



HIV AND SEXUAL HEALTH SERVICES FOR MINORITY ETHNIC COMMUNITIES

# NAZ CELEBRATES 10 YEARS



**N**az celebrated its tenth birthday, with its Annual General Meeting on 1 November 2001. Over 100 guests joined staff and board members at the event held in the London Lighthouse, West London. After taking care of business, the meeting heard from guest speakers Neil Gerrard MP, chair of the All-Party Group on AIDS, and from researcher Yasmin Halima of the International Aids Society. From then, there were performances from drummers and dancers, followed by food and drink, a live Salsa Band and more partying.

The guests seemed pleased: "Thanks for a great combination of politics, food and fun - Well done Naz!" said one. "Warm welcome, magnificent meal, delightful people - thank you," said another. "The best charity AGM I've been too - and the wildest! Good luck for the next 10 years and beyond," added a third one.

Tributes to Naz: page 3

## HIV WORKERS WORRY ABOUT GOVERNMENT PLAN

**H**IV activists are worried that the Government's national sexual health strategy, due to be implemented this year, will weaken local HIV services at a time when new infection rates are reaching record levels.

From April 2002, the Department of Health (DOH) will introduce major changes to HIV services in Britain. Special funding to fight HIV, 'ring-fenced' since the 1980s, will be scrapped. Instead, the money will be merged into local health funding and could easily be spent on other health care.

But the DOH insists the new plan will strengthen efforts to fight HIV. It aims to reduce by 25% the number of new HIV infections by 2007, tackling transmission, undiagnosed cases, unintended pregnancies and associated stigmas. Local authorities will be

required to invest in HIV prevention services for vulnerable groups, with African communities prominent among these.

"All health authorities should receive their fair share of the available funds, in accordance with up-to-date epidemiology, and the uniquely skewed nature of the distribution of HIV infection in England will be taken into account," a DOH spokeswoman told Rasaneh Khaberie.

But voluntary groups believe this approach could undermine vital HIV work. "We are extremely worried that these changes are being made without adequate safeguards," said the English HIV Policy Forum in a statement. "The changes could destroy much of what has been achieved in Britain, such as work with gay men, African communities and drug users."

*continued on page 2*

## KHABERIE CONTENTS

Concerns about ethnic HIV data .....	4
Introducing: Bashir Jivani, Khadija Naib .....	4
HIV and Muslims.....	5
Non-B virus.....	6
Asian woman gets award.....	7
News UK and World.....	8
In memoriam.....	11

## SUBSCRIPTIONS

To regularly receive Rasaneh Khaberie and to receive all Naz Project London mail outs, which include details of events, training and resources, you can buy a yearly subscription. Subscription costs only £30 per year (CBOs £20 per year). Please send details and payment made out to "The Naz Project (London)" to the address below.

*Rasaneh Khaberie is published by The Naz Project London, Palingswick House, 241 King Street, London W6 9LP*

Tel: 020 8741 1879 Fax: 020 8741 9609  
Email: naz@naz.org.uk

Please help us to keep our mailing list up to date by making sure we have your correct address and telephone number.

*Rasaneh Khaberie is edited by Andrew Lawday*

# *Naz* Mission Statement

- To challenge the myths and prejudices that exist about our communities and within our communities.
  - To campaign vigorously to ensure that our diverse communities are not excluded from HIV, AIDS and sexual health services due to culturally and linguistically inappropriate service provision.
  - To educate and empower our communities to face up to the challenges of the AIDS pandemic and mobilise the strong family and support networks that exist, to care for people living with HIV and AIDS.
  - To ensure that service users are at the heart of assessing need and play a central role at all levels within the Naz Project.
- ### Aims & objectives
- To provide culturally and linguistically appropriate HIV, AIDS and sexual health prevention care and support services for the South Asian, Middle Eastern, North African, Horn of African and Latin American communities in London.
  - To enhance the quality of life for people from our communities affected by HIV and AIDS by promoting self help and empowerment.
  - To pioneer the development of culturally sensitive, linguistically appropriate needs-led high quality services.
  - To promote greater understanding of the diversity that exists within our communities in terms of sexuality and sexual behaviour.
  - To challenge racism, homophobia, sexism, communalism and religious intolerance and to promote an understanding and awareness of the negative impact of these issues on our communities.
  - To educate the public in general, and our target communities in particular, of HIV and AIDS transmission, treatment and impact.
  - To foster the development of a non-judgemental approach to those affected by HIV and AIDS.
  - To respond quickly, imaginatively and effectively to the ever-changing local and international epidemiology, causes and consequences of the HIV and AIDS pandemic.
  - To address where possible the needs of those communities comparable to our own but which are marginalised by other mainstream HIV and AIDS agencies.

## HIV WORKERS WORRY ABOUT GOVERNMENT PLAN

*continued from page 1*

Neil Gerrard, chair of the All-Parliamentary Group on AIDS, raised his concerns at Naz's Annual General Meeting. "We're all going to have to keep a very close eye on what's going on locally to be sure the proper money is spent on AIDS," he said on November 1, 2001. "I am more worried about HIV prevention work than treatment. I don't think the national strategy has been thought through properly at the primary care level. A big question mark remains over how it will be implemented."

Gerrard also said the HIV strategy falls short in key areas. He stressed the need to look beyond the medical problems at questions of stigma, discrimination, housing and employment, asylum and human rights. The international dimension, he said, was also ignored by the strategy. "Epidemics in Asia and globally are bound to have impact in the UK. It will affect people in Britain with the least voice, least able to speak for themselves. That's why Naz is so important."

The first national Strategy for Sexual Health and HIV is a bid by the Government to raise service standards and tackle rising HIV and sexually transmitted infections (STIs). It fits into a larger National Health Plan to replace

Health Authorities with Strategic Health Authorities. Under this system, new local Primary Care Trusts (PCTs) will become the lead organisations in assessing needs, planning and improving health services.

Money previously ring-fenced for HIV prevention will be allocated to PCTs to commission services locally. They are required to show commitment to engaging with local users and groups in planning services, so



Neil Gerrard, chair of the All-Parliamentary Group on AIDS

groups like Naz will have a large role to play with its unique expertise in community work. But questions remain over how these PCTs will work in practice and teething problems as the new system starts up.

In a detailed response to the strategy, the Pan London HIV/AIDS Providers Consortium welcomed the strategy but had reservations. It was concerned that the strategy deals with the clinical aspects of HIV at the expense of broader health determinants. In the statement, dated December 2001, the grouping called for ring-fenced funding to be continued for an additional year to allow enough time for the new arrangements to be put in place.

This is also the position taken by Naz. Bryan Teixeira, the Naz director, wrote to the DOH on December 5, saying a planned phasing was needed to protect black and minority ethnic populations from the worst impacts of these changes. "Within four months," he noted "decision-making authority is to be devolved to local groups whose expertise and efficiency are still unproven." London-wide provision, he stressed, would be more effective for the communities Naz works with.

# WHAT OUR GUESTS HAD TO SAY



“Best wishes, nothing to add.”  
<< Joe, teacher, friend of Naz



“I look forward to another 10 years. I expect NAZ to expand to provide a whole range of services to its communities. Expand its portfolio of health.”  
Chetan, Drugs adviser, Home Office >>



“I hope it keeps on being as successful as it is now.”  
<< Varisha, housewife



“A job well done! I hope good work goes on for many more years.”  
Kamal, shopkeeper >>



“I’m thinking...I like the music.”  
<< Adelaide, 7  
“I like the party and the cake.”  
<< Miriam, 9



“Oh Gosh. Congratulations and keep up the good, hard work.”  
Yasmin (friend of naz) >>



“Naz allows me to be both Indian and Gay for the first time in my life.”  
<< Ashok, psychology lecturer



“It’s important that humans should live as they feel. I want people to do as they feel inside.”  
Mirhet, Rebka - English students >>



“I think it’s a fundamental role that Naz plays in our communities. Thank God it’s here. Long live Naz.”  
<< Rosangela



“Keep working at it, keep working...”  
Neil Gerrard MP >>

# CONCERNS ABOUT ETHNIC HIV DATA

As HIV grows in Britain's ethnic communities, authorities are considering how best to disseminate vital information on which nationalities are most affected. Valid worries about stigmatisation are making life difficult for Naz and other health educators as they struggle to reduce HIV rates among Britain's ethnic minorities.

New HIV diagnoses in heterosexuals overtook those for homosexuals in 1999 and have been rising since among migrants and Britain's ethnic minority communities. More than three-quarters of heterosexual patients acquired HIV abroad, about two thirds of them in Africa. Growing numbers also became infected in Asia, Latin America and the Caribbean.

Naz, in October, asked the Public Health Laboratory Service (PHLS), the official body that collects HIV statistics, how many South

Asians, Latin Americans, East Africans and East Europeans are infected with HIV in Britain. The organisation also asked how many HIV patients are in London, which countries they come from and what languages they speak. Naz finally received some of this information in mid-January.

Barry Evans, HIV epidemiologist at PHLS, said his group was consulting on how much information could safely be divulged. "We will ask the National AIDS Trust's African Forum what level of disaggregation we can give out. We don't want to be obstructive to service providers and health promotion workers, but any wrong step would result in a loss of confidence throughout the whole data-collection system."

Naz is worried that such concerns could block vital work. "This information should be available for service providers, although probably not for the general public because there is a risk of stigmatisation," said Naz

director Bryan Teixeira. "This data would go a long way in helping Naz make informed decisions about what services to provide, in what languages and cultural contexts; it would also show funders how important this work is."

Authorities, it appears, are well aware of their duty to use the information to promote safe sex in ethnic communities. Evans said he would make sure Naz got the information it needs and would 'disaggregate' Africans and Latin Americans by area of origin. PHLS, he said, erred on the side of caution.

He gave this example: "It may be inappropriate to say that 10 people in a given local health authority are HIV-positive from a particular country. It may result in further marginalisation of such communities. Once the information is out, the impact could be profound. We are very conscious of our duty of confidentiality."

## INTRODUCING NEW NAZ CASEWORKERS:

### BASHIR JIVANI, CASEWORKER FOR MUSLIMS

My name is Bashir, and I am delighted to be joining the Naz team as Client Support Worker for the Muslim community. This new position reflects the growing awareness and recognition of the special needs of Muslims in London relating to HIV/AIDS. I was brought up as a Muslim in East Africa and have lived in the UK for 30 years. My family originally comes from the Indian subcontinent; so I am fluent in Urdu, Hindi and

Gujerati - with some Spanish for good measure! Professionally, I have spent a large part of my career as a personnel manager, providing support and counselling to people in the work environment and promoting their wellbeing. This has also included working with Equality and Diversity issues. The Muslim community is a very diverse one embracing a wide variety of cultures, countries and customs. I hope that my skills and back-

ground will enable me to add real value to Naz in providing appropriate support service to Muslims. I am immensely looking forward to the work ahead.



### KHADIJA ABDELKADER NAIB, CASEWORKER FOR ERITREANS

My name is Khadija, the new Eritrean sessional client service worker. I am pleased to serve the Naz Project London and the Eritrean community in London. I have worked with Naz since 1998 as a placement with the African Family Foundation. My background is in medicine. I came to England in 1995 to continue my studies, interrupted by the 30-year war in Eritrea. After completing my schooling at a private Italian school in Asmara, I joined the Eritrean Revolutionary Front in 1976. After six months of political and military training, I was assigned to the Central Hospital. Two years later I trained to work in the operating theatre, then

as a nurse, anaesthetist and assistant to the doctor. I even performed minor surgeries. Nine years later I was working in the Department of Public Administration, when I was elected to the Central Council for the National Union of Eritrean Women in Sudan. I worked in the Research and Information Centre doing research on traditional medicine. I also worked as editor for the 'Voice of Eritrean Women.' In 1995, I did an MSC in Primary Health Care at the University of Manchester. Besides working at Naz, I am also doing a Certificate Course in Counselling for Refugees.

# 'MUSLIMS MUST KNOW ABOUT HIV' SAYS MOSQUE

Muslims need to be aware of HIV, says London's Central Mosque. "All Muslims should know about HIV and how it's transmitted. If a person chooses to remain ignorant, they cannot blame others for not informing them," Nizar Boga, Health Coordinator at London's most famous Mosque in Regent's Park told Rasaneh Khaberie.

Recognising that some Muslims might try to suppress information about HIV and sexual health, Boga said knowledge should take precedence over modesty.

Many Muslims link the HIV epidemic to homosexuality, a practice considered unlawful in Islam. "We would prefer to be told it doesn't exist. But all said and done, we are all humans," said Boga, who noted that stigma surrounds HIV and AIDS in the Muslim community.

While Muslim countries appear to be less affected by HIV than others, growing numbers of Muslims are being infected. Many do not know that the infection can be transmit-

ted in non-sexual ways. "We don't want to be complacent, we must be aware how HIV is transmitted and try to avoid it through the choices we make," said Boga.

Currently, the Central Mosque makes few efforts to raise awareness about HIV among Muslims. "The nearest we'll go is statistics, placing materials on the notice board along with other health issues. And we might even use the electronic message board in the mosque foyer, which is seen by thousands of people." And Naz did participate in the Mosque's yearly health fair last year.

If HIV increases in the Muslim community, said Boga, he will take action. "I'll pull out all stops to arrange a conference with no inhibitions. This is a serious health issue. Our community is sleeping, because there's a low rate among Muslims. But we must not to be complacent."

Some 4,000 Muslims attend Friday prayers, and if necessary, Boga is confident that messages can be put across. "Sermons are not only spiritual, they have a welfare side too."

Problems can arise when talking publicly about 'safe sex,' he admitted. But at a private 'clinic' session, on a one-to-one basis, anything can be discussed, including HIV and sexual health. "We should use modest language, without explicit pictures. But we can still get any message across."

Currently, if someone is infected with HIV, there is shame. The family would keep it under wraps, even if someone dies. But the family must care for the person with their full attention. They would seek medical help from the healthcare system. "The family would probably get advice from non-Muslims, as we don't have such expertise in this area," admits Boga.

He finished on this note: "Our prophet Mohamed (peace be upon him) said there is a cure for every illness, and we should seek the excellence of that cure. That means seeking the best cure available at that time. This also applies to prevention, so a Muslim should seek the best information."

## UNAIDS/WHO 2001 ESTIMATES

### Global

People with HIV/AIDS:	40 million (2.7m children under 15)
New HIV infections in 2001:	5 million (800,000 children)
AIDS deaths in 2001:	3 million (580,000 children)

### Regional totals of people with HIV/AIDS

Sub-Saharan Africa:	28,100,000
South and Southeast Asia:	6,100,000
Latin America:	1,400,000
Eastern Europe and Central Asia:	1,000,000
East Asia and Pacific:	1,000,000
North America:	940,000
Western Europe:	560,000
North Africa and Middle East:	440,000
Caribbean:	420,000
Australia and New Zealand:	15,000

## NATIONAL AIDS TRUST FIGURES:

### UK:

35,000 live with HIV  
 15,000 died of AIDS  
 in 2000 and 2001 greatest increases since epidemic began

### World

40m infected with HIV  
 14,000 new infections daily  
 8,000 AIDS-related deaths daily  
 23m global death toll so far  
 13m+ children orphaned by AIDS

# MIGRANTS AFFECTED BY DIFFERENT HIV

Migrant communities are affected by different strains of HIV, reflecting genetic changes in the virus and global patterns in the epidemic, according to researchers. Pharmaceutical companies and doctors will have to provide equal care to all HIV patients, and not concentrate resources on the study and treatment of the B-subtype common in the West. Doctors will also need to understand the social and economic situation of all their patients, routinely subtype and not prescribe drugs blindly.

Demand is growing in Britain for expertise and drugs that treat all permutations of HIV. "Most of the world's infection is located in the developing world. Of these, most infections occur within non-B HIV subtypes," says Yasmin Halima, researcher for the International Aids Society. "Directing resources towards the research of viral evolution, pathogenesis and treatment of different viruses may prove therefore, to be opportune, as well as cost-effective."

## What is non-b?

Scientists are noticing genetic varieties and mutations of the HIV virus. Although the M variety is most common worldwide, it can be divided into subgroups labelled from A-K and combinations. The B-subtype is prevalent in Europe, North America and Australia. Whereas in Africa, Asia and Latin America, more diverse mutations are found: including A, B, C, D, F, G, H, J, K and combinations. "Most of the world is non-B, except white Europeans," explains Ms Halima.

## 'What happens there happens here'

Far more attention must be paid to the non-B strains prevalent in Africa and Asia. The main lesson from Ms Halima's study is that what happens to the HIV virus on the other side of the world will happen in the UK. Modern migration and mobility patterns make sure of this. You can even trace viruses. Ms Halima points to an epidemic in Finland traced to a mutated form of the HIV virus in Thailand.

"If you visit Hampstead Heath, you're as likely to be infected by the non-B subtype," says Ms Halima. She cites that in Hampstead's Royal Free Hospital, 25% of HIV patients have the non-B subtype. With over 300 non-B patients, the hospital is currently trying to determine approaches to deal with this.

In 1997 there were around 7,500 cases of non-B infections in the country. Of 621 samples already subtyped, 20% were found to be A and C and 4% were D to G. Researchers from the Communicable Disease Surveillance Centre (CDSC) and the Public Health Laboratory Service (PHLS) concluded that "immigration patterns suggest that this part of the UK epidemic is mainly driven by the epidemics in eastern and southern Africa."

## Treatment

These findings have serious implications for treatment. While anti-HIV drugs are used to treat non-B patients, they are not specifically designed. Because pharmaceutical companies are concentrating energies on their prime market, the B subtype, a gap in scientific knowledge is growing. Worryingly, non-B subtypes could be resistant to some drugs. One PHLS study in London found that 87 of 400 patients not responding to therapy were non-B subtypes.

Already, black and minority ethnic communities face poverty, language, racism and other major obstacles in getting treatment. Ignorance of the non-B virus could make this worse. The people most affected often have the least voice. Typically, they are more ill because they are diagnosed late, suffer more opportunistic infections and do not always understand the treatment. As one misinformed patient put it, "I used to take HIV treatment but now I'm better so I stopped taking it."

## Implications

While the full implications of such findings remain unclear, Naz and its partners must press for appropriate testing, prevention and support services for its communities. Vac-



Yasmin Halima

cines meanwhile need to be developed to respond to all HIV subtypes. Policymakers must better understand the evolving epidemiology, thinking where the epidemic will be next, and respond with primary, secondary and global prevention.

Without knowledge about the changing virus, we endanger our potential for the future development of appropriate and equal care for all patients with HIV. Commitment from politicians, industry and scientists is essential to ensure this happens. "As activists we need to continue to learn and impress upon those with resources, both intellectual and financial, that the global diversity of HIV is a challenge worth pursuing," concludes Ms Halima.

# NAZ CLIENT GETS ASIAN WOMAN AWARD

A Naz client received the Asian Woman magazine award for outstanding courage and endurance in the face of adversity. Surrinder, 30, born in India, has lived with HIV in Britain since her diagnosis in January 1999. Her husband then passed away as a result of an AIDS-related illness. Her story is a testament to the sheer commitment to live. See Surrinder's story at [www.naz.org.uk](http://www.naz.org.uk). Surrinder has continued to be a mother to her son, and after being forced to leave her in-laws, found happiness and re-married. Her optimism, humour, good looks and ability to

see good in people have no doubt carried her through hard times. Surrinder asked Naz staff to attend the evening to receive her award publicly. It was quite a glittering affair with celebrities like Richard Branson, Melanie B, Gurinder Chadha and Sonia Deol milling around. Other award winners included Kiranjit Alluwahlia, Sukhdev Reel, (mother of Ricky Reel) and the Southall Black Sisters. Surrinder asked us to remind those present to wear a red ribbon on World Aids Day. A Naz speaker also bombarded the audience with some crucial statistics about HIV and AIDS.



## SURRINDER'S STORY

*taken from the the Naz Publication "Positive Thoughts - Twelve Testimonies"*

"I was born near Ludhiana, Punjab in India. I came to England three years ago. I was 21 when I got married and I'm 30 now. I found out I was HIV positive recently, when my husband died of an AIDS-related illness. I had pneumonia. I was going every day to the hospital to look after him but in the end I got so sick I had to be admitted too. It was terrible. I was in one ward and he was in another.

My marriage was arranged. My sister was already married and living in London and my husband was a good friend of my brother-in-law, so my family thought it was a good match.

When we first got married he was only with me in India for seventeen days before he had to go back. Three months later I had my visa interview and I was turned down and ended up waiting six years to be with my husband.

I came to live in Gravesend in January 1997. My in-laws made my life hell, constantly picking on me, because I came from a village and couldn't speak English, couldn't use the oven, or cook the kind of English foods they liked.

One time, when my husband went to India, he was so ill there that he came back like a skeleton. He went straight to hospital and was admitted for six weeks. After he got better we got a flat, but on the night we were due to move in he became ill again and was re-admitted to hospital. I didn't have a clue what HIV was, even when they told me that I was positive. I was too worried about looking after my husband and my son.

When my husband finally died on 2nd January last year, I was so numb I couldn't cry. When I went to the funeral I cried and I haven't stopped crying since then. I can't help thinking how we built a home together but didn't get the chance to use it. I feel so much pain inside. I also had to deal with my in-laws. They feel that I am completely responsible for destroying their son. They say this to my face, that I have been bad luck.

I finally went to live with relatives in North London. They have been good to me but they are elderly and it is overcrowded and difficult for them to cope with having an energetic

child around. My son is badly affected, confused, attention-seeking, naughty, wanting love and seeing me very upset. Sometimes I end up taking my anger out on him. I don't want to but I don't know what else to do. I take him to Body and Soul now, (Naz took me there) and he likes that. It gives him the chance to play and be with other children.

It is hard to think about the future, but I know I have to. Last week I made a will and made arrangements about who would look after my son if anything should happen to me. Since I left Gravesend, Naz has been great, calling me up to see how I am. I can talk about personal things with another woman in my own language. They have taken me to the hospital and to other organisations.

I want to be able to make a home for myself and my son. With combination therapy, my viral load is undetectable and other than some side effects I am fairly well. I know that with a little bit of help, I can stand on my own two feet. That is what I want to do as long as I can."

## NEWS IN BRIEF

### BRITAIN

## HIV RISES TO RECORD

More people than ever are testing HIV-positive in the UK. According to a new survey, the highest number of new diagnoses was recorded in 2000. Although advances in treatment mean fewer people are dying from AIDS-related illnesses, thousands of new cases are being recorded. The findings were published in November 2001 by the Public Health Laboratory Service (PHLS).

## SEX INFECTIONS UP

Sexual infections have risen sharply in recent years in Britain. Gonorrhoea, syphilis and chlamydia have more than doubled in five years, according to official PHLS statistics. In a special report on sexually transmitted infections (STIs) in young people, 1 in 100 women aged 16-19 were diagnosed with chlamydia in 2000. Some 20-30% of teenagers diagnosed with an STI returned within 18 months with another.

## YOUNG ATTITUDES TO SEX

Young people think it is normal for a person to have at least 10 sexual partners before marriage, according to a new survey. Three in 10 also believe it is OK for girls to lose their virginity before the age of 15. Research by Brook, the youth sex advisory service, reveals a 'cultural change' in young people's attitudes. The survey also showed young people want more information about sex and contraception. Half of the young women wished their teachers had given them more information about preventing pregnancy and sexually transmitted diseases.

## MOTHERS ADVISED TO TEST

Mothers with HIV can almost eradicate the chance of passing the infection on to their

babies by taking tests early in pregnancy, according to a medical expert. Dr Chris Valentine from Renfrewshire and Inverclyde NHS Trust told the BBC that advances in treatment had significantly reduced the risk of transmitting the disease during pregnancy. For World Aids Day, 1 December 2001, the trust encouraged local pregnant women to consider HIV tests. Dr Valentine said every day babies were being born unnecessarily with the virus.

## DISCRIMINATION STILL A PROBLEM

People with HIV and AIDS still face widespread discrimination. The Terence Higgins Trust, in a November report, said one in five people with HIV have experienced discrimination, or fear of discrimination, at work, at home, or in the healthcare system. Such fears may be preventing people from coming forward to be tested. Some 33,200 people in the UK are thought to be infected with HIV - a third of them unaware of it. Africans, the second largest group in the UK with HIV, face particularly harsh discrimination, the study found.

## PREJUDICE CAMPAIGN

The National AIDS Trust in November launched a campaign to confront prejudices about people with HIV and AIDS. Irrational fears still abound about how HIV is contracted, leading to prejudice. The HIV Prejudice Campaign, produced by Saatchi & Saatchi, features print and broadcast ads questioning attitudes to people with HIV. In one newspaper ad, a man asks: "Is this the only way you'll let someone with HIV get within arm's length?" All stress the terrible isolation, loneliness and sometimes abuse that people with HIV can experience as a result of such attitudes.

## GARLIC BLOCKS HIV DRUG

Garlic supplements, often taken in hopes of lowering cholesterol, can seriously interfere with drugs used to treat the AIDS virus, a new United States government study has

concluded. The study, published December 6, makes garlic the second popular herbal remedy found to interact dangerously with prescription drugs after St. John's wort. Blood levels of the anti-AIDS drug saquinavir dropped 51% when it was taken with garlic, researchers said in the journal *Clinical Infectious Diseases*.

### WORLD

## AMERICANS HAVE MOST SEX

Americans have more sex than anyone else in the world, according to new research commissioned by Durex, the condom-makers. The study found Americans on average have sex 124 times a year, Greeks 117 times, South Africans 116 and New Zealanders 115. People in Japan have it least (36), then Hong Kong (63) and China (72). Americans are also youngest, starting at 16, compared to 16.6 for Germans, 16.7 for French and 16.9 for British. People in China start oldest at 22. The average age worldwide is 18. Sexually active Americans have 14.3 partners (men 18.4, women 10.2). French are second with 13.2 partners. Chinese have the fewest with 2.1, followed by Indians (3) and Poles (3.6). The world average is 7.7 partners. Eleven percent of Americans have had sex with just one partner. In India it's 77%. Four percent of Americans claim to have had sex with more than 100 people.

## WORLDWIDE, 40M HAVE HIV

Globally, 40 million people now live with HIV or Aids, according to latest figures. The epidemic shows no signs of abating with some five million new cases in 2001, according to report by UNAIDS and the World Health Organisation. The worst-affected region remains sub-Saharan Africa, where some 2.3m died in 2001. Doctors are concerned about spiralling disease rates elsewhere, such as Eastern Europe, South Asia and Southeast Asia. In China, the total number living with HIV may have past one million. In Russia, intravenous drug use led to an HIV explosion. Even in the US and UK, rates of new infections are creeping upwards. In 16 African countries, at least 10% of people aged between 15 and 49 are infected - in some countries it is 20%. A campaign to supply modern drug therapies to developing countries has gathered momentum. But prices remain too high, and crumbling health

infrastructures offer no means to distribute them. HIV infections have fallen substantially in some countries, such as Thailand, thanks to well-funded prevention programmes.

## CLINTON WARNS WORLD

Bill Clinton, giving the second Princess Diana Lecture on AIDS in London last November, warned, "we are all affected by AIDS be it personally or economically by its consequences," now that 40m people are living with the disease. Clinton is Chair of the advisory board for the International AIDS Trust. He said that by 2005, the number infected is expected to leap from 40m to 100m. One child dies each minute of an AIDS-related illness, and India could soon be the country with most AIDS-related deaths.

## HIV THRIVES ON RACISM

We must tackle stigma and discrimination to beat HIV/AIDS, says the United Nations' AIDS programme. "HIV-related stigma and discrimination remain an immense barrier to effectively fighting the most devastating epidemic humanity has ever known," said Dr Peter Piot, Director of UNAIDS, in South Africa during the World Conference against Racism, in September 2001. "If HIV-related stigma and discrimination are not tackled, AIDS will blight the 21st century just as racism affected the 20th century... HIV thrives on intolerance and xenophobia. It is always easier to blame others for the spread of HIV but progress against the epidemic is only possible when communities own the problem of AIDS themselves."

## FUNDING SHAKEN BY SEPT 11

Since the Sept. 11 terror attacks, activists are worried that preoccupation with the war on terrorism is draining attention and support for efforts to fight AIDS. "The Sept. 11 events were a major blow to the global agenda such as AIDS, where we were really into an unprecedented momentum," said Peter Piot, noting that contributions to the newly established Global Health Fund have slowed since

the attacks. "It has been more difficult for us to include AIDS in the political dialogue." The Global Health Fund is to disperse its first set of funds to countries in need early this year. The fund was established last year by the UN to address AIDS, tuberculosis and malaria, responsible for 25 percent of all worldwide deaths. So far the fund has received over US\$1.5bn in pledges, nowhere near the US\$7bn required annually. Meanwhile, private foundations, including the Bill and Melinda Gates Foundation, have pledged US\$100 million over the next five years to improve treatment of mothers with HIV.

## US MINORITIES AFFECTED

Black gay or bisexual men taking part in an AIDS study were five times more likely to become HIV-infected than their white counterparts. The Centers for Disease Control and Prevention found in a study last year among young gay men in six major cities, including New York, Los Angeles and Miami, that the rate of new infections among all study participants was 4.4%. It was 2.5% among whites, 3.5% among Hispanics and 14.7% among blacks. This suggests that black men and women and Latinos are now being hit disproportionately hard. Eighty-two percent of black elected officials in the US also said AIDS is a more urgent problem in their communities than it was a few years ago.

## SOLIDARITY WITH AFRICA

"New solidarity" between the world's wealthy and impoverished nations is needed to fight AIDS in Africa, an African AIDS conference heard December 10. "Treatments remain the property of the North, and the sick are left to the South," said Host President Blaise Compaore of Burkina Faso at the 12th International Conference on AIDS and Sexually Transmitted Diseases in Africa. UNAIDS chief Peter Piot urged African leaders to increase spending, saying US\$4.6bn annually was needed to fight the disease - including US\$3bn on treatment. Nearly 5,000 people - scientists, politicians, aid workers and traditional healers from 61 countries - attended the five-day conference. Representatives from pharmaceutical companies were also present. African governments have pledged to allocate 15% of their national

budgets to health in order to fight AIDS and related diseases.

## MEN CAN REDUCE HIV

Men have the key role in fighting AIDS, according to UNAIDS. This year's World AIDS Campaign will tackle masculine behaviours and attitudes that contribute to the spread of HIV, according to UNAIDS director Dr Peter Piot. "Men are expected to be strong, robust and virile - but these very expectations may translate into behaviours that can endanger both men and their partners," he said at the Asia and Pacific AIDS Congress in Melbourne last October. The Campaign aims to involve men, particularly young men, not least because around the world, men tend to have more sexual partners than women, putting themselves and partners at risk. More than 70% of HIV infections occur through sex between men and women, 5-10% through sex between men and 5% among people who inject drugs, four-fifths of whom are men. "Men are key to reducing HIV transmission and have the power to change the course of the AIDS epidemic," said Dr Piot. This year's campaign slogan 'I care... Do you?' spotlights how men can help by making sure HIV is not brought into the family, caring for those infected within the family, talking to partners about sex and HIV prevention, and educating children about their sexual health. The Campaign also calls for greater leadership on the part of men, both in the political and family arenas.

## HIV ODDS

Imagine if you could know the odds of getting AIDS before having sex with your partner. United States statisticians believe they've figured it out for you, according to an article published on the website gay.com. Have sex with a stranger without asking about his HIV status, they say, and you'll multiply your risk of getting infected by 43 times. Without using protection, you could face a one in 2,000 chance of getting infected. These odds appear in a report published in January assigning risk levels to common sex acts. "They are not precise estimates, but they're good enough for giving people a general idea," said study co-author Dr. Thomas Peterman of the Centers for Disease Control and Prevention. But AIDS experts warned that relying too heavily on such estimates could be foolhardy because sex doesn't work by the numbers. "These researchers are approaching people's sex lives like it's a Chinese menu," said Michael Allerton, in charge of HIV policy in Northern California for the Kaiser Permanente Health Plan.

# NEWS IN PICTURES

Indian parliamentary committee on HIV visits Naz, December 2001



Naz holds its AGM in London, November 2001



Annual Report published



Naz addresses Angolan students in London, September 2001



# IN MEMORIAM



## CADY KHUDABUX

Cady Khudabux was a trustee member on the board of Naz between 1998-99. His outstanding openness meant he was willing to share his story to benefit others, offering strength and inspiration. Cady's story is detailed in our personal testimonies booklet. He gave radio and newspaper interviews at a time when no other Naz client had the confi-

dence to face the press, for fear of discrimination and stigma. Naz is eternally grateful to Cady for taking on this important role, for all his other help and his friendship. Cady's sister Amina sent us the following message: "To those friends of beloved Cady, I am sorry to inform you of the sad departure of Cady on 7/8 November 2001. He passed away

peacefully at his home in Brighton after a long and dignified fight against HIV, which he contracted 20 years ago through a blood transfusion. He had decided to stop taking his medication to gain a better quality of life, although he knew this would shorten his lifespan."

## DAL

Dal was 33 years old and a member of the DOST group. He was taken into hospital on 1 December with a brain haemorrhage. He never recovered and died on 6th December. His partner of 10 years, his mother and his sister were by his side. His death was a com-

plete shock to his friends at Naz, especially Sukhjinder, his close friend for many years. Dal helped with events such as Gay Pride, and was courageous and committed to the cause of equality. He appeared in the Naz posters campaign for gay and bisexual men.

He wanted to change things, promote visibility, promote equality and play a part in bringing about that change, instead of being a passive bystander. For that he gained our full respect. We hope you are at peace and we will always remember you.

## PASSIONATE ABOUT RAISING HIV AWARENESS? NAZ IS RECRUITING VOLUNTEERS

Are you interested in reducing HIV? Naz is recruiting volunteers from South Asian, Middle Eastern, Latin American, Brazilian, Horn of Africa and North African communities. Or if you have a genuine interest in this area, linguistic skills or practical experience, you should get in touch. We'd like to hear from you too if you are living with HIV and want to ease your way back into the work environment.

There is a range of volunteer opportunities at Naz. You could help us run support groups, befriended clients in need, advocate for rights, work on reception, raise funds (shaking a can at Club Kali or writing formal applications), do administration and information technology support, interpreting or help us prepare new resources. You will receive training.

We require volunteers to work a minimum of 2 hours a week, but you could work up to 14 hours if you have enough time. However we do request that all volunteers be realistic in what they can commit. We are looking for individuals who can offer a consistent and regular amount of time.

"I've worked at the Naz Project for nearly five and a half years and I love it! Before that, for one year, I was a volunteer. And it was an excellent opportunity for my own personal development, as I learnt new skills and new areas of expertise, as well as helping out on a really good local project," said Parminder, the volunteer coordinator.

Volunteers can apply by phone, email or letter and will if they are suitable be invited in for an informal interview. If you think you might be interested call Parminder at Naz on 020 8741 1879 or email [parminder@naz.org.uk](mailto:parminder@naz.org.uk)

## Naz Latina Support Group

Grupo Amigos, a support group for Spanish speaking Latin Americans affected by HIV currently meets every month.

For further information, contact Naz Latina on 020 8741 1879 (or call London Lighthouse, Wednesdays from 2:00pm, on 020 7792 1200).

## Make Friends at DOST!

Naz London's social support group for South Asian, Middle Eastern and North African gay identified men and men who have sex with men. A safe, confidential and informal space to socialise and discuss issues around sexuality, safer sex, drug use, marriage and culture.

Meets first Wednesday each month, 7:00pm, at Govinda's Restaurant, Soho St. nearest tube Tottenham Court Road. (From 8:00pm group is at Hungerford Project, Wardour St.) Call 020 8741 1879 for more information.

## KISS

Kiss Group is a group for lesbian and bisexual identified women from the South Asian and Middle Eastern communities. Whatever your age, whether you are married or single, or if you are confused about your sexuality and want to meet other lesbians and bisexual women for friendship and support in a safe women only space then call Parminder confidentially on 020 8741 1879.

The Kiss group meets on the last Thursday of each month at the Glass Bar in Euston between 7:00 - 9:30pm (opposite Euston BR Station).

Check website: [www.planetkiss.org.uk](http://www.planetkiss.org.uk)

## Club Kali

"An authentic mix of South Asian Spices with Bhangra and House, Hindi and Soul, Swing and Arabic flavours". Naz has a stall on the third Friday of each month offering information, advice and resources on sexual health, HIV and AIDS.

Club Kali is held on the first and third Fridays of each month: 18 January, 1 February and 16 February; 10:00pm-3:00am.

Club Kali is at The Dome nightclub, 1 Dartmouth Park Hill, London N19

Nearest tube: Tufnell Park (Northern Line)

## Masala

A friendly social support group for gay and bisexual men aged 16-26 from the South Asian community.

Meets every second Tuesday of the month, 6:30pm, at Govinda's Restaurant, Soho St, nearest tube Tottenham Court Road.

For more information call Suki on 020 8741 1879

## Naz Brasil

Naz Brasil offers advice and support on HIV, AIDS and sexual health issues for the Portuguese-speaking community in London. A new monthly support group for HIV positive and gay men has just been set up.

Contact Naz Brasil on 020 8741 1879 for further information.

## River House

A Drop-In Centre for Caring and Sharing Akairah is a River House Drop-in Support Service for people from the black communities living with HIV and AIDS. Naz Project at Akairah provides services which include:

- Access to a social and health worker
- Advice service on housing, welfare rights, health and new treatments
- Support groups

You can also have access to Social Workers, Complementary and other therapies.

Lunch and refreshments are available at a reasonable low price. A nutritionally balanced cooked meal is available for both vegetarians and non-vegetarians (suitable for Muslims, i.e. halal).

The Naz Horn of Africa drop-in worker will be at Akairah on the first Thursday of every month from 12:00 - 4:30pm.

For further information contact Bisrat (Mon, Tues, Wed) on 020 8741 1879 or Helen at River House on 020 8741 4772.

## Bent in Brent, Happy in Harrow?

A credit-card size leaflet is to be launched with all the information you need to be gay or bisexual in this area. The event will take place in Wembley, 14th February 2002, at 6.00pm. Of course, there will lots of fun, free prizes and refreshments. It's open to all relevant service providers in the Brent & Harrow area, and interested Lesbian, Gay, Bisexual, Transgender, communities and individuals. For details and to confirm attendance, ring Suki at Naz Project London on 020 8741 1879.



Naz Project London  
Palingswick House  
241 King Street  
London W6 9LP.

Tel. 020 8741 1879  
Fax 020 8741 9609  
Email: [naz@naz.org.uk](mailto:naz@naz.org.uk)  
Website: [www.naz.org.uk](http://www.naz.org.uk)