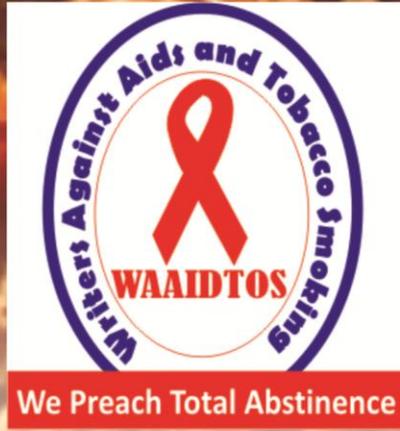


Writers Against Aids and Tobacco Smoking



HIV/AIDS

THE FEAR OF THE WORLD

(A Collection of Poetry, Essays and Articles on HIV/AIDS)



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**A Publication of the Society of Young Nigerian
Writers**

Compiled by:

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For The Literary And Creative Development Of Nigerian Young Writers

Dedication

Dedicated to all the Contributors.

First Published 2013

Published by:

Press and Publications Department of SYNW

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AIDS PROBLEM

1. Introduction

Acquired immunodeficiency syndrome, also known as AIDS, is caused by human immunodeficiency virus (HIV). HIV damages body's immune system by destroying white blood cells which help us to destroy invaded pathogens. When HIV enters a white blood cell, it may remain dormant. However, once it is activated, it infects another cell to produce many new HIVS. After a certain period of time, the white blood cells are destroyed and leading to a loss of function of the immune system (Y.K. Ho,2004). People infected by HIV will turn out to have AIDS. Infected people are very weak to fight off other infectious disease and soon they will die. According to the data and statistics of WHO, global summary of the AIDS epidemic, 2009, the number of people living with HIV is around 33.3 million and AIDS death in 2009 is around 1.8 million. How about

China situation? We couldn't find much data about China situation. Therefore, we have to explore the situation from other sources.

2. Current Situation of AIDS in China

According to the ministry of health of the people's republic of China, the number of people living with AIDS is about 370 thousand and AIDS death is about 60 thousand. The figure is much different from the prediction of United Nations (UN), UN predicted that there will be 10 million people living with AIDS at the end of 2010. So, which figure is more reliable? I would suggest the UN one and the following is my reason.

In the early 1990s, the Chinese leadership launched a blood drive and paid donors for their plasma (Alice Park,2004), this is so called the "plasma economy". Especially in Henan province, many blood stations appeared in a short period of time. Farmers believed that they could earn a lot of money by donating plasma and so, they can get rid of poverty. However, the

government did not do much to monitor those stations, many people infected with AIDS in the process of blood donating. At, that time, more than 100 thousand farmers were infected; nearly 10 thousand of them died. Predicting the trend, it is difficult for China to have only 370 thousand people living with AIDS as the Chinese government just want to hide the fact and did little to deal with the current situation.

This essay will state the factors leading to such condition in detail. And also criticizes the policies or measures that applied by the government. At the end, there will be some suggestion to resolve the issue.

3. Factors that lead to the condition

According to the public health model, health status is not only relying on individual and form a biological perspective. It also related to the interaction with the social or physical environment. Therefore, when analyzing the factors that lead to the severe AIDS problem in Henan, where the famous “AIDS villages”

located in China, we should consider comprehensively, include the scientific, economic and social perspective.

λ Scientific perspective

In this case, the epidemiologic triangle can be used to describe the rapidly transmitted AIDS disease. The triangle is composed by three parts: pathogen, host and environment. This part will focus more on pathogen and host; environment will be further discussed in economic and social perspective. A common pathogenetic feature underlying is the deficiency of the immune system caused by HIV, which primarily infects and destructs specific cells of the immune system (CD4+ lymphocytes) (Alexander Krämer, Mirjam Kretzschmar and Klaus Krickeberg,2010). Human is the host in this triangle. Furthermore, Giesecke(1994) proposed that, a pathogen maybe transmitted to a susceptible host in many ways, direct transmission includes direct skin to skin contact and close contact that permit transmission via droplet and aerosols. AIDS is belonging to direct transmission; it is a blood – borne disease.

There are few direct transmission ways of AIDS, include having unprotected sex with a person carrying HIV, breast-feeding from a mother who has HIV to her baby, sharing needles, syringes, or other drug injection equipment that are contaminated with small amount of blood from someone who has HIV and having transfusions of HIV infected blood or blood product. Henan's cases are mainly cause by the last two transmission ways. However, the China government insisted large numbers of cases are due to visiting prostitutes and having unprotected sex with a person carrying HIV. Actually, it is easy to verify the announcement of China government had a leak.

Dr. Gao Yaojie who pay a close attention to AIDS problem in China. She visited The "AIDS villages" in different province and discover that most of the patients are farmers, workers and children, they didn't visit any prostitutes. However, either they or their family members (children's mother or their life partner) had the experience of plasma donating. Many of them are even frequent donors (Gao

Yaojie,2009). Thus, this proved that AIDS spread rapidly is due to insecure plasma donating instead of visiting prostitutes.

λ Economic perspective

In a village, farmers earned money by selling their crops in low price. The income was too low to earn a living, farmers and their families always in a situation of malnourished. Therefore, in early 90s, the Henan Province Government promoted “selling plasma” as an economic industry. The target groups were those poor farmers. The profit was very big; “selling”800 cc of blood could earn \$70-80 dollars, which was a very considerable income to poor farmers. Government said that, people who donate plasma should not donate again in 15 days but most people and blood stations omitted obeying the rules. With reference to the record of Dr. Gao(2009), everyday , there were at least 200 people, normally 400 to 500 people donated plasma. Each of them can earn \$70-80 dollars once; some people sold

their plasma 13 times in a month and most of them sold 5 to 6 times a month. Dr. Gao had also interviewed a family to see why they were so keen on selling plasma, they said that their family had 5 members, selling plasma can earn 40 thousand dollars a year, they are poor indeed, they need money. Consequently, people sold their plasma too frequent and increase the chance of getting AIDS. Besides, the profit of “plasma economy” is very high. In 2004, Dr. Gao has been to the illegal blood station, farmers sold their plasma between 1200am to 0600am. The same as above mentioned, they sold 800cc of blood for \$80 dollars. However, the price that hospital purchased 100cc blood was no less than \$100 dollars, 800cc blood was no less than \$800 dollars. That means, the head of illegal blood station earn nearly ten times more than the farmers, they would not easily give up the business. Moreover, some of the ethical conduct of doctors was very bad. They persuaded some patients to have blood transfusion which they indeed not need so that the doctors could earn commission. Some patients

were transfused with blood containing AIDS.

λ Social perspective

Dr. Gao (2008) claimed that the blood plague was difficult to control. The first reason is that the demand of blood was extremely large in hospital. The phenomenon of temporary selling blood and blood transfusion was prevalent. Especially those hospitals that located far away from the blood bank, the transportation cost and conservation cost are high. When facing some emergency cases, doctors usually drew blood from the blood donor directly. Then, proceed blood transfusion to patients. Doctors did not carry out any test for the blood and patients may infect with AIDS in the process of blood transfusion. Also, some of the blood banks did not eradicate contaminated blood and it's by- product. Thus, many patients got AIDS and lead to the large scale of blood plague.

The second reason is that, there were a lot of illegal blood stations, without monitored but crude tools. To

build up a blood station was very simple, a board showed it was a blood station, two nurse to drew blood and one accountant (Gao yaojie,2009). In the process of blood donation, an unsterilized syringe was injected to one person's blood vessel and then extracted and injected to another person's blood vessel. Blood in same type was mixed together and stored in the same container. After centrifuged, plasma was extracted and the remaining blood content was transfused back to the donors. At the same time, a number of cross infection occurred.

The third reason is there were volunteer blood donors. The blood donating law no.6 of the people's republic of China claimed that, "government organization, army, social organization, enterprise ...should arrange people of the right age to donate blood." Some cadres afraid of donating blood would affect their health so they recruited farmers as volunteer blood donors to replace themselves. If the farmers were AIDS patient, they would affect much more people. To sum up, AIDS transmitted rapidly in Henan is not

only because of the pathogen and host. A favorable environment enhances its transmitted rate. In this case, the favorable environment is based on the economic and social factors.

4. Public health policy of Chinese government

λ Primary prevention

According to the encyclopedia on public health, primary prevention involves the prevention of diseases and conditions before their biological onset. This can be done in a variety of ways, such as preventing environmental exposures, improving human resistance to disease, or education to diminish risk-taking behaviors (Robert B. Wallace, 2010). There is no vaccine to avoid AIDS so the Chinese government aims to propagation and ban the selling of plasma. Dr. Gao(2008), said that the government over emphasize people taking drugs, having unsafe sex and misuse condom will easily infected AIDS. This lead to misconception of AIDS, people felt that AIDS patient

equals to slatternly lives. When asking about the knowledge about AIDS, many people would say they did not take drugs and visit prostitutes so that they would not infect with AIDS. They avoid continuing to talk about this topic.

We can see that the focus of government was totally wrong, it emphasized the minor reasons but neglected the major reason – selling plasma and contaminated blood transfusion. The truth is that selling plasma caused cross infection. Transfusion of contaminated blood cause the large number of AIDS infections. In long term, the awareness of AIDS will not raise. In 1997, the government proclaimed “the people’s republic of China blood donation law” and stated that, earning money from blood donation is prohibited. However, this was not an effective way to stop people from selling plasma. It is because the policy only made many “plasma economy” industry turned to underground. Actually, the policy can uproot some of the illegal blood station. However, the supply of blood band could not fulfill the demand of hospital. Therefore,

illegal blood stations were still active in certain province. The policy is not comprehensive enough to eradicate all illegal blood station and promote blood donation without getting money.

λ Secondary prevention

Secondary prevention generally consists of the identification and interdiction of diseases that are present in the body, but that have not progressed to the point of causing signs, symptoms, and dys-function. Examples of screening procedures that lead to the prevention of disease emergence (Robert B. Wallace, 2010). With reference to the news report on 2005, The Chinese government provide free tests and body check to people who had sold plasma in 1990s, especially for those who lived in Henan province. Tests and body check were only provided to a small portion of poor people. Absolutely, it was not enough.

As we all know, Henan was the fountainhead of blood plague, many villages had turned to be “AIDS villages”,

but it was not announced by the government. Media from overseas exposed the fact but the Chinese government just wanted to conceal it. I wonder the above policy was only beneficial to those “AIDS village” that has already aroused much public concerned. Dr. Gao(2009) believed that there were still many “AIDS village” in Henan province. To maintain a positive image and reputation on the globe, The Chinese government used different methods to prevent others exposed the fact to the public, for example, giving relief, compensation and red pockets. This is not a rational preventive measure to help those AIDS patients.

λ Tertiary prevention

Tertiary prevention generally consists of the prevention of disease progression and attendant suffering after it is clinically obvious and a diagnosis established (Robert B. Wallace, 2010). One of the measures is isolation, to separate those patients and healthy people, usually concentrate the patients in a village. In the village,

patients can work and live by their own effort. The government did not do much in this aspect, maybe it is because the AIDS patients mostly came from the same village. And, in Henan, there were already many “AIDS villages”. They were naturally self-isolated. Isolation lead to the problem of discrimination and government obviously did not deal with it. Due to the lacking knowledge about AIDS, many people associate AIDS patients with slatternly lives. AIDS patient could not face the disease positively. They shame on themselves (Gao Yaojei,2008).The “AIDS villages” seems to be a label of biological disaster instead of helping the patients to live on their own.

5. Suggestion to improvement

Hence, I would like to state some suggestion to resolve the issue. For primary prevention, government should put most effort in it. The Chinese government should deliver correct message and information to the public. Public have the right to know the fact that most of the

AIDS infections were caused by selling plasma and contaminated blood transfusion. Provinces should make some booklet, leaflet and poster to let the public know what AIDS is and methods to prevent it. Besides, education is also important, children should learn about AIDS when they were young. These children grown up with correct knowledge and foundation, they can exert great effect on society.

For secondary prevention, free tests and body check should provide to all AIDS villages in different provinces. Also, the government policies only focus on those who sold blood in 1990s. The truth is that also large amount of patients got AIDS because of transfusing contaminated blood. Free tests and body check should be beneficial to these patients too. It is important that the government should do something actually help the patients instead of maintaining its own reputation on the globe.

Last but not least, about the tertiary prevention. Isolation is an applicable measure but supporting policies

are not all-round. This measure can prevent the disease spread out but the patients need to suffer a lot. Therefore, besides preventive measure, the government can also distribute livestock, farmland and seed to the patients. Therefore, the AIDS patients can rely less on others, they can live and work themselves. The AIDS village can operate independently. Government can also arrange some social workers and psychologist to the isolated AIDS village, they can provide AIDS patients with counseling service which can help them to accept themselves and dispel prejudices.

6. Conclusion

To conclude, the central pillars of public health can explain the AIDS problem in China. Public health is composed of multidisciplinary knowledge, prevention and social justice. We could not interpret AIDS problem by only exploring the scientific perspective. Economic and social perspective also play an important role. Moreover, prevention can be divided to 3 levels,

primary prevention is crucial to the issue, which is also most effective way to get rid of the problem. Tertiary prevention is the last line of defense, reminding the Chinese government should do something before it is too late. Lastly, social justice should be upholding in Chinese, this is the most critical aspect to see whether the AIDS problem can alleviate or not.

THE GLOBAL FUND

The threaded discussions have demonstrated that communicable diseases are the leading causes of illness, deaths, and disability in the African continent. In this regard, the economic costs in terms of prevention, treatment, and loss of productivity are undeniably enormous. Most, if not all of the human and financial resources allocated to Africa have focused on disease-specific intervention programs, such as prevention or treatment of malaria, tuberculosis and HIV/AIDS.

Yellow fever, like malaria, is transmitted by mosquitoes and share similar symptoms. Although both diseases are preventable, there is a vaccine available for yellow fever. The yellow fever vaccine is expensive, and not readily available in poverty-stricken areas (Monath & Cetron, 2002). It is a concern for public health officials in Cote d'Ivoire when an outbreak occurred in January 2011 (Whittett, 2011).

Since yellow fever occurs only in some parts of Africa and tropical South America, Staples, Gerschman and Fischer (2010) of the Centers for Disease Control (CDC) have recommended that travelers to these areas get the vaccine. In African nations besieged by economic instability and political turmoil, the disease has brought untold hardship and indescribable misery to its citizens. It is sad to note that children below the age of fifteen are most often infected with the disease.

The United Nations Children's Fund (UNICEF), World Health Organization (WHO), and the World Bank have joined together to ensure that 33 African countries add the vaccine to its routine vaccination programs. These organizations have shown studies that the vaccine would be cost-effective (Global Alliance for Vaccine and Immunizations, 2005). As pointed out, funding for the vaccine is a major problem and concern for these poverty-stricken economies. The WHO (2010) is launching an appeal to raise \$30 million dollars to secure the vaccine stockpile for 2011 to 2015 for all 33

African countries.

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) is an international financial organization that is completely funded by the world's developed nations. The organization invests the world's money for interventions against AIDS, TB and malaria. To date, it has committed US\$ 21.7 billion in 150 countries to support large-scale prevention, treatment and care programs against the three diseases (The Global Fund, 2011). In Southern Africa, the Global fund allocated \$2.6 billion in 25 HIV grants, and \$1.1 billion in malaria grants. As a result, 1,139, 014 people are on anti-retroviral therapy (ART), while 17,527,280 insecticide-treated bed nets were distributed to endemic areas (The Global Fund, 2011). The countries that received these grants are Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South, Africa, Swaziland, Zambia, and Zimbabwe. According to the Global Fund (2011), these African countries are a virtual hotbed for the HIV and AIDS pandemic. In 2007, it was estimated

that the Southern African region accounted for at least 35% of all people living with AIDS/HIV worldwide (JHpiego.org, 2010). Malaria, another deadly disease, kills over one million people every year, 90% of those who are afflicted live in Africa, south of the Sahara. It is also estimated that the direct and indirect costs of malaria in Africa are estimated to exceed \$2 billion per year (Malaria Foundation International, 2011). The Global Fund believes that with a budget amounting to one-tenth of this amount, malaria can be controlled. Additionally, malaria slows economic growth in African countries by an estimated 1.3% each year (The Global Fund, 2011). Malaria and HIV/AIDS co-infections have major health implications. The AIDS virus increases the risk of infection with the malaria parasite and affects the immune system's response to standard anti-malarial treatment. As a result, malaria increases viral load among individuals infected with HIV (JHpiego.org, 2010). The Global Fund has ensured that the grants are geared toward prevention, early diagnosis and treatment

of HIV. However, further resources are needed to achieve improvements in the control of malaria. The role of the patent medicine vendor (PMV) is important in dispensing anti-malarial drugs (AMDs) in Southern Africa. It has been reported that there are both fake medicines being distributed and areas to where the malaria parasite has become resistant. The World Health Organization has recommended the use of artemisinin-combined therapy (ACT), but it is the least commonly stocked because of the lack of PMVs in the endemic areas (Oladepo, Kabiru, Adeoye, Oshiname, Ofi, et al., 2009). Using information and communications technology, such as mobile phones, to PMVs can provide support on the new drug technologies. The Global Fund's (2011) strategies in Southern Africa are in disease management, which entails detecting, diagnosing and treating HIV/AIDS cases and disease prevention. The malaria control policy includes vector control, parasite control and the protection of individuals. Protecting individuals by preventing malaria bites is recommended and various trials testing

the feasibility of an effective vaccine is also another area that deserves funding. The World Health Organization believes that complete eradication of HIV/AIDS and malaria can be possible with the development of a cost-effective vaccine. The current tools and research and development of new drugs and insecticides are merely a temporary fix to control the two diseases (WHO, 2011).

PEDRO ZAMORA BIOGRAPHY

Far from the ordinary reality television star with 15 minutes of fame, HIV/AIDS activist and educator Pedro Zamora was an inspiration and role model to the GBLT community and the rest of the world. Born February 29th, 1972, to Cuban parents, Hector and Zoraida, he was raised in a small town near Havana, Cuba. After previously having seven children, Pedro's mother was told prior to his birth that she would not be able to have any more children, so when she did give birth to him he was seen almost as a miracle. Born feet first on leap day in a leap year added to the idea that he was a very special child. A priestess of Santeria even blessed him as an infant and called him a "wise one", a soul who was born to save lives. He grew up in a very small house with a dirt floor, and food was scarce with his mother trading things on the black market in exchange for food to support their large family. Growing up in these grim conditions made his childhood tough, but things

changed for the better when Zamora's family moved to Hialeah, a suburb of Miami, Florida (Mills).

When Zamora was 8 years old, his family, a whopping ten people, attempted to leave Cuba together for the United States. They left Cuba during the Mariel Boat Lift, which was a mass movement of Cubans who departed from Mariel Harbor trying to get to the United States in 1980. Although his family tried to stay together, government officials informed them that the four older siblings were too close to the draft age and were not going to be allowed to the United States with the rest of their family. Even though the family wanted to go together, the older siblings were adamant about the rest of their family getting an opportunity for a better life in America. Thus, the rest of the family continued with their trip to the U.S. After sailing on a boat with 250 people with a boat half the capacity for 13 hours Pedro and his family arrived and started a new life (Vaillancourt).

When Zamora was 13, his mother passed away from skin cancer. During his time in the United States prior to her death, they had developed a very close relationship and her death was devastating to him. In his high school years Pedro became an honors student, Cross-Country Team Captain, and President of the Science Club. While in denial of his mother's death and needing a way to cope, however he became sexually promiscuous.

Zamora did not receive adequate sex education.

Unaware of the possible serious consequences of loose sexual relations with many partners, he was naïve about safe sex and HIV transmission. After only receiving information from someone who made the disease seem like a distant problem that only affects drug addicts and prostitutes, Zamora was unaware and uneducated and did not know he was at risk too.

During his early high school years when Zamora was 14, his father suspected that his son was a homosexual and discovered that his suspicions about his son's sexuality were correct. After having his older brother

follow Pedro on a day that he told his father he was going to hang out with a group of friends, he caught him with his boyfriend at the time. Subsequently, Pedro confessed to his father about his sexuality after he was confronted. His father, an understanding man who was close to his son, did not disown him, but supported him. His concern was more for the homophobia that Zamora would be subjected to from anyone who even suspected he was gay (Johnson).

During his junior year at Hialeah High School, Zamora participated in a blood drive in which, to his surprise, his blood was rejected. He received a letter following his blood donation stating that his blood tested "reactive", although the letter did not specify reactive for what. In denial, Zamora ignored it and the many other letters he received requesting he have more tests. Unable to ignore the inevitable any longer, six months later Zamora tested HIV positive on November 9th, 1989, at the young age of 17.

In denial about his health, and in spite of everything, Zamora held on to his goal of graduating high school. Five months after being diagnosed he suffered from a case of shingles due to his HIV. Coping for two months with the condition covering the entire right side of his body and face, it was a wake up call for him to take his health seriously and face reality. He joined "Body Positive"; an HIV/AIDS resource center in Miami. During that time Pedro learned about his disease and how to live his life as healthily as possible being HIV positive. Meeting others with HIV and AIDS helped him learn that he could still live a positive life. This triggered his desire to educate others in his community about the disease and make people more aware and humanize it. Although he graduated high school in 1990 with outstanding grades and enormous potential, he chose to educate the world about the disease. After high school, Zamora's career as an HIV/AIDS educator began to flourish. He spoke at schools all over the country and to anyone who would listen. Although he was gay, he chose not to emphasize that to the

younger children he gave speeches to. He wanted it to be clearer to people that you can contract HIV whether you are gay or straight. He traveled as part of many AIDS organizations hoping to make a difference, but his work was really acknowledged when a front page article in the Wall Street Journal was written about him by Eric Morganthaler. This article skyrocketed him into national focus, and he was consequently invited for interviews on television talk shows like The Oprah Winfrey Show. Another accomplishment in his life took place on July 12th, 1993, when he testified in front of the United States Congress concerning HIV/AIDS awareness programs. He stated, "If you want to reach me as a young man -- especially a young gay man of color -- then you need to give me information in a language and vocabulary I can understand and relate to." (Cagle). Later that year he met his future partner, Sean Sasser, a fellow AIDS educator, during a gay/lesbian march in Washington, D.C., but initially their relationship was platonic. That year, with insistence from his roommate and best friend Alex Escarno, he submitted an audition

tape for MTV's reality show, *The Real World*. Zamora was convinced that if he was chosen as part of the cast on the show, he could reach more people than he already was. Six months after submitting his tape, he received a call from MTV's producers informing him that he was chosen to be on the show the next season. The show took place in San Francisco and in February, 1994, Pedro moved into a brand new loft with his six new roommates.

After showing his roommates his scrapbook of his career so far as an AIDS educator, they were aware that he was also living with HIV. Most of the roommates were okay with this, but some were not so tolerant. Some became uncomfortable about living with someone with the disease but Zamora addressed their concerns and educated them about the ways you can and cannot transmit HIV. While on the show, Zamora's health continued to decline and weaken. He suffered pneumonia, night sweats, weight loss, and slept for many hours on end. Around this time, his health shifted from very sick to healthy enough to go about his daily

life. His AIDS activist friend Sean Sasser lived in San Francisco during this time and eventually they began dating. Their relationship was one of the first to be shown on television between two gay males. After months of dating, Sean proposed to Pedro and they held a commitment ceremony and exchanged vows (Cagle).

When Zamora was invited to be in a Real World Reunion episode on MTV he was weak, looked ill and had intense headaches. While he was usually an outgoing and friendly person, he was very silent and seemed "lost" to others. When he finally saw a doctor he was diagnosed with toxoplasmosis. This disease causes lesions in the brain and caused him to experience fatigue, confusion, and deep headaches. While in the hospital, further tests concluded that he had Progressive Multifocal Leukoencepha-lopahy. This rare condition further weakened him causing inflammation of the brain and slowly shut down the electrical impulses of the nervous system. After this diagnosis, Zamora was told he had only three or four months to live (Mills).

On September 3rd, 1994 Zamora was flown from his hospital in New York to Miami to be with his family. Soon after, Zamora received a call from the current president at the time, Bill Clinton. Clinton thanked him personally for his outreach work. His health slowly diminishing, he requested that he not be kept alive artificially. His disease soon took away his ability to speak. As he was being fed intravenously and was unresponsive for almost a month, his family went along with what Pedro wanted. After removing his life support, Pedro Zamora died at 4:40am on November 11th, 1994.

Zamora's legacy lives on after his death. President Bill Clinton praised him for his AIDS education work and the way his appearance on *The Real World* exposed and humanized his disease. After his death, MTV showed *A Tribute to Pedro Zamora*, a memorial special in his honor. Many organizations were named in his honor including *The National Pedro Zamora Project*, *The Pedro Zamora Foundation*, *The Pedro Zamora Youth*

Clinic, and The Pedro Zamora Memorial Fund among others. A Miami, Florida street, 59th Street, was even named "Pedro Zamora Way".

As a gay HIV positive HIV/AIDS educator and public speaker Zamora had a huge impact on the GLBT community by educating others. Instead of keeping his status hidden and being ashamed of his disease he spoke openly about it to teach others. His words woke up a generation and humanized the disease. Zamora's legacy as a vital figure in GLBT history lives on.

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How to Cite this Page

MLA Citation:

"Pedro Zamora Biography." 123HelpMe.com. 21 Nov 2013

<<http://www.123HelpMe.com/view.asp?id=160445>>.

AIDS AND THE CATHOLIC CHURCH

As the AIDS epidemic in the United States advanced into the 1990s, it became clear that AIDS had a new target population. AIDS was no longer strictly a gay disease but was leaking into the general heterosexual population as well. Moreover, as the decade progressed, new cases of HIV infection were being increasingly identified in poor, minority communities. While the focus of the AIDS epidemic shifted from the high-profile male homosexual population to poor, minority communities, political activism and financial support for the fight against AIDS also began to decline. With the new limitations set by decreased public support and decreased financial resources, policy-makers, humanitarian organizations, and AIDS activists began to analyze how best to extend AIDS-related resources to these new target populations.

The US Hispanic community is one such population for which new methods of AIDS programming is being

sought. Hispanics comprise a rapidly growing portion of the US minority population but are still over-represented among new cases of HIV infection. According to the CDC, "In 2000, Hispanics represented 13% of the US population (including residents of Puerto Rico), but accounted for 19% of the total number of new US AIDS cases reported that year (8,173 of 42,156 cases)" (CDC 1). In contrast to the gay male communities of San Francisco and New York in the 1980s, Hispanics are lacking the financial resources to combat the spread of AIDS in their communities. As a matter of fact, the Hispanic poverty rate of 20% given by the US Census Bureau is about three times that of caucasians. Thus, it is likely that support for combating the spread of AIDS within the Hispanic population must come from an outside third party.

Few institutions are in as ideal a position as the Catholic Church to address the AIDS epidemic in the US Hispanic community. A statistic from The Catholic Almanac says that 80% of US Hispanics are catholic,

and hence the Catholic Church has a very influential presence in the Hispanic community. As a community-based institution with international backing, a catholic community church can draw on the resources of its arch-diocese to address community-specific issues. Therefore, an AIDS campaign disseminated through the catholic church would not necessarily rely on the financial support of those communities it benefits most - - namely poor, Hispanic communities. Such a campaign, the National Catholic AIDS Network, was established in 1989 as a resource for all catholic communities dealing with the struggle against AIDS.

Since its inception, the National Catholic AIDS Network has served as an invaluable resource to poor, Hispanic catholic communities, who have no voice in the national AIDS dialogue. The National Catholic AIDS Network has made several positive contributions to the fight against AIDS, including hosting an annual AIDS conference and conducting a study of AIDS youth educational programs. The most notable programming

the National Catholic AIDS Network has undertaken, however, is the development of a complete training program for individual churches to use in creating their own AIDS education and community awareness efforts. In this way, a poor, Hispanic catholic community can tap the financial resources of the Catholic Church to back its own grass-roots initiatives to fight AIDS.

The most severe limitation of the effectiveness of any AIDS campaign initiated by the Catholic Church, however, is its neglect of AIDS prevention by use of condoms. Frances Kissling, president of Catholics for a Free Choice, argues that since "catholic hospitals..., schools, and social service agencies are prohibited by local bishops... from teaching about or providing condoms to HIV/AIDS patients, clients, or students", "Catholic bishops share responsibility for [the] spread of HIV/AIDS" (Kissling 1). Kissling argues that despite Catholic teachings of abstinence followed by a monogamous marriage, Catholics have a social and moral responsibility to extend whatever resources are

available to those who are at risk of contracting AIDS. Catholic bishops disagree. They contend that advocating the use of condoms, which are not 100% effective anyway, promotes promiscuity and therefore actually contributes to the spread of AIDS. Catholic bishops argue that the Catholic Church has a social and moral responsibility not to advocate condom-use. This counter-argument is flawed in that advocating the use of condoms to someone who is already sexually active and has AIDS, while perhaps providing a false sense of security to those he or she comes in sexual contact with, will certainly limit the spread of the disease. However, the real motivation for the Catholic bishops' argument against backing condom-use among HIV/AIDS patients, clients, and students may be deeply rooted in the theology of catholic disapproval of all condom use.

The Catholic Church teaches that the use of condoms is immoral, and therefore it cannot be reasonably expected to preach safe sex to its members. Others may disagree with this belief, but as a belief, it will not be changed by

the opinion of others. However, in an effort to make this belief publicly acceptable, the Catholic Church has justified banning condoms from their hospitals alleging that doing so promotes promiscuity, which contributes to the spread of AIDS. This argument is misleading in that it ignores the personal choice involved in the act of sex, and characterizes the condom and not the individual as the agent of transmission. It is the moral and social responsibility of the Catholic Church to be straightforward in explaining its position on condom-use. As long as the Catholic Church does not deter people from using condoms by providing misinformation, it has fulfilled this responsibility.

The Catholic Church has taken many positive measures to limit the spread of AIDS in the US. Through the Catholic Church, poor, Hispanic communities can gather the resources they need to promote AIDS education and awareness in their hometown. This may well provide an example for other minority groups to find alternate ways of gathering resources to fight the

spread of AIDS in their respective communities. But the Catholic Church does not just confine its AIDS relief efforts to the US, it has an active role in AIDS prevention all over the world. The Catholic Church claims to treat 25% of all AIDS victims worldwide through various hospitals and relief organizations. And although this treatment does not include education on the use of condoms, it cannot be argued that the Catholic Church has not taken social responsibility for combating the spread of AIDS.

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How to Cite this Page

MLA Citation:

"AIDS and the Catholic Church." 123HelpMe.com. 21
Nov 2013

<<http://www.123HelpMe.com/view.asp?id=26198>>.

SLAVERY AND SEX TRAFFICKING

When we hear the word slavery our mind paints a picture of colonial America down in the South with big plantation houses harvesting wheat, with workers being unpaid and unfairly treated. At this time in our country we were struggling with the idea of equality for all. America has come a long way from those days but not without a fight. Abraham Lincoln, the Civil Rights movement and free and public education has been addressed. Today, we face a new conflict and a different type of slavery. Slavery and sex trafficking is occurring not just abroad but at home as well. In 2004, “800,000 to 900,000 men women and children are trafficked across international borders every year, including 18,000 to 20,000 in the US. Worldwide slavery is in the millions” But the issue doesn’t stop at just slavery but it also includes sex trafficking and prostitution. (p. 506) In Kate Butcher’s article she discusses the difference between prostitution and sex trafficking and that solution to this problem is to address

and promote human rights and working with laws that are already in place to address health issues such as HIV/AIDS and the human rights of people in the sex industry. In John R. Millers article he believes that sex trafficking should be put under strict regulations and do to so we must support and ask for action to be done at home and aboard and the government must have willingness to impose economic penalties on countries that give antislavery laws meaning. In 2003 the Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003 was passed. Its said, "No funds made available to carry out this Act...may be used to provide assistance to any group to organization that does not have a policy explicitly opposing prostitution and sex trafficking." (p. 502) The problem with this is, is that sex trafficking and prostitution and two different issues but this act makes it seem as though they are one issue. Prostitution is describing the selling of sex that does not need consent or coercion. Trafficking covers coercion and forced labor as well as slavery. (P. 502) The main difference is

that same women choose to go into prostitution on economic grounds and tracking is done through force. When someone wants to participate in something, even if its concerned bad, unhealthy or unsafe its harder to protect them for the dangers. Millions of women have made the discussion to sell sex based on economic grounds. Some women making UK100 a night selling sex isn't going to want to sweep floors or kit sweaters for half the price and more hard labor. (p. 502) Women can make much better money and better their economic status by being a prostitute. Here in the US we see selling sex as a moral issue that needs to stop. This brings up another issue, that women here are battling between moral ideology and the reality of the situation. Women in other counties don't have the same values, beliefs or rights that we have here. For most of us its seems unreal that women and young girls would sell there body like that but to them it's a way to better there situation and their life. Women also have a different mind set about what they are doing. They see themselves as sex workers, its job and that's all it is. (p.

502)

Kate Butcher believes that getting ride of sex trafficking isn't going to help and its isn't a realistic goal. What needs to be coincided is the human rights issue. Because of the HIV/AIDS epidemic sex trafficking and prostitution has caused the speed of the disease and because laws laid out by the UNAIDS aren't being enforced human rights comes into play. Unsafe sex is occurring and the diseases are speeding by the masses. If women are educated and have the tools to have safe sex the speeding could be reduced. This also brings up the point of women who are forced into sex labor and receive and then transmit HIV. Not having consent to and then also not knowing they have the disease can be dangerous and this is how it spreads. The UNAIDS has laws that are being overlooked and is causing unsafe conditions and not only over looking human rights but also helping the speed of HIV. The main laws that are being overlooked are, "non-discrimination and equality before the law", "Freedom from inhuman or degrading treatment or punishment" and "Autonomy, liberty and

security of the person.” (p. 504) These laws are being overlooked and violated when dealing with sex work. The goal should be to work with laws protection such as rape, violence and the right to reset being drawn into prostitution by trafficking. (p. 504) Instead of trying to appose prostitution, improve the situation and make sure women are safe and protect. The harsh fact is that the problems wont go away over night and women who are willing to particate need the money and don't seem to have a problem with selling their bodies. By stopping it all together not only will we be taking way women's right to work and there income but it will still happen only it will be under worse conditions and less pay. Before reading Kate Butchers article I was letting my moral values and assumptions about what these women wanted motive my ideas and thoughts regarding this issue. I never thought that women would be interested in being about of prostitution and still many of them don't but some being forced and some that going in willingly. Money and security motivates most people here in the United States so why would we think any different of

other countries? To have a form of income and a profitable at that is important. Now I believe that Human Rights is the issue that we should focusing on and make prostitution a safer environment because lets face it, the business is going to go whether or not we create laws against it.

In John Millers article he focus less on prostitution and more on human trafficking and forced labor involving slavery. He believes that the international trafficking of workers can be stopped or at least slowed down by imposing economic penalties. "...has caused trafficking in human being to become the third largest source of money for organized crime." (p. 505) This fact suggests that a vast number of countries and people are participating so if you block countries from economic goods it could then cause nations to slow down the trafficking or stop it all together. In response to these issues the U.S passed several laws for poorly rated countries on a report of slavery and trafficking where there would be a three month period to make antislavery efforts. (p. 506) After this come out most countries tried

to change and input laws that would stop slave trafficking but still we face corrupt and complacent police and trying to fight diseases such as HIV/AIDS it's a challenge. (p.506) Miller poses that here at home and abroad we need to support action taken against antislavery and have a willingness to impose economic penalties.

I do agree that something needs to be done but I believe that Miller is overlooking the economic effects his plan has on normal everyday children, women and men in those countries that benefit from exports and imports. If the government is corrupted they won't care about the workers or the poor man. They want to make money in any possible way. To solve the problem of prostitution, sex trafficking, human trafficking, the spread of HIV/AIDS and slavery something has to be done. However, we should keep in mind the people we will be affecting and all the ripples are laws will create in every aspect of their life's.

AIDS IN THE EIGHTIES

Four years ago I got into a near fatal car accident and lost a lot of blood. I was rushed into a nearby San Francisco hospital where doctors treated me with transfused blood. Ironically, the same blood that saved my life will eventually lead to my death. It is currently 1987 in San Francisco, one of many areas in the world suffering from a virus believed to have come from Western Africa.

Earlier in the decade scientists discovered the virus was linked to the disease, Acquired Immuno-Deficiency Syndrome, which dominantly afflicted gay males. The virus, which was not extensively covered by the media, was reported to have been transmitted with bodily fluids through sexual contact, shared needles, fetus transmissions, and blood transfusions. Scientists discovered that the virus contained surface proteins that binded to receptors on CD4 T cells. The virus would

then undergo self replication and hide inside T cells. The nascent virus then emerged out of the cell's nucleus, causing T cells to lyse. This cycle continued and gradually decreased the person's immunity toward pathogenic microbes.

There have been many conflicting reports as to how this virus found its way from Western Africa to distant parts of the world. A popular reason may have been from a person that killed a monkey containing the simian form of the virus. The person may have eaten the monkey and contracted the zoonotic virus. Another perspective comes from devout religious individuals that believe the virus was brought to earth by God as a punishment to the sinning gays and lesbians. Either way, the disease became widespread, infecting both males and females. Its spread was due to travel. Because the world has become a smaller place from airplanes, cars, trains, and boats, the disease shifted from a localized epidemic to a worldwide pandemic.

The media is partially responsible for the current image that AIDS patients have with the public. Uninformed reports from television, radio, newspapers, and magazines caused the public into a panic that lasts to this day. A few years ago, accounts of gay men dying from common diseases like the cold and flu began appearing in the media. Pretty soon, "normal" individuals became very sick from common diseases. Because early accounts had singled out homosexuals as having this unknown disease, it was assumed that homosexuals had spread the virus. Confusion and fear spread across the population as to the pathogenicity of the virus. Nobody knew how it was transmitted. It was thought that being associated with an infected individual would cause the disease. Some even believed drinking out of the same water bottle, using the same toilet, holding hands, or breathing the same air as an infected person would cause the spread. Sadly, these beliefs continue to live on through the media's reinforcement of homosexual AIDS patients.

I was infected four years ago and have been asymptomatic for the most part. Lately, I have been experiencing fever, weight loss, diarrhea, and fatigue. It's taxing on my body, but the doctors don't know what to do about it. Recently, there has been some hope of an antiviral drug that may curb the effects of the virus. The news reported that the Food and Drug Administration approved the drug AZT to reduce HIV infections. Scientists see this as a first step in finding a cure, but they also see faults in this and similar drugs. The virus has been known to mutate and adapt in the presence of drugs. It's being described as an arms race, with drugs trying to destroy the virus and the virus undergoing strong selection to escape the drugs.

Even though I am infected, preventative efforts are in place to educate the public. In 1983, researchers in Africa found that the virus could be transmitted through sexual intercourse. Although AIDS awareness was in its infancy at the time, social efforts were put in place to educate people to the dangers of sexually transmitted

diseases. In 1985, blood banks began screening for HIV in blood samples. This step will prevent others from acquiring the disease like I did. That same year Congress passed a bill that allocated 70 million dollars for AIDS research. Hopefully, a cure or other informative way to battle the disease may come out of this.

This disease is an ongoing problem. As of right now, with the high rates of promiscuity and drug use in America, this disease looks like it will be staying for a while. Unless a miracle cure comes along, people must be educated about AIDS.

How to Cite this Page

MLA Citation:

"AIDS in the Eighties." 123HelpMe.com. 21 Nov 2013
<<http://www.123HelpMe.com/view.asp?id=43482>>.

AIDS AND HOW IT SPREADS

There is one other fact that needs to be mentioned here because it is highly significant in determining recommendations for safe sexual conduct which will be discussed below: Currently, it is felt that after exposure to the virus, most folks will turn seropositive for it (develop a positive blood test for it) within four months. It is currently felt that if you are sexually exposed to a person with AIDS and do not become seropositive within six months after that exposure, you will never become seropositive as a result of that exposure.

Just to confuse the issue a little, there are a few folks whose blood shows NO antibodies to the virus, but from whom live virus has been cultured. Thus, if one is seronegative, it is not absolute proof one is not exposed to the virus. This category of folks is very hard to test for, and currently felt to be quite rare. Some even speculate that such folks may be rare examples of those who are immune to the effects of the virus, but this remains speculation. It is not known if such folks can

also transmit the virus.

Transmission of AIDS:

The AIDS virus is extremely fragile, and is killed by exposure to mild detergents or to chlorox, among other things. AIDS itself may be transmitted by actual virus particles, or by the transmission of living human CELLS that contain AIDS viral DNA already grafted onto the human DNA. Or both. Which of these two mechanisms is the main one is not known as I write this essay. But the fact remains that it is VERY hard to catch AIDS unless one engages in certain specific activities.

What will NOT transmit AIDS?

Casual contact (shaking hands, hugging, sharing tools) cannot transmit AIDS. Although live virus has been recovered from saliva of AIDS patients, the techniques used to do this involved concentrating the virus to

extends many thousands of times greater than occurs in normal human contact, such as kissing (including "deep" or "French" kissing). Thus, there remains no solid evidence that even "deep" kissing can transmit AIDS. Similarly, there is no evidence that sharing food or eating utensils with an AIDS patient can transmit the virus. The same is true for transmission by sneezing or coughing. There just is no current evidence that the disease can be transmitted that way. The same may be true even for BITING, though here there may be some increased (though still remote) chance of transmitting the disease.

The above is very important. It means that there is NO medical reason WHAT SO EVER to recommend that AIDS suffers or AIDS antibody positive folks be quarantined. Such recommendations are motivated either by ignorance or by sinister desires to set up concentration camps. Combined with the fact that the disease is already well established in this country, the above also means that there is no rational medical basis for immigration laws preventing visits by AIDS suffers

or antibody positive persons.

The above also means that friends and family and coworkers of AIDS patients and seropositive persons have nothing to fear from such casual contact. There is no reason to not show your love or concern for a friend with AIDS by embracing the person. Indeed, there appears still to be NO rational basis for excluding AIDS sufferers from food preparation activity. Even if an AIDS sufferer cuts his or her finger and bleeds into the salad or soup, most of the cells and virus will die, in most cases, before the food is consumed. In addition, it is extremely difficult to get successfully attacked by AIDS via stuff you eat.

AIDS cannot be transmitted by the act of GIVING blood to a blood bank. All equipment used for such blood donation is sterile, and is used just once, and then discarded.

How is AIDS transmitted?

Sexual activity is one of the primary ways AIDS is transmitted. AIDS is transmitted particularly by the transmission of blood or semen of an infected person into contact with the blood of an uninfected person. Sex involving penetration of the penis into either the vagina of a woman or the rectum of either a woman or a man has a very high risk of transmitting the disease. It is felt to be about four times MORE likely for an infected male to transmit AIDS to an uninfected woman in the course of vaginal sex than it is likely for an infected woman to transmit AIDS to an uninfected male. This probably relates to the greater area of moist tissue in a woman's vagina, and to the relative likelihood of microscopic tears to occur in that tissue during sex. But the bottom line is that AIDS can be transmitted in EITHER direction in the case of heterosexual sex. Transmission among lesbians (homosexual females) is rare.

Oral sex is an extremely common form of sexual

activity among both gay and straight folks. Such activity involves contact of infected semen or vaginal secretions with the mouth, esophagus (the tube that connects the mouth with the stomach) and the stomach. AIDS virus and infected cells most certainly cannot survive the acid environment of the stomach. Yet, it is still felt that there is a chance of catching the disease by having oral sex with an infected person. The chance is probably a lot smaller than in the case of vaginal or rectal sex, but is still felt to be significant.

As mentioned above, AIDS is also transmitted among intravenous drug users by the sharing of needles. Self righteous attitudes by the political "leaders" of this country at local, state, and national levels have repeatedly prevented the very rational approach of providing free access to sterile intravenous equipment for IV drug users. This measure, when taken promptly in Amsterdam, was proven to greatly and SIGNIFICANTLY slow the spread of the virus in that population. The best that rational medical workers have

succeeded in doing here in San Francisco is distribute educational leaflets and cartoons to the I.V. drug abusing population instructing them in the necessity of their rinsing their "works" with chlorox before reusing the same needle in another person. Note that even if you don't care what happens to I.V. drug abusers, the increase in the number of folks carrying the virus ultimately endangers ALL living persons. Thus, the issue is NOT what you morally think of I.V. drug addicts, but one of what is the most rational way to slow the spread of AIDS in all populations.

Testing of donated blood for AIDS has massively reduced the chance of catching AIDS from blood transfusions. But a very small risk still remains. To further reduce that risk, efforts have been made to use "autotransfusions" in cases of "elective surgery" (surgery that can be planned months in advance). Autotransfusion involves the patient storing their own blood a couple of weeks prior to their own surgery, to be used during the surgery if needed. Similarly, setting up donations of blood from friends and family known to

be antibody negative and at low risk for AIDS prior to scheduled surgery further can decrease the already small risks from transfusion.

AIDS and SEX: What are the rational options?

The "sexual revolution" of the 1960's has been stopped dead in its tracks by the AIDS epidemic. The danger of contracting AIDS is so real now that it has massively affected the behavior of both gay and straight folks who formerly had elected to lead an active sexual life that included numerous new sexual contacts.

Abstinence

The safest option regarding AIDS and sex is total abstinence from all sexual contact. For those who prefer to indulge in sexual contact, this is often far too great a sacrifice. But it IS an option to be considered.

Safe Sex

For those who wish to have sexual contact with folks on

a relatively casual basis, there have been devised rules for "safe sex". These rules are very strict, and will be found quite objectionable by most of us who have previously enjoyed unrestricted sex. But to violate these rules is to risk unusually horrible death. Once one gets used to them, tho, the rule for "safe sex" do allow for quite acceptable sexual enjoyment in most cases.

For those who wish to indulge in penetration of the vagina or rectum by a penis: The penis **MUST** be sheathed in a condom or "rubber". This must be done "religiously", and **NO** exceptions are allowed. A condom must be used by a man even when he is receiving oral sex. Cunnilingus (oral stimulation of a womans genitals by the mouth of a lover) is **NOT** considered to be safe sex. Safe sex includes mutual masturbation, and the stimulation of one genitals by another's hand (provided there are no cuts in the skin on that hand). But manual stimulation of another's genitals is **NOT** safe if one has cuts on one's hands, unless one is wearing a glove.

Note that even when one is conscientiously following the recommendations for safe sex, accidents can happen. Condoms can break. One may have small cuts or tears in ones skin that one is unaware of. Thus, following rules for "safe sex" does NOT guarantee that one will not get AIDS. It does, however, greatly reduce the chances. There are many examples of sexaully active couples where one member has AIDS disease and the other remains seronegative even after many months of safe sex with the diseased person. It is particularly encouraging to note that, due to education programs among San Francisco gay males, the incidence of new cases of AIDS infection among that high risk group has dropped massively. Between practice of safe sex and a significant reduction in the number of casual sexual contacts, the spread of AIDS is being massively slowed in that group. Similar responsible action MUST be taken by straight folks to further slow the spread of AIDS, to give our researchers time to find the means to fight it.

Monogamy

For those who would have sexual activity, the safest approach in this age of AIDS is monogamous sex. Specifically, both parties in a couple must commit themselves to not having sex with anyone else. At that time they should take AIDS antibody tests. If the tests are negative for both, they must practice safe sex until both members of the couple have been greater than six months since sexual contact with anyone else. At that time the AIDS blood test is repeated. If both tests remain negative six months after one's last sexual contact with any other party, current feeling is that it is now safe to have "unprotected" sex. Note that this approach is recommended especially for those who wish to have children, to prevent the chance of having a child be born infected with AIDS, getting it from an infected mother. Note also that this approach can be used by groups of three or more people, but it must be adhered to **VERY** strictly.

What to AVOID:

Unscrupulous folks have begun to sell the idea that one should pay to take an AIDS antibody test, then carry an ID card that certifies one as AIDS antibody negative, as a ticket to being acceptable in a singles bar. This is criminal greed and stupidity. First, one can turn antibody positive at any time. Even WEEKLY testing will not pick this change up soon enough to prevent folks certified as "negative" from turning positive between tests. Much worse, such cards are either directly or implicitly promoted as a SUBSTITUTE for "safe sex" practices. This can only hasten the spread of the disease.

If you want to learn your antibody status, be sure to do so ANONYMOUSLY. Do NOT get the test done by any agency that requires your real name, address, or any other identifying information. Fortunately, in San Francisco, there is a public place to get AIDS antibody testing where you may identify yourself only as a number. Tho that place has a three month long waiting list for testing, there are other private clinics where one may have the test done for cash, and may leave any

false name one wishes. The reason I suggest this is that currently there are some very inappropriate reactions by government and business to folks known to be antibody positive. Protect yourself from such potential persecution by preventing your antibody status from being a matter of record. That information is for you, your lover(s), and (if need be) your physician. And for NO one else.

There currently is NO treatment for AIDS (this includes AZT) that shows significant promise.ects key cells in the human body called "CD4 positive T-cells"(Chipps 2). These cells fight infections and various cancers.

How to Cite this Page

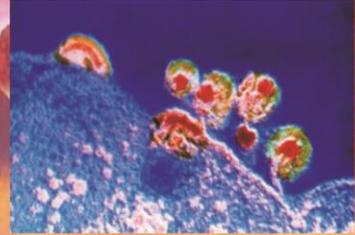
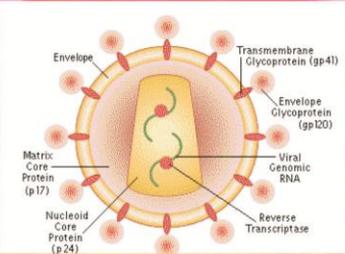
MLA Citation:

"AIDS and How it Spreads." 123HelpMe.com. 21 Nov 2013

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RYAN WHITE STDS/HIV-AIDS CORRESPONDENCE COURSE

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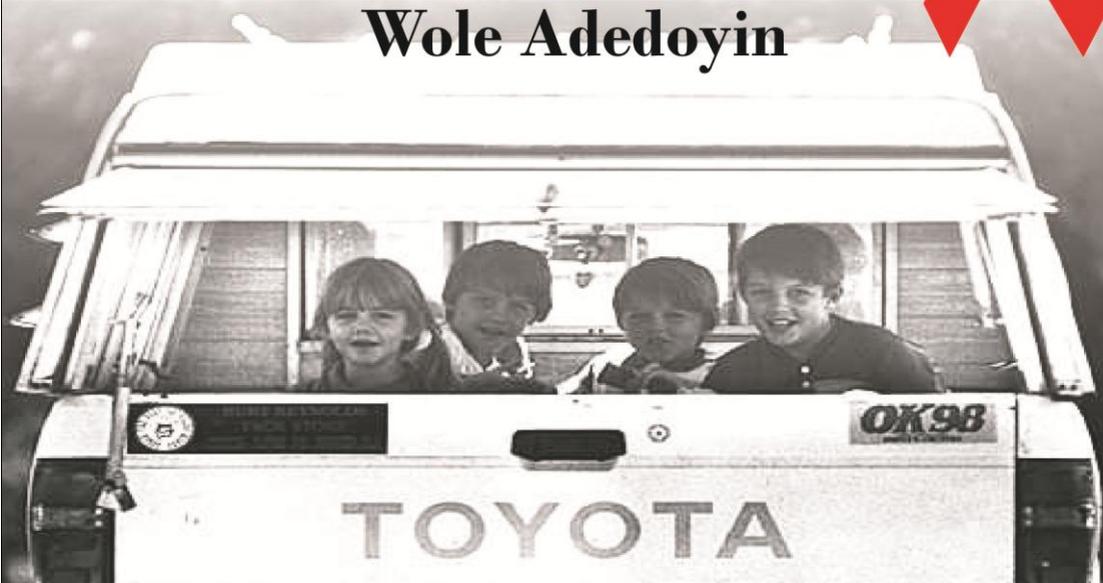
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Prepared by:

Wole Adedoyin



RYAN WHITE STDS/HIV-AIDS CORRESPONDENCE COURSE

The questions are written by recognized and dedicated HIV/AIDS educators. We have nearly ten to fifteen educators working on our questions. They are educators who have had years of practical experience and often they are people who have written recognized HIV/AIDS books for youths.

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At the end of the day you can relax by your fireside and read through your studies. No turning out at night and traveling to evening classes. No taking notes from lectures, everything is written down for you to study at will and revise as often as you like.

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**RYAN WHITE HIV/AIDS CORRESPONDENCE
COURSE BY E-MAIL OR POSTAL MAIL**

AIMS AND OBJECTIVES

1. To put a stop to the spread of HIV/AIDS in the country
2. To promote HIV/AIDS Education
3. To encourage HIV/AIDS victims and HIV/Educators
4. To give recognition, reward and award (RRA) to deserving HIV/AIDS educators to serve as role models
5. To highlight the roles of HIV/AIDS education in the education

COURSE ONE

1. Mention and explain 4 different ways by which HIV/AIDS is spread?
 - a. Mention 7 different ways by which HIV/AIDS is not spread?
 - b. Gonorrhoea is caused by Bacteria – Yes or No
2. Write out 2 causes, 3 symptoms and 2 havocs caused by the following STDs when entered into the body
 - i. Syphilis
 - ii. HIV/AIDS
 - iii. Genital Warts
 - iv. Vaginitis
 - v. Chlamydia
- b. List 8 signs and symptoms of HIV/AIDS infection

3. In a 3 paragraphs, write down the brief history of HIV/AIDS, how it was

Discovered and when it was discovered.

b. How can you tell if someone has the virus HIV/AIDS?

4. Mention 5 different ways to protect yourself from HIV/AIDS?

b. Differentiate between diseases and infections

5. Mention 5 different ways to cope with an HIV/AIDS victim?

COURSE TWO

1. What is PMTCT?
 - b. How does the pregnant woman become HIV infected?

2. What are the benefits of testing pregnant woman for HIV?
 - b. How can mother-to-child transmission of HIV can be prevented?

3. How does the baby get HIV from the infected mother?
 - b. What conditions increase the chances of a baby getting HIV infection from the mother?

4. What is the consequence of babies acquiring HIV?
 - b. How will a pregnant woman know if she has HIV?

5. For women who turn out to be HIV positive, what are the appropriate measures that could

reduce or eliminate the chances of passing HIV
to the baby?

COURSE THREE

1. What is the full meaning of STD?
 - b. Mention 8 STDs that you know
 - c. Which out of the 8 TSDs is the deadliest disease?

2. Mention 8 sense organs of your body
 - b. Expatriate fully the functions of each organ
 - c. What is Sexual Relationship?

3. What is a Drug?
 - b. Differentiate between drug addiction and drug addicts
 - c. What type of people could become addicts?

4. Write out the full meaning of the followings
 - i. STI
 - ii. HIV
 - iii. AIDS

iv. PID

v. NGU

b. Differentiate between HIV/AIDS

c. Write short notes on the followings and how they can be contacted?

i. Virus

ii. Bacteria

iii. Fungus

5. Out of the above mentioned STDs which one has no cure?

b. Write short note on the following terms

i. miscarriage

ii. Burning Sensation

iii. Cervix

iv. Sterility

COURSE FOUR

1. Who is a potential Drug Addict
 - b. What is a Hard Drug?

2. What type of people could become addict?
 - b. What is Drug Addiction?

3. What is Drug Abuse?
 - b. Why do young people turn to drugs?

4. What are the consequences of addiction?

5. Is it possible for an addict to withdraw?
 - b. What role can you play to discourage or to terminate Drug addiction in spreading among youth?

COURSE FIVE

1. What is Youth Friendly Clinic?
 - b. Why Youth Friendly Clinic?
2. Why should you encourage your brother/sister to use Youth friendly clinic?
 - b. What types of services are provided?
3. What type of staff do you find at the Youth Friendly Clinic?
 - b. What are the social and reproductive health problems of young people?
4. What is teenage pregnancy?
 - b. What is an unwanted pregnancy?
5. What is child trafficking and child labor?