang menganggap penyakit ini adalah hukuman keatas mereka yang melakukan kesalahan, lantas kerana itu mereka wajar ditimpa azab itu. Justeru, mereka tidak perlu dibantu dalam menghadapi kesengsaraan tersebut. Anggapan ini adalah satu keterlaluan, kerana punca penyakit ini adalah berbagai. Sesungguhnya, ada orang yang tidak bersalah and tidak berdosa terpaksa menanggung penderitaan akibat penyakit ini.

Berasaskan kepada kurangnya penglibatan masyarakat Melayu/Islam dalam menangani gejala HIV/AIDS sebagaimana dinyatakan sebelum ini akibat dari pelbagai faktor yang menyebabkan keadaan ini berlaku, pemimpin dan masyarakat Melayu/Islam harus memainkan peranan untuk memerangi virus HIV/AIDS ini.

Langkah pertama dan yang penting ialah untuk para pemimpin Melayu/Islam memperluaskan diri dengan maklumat yang terkini dan berbagai mengenai HIV/AIDS ini bagi memastikan diri mereka sendiri sentiasa peka dan mengambil tanggungjawab dengan sepenuhnya. Tanpa kesedaran yang tinggi di kalangan pemimpin sendiri, maka mustahil untuk masyarakat melihat perancangan and pelaksanaan yang berkesan.

Secara khusus, pemimpin agama perlu melakukan anjakan paradigma terutama dalam melihat dan menilai mereka yang menghadapi HIV/AIDS ini dengan mengambil peluang melibatkan diri secara aktif dalam aktiviti aktiviti pemulihan supaya mangsa HIV/AIDS menghadapi hari hari yang dilaluinya dengan penuh yakin dan taqwa. Tidak mustahil mangsa HIV/AIDS akan mendapat tempat yang bahagia diakhirat, insya'allah, disebabkan keinsafan dan taubatnya yang diterima Tuhan, berbanding dengan sesiapa sahaja yang membuat salah tapi leka atau angkuh lalu tidak sempat untuk bertaubat. Dengan adanya anjakan paradigma seumpama ini, ia memberikan isyarat kepada masyarakat agar bersifat lebih terbuka terhadap mangsa mangsa HIV/AIDS.

Sebuah jawatankuasa dan kumpulan sokongan pesakit Islam HIV/AIDS telah ditubuhkan oleh sukarelawan Kumpulan Bertindak AIDS, Singapura (Action for AIDS, Singapore) beberapa tahun yang lepas. Antara matlamat jawatankuasa and kumpulan sokongan pesakit adalah untuk meningkatkan **kesedaran** mengenai penyakit HIV/AIDS di kalangan masyarakat Melayu/Islam di Singapura; menggalakkan **penyertaan aktif** masyarakat dalam program pendidikan HIV/AIDS dan meningkatkan **sokongan** masyarakat kepada pesakit Melayu/Islam yang menghidap HIV/AIDS.

Matlamat-matlamat tersebut diharapkan dapat dicapai melalui kegiatan-kegiatan berikut:

Kajian: Menjalankan kajian berkala mengenai pengetahuan, sikap dan amalan masyarakat Melayu/Islam berkaitan dengan HIV/AIDS;

Pergabungan: Bergabung dengan badan Melayu/Islam setempat, pemimpin masyarakat dan agama dalam usaha memerangi penyakit AIDS;

Pendidikan: Menjalankan program pendidikan untuk meningkatkan kesedaran mengenai penyakit HIV/AIDS di kalangan masyarakat Melayu/Islam; dan

Sokongan: Menjalankan program khusus demi meningkatkan sokongan masyarakat kepada pesakit Melayu/Islam yang menghidap HIV/AIDS.

Namun untuk matlamat matlamat ini menjadi satu kenyataan, kerjasama dengan semua pihak amat ketara. Walaupun jawatankuasa dan kumpulan sokongan pesakit telah berkesempatan untuk bekerjasama dengan satu dua agensi Melayu/Islam dalam menyebarkan mesej HIV/AIDS, penglibatan pemimpin Melayu/Islam dan masyarakat masih rendah. Pelbagai program dan aktiviti harus dilakarkan bersama namun ini hanya akan menjadi kenyataan dengan komitmen pemimpin dan masyarakat setempat.

Hakikatnya ialah virus HIV/AIDS tidak akan hilang sekelip mata, it akan terus berligar buat jangka masa waktu yang panjang dan kita tidak harus membiarkan virus ini memusnahkan diri kita. Kisah Allahyarhamah Wangi dan Dayang and ramai lagi akan terus kita dengar. Adakah kita akan terus menghukumi Allahyarham Tuah kerana beliau seorang penagih dadah dan ini merupakan hukuman bagi beliau? Dimana sifat ihsan kita yang digalakkan oleh agama kita? Soalan yang genting ialah berapa lama lagi harus kita tunggu sebelum kita mengambil inisiatif untuk memerangi gejala HIV/AIDS dan dalam masa yang sama membantu mereka yang telah dijangkiti dengan memberikan sokongan dan bantuan yang diperlukan?

Abdul Hamid Hassan ialah sukarelawan Kumpulan Bertindak AIDS, Singapura (Action for AIDS, Singapore). Nooraini Abdul Rahim ialah koordinator M+ (Kumpulan Sokongan Pesakit HIV/AIDS Melayu Islam). Beliau juga merupakan anggota jawatankuasa Kumpulan Bertindak AIDS, Singapura (Action for AIDS, Singapore). Mereka boleh dihubungi melalui alamat emel info@afa.org.sg

HIV/AIDS AND THE MALAY/MUSLIM COMMUNITY – SUMMARY

– Abdul Hamid Hassan & Nooraini Abdul Rahim

In this article, the contributors indicated the important role that the leaders and the community at large play in HIV/AIDS prevention.

They also shared the various challenges which impede effective implementation of targeted prevention programs, which include religious and cultural barriers. Often, the leaders and community do not have access to full information, thus the lack understanding of issues relating to HIV/AIDS.

Educate one's self on issues relating to HIV/AIDS is important as everybody is potentially at risk to infection. Stop stigmatizing and discriminating people living with HIV/AIDS, they deserve the same quality of life like everyone else.

Abdul Hamid is a volunteer of AfA. Nooraini Abdul Rahim is the coordinator of M+ (support group for Muslim HIV/AIDS patients). She sits in Action for AIDS, Singapore (AfA)'s executive committee.

projects & programmes

Formed in 1988, Action for AIDS (Singapore) is a non-governmental organisation and a registered charity. Activities are planned, implemented and coordinated by volunteers and a small number of staff. AfA is 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 has articles dealing with medical, social, cultural and personal issues. It also reviews and updates AfA's activities. It is distributed free to members and volunteers, to schools, libraries, community organisations, medical and dental clinics and hospitals.

Editor-in-chief

– Roy Chan
the.act@afa.org.sg

www.afa.org.sg

The webpage contains information on HIV/AIDS, AfA activities, the latest HIV/AIDS statistics, a Q&A page, and links to other AIDS web pages – both local and foreign. Do visit the website for information on our activities or for updates on HIV/AIDS in Singapore and the region.

Contact: info@afa.org.sg

HIV Education in the Workplace

Education is the most important strategy to prevent the spread of HIV. We provide trained educators who can speak to groups and organisations to help raise AIDS awareness.

Coordinator

– Benedict Thambiah
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High Risk Heterosexual Men Outreach Programme

To encourage heterosexual men who engage in high risk sexual practices, volunteers distribute safer sex packs at venues frequented by this target group. The programme also conducts online outreach – in websites, e-bulletin boards and chatrooms.

Coordinator

– Lionel Lee
Telephone • 90233509
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MSM Outreach Programme

The Programme conducts research projects on MSM in Singapore, runs outreach at real and virtual MSM venues & events; develops MSM-specific safer sex material, and conducts safer sex workshops. Volunteers do not have to be MSM, or even male, to help out.

Coordinator

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Telephone • 6254 0212
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ben.xue@afa.org.sg

MSM Resources

MSM Resources is an online service to provide information, support & referral for gay, bisexual & other men who have sex with men (MSM) on issues of safer sex, sexual health & healthy sexuality in Singapore.

http://www.afa.org.sg/msm/

Coordinator

– Ben Xue
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WSW Outreach Programme

This programme provides support for lesbian and bisexual women pertaining to HIV/AIDS and STIs.

Coordinator

– Eileen Lee
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AMPUH (Anak Melayu Islam Melawan Penyakit Unik HIV/AIDS)

AMPUH was set up by a group of Muslim volunteers to tackle the rising numbers of Muslim patients infected with HIV virus or suffering from AIDS. It hopes to raise community awareness of HIV/AIDS, encourage active community participation and enhance community support for Muslim HIV/AIDS patients.

Coordinator

– Abdul Hamid Hassan
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Project StreetWalker

Volunteers provide material and information in relation to HIV/AIDS and STI to freelance sex workers.

Coordinator

– Vivienne Lim
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II support and welfare programmes

Endowment Fund for Anti-Retroviral (ARV) Medications

ARV medications are all considered non-standard drugs. The AfA Endowment Fund provides financial assistance to needy PWAs who cannot pay for these medications. We also maintain a separate fund for pregnant HIV+ mothers who cannot afford ARV Drugs to prevent mother-to-child transmission.

Coordinator

– Paul Toh
info@afa.org.sg

The Buddies Programme

Volunteers in the Buddies Programme offer emotional and practical support to HIV-positive people and their loved ones through weekly visits to the ward, and by befriending those who are healthier and appreciate company and friendship.

Coordinator

– Alan Tan
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buddies@afa.org.sg

Life Goes On (LGO) and Club Genesis (CG)

LGO and CG are self-help patient support groups funded and supported 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 organizational and participatory levels, with confidentiality preserved. LGO caters to infected heterosexual men and women, while CG caters to infected MSM. PWAs plan, coordinate and perform hospital, home support and welfare activities, and also to assist in AfA activities.

LGO Coordinator

– Lionel Lee
Telephone • 90233509
lgo@afa.org.sg

CG Coordinator

– Raphael Meyer
Telephone • 91068634
club.genesis@afa.org.sg

Survivors

This support group helps the networking of 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.

Contact: info@afa.org.sg

Family Support Network

This group helps HIV+ patients and their family members to come together in a safe and emotionally supportive environment to share their thoughts and experiences of dealing with the infection. HIV+ patients with no family support are also welcomed. Personal counselling is provided to HIV concordant and discordant couples (regardless of sexual orientation) and HIV+ pregnant women. Harm and risk reduction information and advice are also made available.

Contact: info@afa.org.sg

Muslim+

This peer support group brings together Malay/Muslim HIV+ patients within a safe and emotionally supportive environment to share their thoughts and experiences in coming to grips with the infection from an Islamic perspective.

Coordinator

- Nooraini Abdul Rahim
Telephone • 98351982
muslim.plus@afa.org.sg

Women and Girls Outreach

This programme aims to address issues peculiar to women and young girls through research and targeted material and campaigns.

Coordinators

- Braema Mathi
women.outreach@afa.org.sg
- Shaleene Suria
shaleene@afa.org.sg

AfA Prison Outreach Programme

Since 2006, AfA in conjunction with the Singapore Prison Services launched two programmes within the Singapore Prison in Changi for the male prisoners. One programme targets the inmates that are about to be released. This programme provides vital information on HIV and STI prevention, safe sex and condom use. Inmates are also encouraged to get a HIV test after they are released. The other programme is specifically for HIV positive inmates within the prison. The programme provides HIV information, onward prevention efforts, counselling and care to inmates in the prison and their families. Training and education are also given to the the prison staff who handle HIV inmates.

Coordinators

Prison Release Education Programme

- Benedict Thambiah
Telephone • 90037566

HIV Prison Counselling Programme

- Raphael Meyer
Telephone • 91068634

If you would like to make a donation, please make your cheque out to

"ACTION FOR AIDS, SINGAPORE", and post it to **21 Norris Road, Singapore 208263.**

As all donations are tax deductible, please include your NRIC, FRIN or RCB number and full name.

You may also donate online through the NCSS Donation Portal – www.donations.org.sg

If you would like to be a volunteer, write to us at the above address or send an email to afa@pacific.net.sg

alternatively, please call **62540212** for enquiries.

clinical services

Anonymous HIV Testing & Counselling Clinic

Experienced counselors are on hand to provide pre-and post-test counselling for our clients. Test results are available within 20 min of doing the test.

The DSC Clinic

Blk 31, #01-16 Kelantan Lane
#01-16, Singapore 200031
Operating Hours: 6.30 to 8.00 pm on Tue & Wed, 1.30 to 3.30 pm on Sat (except public holidays)

Coordinator

- Benedict Jacob Thambiah/Lalitha Nair
Telephone • 90037566/62939648
ats@afa.org.sg

HIV/AIDS Hotline – Tel: 62540212, 96600237

The Hotline provides information and counselling services on all aspects of AIDS.

Contact: info@afa.org.sg

IV other projects

Legal Assistance

We provide free legal advice and assistance to PWAs and their families on how to deal with difficult employers and workplace issues, draw up wills, and advice on issues related to the Advanced Medical Directive, we have also been asked to assist and investigate in specific instances where discrimination against PWAs has occurred.

Coordinator

- Thomas Ng
legal@afa.org.sg

The Candlelight Memorial

This is an annual international event held to remember those who have died from AIDS. The Memorial provides an opportunity 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. The memorial is held on the last Sunday in May.

Coordinator

- Benedict Jacob Thambiah
Telephone • 90037566
candlelight@afa.org.sg

Singapore AIDS Conference

These biennial multisectoral conferences on AIDS were successfully organised in 1998, 2000, 2002 and 2004. Over 600 delegates from government and non-governmental organisations, volunteers, the press, and businesses attended the last one. The 5th Singapore AIDS Conference was held in December 2006.

Secretariat

- Nina Sharma
comcon@pacific.net.sg

Art Against AIDS

Started in 1996, this biennial competition uses art as a medium to help raise AIDS awareness and encourage community participation in AIDS prevention.

Coordinator

- Dawn Mok
art.against.aids@afa.org.sg

Riding for Life

Biennial cycling awareness- and fund-raising event.

Contact: info@afa.org.sg

executive committee

President	- Roy Chan
Vice-President	- Braema Mathi
Secretary	- Dawn Mok
Asst Hon Secretary	- Thomas Ng
Hon. Treasurer	- John Woo
Committee Members	- Lee Cheng Chuan • Nooraini Abdul Rahim Raphael Meyer • George Bishop • Caroline Fernandez

Staff

Executive Director	- Lionel Lee
Fund Raising Director	- Paul Toh
Programme Executive	- Shaleene Suria
Programme Co-ordinators	- Benedict Jacob-Thambiah • Ben Xue
Office Administrator	- Lionel Lim



EVERY CENT OF THE SELLING PRICE OF VIVA GLAM VI LIPSTICK AND LIPGLASS IS DONATED TO THE M-A-C AIDS FUND TO SUPPORT MEN, WOMEN AND CHILDREN LIVING WITH HIV AND AIDS. VISIT WWW.MACCOSMETICS.COM FOR MORE INFORMATION.

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