


# I have clean shots.

Drug consumption rooms save lives  
and prevent infections.

 Ending Harm = Ending AIDS

# I have clean shots.



Kessi almost died at least twice.

The first time was a heroin overdose. She was sitting in a public toilet with her partner and a friend. "All I remember is that we were just leaving when all the lights went out in my head," she says. Her boyfriend couldn't feel her pulse anymore.

The two men could do no more than shake Kessi and slap her to try to wake her – it was pure luck she survived at all.

After that, Kessi was scared every time she prepared a shot. At first she didn't know there was a supervised injection facility nearby. "I would definitely have used it after the overdose, because they have someone there who can bring you back," she says.

The injection facility would also have provided her with clean consumption utensils and information about hepatitis C, something that would also have saved her a lot of trouble.

That's because, even though Kessi only ever used her own syringe as a precaution against HIV, she didn't know you can get hepatitis C just by sharing a spoon. For years she had no idea she was HCV positive. She ignored the warning signs her body was giving her: her liver was already nearly totally destroyed, and could no longer break the drug down.

Then her doctor gave her a year to live.

That was the turning point. Kessi wanted to stay alive. Even while her boyfriend kept shooting up, she stayed clean and went on interferon therapy. Her boyfriend eventually died, but Kessi started substitution therapy.

She recently turned 50. "I'm happy I got so old," she says now. "But I wish I could be 20 again. Knowing what I know today I would've done a few things differently."

## The Problem

It's well-known that intravenous drug consumption involves enormous risks.

In most overdose cases there is rarely someone with first aid training around and the emergency medication Naloxon is hardly ever at hand. As a result, the number of deaths by heroin and other opiates has been at a very high level in Germany for years.

In addition, drug users often don't have access to clean needles and utensils available in their day-to-day lives, and don't know how easy it is to contract hepatitis C (see right). All this damages the health of those affected and helps the spread of HIV and HCV. The cost of this for the healthcare system is extremely high.

## The Solution

Supervised injection facilities make medical help available. Drug users are provided with clean needles and utensils, and at the same time such facilities provide the opportunity to get information and advice.

The WHO and the European Monitoring Center for Drugs and Drug Addiction (EMCDDA) describe such facilities as the single most important way to avoid unnecessary deaths and infections, and to reach people who up to now have no access to help with drug addiction and prevention. Supervised injection facilities also ease tension in local communities, because they mean drug consumption no longer happens in public.

Drug and AIDS help centers currently run 24 drug consumption rooms in six German states that have already saved thousands of lives. But in the other 10 states, such facilities are banned for political reasons. This has to change!



HIV treatment should never  
depend on your papers.

**I need my  
medication.  
Now!**



Ending Exclusion = Ending AIDS



# I need my medication. Now!

When Lillian arrived in Germany from Uganda in 2000 she was seriously ill, coughing up bloody mucus and barely able to breathe.

The volunteers in the asylum-seekers' reception center called a doctor, and Lillian was immediately taken to the emergency room. The diagnosis: active tuberculosis and HIV. Her life had been saved in the last moment.

Lillian spent weeks in hospital being treated with antibiotics and other medication for the tuberculosis.

But she had to fight for months to receive the vital HIV therapy, as it was unclear who would cover the costs, because her asylum application had not yet been completed.

As an asylum seeker, Lillian was entitled to urgent medical treatment, but people without papers often have no real access to it (see right) – which sometimes has deadly consequences.

It took six years for Lillian to get secure residency status. Six years of fear, during which she was supported by her family and AIDS-Hilfe in Saarbrücken. But the odyssey finally had a happy ending.

“The hospitals in Germany, the doctors, AIDS-Hilfe, they were there for me,” the 48-year-old says, beaming. “They gave me a chance!”

Lillian slowly got back on her feet. After a while, she became pregnant. Concerned about her health, a doctor advised her to have an abortion, but Lillian wanted to keep the baby.

With the help of a social worker, Lillian found help at the Charité Hospital in Berlin. Today, Lillian's daughter is 16, healthy, and HIV negative.

Lillian campaigns for access to HIV medication to be universally accessible. She is active in the self-help network Afro-Leben+ and works at a drop-in advice center for migrants in the city of Saarbrücken.

“Health is a human right,” the effervescent activist says. “I want to make it possible for other people to have what I got.”

## The Problem

Refugees who apply for asylum in Germany are entitled to emergency medical care – a right that also applies in principle to people who arrive without papers. But with long-term care, such as HIV treatment, medical professionals often go to authorities to get costs reimbursed, which means patients are threatened with deportation – one reason why many people do not seek treatment.

As a result, HIV infections are not diagnosed and remain untreated, and in many cases people end up seriously ill in the emergency room. But the principle is clear: people without documents or health insurance still have a human right to medical care. Not only that, from public health point of view, treatment in such cases would prevent further HIV infections.

## The Solution

Deutsche AIDS-Hilfe works to provide people without documents full access to healthcare in Germany. The organization implements a variety of measures to prevent infection among immigrants and supports self-help programs. But the treatment of people without documents or health insurance remains a gap in the healthcare system.

Some NGOs provide medical care in some locations, and there are state-run pilot projects in individual states and municipalities, but the financing is never adequate or secure. A basic standard care system that people could have real access to is a necessity – one solution would be anonymous healthcare cards.



# Treat me well!

Discrimination in the healthcare  
system makes people sick.



Ending Discrimination = Ending AIDS

# Treat me well!

“Do you suffer from AIDS?” Denis answered the question on the anamnesis questionnaire at his dentist truthfully: “No”. Even though he was HIV positive, he was healthy, and the HIV virus could no longer be detected in his system. He certainly didn’t have AIDS.

On the treatment chair, Denis pointed the misleading question out to the dentist, who got annoyed that Denis hadn’t mentioned his HIV infection. “That’s when I knew how he was going to treat me,” he remembers.

Denis has encountered discrimination in health care settings often enough. He was once sent home from the emergency room because he only told the doctor of his HIV infection after having a blood test. That had undermined the patient-doctor relationship, the doctor argued. “It made me feel like a leper,” says Denis.

In moments like that, wrong or insensitive treatment of an HIV positive patient can have fatal consequences. Some people avoid important visits to a doctor because of bad experiences (see right).

Denis deals with his HIV infection more confidently now. But it wasn’t always that way. When he got his first test results, at 28, it threw him completely off the rails – he hadn’t even been aware there was any risk of HIV.

“It was all so unrealistic. Even at the reception desk at the doctor’s I couldn’t say why I was there,” the quiet 37-year-old remembers now.

But Denis was lucky with the HIV clinic he visited, and he knows other practices in his home town of Halle that deal well with HIV cases.

“That’s good for me personally but it can’t be the answer,” he says. “Every doctor should be able to treat people with HIV without discriminating against them.”

## The Problem

Shockingly, it’s often the medical professionals who discriminate people with HIV. In the healthcare system, they have to deal with rejection, excessive precautionary measures, and violations of their data privacy. Some examples: dentists refusing to treat patients with HIV, or only giving them the last appointment in the day. Hospitals allocating HIV-positive people their own toilets, or marking their patient files on the outside, or radiologists and masseurs suddenly wearing gloves. In rehabilitation clinics, HIV-positive people are often excluded from certain services, on the grounds that they may infect others, and sometimes they’re warned not to talk about their infection to other patients.

Such exclusion can discourage people from visiting the doctor. A healthcare system that discriminates does not heal people – it makes them sick.

## The Solution

Deutsche AIDS-Hilfe works against discrimination in the German healthcare system in a number of ways. Our center for HIV-based discrimination offers those affected both advice and practical help. In partnership with the German Federal Dental Association, we have developed a set of training materials for clinic personnel that clarifies an important message: special treatment for people with HIV is both unnecessary and discriminatory. The project “Praxis Vielfalt” (“Diversity in Practice”) has begun awarding a badge of approval to discrimination-free clinics, while our training program “Let’s talk about sex!” helps doctors to communicate with patients about sexuality, HIV, and STDs.

Visit our stand (number 644) to learn more about discrimination-free healthcare in the Global Village!



# Nice guys test me first.

Gay-friendly checkpoints –  
the gateway to more HIV testing.



Ending Barriers = Ending AIDS

# Nice guys test me first.



The Dortmund health authority is a concrete box from the 1950s. The path to Alex' first ever HIV test led through a side entrance and up a dark flight of stairs. The 18-year-old had to wait with a lot of other people in a long corridor. Then an official doctor drew some blood, virtually without a word – no questions, no consultation. Results in a week's time.

"It was an absolutely horrible experience," Alex remembers. "If my best friend hadn't been there I would have turned round and gone right back out."

Alex had just moved to Dortmund to begin his studies. He'd been the only openly gay boy at his hometown school. Other students had bullied him, and his parents worried that he wouldn't find a job.

"Being gay was hard, and HIV wasn't an issue at all," Alex remembers now.

Today Alex is 31, a confident gay man living in an open relationship. "I'm not a downbeat person," he explains. And that's exactly why getting that regular health check is so important to him. Twice a year he gets himself checked for HIV and other sexually transmitted infections. "It's not as if it hurts, does it?" he says.

The key thing is this: there has been a gay health center in Dortmund since 2009. It was a unique pilot project in Germany at the time, a special operation managed jointly by Aidshilfe, the city's gay center, and the health authority, to give gay men consultation in a supportive environment.

It changed everything for Alex: "You're given a friendly welcome, without getting odd looks. There are gay doctors, there's a talk, and you can wait for the result of your quick test in a comfy corner sofa. I just felt comfortable there and I soon went back alone."

## The Problem

Over 1,000 people in Germany develop AIDS or another serious immune system deficiency every year – cases that could be avoided. Half of HIV diagnoses come too late, a third far too late. Some people do not get themselves tested because they're not aware of the benefits of an early diagnosis. Many people remain in denial that they may have become infected. The reasons: fear of the dramatic consequences of infection based on outdated assumptions; fear of rejection and blame if the HIV test comes back positive; shame and fear of being judged for one's sexual behavior, for example as a gay man.

## The Solution

In Germany more and more test opportunities aimed at specific focus groups are providing more access to HIV tests, and, crucially, staff are learning to accept people and their lifestyles. Another key is cooperation between state authorities and NGOs. Various AIDS help organizations receive public funding to run 60 checkpoints for HIV and STD testing in Germany. In some cases these organizations offer "on-site" tests too – for example within the gay scene. Such checkpoints have also become important contact points for immigrants. Germany's Federal Center for Health Education, the state-run Robert Koch Institute, and Deutsche AIDS-Hilfe have together created a program entitled "I check that!" to provide testing in drug help facilities. In addition, self-test kits are expected to go on sale in fall 2018, while home collecting will be trialled in Bavaria.

The vital element in all this is the joint effort to fight stigma and promote realistic modern images of life with HIV.

