

J A S L

DECODED



NEWSLETTER
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Jamaica AIDS Support For Life is the largest and longest-serving HIV-focused NGO in Jamaica.
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JAS After Dark



HOSTED BY
JEROME & CHAD
EVERY WEDNESDAY
AT 8:00PM

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JAMAICA AIDS SUPPORT FOR LIFE



Can Gays Donate Blood in Jamaica?

Imagine one of your friends is in critical care at the hospital and in dire need of blood. In an attempt to possibly save your friend's life, you go with your 'significant other' to donate blood but you are told by one of the staff members "wi wah blood but not from unnu!" This was the reported reality of gay couple Jackson Taylor and Alex Henry.

In September 2018, Jackson received a disturbing call from his friend's mother, who was seeking his assistance. She explained that Kyle, who has been Jackson's friend for over seven (7) years was in the hospital and in need of blood. Without hesitating, Jackson agreed he would and also asked his boyfriend, Alex, to assist. The two then visited **The Institution** "to give blood" but instead they were given a "slap in the face". Never before have they experienced such discrimination.

After arriving at **The Institution**, Jackson introduced himself to one of the medical staff and explained the purpose of his visit. He further added that he was there with Alex, his partner. The staff member immediately told him they could not accept their blood. Jackson explains, "I disclosed that we were lovers and the clinic staff member said wi nuh wah blood from unnu."

When Jackson went back to the waiting area and told Alex what took place, Alex was 'stunned'. Alex shares, "mi did wah hear it wid mi own ears, because I couldn't believe we were being denied from donating blood because of our sexual orientation... I then went and asked her and she repeated the same information ..."

Since this incident has been reported to Jamaica AIDS Support for Life (JASL), the organisation has been working with the aggrieved parties to have the situation remedied.

Lalor states 'I was told that everyone is able to give blood outside of persons with tattoos or piercings under a year; also the open window period for hepatitis B is 3-6 months which will also prevent the person from giving blood. In keeping with international guidelines each blood donation must be tested for viruses such as HIV.'

To validate whether **The Institution** does in fact have a policy of refusing to accept blood from men who identify as gay,



Patrick Lalor, Policy and Advocacy Officer at JASL states that **The Institution** has been contacted to ascertain what procedure and policy exist for those who want to donate blood.

a research exercise was conducted to replicate Jackson's & Alex's incident. Two males (Male A & Male B) went to **The Institution** under the guise of being a 'gay couple'. Upon

reaching, ‘the couple’ went and spoke to the receptionist explaining that they were ‘partners’ and were there to donate blood. The receptionist seemingly taking the word ‘partner’ to mean friends, responded ‘yuh deh yah wid yuh bredrin’. The couple was then registered and asked to wait to meet with the nurse for the screening.

While going through the screening with Male A, the nurse asked “how many sexual partners have you had in the last six months” to which Male A responded “only one, my boyfriend...” the nurse seemingly shocked asked “who?” to which Male A again responded “my boyfriend...” There was a long pause, the nurse seemingly puzzled by the response of Male A. The nurse then proceeded to ask further questions and accepted his blood.

The Institution contends that sexual orientation is not a factor, however, having more than one sexual partner is something that it considers to be risky behaviour. In other countries there are explicit policies that prohibit men who have sex with men (MSM) from donating blood.

Many argue that this policy is born out of the belief that gay men are the carriers of HIV. The original ban on donations was from an era when HIV was not well understood, however, those are still in effect today in many jurisdictions.

Since the outbreak of COVID-19 a number of MSM in countries like America has expressed that have been denied from donating blood because of their sexuality. Recently, popular talk show host, Andy Cohen, after recovering from COVID-19 tried to donate

his plasma, which was rich in antibodies to help save the lives of those still battling the virus. However, he was told that to prevent HIV transmission, he was ineligible to donate blood because he is a gay man.

Lalor shared “we are imploring Jamaican healthcare workers to follow the policy that currently exists and not exercise personal biases to restrict individuals who want to donate blood. The belief that gay men are the carriers of HIV is antiquated, nonsensical and discriminatory.” Policies and guidelines should be informed by facts and rooted in scientific research. Since the outbreak of COVID-19, there have been calls for more Jamaicans to donate blood to help save lives. But will we continue to exclude a part of our population to help save these lives?

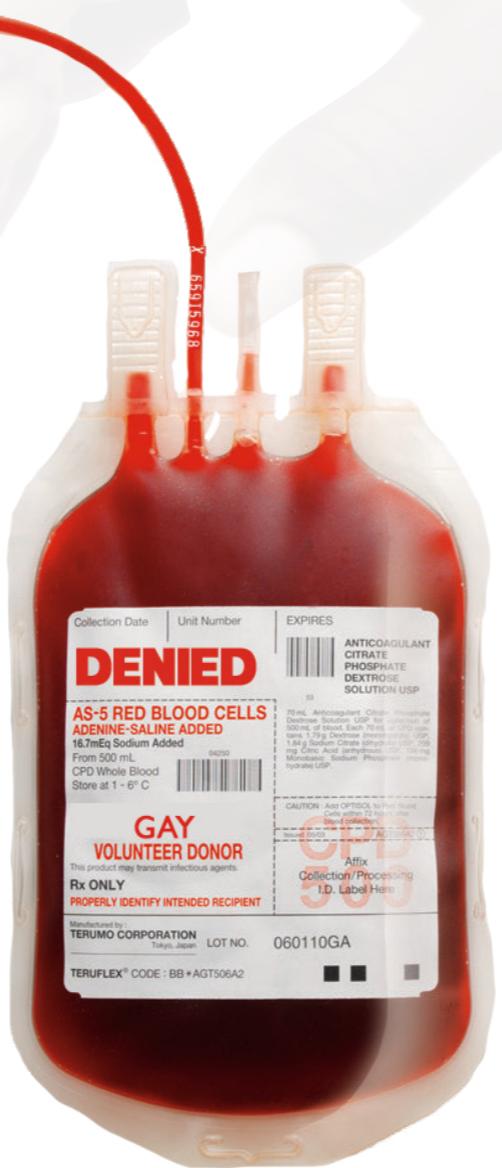
The recommendation from JASL is therefore to utilise universal screening procedures for every person donating blood, to ensure the potential donor does not have a sexually transmitted infection (STI) or any of the barring factors. A person’s sexual orientation should not be used as a criterion to determine one’s eligibility. For example, a gay man in a long-term monogamous relationship could be considered low risk for contracting HIV and therefore a safe donor. On the other hand, a heterosexual man could be considered to be high risk if he recently had unprotected sex with multiple partners. Blanket assumptions based on sexual orientation should be avoided!

We are calling on **The Institution** to implement a clear and concised policy around who in fact can donate blood.

Where stigma and discrimination exist, there is often an opportunity to impart knowledge. Lalor suggests that a part of the solution will be organising sensitisation sessions with the medical team from

The Institution, “there is something inherently wrong with any system that cannot accept a person’s blood because he is gay when the blood could be used to save lives. As a country we need to start addressing these issues and the time to start is now!”

*Names changed to protect identity.



JASL EMPOWERS YOUNG MEN

Through Skills Training and Career Advancement Opportunities

To strengthen its HIV Prevention and Education Programme, Jamaica AIDS Support for Life (JASL) has facilitated various capacity building interventions for over thirty (30) young men across its three chapters since April, 2020. The organisation is seeking to provide a wholesome and effective HIV prevention programme which includes a combination of behavioural, biomedical and structural interventions.

Life skills sessions, skills building and educational grants aimed at men who have sex with men (MSM) provide them with greater opportunities for employment so that they can earn an income, which, in turn can reduce their vulnerability to HIV and other sexual transmit-

ted infections (STIs).

Data have shown that often times young men enter into relationships where they are unable to negotiate condom usage because they are financially dependent on their partners.

JASL believes that to effectively care for these vulnerable men, consideration must also be given to their economic situations. The organisation is seeking to use a more diverse and complex approach to prevention and not just the ABC approach (“Abstinence, Be faithful, Use a Condom”).

In its Kingston Chapter, JASL currently has thirteen (13) clients enrolled at the University of the Commonwealth Caribbean (UCC) and Heart Trust/NTA. These clients are getting certified in a number of areas including Human Resource Management, Supervisory Management, Electrical Engineering and Call Center Management.

The Montego Bay Chapter has hosted life skills sessions workshops with over 15 MSM which assisted them with résumé writing and improving their interviewing skills. The St. Ann Chapter has also assisted over 10 men through its life skills sessions in résumé writing and job application.

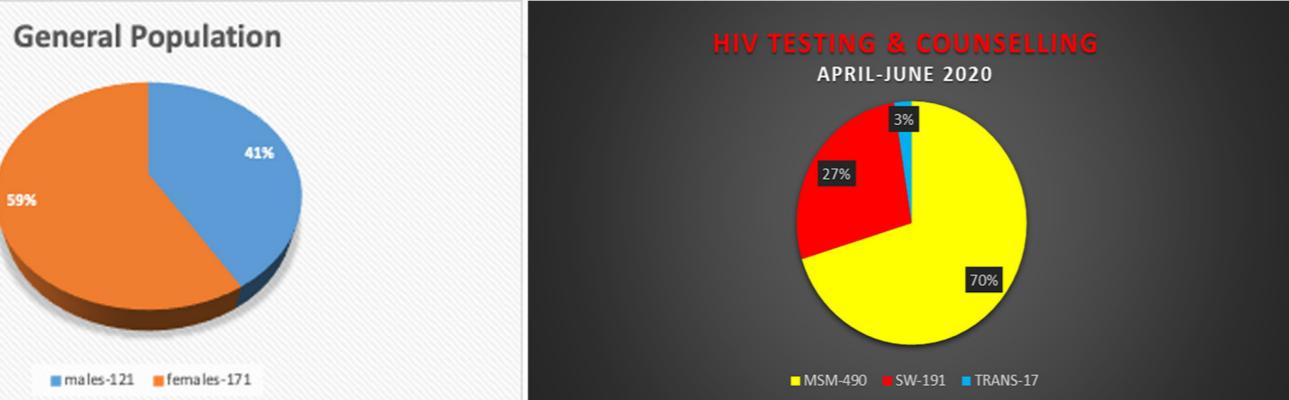
The aim is to have all these men employed in various organisations, so that they can attain stable financial indepen-

dence. Clients across the three chapters, who are interested in being a part of any of these interventions are being encouraged to contact JASL and speak to The Regional Programme Managers (RPMs) or Targeted Interventions Officers (TIOs) to be registered. —



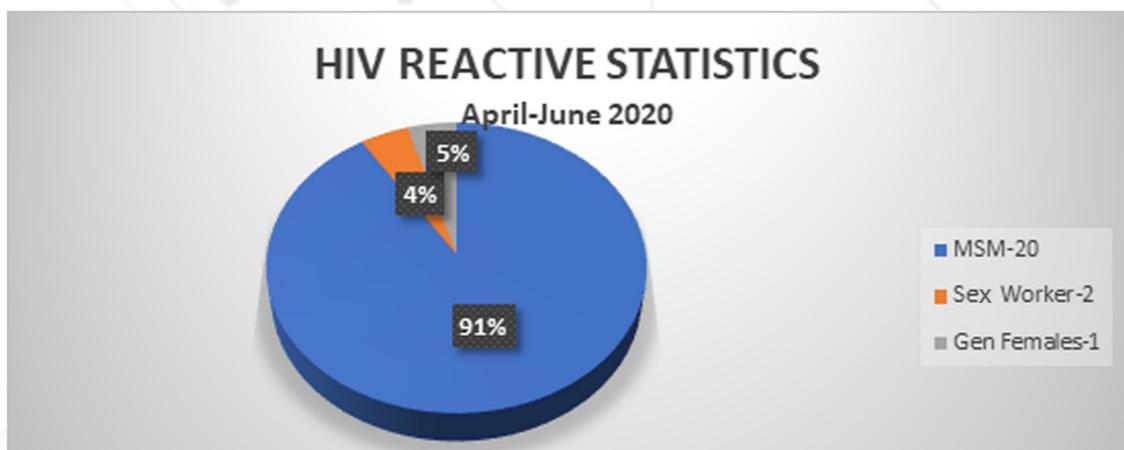
A SNAPSHOT

JASL'S PREVENTION AND TREATMENT
PERFORMANCE FOR THE SECOND QUARTER

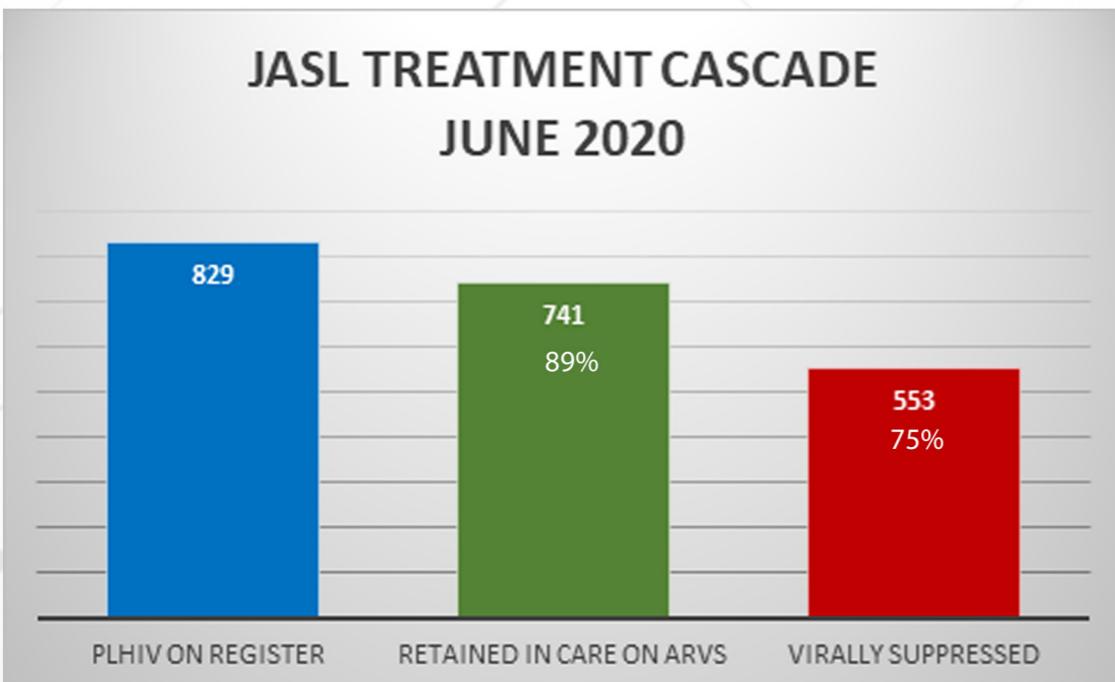


Since the second quarter (April-June), JASL has tested **990** people across the general and key populations.

This is disaggregated as **292** for the general population and **698** for the key populations.



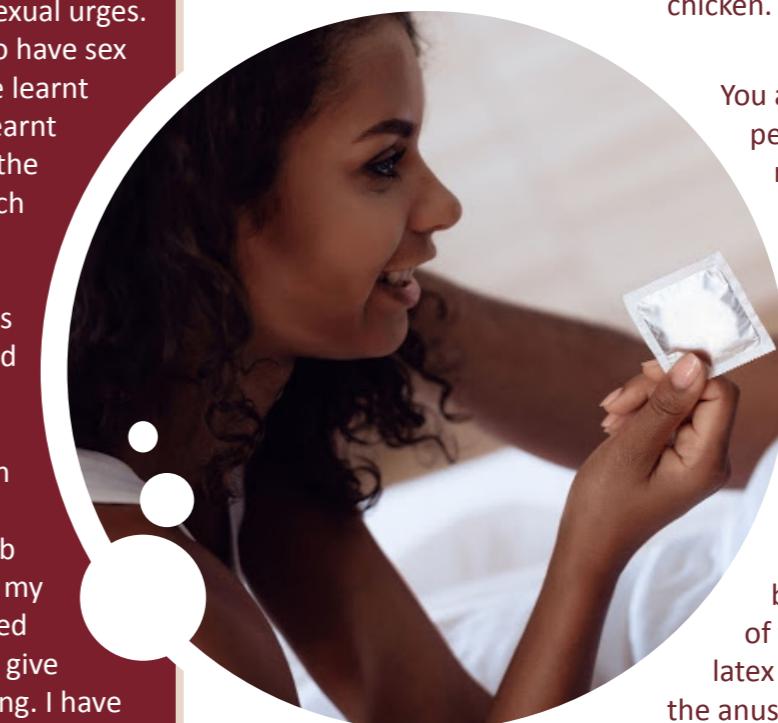
From those tested, **23** were found reactive. This is disaggregated as **22** from the key populations and **1** from the general population.



I only perform oral sex... BECAUSE I DON'T WANT TO LOSE MY VIRGINITY

Dear Briana,

You are playing a game, a very risky game. It is important to note that many STIs as well as other infections, can be spread through oral sex. Anyone exposed to an infected partner can get an STI in the mouth, throat, genitals,



I am a 17-year-old female who has been dating a guy for a year and I am madly in love with him. Initially, we agreed on taking things slow but recently we have been feeling some serious sexual urges. However, I am afraid to have sex because of what I have learnt in school. At school I learnt about abstinence and the risks of having sex which includes contracting sexually transmitted infections (STIs) such as syphilis, gonorrhea, and HIV.

I also want to maintain my virginity until I am sure I am ready. To curb my urges and appease my boyfriend I have decided to play it safe and only give him 'heads' and rimming. I have been doing this for the past three months because I don't want to lose my virginity or contract any STIs.

My boyfriend is starting to become very frustrated with me because I refuse to go the full way with him and he's tired of orals and rimming. While I understand why he would want to go all the way because I get those urges too, I really just want to maintain my virginity plus I am not ready to be exposed to all those STIs. Please help me save my relationship.

Yours truly,
Briana

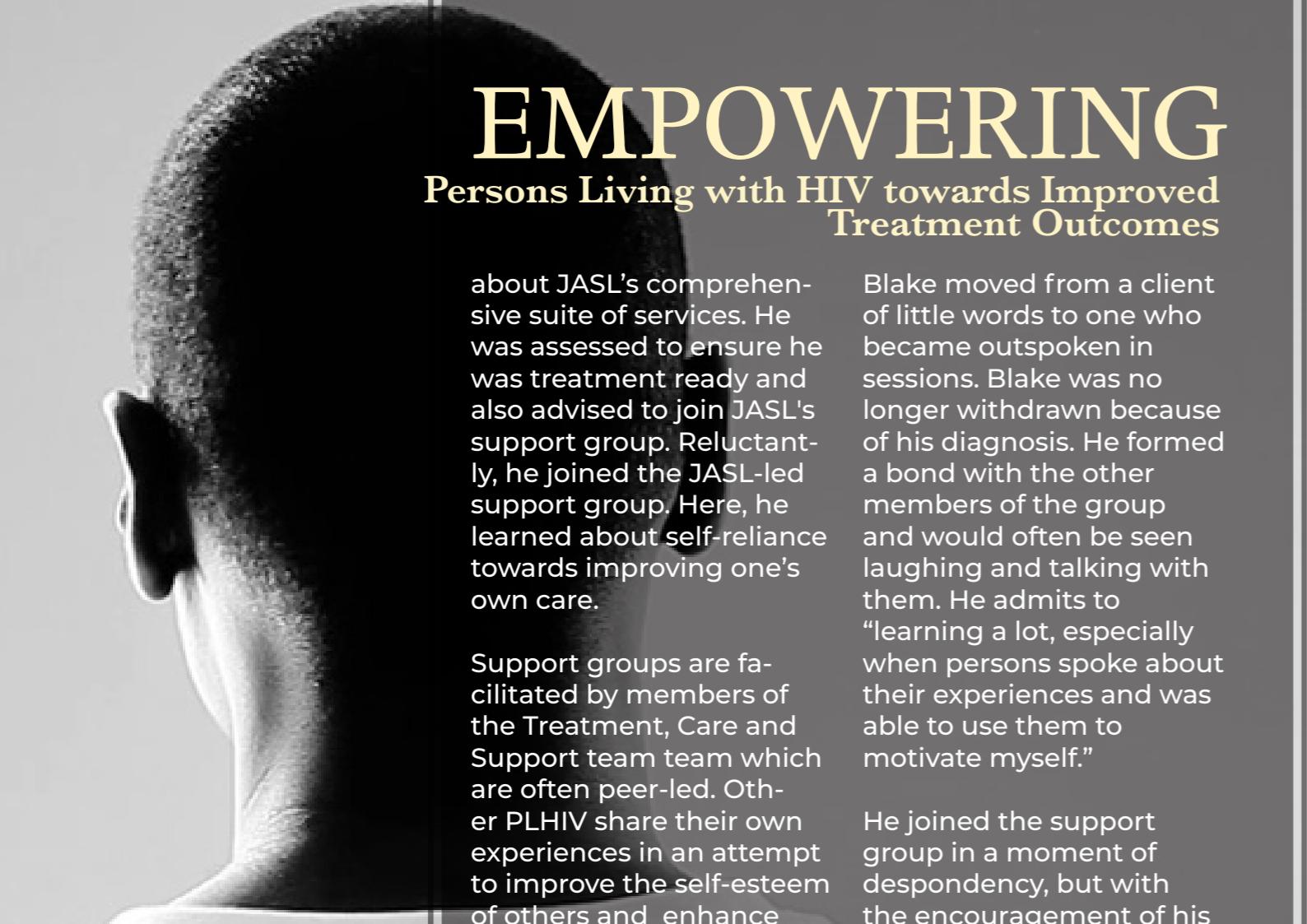
or rectum. There are several STIs that you can contract from oral sex including chlamydia, gonorrhea, syphilis, herpes, HPV and HIV.

If there are open sores cuts and bleeding gums in the oral cavity there is also a small risk of HIV infection when the sexual fluid (vaginal discharge or semen) gets mixed with the saliva and blood in the oral cavity and enters the bloodstream. One way to reduce the chances is by using protection during oral sex.

Did you know that there are flavoured condoms? These were designed to be used during oral sex. The flavoured coating helps mask the taste of latex and makes oral sex more enjoyable. You can pick from a variety of flavours which includes strawberry, grape, banana, bubblegum and even chicken.

You also mentioned that you perform rimming, you will need to use a dental dam to protect yourself. A dental dam is a soft plastic square or rectangle about 15cm by 15cm. These dams also come in a variety of flavours. You can also make your own dental dam, by cutting along the side of the condom, roll out the latex sheet and place it over the anus for protection. My advice is simple, use protection all the time whether its oral or penetrative sex.

On the issue of being pressured, without more information about your boyfriend it is difficult to advise you. It is important that you have a frank conversation with your boyfriend regarding your reasons for choosing to abstain, share your fears, hopes for the relationship and ultimately, make a decision for yourself regarding the relationship.



EMPOWERING

Persons Living with HIV towards Improved Treatment Outcomes

about JASL's comprehensive suite of services. He was assessed to ensure he was treatment ready and also advised to join JASL's support group. Reluctantly, he joined the JASL-led support group. Here, he learned about self-reliance towards improving one's own care.

Support groups are facilitated by members of the Treatment, Care and Support team which are often peer-led. Other PLHIV share their own experiences in an attempt to improve the self-esteem of others and enhance their coping skills and psycho-social functioning.

Group members often exchange cell phone numbers and check in with each other, not only on health progress, but how the individual is coping emotionally and mentally. If someone is absent from a session, a peer calls and checks up on the absentee. It was through this Blake received strong support from a peer who participated in the group sessions.

"she was like the mother, she always call and check-in pon mi"

Blake is a gay man living in Montego Bay, St. James. In May 2019, he was found reactive to HIV following a test done by a Peer Navigator of Jamaica AIDS Support for Life (JASL) at an outreach intervention. Recognizing signs of denial, which would possibly lead to involuntary-self-disclosure, the Peer Navigator did not share Blake's diagnosis right away.

Blake was instead invited to the office and informed that he was HIV reactive. After bursting into tears and overwrought with emotions, he was counseled about his status and informed

Blake moved from a client of little words to one who became outspoken in sessions. Blake was no longer withdrawn because of his diagnosis. He formed a bond with the other members of the group and would often be seen laughing and talking with them. He admits to "learning a lot, especially when persons spoke about their experiences and was able to use them to motivate myself."

He joined the support group in a moment of despondency, but with the encouragement of his peers, Blake is adherent to his medication and now virally suppressed. Blake admits that while his partner is not virally suppressed, despite the fact that he initiated care shortly after Blake did, he believes his influence will get his partner to a similar stage as he is.

Blake credits the motivation received from the topics discussed at support group, as well as the inspiration from the stories told by the other members, as the reasons for him being able to cope with his diagnosis and adhere to treatment. Being a part of the support group made him realize that "if other persons could go through it and be ok, then I can do the same." —

1. What does HIV treatment do?

- A. Cure HIV
- B. Lengthen but not improve your life
- C. Improve but not lengthen your life
- D. Enable you to live just as long and as well as people who don't have HIV

2. When should you start treatment?

- A. As late as possible so you can remain feeling normal
- B. As soon as possible
- C. When you start to feel sick

3. How does HIV treatment work?

- A. Acts as a painkiller
- B. Destroys all HIV in the body
- C. Reduces the amount of HIV in the body and boosts the immune system
- D. Makes your nervous system more effective

4. What is the best way to ensure your treatment works properly?

- A. Taking your medication as prescribed by your doctor
- B. Taking your pills in bursts every now and again when you need energy
- C. Only taking your pills when you feel unwell
- D. Getting plenty of rest and avoiding spending too much time in the sun

5. What should you do if your medicine isn't agreeing with you?

- A. Look for alternative herbal medicines - these are often more gentle on your body
- B. Speak to your doctor about your symptoms - there might be other treatment options
- C. Keep taking the medicines you have been given they will eventually start working
- D. Stop taking your medication for a while and then restart

6. Once you take your medication five times per week you will be OK

- A. True
- B. False

7. What does being undetectable mean?

- A. You don't have any symptoms, so there is no evidence that you have HIV
- B. Other people can't tell you have HIV, because your treatment is working
- C. The level of HIV in the blood so low, it can't be detected in tests and can't be passed on
- D. You no longer have HIV

8. HIV treatment can be taken with any other medicines

- A. True
- B. False

9. Which of the following is a reason to visit your healthcare professional?

- A. To talk about any physical side effects. e.g nausea
- B. To talk about your mental wellbeing, for example if you're feeling down
- C. To check for hidden side effects of your medication
- D. All of the above

10. So long as you are taking your treatment then you are undetectable

- A. True
- B. False



#ComeToCare

Opening Days and Times

- Since the work from home orders have been lifted JASL has reverted to its regular opening hours.
- Our new opening hours are 9:00am to 5:00pm Monday-Thursday; 9:00am to 4:00pm on Friday
- The organisation continues to utilise its Infection Prevention and Control Protocol (IPCP) which was implemented to protect its staff and clients from COVID-19 and other infectious agents.

Clinic Hours

St Ann Clinic Opening Hours
Mondays **9:00am- 1:00pm**
3rd Tuesdays **9:00am-1:00pm**
1st, 2nd & 3rd Thursdays **11:00am-3:00pm**

Montego Bay Clinic Opening Hours

Tuesdays **3:00pm-7:00pm**
Thursdays **3:00pm-7:00pm**
Last Saturdays **10:00am-2:00pm** (by appointment only)

Kingston Clinic Opening Hours

Tuesdays **1:00pm-4:00pm**
Wednesdays **4:00pm-8:00pm**
Thursdays **9:00am-4:00pm**
Every other Saturday **9:00am-1:00pm**
(by appointment only)

Come To Care Campaign

Much remains unknown and mysterious about the novel coronavirus, but all medical reports suggest that individuals with certain co-morbidities are at greater risk of COVID-19 complications.

Persons with hypertension, diabetes (sugar), respiratory disorders and certain cancers, are deemed high risk. This view is also held for persons living with HIV (PLHIV) who are not on treatment and need to strengthen their immune system.

To assist with this, JASL ramped up its 'Come to Care' campaign. The 'Come to Care' campaign is a JASL initiative that seeks to target the over 14,000 individuals living with HIV but have not accessed treatment.



JASL ROLLS OUT PrEP

TO COUNTER HIV TRANSMISSION IN JAMAICA

Jamaica AIDS Support Life (JASL) will now be offering pre-exposure prophylaxis (PrEP) as an additional preventative option for people at substantial risk of contracting the human immunodeficiency virus (HIV). The organisation has officially launched its PrEP programme via a pilot study with 50 participants.

Often referred to as the 'magic pill,' PrEP is a pill that should be taken daily by people who do not have HIV to reduce their risk of contract-

ing the virus if exposed. It works best as part of a combination of preventive services that includes regular HIV testing and condom usage.

PrEP has been used successfully by several countries around the world including United States of America (USA), Canada and United Kingdom. Studies have shown that PrEP reduces the risk of getting HIV from sex by approximately 99% when taken correctly.

Jennifer Brown-Tomlinson, Medical Director for JASL who is leading the study explains that "PrEP..." works, Jamaica needs to get on board now! This has the potential to seriously counter the transmission of HIV.

Persons who are interested in learning more about PrEP are encouraged to contact JASL at 876-925-0021 or send us a direct message via their social media platforms. —



ONE PREP PILL A DAY HELPS TO PREVENT HIV

#BePrEPARED



PrEP should be taken as a part of a combination prevention package

Answers

Does COVID-19 affect the mental health of PLHIV?

Adverse situations, such as the residual effects of COVID-19, can affect one's health; studies have also shown that anxiety can depress the immune system. Keeping stress at a minimum is of particular importance for individuals living with HIV and AIDS. Studies have revealed that chronic stress, traumatic events, and depression can all lead to an increased viral load and decreased CD4 count, and therefore accelerate the progression of HIV. The increasing confirmed cases of the coronavirus disease (COVID-19) in Jamaica have resulted in many persons living with HIV (PLHIV) expressing fears that their HIV status places them at greater risk.

Jane Leserman, PhD, a psychiatrist at the University of North Carolina Chapel Hill, investigated the consequences of stress and trauma on a group of 490 persons living with HIV (PLHIV) for a study published in the American Journal of Psychiatry, "there is considerable variation in how people's HIV virus progresses. When people are dealing with other stresses and traumas—these concerns may overshadow HIV," said Leserman. This is why it is imperative that holistic support is provided for all PLHIV.

Mrs. Xavier Bromfield-Morgan Psychologist at the Kingston Chapter of Jamaica AIDS Support

for Life (JASL), underscores that many clients have experienced loss of employment and income, therefore, the effect on them is far-reaching. She went on to state that clients have articulated deep fears about their capacity to cope and have expressed their reliance on JASL to provide well needed support.

When asked what the clients have indicated that they need from JASL, she stated, "They need [from JASL] the assurance that we are accessible, because above everything else, they value consistency. With everything around, them falling apart, the one thing they have is the assurance that we care".

In an effort to remain accessible, Mrs. Bromfield-Morgan points out that JASL continues to hold virtual support groups by way of Zoom and phone calls, "I have to be hosting a lot more sessions during this time. Last year during the second quarter I hosted 90 sessions. This year, since the outbreak of COVID-19 that has doubled; I have hosted 190 sessions between April and June alone."

It can be debated that the psychological impact of HIV stems from a lack of support and care. Family and peer group support is very important because, not only does it provide mental, economic and social stability to the PLHIV, it also decreases the stressors they face. As one client Claudia Mills states "When I feel stressed, I

know there is always someone at JASL I can call".

In 1991, when a few friends saw the needs of others and decided to do something, then it was HIV and AIDS, today it is COVID-19. But what has not changed is the mandate of JASL to provide services to all based on Love, Action & Support. JASL is committed to focusing on the mental health of all of its clients so as not to undermine the inroads it has made in getting majority of them to viral suppression.



**Mrs. Xavier Bromfield-Morgan,
Psychologist**

No one should feel as if they have to suffer in silence, we have three (3) highly trained psychologist across our chapters that are ready to assist. If you or anyone you know need assistance please contact 876-925-0021. —

1. **D** - HIV treatment these days is so effective that people living with HIV can live just as long as everyone else. It also keeps you healthy so that you can carry on living your life as normal. However, it still isn't a cure, as antiretroviral medicines aren't able to completely remove the virus from your body.
2. **B** - It is recommended that people who are diagnosed with HIV start treatment immediately. Once you have done an assessment and have been proven to be 'treatment ready' you should start treatment. The sooner you start the better.
3. **C** - Antiretroviral treatment reduces the overall level of HIV in the body. However, we haven't gotten to the point yet where it is able to destroy all the of HIV in the body. Because HIV attacks the immune system, keeping levels of the virus low will help keep your body's natural defenses working. So being on treatment will leave you feeling healthier and happier.
4. **A** - Taking your pills consistently as prescribed by your doctor is the most important thing you can do for your health when you are living with HIV. This normally means taking them at the same time everyday. You can check how well your medicine is working, by having your viral load monitored by a health care professional.
5. **B** - It is important that you don't give up on your treatment, but talk to your doctor about what to do. They will either be able to suggest ways to manage the side effects or recommend a different course of drugs for you. It is important that you don't take other medicines without speaking to your doctor as sometimes these can interfere with how well your treatment works. Be wary of herbal remedies - these cannot treat HIV!
6. **B** - You must take your medication daily. Missing regular doses of your medication can mean that the HIV in your body builds up a resistance to the antiretroviral drugs that you take.
7. **C** - A person living with HIV is considered 'undetectable' when treatment reduces the level of virus in the body to such a low level that it can no longer be detected in tests. As long as you are undetectable, you cannot transmit HIV to others.
8. **B** - Some medicines may interfere with your treatment, so tell your doctor what other medications you take. They will be able to suggest a treatment regime that suits you.
9. **D** - All the above- It is important to keep checking in with your doctor to make sure that your health stays in good shape, and you are not having any side effects. This applies to your mental wellbeing as well. Some people find that taking antiretrovirals can affect their mood. If you are feeling down, this is something that your healthcare provider should know about. They can offer you support or provide you with a medication regime that suits you better.
10. **B** - Not everyone who takes treatment is undetectable. Being undetectable means that the level of virus in your blood is so low it can't be detected in normal blood tests. So to know if you are undetectable you need to attend regular viral load monitoring sessions with your healthcare provider.

International Development Partners & Corporate Jamaica respond to JASL's call for help

There is a saying "**EVERY MICKLE MEKA MUCKLE,**" which means small things when combined one by one can have a big effect. This was the premise of **Jamaica AIDS Support for Life (JASL)** when the organisation quickly sprang into action during the COVID-19 pandemic to garner support from donors, sponsors or anyone who wanted to assist its clients which includes: people living with HIV (PLHIV), women living with disabilities (WLD) and orphans and vulnerable children (OVC).

Through the invaluable support of corporate Jamaica and international donor agencies such as the United States Agency for International Development Agency (USAID), MacAIDS Fund (MAF), United Nations Development Programme (UNDP), Elton John AIDS Foundation (EJAF) and AIDS Healthcare Foundation (AHF), the organisation has been able to keep its doors open to its over 800 clients.

The COVID-19 pandemic has gravely impacted a number of the organisation's clients, leaving them unemployed and not being able to provide for themselves and their families. In an effort to alleviate the clients existing problems and foreseeing ones, Mickel Jackson, Grants Manager at JASL spearheaded an initiative dubbed "Help Us To Help People Living With HIV (PLHIV) during this time of crisis" which involved JASL calling on local organisations and international donors to provide financial and other support.

Currently, the organisation is able to issue over 200 care packages each week through its three chapters. The care package provides basic food supplies, personal care items as well as basic sanitation supplies such as: rice, flour,

cornmeal, cooking oil, mixed vegetables, butter beans, eggs, sugar, macaroni and cheese, peas, oats, corn beef, tin mackerel, tuna, chicken, saltfish, toilet paper, toothbrush, toothpaste, bath soap, hand sanitizers, sanitary napkin, bleach and disinfectant.

Mickel Jackson, Grants Manager of JASL stated "nutritional support is quite crucial in providing holistic support for our clients. We want to ensure clients are not worried about where their next meal will be coming from. Instead they can focus on adhering to their ARV regime, thus reaching viral suppression and that is our ultimate goal."

JASL continues to provide relevant services for clients while the pandemic unfolds and is encouraging individuals and companies to support their work and the cause by calling its head office at **876-925-0021** or donating at NCB Knutsford Branch: **351813768.** —



Digicel Foundation does it bigger and better! Nordia Phillips, Executive Assistant of the Digicel Foundation handed 30 care packages to the Regional Programmes Manager for Kingston Chapter, Nichole Morris.



JASL prevention team has all the necessary equipment to keep you safe. Our St. Ann Chapter shows off their PPE gear.



Our Peer Navigator from the Montego Bay Chapter, Shickille Walker hard at work as he captures the info of a gentleman that is about to get tested



'THE DREAM TEAM' shared a lens moment before they took on the road to deliver care packages to our clients.



Our Grants Manager, Mickel Jackson collecting a cheque from CIBC First Caribbean to assist PLHIV



COVID-19 works hard but our Targeted Intervention Officer, Alain Brown works harder! JASL team continues to provide prevention services during the pandemic



Our Peer Navigator, Shyan Newell posing for a quick pic as she packs a few care packages for our clients.



(L-R) Nichola Carpenter, Finance & Procurement Officer and Kriston Simms Finance & Procurement Manager rolled up their sleeves to help prepare the care packages for our clients

Pre-Exposure Prophylaxis

when taken daily, **PrEP** reduces your chance of contracting HIV by **99%**



Are you HIV negative but have a sexual partner that is HIV positive?

Do you have multiple sex partners?

Do you engage in instances of unprotected sex?

Do you engage in anal sex?

If yes, then **PrEP** may be right for you!