positive nation

Contents

March ...

the leading national voice for the HIV and AIDS commun...

...IGN UPDATE

SEX POSITIVE

8 PAGE GUIDE INSIDE

all profits from this magazine are directed back into the HIV & AIDS communit...

...nships and the HIV+ gay man

For the HIV+ man and his partner, relationships often present different issues than for other men. Having a partner that you know well and who can support you can be a major help in getting through some of the difficulties - not just of HIV, but of life in general. But it's also true that being in a relationship can present particular challenges.

It was really difficult, especially at first... I think it was more to do with what I was going through - finding out that I was positive - than with how my boyfriend reacted. He was very upset, but he was also very supportive... knowing he was HIV negative was such a relief, but I also thought that it put a distance between us... it was different for him... I felt like there was this huge gap between me and the rest of the world - and although we were close and he was understanding, he was still out there with the rest of the world.

If you are HIV+ and your partner is not. Many men are particularly worried about infecting their partner. When men first get a positive diagnosis, its often so traumatic that just being around other people can be problematic - even people that you have been close to. There's nothing wrong with letting your partner know that, although you are upset, you do not want to talk about your feelings at the moment. It usually does help to discuss your feelings with someone - a trusted friend or someone who's been through it before.

After he was diagnosed, we both got used to the idea of HIV being all around us. It wasn't something that was "outside" any longer. Although we knew what it meant, we became focused on life with HIV - we couldn't always be thinking about him dying. It got to feel quite normal, being HIV positive. I even felt that way about myself - acting as if I was positive already... It was difficult thinking about safer sex.

If you are HIV negative and involved with someone who is HIV+ Being close to someone with HIV can change the way you feel about sex. You may lose interest in sex or have an increased fear about becoming HIV+. Whatever the case, there are ways of dealing with these problems and your partner's positive diagnosis while **safeguarding your own negative status.** The first step might be talking with friends, a helpline or health advisor at a GUM clinic.

Before my boyfriend was diagnosed, we had sometimes fucked without condoms. After he found out he was positive, I wanted us to go on fucking without condoms. I felt like I wasn't going to start treating him different now - that's probably stupid because I never wanted to be HIV positive.

If you are both HIV+. If you are diagnosed together you will probably both be needing support. If one of you has been diagnosed positive, you may be concerned about the other partner's status. The undiagnosed partner may well want to be tested himself. In addition you may be feeling worried, angry, guilty about the possibility of one partner having infected the other.

At the same time, conflicts or issues about your relationship from the past may well come up after a positive diagnosis. Some of these may be about sex, some about other matters. Try to remember that living with HIV itself is very stressful. The cause of your current problem may not be your partner but the stresses of coping with HIV.

I am not going to say it was easy - after he got his HIV diagnosis he was very upset and didn't want to talk with me or anyone else about it. This caused a lot of problems between us and we fell out quite a lot during that period. After one particularly bad argument, we ended up not speaking to each other for two days. While that was going on I finally talked about it with my friend Jim. He'd known something was wrong for ages but I'd been frightened of talking about Mark's, my boyfriend's, status. After I started talking with him I realised that I should have talked with him sooner... it was such a relief.



Starting a new relationship can be exciting, romantic and fun. Many gay men do find that starting a relationship is more difficult if you're HIV+ or if your prospective partner is HIV+. You may feel less confident or more afraid of rejection or just overwhelmed. Again, its important to talk with other people, especially gay men who may have been through the same thing before.

It was such a relief meeting someone who was also HIV+... I didn't feel as worried about sex for one thing. And I also felt like he really understood-we were on the same wavelength because he was HIV+ too... so it wasn't like I had to explain everything or be careful what I said...

To tell or not to tell. Sometimes people that you have sex with can be very direct and ask you your HIV status straight out, or tell you theirs in the expectation that you will reveal yours.

When you meet someone and tell them you are positive... they say it doesn't matter... but you can tell that's not the case. You can see them starting to back away...

HIV is a very personal subject. Whether or not to reveal your status is an issue that faces HIV+ men repeatedly. In some circumstances, there are many advantages to being able to talk openly about your status. But revealing your status can also cause problems-so it's best to think through what the result of your disclosure will be.

For many men, there is a difference between revealing their status to sexual partners they know well and revealing their status to men they have casual sex with. But there is no simple answer. Often, it's a skill you pick up over time-you won't always know why you chose to tell on one occasion and not another - but you'll develop a feeling for it.

We had known each other for a few weeks before he told me... Although I'd known people with HIV before, it came as a real shock... because it was about him... and about us. It was like suddenly there was a definite limit to our relationship. And I was scared about how good I would be at dealing with it. I was worried he would think I'd gone off him - that I'd be afraid of getting it from him.

If you would like more information about relationships and safer sex for HIV+ gay men, consult *Sex and the HIV+ Gay Man*, a new 32 page booklet. Individual copies are available free of charge by sending a self addressed, stamped envelope (38p) to:

Positive Booklet
Information Centre
Health First
Mary Sheridan House
15 St Thomas Street
London SE1 9RY

Multiple copies are available from the same address at 50 pence per copy.

More information is also available from
The National AIDS Helpline (0800-567-123) and
The Terrence Higgins Trust (0171-242-1010).

HEALTH *first*

Health Promotion in Lambeth, Southwark & Lewisham

positive nation

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positive nation
The One They're ALL Talking About

In This Issue...

Regulars

5 Positively Speaking
Dominic Gough talks about sex and why he can't get enough of it!

6 News
News from the nation, cuts in funding, body positive splits and more.

9 Recruitment
Our recruitment pages with a selection of current jobs.

11 Speak Up
Hue Christie, co editor of Continuum on why Delta may not be such hot news.

12 Treatment
Gareth Hardy reports on the 3rd Conference on Retroviruses in Washington.

13 Treatment News
News in short as it breaks from the labs.

14 The ZZ Files
David Shenton with a double instalment of the ZZ files Will Viv the hero lab rat survive the clutches of Professor Welgalx?



26 Body Watch
Our monthly look at the body, this month focuses on PCP, an infection of the lungs.

27 Body Politic
Our regular round-up of self-help groups around the UK allowing you to help yourself.

28 Feedback
Your space to express an opinion on anything we publish or anything else that tickles your fancy.

28 Bleeding Hearts
Welcome to Pearl & Dean, who have given up cinema advertising to provide you with advice on a range of problems.

29 Spike The Press
Spike has been keeping an eye on the media to see how they are reporting on HIV and AIDS.

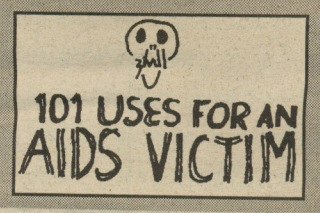
31 Hospital Watch
Paul Mayho on sex in hospital.



32 AlterNATIVE
David Eason looks at nutrition and maintaining a healthy diet and includes an idiot's guide and the first part of David's cut and paste fun.

35 *Small Ads*
Looking for friendship or maybe more, look no further than our contact ads. Why not put one in yourself? After all, they are free.

35 Skull
One for the Queen of hearts. Where does he get them from?



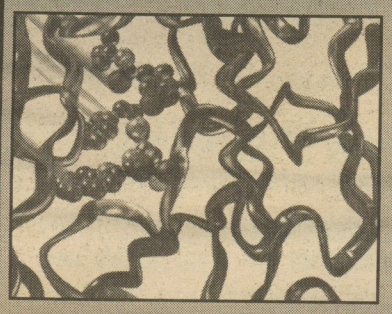
36 Book Club
Providing you with a range of titles you can order over the phone.

38 The Delta Campaign
Your monthly update on the campaign to get Combination Therapy funded by the government.

POSITIVE NATION - THE LEADING NATIONAL MONTHLY PUBLICATION FOR THE HIV/AIDS COMMUNITY

Features

15 Correction
Here we rerun an article which was printed in our December issue, as we left a bit out the first time and want to ensure that what we print is correct.



17 Sex And The Positive Couple
Lionel Rhodes talks to an HIV positive couple about their outlook on sex.

18 Reinfection
Positive Nation takes a look at the current views on the risks of reinfection during sex.

19 Sex Positive
Your four page guide to sex for the HIV positive gay man, to pull out and keep.

23 So You Think Dykes Don't Fuck!
Examining the implications of safer sex for HIV positive Lesbians.



24 Sex And The Positive Woman
Positive Nation talks to Julie and Kathy from Positively Women about how they approach safer sex and the implications of their diagnoses with potential partners.



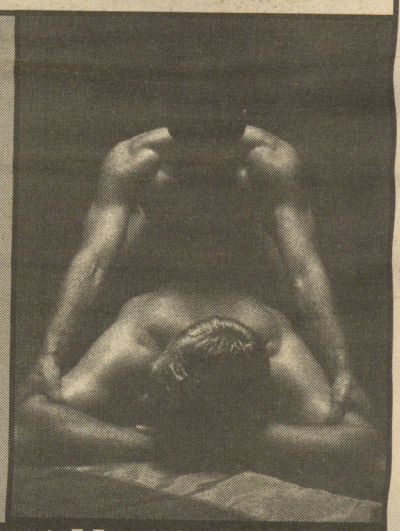
33 Sporting the virus
David Campbell Morrison on the implications of sports for the HIV positive person.

Cover Story

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Robert Taylor



The next issue of Positive Nation is out March 28th

If You Suffer From A Terminal Illness We Can Offer You More Than Sympathy.

If you are suffering from AIDS or a terminal form of cancer or other illness, your life expectancy may be limited; but your hopes and ambitions don't have to be. There is a source of money you may not have thought of – your life assurance policy.

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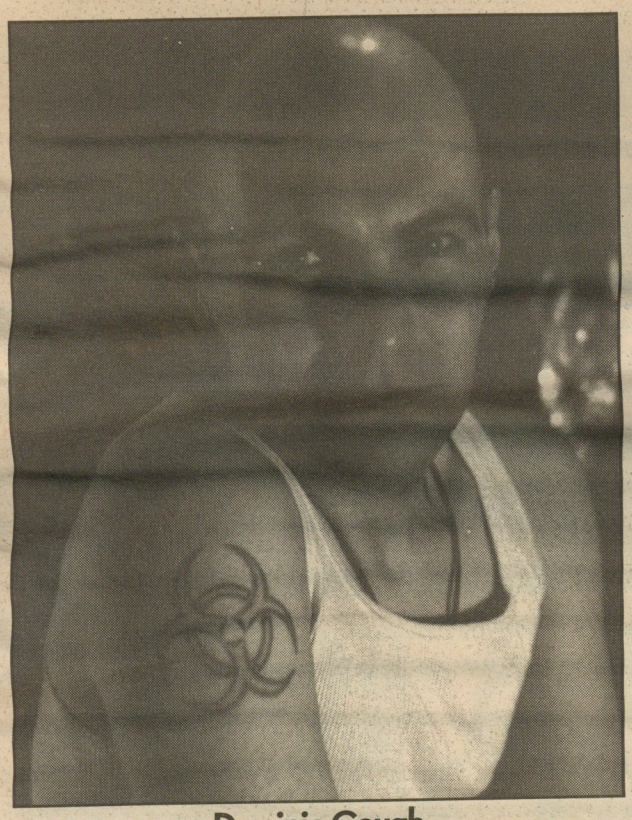
P. O. Box 115, Bromley, Kent BR2 9FE
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Getting it!



Dominic Gough
Managing Editor

In the planning of this issue, many issues have been raised about sex and the positive person. A few people I have spoken to believe that we shouldn't have sex; the risks of infecting others with HIV are too great and they believe we should abstain. Others believe that sex plays an important part in keeping us healthy and maintaining our own self esteem. As human beings, we need intimacy, and close sexual relationships can help us meet this need. In fact sex is good for your immune system, as it helps to remove stress and relax you.

My own view is that as positive people, we are still sexual beings and we are still going to have all the same needs and desires as anyone else. We shouldn't be made to feel bad about wanting to do something that is natural and part of being alive. So why can't I have an active, healthy and positive sex life the same as anyone else? Why should it matter that I'm HIV positive, so long as I put no one else at risk? Well, there are issues for us to be aware of, if we want to maintain a healthy sex life, and our special eight page feature on sex gives you the facts to make up your own minds. Only you can decide what is right for you. If you want to maintain a healthy sex life, go ahead, but make sure you understand the implications of safer sex for the HIV positive person.

On a personal note, sex plays an important part in my life. Over the last few months I have managed to maintain a healthy sex life. I have a couple of regular partners and a few not so regular. What I have discovered is that sex is good for me. Rediscovering sex has allowed me to feel good about myself and feel sexy and intimate with another man (or two). I didn't realise just how much my sexuality was suffering as a result of sublimating my sex drive into working on the magazine. When I was living with my lover Charles, the two of us had a very healthy sex life. Then, as he started to become ill, sex stopped for us and our relationship changed. Sex had always played an important part in our relationship. It had been a voyage of discovery, each of us growing as we explored our bodies more, but in the end it wasn't important, other more pressing issues took over our lives. After Charles died, it took many months before sex reappeared in my life. One night down at the London Apprentice (a London gay bar), I met a man and we went back to my place. I must admit that I found sex difficult, even though we had discussed my HIV status. He seemed nervous and I really found it hard to get into the swing of things. Since then, I have rediscovered sex thanks to Gary and Tony (two men I met a couple of months ago) for whom my HIV status isn't an issue. We all enjoy a healthy sex life and have adopted the use of condoms so well that the issue of wearing them never comes up. The two boys give me a lot of self respect and a healthy sexual appetite. I can say that rediscovering sex was a liberating experience and I hadn't realised just how much I had missed it and how much I now look forward to it.

"If you want to maintain a healthy sex life, go ahead"

What can make sex difficult is disclosure. How and when do you tell your sexual partner that you're HIV positive? Should you even have to? What happens if they reject you because of your status? These and many other questions are explored within this issue. First though, a brief note for you negative guys or those of you who are untested. If someone you've been cruising and have the hots for tells you they are HIV positive, stop and think. It takes a lot of courage to be able to disclose this information to a complete stranger. If all you can do is say goodbye to someone who obviously has more courage than you, then you weren't worth sleeping with in the first place.

A quick note too on the models we have used to illustrate the sex feature. They are not representative of all HIV positive people. They have, however, come forward to be identified as positive people. If you would like to put your name on our list of models, please drop me a line and let me know. One of the most pressing problems we have is images, and we want to build an image library we can be proud of, so why not give it a go!

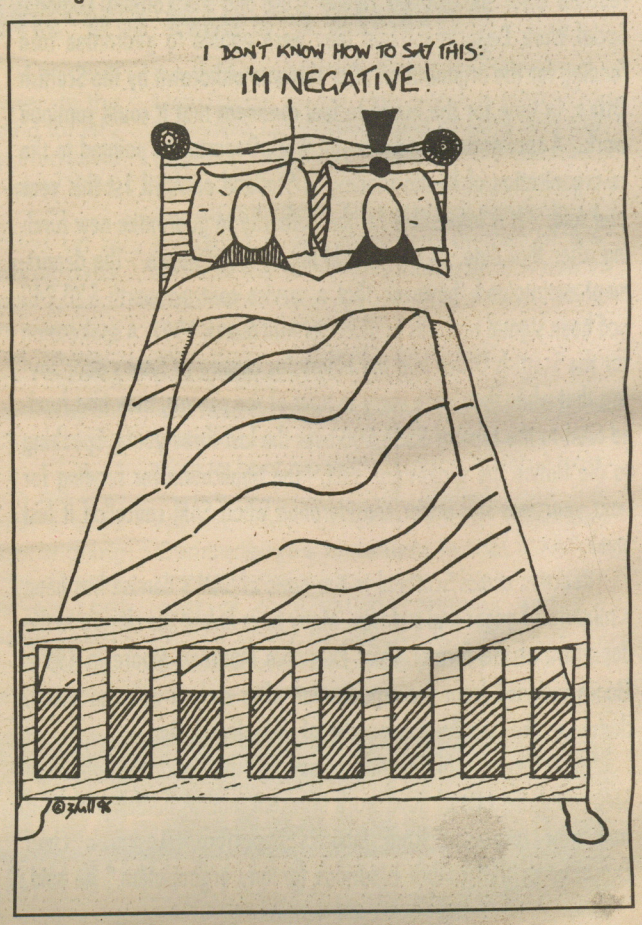
If you are finding sex a problem or feeling that it isn't worth the hassle, then read our sex positive guide. It may just start you back on the path to having a great sex life again.

Back at the Nation, there's lots going on to inform you about. Firstly our apologies for this issue being a week late. We had computer problems and had to order new computers. We were let down by our suppliers, so we worked flat out on an old machine to try to get the magazine ready on time. We didn't make it and therefore had to wait another week for a free slot at the printers. I think the extra time we were able to spend on the magazine was well worth it and we should be back on target by next month.

We have a few new staff to welcome. Firstly hello to Dominic, our new designer and office 'nursie'. He puts up with us all complaining about how tired we are or how sick the pills make us, without being able to bring himself to give a damn, as well as designing the magazine. Hello as well to Grainne, who joins our sales team from this month and brings all of her skills and enthusiasm to the Nation. And good luck to Mark, who leaves us this month to get a rest and a change of career.

The office move will have taken place by the time the next issue hits the streets, and the new address and telephone numbers will appear in the April issue.

You will also have noticed the improved paper on the cover and our new pull out section. This will be staying and we have many pull out guides planned over the coming months for you. Next month we will be bringing you the first ever guide on recreational drug use for HIV positive people. All this plus all the regular features and writers in next months *nation*.



e-mail the editor at: dominic.gough@posnet.co.uk

positive nation

news from the nation

Edited by **Sebastian Sandys**

GOODBYE SAM?



Ready to help. SAMs provision of services hangs in the balance

Scottish AIDS Monitor Closes

The board of Scottish AIDS Monitor (SAM) have announced that they are to close the project due to a lack of core funding. The decision was taken at a meeting of the board on February 19th. Redundancy notices were issued to staff the following morning and the project is set to close its doors to service users on March 20th.

The future of SAM as a national organisation looks bleak. It seems unlikely that the core funding to maintain it as a national project will be forthcoming. However, funders and other organisations in Scotland are determined that service provision will be maintained and that projects for gay men, welfare rights and buddying will continue under the auspices of existing groups.

Helen Chambers, one of SAM's senior staff told the Nation that she was devastated by the news. She believes the decision to close was inevitable because of the failure of the organisation's funders to come up with commitments to find the money needed to maintain the national office in time. She claimed that service users would suffer as a result of the closure, saying, "Statutory services are going to be drowned with requests for services such as welfare rights and the buddy system that we have built up will go, ending relationships that have been forged over years." She also believes that the free distribution of condoms, one of SAM's highest profile projects, and one many believe to be the model for the new Rubberstuffers campaign reported in last month's Positive Nation, will be under threat. "We distribute over 60,000 condoms a year," she said, "I do not know whether that service will continue."

The conclusion that the board had no option but to close was reached after the Lothian Health Trust and the Lothian Regional Social Work Department said they were unable to guarantee core funding for the organisation after this was withdrawn by the Scottish Office, in time for the board to feel confident that it could continue work. A spokesman for the Social Work Department pointed to the re-organisation of health funding in Scotland on April 1st this year and said, "It is impossible for the Authority to guarantee new funding after that date, as they would not be in existence." The department maintained, however, that a service contract worth £20,240 had been signed and was in place up until March 1997. A spokesman for the Scottish Office laid the blame for closure at SAM's door saying that while they were sorry to hear of the closure, they had funded SAM to the tune of £336,000 over the last three years. Speaking to the Nation the spokesman said, "The application for funding for next year was still under consideration when SAM cancelled it last week."

Reaction across Scotland to the news of SAM's demise has been a mixture of anger and sadness. Many have linked the closure to the departure of the former Chief Executive Maureen Moore in 1994. Moore resigned from the organisation after a clash with the board, chaired at the time by the founder of SAM, Derek Ogg.

David MacNally of Crusaid Scotland told the Nation that although SAM had done a lot of good work in recent months he didn't think it had ever recovered from Moore's departure. "Losing a Chief Executive of that calibre is serious for any organisation," he said, "and I don't think SAM ever really recovered the trust of the funders that Maureen had built up over the years. "

Peter Scott, a former director of SAM, takes a different view. He believes that SAM's current problems stem from an unwillingness on the part of the Scottish AIDS establishment to accept a radical style of work with gay men. The clash of cultures that followed set the scene for the problems now faced by the organisation. He believes that following her departure, Moore set out to attract funding previously allocated to SAM for a new project, Phace West. SAM was in the news last year when it closed its Glasgow office after funding could not be secured.

Speaking to the Nation, Moore was circumspect about SAM's closure. She said, "SAM was eleven years of my life. It is sad to see it close but we must all work hard to ensure that service provision is not damaged."

As the Nation went to press SAM announced it was launching a campaign to ensure that service provision would be maintained and SAM's future protected. Calling on people to write in support of SAM, the project hopes that public support may help to save its services at the eleventh hour.

If you have any news for the Nation call us on 0171 582 9120

STOP PRESS

The Axe Falls!

As we went to press, news was coming in on the funding allocations for 1996/7. Cuts are being implemented and in total 8% is being cut from budgets around the country.

Within the inner London area, £9.5 million has been lost from the budget and as a result, four organisations are having their funding cut. Funding is being withdrawn from the Black HIV/AIDS Network, The Food Chain and Positively Irish Action on AIDS.

The Food Chain have launched an appeal and are holding talks with health authorities to protect the much needed Sunday meals on wheels service.

News is also coming in from around the country, Positive Nation will be analysing the impact of these cuts and will bring you a full report in our next issue.

news from the nation

Celebs Drop The Ribbon

The Evening Standard's awards ceremony attracted attention this year for the absence of the red ribbon attached to the designer outfits on show. Unlike previous years, when the ribbon has been the fashion accessory, very few of them were on display after organisers failed to make arrangements for them to be distributed on the night. Observers believe that the ceremony marks a trend in the decline of the Ribbons cache amongst the theatre world's A list.
Speaking to the Nation, actor Michael Cashman said, "I think there are two reasons why fewer celebrities are wearing the ribbon. Firstly, people came in for a lot of criticism when they started wearing the ribbon for jumping onto this month's fashionable cause. Instead of achieving the object of wearing the ribbon which is to raise awareness of HIV, a negative impact was created which discouraged their use." Cashman believes that the ribbon is becoming more like the poppy in that it gets worn at certain times of the year. "I always wear the ribbon on and around World Aids Day," he said, "but at other times of the year I may or may not."
Mike Campling, director of Red Ribbon International, doesn't believe that the use of the ribbon is declining. "Last year we distributed 5 million ribbons compared to 10 million in the previous three years".
Campling acknowledges that the high profile events have not been targeted as well as they might have been by Red Ribbon International, but he puts this down to a lack of resources. He said, "We have to find the balance between working at high profile media events and working with smaller community-based groups." He acknowledges that getting that balance right is difficult but is confident that they can do so.

Kent Group Rescued

Fighting Fit, the East Kent Body Positive group has been rescued. Last month we reported that the group had been forced to close after funding had been denied.
However, a rescue package has been put together, including a grant from local social services.
Alan Beck, the group's co-ordinator, told the Nation, "We are delighted that the group has been saved. We have already been working with 80% of the client group in this area and we are supporting many people who have no other contact with services".
The survival of the group marks a turning point in provision of services for HIV positive people in Kent. In the past the statutory services have been perceived to be resistant to voluntary groups organising in the area. Beck believes that recent moves are encouraging and indicate a shift in attitudes.

Cyber Support

GAYPOZ is an Internet discussion list for emotional *support and* sharing medical *information* for gay men who are HIV positive. The maintainers of the list believe that while HIV affects many sections of society some gay men may feel more comfortable in an all gay male environment. The *GAYPOZ* list can be reached at sjbowen@cei.com

Lighthouse Denies Waste Claim

London Lighthouse, a centre for people with HIV and AIDS, have denied claims that it wasted £10,000 on redecorating its entrance foyer.
A national lesbian and gay newspaper has angered the Lighthouse by publishing a story claiming that the colour it chose for its foyer was not to the liking of its director and had to be changed at high cost.
Beverly Priest a spokesperson for the Lighthouse told the Nation, "The facts are these: We refurbished the foyer at a cost of £6,000. The work involved a complete refurbishment. When it was finished, it was felt that the colour was not what we wanted so it was repainted at no extra cost. Anyone who has redecorated at home will know that sometimes the colour on the chart doesn't look right when it goes up on the wall."
On being asked by the Nation what she felt about coverage of the incident, Priest said, "We welcome accurate and responsible journalism and will be writing to those newspapers we feel have misrepresented this story."
In a separate move, the Lighthouse has announced a new series of lectures beginning in March. The talks that will be held monthly for six months will be given at the Lighthouse by major and prestigious speakers including Dr Jonathan Mann, director of the World Health Organisation Global Programme on AIDS. Details of other speakers and dates will be announced shortly.

Funerals Of A Lifetime?

Are you planning a funeral that is different? If so researchers from a postgraduate research film production would like to hear from you. Please write to Fritz Kohle, 11 Holbein House, Holbein Place, London SW1 8NH or phone him on 0171 259 9278

Palace Denies Andrew Has AIDS

Buckingham Palace has denied a story published in the latest edition of the satirical magazine *Viz* that Prince Andrew has AIDS.
The story, which appears in *Viz's* 'The MAN in the PUB - Britain's most ill-informed columnist.' section, claimed that Prince Andrew has AIDS and that when he dies his death will be put down to leukaemia.
Speaking to the Nation a spokeswoman for Buckingham Palace said, "This is a very old story and is a complete fabrication."
Last year Princess Diana angered many when she told viewers of Panorama that she had taken her sons to visit AIDS patients, "....albeit I told them they had cancer."

Early HIV Row Rumbles On

The row between scientists as to whether or not HIV can be identified from tissue from the body of a man who died in 1959, is continuing. The controversy arose when it was claimed that the results of tests on the tissue were false because the tissue in question had been infected in the laboratory after the man's death.
Andrew Bailey and Gerald Corbett, virologists at the Manchester Royal Infirmary, published an article in the respected medical journal *The Lancet* in 1990 in which they claimed to have discovered that the UK's first case of AIDS occurred in 1959. However, their claims were challenged by T. Zhu and D. Ho who claimed in the magazine *Nature*, that the evidence provided by Bailey And Corbett was based on tissue that had been contaminated in the lab.
Now Bailey and Corbett, in a letter to *The Lancet* say that, whilst they accept the evidence that the tissue in question was contaminated, they still maintain that, had the patient in question died today, his symptoms would 'be regarded as strongly indicative of underlying HIV infection'.

Holiday Health Risk

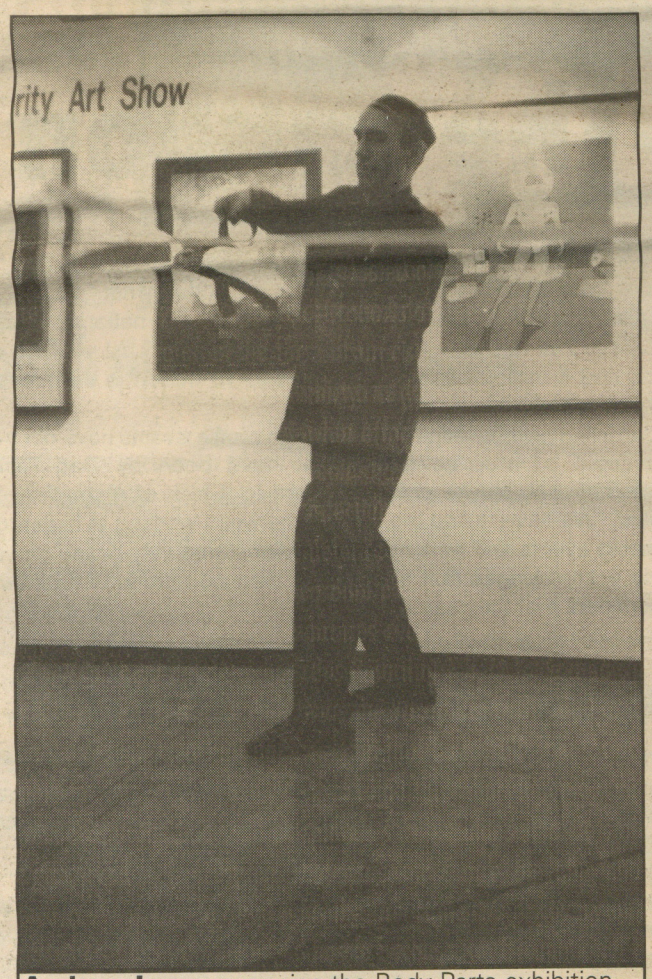
Health officials in Norfolk have expressed concern over the apparent rise in the number of new infections with HIV of young heterosexual women. It is reported that the number of cases amongst women, who do not have a history of drug use or bisexual activity has increased dramatically in recent months.
Andrew Pearman of the Norfolk HIV Team told the Nation, "It seems that many of these new cases are the result of sexual activity between local women and men working in the holiday trade. Great Yarmouth in particular appears to have a problem. There is much emphasis put on health promotion work for people holidaying in Torremolinos and other places abroad. It is time we did more prevention work with people who are based in holiday resorts in the UK."
Nicky Bryant from Health Promotion Services at the James Pagett Hospital NHS Trust believes that is only part of the picture. She says, "The area that includes Great Yarmouth, Waveney and Lowestoft has a unique population dynamic; The major towns are ports and we have an offshore community, considerable social deprivation and the highest teenage pregnancy rates in the country. Our HIV prevention strategy takes all these factors into consideration as well as the needs of people on holiday." She points to the fact that Health Promotion is working with all agencies in the area and the fact that holiday sexual health campaigns are run in the area every year. "We are doing all the work we can," she says, "but like everybody else we have limited resources."

New Attack On AIDS Funding

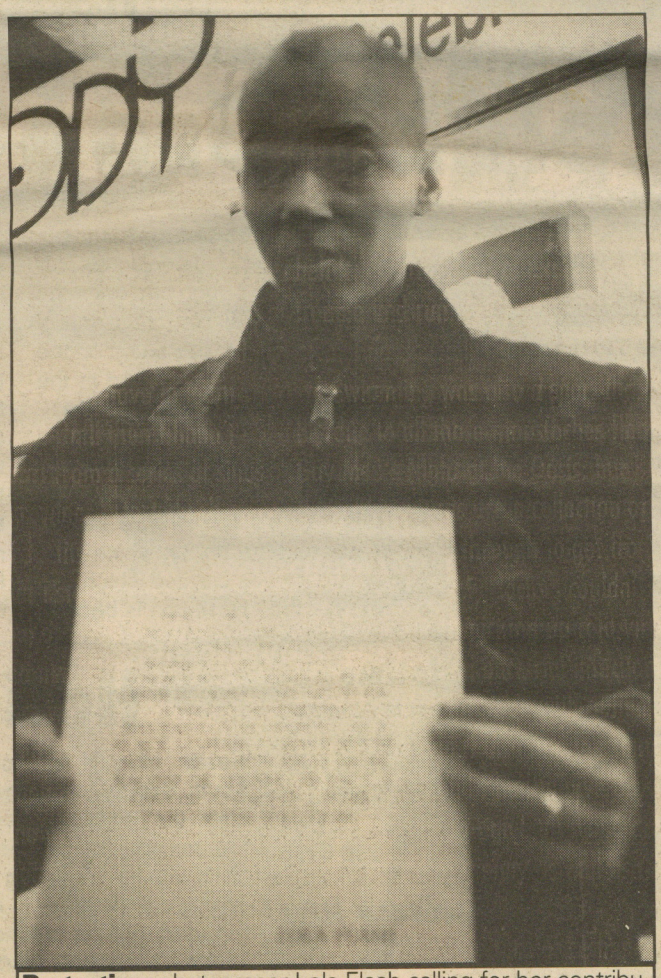
A recent statement by Baroness Cumberlege, Junior Health Minister, to the House of Lords on levels of funding for HIV treatment and prevention, brought renewed attacks on spending from right-wing MPs, peers and newspapers.
The usual suspects were rounded up to create a storm that lasted about three days. Egged on by the *Daily Mail* under its banner headline 'Storm over £250m spending for AIDS', Ann Winterton said that "In most cases, AIDS could be prevented by lifestyle changes, yet far smaller sums were spent researching breast cancer, which could not be so easily prevented."
Andrew Sparrow, the reporter on the Mail opined, "The revelation that such a large chunk of the annual health budget is going to what is seen as a minority disease caused outrage." And in a similar vein, Lord Stoddart of Swindon, a labour peer, claimed "These priorities are utterly wrong."
Reaction to the row from professionals in the field has been swift and condemnatory. Lisa Power of the Pan London HIV/AIDS Providers Consortium said of MPs and the papers, "They never compare like with like. The total cancer research budget dwarfs the AIDS budget. This year we are facing a reduction in the treatment budget of 8% while at the same time facing an 8% rise in treatment costs. Couple this with a rising number of people living longer and I don't think that's a difficult sum to do!"
Fears have been expressed that with the increasing costs of combination therapy the National Health Service is not going to be able to keep up with demand. Keith Alcorn of the National AIDS Manual told the Nation, "My concern about Baroness Cumberledge's statement is that it shows considerable complacency about the likely cost of combination therapies and the NHS's ability to pay for it. There is no sense of urgency on the part of the NHS to address this question."

positive nation
FIRST WITH THE NEWS THAT MATTERS

news



Andrew Logan: opening the Body Parts exhibition for Body Positive at the Barbican Centre in Central London. The exhibition featured contributions of the rich and famous's body bits.



Protesting: photograper Lola Flash calling for her contribution in the exhibition to be removed due to her concerns about BP's treatment of the womens group. (Full text from photo reproduced in next column.)

Body PARTS

The London self-help group, Body Positive (BP) found itself at the centre of a silent lobbying protest at the recent launch of its 'BODY parts' exhibition.

The protest came *after BP suspended* Emma Colyer, the group's only paid women's worker on a charge of gross misconduct.

The protest was organised by clients and volunteers of the Women's Group, over the suspension of Colyer and the growing feeling of mistrust between the Women's Group and the centre *management*.

The Women's Group have recently been made an offer by Body Shop International of office space which will allow it to develop its own independent identity.

If you would like to contact Body Positive Women and Families telephone: 0181 563 8617.

Text in Picture on left:exactly as written by Lola:
DUE TO BODY POSITIVES' BLATANTLY UNCHARITABLE ACTIONS TOWARDS THE WOMEN'S GROUP I HAVE NO CHOICE BUT TO RENEGE ON MY OFFER TO DONATE MY ARTWORK, A PHOTO OF MARTINA NAVRATILOVAS' HANDS. AS A BLACK LESBIAN, I HAVE NEVER BEEN ONE TO RUN AWAY FROM RACISM OR SEXISM - IN FACT, I CHOOSE TO FACE IT ... TO BE PART OF THE SOLUTION. LOLA FLASH

WORLD NEWS IN BRIEF

Israel Faces Racism Charges

Israeli health officials have been accused of racism following government confirmation that blood donations from Ethiopian immigrants are being rejected for fear of HIV contamination.

Adiso Masala, head of the Organisation of Ethiopian Immigrants, said, "We are blood brothers with the Israelis but our blood is thrown into the garbage because we are black."

Government officials have justified the policy, citing figures showing that the rate of HIV infection in the Ethiopian community is fifty times higher than in the general population.

Clinton Attacked By ACT UP

American activists have attacked a controversial bill that is due to be signed by President Clinton. The defence bill will force the discharge of HIV positive members of the armed forces. If he signs the bill, Clinton will be reneging on a commitment he gave in the 1992 election campaign to end discrimination based on HIV status in all areas of federal government.

ACT UP spokesperson Steve Michael said, "This president is killing us. In 1992 the President said that he would base his AIDS policies upon science not hysteria. His actions do not match his rhetoric."

Supporters of Clinton point out that he vetoed an earlier bill which contained the same provision and that he is likely to do so again.

Eight-Year-Old Sex Slave

A 47 year old HIV positive man has been sentenced to 90 years in prison in Maryland after being found guilty of assault with intent to murder. He was convicted following sexual assaults on his step-grandson who was eight years old. The Judge told the defendant that he had "robbed the young man of his childhood" and "turned him into your sex slave".

The child who has twice tested HIV antibody negative has asked that his step-grandfather be sent to the electric chair

Ugandan Epidemic

Latest estimates put the HIV infection rate in Kampala, the Ugandan capital, at 20% of the adult population. Death rates are increasing in the city but the rate of infection is slowing, especially amongst teenagers. Many employers in the city are insisting on testing potential workers, and activists are concerned about increasing levels of discrimination.

The government had made clear its opposition to testing employees in civilian life, but increased privatisation has made it harder for officials to combat the growing trend and fears are rising that those infected will be unable to find employment.

Canadian BSE Blood Scare

Batches of the blood product intravenous immune globulin have been withdrawn by the Canadian Red Cross after fears that it had become tainted with Creutzfeld-Jakob disease, the human equivalent of mad cow disease.

16,000 vials of the product, used to treat immune deficiency, have been recalled by manufacturers Bayer Inc.

Murder In St Louis

A man who claimed that his arrest on charges of infecting girlfriends with HIV was 'frustrating his usual lifestyle', has been shot dead two weeks before coming to trial.

Robert Warren, who police described as being 'popular with women', faced claims that he had infected four women. He was charged in relation to one offence in April and released on bail. Police said that they were uncertain as to the motive for his murder, but *that revenge* was a possibility!

Chilean PWA Fights Back

An HIV positive person is fighting back against alleged AIDS-related discrimination in Chile for the first time. Rafael Moyano, 25, was sacked from his job as a laboratory technician for the Reifschneider chain of photography stores. His dismissal followed repeated questioning about his HIV status.

Tim Frasca, spokesman for the Chilean AIDS Prevention Council said, "This happens every day in Chile and has been going on for years. The big difference is that Rafael fought back." The company has denied Moyano was laid off because of his HIV status. CChPS asks activists worldwide to fax complaints to: Reifschneider, S.A.C.I., Jose Manuel Infante 1639, Providencia, Santiago, Chile. Fax: 00 56 2 225 7713. Carbon copy CChPS at Casilla 85, Correo 3, Santiago, Chile.

ARE YOU HIV POSITIVE? DO YOU LIVE IN LONDON?
DO YOU HAVE A PROBLEM?

Housing, Social Services, Benefits, Your Doctor...

We hold advocacy drop in services at:

The Harrison Wing (St Thomas's Hospital)
Mondays 1.00pm-5.00pm Tel: 0171 922 8025 ext. 1685

The Information Exchange (Chelsea & Westminster)
Tuesdays 1.30pm-6.00pm Tel: 0181 746 5929

The Landmark (Lambeth)
Wednesdays 2.00pm-5.00pm Tel: 0181 678 6686

St Mary's (Jefferriss Wing, Wharfside Road, Paddington)
Thursdays 1.30pm-5.30pm Tel: 0171 725 1560

Body Positive (Earls Court)
Fridays 12.00pm-3.30pm Tel: 0171 8351045

Blackliners (Brixton)
Fridays 10.00am-5.00pm Tel: 0171 3738 7468

Positively Women (Angel)
Mon-Fri 10.00am-5.00pm Tel: 0171 713 0222

The service is available to assist anyone who is too ill, who does not wish to speak up for him or herself, or who has been everywhere else and needs extra help dealing with a problem

For further information to use the service or to become a volunteer advocate, please phone Nabil Fattal on 0171 582 2425 between 10.00am and 6.00pm Mon - Fri at the Coalition

UK Coalition
of People Living with HIV and AIDS

The leading organisation of, by and for people living with HIV and AIDS, brining the issues that matter to the forefront.

P L U S
PLUS
At The Place
(Lewisham Users' Group)

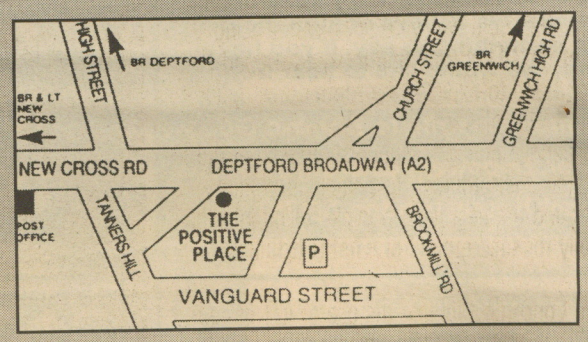
Southwark Users Group

At THE POSITIVE PLACE

Contact groups either via Steve or Jenni on 0181 694 9988 or Pearla Boyce 0171 525 2149 (Southwark) or Michele Oliver 0181 695 6000 x 8607 (Lewisham)

The support groups are informal groups which offer mutual support, Information and activities to people living with HIV/AIDS in Southwark and Lewisham including:
SOCIAL EVENTS, SPEAKERS, UP-TO-DATE MEDICAL INFO, PUB NIGHTS, MEALS, TRIPS, SHUIATSU SESSIONS, VITAMIN PROJECT
WE ALSO CAMPAIGN FOR YOUR RIGHTS LOCALLY, SO COME & JOIN IN

Social work at The Positive Place Tues 2-4pm (Southwark/Lewisham) Friday 11am-2pm (Lewisham)



RAIL: Deptford, New Cross, New Cross Gate
TUBE: New Cross (East London Line)
BUS: 47, 53, 177, 225
PARKING: There is a pay and display car park in Vanguard St and some free local street parking.

Urgent Appeal

THE FOOD CHAIN
25 Bertram Street
London, N19 5DQ
Tel: 0171 272 2272
Fax: 0171 272 2273

The recent decision to cut statutory funding to The Food Chain puts the organisation in the difficult position of needing to raise an extra £64,000 in the coming months.

Volunteers and staff at the organisation are determined to see it survive despite the lack of support from the health authorities, and hope that there will be no cuts in current or future service levels.

If you would like to make a donation to support The Food Chain, please complete and return the form below to:

The Food Chain
25 Bertram Street, London N19 5DQ

I would like to make a donation to The Food Chain of:
❒£5 ❒£10 ❒£25 ❒£50
❒£Other (please specify).....
Name:
Address:

❒Please tick if you require a receipt

The Food Chain (UK) Limited
Registered Charity No. 1003014
Registered address as above



THE DENHOLM ELLIOTT PROJECT

The Denholm Elliott Project has a respite care facility on the island of Ibiza in the Balearic Islands. The centre is a fifteen bedroomed hacienda hostal with swimming pool and walled gardens. It is in the countryside, but only five minutes from the beach and the town of Santa Eulalia.

We offer up to five free places per week to people who are living with HIV and AIDS who must be reffered by Social Services or a Consultant Physician. Accomodation and three meals a day are included. If an HIV negative carer accompanies, a charge of £75 per week is payable for their food. Please note that we do not pay air fares from the UK to Ibiza. We only cover the costs of meals and accomodation at the centre.

Applications for respite care must be sent to us by Social Services. Your social worker or yourself can obtain the forms from us by writing and enclosing a 43p stamped addressed A4 envelope.

Application forms are available from:
Barry Clarke
The Denholm Elliott Project
Southbank House, Black Prince Road
London
SE1 7SJ

IS THERE LIGHT at the end of the tunnel?

A recent Conference in Washington DC held out hopes of major treatment improvements for people with HIV & AIDS. Our Science and Medical Reporter Gareth Hardy attended the conference.

Like so many conferences the 3rd Conference on Human Retroviruses and Opportunistic Infections, held between January 28th and February 1st, was dominated by a small handful of reports. Included amongst these were announcements about two of the most exciting anti-HIV drugs developed so far, the protease inhibitors *ritonavir* and *indinavir* (see *Teasing Out The Protease* on page 15). While there was a lot of hype around these announcements in the US national press, coverage in the UK seems to have been somewhat limited, so many people here have heard very little news about it.

The general feeling of the conference was up-beat, which marks a significant change since the pessimism of the Concorde trial days. Over the last year or so dramatic advances in the understanding of HIV disease have laid the foundations for what appears to be a new era of optimism.

It was the data on Merck's protease inhibitor, indinavir, which really stole the day. While early studies on indinavir had shown it to have potent anti-HIV effects these effects were short lived due to the emergence of drug-resistant virus. However, the study presented in Washington, in which indinavir was used in combination with AZT and 3TC, didn't just demonstrate a sustained anti-viral effect, but did so in a group of patients who had previously been on AZT. What's more, the 1000 fold reduction in viral load was the greatest achieved so far with any drug combination. This basically means that in some trial participants these drugs caused a clearance of 99.9% of the HIV from their blood. Whether or not that remaining 0.1% of HIV is enough to re-establish a functional viral population is a subject of intense interest. Representatives from Merck told us they believed the level of viral suppression achieved with indinavir is so substantial that the chances of drug-resistant HIV emerging are unlikely. However, Douglas D. Richman of the University of California, San Diego, suggested that unless complete closure of viral replication takes place then there will probably always be a resistant breakthrough that will repopulate the body. Of course Merck wants to market its drug as the best thing since sliced bread, but we have to admit that the data is impressive. The immediate implications of this are significant to those who may receive protease inhibitors on the new expanded access programmes. For those taking indinavir or ritonavir, combination with AZT and 3TC may dramatically potentiate the drugs' effects, whereas monotherapy could just result in rapid emergence of high level resistance.

Other data demonstrated significant improvements in survival for people with less than 50 T-cells when they added ritonavir to their standard therapy. This is the first time a protease inhibitor has been shown to increase survival. An Australian study showed that ritonavir can cause a substantial improvement in recipients' immune systems, with the spontaneous remission of Kaposi's sarcoma lesions occurring in some instances. This led one prominent researcher to suggest that in HIV infection the best immune therapy may turn out to be a bloody good anti-viral drug.

The protease data was not the only highlight of the conference. Important data was presented on the use of a new test which measures viral load and its use in predicting disease progression. The technical name for this test is HIV RNA PCR, although most people just describe it as a viral load test. The test measures the quantity of HIV RNA (genetic material) in the blood. The results tell you the number of RNA strands present in a millilitre of blood and can vary substantially, ranging from 500 to hundreds of thousands or even millions, depending on which test you use. The new data showed that these viral load tests are more accurate in determining disease progression than T-cell counts are. For those with viral loads of less than 4,500 the average time until the development of AIDS was 8 years. For those with a load of 4,500 to 13,000 AIDS did not develop on average for 6.5 years. For people with increasingly higher viral loads the time taken to develop AIDS was 2.5-4.5 years. T-cell counts were compared with these tests and their value as a marker of disease progression was found to be inferior. While some people with high T-cell counts progressed fairly rapidly there were others, ironically, with low T-cell counts who remained well for long periods.

As viral load tests seem to give a more detailed picture of what is going on than T-cell counts do, it may soon become standard practice to use these tests in the clinic. It is hoped that keeping an individual's viral load down with combinations of drugs, and changing those drugs if their viral load starts to creep up, will prove to be a way of individualising treatment so that progression can be held off in the long term. Budgetary restrictions, however, make the availability of these tests very limited in the UK. To date the only clinic I know of which is planning to routinely conduct viral load tests is the Royal Free Hospital in North London. Besides these reports there were other announcements that were of importance. Preliminary data from a US study seems to confirm the suspected synergistic combination of d4T and ddI which has proved a potent combination, reducing viral load more than 100 fold.

There was also a presentation on a phase I/II clinical study of the new reverse transcriptase inhibitor PMEA. This drug has a greater range of activity than similar drugs like AZT, as it is able to inhibit HIV replication not just in T-cells but in other immune cells called macrophages. However the anti-HIV effects of this drug appear to be moderate. What is exciting about this study is that it shows that PMEA doesn't just inhibit HIV replication but it also seems to inhibit CMV. This means that it could be used as a prophylaxis for CMV disease while being used to treat HIV.

Most of the other reports from Washington were of limited interest, but if you wish to get a more detailed report of these and other presentations see:

1. AIDS Treatment Update.
March 1996. Issue 39.

2. Body Positive Newsletter.
March Issue.

TREATMENT Nibs

A Fishy Story?

A pharmaceutical company in the US believes that substances from the dogfish shark and the African clawed frog may be the key in the fight against AIDS. The compounds, called squalamines, have passed preliminary tests and will soon be tested on humans.

It Could Be You!

Thousands of people with AIDS in the US have entered a drug lottery, hoping to be selected for new experimental drug called Norvir (ritonavir). One worker from Project Inform in San Francisco said, "It is putting people with terminal illnesses in competition with each other."

Survival Linked To Doctors' Knowledge

The New York Times has reported that the survival rate of PWAs is directly linked to how much their doctors know about the disease.

Combination Therapy

Results of preliminary trials of protease inhibitors (when combined with other anti-retroviral drugs) suggest that they are capable of sending HIV into hiding. Research presented by both Abbot Laboratories and Merck & Co. reveal that one triple drug combination was able to eliminate 99% of the HIV detectable in the bloodstream.

AZT And New-Born Study Shows Promising Results

The number of babies born infected with HIV has decreased significantly. The study showed that AZT reduced transmission of HIV from mothers to children by two thirds if given during pregnancy and after birth.

What A Cost!

Powerful new anti-HIV drugs are expected to be approved for marketing in the US in a few months, but they are expected to be too expensive for the tens of thousands of uninsured PWAs

Pioneer Says Vaccine Still Far Away

Luc Montagnier, the French doctor credited with isolating the virus that causes AIDS, says that although treatment for AIDS patients will improve in the next few years, the development of a vaccine is still a long way off.

Building Hope

Merck & Co., the manufacturers of Crixivan (indinavir), are currently constructing a factory with a larger manufacturing capability for the drug.

HIV Resistance To Protease Inhibitors

It has been reported that protease inhibitors must be given in high enough doses to completely suppress viral replication. If the dose is not high enough, HIV could mutate into drug-resistant forms.

'Euro-Condoms'

The European Committee for Standardisation (CEN) have announced new specifications to 'reconcile different national requirements'. Apparently, condoms should be at least 6.8 inches long and at the most 2.24 inches wide! Presumably you pay for a euro-condom with ECUs?!

MDR TB spreads

According to the American Medical Association, potentially fatal strains of TB are spreading across the US and Europe. They say it may be necessary to find new drugs to eliminate the bacteria, otherwise there will be major implications for public health well into the 21st century.

That's Magic

Earvin 'Magic' Johnson the HIV positive US basketball hero is to return to the Los Angeles Lakers basketball team. His doctor has given his approval and his team mates, reportedly, are not concerned.

Clinton To Sign Military HIV Ban

Bill Clinton is to sign the defence authorisation bill recently passed by the US congress. His administration, however, has said that it will try to repeal the decision before the policy takes effect.

Jumping To Conclusions?

Tommy Morrison, the former World Boxing Organisation heavyweight champion has been suspended from fighting by the Nevada Athletic Commission for an undisclosed medical reason. Although no one will say so, it is assumed he has tested HIV positive.

Throwing The Book At AIDS

Peter Duesberg, the professor who lost the science community's respect in 1987 because he believed that HIV wasn't the cause of AIDS, is to publish his ideas in a new book called *Inventing the virus*. It goes on sale this month.

Blood Dumping In Israel

10,000 Ethiopian Jews protested outside the Prime Ministers office last month when they discovered that blood they had donated had been discarded out of fear that it may have been contaminated with HIV. Angered Ethiopians claimed racism.

The Caldecot Centre

The Caldecot Centre is a purpose built clinic housing the department of Genitourinary Medicine (GUM) which specialises in all areas of sexual health care. Appointments are available Monday to Friday and a walk-in service is available for people needing to see a doctor urgently.

We offer full sexual health screening by specially trained doctors and nurses, including free & confidential HIV testing. Health Advisors are available to discuss HIV testing and its implications and offer support and advice around taking the test.

The Caldecot Centre specialist HIV services include:

- A family clinic where parents and children can be seen at the same time with a specialist paediatrician.
- A creche staffed by trained nursery nurses between the hours of 10.00am and 2.00pm.
- An HIV mental health team which works closely with our unit providing on-call care.
- An in-house dietician specially trained in the field of HIV.
- Social workers' clinics.
- A pharmacist's clinic for the opportunity to discuss medications.
- On-going support, advice and information from Health Advisers for those living with HIV/AIDS.
- A weekly acupuncture clinic.
- Medication available free from the clinic.
- Referrals to a wide range of services.
- A gay men's clinic, The Rainbow Clinic, which runs every Wednesday on an appointment only basis.
- Research Nurses to update you on the latest trials.
- Advice on safe sex, free condoms, femidoms and lubricants.

The clinic opening hours are as follows:

MONDAY 9.00am - 6.00pm
TUESDAY 10.00am - 6.00pm
WEDNESDAY 9.00am - 4.00pm
THURSDAY 9.00am - 6.00pm
FRIDAY 10.00am - 4.00pm

If you would like to discuss our services at greater length do not hesitate to contact a Health Adviser on **0171 346 3478** to arrange a visit.

The Caldecot Centre, 15-22 Caldecot Road, Camberwell, London, SE5 9RS

Tube: Brixton, Oval or Elephant & Castle, BR: Denmark Hill
Buses: 12, 35, 36, 40, 45A, 68, 171, 176, P4, P5

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Monthly reports on:
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- **positive living**
- **clinical trials**
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In the March edition:
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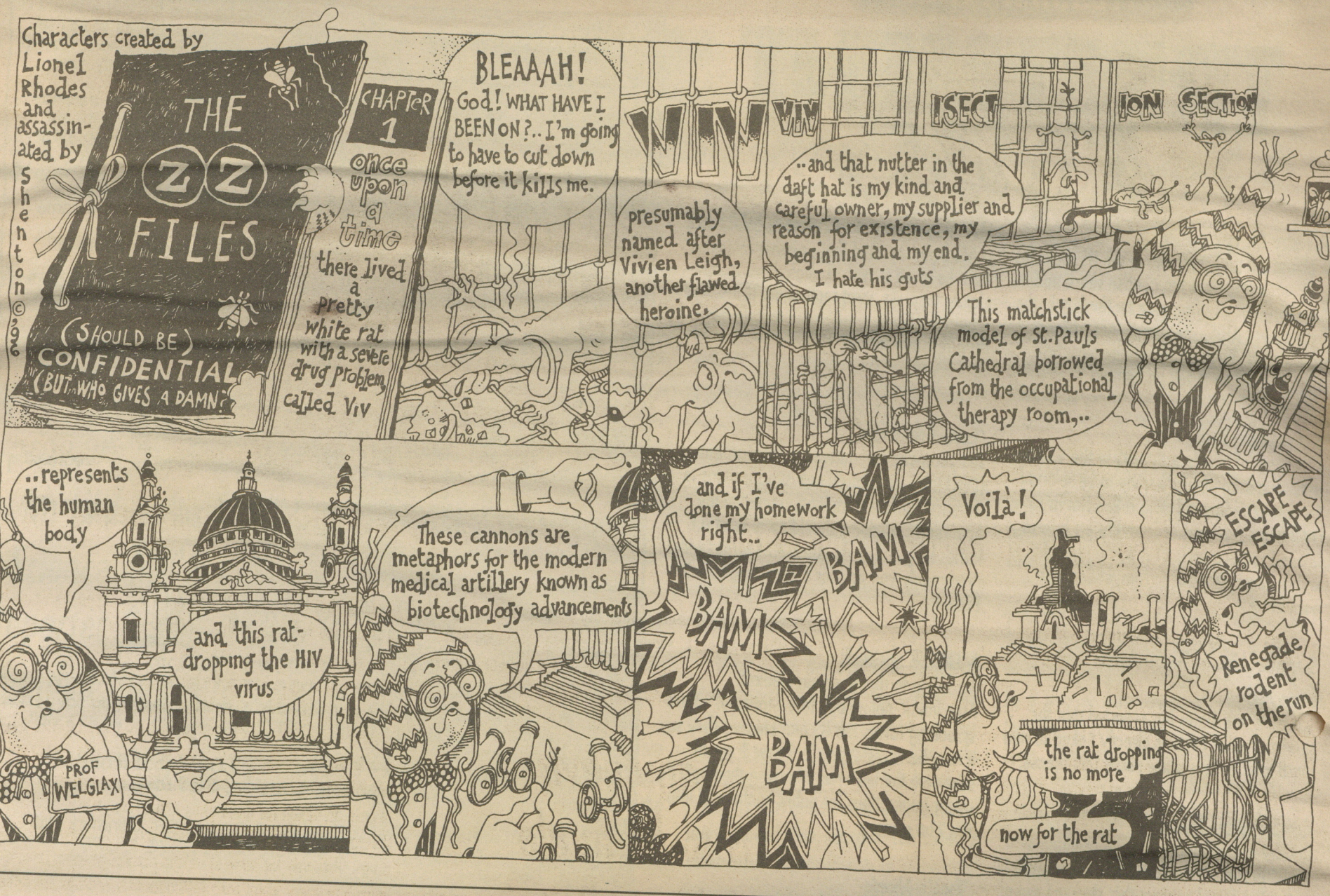
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POSITIVE
ACCOMMODATION TEAM
Supported Living for People with HIV

Part of Strathclyde Region Social Work Department, Positive Accomodation is a small, specialist service providing supported living arrangements for people with HIV who require support to live independently in the community.

Based in Glasgow and utilising a small network of individual tenencies in the city, support to people living in our accommodation is provided by our own Social Work Team, with further access to local community care resources arranged as and when required.

Our support service is designed to be flexible with individualised care plans that can respond to changing social or healthcare needs.

In addition, we can also provide the following services:

INFORMATION
on housing issues for people with HIV; on accessing mainstream housing in and around Glasgow.

ADVICE
on what to do if you are homeless or have a housing problem.

TRAINING
for housing providers, social or healthcare agencies and voluntary sector organisations on all aspects relating to HIV and Housing.

To contact us or to make a referral phone
0141 420 2060

Positive Accommodation Team
The West Street Centre
123 West Street
Glasgow
G5 8BA

Strathclyde REGIONAL COUNCIL

positive nation SUBSCRIPTION FORM

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Organisation:.....

Mailing Address:.....

..... Postcode:.....

Phone:..... Fax:.....

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Please tick the appropriate box

Personal (UK)	❑ £12 per annum
Personal (UK - receiving State Benefits)	❑ FREE
Personal (Europe)	❑ £15 per annum
Unfunded Voluntary Agencies	❑ £15 per annum
Charities & Voluntary Agencies	❑ £30 per annum
Statutory Agencies	❑ £45 per annum

Subscription is FREE to anyone who is living with HIV or AIDS and is receiving State Benefit. To qualify please give your National Insurance Number or Benefit Payment Office.

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Benefit Payment Office:.....

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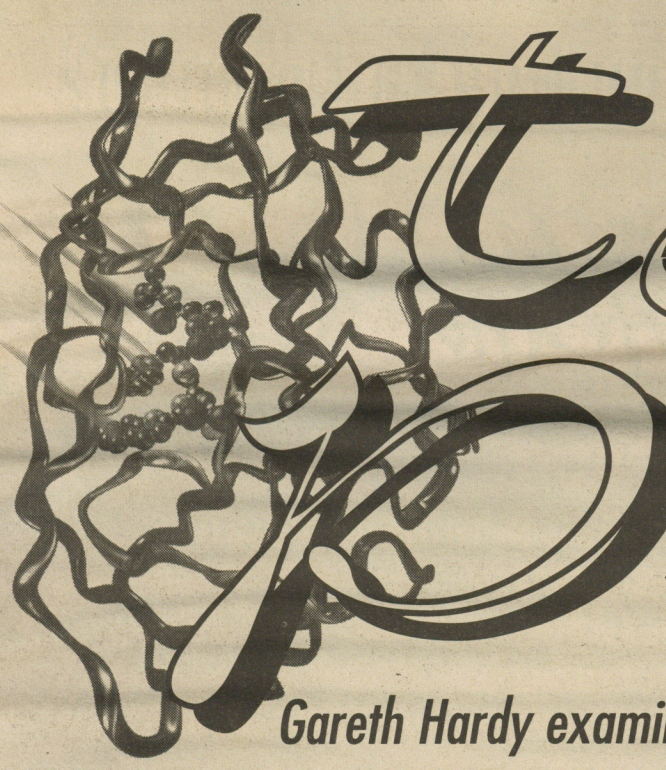
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Complete and return this form together with payment to:
Positive Nation, Southbank House, Black Prince Road, London, SE1 7SJ



Teasing Out The Protease

Gareth Hardy examines the means to the arrival of protease inhibitors in the UK

After months of deliberation it has now been confirmed that protease inhibitors are to be made available in Britain through new expanded access programmes. Over the last year or two, protease inhibitors have been hailed as the most powerful anti-HIV drugs developed so far. Although major phase 3 trials will need to be completed before we can say for sure that they cause real benefits in terms of survival, there has already been a scramble for them after early studies showed very promising results.

The protease inhibitors which are further down the development pipeline are *saquinavir*, produced by Hoffman LaRoche, *ritonavir*, produced by Abbott and *indinavir* which is produced by Merck. The expanded access programmes should increase accessibility to saquinavir, which is already on trial in the UK, and make available indinavir, for which there is no UK trial. This news comes as a welcome relief after Abbott withdrew its plans to conduct a trial of ritonavir in the UK in June after disagreements with the Department of Health over toxicity. Saquinavir is to be made available in Britain as from World AIDS Day, December 1st. Discussions are still going on in relation to the Abbott drug ritonavir, but Merck have announced their intention to release indinavir on an expanded access programme in Britain some time this winter at the Chelsea and Westminster Hospital, the Middlesex Hospital and the Edinburgh Royal Infirmary.

Of the 3 drugs, indinavir and ritonavir have by far shown the most dramatic preliminary results of any HIV drug developed so far. Early studies have demonstrated unprecedented falls in recipients' viral loads and dramatic increases in T-cell counts by as much as 200-400 in some of the trial participants. This is in stark contrast to the effects of current monotherapy treatments like AZT or ddI which struggle to achieve T-cell count increases of as little as 80 or 90. While the results of the Delta study have shown that AZT monotherapy (single drug therapy) is insufficient to have any effects on survival, combinations seem to hit HIV harder and so hold it down long enough to actually cause a noticeable increase in life expectancy. But the fact of the matter is that the drugs used in Delta are fairly weak in terms of their anti-viral effects. Most of the excitement around Delta has been because it is the first clinical trial to demonstrate an increase in survival rather than merely a reduction in infections or a prolongation of the time it takes to develop AIDS. While Delta has finally proven that combining drugs is superior to monotherapy, if we want to see really dramatic increases in survival it is evident that we have to hit HIV even harder still and so those drugs are going to have to be much more powerful.

Already a small study has reported the effects of ritonavir in combination with AZT and ddC. These results were presented at the ICAAC conference (Inter-Science Conference on Antimicrobial Agents and Chemotherapy) held in San Francisco during September and showed that, as the trial is ongoing, an increasing number of participants are experiencing a clearance of more than 99% of their viral load.

> *"Saquinavir is to be made available in Britain as from World Aids Day."*

Unfortunately that remaining 1% is probably naturally resistant to the drugs used and that is what is going to stop powerful combinations like this from knocking out HIV altogether.

The problem of resistance dogs protease inhibitors just as it does all other anti-HIV drugs so far developed. And herein lies a warning to anyone who is considering trying one of the new protease drugs. Although the drugs are powerful, their effects are short lived due to the rapid outgrowth of that proportion of resistant virus in the body. A population of virus in a treated individual, which is resistant to one protease inhibitor seems to have an alarming tendency to be cross resistant to other protease inhibitors. This has serious consequences, as treatment with one of these drugs could result in high levels of resistance not just to the drug you are taking but also to other more promising protease inhibitors that aren't yet available. This is a major problem with ritonavir and indinavir. HIV resistant to one exhibits a marked decrease in sensitivity to the other. Earlier in their development it was thought that ritonavir and indinavir were not just cross resistant to each other but also to Roche's drug saquinavir. Thankfully new data has overturned this notion and now it actually seems that virus resistant to saquinavir is even more susceptible to other protease inhibitors rather than less. However, it is still a major concern and there is the frightening possibility that the next generation of protease inhibitors may be rendered ineffective due to cross resistance with drugs people are starting to take now like saquinavir or indinavir.

While protease inhibitors are being released for the first time in the UK, the FDA (Food and Drug Administration) in the US debated the licensing of saquinavir at a meeting on November 7th. Treatment activists from Britain and France who attended the meeting pushed for an enlarged expanded access programme on the condition that Hoffman LaRoche print a warning on each container of saquinavir referring to the possibility of cross resistance.

Once we in the community have been made aware of the significance of drug resistance we can make well informed treatment decisions for ourselves. Since these drugs are not licensed, they are in short supply; an issue that is being hotly taken up with their developers. In the meantime, their lack of general availability and possible consequences for future therapy should mean that they are at best, an option for those of us who desperately need anti-viral therapy and who fail to benefit from any of the other anti-HIV drugs. Obviously for some of us, the chances of being around long enough to worry about cross resistance to new drugs are rather slim unless we start on a protease inhibitor now. That is surely the purpose of expanded access.

Your doctor can get you saquinavir on the expanded access programme by contacting Dr Gorden Cox at Hoffman LaRoche on 01707-366000.

Protease Inhibitors

What are they and how do they work?

HIV makes 3 different enzymes that it needs to carry out various tasks in its life cycle. These enzymes are reverse transcriptase, integrase and protease. Nucleoside analogues like AZT, ddC and 3TC inhibit the activity of the reverse transcriptase enzyme. No drugs have been developed so far that inhibit integrase. However a large number of drugs are being developed which inhibit the activity of protease by binding to an essential part of its structure.

When HIV reproduces itself inside a cell, it creates these 3 enzymes together with its structural protein p24, in a form in which they are all joined together as a large protein chain. In this form the enzymes are inactive, as is the structural protein p24, until they are all separated from each other. The protease enzyme breaks itself off the large chain automatically and then starts to disconnect the other enzymes from each other and from p24 so that they can become active. When the action of protease is inhibited by drugs like saquinavir, new copies of HIV are still produced by infected cells but those new viruses are dysfunctional due to the fact that their enzymes and structural proteins remain connected together and therefore inactive. Thus the viral life cycle is arrested.

This article was first published in issue 3 of Positive Nation. As a result of some typography errors, we have decided to reprint it in its entirety to ensure accuracy and clarification.

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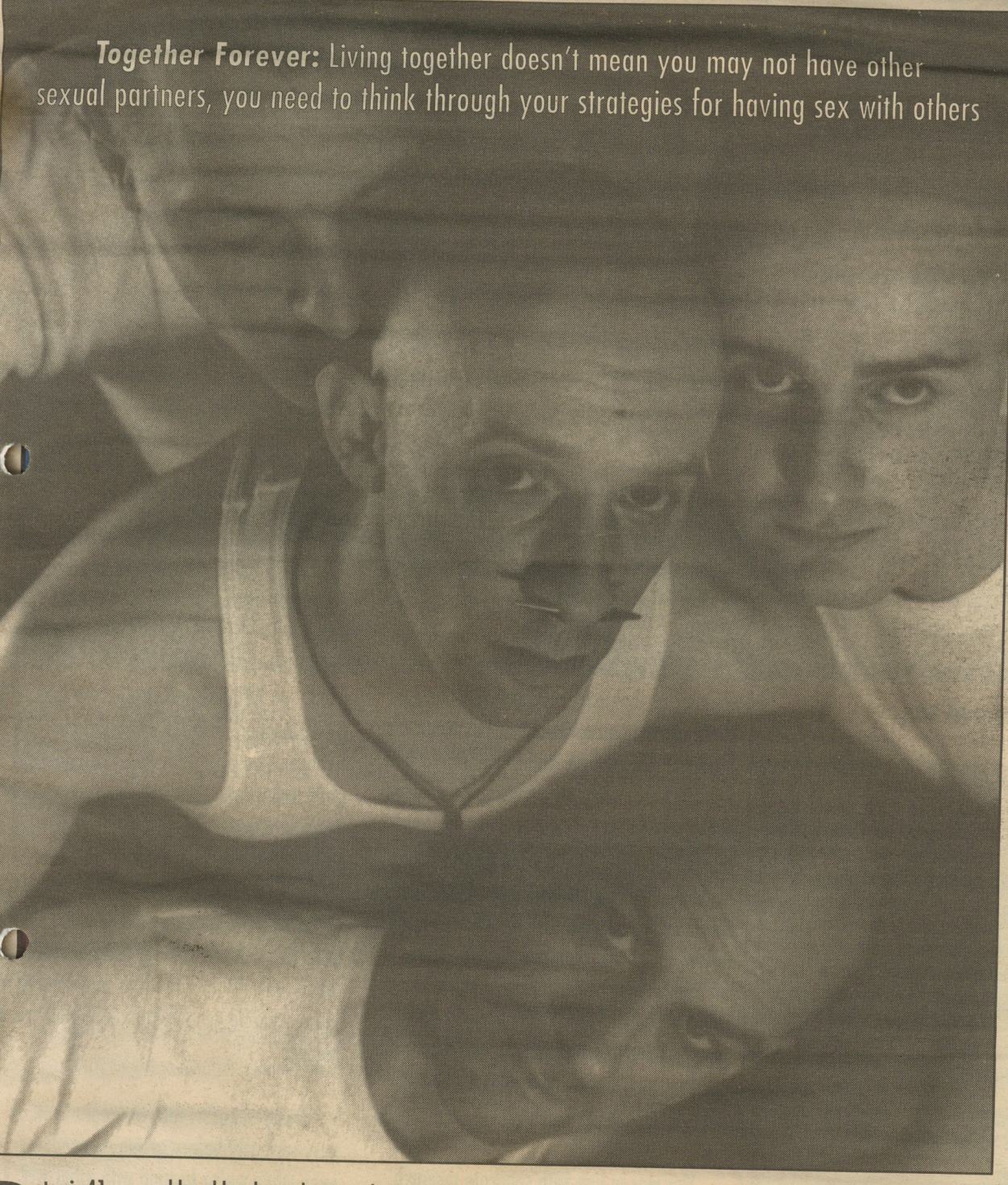
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CHANGING THE WAY WE THINK ABOUT AIDS

172 Foundling Court, Brunswick Centre, London WC1N 1QE

Sex and a Positive Couple



Together Forever: Living together doesn't mean you may not have other sexual partners, you need to think through your strategies for having sex with others

Peter is 41 years old and has been diagnosed HIV positive for 8 years. His partner Eddie, 20, has been diagnosed for 9 months. Despite the age difference they have a ry close relationship, which has become stronger since die's diagnosis. "Eddie and I do not practise safe sex, but that s our own choice. Nobody has yet been able to prove to me, spite articles that have appeared, that separate strains of HIV being passed on to people who are already HIV positive. It s something we talked over very carefully, and it was a deci- n we both agreed upon, that when we have another sexual rtner who joins us, we would always inform that person that are HIV positive.

If that person is also HIV positive and chooses, of his own e will, not to have safe sex then that is fine by myself and ie, but it has to be the other person's choice. I'm sure there tendency for people who have a pretty active sex life to be cerned about HIV issues, but over the years, the ordinary clinic problems such as gonorrhoea, syphilis etc. have been leeply buried under HIV that they are no longer highlighted he way they were. Now HIV is the big baddie. We would go into a situation fully with another person for a threesome, but I must admit that if that person is HIV positive and is OK about having unsafe sex, I never think about any other sexually transmitted diseases. We can't be the only ones, and that might be the reason why they are now back on the increase.

There is also a tendency, I think, for a lot of HIV positive gay men to take the attitude, 'Hey, I'm positive. What the hell else could happen to me?' Whilst I don't have that at the forefront of my mind, it has to be part of my thinking, that nothing else can happen to me, because gonorrhoea is something that can be treated in a two week period. HIV can't. I'm not saying that I'm on a path of self-destruction.

If something did happen I would take steps to do something about it. HIV, in my opinion, has brought about a new sexual revolution. There is now a higher rate of promiscuity amongst HIV positive people than ever before. Gay men are very sexual people, and a lot of our sex tends to be spontaneous. There are many places, both here and abroad, where you can have sex there and then. London is becoming the place for 'good time clubs'.

Ironically, in places like San Francisco and New York you can't find any clubs like ours on the commercial scene. If you are faced with a six foot god with an enormous dick staring at you ready to be used, are you, in the heat of the moment, going to think, 'I must go to the bar and get some condoms and lube,' bearing in mind that you're probably not wearing anything more than your boots and underwear. That sort of spontaneity does happen in those types of bars, and has to contribute to the increase in unsafe sex.

Someone who is HIV negative might just think, 'Sucking on that dick might be worth the risk,' or 'If I don't let him 'come' in my arse there is no risk.' It may be a lower risk but it's not risk-free. I'm sure that the mere fact that that type of venue is on the increase there will mean an increase in HIV negative people taking risks. It's totally irresponsible for any venue which openly encourages you to strip down to your underwear, for no other reason than to encourage sex to take place, not to supply lube and condoms, say, as you hand your clothes in at the cloakroom. They can't force anybody to use them, but they have a moral duty to show they are being responsible in doing something to stop the spread of HIV and not just making money."

"...gonorrhoea is something that can be treated in a two week period. HIV can't."

Both Peter and Eddie insist on practising safe sex with an untested or HIV negative person and don't condone any positive person knowingly having unsafe sex in private or in back rooms. "There is, without a shadow of a doubt, a number of HIV positive people who will have unsafe sex without any consideration for the other person. Now, it takes two to tango. The other person has a duty to look after himself, so it is a two-way thing. My reaction to anybody who doesn't use a condom is to assume they are HIV positive. Because they have nothing to lose, they feel they don't have to protect themselves, but we all have a right and a responsibility to protect ourselves and others. A lot of men also find condoms sexually restrictive, and although there are many ways you can have fun with condoms and many ways to have great sex without 'fucking', a condom to a lot of people is the difference between having a 'hard on' or a 'soft off', and this is on top of sex taking place after a night out when either alcohol or recreational drugs have been taken. When a 'hard on' is difficult to achieve, it's sometimes a case of, 'It's hard let's use it now!' Unsafe sex in those situations is possibly more common than in a back room."

I presented Peter with a true story that I had recently been told by a young man who had not been practising safe sex, who went for a test, got a negative result and had unsafe sex the very next day. He couldn't understand why he had allowed that to happen, but Peter remarked, "I don't believe that is an uncommon situation. Before my own diagnosis, almost all my circle of friends were HIV positive and, although I wouldn't admit it then, I actually felt left out of the conversation and excluded from this very exclusive club. I wasn't involved. I had nothing to contribute. When I was diagnosed I felt 'now I belong', but I don't believe many people would admit that."

Safer Sex for HIV positive Gay Men

Sex can and should be a source of great pleasure and satisfaction to HIV positive men. It plays an important part in the lives of many gay men and it should continue to do so regardless of HIV status. Being HIV positive does change the way many of us think about sex.

It raises many questions such as: 'What are the risks to my general and sexual health from having different types of sex?' 'Should I tell my partners about my HIV status?' 'What about sex if I'm in a long-term relationship? '

To date these issues have, with a couple of exceptions, been largely ignored both by local/health authorities and by gay community HIV groups. Yet they are of great importance and interest to the thousands of HIV positive gay men in Britain today.

Positive Nation has teamed up with Health First to bring you the most up to date information about sex, health and relationships. For the past year, Health First, the health promotion service covering Lambeth, Southwark and Lewisham, has been preparing a booklet with detailed guidance and information about sex for HIV positive gay men. This is being published at the end of January and has been used as the basis for the information provided here.

The information printed here has been printed in such a way that it can be pulled out and kept for future reference. So read it, make up your own mind and enjoy some good sex.

How You Can Get The Booklet

The full 30 page booklet is out now. Called 'Sex and the HIV+ Gay man', it's available from most central London treatment centres or by post. Please send an A4 stamped addressed envelope to:

Sex and the HIV+ Man,
Health First,
Mary Sheridan House,
15 St Thomas Street,
London, SE1.
Tel: 0171 955 4366

What are the risks from re infection with Different Strains of HIV?

Positive Nation looks at the research and what this means for HIV positive men. Paul Ward reports.

HIV positive guys have different views about the risks from reinfection with HIV. Some take the view that if they've already caught one type of HIV, with all that means, what possible risks could there be from catching another type? Others take the view that catching other strains of HIV may be much more harmful to them than just one.

Depending on our views about the risks, some of us then take precautions to try to avoid catching other strains of HIV when we have sex. This usually means wearing a rubber when we fuck, and avoiding other types of sex which carry a high risk of HIV. Who's right? What are the risks from reinfection?

Well, the research which has been done in this area suggests that HIV positive guys may indeed be at risk from re infection. Some American research published last year showed that HIV positive men who regularly got fucked without a condom, and where the partner came inside them, saw the fastest drops in CD4/T-cell counts.

This was in line with separate research carried out a few years ago in America which studied HIV positive men who had survived for 10 years. This showed that those men who regularly got fucked without condoms were at increased risk of becoming symptomatic and developing AIDS.

As if this wasn't enough, there is also now some research which suggests that some strains of HIV can lead to us developing AIDS more quickly. This has shown that people with the HIV 1 strain become ill more quickly and therefore have a more rapid disease progression than people infected with the HIV 2 strain.

There are also suggestions that there may be strains of HIV which have developed a resistance to AZT. This means that if you caught an AZT-resistant strain, treatment with a combination of drugs which includes AZT might not be very effective. This might be quite important, given the developments in combination treatment which are taking place at the moment.

So what does all this tell us? Well, it suggests that it is possible for us to become reinfected with HIV and that this may lead to a more rapid development of AIDS-defining illnesses.

It also suggests that we ought to think very seriously before giving up condoms, even when we're fucking with other HIV positive men.

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For HIV positive men, safer sex is not just about HIV. Safer sex is also about protecting yourself from other sexually transmitted infections - infections that can be more serious if your immune system is compromised.

Although some HIV positive men do not use condoms with sexual partners that they know are also HIV positive, condoms can also protect HIV positive men.

At the same time, safer sex is not just about condom use.

There are three major reasons for HIV positive men to practice safer sex :

- ❒ to reduce the risk of infection from sexually transmitted diseases that might make HIV positive men seriously ill.
- ❒ to avoid reinfection with other strains of HIV.
- ❒ to protect others from HIV.

Reducing the risk of infection

There are two dangers for HIV positive men in catching other STDs. The first is that for people with HIV, STDs can be more severe and more difficult to get rid of. Some infections, such as genital warts, can be more severe and painful. The second danger is that HIV positive men may be exposed to infections which act as 'co-factors', speeding up the rate of the disease.

❒ Many infections cause HIV to reproduce itself more quickly, leading to increased levels of HIV in the body. Scientists believe that this may cause HIV infection and AIDS to progress more quickly.

❒ Some viruses such as Cytomegalovirus (CMV), Hepatitis B, and the Herpes viruses may help HIV to invade cells that were previously uninfected, causing the immune system to deteriorate more quickly.

CMV & Sex

Most gay men have been exposed to CMV at some time in their lives and therefore carry the virus. For these men, catching CMV through sex is not an issue and they do not, therefore, need to take special precautions.

Some men do not carry the virus. The only way to find out is to be tested for CMV. The problem with preventing infection with CMV is that the virus is spread through many forms of contact, from kissing to oral sex. CMV can even be transmitted through using poorly washed cups and glasses.

Testing for CMV can, nevertheless, be useful, especially in the context of receiving blood or blood products. These can be screened for CMV if the recipient does not already carry the virus.

HIV positive men tend to be more aware of the risks of HIV than other men

The risk of infection with other strains of HIV

It is now known that there are different strains of HIV, some more virulent than others. Because HIV is a mutating virus, new forms are developing constantly, and some have an inbuilt resistance to drugs such as AZT. The risk is that an individual could become infected with additional strains of HIV that attack the immune system in different ways, or which overload the immune system. Strains that are resistant to AZT and other drugs might prove more difficult to manage with the few remaining drugs available.

How much of an effect reinfection has on people with HIV is still unclear. This risk needs to be considered with other factors when making decisions about safer sex.

Protecting others

Practising safer sex is the most straightforward way of preventing the transmission of HIV.

Being concerned about your partner's well being is of course a good thing. But if the risk of infecting others makes you so anxious that it prevents you from having sex, you might seek support from friends or talk to a counsellor about it.

Although it is true that safer sex is everybody's responsibility, the fact is that HIV positive men tend to be more aware of the risks of HIV than other men. Many men may not have the same knowledge of HIV that HIV positive men do.

If they don't want to use a rubber, don't assume that they are HIV positive, and that it is therefore OK not to use one. The reasons why people have unsafe sex are complex, and they, or you, may later regret doing anything unsafe.

This means that if someone you don't know wants to fuck without a rubber, it may be up to you to raise the subject one way or another. It does not mean that you should tell him about your HIV status. All you have to say is "I'd like to use a condom", or just put one on.

CHOOSING LEVELS OF RISK

Sex often involves taking risks and gay men make judgements about risks all the time.

HIV has of course meant that men are subject to a whole range of new risks and amongst these are special risks for the HIV positive gay man.

The safer sex information given here is not an attempt to identify a right or a wrong way. It is given here to enable you to make up your own mind about what is best for you. This is important because :

- While there are many aspects of HIV/AIDS about which most medical advisers are confident, there is still a lot that is unknown. Many areas are still sketchy.
- The health of HIV positive men varies not only from guy to guy, but can also be changeable within people. Someone who is highly immunosuppressed, with low T-cell counts, may be in a very different situation from someone who is asymptomatic.

In addition, HIV positive men usually try to strike a balance between looking after themselves on the one hand, and not worrying too much about getting sick on the other. This is also true when it comes to sex.

The risk associated with oral sex is a good example of this. Although there have been very few documented cases where someone has become infected through oral sex, medical advisors cannot rule out the possibility that there might be some risk. In addition there are other health risks for HIV positive men.

The decision about what to do in this situation depends upon each person making up his own mind based on what is known and the degree of risk that the individual is prepared to take. One guy might decide that since the risk is relatively low, he is going to have oral sex. Another guy might decide that even a small risk is not worth taking.

Some men with a regular partner establish their own strategy with regard to sex. They know each other's status in terms of sexually transmitted diseases and have an explicit agreement about limiting the kinds of sex they have outside of their relationship. In this situation, they feel more relaxed about engaging in practices that carry some degree of risk.

Making these decisions is not always easy. Many of us have been conditioned to think that experts should tell us what to do when it comes to health issues. Talking about the issues with someone else can be helpful, whether it's a friend, someone at a safer sex workshop or a health advisor.

EMPOWERING YOU TO DECIDE

FUCKING WITH RUBBERS

Using rubbers and water based lube is still the best bet in most circumstances in terms of protecting yourself and your partners.

- Condoms prevent transmission of HIV to HIV negative men, and reinfection with different strains of HIV to HIV positive men.
- Condoms prevent transmission of other infections that are found in spunk, such as CMV and Hepatitis B, although these infections occur quite easily through other means. So fucking with condoms will not safeguard against them.
- Other opportunistic infections, such as Kaposi's Sarcoma (KS), are thought to be spread through sexually transmitted viruses.
- Some scientists believe that exposure to spunk itself causes a weakening of the immune system.

FUCKING WITHOUT RUBBERS

When you are having sex with another HIV positive man

Because the consequences of fucking without rubbers are not fully understood, the risks are not really known.

While many medical experts warn of the hazards of reinfection and infection with other diseases, many HIV positive men feel that while using a rubber was justified previously for preventing HIV, it is no longer justified.

Giving up using rubbers in sex between HIV positive men is therefore an individual choice and one which must balance the benefits of not using rubbers against the medical risks involved.

There is also scope for developing your own strategy. For example, if you are involved with another HIV positive guy, you may want to give up condoms, but agree between yourselves to continue using them when having sex with other guys.



When you are having sex with a guy whose HIV status you don't know

Many studies have found that gay men often make the wrong assessment when trying to guess someone's HIV status. While it is true that safer sex is everybody's responsibility, it is also true that HIV positive men are often more aware of the risks, and are often in a better position to prevent someone else from being exposed to HIV. This does not mean revealing your HIV status, but just saying that you want to use a rubber.

To minimise the risk of rubbers breaking :

- Be careful not to tear the rubber when removing it from the wrapper and putting it on.
- Use lots of water based lubricant
- Check the rubber while you are fucking to make sure its not torn or damaged
- If you are particularly worried, you may wish to pull out before you come.

IF THE RUBBER BREAKS.

Many gay men who use rubbers regularly have experienced them breaking. For HIV positive men, this can pose special problems in terms of revealing your HIV status. Some men feel that because of this risk they need to reveal their status to any new sexual partner, but there are other ways of reducing the risks - such as not fucking with casual partners or only doing so when you know them well enough to discuss your status with them.

SUCKING

For HIV positive men, there are some risks posed by sucking that are not applicable for HIV negative men. This is because the diseases that you can get from sucking can be more serious for guys with compromised immune systems. Some people therefore prefer to use rubbers for sucking as well. This will help prevent other infections such as herpes and gonorrhoea. The degree of risk posed by the virus linked to KS is still unclear with regard to oral sex.

Some HIV positive men feel, however, that these risks are insubstantial in relation to the pleasure they get from sucking. Many of these infections are transmitted by other means. In addition, the risks around oral sex may well be different for partners in relationships who have explicit agreements about sex outside the relationship, and have checked out their own sexual health to make sure they do not have any other infections that they could pass on to each other.

You may decide that sucking is okay within a relationship but not with casual partners. You may also want to think about stopping short of swallowing cum. Alternatively, you may decide that you always want to play it safe, or that it's not a great concern for you.

Most of the risks associated with sucking are for the man doing the sucking. However, it's also worth remembering that some infections can be passed on to the man getting sucked, - such as non specific urethritis.

Although some of the actual risks are different, HIV positive men have to make the same judgements about whether to have oral sex as their HIV negative counterparts.

In terms of HIV, sucking carries a much lower risk than fucking, although a few cases of infection through oral sex have been reported. Some people limit their activity to licking around the shaft and balls. If having oral sex makes you anxious, you may want to use a condom to be extra safe.

RIMMING AND SCAT

Rimming and scat carry more risks for HIV positive men, primarily because of possible exposure to parasites and other infections such as cryptosporidium, gastroenteritis, and salmonella. From this point of view, these are high risk activities. If you want to lick someone's arse more safely, try a dental dam, or a cling film barrier. Both carry a risk of HIV transmission because there may be blood present.

WATERSPORTS

In general, watersports pose very little risk for HIV positive men, par-

ticularly if you piss on each other, as long as there are no cuts or scratches. Drinking piss probably carries a higher level of risk as you may be vulnerable to catching infections such as hepatitis.

FISTING

A good general principle is to be gentle when you start fisting, even if you are having rough sex. Fingernails should be clean and cut short. The skin should be clean and unbroken. Rubber gloves protect the skin during fisting, and help prevent infection from HIV, hepatitis and other sexually transmitted diseases. An additional benefit of using gloves is that when the fisting is over, the glove can be removed and you can move to other kinds of sex without having to stop to wash.

CP (CORPORAL PUNISHMENT)

If you're involved in CP or other activities that may cause the skin to be pierced, don't share equipment between partners without washing and disinfecting thoroughly.

PIERCING AND SHAVING

Always go to a reputable tattoo or piercing artist and make sure the equipment is disinfected and that new needles/blades are used. HIV positive men should be particularly careful to follow aftercare regimes to avoid infections following piercing. Always check them to make sure there is no discharge or bleeding before sex and don't get spunk or blood on your wounds.

DRUG USE

There are many indications that drug and alcohol affect the immune system. Some people believe that poppers are also linked to specific opportunistic infections, such as KS, although the studies that have been done are not conclusive.

As in many other situations, HIV positive men need to make their own decisions based on how they judge the risks and on how important drug use is for them.

SUMMARY

The choices you make about safer sex should be the result of considering the pleasure you get from particular types of sex together with the medical information available and the degree of risk which you are comfortable with.

Remember it is not just the medical factors that are involved. How safe, secure and pleased you feel about what you are doing sexually can have a large effect on your general wellbeing.

TALKING ABOUT YOUR HIV STATUS

TO TELL OR NOT TO TELL

Sometimes people that you have sex with, or are planning to have sex with, can be very direct and ask you your HIV status straight out, or tell you theirs in the expectation that you will reveal yours.

HIV is a very personal subject. Whether or not to reveal your status is an issue that faces HIV positive men repeatedly. In some circumstances, there are many advantages in being able to talk openly about your status. But revealing it can also cause problems, so it's best to think through what the result of disclosing it will be.

For many HIV positive men, there is a difference between revealing their HIV status to sexual partners they know well, and revealing it to men they have casual sex with.

But, as with most things related to HIV, there is no simple answer. Often it's a skill you pick up over time by judging the reactions of different men. Sometimes you'll tell them. Sometimes you won't. You won't always know why you choose to tell on one occasion and not to tell on another, but you'll develop a feeling for it.

Sometimes it can feel good to have your HIV status out in the open. That way there are no secrets and you can both feel responsible for the sex you have.

Reasons not to tell your sexual partner :

- If you don't know someone very well you may not know how far you can trust them.
- Revealing your HIV status may provoke fear and/or rejection from your sexual partner.
- You may then have to cope with your partner's distress. (Something you may not feel ready or prepared to do.)

You should balance the need to protect yourself and safeguard your own wellbeing against the benefits of telling someone your status.

Many HIV positive guys find that they take responsibility for the confusion and anxiety that disclosure can bring. Remember that for the person you are telling, the news could be a complete surprise. That is why it is perfectly OK for you to wait until you are ready, or until the circumstances are right, before telling someone.



Reasons to tell your sexual partner :

❒ If you are worried about passing on HIV, telling your partner may help you to reinforce the need for practising safer sex, although you don't need to reveal your HIV status to insist on safer sex.

❒ If you're worried you may have passed on the virus, telling your sexual partner will allow him to make his own choice about whether to have an HIV test himself or not. If you've just had sex with someone and the condom has broken, you may feel an urgent need to tell them. It's worth thinking about this before fucking.

❒ Because finding out that you're HIV positive is such a big issue, many men find that they want to discuss HIV in their relationships just as they would any other significant areas of their lives.

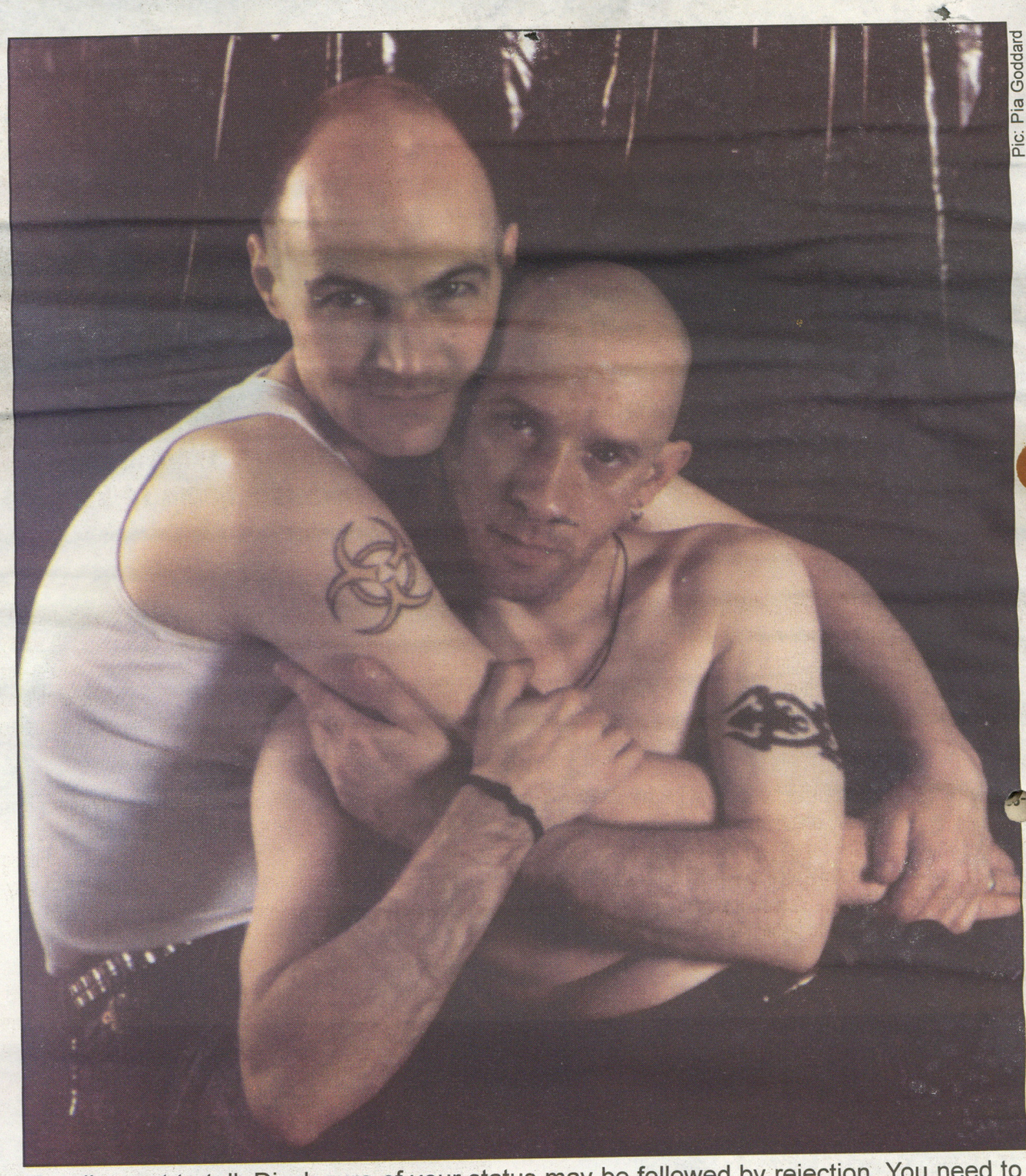
❒ If you're in a relationship that is just starting, you may want to wait for it to become more developed before telling your partner. Be aware, however, that many men find that it gets more difficult to bring the subject up as time goes on - so you shouldn't put it off indefinitely.

❒ If you do think you are going to tell a particular person, keep in mind that its usually better to do so when you are relatively well and do not feel forced to tell them due to ill health or some other practical necessity. Remember that although you may be used to the idea of being HIV positive yourself, others may need more time to accept it.

How do I tell someone my HIV status?

While there are no easy ways to tell someone your status, having thought about the response you might get will help you to prepare yourself. You might want to think about the words you'd like to use and make sure that when you tell him, there is plenty of time to discuss the issue.

If you're unsure of how he will react, you may want to bring up the issue of HIV generally, or leave leaflets about the subject around for him to see. You may also want to talk about it with a friend, with other HIV positive guys or with a counsellor, both to rehearse what you are going to say and to get some advice and support.



Pic: Pia Goddard

To tell or not to tell: Disclosure of your status may be followed by rejection. You need to be sure you can handle the other persons response, whichever way it goes!

The Risk-O-Meter

SEXUAL ACTIVITY	RISK FACTOR
Fucking with rubbers	Low
Fucking without rubbers	High
Oral	Medium
Rimming and Scat	High
Watersports	Medium
Fisting	Low
Corporal Punishment	Low (but it can sting a bit Ed.)
Piercing and Shaving	Low
Drug Use	High - due to lack of control

This table summarises the relative risks associated with different types of sex. It is worth remembering, however, that for people with severely damaged immune systems and low T-cell counts, the risks of picking up infections, and of those infections being harmful, are likely to be greater.

Positive Nation would like to thank Health First and Rubberstuffers for their support and sponsorship of this Sex Positive guide for HIV postive gay men.

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HEALTH first

0171 955 4366

Article by: Paul Ward based on research conducted by Health First.
Photography by: Pia Goddard.
Models: Eddy, Peter, Lionel & Dom

So you think dykes don't fuck?

"So you think that dykes don't fuck, low risk, no risk, burn your gloves. Lesbian sex is safe you think, dental dams are just for kink. Virus envy, it's just virus envy. What d' you think we do in bed? Dykes aren't sick, it's just in our head. Girl to girl HIV transmission, it's going to keep on happening if we give it permission."

Lyrics from the song 'Virus Envy' from the no longer existing band Sister George.

According to the National AIDS Manual there are only five recorded cases of woman to woman transmission of HIV. I suppose that should make all lesbians feel comfortable. It did me, however I had forgotten about a couple of experiences I had had in my younger, misguided days with men and as a result I am an HIV infected lesbian.

There is so little written for us and I believe that many lesbians feel that they are immune from the virus. I often see safer sex information for gay men and it is very well-publicised and glossy. The message to lesbians about safe sex is different, virtually non-existent. It's about time to kick it, so this is my contribution to lesbian safer sex: glossy or not, here I come...

There are three risk factors that have been suggested in sex between women:

- **oral sex,**
- **sharing of toys,**
- **fisting and fingering.**

On all fronts things are pretty good. There is apparently no proof that anyone has ever contracted HIV by going down on a women. Theoretically, however, if a women is in her 'crimson days' and her partner has cuts or sores in her mouth, blood to blood transmission might be possible. More of a real concern is that of herpes; not very nice and it can keep recurring. Using a dental dam is a good idea, but if there isn't one around you can use some cling film. This significantly reduces the risk of contracting herpes and you can make things more fun by putting some of your favourite tasty stuff on your side and some lube on the other. Does Nutella ring a bell for anyone?

"Why not go the whole hog and dress your partner in Latex?"

Rimming (licking you partners arse) isn't a high risk for passing on HIV, but HIV positive dykes may want to be extra careful and take precautions not to contract other nasties such as salmonella or giardiosis which can cause terrible problems to your gut. As with vaginal oral sex, a dental dam or a piece of cling film comes highly recommended.

Sex toys are fun and are easy to make really safe. There is no risk if they are clean and you use your own. If you do want to share, however, cover it with a new condom. Although no cases of HIV transmission have been recorded in this way, we cannot rule the possibility out.

My main personal concern for any transmission risk of HIV is fingering or a fisting. Long or jagged finger nails, cuts to fingers etc., can make this enjoyable pastime risky in terms of HIV transmission. Things can be made safer by keeping your nails cut short and using lube and well-lubed latex gloves. (For me personally, this is certainly more comfortable!) Another thing to think about is anal sex. The same thing goes, short nails, lots of lube and latex gloves. If you are using the back door, bear in mind that lots of bacteria and other bugs live up the arse. HIV positive lesbians should be particularly careful of this to avoid contracting any extra infections. If you are using toys to penetrate your partner's arse, then try not to share sex toys unless you remember to use a condom.

Hey, why not go the whole hog and dress your partner in latex?! Whatever you and your lover are into, be it S&M, fantasy games, roleplay, to mention but a few, remember that the risk of contracting HIV and other infections, when body fluids are mixed or exchanged, is there.

Remember that HIV happens to lesbians too. So many dykes have gay friends who have HIV and forget that it could affect them also. "...It's going to keep on happening if we give it permission."

Trisha Goodwin

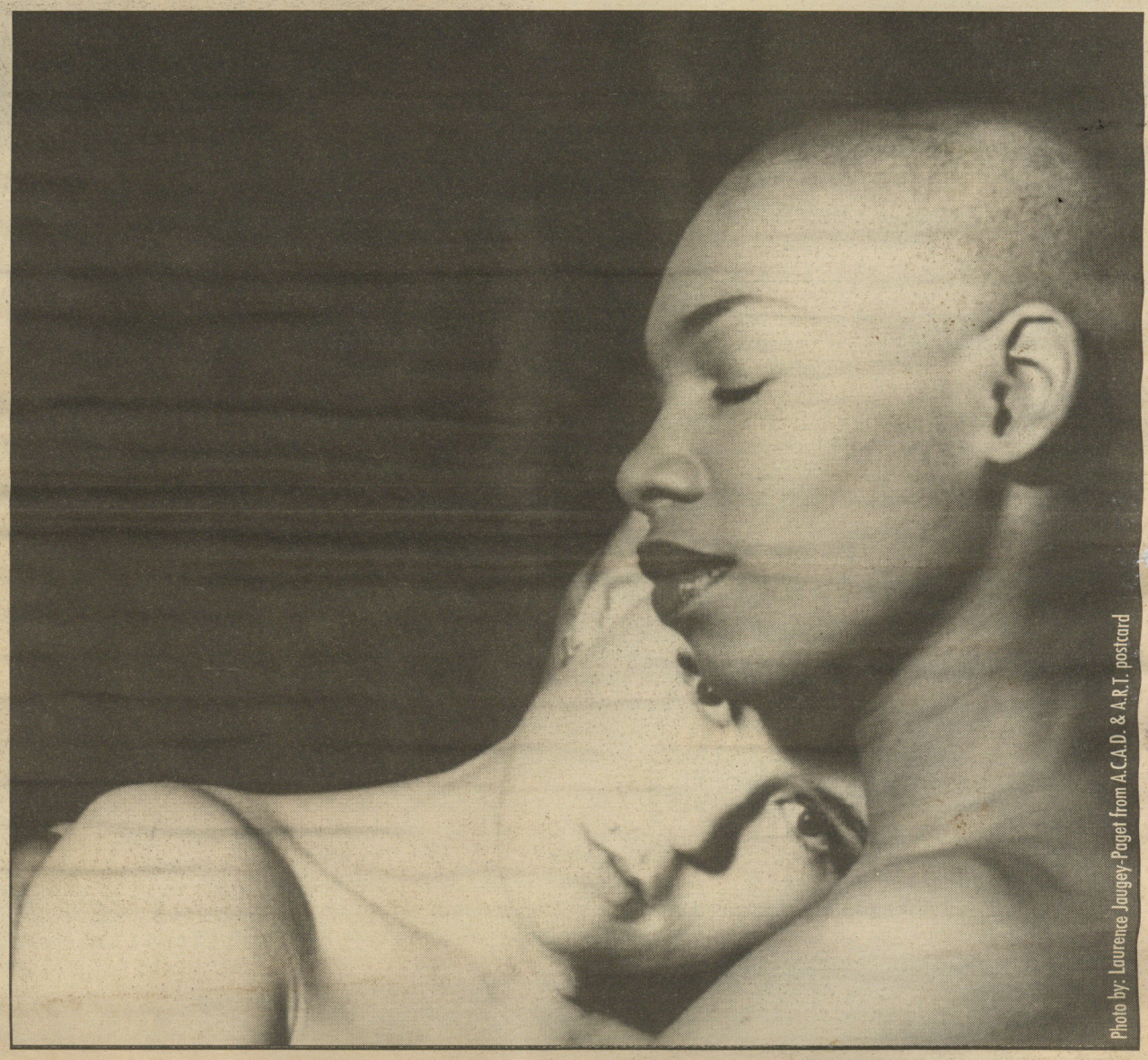
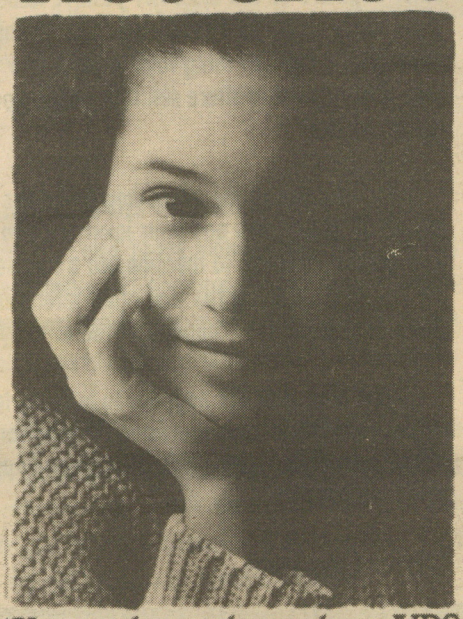


Photo by: Laurence Jaugey-Paget from A.C.A.D. & A.R.T. postcard

Sex and the Positive Woman

"The Pill is not enough!"



Pic: City of Toronto Department of Public Health, Canada

Positively Women was founded as a self help group in 1987 by a small group of HIV positive women in response to the lack of appropriate support services available at the time. Since then it has become a national charity providing services and working on all matters related to women and HIV and AIDS. Lionel went along to their new premises in City Road to meet Julie Reynolds and Cathy Wigmore and talk about sex from the positive woman's point of view. Julie feels that she has been lucky with support from family and friends since her diagnosis, enabling her to be open about her status. "I think, for a lot of women, the whole issue of disclosing their status is too scary. Sex, for a woman, is difficult at the best of times. 'Nice girls don't,' we're told, so a woman who is sexually active and assertive and knows what she wants scares a lot of people. If you are an HIV positive woman who wants to have sex, that seems to make it even worse. You are made to feel dirty about your sexual feelings. It's about how you are brought up to view yourself, sex, genitalia and your 'role', which often isn't an assertive one. I don't consider myself as passive, but sometimes I slip into that role when I want someone to take control, so I don't have to think about the condoms. It sometimes feels that all these responsibilities are down to the woman." Julie had a relationship with a guy who knew she was positive before they met. One day during an argument he threw her status and his fear of contraction at her. "Someone who has the ability to use that knowledge as a weapon against you, creating guilt and pain, almost makes you think, 'Maybe I should have a one night stand, with a complete stranger who knows nothing about me.' You are made to feel you can't do that. You are brought up to believe it's really dirty, that women don't do that and you shouldn't pine for sex. If you do, there is something wrong with you. Even women masturbating is frowned upon."

Cathy attended an all girl boarding school and came from a very strict catholic family. "I couldn't talk about sex, men or anything really. In a lot of ways I feel I was set up. I came out of school at 18 having been told that sex was bad and sinful unless you were married. When my periods started I was too embarrassed to talk to my mother. I felt so suppressed, never being able to be open about sex. I find that in my late twenties, I am confident and assertive. I can say, 'Use a condom', and if the other person won't then no way. When I was 19, if somebody didn't want to use a condom, I wouldn't use one to please them and I can see a lot of young girls and older women making that same mistake. Often women go out with men who are a lot older than them, it's all about negotiation skills. If you're 19 and you meet a man who's 24, who doesn't want to use a condom then the chances are that you won't." Cathy was diagnosed whilst in a relationship that had been established for a couple of years. Her partner was positive and when she was diagnosed and told him, he left her.

"He couldn't cope with it. He found it really difficult." When first diagnosed the thought of sex really repulsed her for about a year and a half. "I just associated sex with HIV, illness, pain and death. My doctor told me not to have sex again. I was 22." Cathy felt she needed time after her diagnosis to grieve for everything that had happened, and re-evaluate her life and needs. Initially she felt she was selfish, but decided to focus on herself and what she wanted.

"I read a lot by Nancy Friday, who writes about women's sexual fantasies, how women perceive themselves and how to love yourself, learning that fantasies are fine and it's all right to be sexual. It took me ages to feel sexual again and realise that HIV hadn't robbed me of that. As a result of my diagnosis my sex life now is absolutely brilliant. I really looked at myself and thought out what I wanted and how to get it. Maybe it's because I'm reaching my sexual peak, but I love it now." For Cathy, sex after her diagnosis involved a huge list of items. "I was using a sponge, spermicide cream, and a condom. It was so weird. I would have felt better in a space suit!" Julie's first sexual encounter after diagnosis was with three condoms at the same time. "We were scared and it seemed a good idea at the time. Eventually we got down to one." In Cathy's and Julie's experiences with women, sexual abuse as a child or sexual harassment seem to be the norm. "For women coming from that starting point, learning to take control and believe in yourself can be very difficult, sometimes leading to their going for people who are going to treat them really badly. It's easy to say that HIV positive people should take control and be responsible, but not in isolation. Experiences make you what you are." Cathy was once in a situation with a guy who knew her status, and hadn't been tested himself. "We got to the moment of passion and his dick completely took control of his brain." He then tried to have unprotected sex with her. "... but I felt responsible. I knew what I was doing. Ultimately, he had a responsibility too, but I would have had to live with that as well. I've been in that situation twice and it's made me really mad. People often say that HIV positive people should be responsible. That's true, but untested or negative people also have to be responsible. It's unfair to dump it all on us." Julie was at college when she was diagnosed, and was on a course with nine other women, aged from 19 to 26 who were very supportive towards her. Two weeks later one of the group said she was 'dying for a shag', and thinking about going on the pill. Julie responded, "I've just got a HIV diagnosis and you're talking about going on the pill! Surely it's a condom you should be using." The young woman went on to explain that she had read somewhere, that one day everybody would know someone who was HIV positive, that the average was about one in ten, but because she already knew Julie and there were ten in their group, she thought she was all right. "People seem to build up their own false sense of security and then ask,

'Well, what were you doing?' They want to know the ins and outs of what you did, to see if you were doing anything unusual, so they can say, 'Well I don't do that so I'm safe.' It makes people really uncomfortable when they realise that they have the same sexual lifestyle as you and do the same things as you and you're HIV positive." Julie also feels that since she was diagnosed, she has changed her outlook." It was time to be honest about my sexual needs and never fake an orgasm to save a man's ego. If you don't tell a man what's what, how the hell do they learn, because they aren't taught those skills either? My advice to women, HIV positive or not, is to experiment, discover their own sexuality, get into fantasies and learn how to give themselves an orgasm. Discover what turns you on and then tell the man you're with. Nobody is a mind reader. It's like food; No one knows what you like unless you tell them. If men treat your genitalia like a bit of liver and keep rubbing hard, thinking this is turning you on, with sharp fingernails digging in your flesh, not getting you lubricated before penetration, why do you passively pretend that that is what you want? Tell them to cut their nails and show them what does turn you on."

HIV positive women are still a small group in this country, but globally women have the fastest growing infection rate. Julie believes that part of the problem is the lack of education. "The attitude is, 'Here's a leaflet. Read it and change your behaviour.' People won't change just because of a leaflet."

When Julie and Cathy were at school HIV wasn't part of the curriculum, but they were never given any skills in negotiation of sex or how to protect themselves from STDs. "Sex should be talked about from a very young age, the same as any other aspect of life," said Cathy, who recently went to a catholic school to give a talk on safe sex and wasn't allowed to talk about condoms. "These young women going out into the world are at risk." Julie feels the whole structure needs to be changed." The messages aren't good. Basically, you're a slag if you like sex, or are sexual. It's like a denial of your own sexual being." Both Cathy and Julie are constantly faced with women in relationships with men who believe that they are not at any risk. So women who are infected don't always tell partners, because of the guilt, rejection and violence that they may have experienced in the past or fear may happen.

"Sex in this kind relationship would probably be unsafe. How can you start using condoms after a long term relationship without telling your partner your status and all the possible scenarios that may present?" Cathy would never tell anybody to go for a test, because it's such a traumatic experience. "Some women aren't tested under the same circumstances as say, gay men. Half the women don't get pre-test counselling and women are targeted when they are particularly vulnerable, usually when pregnant, which is totally inappropriate and the wrong time to find you're HIV positive. When you're carrying a baby, your hormones are all over the place. HIV positive women having children are told they have a 14% chance of passing the virus to the child, rather than an 86% chance of not doing so. Research has shown that 48% of HIV positive women were coerced into terminating their pregnancies. All the reasons for not having kids aren't around HIV, but about what's going on in women's lives at the present. HIV is an issue but it's not the whole issue."

The final comment from both was,

"It's OK to be sexual. It's OK to talk about sex. Discover what you like and want. Read Nancy Friday. Its OK to wank. Learn to respect and accept yourself and you can have wonderful sex even if you are HIV positive. We do, and lots of it."

Positively Women
347-349 City Road
London
EC1V 1LR
Tel: 0171 713 0222 (Helpline)
Mon-Fri 12 till 2

CLEVELAND COUNTY COUNCIL
an equal opportunity employer

Working Together For You !

In times of change....

TEES HEALTH
Cleveland Family Health Services Authority & Tees District Health Authority

On April 1st 1996, Cleveland County Council will cease to exist. The government has decided this will happen as part of changing local councils in England. Social Services, Education, libraries & leisure among other servises will be provided locally by the following borough councils:

STOCKTON-ON-TEES BOROUGH COUNCIL
Local services for local people

REDCAR & CLEVELAND BOROUGH COUNCIL

Middlesbrough Borough Council

HARTLEPOOL BOROUGH COUNCIL

Services to people with HIV & AIDS and their carers will be the responsibility of these four borough councils, as will services to gay and bisexual men and prevention services currently provided by the County Council. The four new borough councils will be responsible for all services in their borough, including grants to voluntary agencies, social work, home care, etc. Special arrangements operated by the borough councils and housing associations to provide housing to people with HIV & AIDS in Cleveland will NOT change.

Some things don't....

Though these changes are happening, the four boroughs, with the county and Health Authority have worked hard to ensure services will continue to be as accessible as possible. So, in effect, you still have the same contact people for services as before:

Specialist Social Worker.....**Debbie Wiltshire**
Managed by Middlesbrough
first point of contact for anyone with HIV or AIDS needing services from the councils
Middlesbrough General Hospital
Family Unit
Telephone: 01642 854370 (direct line)

Planning & Policy Officer HIV.....**Jim McManus**
planning, policy, funding services
Deputy Head of Policy Unit
Stockton on Tees Borough Council
Municipal Buildings, Church Road, Stockton on Tees
Telephone: 01642 393939

Gay Men's Worker.....**John Lawson**
Managed by Stockton on Tees
Prevention and other services for gay men
Social Services, Billingham
Council Offices, Town Centre, Billingham, TS23 2LW
Telephone: 01642 534344

Young People's Worker.....**Eileen Hunter**
Managed by Stockton on Tees
services for young people experiencing problems with drugs or sexual health etc
Social Services, Billingham
Telephone: 01642 534344

Learning Difficulties & Sexual Health.....**Antony Bainbridge**
Managed by Stockton on Tees
policy, training, advice and counselling for people with learning difficulties, their carers, families and workers
Social Services, Council Offices, Billingham
Telephone: 01642 534344

***Arrangements* operated by the Borough Councils and Housing Associations to provide housing to people with HIV & AIDS in Cleveland wil NOT change. Contact through Debbie Wiltshire or Cleveland AIDS support.**

Voluntary and NHS Service Contacts

◆ G U M Clinics
Middlesbrough General Hospital
Ward 48, Tel: 01642 854548
Health Adviser: Claire Nertney

North Tees General Hospital
Ward 14, Tel: 01642 624400
Health Adviser: Sue Coward

◆ Family Unit / HIV Nurse Specialist (including Clinical Psychologist)
Middlesbrough General Hospital
Lilian Lowery, Tel: 01642 854340 (direct)

◆ HIV Nurse Specialist Community (for nursing care in the community)
Anthony Kennedy, John Butterwick
Hospice, 96 Bishopton Road, Stockton
Tel: 01642 607742

◆ Needle Exchanges
Middlesbrough
63 Kings Road, North Ormesby
Tel: 01642 220719

Stockton
Health Advice Centre, 27 Yarm Lane
Tel: 01642 607313

Hartlepool
10 Grange Road
Tel: 01429 266660

◆ Cleveland AIDS Support
Registered charity
Providing practical & emotional care & support
Middlesborough
63 King's Road, North Ormesby
Barry Kelly, Tel: 01642 254598

Hartlepool
10 Grange Road, Hartlepool
Les Gray, Tel: 01429 868222

◆ Northern Counties Trust
Registered charity
Providing grants and other support to people with HIV in hardship
Lizzie Pearce, 1st Floor, 56 Hawthorn Terrace, Durham, Tel: 0191 386 8100

The Terrence Higgins Trust

Legal Advice
Welfare Rights Advice
Housing Advice
Buddies
Counselling
Small Grants Fund
Library
Information
Health Promotion
Helper Cell

If you want to use any of our current services, please telephone:

0171-831 0330

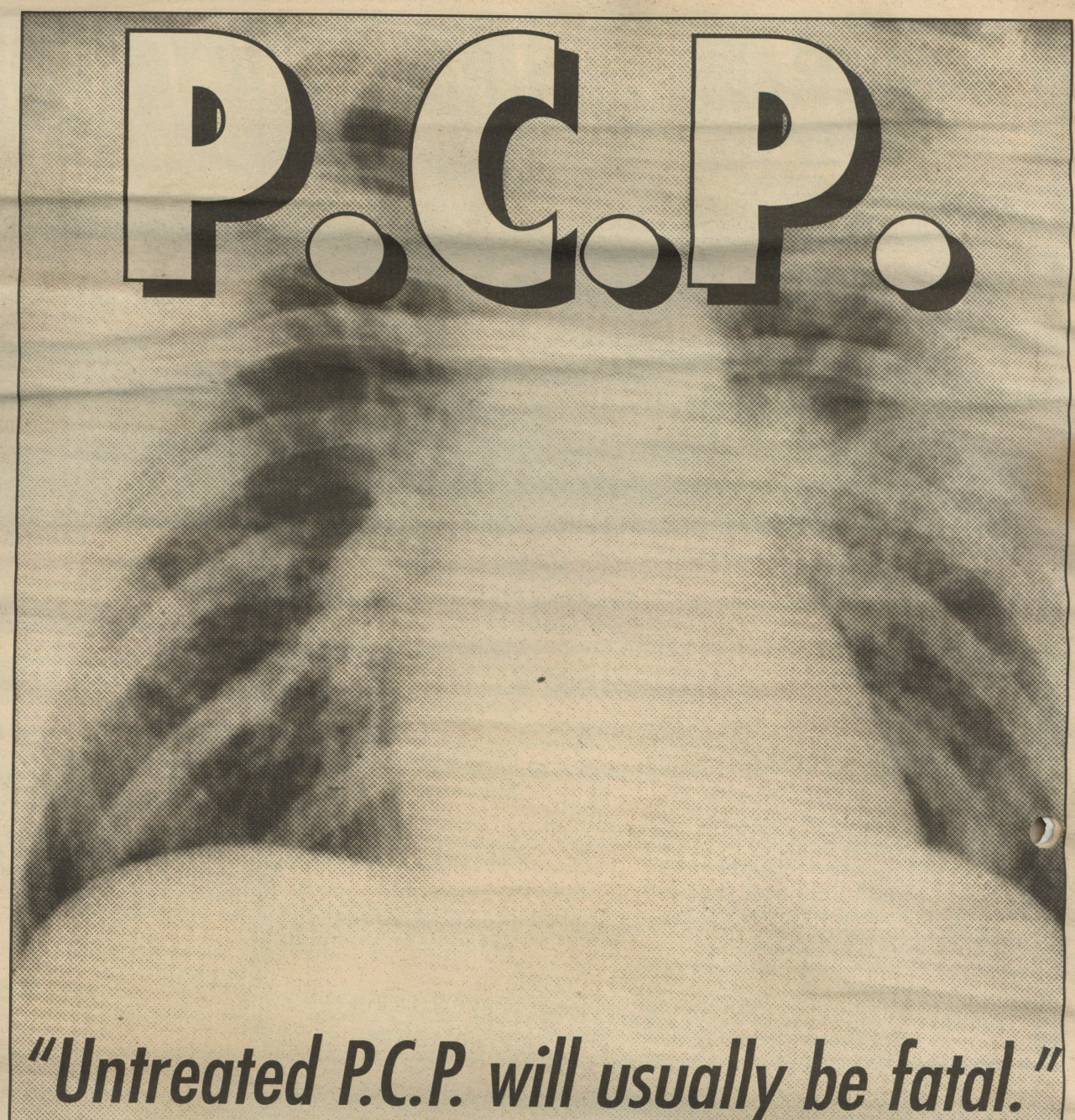
Helpline 12 noon to 10pm daily
0171-242 1010

Legal Line 7pm to 9pm Mon & Wed
0171-405 2381

52-54 Grays Inn Road
London WC1X 8JU
Tel: 0171-831 0330

Registered Charity No. 288527

P.C.P.



PCP is a form of pneumonia caused by a common organism called Pneumocystis carinii. In people with healthy immune systems it is very rare and was one of the first indicators that something grave was happening when several gay men in the US died of the disease in the early 1980s - and so it heralded the arrival of AIDS. It is still one of the most common AIDS-defining illnesses. Developments in treatment, however, have prolonged the lives of many people with AIDS, and PCP is no longer as feared as it used to be, with fatalities from PCP now, thankfully, being uncommon.

Symptoms

The commonest early symptoms of PCP are shortness of breath and/or a fever. People with HIV should always take these symptoms seriously. One may also have a persistent dry cough (one that doesn't produce phlegm) and occasionally pain or tightness in the chest.

One may first notice these symptoms on exertion. Then, as the disease progresses, the victim of this opportunistic infection will have difficulty breathing even whilst relaxing.

Untreated PCP will usually be fatal.

Diagnosis

There are a number of tests that a doctor will use to establish whether someone has PCP. These range from chest x-rays to blood gases. The latter is not a pleasant test. Blood is taken from an artery rather than a vein. Arteries are found generally near the bone and a doctor will often take the sample from either the groin or the wrist, just under the thumb. The test itself doesn't take long. The amount of oxygen in the blood is calculated by a machine and takes about 5 minutes. If the patient has PCP the oxygenation level of the blood may be very low. These two tests are not conclusive however, and the only 100% accurate way of diagnosing the disease is to look for the PCP organism itself.

Sputum needs to be taken from deep down in the chest as PCP is not found in any substantial quantity in spit. Breathing in nebulised salt water (induced sputum) is the usual way of collecting the sample. The procedure itself isn't very pleasant and, as we have found to certain individuals' cost, if the procedure is not carried out using basic infection control procedures and common sense, other nearby immunocompromised people are at risk from other infectious diseases that the patient being tested for PCP may cough up. Induced sputums should always be carried out in negative pressure rooms.

Treatment

If PCP is confirmed as being present then treatment should start straight away. It will usually be treated with co-trimoxazole (otherwise known as Septrin) or with intravenous pentamidine. Co-trimoxazole is usually given intravenously 15-20 mg/kg/day by continuous drip or 3-4 injections for a few days and then in tablet form for a total of 2-3 weeks. It is a preferred treatment for PCP by many doctors as the drug, as well as being very effective, also works against other bacteria such as toxoplasmosis. Its major disadvantage is that 50% of people do not tolerate the drug very well and can experience unpleasant side effects such as rashes, nausea - a few people have an extreme reaction to the drug and their tongue will swell up. This is an emergency and should be treated with a steroid such as IV hydrocortisone.

It is possible for people who experience mild side effects to be de-sensitised to the drug. This involves giving the patient very small doses of the drug initially and raising the dosage until the patient can naturally tolerate the amount of drug in his or her system. Another drug which may be used, often in combination with another, is dapsone. The side effects are rarer than those caused by co-trimoxazole, though it may cause rashes or vomiting. It may also damage blood cells, this side effect being particularly common in people with inherited blood disorders (usually the black communities) or in people who are taking other drugs which can cause anaemia such as high dosages of AZT, ganciclovir and cytotoxic chemotherapy.

Intravenous pentamidine is given to those who experience serious side effects with co-trimoxazole, dapsone/trimethoprim. This appears to be less effective than co-trimoxazole and has no effect on any other infections. Pentamidine is also not without its own side effects which can be kidney problems and changes in blood pressure and blood sugar levels, sometimes causing temporary diabetes. Another side effect may be pancreatitis so it might be unsafe for people on ddI. Aerosolised pentamidine may also be given as well as intravenous therapy. This should always be carried out in a well ventilated room. And mind your clothes, it can stain!

Prophylaxis

PCP treatments, as I said earlier, have come a long way since the emergence of HIV and AIDS. It is even possible to prevent the disease from getting a hold in the first place. PCP prophylaxis has certainly lengthened the average life expectancy of people who are HIV positive and is a good argument for having an HIV test. If one is aware of his or her status then very simple measures can be taken to maintain health, preventing the onset of PCP.

The risk of developing PCP rises significantly when the CD4 count falls below 200. People with HIV are therefore advised to start some sort of prophylaxis against PCP around this time. It is important, however, to weigh up the risks of side effects and the inconvenience of taking the treatment against the risk of developing the opportunistic infection in question. It should also be remembered that some scientists have calculated that PCP prophylaxis may also prolong survival.

'Body Watch' is sponsored by:

PETER MOORES FOUNDATION

BODY Politic

BEDFORDSHIRE BODY POSITIVE
24 Cardiff Road, Luton LU1 1PP 01582 485 448 Office, 01582 484 499 Advice Line Mon, Tue, Thu 9.30-2.30, Wed 10-2.30, 7.30-9.30, Fri 10-12.30

BIRMINGHAM & CENTRAL MIDLANDS BODY POSITIVE
38 Princip Street, Aston, Birmingham B4 6LE 0121 212 3840 Administration, 0121 212 3636 *Helpline Wed 8-10pm*

BODY POSITIVE
51b Philbeach Gardens, Earl's Court London, SW5 9EB 0171 835 1045 Office, 0171 373 9124 Helpline Mon-Fri 7-10pm, Sat & Sun 4-10pm

BODY POSITIVE BOURNEMOUTH
P O Box 359, Bournemouth BH2 5TL 01202 297 386 Office, 01202 297 386 Helpline Mon, Tue, Wed, Fri 8-10pm, Drop-in Centre, First Floor, 136 Commercial Road, Bournemouth

BODY POSITIVE GRAMPIAN
P O Box 83, Aberdeen AB9 1AA 01224 404 408 Office, 01224 404 408 Helpline Every Day 24 hours

BODY POSITIVE LOTHIAN
37-39 Montrose Terrace, Edinburgh EH7 5JD 0131 652 0754

BODY POSITIVE NORTH EAST LTD
12 Princess Square, Upper Level, Newcastle-upon-Tyne NE1 8EG 0191 261 8360 Administration, 0191 232 2855 Helpline Mon-Fri 10-6

BODY POSITIVE NORTH WEST
Fourways House (3rd Floor), 18 Tariff Street, Manchester M1 2EP 0161 236 9669 Office, 0161 237 9717 Helpline (with minicom) Tue & Thu 7-10pm

BODY POSITIVE NORTH YORKSHIRE
P O Box 47, Selby YO8 0GJ
01757 210 023 Office, 01757 210 023 Helpline Wed & Sun 7pm-12

BODY POSITIVE STRATHCLYDE
3 Park Quadrant, Glasgow G3 6BS 0141 332 5010 Office, 0141 332 5010 Helpline Mon-Fri 10-4

BROMLEY POSITIVE SUPPORT GROUP
c/o Beckenham Hospital, Department of GU Medicine, 379 Croydon Road, Bromley BR3 3QL 0181 289 6623 (changing address in March/April)

CARDIFF BODY POSITIVE
P O Box 237, Cardiff CF1 2XE 01222 343 030 (plus minicom)

CHESHIRE & NORTH WALES BODY POSITIVE
Cymdeithas Corff Positif Sir Gaer A Gogledd Cymru P O Box 135, Chester, CH1 1YL 01244 400 415

DERBYSHIRE BODY POSITIVE
P O Box 124, Derby DE1 9NZ 01332 292 129 Tue & Thu 10-3, Fri 9-2

GLASGOW FOOD CHAIN
Unit A, 45 Garriock Raod, Maryhill, Glasgow 0141 946 0003 phone/fax
Provides meals to HIV positive people at home and ill in the Glasgow area and their carers.

HERTFORDSHIRE BODY POSITIVE
26a High Street, Hitchin SG5 1AT 01462 454 744 Office, 01462 454 744 Helpline Mon-Fri 7-9pm

HIV & AIDS IN NORTH DERBYSHIRE (HAND)
4 Rose Hill, Chesterfield S40 1LW 01246 550 550 Helpline Thu 1-3pm, Sun 7-9pm

MERSYSIDE BODY POSITIVE (MBP)
P O Box 180, Liverpool L69 7BZ 0151 707 0606 Administration

MID SUSSEX BODY POSITIVE
The Diva Centre, 194 Three Bridges Road, Crawley RH10 1LR 01293 552 111

MILTON KEYNES BODY POSITIVE
c/o Department of GU Medicine, Milton Keynes Hospital, Luing Cowley Outpatient Building, Milton Keynes MK6 5LD 01908 690 500

THE NETWORK OF SELF-HELP HIV & AIDS GROUPS
24 Cardiff Road, Luton LU1 1PP 01582 484 887

NORTH MIDLANDS BODY POSITIVE
P O Box 404, Stoke-on-Trent ST1 5BX 01782 201 251

NORTHERN IRELAND BODY POSITIVE
308 Bryson House, Bedford Street, Belfast BT2 7FE 01232 235 515 Office, 01232 235 515 Helpline Tue, Wed, Thu, Fri 2-4

OXAIDS
43 Pembroke Street, Oxford OX1 1BP 01865 243 389 Office, 0800 393 999 Helpline Mon, Tue, Wed, Fri 6.30-8.30pm

POSITIVELY EAST RIDING
P O Box 304, Hull HU3 2YX 01482 581 101 Office, 01482 581 101 Helpline Mon & Thu 7-9pm

POSITIVE YOUTH
c/o Body Positive, 51b Philbeach Gardens, London SW5 9EB 0171 373 7547 Administration, 0171 373 9124 Helpline Mon-Fri 7-10pm, Sat & Sun 4-10pm

POSITIVELY WOMEN
347-349 City Road, London EC1V 1LR 0171 713 0444 Office, 0171 713 0222 Helpline Mon-Fri 10-5, Tue 10am-12pm

SCUNTHORPE BODY POSITIVE
22 Laneham Street, Scunthorpe DN15 6PB 01724 289 440

SHROPSHIRE BODY POSITIVE
P O Box 241, Shrewsbury SY1 4UA 01743 350 075 Administration, 01743 350 075 Helpline Mon 10-4, Thur 10-2

SOUTH YORKSHIRE BODY POSITIVE GROUP
1 Fitzwilliam Street, Sheffield S1 4JL 0114 275 5500 Office

SOUTH WALES IMMUNE DEFICIENCY SELF HELP (SWISH)
P O Box 507, Pontardawe, Swansea SA6 5YA 01792 772 007 Administration, 01792 772 007 Helpline Every Day 24 hours

THE BIRCHGROVE GROUP
P O Box 313, Canterbury CT1 1GL 0 1222 373 560 Administration, 0345 697 231 Helpline Mon-Fri 10-2

THE UK COALITION OF PEOPLE LIVING WITH HIV & AIDS LTD
Southbank House, Black Prince Road, London SE1 7SJ 0171 582 2425

WEAR BODY POSITIVE
241-243 Southwick Road, Southwick, Sunderland SR5 2AB 0191 549 2228

WEST SURREY BODY POSITIVE
P O Box 15, Godalming GU7 3HN 01483 418 657 Office, 01483 418 657 Helpline Wed & Thu 8-10pm

THE BASELINE - NUMBERS YOU NEED, TO TAKE CONTROL

National AIDS Helpline	Benefit Enquiry Line	The Terrance Higgins Trust	Lesbian & Gay Switchboard
0800 567 123	0800 882 200	0171 242 1010	0171 837 7324
24 hour helpline offering advice on HIV & AIDS	For those with disabilities, Mon-Fri 9am to 4.30pm. Advice on DLA	Helpline open every day 12-10pm Advice on HIV & AIDS	24 hour helpline for the ga community offering advice on HIV & Sexuality

CUT IT OUT!

Please fill out the form below to ensure your group is in our national listings.
Post it to us at:
Positive Nation
Southbank House
Black Prince Road
London SE1 7SJ
or fax us on: 0171 587 5127

Organisation:.....
Address:.....
.....
.....
Postcode:.....
Contact Tel:.....
Contact Name:.....
Description:.....
.....

- ❑ Self-help
- ❑ Drop-in
- ❑ Helpline
- ❑ Needle Exchange
- ❑ Advice
- ❑ Food
- ❑ Hardship Fund
- ❑ Befriending
- ❑ Counselling
- ❑ Other.....
- ❑ Therapies
- ❑ Clinic Service
- ❑ Drugs Advice
- ❑ Sexuality
- ❑ Respite
- ❑ Condoms/Lube
- ❑ Translators
- ❑ Safer Sex Advice
- ❑ Social Services

BODY POSITIVE CAMBRIDGE
A SUPPORT GROUP FOR PEOPLE WITH HIV OR AIDS MEETS TWICE A MONTH
FOR MORE INFO CALL FREE ON 0800 697 697
TUES-WEDS 730-10PM SAT 12-2PM
CAMBRIDGE AIDS HELPLINE

A support group for people with HIV or AIDS meets twice a month.
For more info call FREE on
0800 697 697
Tues - Wed 7.30 -10pm
Sat 12 - 2pm

THE LINK - CAMDEN
A Resource Centre for people living with HIV /AIDS
The Link is a new centre offering a wide range of free & confidential services and support options
• Information • complementary therapies • counselling • support groups • • social work • housing • welfare rights • legal advice • gardening project • • a friendly and welcoming atmosphere in the cafe and lounge area •
Open Monday, Tuesday, Wednesday, Friday 10.00am - 6.00pm
Thurday 3.00pm - 8.30pm
7 Church Studios, North Villas, Camden, London, NW1 9AY
Telephone: 0171 267 1100
Registered Charity Number: 1026097

Women and Medical Practice
40 TURNPIKE LANE, LONDON, N8 0PS
TEL:0181 888 2782 HIV LINE:0181 365 8285
Women are invited to visit Cafe Femmilia for the best value delicious vegetarian lunches to eat in or take away.
Open from 11.30am - 3.00pm
Also a good opportunity to discover the supportive health related services we offer.

BLACK HIV & AIDS FORUM (MANCHESTER)
The Black HIV/AIDS Forum (Manchester) is a sexual health organisation for black people in Manchester. We provide training, public education, advice and support to people within the black communities in Manchester and surrounding areas around sexual health and HIV issues.
- Aromatherapy Massage
- Counselling
- Cafe (for light refreshments)
- Group Support
- Self Help
- Resource Room
- Creche Facilities
- Advice and Information

If you want to talk to someone in complete confidence you can contact BHAF on
0161 226 9145
The organisation exists to work with people from the African, Caribbean, Asian, Chinese and Vietnamese Communities
BHAF - MANCHESTER
Registered Charity Number: 1005689

T.V.P.S. Confidentially Coffee
Thursdays in Thames Valley
7th March
The Friends Meeting House, Newbury
11am - 1pm
14th March
MacMillan House, Wokingham Hospital
10am - 12pm
21st March
The Friends Meeting House, Newbury
11am - 1pm
28th March
Neutral Zone, 156 Oxford Road, Reading
10am -12pm
Drop in and find out about HIV services or telephone Angela on 01628-603400

STOP PRESS

8% cut in AIDS funding

8% cut in
'Positive Nation'
advertising rates

0171 582 9176

Living Proof
A Conference for Longterm Survivors

FIRST EVER UK CONFERENCE FOR PEOPLE LIVING WITH HIV/AIDS FOR 7 YEARS OR MORE

Friday 12 April - Saturday 13 April 1996
London Voluntary Sector Resource Centre, London

AIM: A chance for over 200 long-term survivors and thrivers to meet up, swap stories, celebrate, support and empower each other as LIVING PROOF that HIV is not always progressive,that some people are well after 12+ years and that even in the face of illness, people have found strategies for maintaining and rebuilding their health.

PROGRAMME: A panel presenting the latest relevant information and interactive workshops.

These Include:
- Identifying particular medical, psychological, social and political issues,
- Discussions of different coping and empowerment strategies
- Identifying support/services needs and gaps...and
- Space to consider the future - having come this far, What now?

BOOKING & INFORMATION:
COST: £50 including lunches
(bursaries available)

Send an SAE to George Bradshaw
Administrator, LIVING PROOF
47 Bushey Hall Road
Bushey, Herts WD2 2EE

Workshop on the issues of drug resistant T.B.

Given by Paul Mayho
from the UK Coalition of People
Living with HIV & AIDS

The workshop will take place on
***Thursday* 28th March**
2.30 - 5.30pm

at
Mansfield Route 15, Mansfield Centre,
310 Barking Road, London, E13 8HL

Please call Stephen
to reserve a place on
0171 476 1505

Mansfield
Settlement

FeedBack

If you have anything you would like to tell us, please write to: Positive Nation, Southbank House, Black Prince Road, London, SE1 7SJ or you can e-mail us at: positive.nation@posnet.co.uk or fax us on: 0171 587 5127

Dear Positive Nation,
After reading your article 'Shaming the Scene', I feel I can at last breathe a sigh of relief. Relief that the HIV unfriendliness and lack of support to affected individuals by much of the gay scene is finally being exposed and confronted.
As an HIV positive gay man, I find that gay venues usually offer few and inadequate facilities, even such basic ones as proper toilet facilities, seating, smoke-free atmospheres and adequate ventilation. As muscular weakness, bowel and breathing problems and vomiting are common with HIV infection, these facilities are not just a convenience, but a necessity. I personally, and many other gay people I know who are also affected by the virus, find we socialise less and less. This is not because we have less need to socialise as gay men, but because we find going out on the scene an intimidating prospect.
Far from being a pleasurable experience, a night out all too often ends up exasperating our health problems. At a recent conference (Landmark, Dec. 9th 1995) on sex for HIV positive gay and bisexual men, although the discrimination we experience from the gay scene was not on the agenda, there was a consensus that this was a major problem for all of us.
I find many gay venues' once-a-year 'benefits' for HIV issues tokenistic, and question who benefits - us or them? We get a little money, but they get to salve their consciences for another year. The lack of adequate support and facilities the rest of the year actively discriminates against HIV positive people by adversely affecting their health and deterring them from having a social life. Isn't it ironic that many of us who are HIV positive feel we are unable to attend these 'benefits' since they would be potentially bad for our health!
HIV positive gay people already have to face so much discrimination from society in general, due to their status and sexuality that they should be able to expect support and understanding from the gay scene, but it sometimes seems as bad, if not worse. We should be able to depend more on our own community for the support we need. So, thank you Positive Nation for 'shaming' the gay scene. It needed to be done and is long overdue. I only hope that some gay venues will now try to consider our needs a little more responsibly.
Yours faithfully,
Chris Ferguson, London.

Dear all at Positive Nation,
I am writing to thank you for awarding *Rubberstuffers The T Cell Award* for our new condom awareness campaign. We have been very concerned that gay men are confused by 'marketing messages' from condom distributors aimed at penetrating the gay market. We hope that this pilot campaign will go some way towards making the issues involved in choosing extra-strong condom brands clearer.
Receiving the award from Positive Nation certainly helps us develop credibility with your readers and with our funders. So once again thank you for giving us the award.
All of us here wish all of you there all the best for the future.
With love. Rubberstuffers

Dear Editor,
Congratulations on your coverage of the chaining of prisoners. Such practices are consistent with the way in which disabled people serving sentences are treated on a day to day basis. We and the Prisoners' Advisory Service have evidence of blind prisoners having their white sticks taken away from them and individuals being denied access to wheelchairs. Prisons are not accessible to disabled people and this often results in individuals being dependent on support from others to move around, wash, etc. This is often only available from other prisoners and the right that any non-disabled prisoner may have to minimal privacy and dignity is denied to disabled prisoners.
Prison is a cruel, harsh place for anyone, but for disabled prisoners - many of whom are particularly vulnerable to infection and assault due to their impairment - it is a nightmare. The inhumanity which every prisoner encounters, combined with the discriminatory attitudes and practices of other prisoners and officers ensures that disabled prisoners, including those whose impairments are as a result of living with HIV/AIDS, face a double punishment when sent to prison.
We suspect that as much as 25% of the prison population may be disabled. There are certainly very high numbers of prisoners with learning difficulties or who have had experience of the mental health system. It is an issue which is ignored by the media and the politicians. Please ensure that it is not an issue which is ignored in future editions of Positive Nation.
In solidarity,
Linda Laurie,
on behalf of The Disabled Prisoners' Solidarity Group.

Bleeding Hearts

Talk your problems over with Positive Nation's own Agony Aunts
Pearl & Dean

Pearl and Dean are now working exclusively with Positive Nation to advise any reader with a problem on how they may best help themselves have a better life.
Pearl and Dean have many years' experience in helping people face and come to terms with their problems. Both have a great insight into people's lives and are ready to help with a compassionate yet uncompromising, unique style.
Dean has been involved with the counselling scene for many years on both a one to one and a group level and has many skills and abilities to share with you, the reader. Much comfort can be gained from the warmth, generosity and compassion that seems to flow instinctively whenever Dean puts pen to paper. A truly people person for you to dump your heavy load on.
Pearl's ability to pinpoint the underlying problems comes not just from training, instinct and intuition, but also from the experience of a broad stretch of time within the psychiatric system. The amazing accuracy with which Pearl can identify the true problems and offer down to earth advice should ensure an ever bulging bag of problems to be solved. Write to them at the Nation.

Dear Pearl and Dean,
My partner and I have had a very traumatic few months since he was diagnosed with HIV. I have tried to support him but I feel that it is tearing us apart. We love each other but everything I say or do seems to be wrong. We used to have a fantastic sex life but now he is just not interested in sex at all. I'm trying to be patient, but I'm so frustrated and almost at my wits' end. What should I do?
Yours anxiously, SW2.

Dear SW2,
This is a very difficult time for both of you. Coming to terms with an HIV diagnosis can be a roller-coaster ride of emotions where issues of one's own mortality, sexuality and life are highlighted. Your partner will need a lot of support and understanding and so will you. It is not uncommon for someone to lose their sex drive after an HIV diagnosis, so be patient and give him lots of cuddles and affection. You both might want to think about which agencies you would feel comfortable accessing. There are many support groups and counselling services in London that you can go to to meet others in the same situation as yourselves.
Good luck,
Dean.

Dear SW2
Reading between the lines of your letter I can see that all you are interested in is your own sexual gratification. While your genitals maybe pulsing with frustration I hardly think now is the time to be demanding sexual favours. Your insistence on your own sexual pleasure will only make your partner feel worse. Take yourself in hand and give the bloke a break from your incessant whining. I'm glad you are not my partner, your insatiable greed for sex at such a sensitive time repulses me. I think it is time that you learnt to consider other people's feelings.
Yours truthfully,
Pearl.

SPIKE the press

Spike looks at the world last month as reported in the media.

ince this issue of the Nation is about sex, that seems the best ace to start. No, it's not a rundown of all the juicy stories you ay have missed, even if the disclosure that Reg from *The Bill* has soft spot for dressing up and attending leather fetish clubs may ve shocked your aunt, but how safe is the sex information being inted? First in the firing line is the gay press. In *Boyz* dated ebruary 3rd two articles appeared that had me seeing red. The st was a 'beginners guide to back rooms'. Beginners are told, et drunk, barge your way in and get your cock out.'

ernatively, 'Get drunk, barge your way in and get on your ees.' They recommend 'quick release knickers' and wet wipes emissions. But no condoms! The second item was in the 'doc- notebook' section. A



doctor's notebook

The *boyz* doctor: giving **weakly** advice to gay men around the country. But what about HIV?

ng man who had contract- gonorrhoea, been to the nic and got the all clear, ote asking whether he ould tell his yfriend to go for heck-up. The doc- answered, "Yes, cause the bacteria y still be around" went on to suggest t they avoid oral and l sex until they had both the all-clear, otherwise they could continue to reinfect each er. His final piece of advice was that when they had each had negative results from the clinic, they could 'shag each other seless'. Now, I realise it must really drive *Boyz* readers mad to tly have safer sex messages rammed down their throats, the young man who wrote the letter and his friend certainly en't using condoms. In the same week, a young man, who got drunk, picked up a prostitute and then felt guilty, wrote to *News of the World*, (yes I have to read all press, even if I dis- them!) asking if he should tell his girlfriend. Jane erworth, the agony aunt, told him to write it off and say noth- She said that, as long as he used a condom, he should have roblems except his guilt. The responsibility of the gay press is nform the 'next generation' of the dangers that are still nd. Yes, I agree that everyone on the scene has access to mation about safe sex, but we can't take it for granted for moment. Otherwise any youngster discovering the 'freedom' eir sexuality, picking up our papers might think that they are t risk.

983, I used to hear "Don't sleep with Americans." This me "Don't sleep with clones." And recently I heard "Don't with anyone over thirty."

messages are out there ...aren't they?

er news you may have chosen to ignore

Edwina Currie, whose book *A Woman's Place* was honoured at yle's literary lunch in Grosvenor House, spoke of the time she mistaken for Joan Collins by an American, whilst signing s at Harrods. "Now, Joan is gorgeous, but she is 14 years than me and a pensioner!" said Edwina, 49, "I suppose it's xed compliment." She also saluted Joan over her court victory st Random House. "I'm pleased she won. The point is she ered a book. It's not her fault it wasn't Tolstoy."

The Turkish lover of 13-year-old Sarah Cook may play himself in a TV movie of their relationship, possibly earning £310,000. The deal was singed with Komeagae, who stands accused of statutory rape, whilst in prison.

As for Sarah playing herself in the film, there are no plans. Complaints were received at the Pebble Mill Studios, when the every day story of country folk was a little too Anglo Saxon for some die-hard devotees of *The Archers*.

The normally toffee-nosed Caroline, during an argument with her new husband Guy about her suspicions that Simon Pemberton might be two timing her friend Shula, Said, "You could have told him he was behaving like a complete and utter shit." It's enough to make the milk curdle whilst in the udder.

Tears must have poured down the faces of the 85 American investors in the £1.3 million musical show *The Fields of Ambrosia* when the show was given notice to close after three performances.

With lyrics like 'In the fields of Ambrosia, everyone knows ya', it was panned verbally by every critic. The show was about an executioner's love for a woman he had been hired to kill. He helped her to escape, and she then got shot. A very dramatic moment, which had the entire audience in fits of laughter. The grief-stricken executioner then killed the man who had shot his loved one and ended up singing the final musical number in his own electric chair, as the switch was pulled and the curtain dropped. Now the plug has been pulled out of the socket too, it is soon to be known as one of the worst musicals ever to be staged in the West End.

A lot more tears were shed by lots of teenage girls and some housewives over the announcement that *Take That* were to disband. The Samaritans opened up extra phone lines to cope and the BBC received 200,000 calls from fans willing to share their grief on air. To all those devotees of the band I would say, "Don't lose hope. They may come back." *The Osmonds* are back together after 15 years, it was announced this month, and *The Eagles'* first concert for 16 years was advertised as 'the one you've been waiting for!' So put those hankies away and remember what Robbie said: "At the end of the day, *Take That* was just a band. Life is reality."

And finally

To tie in with the front cover, fruity sausages which taste like bananas could be on their way to the supermarkets. Consumers were given a foretaste of the new exotic sausages at a German agricultural show in Kassel. The products, all made by German food firms for export within the EU, include sausages flavoured with bananas or marzipan and beef sausages tasting of apples and cauliflower.

Yum yum!

See you next month,

SPIKE

London East AIDS Network

Advice and Support for people living with the virus in East London

Ilford Office
6 Mildmay Road
0181 478 7619

Stratford Office
35 Romford Road
0181 519 9545

10.00 - 4.00 Mon - Fri (Closed Thursday)

- Welfare Rights Advice
- Advocacy
- Housing Advice
- Gay Men's Support Groups
- African Women's Support Group
- Community Based Volunteers
- Free Condoms & Lube
- Safer Sex Information
- Complementary Therapies
- Hardship Fund
- Legal Advice by THT Lawyers

SURREY COUNTY COUNCIL
SOCIAL SERVICES DEPARTMENT

Working Positively With Individuals & Families Living With Or Affected By HIV/AIDS

For information on policy and personal social services
Call us on
0181 541 8703
Weekdays 9am - 5pm

Special Voluntary Services Helplines are also available

ST PETER'S HOUSE PROJECT
(East Surrey)
01737 241 044

AIDSLINK
(Surrey & East Hants)
01483 300 150

POSITIVE ACTION
(Surrey, Berkshire & Hants)
01252 511 990

RAFT
(Runnymeade, Spelthorne & Elmbridge)
01784 430 770

West London Community Counselling

At West London Community Counselling we have a specialised team whose counsellors have been selected for their understanding of the complex issues aound HIV and AIDS.

The service is for people who are living with HIV, whether infected or affected, and for those people who are anticipating or have experienced an AIDS related death, including partners, famly, friends, colleagues, carers etc.

Our service is available to anyone who lives or works in the London boroughs of Hammersmith and Fulham or Ealing, or Hounslow and Hammersmith Health Authority areas. In some circumstances we are able to provide a home visiting service.

We offer strictly confidential counselling to individuals or couples. These services are available in French, Spanish, Italian and Portugese as well as in English.

If you would like to see one of our counsellors please call us on:

0181 846 2127

Grove House, 27 Hammersmith Grove, London W6 7EN
Telephone 0181 846 2127. Registered Charity No. 1027290



Scottish AIDS Monitor is facing closure

You may *lose* your Gay Men's Project

WE NEED YOUR SUPPORT NOW

Contact us to find out how on

0131 555 4850

On March 20th Scotland's oldest & most established AIDS/HIV charity will be forced to close.

SAM since its inception in 1983 has been in the forefront of the fight against the HIV pandemic in Scotland:

Pioneering the Buddy scheme Fighting for the welfare rights of HIV positive people Providing a hardship fund
Supplying free condoms and lube to gay men Being instrumental in establishing the only AIDS hospice in Scotland
Doing prison outreach work Organising safer sex roadshows Informing gay men of their rights
Providing legal referral Providing medical referral

All of this work has been initiated and implemented by volunteers, and it was on this basis that SAM established its Gay Men's Project as a community-based & volunteer-led response to the epdemic and the 'de-gaying' of HIV and AIDS.

The Gay Men's Project is an open, gay-positive, sex-positive, peer education initiative set up two years ago.

Figures for HIV infection in Lothian for the last quarter to December 1995 show the lowest incidence among gay men for three years. (Scottish Centre for Infection and Environmental Health, Ruchill Hospital, Glasgow)

"No other community has done more to prevent the spread of HIV among its own subjects than the homosexual/bisexual male population"
(Dr. R. Goldberg, *ANSWER HIV & AIDS Surveillance in Scotland. Review of the epidemic to December 1994)*

Both the Scottish Office and Lothian Health have refused to guarantee funding beyond this financial year. Without it, SAM will close and its valuable work will be lost.

Help us continue our work
Write, phone, fax or e-mail your support
NOW

Scottish Office, Health Dept., St. Andrews House, Edinburgh EH1 1DG. Tel: 0131 244 1111
Lothian Health, 148 The Pleasance, Edinburgh EH8 9RS. Tel: 0131 536 9000 Fax: 0131 536 9009
BBC Scotland, Queen Margaret Drive, Glasgow G12. Tel: 0141 338 2901 (Radio) Tel: 0141 338 2444 (TV) Fax: 0141 337 1402 (Radio) Fax: 0141 338 2955 (TV)
The Scotsman, 20 North Bridge, Edinburgh EH1 1YT. Tel: 0131 243 3365 Fax: 0131 226 7420
Scottish AIDS Monitor, 26 Anderson Place, Edinburgh EH6 5NP. Tel: 0131 555 4850 Fax: 0131 555 4857
e-mail: 101347.161@compuserve.com

I know it isn't Sitgos but.....

- Paul Mayho on sex in Hospital

There is a poster on the wall of our office. It is Dutch and says, 'People with AIDS do it everywhere.' That is no surprise to most people with HIV. Indeed I have had sex in some extraordinary places. One place I haven't had it, though, is in hospital, and as this month's issue of Positive Nation is about sex and my column has a hospital theme, I have been left with little to write about based on personal experience. (Shame!)

Still, this didn't perturb me. I started to ask around to see if anyone else had had this experience and was most surprised. Loads of HIV positive people have done it in hospital. Most of the stories I heard date way back to the 80s when HIV units were more relaxed places than they seem to be now, places where one could have a joint in the company of other people and make a stay in hospital more of a social affair. Many of the people I asked reminisced with a wicked twinkle in their eye and a smile. They spoke of the older hospitals with long corridors serving as cruising areas and the side rooms leading off of them seeing quite a bit of action.

Oh Matron!

But just how does someone get on with the task of having sex in hospital?

I interviewed an experienced hospital Casanova to find out what goes on. The former patient that I spoke to was fortunate enough to have been staying in a room on his own. This obviously has advantages in terms of privacy. Open wards are not very secluded places. What started off as a massage by a friend turned into a personal service. For privacy they put a sign on the door which read 'Massage In Progress' and covered the window of the door with a towel. Fortunately for them, the door was also lockable. Those of us who have been in hospital know how much noise a hospital bed will make when you only turn over, and the thought of having sex on one conjures up a very noisy image. Still that didn't put off our couple, they just pulled the mattress off of the bed and put it on the floor and had it there for 40 minutes. My source freely admits that he enjoyed the danger element of perhaps being caught.



Even in hospital, HIV positive people still have a need for sex

The friendly visitor was aware of the status of the person staying in hospital although he was unaware of his own. The patient always carried around condoms with him and they suddenly became convenient. Fortunately he was carrying around condoms packed by *Rubberstuffers* which come with a couple of handy sachets of lube.

Many people staying in hospital still have a sexual need or urge. Just because we may be out of circulation for a while doesn't mean that this part of us just switches off. So, is sexuality something which many nurses choose to ignore? If they do, this is not because they are unaware of it. Indeed one of the recognised activities of living, to the nursing profession *is* 'expressing sexuality'. Something that nurses should be well aware of and it even crops up in their notes when they ask you on arrival to the ward about your lifestyle and any physical or other problems or requirements you have and although often comprehensive about many other vital activities, one is lucky to have 'homosexual' or 'has partner' written in the relevant box on their form. Otherwise one's sexual needs are not usually discussed directly.

Hospital can be a very de-humanising experience and on interviewing many people who have had sex in the hospital environment I found that the experience made them feel wanted and worthwhile again. If this is the case then perhaps sex could be seen as a very positive therapy for people with HIV and AIDS.

Sex plays an important part in many people's lives and it shouldn't be something that is just ignored. Being in hospital can make no difference to our sexual needs, although I do concede that for many very ill people in hospital, sex is the last thing on their mind. It would be great if hospitals took this aspect of ourselves more seriously and more provision for people who want to have sex in a comfortable private environment was made available, so long as it wasn't detrimental to anyone's health.

Now, where is Dr Kildare?

"Oh Matron!"

K&R KINGSTON AND RICHMOND HEALTH
JOINT COMMISSIONING AGENCY
E-mail: martinw@krha.~.co.uk

HIV / AIDS SERVICES IN RICHMOND

Community Health Services
Anne Hoile, the Clinical Nurse Specialist.
She works with GPs and provides nursing and emotional support. Call her on
0181 878 7561

Social Services
Call the HIV Care Manager on
0181 893 4244

Addiction Treatment Centre
Services for people who use drugs. Based at Queen Mary's Hospital. Call them on
0181 789 6611
Extension **2445** or **2309**

HIV Response Projects
This is a new voluntary organisation that provides practical help. The Response Projects are always looking for new volunteers and people to be on the Management Committee. Call the Projects on
0181 974 9316

THE GLOBE CENTRE
159 Mile End Road, London, E1 4AQ, Telephone 0171 791 2855

As I cry does anyone listen,
As I hurt does anyone care,
My losses without conviction,
The love that isn't there,
Do I get a second effort,
Or a chance to make things right,
Do I bottle it all up,
Or be brave, stand up & fight.

Many people who suffer from HIV & AIDS feel alienated and alone. The Globe Centre in Mile End helps these people by offering a range of services and facilities which is beneficial to all those affected by the disease. Facilities at the centre include GP sessions, support groups, advice on welfare rights and legal matters and alternative/complimentary services.
We need your help to keep these services available to those who need them. The Globe Centre costs around £350,000 each year to operate at the present level of service. We would like also to raise additional funds for further development of the centre, introducing more facilities, thus providing greater service.

To the Manager of (your bank Name & Adddress)
Please arrange to have my account
debited of £ each month / quarter / year starting
and transferred to The Globe Centre's account held at: National Westminster Bank, Mile End Branch,
Account Number 5927 3828 Sort Code 60-14-26
Signed
Account holder's name & address

David Eason's alterNATIVE

Search for the hero inside yourself - until you find the key to your life.

The virus is one of those events along our way which is sufficiently big to get our attention. There have been others in the past, there will be others in the future, the virus is just one. Maybe the most significant so far, but one all the same. The real point, now that our attention has been obtained, is what do we do?

Whether we consider life with the virus, or anything else for that matter, to be a battle or an adventure, the real journey is the one within. That's where the real battles are fought, expectations tested, disappointments felt, joys experienced and decisions made. That's where our true self lies, where the outside world becomes real to us and where we formulate our response. It's where our true power resides also, but our power and our selves have to be found and owned first and that comes from being honest with ourselves. The more we pay attention to and are honest about our lives, the more in tune with ourselves we become. When that happens we can identify our needs better, see the options more clearly and decide the right course of action.

When we make a decision the pressure lifts, we regain a measure of control in our lives and the more decisions we make the more in control we feel. The more in control we are, the more secure we feel and the more secure we feel about ourselves, the better our judgement is. Any time we allow someone or something to dictate our state of happiness and security we lose a measure of control. We can only be ourselves when we throw off the masks, 'walk our talk' and have self respect and love for ourselves. If we lose sight of who we are or put down our own value, we lose our power to respond correctly and we become the victim.

Of the many difficulties that we have to face living with HIV or AIDS, isolation is one of the hardest to deal with, but from the moment the umbilical cord is cut we are on our own, we are our own person. That's our freedom, our opportunity for self expression and our acceptance of responsibility. The more together we are inside, the more able we are to cope with life. There are going to be times, regardless of any disease we may have, when life is a bitch, but the more we can fall back on ourselves the more we become the *hero* instead.

Once we accept ourselves and like what we see, we can start to develop our strength and use our power. If it's working well within, there is a better chance of it working well outside and our relations with people and situations have a better chance.

Ultimately that's why it's so important to love the person you are. After all, you are the one you're going to spend the rest of your life with.

Search for the hero inside yourself, - search for the secrets you hide.

Now, a word or two about expectation. For something that's not real, expectation can cause a lot of misery and uncertainty. An unfulfilled expectation that leads to disappointment isn't necessarily something that's gone wrong, it's that, for some reason, the expectation was unrealistic or inappropriate. Knowing ourselves better brings more fulfillable expectations. It's only the doing of things that makes them real. All else is in the mind, where expectation lives.

Don't let something that doesn't happen spoil your life, any more than allowing something that does happen spoil what was only a theory. The virus doesn't change our lives, because tomorrow isn't real yet. HIV only changes the expectation in our lives. Heaven forbid that the wheels of a large red bus should rob us of our expectation of dying from AIDS!

And now for something completely different:

An idiot's guide to ENERGY in two paragraphs.

The body is an organic machine. It needs fuel to operate and that fuel is food. Our bodies see food as proteins, carbohydrates (sugars) and fats. Each type is required and each is broken down and used by our system in different ways. Carbs and fats provide our energy to move and do things. Proteins also provide energy, but are used to build and repair our cells, muscles and tissues. Though fats provide more calories than carbs, a high-fat diet is not the answer to a glowing, healthy body!

How much total energy you need is personal to you and depends on what you are doing, but it's generally about 2500 Kcals per day. Just to exist and keep our heart, lungs and central heating systems going takes 50 Kcals an hour. To do what we want to do and still grow and repair we need about

1g of protein per kilo of our body weight, generally 50-60g per day.

Now for some practical stuff. It's time for 'David's Cut & Paste Playtime'. You are going to need a magnifying glass and a pair of scissors. The magnifying glass is to read all that excellent nutrition information on the side of your food and sweetie packaging and the scissors are to cut out the table below. This you can use until you make your own. You can stick it in your kitchen for easy reference or in the toilet where it can be perused at leisure with the added advantage of experiencing, first hand, the food chain at work.

This isn't an in-depth or scientific nutrition chart. It's a collection of things I have thrown together as a starting point. I have no idea what 35g of cereal or 125ml of milk look like, but I can recognise a bowl of cornflakes and now I know what I'm eating too!

Pin Here ●

THIS IS AN INFORMATION LIST, NOT A RECOMMENDED DIET

The body needs 2000-2500 Kcals per day which should include 50-60g of protein.

How we get it:

1g Protein	produces 4 Kcals
1g Carbs	produces 4 Kcals
1g Fat	produces 9 Kcals

How we use it:

	Kcals/hr
Living & Breathing	50
Sitting still	100
Driving	168
Walking	180
Climbing stairs	320
Running	570
Swimming	600

Foodstuffs:	Total Energy (Kcals)	Protein g	Carb g	Fat g
Chicken breast	320	48	00	15
Fish with cheese sauce (portion)	175	20	04	07
Build Up with half-fat milk	275	19	39	05
Baked beans (small tin)	154	10	28	00
Yoghurt	140	07	22	03
Rice pudding (serving)	190	07	33	03
Crisps (packet)	165	02	14	11
Jaffa Cake	48	01	09	01
Cheese (slice)	123	07	00	10
Half-fat milk (glass)	123	08	13	04
Egg	95	08	00	07
Bacon (rasher)	56	04	00	04
White bread (slice)	83	03	16	01
Cereal with half-fat milk (bowl)	170	06	30	03
Mars Bar	294	03	45	12
Orange juice (glass)	105	01	09	00
Avocado (half)	223	04	02	22
Ensure Plus	300	13	40	10

SOURCE: My kitchen while I was ill and not very imaginative.

Sporting The Virus

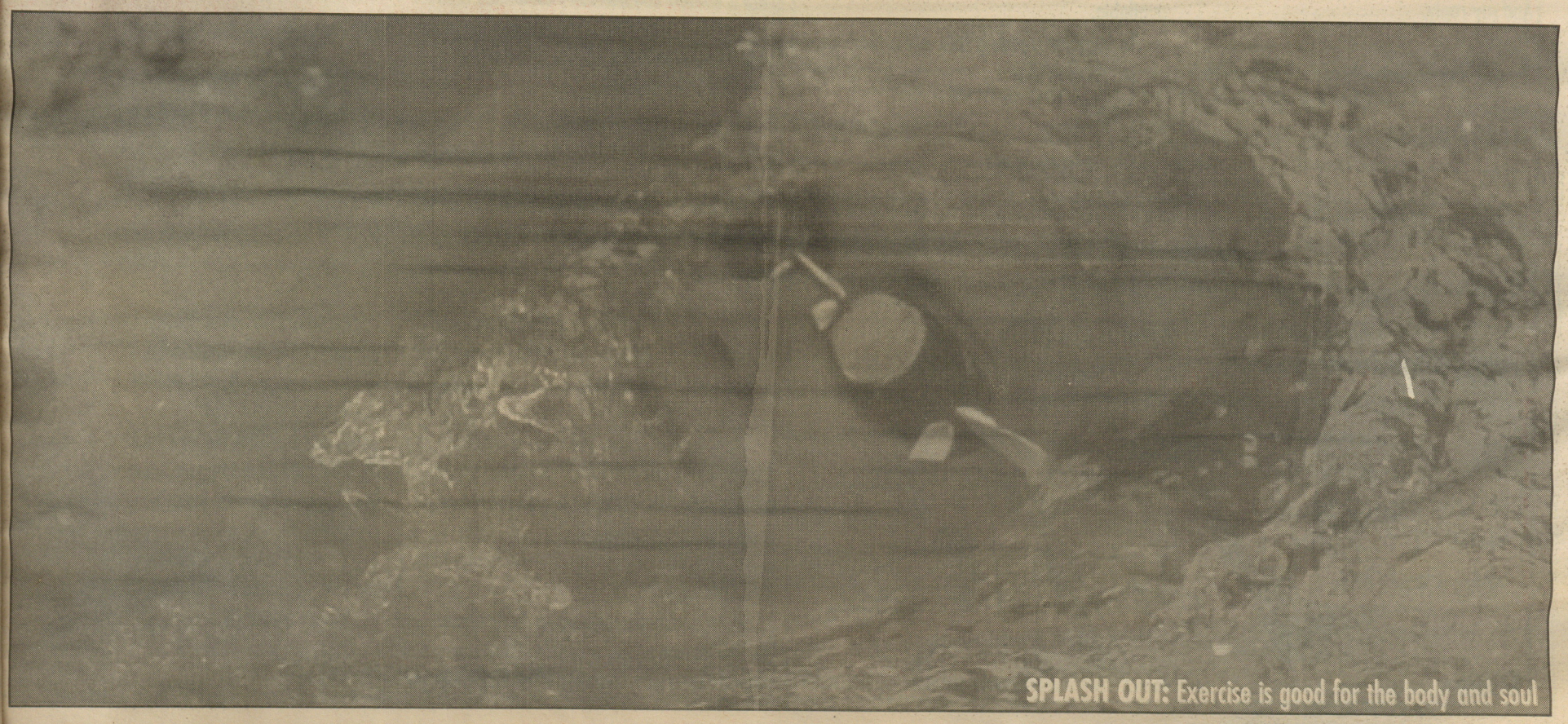
I lusted after my cute friend Rodney in those tight rugby shorts on the rugby field while hating sports myself. I was surprised as I became interested in sport when I reached thirty. At the same time it was also strange to have to learn what effect HIV was having on my body. Until then I hadn't really had much problem with HIV apart from a series of sinus infections. With my interest in sport growing, I started self-defence classes and then moved onto Ju Jitsu with a gay group. The problem, however, was that I started getting huge bruises everywhere that I was grabbed or punched. It was at this time that I went for a medical examination at work. It was the Westminster Hospital and there was no way I was letting on that I had HIV. The doctor called me back and told me that I had thrombocytopenia, which means a low level of platelets in the blood. Platelets are one of the mechanisms the body uses to control bleeding and when they are low, bruising is the first sign. This discovery of the condition caused a lot of hassle because the Occupational Health doctor would not let up until she knew why I had this condition, so I had to tell her. My doctors at St Mary's couldn't tell me much about thrombocytopenia (that was in 1987) and there is not a lot more known today. She did think that AZT would be worth a try, so I started on 250mg twice a day. The AZT sorted out the thrombocytopenia, but gave me all sorts of other problems. There were the common ones such as feeling sick all of the time and stomach cramps. Then there were some new problems that appeared as the bruises went, such as muscle pains in any area exercised and strange joint aches. I think I stayed on the AZT for about six months. That seemed to sort out the thrombocytopenia and let me progress in Ju Jitsu to brown-belt level. (The level of expertise which enables you to spot trouble and run away very fast!)

Swimming was also a sport that I had always liked, probably due to all those moustaches floating around the pool on Gay Men's Night at the Oasis, but I had so many sinus infections. The sinuses are a collection of passages in your skull which air passes through to get from your nose to your windpipe and lungs. My doctors couldn't figure it out, but thought it was due to my picking up cold viruses from the water and then developing a bacterial infection in the sinuses. They could treat the infection with antibiotics, but then I would just get another one. I also had the same problem when scuba diving. In the end I had to give up swimming because of these infections. I had to give up scuba diving as well, but that was due to a lack of money as well as the sinus infections!

Next it was the turn of cycling to gradually insinuate itself into my life until it developed the compulsive force of a major heroin habit. It's a great way of getting around London and gets me from my flat to the Kobler Centre in just 8 minutes, compared with 45 minutes on the bus! One problem that can occur is the appearance of saddle sores or boils on the bum. The main way of preventing them is to wear padded cycling shorts and to remove them after riding so that no sweat is left in contact with the skin.

An important aspect of any sporty lifestyle is the rational selection of the type and amount of food eaten. The reason for this is that if you are active you will be using more energy which you will need to replace by eating more. Carbohydrates are the preferred energy source for sportsmen and sportswomen. This is usually eaten in the form of spuds or pasta. Try to keep the amount of fats and oils down as these will go straight to your hips if you are eating a lot. A moderate amount of alcohol can be useful as a source of calories. *Sofa training* is an important part of sport, especially if you have HIV. Even if you were Superman before you became HIV positive, rest is now important. If you have taken part in any strenuous sports then have an early night and maybe even an extended lie-in the next day. Another reason that rest is important is that a lot of people with HIV may suffer from anaemia. Anaemia is the lack of haemoglobin in the blood. It is responsible for carrying oxygen around the blood and a lack of it means that the body will be starved of oxygen, which can make you feel very tired. The normal haemoglobin value in men is about 14-16. I had a level of about 12 last November and that has now increased to 16.5 after a course of anabolic steroids. These drugs can be very useful in preventing tiredness in people with HIV as they give a boost of energy as well as increasing the level of haemoglobin.

If you are HIV positive and are interested, partake in sports and enjoy them. Remember that about 33% of the thousands of sportspeople competing in the Gay Olympics in New York in 1994 were HIV positive. Think positive. Think about competing in the next Gay Olympics in Sydney in 1998 or at least attending to watch those fine bodies competing.



SPLASH OUT: Exercise is good for the body and soul

NEGATIVELY Speaking

As a gay man who has tested negative for HIV antibodies, Dominic Sinclair, Positive Nation designer and Freedom FM DJ, explores his personal thoughts on the subject of

Meeting A Potential 'Positive' Partner

As usual, I had partied Saturday night away at Trade, in my opinion the best hard techno club night on the face of the planet, and as usual, I had made the usual proclamation that virtually all Trade clubbers make at the end of the night, 'That was the best Saturday night ever!' The majority of events of that night are still a little blurred. I vaguely remember shouting into this guy's ear on the dance floor and then talking to him in the coffee bar. I think his name was Peter, or was it David?

Anyway, as we emerge into the bright light of Sunday, hand in hand, it's off to the customary 'chill-out party' at someone's flat. God only knows who invited us, not that anyone really cares. Chill-out parties after Trade are a case of 'the more the merrier'.

To this day, I can't remember at which point of the chill-out session Peter broke the news to me. All I can remember are his words:

"I don't know how to put this, but I'm HIV positive."

And my reply,

"So?"

I must be honest. If this situation had occurred three or four years ago, my reaction would have been totally different. I would have run a mile. Back then, I was completely ignorant of the virus. Now though, there is so much information about HIV and AIDS.

The thing that 'hacks' me off most with a lot of 'neggies' is their ill-informed attitude towards both the virus, and the people who have it. All too frequently, when I'm out DJing or clubbing, I hear people say,

"Don't go off with him. He's got AIDS."

Well, first of all, the chances are he doesn't have AIDS, he's HIV positive. Secondly, even if he is HIV positive, there is this wonderful little ritual that people are calling 'Safe Sex'. I believe this involves a little device made from rubber, called a 'condom', and finally, what the hell has it got to do with anyone else?

At the end of the day, I'm unlikely to catch the virus from him by talking to him, kissing him, cuddling him etc. etc. etc. If I'm stupid enough to have unprotected, unsafe sex with anybody, let alone the guy who has just confided in me that he is HIV positive, then I deserve to catch something nasty, in which case the only person who can be blamed is me.

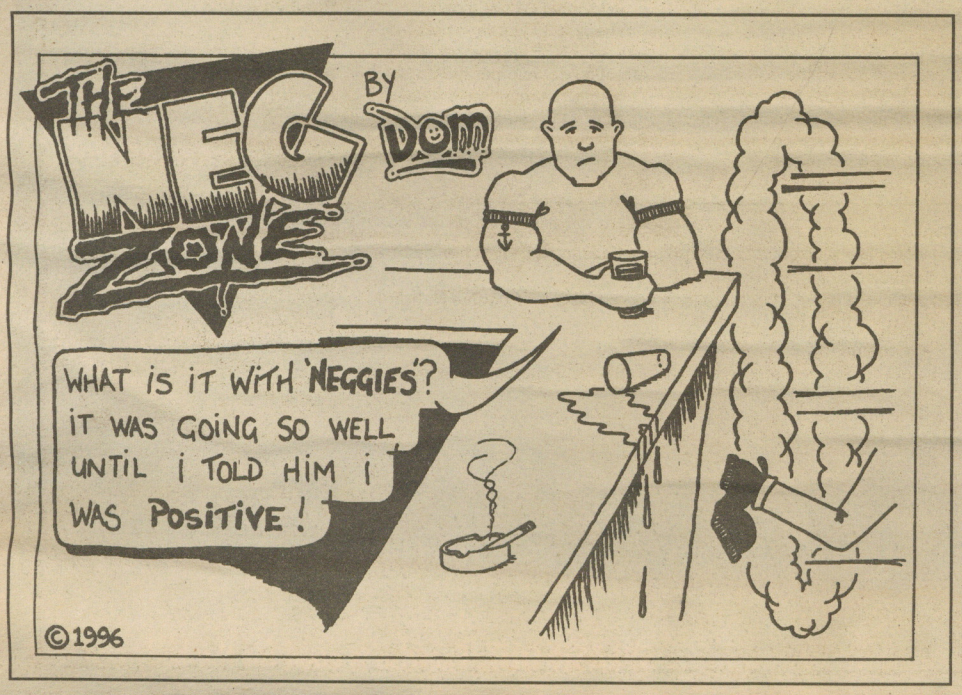
OK, there are a few more things to take into consideration, like not sharing razors and being careful with cuts and open wounds, but as they say in *The X Files*, the truth is out there. It's freely available. Read it.

To HIV positive people reading this, I apologise for stating the obvious, but I get very uptight with the ignorance that a lot of HIV negative people still have towards the virus, especially when the advice and information is available.

To 'neggies' reading this, get a life.

No. Save a life.

Yours.



Bloody Homophobia

Marina Cronin and Peter Tatchell of OutRage! argue that the blanket ban on gay men giving blood fuels the myth that 'Gay=AIDS=Death'.

"No gay man should ever donate blood to the blood transfusion service," says the Terrence Higgins Trust (THT). "Safer sex is not safe enough to protect the blood supply from contamination with HIV," according to THT spokesperson Robin Gorna in a recent article in *The Pink Paper*.

This begs the question: If safer sex is not adequate to safeguard the blood supply, why has THT been saying that safer sex is adequate to protect the *lives* of gay men? Either safer sex works or it doesn't.

THT has always advised gay men that some forms of sex are high-risk and others are low-risk. Safer sex, we were told, can prevent HIV.

Now, it seems, we have been misled. The THT says that *every* gay man is at risk of HIV, irrespective of his sexual behaviour, and that gay men must *never* give blood under any circumstances.

"There are even some gay men who are celibate!"

This attitude panders to the prejudice that there is a direct and necessary connection between homosexuality and HIV. It undermines the importance and effectiveness of safer sex advice.

THT's HIV prevention work is much valued. Usually its recommendations are right. On the issue of the blanket ban on gay blood donors, regrettably, THT is wrong.

THT has successfully claimed for over a decade that sucking and wanking are extremely unlikely ways of transmitting HIV. They told us that risks from these sexual activities were minuscule.

THT's current position, however, is that even if gay men always stick to these very low-risk forms of sex, their blood donations are *still* a danger to the blood supply.

How curious! When the lives of gay men are threatened by a lethal virus, THT urges gay men to practise safer sex, yet when it comes to the protection of the blood supply, it dismisses safer sex as insufficient. THT's stance on safer sex is breathtakingly inconsistent.

What is also offensive about THT's support for the blanket ban on gay blood donations is that it is based on crass generalisations about the whole gay male community. It colludes with homophobic stereotypes, lumping all gay men together without differentiation, as if we were all the same. We're not. There's a huge diversity of gay sexual behaviours and lifestyles, which THT fails to acknowledge. Some of us are at risk of HIV and some of us aren't.

The stereotyping of all gay men as the modern-day, HIV equivalent of 'Typhoid Marys', shows appalling insensitivity. That THT, a gay-originated organisation, can ally itself with this branding of all gay men as a diseased, homogeneous mass, 'the gays', is a disgrace.

If the blood transfusion service was to apply a similar sweeping judgement to the black or Jewish communities, there would, quite rightly, be an uproar. Why are our friends and allies in AIDS organisations going along with the transfusion service's inability to recognise the complexity and plurality of gay male lives and experiences?

The fact is that many gay men stick rigorously to safer sex. Others have been in a monogamous relationship since long before the AIDS epidemic began. There are even some gay men who are celibate! If men in these categories test HIV negative, their blood donations cannot be regarded as a threat and there is, therefore, no reason why their offer to donate blood should be rejected.

Despite this, THT supports the policy of the blood transfusion service which states: "You should *never* give blood if you are a man who has had sex with another man, even 'safe sex' using a condom."

This policy even prevents a man from donating blood if he has had gay sex only once in his life forty years ago - more than two decades before the start of the AIDS crisis!

Amazingly, THT endorses the transfusion service policy of accepting blood donations form heterosexual men and women who have lots of unprotected sex with many different partners.

It should be obvious that a straight businessman who regularly travels abroad and has unsafe sex with large numbers of women in a city like New York, where there is a major AIDS epidemic, is at a high risk of contracting HIV. In contrast, a gay man on the Isle of Skye who has had only a few homosexual encounters in his life, all limited to very low-risk mutual masturbation, is extremely unlikely to be HIV positive.

Paradoxically, under the current policy of the transfusion service, supported by THT, the high-risk straight businessman can donate blood, but the low-risk gay man cannot.

It is a fact that the vast majority of gay and bisexual men do not have HIV and will *never* have HIV. Those of us who have long and rigorously practised safe sex, and who have since tested HIV negative, can safely give blood and there is no reason why we should be banned from doing so.

Peter Tatchell
OUTRAGE

To Let

To be let at less than commercial rate:
1) 3,000 sq ft office with disabled access.
2) 1,000 sq ft office non-disabled access.
Mansford St Church, Bethnal Green.
A free Christian church which is actively pro-gay is looking to let to charities working in the gay community or the HIV/AIDS field.
For further details contact Revd David Warner 0181 548 0754.

HIV Positive Performers

Are you an HIV positive performer, who would be available to perform at this year's Pride (June 6th, main stage). We are not looking for individual artists to appear in a solo capacity, but as a group of HIV positive performers. Ability to take direction and move well a must.
We have the opportunity of making a huge impact, climaxing in the balloon release. Contact Spike at the Nation on 0171 582 9120 for further details.

Man to Man

• **Muscular gay man,** HIV positive, 33, attractive, gym-trained, into wild uninhibited times seeks similar men, versatile, 25-35, London. No wimps, fats. ALAWP&P.
BOX P501.

• **Two good-looking guys 27/30,** one positive, one negative, slim, smooth, clean-shaven, seek guys for fun, friendship, must be under 30. Penpals also wanted. ALAWP.
BOX P502.

• **London/Anywhere,** Me: 42, attractive, GSOH, considerate, uninhibited, versatile, 101% genuine. You: similar, not afraid of life and to love, laugh, cry. Photo helps, but ALA.
BOX P503.

• **HIV positive 12 years,** Chubby, 40, would like man to go to the theatre or dinner. Loving. GSOH.
BOX P504.

• **London, 26, 'Neggie',** bright, outgoing personality, enjoys clubbing and Techno, Romantic nights in/out, smoker, 5'11", skinhead, passive, seeks active, muscular guy for fun, friendship, 1-2-1. HIV status not an issue. ALAWP&P.
BOX P505.

• **I dream I'm with you.** You hold me sweetly and rock me gently to sleep in your arms. Wake up together? Gay, 25, London, first year positive. Anything is possible.
BOX P506.

• **Attractive, educated Taurean,** Central London, 47, HIV positive 11 years, fit, slim, modestly solvent, good hearted and humoured, tender and gracious with melancholic streak. Looking for steady companionship of a lovely man.
BOX P507.

• **Asian friend sought** by young looking 35, fair-haired, slim, caring, quiet, easy going, healthy guy. Let's share life's ups and downs.
BOX P508.

• **C. London male, 32,** attractive, intelligent, honest with self/friends. Expects same. -Why bullshit? I love languages, affection, love, cinema, food, theatre, moderate exercise. Not into casual sex/open relationships. If you accept your sexuality, are not body/sex obsessed, I'm sure we will get on very well. Write soon.
BOX P509.

• **London, HIV positive, 38,** 5'10", slim, attractive guy, with a good sense of humour, enjoys cinema, occasional nights out and weekends away. Mobile, own home, seeks guy who
enjoys similar and is looking for affection and possibly more. ALAWP.
BOX P510.

• **Bournemouth guy, 31,** HIV positive, tall, slim, blonde, healthy. Likes countryside, camping (in Tents!), music, cycling. Dislikes Tories, campness, scene, materialism. Seeks dark-haired guy, hopefully for honest 1-2-1. ALAWP.
BOX P512.

• **North West, gay guy, 36,** HIV positive, healthy, slim, 5'7", quiet lifestyle, discreet seeks similar friend for possible 1-2-1, any age/colour, can accommodate/travel. ALA.
BOX P513.

• **Manchester/Anywhere,** good looking, 6', 38, cropped, tached, versatile. Seeks cute guys, 25-40, uninhibited and romantic. Leather, skins, hairy, WE are non-essential plusses. Passive red? photo essential. ALAWP.
BOX P 514.

• **Are you alone and active?** Seeking fun with guy in 30s, HIV positive, 5' 9"? Well, I'm waiting for your reply let's stop being alone and enjoy ourselves. ALA.Promise.
BOX P515.

• **Brighton/Anywhere,** gay guy, 35, long term diagnosis, fit, healthy. (Horny too!) Seeks similar guy to explores life's pleasures with me .Try me. ALAWP.
Box P516.

• **Surrey/London,** happy, healthy, honest, horny, passive, HIV positive, 25, pierced, tattoos, cropped and booted, seeks similar, 25-32, for a wickedly wonderful lustful (and loving) 1-2-1. Romance? Dare you reply?
BOX P 517.

• **Central London/Anywhere,** very healthy, very horny, very versatile, HIV positive skin, 28, pierced & tattoos, booted and ready for fun. Can you cope with my busy lifestyle? I work and play very hard! Go on contact me! ALAWP&P.
BOX P518.

• **Eastbourne,** retired professional offers young gay non-smoker FREE seafront accommodation for companionship and light household duties. Interests include music, opera, books, record/video collecting, travel, motoring, theatre, films, underwear. ALAWP.
BOX P519.

Female

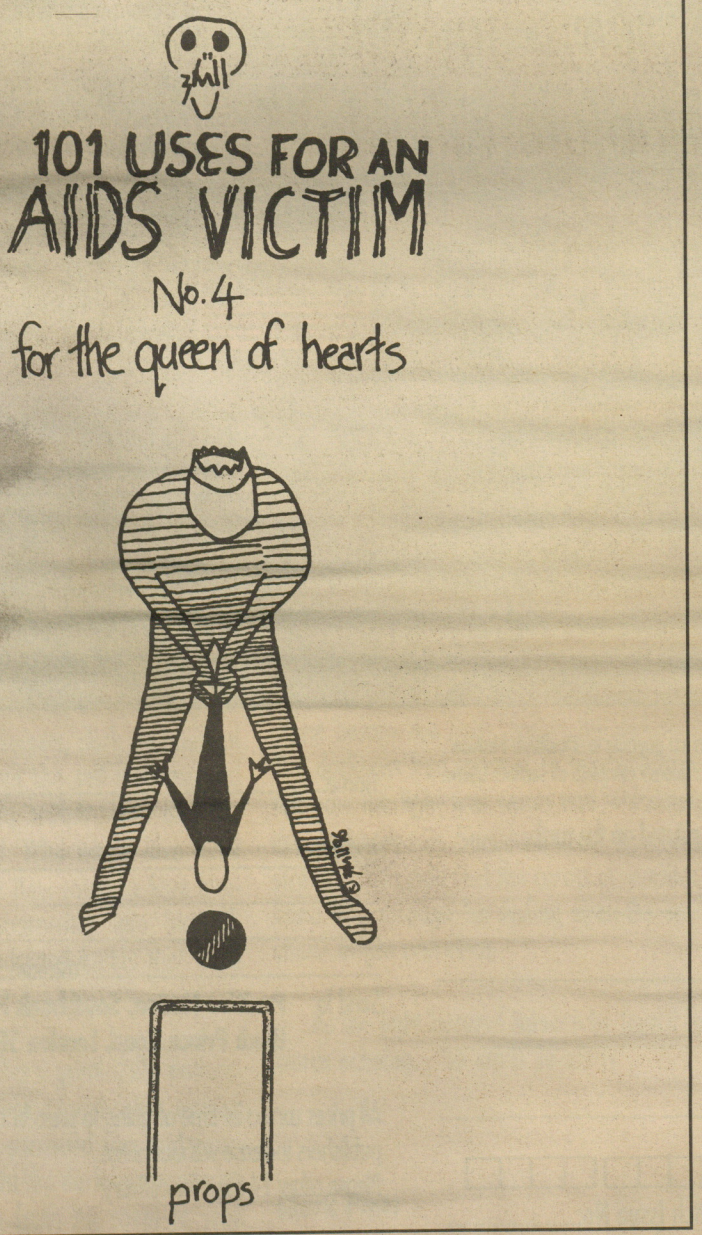
• **Liverpool,** lonely HIV positive girl, 28, seeks friendship and love. I need someone to help put the fun and laughter back into life. Photo appreciated write soon.
BOX P511.

TO REPLY TO AN ADVERT

1) Place your reply in a plain envelope with the relevant box number clearly written in pen, in the top right hand corner.
2) Place that, together with a loose first class stamp (one for each reply) into a larger envelope and mail it to us at:

Box Replies, Positive Nation,
Southbank House,
Black Prince Road,
London, SE1 7SJ

Replies will only be forwarded if accompanied by a stamp. Circulars will not be forwarded.



Small Ads Coupon

To place a personal ad in Positive Nation...

1. Complete the coupon in BLOCK CAPITALS. One word per box.

2. If you require a box number for a personal advert the facility is **FREE** for the next issue. If you require a box number for any other classification the charge is £3 per month. If you would like your advert to be semi-display (**BOLD TEXT** with a line above and below) the charge is an additional £4 per month.

3. The first 30 words in personal ads are **FREE**, additional words are 50p per word per month. All personal ads must have a box number - this is **FREE** for the next issue. A charge of £3 per month will be introduced after that.

4. Cheques and Postal Orders should be made payable to **Positive Nation**

5. All advertisements should arrive at our offices by the third monday of the month.

Names and addresses are treated in the strictest confidence.

Please publish my advert for.....months
❑ I would like a box number (all personal ads must have a box number)
❑ Semi-display £4 per month
❑ I enclose a cheque/postal order made payable to: **Positive Nation**

Please charge my:
❑ Visa ❑ Access/Mastercard ❑ Delta ❑ Switch (Issue No.....)

Card Number:...../...../...../...../.....

Expiry Date:...../.....

Signature: ..... Date:.....

Name:.....

Address:.....

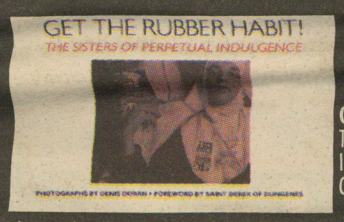
..... Postcode:.....

❑ *Please tick this box if you do* not want Positive Nation to send you details of any reader offers. Positive Nation will not pass your name or address onto any other organisation. All information is treated in the strictest confidence.

Complete this form and return to:
POSITIVE NATION, Southbank House, Black Prince Road, Albert Embankment, London, SE1 7SJ

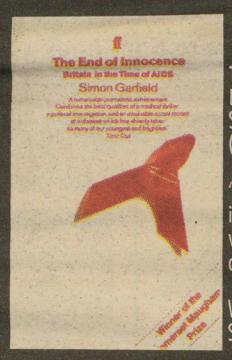
positive nation BOOK CLUB

Positive Nation is pleased to continue its book club this month, and thanks to Cassell, Freedom Editions and Faber and Faber we are still able to offer you some excellent prices you won't find in the shops. Ordering is easy, fill in the form below or telephone our credit card hot-line. You can pay by postal order, cheque or any of the credit cards shown below. If you would like to go on our book club mailing list then please send in the form below and tick the box requesting further reader offer details. All books are posted in strong plain cardboard and will only show 'The Nation Book Club' on all enclosed paperwork and for the return label.



Get The Rubber Habit!
The Sisters of Perpetual Indulgence.
Introduction Price **£3.99** (Order Code C 001)

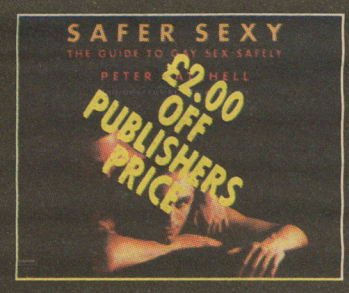
The good works and lives of the Sisters captured on photo cards by Denis Doran and blessed by Saint Derek (Jarman) of Dungeness. Send them to your friends, frame them and keep them for yourself or buy two books and do both!
A percentage of royalties will go to Crusaid's Hardship Fund.



The End of Innocence
Britain in the Time of AIDS
Simon Garfield. Price **£7.99**
(Order Code FF 001)

"A powerful and painful book. Indispensable and instructive .... Garfield gives us the whole story in a voice which is passionately intent, but controlled and conversational." - The Observer.

Winner of the Somerset Maugham Prize.
Shortlisted for the John Llewellyn Rhys Prize.



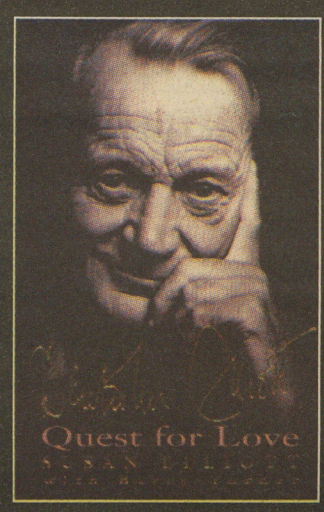
Safer Sexy
The guide to gay sex safely
Peter Tatchell.
Photographs by Robert Taylor. Special Price **£12.99** (Order Code C 006)

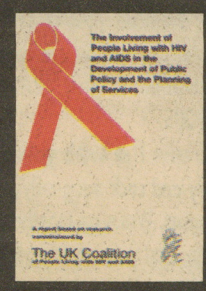
Safer Sexy is a valuable and innovative contribution to the fight against AIDS. The first truly comprehensive guide to safer sex between men. Breaking new grounds in sex education and AIDS awareness, this book recognises that the promotion of gay self-esteem and self-empowerment is a crucial aspect of the fight against HIV.
Warning: This book contains sexually explicit images.



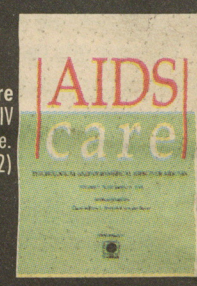
Growing Up Positive
Stories From a Generation of Young People Affected by AIDS
Ian Lucas. Price **£9.99**
(Order Code C 003)

These are real life experiences of young people and their families, not case studies of a virus, but success stories on how to live with HIV and AIDS, have fun and be young. It is of crucial interest to anyone working in the field of HIV/AIDS and those who delight in the value of human experience over statistics.

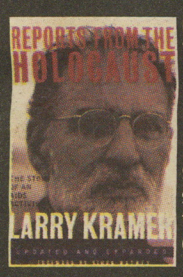




The Involvement of People Living with HIV and AIDS in the Development of Public Policy and the Planning of Services.
A report based on research commissioned by
The UK Coalition of People Living with HIV and AIDS
Price **£3.00** (Order Code I 001)



AIDS Care
Psychological and Socio-Medical Aspects of AIDS/HIV
Volume 7 Supplement 2 1995 - AIDS and Suicide.
Price **£6.50** (Order Code I 002)



Reports from the Holocaust
The story of an AIDS activist
Larry Kramer. Introduction Price **£7.99** (Order Code C 004)

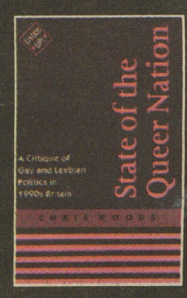
"Infuriating , riveting, outrageous, nasty and finally, impossible to ignore. Mr Kramer is too honest to prettify. He screams because that's the only way to get people to listen to what are basically some pretty dreadful facts." - David Leavitt, The New York Times .

"The best work I've read about AIDS since Randy Shilts's 'And the band played on.' This is a disturbing must-read." - Larry King. USA Today.

Denholm Elliott - Quest for Love
Susan Elliott with Barry Turner.
Special Offer Price **£7.99** Hardback.
(Order Code H 001)

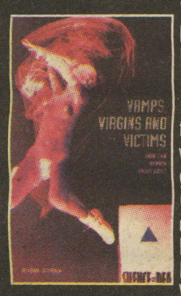
Denholm Elliott was an actor for our time. On stage and screen he is best remembered for playing the underdog, battling against pressures beyond his control but always with a core of decency and dignity with which audiences could identify. This book is Susan Elliott's own story of their unusual 30 year marriage and family life in London and Ibiza with their children until his death, brought on by AIDS, in October 1992.

Positive Nation has secured the last supplies of hardback copies 'Quest for Love' in the UK.
We also have a large number that are Autographed by Susan Elliott..
Order early to avoid disappointment.



State of the Queer Nation
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Lighting the Darkness

by Mark Platt



The machine in the corner of the room bleeped away, its small flashing light pulsing in rhythm with his heart. The whiteness of the room still hurt his eyes when he could manage to open them. All around, the rushing noises of the hospital crept into his head; the chatter of the staff, the scraping of the trolleys against the floor. Against all this, he gradually, but irreversibly, began to slip towards the light; the wonderful bright and warming light that filled his mind and made the room seem like a mirage.

All alone in this transient state, the white light in his mind began to fill with images; nights of fun and passion, hot breath and wavy lips, anonymous rooms and dishevelled beds. Such memories of happiness flooded his mind, joyous and fulfilling.

And then the cloud, a dark shadow drawing a close to such joys. How could he have been so stupid, so weak...?

The light became darker, stained and frightening. The beep on the machine skipped a beat.

All of that darkness, all of that pain; the loneliness and fear. Secrets, dark and hurtful secrets and with them the self-loathing and the hatred. Gradually withdrawing into the corners of the world. Who would love him? Who could love him? How could he love himself? Gradually withdrawing into himself, spurning those friends and lovers that were left.

Each day becoming a grind. Pills, potions, endless tests. Each night a lonely vigil, waiting for the darkness to surround him and overwhelm him. One night the darkness becoming too much, escaping from his room to seek refuge in an old haunt, trying to avoid the glare of old acquaintances.

And then, the look; a casual glance, a smile. The light glimmered and grew a little stronger. The smile becoming a word, a warm and welcoming word. The stranger becoming a name and the night becoming a little lighter. A kiss, and a warm embrace and then the question, the fearful question. The darkness closing in, his head becoming cloudy... and then those words, those horrible, hurtful words that he had to speak, declaring his sin to the world.

Those few minutes that seemed to last forever, the heavy sound of silence as he waited for the anger of the response, each second freezing his soul.

"So am I!" Those few brief words, that bridge crossing his despair, the beautiful stranger waiting with open arms. The light grew stronger, the touch of a lover's hand after so much time and the pleasure of sharing with another. The darkness could no longer frighten him, slowly but surely retreating, day by day, week by week, month by month.

In the room a sound disturbed his pictures, and cautiously he opened his eyes. The door at the end of the small room opened, and through the bright light of the corridor's neon illumination he saw a figure. The figure was dark through his narrow eyes, but the smile... the smile was bright and warm. No words passed between them as the figure drew close and sat beside his bed. He could see the bright eyes and feel the glow of his spirit as hand grasped hand.

He'd been afraid of this before, being alone before the light, facing the unknown. The darkness had seemed so overwhelming; but now the light was warm and welcoming, the darkness was banished. Now light grew stronger; he could feel the caress of another's hand and through his fading eyes the smile shone bright and clear.

As the light became intense he heard the words echoing..."So am I! So am I!"

Mark Platt

UK Coalition
of People Living with HIV and AIDS

IMPORTANT NOTICE

We are conducting an assessment of the needs of people who are living with or affected by HIV and AIDS in the following postcode areas:

E4, E10, E11, E12, E15, E17, E18, IG1, IG2, IG3, IG4, IG5, IG6, IG8, IG10, RM6

If your postcode matches any of the above please call us, so we can arrange a meeting to interview you.

THIS IS IMPORTANT FOR YOU AS THE RESULTS OF THE SURVEY WILL BE USED TO HELP IMPROVE THE SERVICES WHICH ARE AVAILABLE TO YOU IN YOUR LOCAL AREA.

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the DELTA Campaign

The DELTA Trial In Context.

Keith Alcorn, National AIDS Manual.

The cost of the combinations used in the DELTA study represent the tip of the iceberg in terms of the new drugs about to become available. In the coming year, the European Union's new drug licensing authority, the EMEA, will review the applications to market:

- **Stavudine (d4T) - Spring 1996.**
- **3TC - Summer 1996.**
- **Saquinavir - Autumn/Winter 1996.**
- **Ritonavir - Autumn/Winter 1996.**
- **Indinavir (Crixivan) - Winter 1996.**

Individually, these five anti-virals have all shown promising results when used in combination with AZT, ddI and ddc, the anti-viral drugs already licensed in Europe.

Stavudine, 3TC and Saquinavir are already licensed in the UK for use in people who cannot tolerate AZT, or for use as first line treatment in combination with AZT.

Ritonavir may be licensed within the next three months in the US, partly on the basis of data which shows that people who took the drug in combination with AZT and 3TC when their T-cell count fell below 50 lived longer than those who took AZT and 3TC alone.

This suggests that three-drug combinations may have a greater benefit than two-drug combinations.

Seen in this light, DELTA is merely the first of a series of dramatic changes which will transform the way in which HIV infection is treated in the coming years. The cornerstone of this change is the discovery that measuring viral load (the amount of virus in the blood) and changes in viral load provides important information about the future health of people living with HIV. Levels of viral load are very accurate long term predictors of survival according to findings at last month's Washington Human Retroviruses Conference.

Similarly, monitoring the response of viral load to new drugs seems to offer a very quick indication of whether a drug treatment will provide a long term benefit. Trials are now going to determine whether the strategy of switching combinations when viral load increases offers the best chance of maintaining health. Viral load testing will cost money, however, even before any drugs are prescribed, and few hospitals are currently in a position to provide the test on a regular basis.

What they are saying about the campaign

"Ensuring sufficient resources are available to pay for combination treatment for people with HIV is very important. It should be a priority concern for everybody working in the HIV/AIDS field."

Christopher Spence, Director of London Lighthouse

"Very simply, the DELTA research trial produced very robust evidence that combination treatment has a clear impact on clinical outcomes. This is the first time that the effectiveness of any combination of drug treatments has been proven."

Professor Pinching, professor of immunology at St Bartholomew's Hospital in London

"It is of the utmost importance that people with HIV and AIDS have access to the most effective treatments available. That is why the Trust is supporting the Positive Nation Delta Campaign to get combination treatment funded."

Nick Partridge, Chief Exectutive of the Terrence Higgins Trust.

"The government funded this research, which has proven that combination therapy is ethically sound. To now be making choices between standards of service and the best drug therapy currently available to people with HIV and AIDS has already resulted in individuals having to cope with yet another dilemea than just the day to day problems of living with this disease."

John Campbell - Director of the UK Coalition of people living with HIV and AIDS.

The DELTA Campaign to get government funding for combination treatment received a huge boost last month when most of the big HIV services in the UK threw their weight behind it.

Doctors at leading London hospitals including the Chelsea and Westminster Hospital, the Kobler Centre, St Mary's and St Bartholomew's gave their support to the campaign, after they commissioned a separate study which showed the likely costs of funding combination treatment may be as much as £20 million per year.

This study, which involved all major HIV/AIDS treatment centres, was undertaken by a newly formed network of NHS HIV services, called the National Association of Providers of AIDS Care and Treatment (PACT), which was established at the end of last year.

The findings are similar to those of the Positive Nation research published at the end of November, which estimated the cost of funding combination treatment to be at least £12 million per year.

In a separate development, London's voluntary sector HIV services pledged their backing for the Positive Nation campaign, when the Pan London HIV Provider Consortium announced its support at the beginning of February.

Boasting many of the best known names in the HIV field in Britain, including London Lighthouse, Terrence Higgins Trust, Positively Women and Mainliners, the Consortium has backed a lobbying initiative as part of the DELTA Campaign.

Commenting on this, Christopher Spence, the Consortium's Chair and Director of London Lighthouse, said, "Ensuring sufficient resources are available to pay for combination treatment for people with HIV is very important. It should be a priority concern for everybody working in the HIV/AIDS field. However, I do not pretend this will be easy as it raises a number of important principles about access to health services for people with HIV and AIDS at a time when the Department of Health's allocation to health and local authorities for treatment and care is being reduced."

Meanwhile, the government is sticking to its policy of not considering funding for combination treatment until the final results from the Delta Trial are known.

Baroness Cumberledge, Under Secretary of State for Health, replying to a written question from Labour Peer, Baroness Jay, at the end of January, emphasised that the DELTA clinical trial results published last September 'remain preliminary' and that the government 'would be studying the detailed results when they are available'. She added that the Department of Health did not know what the likely take-up of combination drug therapies would be, but said that they were keeping the issue of new treatments for HIV/AIDS under review.

The detailed results are expected to be published in March and are expected to confirm the preliminary findings announced last September. These showed that people with HIV taking AZT in combination with either ddI or ddC lived longer, and progressed more slowly to an AIDS diagnosis than people taking AZT alone.

Commenting on the importance of obtaining funding for combination treatment, Professor Pinching, professor of immunology at St Bartholomew's Hospital in London said, "Very simply, the DELTA research trial produced very robust evidence that combination treat-

ment has a clear impact on clinical outcomes. This is the first time that the effectiveness of any combination of drug treatments has been proven. As such, for people who haven't previously taken anti-retroviral therapy, combination treatment is fast becoming the norm. This is already being taken up widely by HIV treatment centres and we have already seen clinical practice in this area change. It is important that changes in clinical practice are able to be incorporated in funding mechanisms. Britain has a good track record in appropriately funding HIV/AIDS services and it is important that this is continued in relation to combination treatments."

Positive Nation's own DELTA Campaign was launched at the end of October last year with the aim of trying to persuade the Department of Health to provide clear guidance and extra funding to ensure that all people with HIV/AIDS who might benefit from combination treatment have access to this treatment.

COMMENT

WHY THE DELTA CAMPAIGN WILL AFFECT US ALL

The Positive Nation DELTA Campaign continues to grow. After only five months, it has the support of many of the leading figures and organisations in the HIV/AIDS field, who are echoing this paper's assessment of the implications for many HIV positive people and for services if funding is not provided, and who are therefore also echoing the need for adequate funding for combination treatment.

The importance of this campaign, however, extends much further than trying to obtain funding for AZT and ddI or ddC. For, as we make clear elsewhere in this feature, there will be other drugs finishing research trials in the coming year, most of which will be offering the prospect of a longer and hopefully better quality of life, and all unfunded.

We have seen enough false dawns over the past 15 years of the HIV pandemic to be quite rightly sceptical about new drug treatments.

Some of these may, however, have substantial implications for HIV/AIDS treatment, as they may begin to offer the first glimpses of HIV becoming a chronic, but manageable illness, with longer life expectancies, than exist for the average person with HIV today.

This in turn has enormous implications for national HIV/AIDS policy. For, if these new drug treatments do live up to early expectations, the government will have to be able to respond to the ethical and moral imperatives which they raise.

This will almost certainly have financial implications, as none of these are likely to be cheap, but treatment advances will also have implications for other and existing HIV services. How will people's service needs change if they are living longer? How will they view the priority which should be attached to various service and treatment options?

Nationally there needs to be a way of being able to deal with each of these potential treatment advances, which is consistent and which recognises the 'knock-on' consequences for other HIV services. It must successfully navigate the moral and ethical minefield which any treatment advance offering longer or better quality life will present.

The way in which the government responds to the DELTA Campaign and to the issue of funding combination treatment will almost certainly set a precedent for how it responds to funding for the other important new treatments heading our way.

That is why the success of the DELTA Campaign is so important, for on the outcome could hang the basis of national health policy for dealing with future advances in HIV drug treatments - something which affects nearly all of us.

Your name
Your address

Stephen Dorrell MP
Secretary of State for Health
Dept. of Health
79 Whitehall
London SW1

Dear Mr Dorrell,

I am writing to request that you make funding available to pay for the costs of providing combination therapy for all people with HIV/AIDS who would be able to benefit.

As you may know, a recent two year research programme, the Delta trail, has shown that there is a reduction in mortality of nearly 40 per cent amongst HIV positive people taking combination therapy i.e. AZT & ddI or AZT & ddC, over taking AZT alone.

The results are so significant, that it is important that all people with HIV or AIDS who could benefit from these drug treatments have the rights to do so. This will only be achieved if funding is made available to pay the costs of the drugs.

I would be grateful for your reply,

Yours sincerely

PUZZLES 'N' STUFF

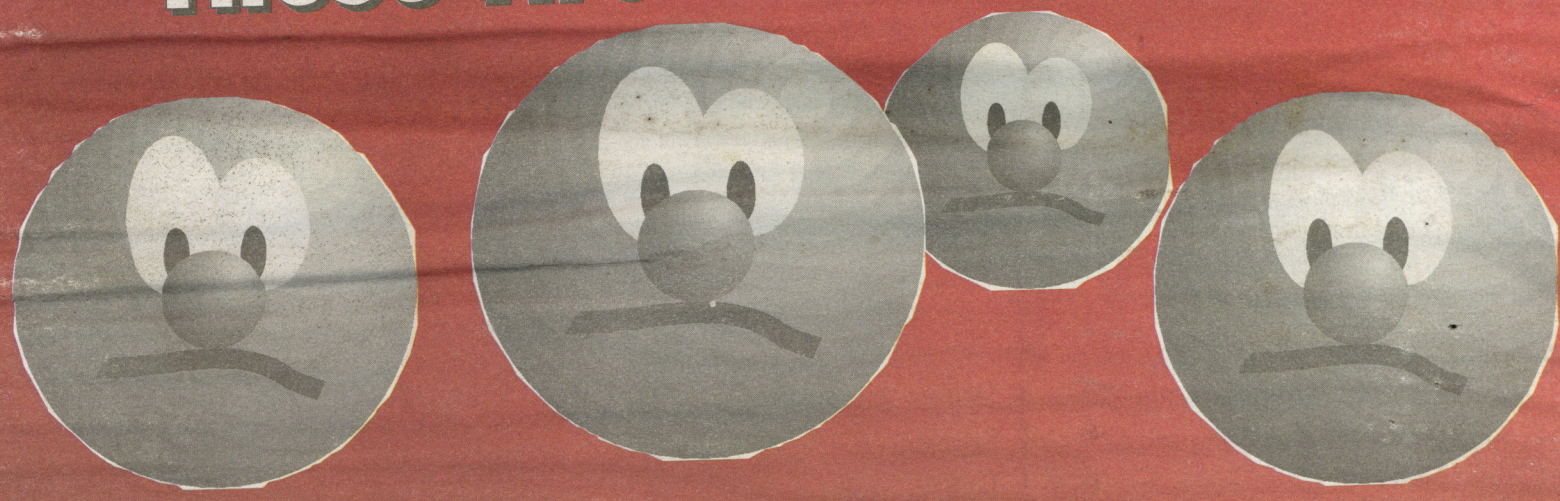
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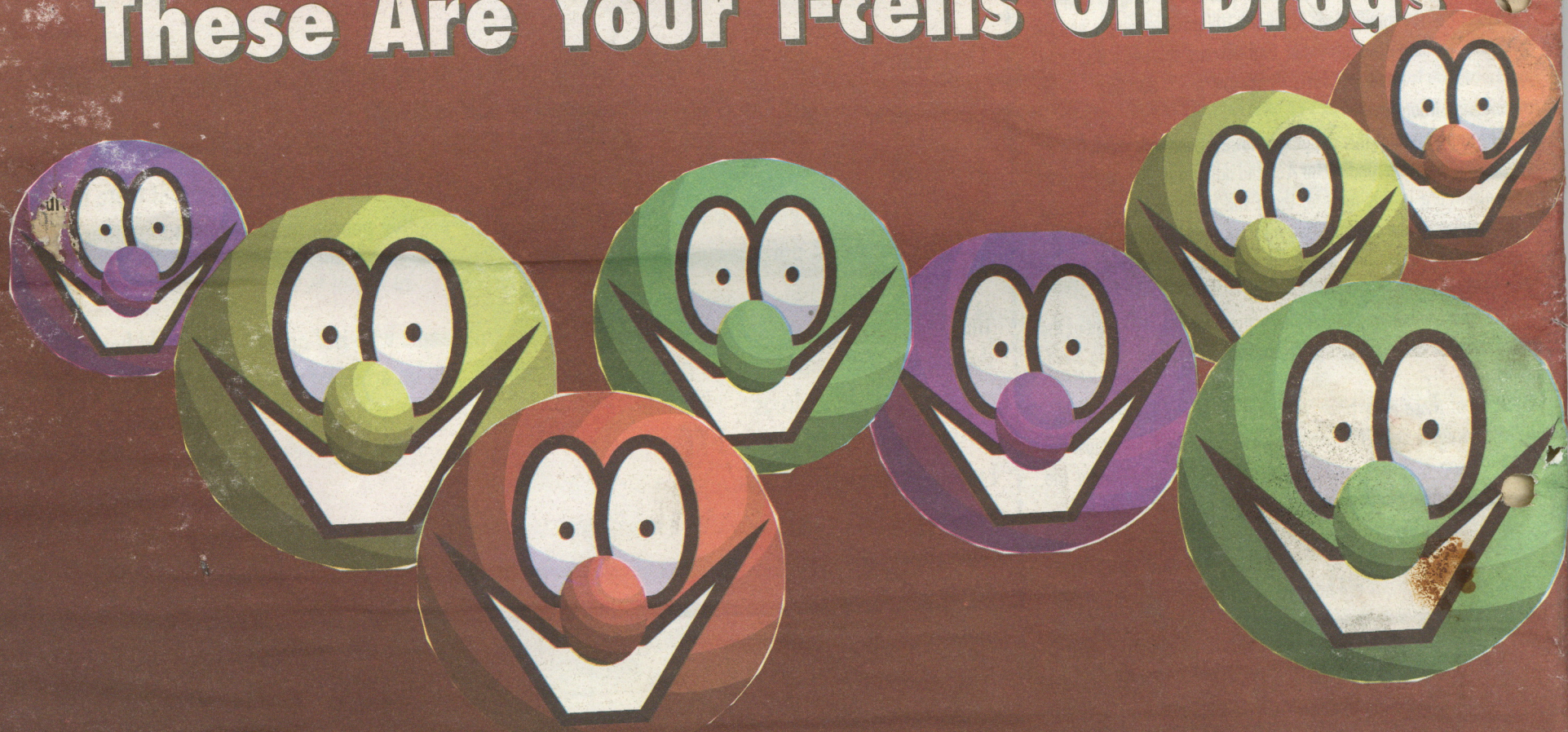
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