

POSITIVE VOICES - March 2013

Your Newsletter by Positive People for Positive People

Ask the Doctor: DAVID FAWCETT PHD, LCSW - (Positively Aware online Feb 2013)

Q: My husband is HIV-positive. I found out about it five years ago, but he refuses to see a doctor to maintain his health. Recently he broke out with a bad case of shingles. He's complaining of tiredness and he's not eating like he used to, which has led to weight loss. He's in denial. Can you help?

A: Thank you for writing. One common but obviously risky response to receiving a diagnosis of HIV is persistent denial and avoidance. Denial is a protective mechanism against shock that is valuable in the short term. However, people need to move through it into action, usually accomplished by getting more information, sharing feelings, and going through a process of acceptance. Sometimes, as in the case of your husband, this phase persists, and can be complicated by depression as well as anxiety. In such cases, it blocks the person from taking important medical actions. Ironically, of course, the sooner one gets on medication the better the outcome.

As time goes on, the impact of HIV becomes hard to ignore. Shingles is an opportunistic infection that indicates that your husband's immune system is challenged. The fatigue and appetite changes may also be indicators, but they could be signs of depression as well.

I would recommend finding a support group (most places have agencies dealing with HIV/AIDS and can direct you) and encouraging him to attend. Sometimes the most powerful role models are others who share the experience. I would look for a group for yourself, as well. Caregivers/partners experience a high level of stress themselves and need to practice self-care on a daily basis.

If he is willing, I think he could also benefit from therapy. Trained professionals can often identify the specific barriers or beliefs keeping denial in place and provide tools to break through. He might also consider taking an antidepressant that could motivate him to further action. Remember, antidepressant medication combined with psychotherapy has the best outcomes. Good luck to both of you.

Almost there:

March 10th. Daylight Savings starts.

March 20th. First Day of Spring.

President Barack Obama included AIDS in his first State of the Union speech after his reelection: "In many places, people live on little more than a dollar a day. So the United States will join with our allies to eradicate such extreme poverty in the next two decades by connecting more people to the global economy; by empowering women; by giving our young and brightest minds new opportunities to serve; and helping communities to feed, and power, and educate themselves; by saving the world's children from preventable deaths; and by realizing the promise of an AIDS-free generation, which is within our reach." Advocates applauded the inclusion of AIDS in the speech. However, they urged Obama not to make expected huge cuts to global HIV funding, which they claim would undermine the goal of an AIDS-free generation.

[Oscar Buzz: How to Survive a Plague, and the History of Sex Workers with ACT UP](#)

By Melissa Ditmore on January 25, 2013 11:35 AM [blogs.poz.com](#)

The movie [How to Survive a Plague](#) recently won [the award for Best Documentary from the IFP Gotham Independent Film Awards](#) and is nominated for an Oscar. The movie tells the story of the activism by ACT UP in the 1980s and 1990s to get research developing treatments for HIV on the federal agenda. How to Survive a Plague reminds the viewer that [even as the President referred to Stonewall in his inauguration speech](#) last week, it was once acceptable for religious leader Pat Buchanan to use the threat of the virus to tell gay people to be celibate. The people most affected by the virus, including gay people, were extremely marginalized in the early years of the epidemic.

One of the people featured in the movie is [Garance Franke-Ruta](#), now Senior Editor with [The Atlantic](#), who was a teen activist with ACT UP. Franke-Ruta attended a few meetings with Prostitutes of New York (PONY) as part of the Women's Committee of ACT UP. Terry McGovern, founder of the HIV Law Project and a member of ACT UP during the years described in How to Survive a Plague, who is now at Columbia University's Mailman School of Public Health, recalled that, "All of the women's stuff early on included sex workers. People from PONY were doing part of the organizing around the expansion of the CDC definition of AIDS to include symptoms experienced by women, and they were part of everything that went on around women's issues."

Members of PONY and ACT UP overlapped, but the enthusiasm and insistence of ACT UP's emissaries was viewed with skepticism by some of the sex workers of PONY. Tracy Quan, author and PONY member, contrasted two aspects of collaboration. In addition to ACT UP's Women's Committee, PONY participated with Gran Fury, ACT UP's unofficial propaganda arm, in an art show aimed at shaping the image of people

living with HIV, mounted at the New Museum of Contemporary Art. Quan said, "We had a more collaborative relationship in my experience with Gran Fury. The ACT UP Women's Committee, I didn't feel it that way. I felt it was more like feminists wanting to shape the PONY agenda," essentially seeing these meetings with the Women's Committee as an attempt to make PONY the sex worker wing of ACT UP.

Sex worker rights is a hard cause to find support for among women's organizations now. Quan is sanguine about this, saying, feminists "recognize that we can't really be controlled by feminism. It upsets some people who are looking for alliances with women's organizations, but it's a healthy sign. We needed them to get started but we have moved into a human rights area away from strictly seeing sex work as women's rights." Some feminists have attacked sex workers. Sienna Baskin, co-director of the [Sex Workers Project at the Urban Justice Center](#), said, "While some feminists include sex workers in their vision for gender equity, other feminist institutions shy away from or directly oppose sex workers' struggle for rights. Some feminist scholars even disparage the sex workers rights movement, claiming that its leaders are victims of a 'false consciousness' or are trying to harm women."

Melissa Gira Grant, a journalist and former sex worker, describes the achievements sex workers have made in HIV prevention, saying, "We turned the tide, along with sex workers around the world, from being seen as 'vectors of disease,' to experts with valuable solutions." However, she agrees with Baskin and points out the ways that some well-known feminists use their influence to attack HIV programs led by sex workers. "But now I see that balance slipping back, as some organizations and their leadership attempt to link sex workers to what they want to call 'sex trafficking.' In these campaigns that make no distinction between forced labor or migration and prostitution, they also attack sex workers' public health and community organizing projects, like the work done by peer health educators in brothels in India, which Gloria Steinem, on a recent trip to a red light district there, accused of being 'pimps' and 'traffickers.' Why are anti-trafficking advocates disrupting sex workers' health projects? Why are they comparing a condom one sex worker gives another to 'giving a mouth guard to a battered woman,' as one anti-trafficking organization in Washington, DC told a sex worker at a HIV prevention program?"

Feminists are not the only people one could expect to support sex worker organizing but who do not. Today, gay men and HIV organizations have achieved a level of mainstream respect that might never have been accomplished without ACT UP. Sex workers have turned to HIV organizations and gay organizations seeking support, meeting space, and shared agendas. However, members of the Sex Worker Outreach Project in New York described a distinct lack of support from gay organizations and from feminists. Sarah Jenny Bleviss said, "Mainstream gay rights and women's groups have made little effort in my decade of sex worker organizing to reach out and

bridge connections. The solidarity is not there and I think it is in part because we are still dealing with some of the most stigmatized among the marginalized. We've had better luck connecting with the labor movement."

Today, gay people are in most places less stigmatized and less criminalized than sex workers, more respected in the mainstream. Quan points out that, "This collaborative and friendly relationship with Gran Fury was before men were getting married and pushing strollers. Gay men were engaging in recreational party sex and sex workers were providing recreational sex, outside procreation. But there is this whole wing of gay culture now that is very family-values oriented." Some sex worker activists speculate that gay organizations may not want to be tainted with the lack of respectability of sex workers. Will Rockwell, a male sex worker and member of SWOP-NYC, points out that the gay mainstream tends to "sanitize" those it champions as victims, comparing the lack of attention to gay hustlers killed while working to the greater attention paid to victims of anti-gay bullying. He wrote [a piece in New York's Gay City News](#) pleading with the gay mainstream to consider how its "politics of respectability" had systematically excluded many of the most vulnerable members of the LGBT community, obscuring a legacy that included LGBT sex workers at its roots. Rockwell has noted that the "Compton's Cafeteria Riot and Stonewall consisted of hustlers and sex-trading transgender women of color throwing bottles." Sex workers face high levels of HIV and violence but remain underserved by HIV programs and anti-violence efforts. Support from feminist and gay organizations could make an enormous difference in these struggles.

ON GOING MEETINGS AND COMMUNITY SERVICES

Tax Time is Upon Us!

Do you need your taxes done? We are lucky to have the services of a Volunteer for STAP to assist those in need with their taxes at no cost. ** Next month they need to be done, so don't wait to the last minute. As you can image, Cynthia is busy this time of the year - so if you have not done so yet, call Candace (800-333-0892 x 225) to set up a time with Cynthia.

First come, first serve!

Candace has tickets to a Senators home game on March 8th, 2013. The game starts at 7:05pm. Please call her (800-333-0892 x225) directly if you want these tickets.

Join/ Attend: Consumer Advisory Committee [CAC] Meetings

The STAP Consumer Advisory Committee is a committee facilitated by and made up of consumers (STAP clients) who welcome other consumers and their significant others, caretakers and family members to join them on any given Tues night at the *Friends Dinner*. The floor is open so that concerns can be addressed as soon as possible. This effort provides a confidential space for clients to make recommendations regarding STAP services and other programs in a non-judgmental environment. The meetings are held during the *Friends Dinner* at Trinity Memorial Church. Call 1-800-333-0892 for directions or more details. If you cannot attend these meetings, mail or e-mail your opinions or suggestions to STAP, 122 Baldwin Street, Johnson City, 13790, Attention: CAC. CAC is encouraging consumers in other counties to organize meetings in their area.

This Newsletter: How to Contribute...

“People” have said, “I would write something, but... I don’t know what to write about”. (*Yes, you heard that right.*) So, I thought I might help those who are willing to participate. Here are a few topics that should get pen to paper:

“*STIGMA*” is a topic we are hearing a great deal about these days, I’m sure most of us are dealing with some form of it right now.

“How I reached out / helped another POZ, being that “true friend”.

“Curse or Blessing?”

“Choose to NOT have a relationship? Or if you do ONLY with another POZ?”

“Therapist” or “Go it Alone” or “Support Group” - Mental Health Choices?

“Sex / Disclosure / When” and “Have you ever used disclosure to your advantage to get away from an unwanted sexual advance?”

*“Denial is not just a river in Africa - it is where I live” * this one will take courage.*

You could also share an article that you have found on the web that is relevant to this disease.

Share something that made you feel “Proud”.

I can’t believe people would have nothing to say, this disease has tested every fiber of my existence, taught me lessons I did not want to learn and showed me just how strong you can be when you are willing to look inside yourself for the strength.

The easiest way to get it here is to contact your case manager / Stacy / Michelle; anyone will help you get it done, after all that is what this is about. And since I am hearing verbal feedback,

now is the time to follow up with those words.

**** FREE - FREE - FREE ****

How to Survive a Plague

March 26th: At S.T.A.P. - Johnson City office.

We would like to present to all “interested individuals” a free viewing of “How to Survive a Plague”, a look back at the earlier days in the fight against this disease.

A Sign-Up Sheet is available with Candace @ 800-333-0892 (Ext. #225). Please RSVP to her with the best time for you! “Lunch-time” / “Early Afternoon” is the current time, but it can be flexible based on R.S.V.P.s.

Friends Who Care Support Groups

Broome County / Binghamton: “Friends Who Care” meets every Tuesday at 3 pm - 4:30/5:00 pm at Trinity Memorial Church located at 44 Main Street, Binghamton. Come join us for Binghamton’s HIV/AIDS Support Group *(open to clients only). Also stay for a good (free) meal afterwards at the “Friends Dinner”.

This group of “Friends” started up 4 years ago when we were unhappy with the “canned” therapy we were getting at our local mental health. Trinity came to our rescue and allowed us to hold our meetings prior to the Friends Dinners on Tuesdays. The bonds we have formed over time have us calling each other “family” - this is truly a “support group”. We consider ourselves “Lucky” to be part of something so special. New members are welcome. - Take a chance. If unsure... Ask Stacy about us - she will even bring you to one of the meetings.

Chemung County: Men Living with HIV Support Group; 2nd Monday of each month; 6-7:30pm; Ivy Clinic, 600 Ivy St., Suite 206, Elmira. For more information people can contact: [Lynn Bassler](#), LMSW Treatment Adherence Counselor, Ivy Clinic, 737-8188.

Tompkins County: The Ivy Clinic is pleased to let all HIV+ men in the Ithaca and surrounding area know there is a support group that is held the third Tuesday of every month at the Ithaca STAP office. Time for the group is 6-7:30 pm. If you are interested in attending please e-mail Shannon at ssprague@aomc.org for info.

New Nutrition Class:

On the 3rd Tuesday of each month, Cornell Cooperative will present a Nutrition / Cooking Class at 4 pm in the cafeteria of Trinity Memorial Church. Open to all, those who are in the “food card” program will get credit for their monthly meeting. Check with Eric to ensure credit or additional requirements. This is an additional

opportunity to stay certified in the program - not an additional requirement.

Friends Dinner

“Friends” meet every Tuesday for a time of fellowship and food. Join us at Trinity Memorial Church (corner of Main & Oak Street - across from the High School) in Binghamton. Doors open at 5PM and dinner is served @ 5:30. No charge, just come with a smile and a friendly attitude - ready to meet friends in a “safe” setting and have a hearty meal. Open to those who are affected and/or affected by HIV/AIDS. Parking is on Oak Street behind the Church Annex & use the Oak Street entrance for the cafeteria. Call your case manager for info. Free bus passes available for transportation to/from the dinner (STAP clients only). For more info about the “Friends Dinner”, call STAP and they will get you in touch with Bill. **Have thought about it, but a little uncomfortable about trying? Stacy says she will accompany anyone who would like to give a “Friends Dinner” a try. I know of a few who have taken her up on this offer and have now become “regulars” at the dinner. Ask yourself, “What do you have to lose?”*

Free Anonymous Rapid HIV Testing

Walk-in *Anonymous* testing is available in the STAP Johnson City office Mondays from 1:00-4:30PM and Thursdays from 1:00-3:00PM. *Confidential* testing is available in the Johnson City office Thursdays from 9:00AM - 12:00PM at 122 Baldwin Street, Johnson City, NY 13790. Walk-in *Anonymous* Testing is also available Tuesdays from 9:00AM-11:30AM, and *Confidential* testing is Thursdays, 9:00AM-11:30AM at STAP's Ithaca office located at 501 S. Meadow Street, Ithaca, NY. For more information and other testing opportunities available throughout the month, please call (607)798-1706.

Ask the Medical Advocate

** DO YOU Know What the C.H.O.I.C.E.S. Program Is?

C.H.O.I.C.E.S. is a self-paced educational series designed specifically for YOU to learn and understand HIV and your body. Whether you take one quick course or decide to go through the entire program and take charge of YOUR HIV, ask a Medical Advocate about C.H.O.I.C.E.S. today...

Medical Advocacy Coordinator: Stacy # (607) 798-1706 Ext. 210

Medical Advocate: Autumn # (607) 426-9445

* Every 4th Tuesday of the month at 4:30 pm **(New Date & Time)* - just before the Friends Dinner come join us for our monthly educational session (open to everyone). We have found that we get more out of the program when we learn the information

as a group. Questions are asked and discussed within the group.

Free EDUCATIONAL lunches: March 2013

Broome County -

Monday: March 18th at 12 noon

*Special PLWA Guest Speaker; Karina, will be leading a discussion on the topic of “STIGMA”. It should be an interesting discussion, think about attending. (this program is co-sponsored with the Binghamton Primary Care Consumer Advisory Board - CAB). *You may also R.S.V.P. to Greta @ 762-2102 for this event.*

From this point on, all these “lunches” will be held at Grandes’ on Vestal Ave. If anyone is unsure where this is - Martha will help with that.

* As usual seating is limited (you & a guest only) and must be reserved with Martha at least a week before the event. *R.S.V.P. - Martha # 607-644-7586.*

Tompkins County - See flyer insert...

Friday: March 15th at 1:00pm

Gilead will be presenting an educational luncheon on HIV and Aging at Simeon’s (on The Commons). You may bring a guest, but space is limited, so you MUST RSVP! RSVP to Autumn Cook 426-9445.

These are “learning events” - please respect everyone’s right to learn.

Please turn off your cell phones. Important call? Vibrate!

Leave the room if you take the call.

***The call went out for participation in this newsletter and C.K. quickly stepped up to share one of her experiences..... “I” Thank - You!!!**

Recently, I came across an amazing man during my social networking via the internet. He hails from a village in Uganda. After dealing with the positive diagnosis and death of his sister, he decided he wanted to help others. He wanted to educate others and help them through their HIV positive journey. I am often heard saying we need to fix our own problems in our own home before we try to fix others (in reference to giving aid to other countries). This man has opened my eyes and changed my heart. I am humbled and grateful for the advancements in the United States. I am grateful that I can live open about my status as well as my family. Continue reading to read about his incredible journey and life. Enjoy learning about this man’s efforts to educate others about their status and helping them receive medical care. See his efforts and obstacles in order to break down the walls of stigma in a very underdeveloped country. A country that still feels serious

oppression and stigma associated with HIV. Here is his interview and story.

C.K.: What is your name?

Jimedine: Kiyini Jimedine

C.K.: What got you involved in the HIV field of work?

Jimedine: We were seven in our family but right now we are six. Our third born was a girl whom died in early January 2006. By then, I was on my advanced level vacation after leaving school. While I was at home Julie started becoming sick and we had to take her to the hospital. After 2 to 3 days we had to bring her back home after (she received a) three day drip treatment. She would stay well for only one month and fall sick again. After five months of this situation I asked her whether she had an HIV test. She told me that she didn't have enough blood to give to the doctors. After two weeks she fell sick again, so, I went to the doctor and explained to him everything about my sister. I tried to talk to the doctor asking that he request for the blood sample for my sister. He told me that they can't carry out an HIV test without someone's consent. I lost hope because, by then, I could believe in the rumors that if someone is proved to be positive that he /she can be saved and can live. That she could continue with her life span like an HIV negative living person. I used to call it rumors because we had a lot of HIV irrelevant information and the majority of us were misinformed by con men whom were interested in getting money. So, to save my sister's life, I wanted to prove whether she is positive. Then, I could try whatever cures the con men had told us. At this point, we didn't know about ARV's or how they worked. At this time there was a lot of myths and stigma.

She, again, became sick and we took her in the main hospital (Mulago Hospital) and we spent a full month there. The doctors called me and told me to talk to her in a polite way, asking her to sign so that they carry out an HIV test. It took her two days for her to accept and trust me. I didn't know what to tell her. Only one statement I could make, "Julie, allow the doctors to test for HIV, I need you my sister, I don't need you to leave me." I could say this, but, with a deep pain in my heart because she could not talk. Only nod her head. On the second day of me telling her that, she nodded her head upwards. I ran and called the doctor and he asked her again and she did the same. The truth is that the results were positive. She was referred to another doctor who could advise her on whether to start the treatment of HIV or not. They put her on the first treatment of positive living medication to boost the immune system. She started walking and around two weeks they went back to the Hospital. She was referred to a different doctor who told her that if they put her on ARV's, she was going to die soon. So, they told my sister (whom she went with), to go on the next floor to take the CD4 result slip. Julie went out of the doctor's room and left! My sister came back and searched for Julie, but nowhere she could be found. After two days she came back home. She could not talk to anyone. She called me the next day and asked me, "Were you taught that those with HIV virus sneeze out bloodlike fluid?" Actually, I had to say no because since my Primary to Secondary (schooling), I've never been taught anything concerning HIV.

Julie developed blisters on some of her body parts. The blisters would swell and after sometime they would disappear, leaving a black punch or scar. It even attacked her left eye. It left only the black part of the eye, but the remaining (white part) became maroon/red. It was skin cancer which caused all that. He called me. When I came she could not recognize me. Julie had lost her sight. In the evening I had gone for pottery work and they sent the neighbor to call me to come back home. She never said anything but insisted on me coming back home. Upon reaching home I only could

hear crying voices. Julie had died. The only last words she spoke, while calling for me, “ Jim, Jim , massage my joints, the thighs , it is the virus moving while inching me, my neck, please fight it, it is causing a lot of pain, fight it please, it is killing me.” She said such, but in my local language (luganda). They could massage her on these parts, bu,t all in vain. When I was told what my sister was telling them due to the lot of pain she had, this is where I also derived the name of my Group on facebook “Jimdean Vs HIV n Aids “ and Community Based Organization.

So, the situation I went through, I just know that their many people who are losing their lives because of lack of relevant information about the HIV virus. I believe if I had enough information and skills, like I do now, she would still be alive.

C.K.: How long has it been?

Jimedine: It’s now 7 years.

C.K.: What locations or places are you doing your work?

Jimedine: Urban and Rural areas.

C.K.: What are your biggest obstacles?

Jimedine: WHEN SELF VOLUNTEERING

1) Internet Access

Internet becomes a problem for my online clients. Especially the Secondary and University students find problems in contacting me when I am in the village or remote areas. Also, when I go in the village I almost spend a month releasing all the information I have about HIV and Aids virus and the link between nutrition and HIV/AIDS. Some of my peer educators will email me thinking that am in town and they have urgent questions from the students. It holds them up because they tell them to discuss some questions in the next session. The next session comes, but, they didn’t get a response from me to the questions. I do move with my modem and the flash containing the Mobile Partner software which helps me when I am able to find a desktop computer. I just install the software for me to access the net but I have to pay not less than 5 dollars for only 50 minutes. And right now some do not want me to plug in my flash in their computers worried that am just transferring Viruses which harms their computers.

2) Transport and Lack of HIV Test Kits

Transport becomes a problem. It limits me from reaching some areas and I can only cover small areas at a time. Yet, when I’ve traveled a long distance to do my voluntary work, people are interested in knowing their HIV status. The test kits are expensive.

3) Man Power

Sometimes I find myself traveling a long distance to reach some villages, whereby, even the next day I have to travel to the next village or school. For the elders (as you know Uganda has many Tribes with different languages and we use the official language which is English), some don’t understand me and I have to find someone to volunteer and translate for them. I have to pay a small appreciation fee.

OBSTACLES FACED WHEN WORKING FOR SOME NGOs (Non-Government Organizations)

- 1) They have tried to intimidate and chase me away. Because after every end of the outreaches I fail to obey what they ask me to do (which is not in line with the NGO rules). I refuse to record fake records and numbers of the equipment (test kits, etc.) used and transport figures followed by my signature.
- 2) They refuse to help the volunteers to reach the nearby areas to utilize the remaining materials for example HIV Test Kits and mosquito nets.
- 3) They do not consider people's situations whether you're renting or not as in giving out the allowances to the volunteers which can take 3 to 4 months without any allowance cleared.
*(*Side note: many organizations have doctored records, which upsets the volunteers. They either are forced to lie in order to continue those they can help or find another organization to work for. Often it's the same results for the volunteers. Jim has confided that he has gotten into tough situations when refusing to lie on the documents which require his signature.)*
- 4) I use certain internet access, (by using other people's computers) to meet others by using the computer to text them on their mobile phones no matter when in the village or town. It helps reduce the internet costs. Then, I can research about HIV, which is very important. It has helped a lot and I learn new things that help me in my work. It also helps with the myths and false information about HIV.
- 5) Transport so that I can manage to reach all areas where I feel they need my help.

C.K.: What problems do you see that you need to overcome?

Jimedine: Internet access and Transportation, so that I can manage to reach all areas where I feel they need my help.

C.K. : What do you think could be done to solve those problems?

Jimedine: If I can get support from any organization, individuals or grants from donors as I am fighting hard to register my own community based organization. As you know, a tree cannot grow without support from its roots. So, I am a tree which is in need of support so that I can release all what I have than keeping the information within me. It's like a lorry loaded with sacks of rice to be taken to the refugee camp or displaced people but when there is no diesel in the diesel tank of the lorry. So, I have all the relevant information about HIV and skills to help those in need and I have the ability to resolve complicated problems and issues. But I don't have the funds or support.

C.K.: Does stigma run high where you live?

Jimedine: It is at a low pace. Not much compared in the rural areas.

C.K.: Can you tell me some stories of stigma that you have come across?

Jimedine: In some parts of the country that is Northern Part of Uganda and parts of West Nile, there is what we call Flash Heating of Breast Milk. This is when mothers tend to cook the breast milk before giving it to the baby especially when the mother is a positive living. It is done to kill the HIV Virus . So, the whole community started putting a keen eye or they were eager to see what their wives or neighbors are preparing. When they get to know that you're cooking, many questions

will be asked. When they find out that you milked your breasts, they will tell the whole village so that they avoid you in sharing some things that is plates, cups, saucepans, basins, etc. few for the many. Here, we know that heat can keep HIV from being infectious but studies are being done to determine whether breast milk can be heated enough to destroy the virus without damaging the milk. There has been some success with this, however, at this point not enough is known about how long it needs to be heated or at what temperature.

In some hospitals in western parts of Uganda, positive living do not share the same latrines with the negative living. In homes, positive livings do not share the same bedrooms and beds.

C.K.: Have you ever come in danger because of the work you have done?

Jimedine: Yes, I remember when the Government of Uganda refused and stopped the Prime Minister of Buganda Kingdom when he was on his way to a central Town in Buganda Kingdom. This led the [Baganda from Buganda](#) to demonstrate and it found me just 3 miles away when I was carrying out voluntary counseling. When the soldiers found us in a group we were beaten to the extent where we could not even walk. It reached to the extent of one of my clients to lose his life after two days. He was beaten and the blood failed to come out behind his head(internal bleeding). That Demonstration occupied the whole of Buganda Kingdom and is called a Memorable Demonstration because it had never happened in Uganda since.

C.K.: How do you think HIV is spread in your area? For example, drug use, affairs, etc.

Jimedine: Misinformation about the spread of HIV/AIDS, whereby, the majority only know that you can get the virus through blood contact. Lack of enough information on using condoms. Giving birth at the local midwives places where PEP is not given to the born babies from the positive living mothers, due to lack of skills in the field of HIV. Drug use and committing adultery.

C.K.: In your country, what do you think is the best way to educate and reduce HIV infection?

Jimedine: Through training the Peer Educators in secondary schools for free. They can then teach their school mates while being supported by us (the trainers). These people can spread the gospel of HIV and help those in villages and towns. Free Training for the elders within the villages or communities. Free Door to Door counseling of mobile counseling and testing.

C.K.: What changes in the system would you like to see?

Jimedine: ARV's should be extended up to the Clinics. Each clinic should be with an HIV Counselor. Also, when a person living with HIV and Aids is allowed to start the treatment, they need easier access to the Health centers (or meds). [Walking long distance is a problem to them reaching the health centers](#). Local midwives should get free reproduction health trainings. Those who refuse should be stopped from encouraging pregnant women to give birth from their places because, They can't detect between a positive living and a negative living to provide PEP to the new born babies from the positive living mothers. Non-Governmental Organization with HIV projects should be supervised in order to see whether they are using qualified and skilled people with a positive attitude towards people's lives in the field of HIV and Aids. Secondary schools students should be trained at least the modes of transmission of HIV and Aids. Condoms should be for free throughout the country for easy access and people should be taught how to use them.