

AIDS IN SYRINGE



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Prepared by: Defne Güzel

Translation: Özge Gökpinar

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Kaos GL Association

P.B 12 Tunus PTT Kavaklıdere-Ankara

Phone: +90 (545) 340 82 28

Fax: +90 312 230 6277

E-mail: bilgi@kaosgldernegi.org

www.kaosgldernegi.org

www.kaosgl.org

Kapak Görseli: Aslı Alpar

Design

Ceket Medya

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As the foreword: Lifting the lid off the panic...

“The effect of the military imagery on thinking about sickness and health is far from inconsequential. It overmobilizes, it overdescribes, and it powerfully contributes to the excommunicating and stigmatizing of the ill.”

“No, it is not desirable for medicine, any more than for war, to be “total.” Neither is the crisis created by AIDS a “total” anything. We are not being invaded. The body is not a battlefield. The ill are neither unavoidable casualties nor the enemy. We-medicine, society-are not authorized to fight back by any means whatever... About that metaphor, the military one, I would say, if I may paraphrase Lucretius: Give it back to the war-makers.” The milestone book of Susan Sontag: “AIDS and Its Metaphors” is concluded with these sentences. Throughout the decades, which are the so-called “AIDS crisis”, HIV and every subject we can think of about HIV have been evaluated in the cursed world of metaphors. As the science of medicine, governments, media and society, we have put our best efforts in order to cause a great panic when we talk about HIV. And, like almost every metaphor about health, metaphors related to HIV have socialized the issue to the extent that they medicalize it. Almost every sentence we use about HIV today somehow manages to stay on the wrong side of this pendulum. A medical reality such as U = U, that is, Undetectable=Untransmittable, is not found convincing enough while it will work for us in combating discrimination. However, when it comes to actually creating and reinforcing discrimination, medical data belong to twenty years ago can be disseminated as if they were updated. When it comes to “patient rights” and the right to privacy, which is one of its most important parts, this issue, which is highly social and political, is abstracted from the perspective of rights, and a panic climate that is claimed to be medical is provided. This is accompanied by a public health

¹ Susan Sontag, *Illness As Metaphor And Aids And Its Metaphors*, New York: Farrar, Straus and Giroux, 1989. p. 95.

discourse to violate persons' fundamental rights. At the end of the day, HIV, which has been transformed into a medical and social issue, is narrowly confined to a mechanism that will work against those living with HIV in both axis and contexts. The information of persons who do not want to share their HIV status is shared at the expense of violating their right to privacy; those who want to express that they live with HIV and to break the stigma of living with HIV are pushed into silence.

In such a climate, this booklet that you are reading now has been created with the aim of ensuring human rights to be taken as the central axis and the context of the whole process. AIDS in Syringe, which is composed of the articles and interviews of Defne Güzel, aims to chase "the lights that went out at nights", as Defne says. And while doing this, when taking the name of HIV in vein, it discards the feeling of panic that captivates us, deciphering one by one the discourses that stigmatize those living with HIV as "dirty deviants being the enemies of society and humanity". It does this by handing the microphone to those living with HIV and those who advocate for the rights of those living with HIV; where the exclusion and inclusion mechanisms are active chronically and in sync without hesitating to use HIV and LGBTI+ panic as a mean and a tool. HIV panic is a tool used for targeting and stigmatizing the specific lives. We can see the traces of it in Murtaza Elgin's story provided in the media in 80s. Murtaza Elgin was a person diagnosed with HIV and his life was ripped to the shreds, was depicted as a boogeyman and buried with lime when he died. The news were provided with "M. Panic" title for defining an entire identity with stigmatization. This definition creates HIV panic, instrumentalizes and feeds on the panic to justify torture. This panic is also the goal; indicates a stage to be reached. HIV panic is also the target in this sense. Panic is something that is intended to be created to the extent that it is instrumentalized. Like the self-eating snake Ouroboros in mythology, while the existing HIV panic is used as a tool, it is desired to create an HIV panic in the society through these mechanisms. Panic becomes a cycle with unidentifiable beginning and end and is legitimized in this way. The way to get out of this panic cycle is; centring of those living with HIV; not evaluating HIV as a purely medical or social issue; rethinking over and over the intersectionality areas to restore the dignity of those living with HIV.

This booklet is aiming to ensure these. We recommend you to read this booklet together with Kaos GL and 17 May Association's "Report on the Human Rights of LGBTI+ Persons Living with HIV" prepared again by Defne

Güzel. In this booklet, you will find the stories, troubles, criticisms, dreams and struggles. You will have the opportunity to learn the challenging history of HIV in Turkey and the current discussions as well as to hear the various voices raised up against the devastating effect of discrimination by both LGBTI+ organizations and HIV organizations. On the other hand, this booklet is also a step in our attempts to take responsibility against the violation of the right to privacy of persons living with HIV by a social delusion. It is also the reflection of our solidarity we provided as Kaos GL to the struggle of LGBTI+ living with HIV in organizing and telling their own stories; as well as a reflection of our will to see HIV as an issue within us, not outside of us. It is another ring in the chain of activities, i.e. workshops, events, meetings, media and social media campaigns, news, commentaries and interviews, we conducted...

We dedicate this booklet to all LGBTI+ persons living with HIV, who are seen as the part of greatest plague and who experience the most severe forms of stigmatization on account of their HIV status. We wish to build another world together shoulder by shoulder where we can share our own stories...

I hope you enjoy reading this booklet

Yıldız Tar

Kaos GL Media and Communication Program Coordinator

Getting started:

How the syringe has become a cat's paw in the hands of the society

The journey of the “AIDS in Syringe” begins in the mid-eighties. It is a legendary journey striking fear into the hearts... Everyone knows the stories about “AIDS in Syringe” of course. Everyone has heard of it somehow. Yet the ones who knew it ignore it, the ones who heard it ignore it.

“AIDS in Syringe” is tool for horrifying, for speaking softly but carrying a big stick. It is the paranoia of the neighborhood and is the most terrifying method of maintaining social order. When we come to the nineties, “AIDS in Syringe” is now in the movie theaters. You can be sure that it is sitting in a chair and enjoying the cinema. You cannot see, you cannot prove it, but fears make lies come true. You believe it; you can swear that it exists. It will hinder you from going to the cinema; it futzes up your going to the cinema. How strange is “AIDS in Syringe” to be in the cinemas at a time when the place for socialization of LGBTI+ persons are cinemas, isn't it? Society has thought so, we have no chance but to accept it.

When night falls, the lights went out. Music starts. “AIDS in Syringe” is at the bars this time. Likes to drink and dance. It does its job in the bar toilets. Really, is the “AIDS in Syringe” actually there? Or is there someone who do not want us to drink alcohol or dance? Which drink does AIDS in Syringe like most? Should not we go to bars anymore just because the AIDS in Syringe is there? Should not we dance? Should not we drink like a fish? Of course, one should not go there, not do these, since both alcohol and its users are bad, just like those going to the cinema. I am not saying so, the society says so.

“AIDS in Syringe” sleeps on benches. As you know “AIDS in Syringe” has no place to sleep, it is always away from its home. It is a traveler who travels all over the world. Nobody should sit on benches without looking carefully. It carries its own bottle with an old coat over it... If you are a good child, you may even see it. Really, who sleeps on benches other than “AIDS in Sy-

ringe”? Homeless persons, stew bums, vagabond persons. Does the “AIDS in Syringe” really sleep there? Or is this a fictional lie of class hatred against those who have no place to sleep?

Things change when we come to the millennium. In this period when even the virus is transmitted to computers, the “AIDS in Syringe” naturally takes the control over the social media. It continues its journey between websites and WhatsApp groups. It can travel country by country between banana peels, or it can come out of a bottle of coke. At any moment, a message about the journey of “AIDS in Syringe” can be sent to someone’s inbox. It is everywhere now. Who knows, maybe one day it can even share a post with a selfie.

“AIDS in Syringe” is always around the corner. “AIDS in Syringe” is with the person whoever does not behave, who is stigmatized, who is marginalized. It is the mandatory friend of homeless persons, gays, transvestites, whores, alcoholics, addicts and more. Even if you do not want to befriend with it, the society will do on behalf of you, as a matchmaker puts it on your bed. The society harms you by using it since it cannot harm you on account of your existence and AIDS in Syringe has become a cat’s paw in the hands of the society in order to harm you in whatever ways it harms you.

AIDS in Syringe has a famous saying, that it wrote on a notepaper and always carries the note with it throughout its journey. It is time to say: “WELCOME TO THE REAL WORLD. NOW YOU HAVE AIDS!”

“AIDS in Syringe” is my friend. My friend, whom I feared for a while nowadays I understand, who is thought crazy, who was sacrificed to sacrifice victims. My friend, because of whom I am thought to be the instigator, because I live with HIV. However, we met five years ago. It was romantic. We were together against the sea in a car. We were together for years; we got up together, lived together, thought together. Rather than being a beam in other eyes, we blamed ourselves. They have marbles in their mouths about it and about me. Society has fulfilled its duty. We shut our mouth. After all, persons talked and it spreads like wildfire.

My friend and I contemplated together and decided to go on a trip again. Just like the old days.

This time, “AIDS in Syringe” will enter our lives as the subject of a publication, a booklet. We will recognize it with a click. We will learn the basics and the new adventures of it. “AIDS in Syringe” will reach the lawyers, physi-

cians, non-governmental organizations, your friends, me, and you, the state. It will ask the problems of the persons one by one, it will talk about its own problems. There are things that we are curious about. Do those living with HIV have to disclose their HIV status? What happened in the 80s? Are there really persons living with HIV? What kind of discriminations are persons living with HIV exposed to? What are the claims of persons living with HIV?

We will jot down all these questions and more, answer them, write them down and leave them to be read by all. With this series of articles, my friend "AIDS in Syringe" and I will present you other opinions and a completely different perspective. The millennium journey of the "AIDS in Syringe" will resume, but this time, the things more than meets the eye will be talked about. Lets breathe and contemplate on this journey which we started by talking about the innocence of the "AIDS in Syringe" and about the wicked game of the moralist mentality. Please welcome: "AIDS in Syringe".

Doing advocacy is greater than HIV

• **Muhtar Çokar**

In our “AIDS in Syringe” article series, today, our guest is Muhtar Çokar. He is one of the pioneers of HIV activism in Turkey, while combining his advocacy studies with his medical profession. He has been working for the Human Resource Development Foundation (İKGV) for 25 years.

We discussed with Çokar about the history of HIV activism in Turkey, stages in this activism, Women’s Door under the HRDF, political changes in the HIV movement and the rise of conservatism.

- **You have more than twenty-five years of experience on the issue of HIV. With this perspective, you divide the HIV into some historical stages. Can you inform us about these stages?**

I have been working at the Human Resource Development Foundation for twenty-five years. This periodization is a result of my observations and experience in the field as a NGO professional and physician. Of course, we can divide it into completely different historical stages with other perspectives. For example, a person living with HIV will likely view the process very differently and view the whole process as a history of stigmatization, discrimination, and the struggle to access services. In 25 years, I have witnessed a part of the responses provided to HIV in Turkey within thirty-five-year history of HIV. While working in the field of prevention and advocacy on HIV, I have witnessed the values changing over time in the field, and this change sometimes occurred as the whole system of values evolved or transformed into another system. The starting point behind the fact that I divide the responses on HIV into stages is that I have witnessed this transformation. Of course, this periodization is not in line with historical or a scientific study, rather with the sole observations of a NGO worker. That is why I think it should be evaluated with tolerance. There may be of course some wrong parts need to be corrected.

1981 was the year when the first cases were identified in the world. Until 1985, there were no cases of HIV in Turkey. This interval is a period before stages. In this era, HIV infection is slowly entering Turkey’s agenda. HIV

infection is starting to be recognized due to the cases in other countries and especially in the USA. The discriminations that will accompany HIV are planted in this period with the spread of the information that HIV is a disease of homosexuals.

The period that can be accepted as the first stage can be argued to be initiated in 1985 with two HIV cases identified in Turkey. This stage is the period of tutelage in which the main actors are the media and physicians. Those living with HIV, which we can call the subjects of HIV, are not in the foreground. At this stage, the discrimination in the media is very intense, and the prejudice that HIV is a homosexual disease is highlighted in almost every news. In a sense, physicians are in the foreground because they offer treatment. At this stage, I was the part of the discriminating party as a physician. There was a fear and lack of knowledge in all of us. While we were in the very beginning of the HIV epidemic process in Turkey, we were more interested in the sensational aspects of the study; we showed less effort to control the outbreak.

Even though LGBTI+ persons are a minority in the population living with HIV, the emphasis was on that HIV infection is a homosexual disease. This emphasis caused the LGBTI+ movement to approach prevention efforts cautiously and to some extent prevented individuals from accessing diagnosis and treatment opportunities. Those living with HIV did not have a say in their own rights, and they faced major obstacles in accessing healthcare services. Specific treatment against HIV infection was very expensive. Persons had to take drugs having a lot of side effects, and these had more side effects than the drugs of our time. Even if HIV treatment could be covered by social security system, there was resistance in official institutions. Treatment of other diseases of persons living with HIV was a problem. Generally, clinics avoided providing services to persons living with HIV. For an ordinary disease, finding a place for surgery, giving birth, having dental treatment was a complete problem. We were witnessing very serious consequences of delays in treatment, including deaths.

This stage is also the stage where the Ministry of Health takes the first measures. Preoperative compulsory tests, blood checks, disposable syringes came to the fore at this stage. By evaluating those times, it is possible to say that this stage was a period of opportunities, but it is not used well. In societies like ours, where the rate of increase of the disease is low, that is, the epidemic is slow progressive, prevention efforts at this stage are very important. It is also important that the groups we call key groups to

have safe behaviors in terms of HIV. The behavior of these groups needs to be monitored with scientific research methods we call surveillance, and it is necessary to decide what to do for prevention. For example, if persons who inject drugs change syringes and face discrimination, the programs on syringe change and on fighting discrimination against them should be initiated and these persons should be admitted to healthcare services. In terms of safe sexual behavior, it is very important to implement such studies for different groups and for providing support to such groups.

- **When and how did the second stage start?**

In 1991, the second stage started. I call this stage as the “social response”. I think the fact that non-governmental organizations became one of the important actors and my involvement in the field through this channel at this stage was determinative in this definition. The second stage can also be defined as the civilianization of the field. In other words, the replacement of the leadership of media and science of medicine by non-governmental organizations. In the first stage, non-governmental organizations active in the field were NGOs stating that they mostly worked in the field of reproductive health. Although they acknowledge that sexually transmitted infections are an important part of the reproductive health field, HIV was not the top priority agenda item for them. Even the most fundamental activities such as access to services for persons living with HIV, working with key groups, and combating discrimination were out of the question. One of the prominent features of the second stage was non-governmental organizations that had specific studies towards HIV in this period. We know that the Association for the Fight Against AIDS (AMD) was established in Izmir in 1991 and the Association for Battle Against AIDS (ASD) was established in 1992 in Istanbul. These two were non-governmental organizations working directly against HIV infection. Although the two associations were very different from each other in terms of functioning and structure, the presidents of both were academicians who had a great influence on the Ministry of Health. Especially ASD was a prestigious association where all physicians tried to become a member. They had 17 branch offices across Turkey. These associations worked for both prevention and for ensuring access of persons living with HIV to services. The voices of those living with HIV had been raised up by these NGOs to a large extent, and advocacy was done via these NGOs. The AIDS and Sexually Transmitted Diseases Association established in Izmir and Hacettepe University HIV-AIDS Treatment and Research Center (HATAM) within Hacettepe University were among the effective NGOs of

this period. The first pioneering study in the field of prevention also started at this stage. The prevention activities of NGOs in the field for young persons and the general public, and the study of the Human Resource Development Foundation, of which I am an employee, for sex workers took place at this stage. Studies were carried out largely using international funds. We recognized UNAIDS, a unit of the United Nations, the European Union (EU), and later The Global Fund, as granting organizations in the second stage, instead of USAID of the first stage- the USA aid organization that was more active in the field of reproductive health.

National AIDS Commission was founded under the leadership the Family Planning Association of Turkey via the EU funds. The Commission performs as an important institution in building communication between the public and civil fields while planning Turkey's response to HIV for a period. Although the belief in the previous stage on that the epidemic will spread in a short time prevailed at this stage, the rate of the epidemic remained low in this period, although the numbers started to increase. One of the positive developments of the second stage is the emphasis on working with key groups. Even today, even though a developed HIV-specific epidemic monitoring mechanism, namely surveillance system has not been established, the importance of key groups has been understood in the second stage. Now we are calling it as the key group, but at that time we called it as the risky group, then we realized that the group is not at risk, then we started to call it as a vulnerable group at risk. One of the important factors in the spread of HIV, groups that change partners a lot but do not engage in safe sexual behavior, namely key groups, gained importance. Priority was given to programs that support the prevention of discrimination against these groups, and the access of individuals to prevention, diagnosis and treatment opportunities. The first test centers were established during this period. The support provided largely by the European Union and The Global Fund ended by 2008. Although the epidemic started to accelerate after this date, the National AIDS Commission was not convened, HIV started to be disregarded from the priorities of the Ministry of Health, NGOs lost their effectiveness and the interest in the society started to decrease.

- **How do you describe the third stage you said before we are now in?**

The third stage we are now in can be monitored as a apathy period after 2008. This is a period that no one cares about as the numbers are rising. At this stage, positive groups started to appear in the field. Although some

of them were founded at the end of the first stage, the associations such as Positive Life, PODER, and Pozitif-iz began to be active in this period. Those living with HIV began to take part in the response to HIV as active subjects. Those living with HIV started to raise their voices up without intermediaries. Physician-based associations were closed down during this period. The number of studies made with key groups has decreased. As an important and positive development, new actors started to take an active role in the response to HIV in the new stage. LGBTI+ organizations, which occasionally made room for prevention activities, albeit tacitly in previous periods, started to openly make HIV a part of their problem areas. This is a very positive thing. Kaos GL is a pioneering organization in this regard. During this period, sex workers also had organizations worrying about the prevention of HIV. Today, the number of persons diagnosed is increasing, the epidemic has started to accelerate, and despite this, the priority ranking of HIV/AIDS programs in Ministry of Health still low, society's interest has decreased, prevention efforts are not at the desired level, key groups are neglected. That means the issue has become serious, but we are not interested in. However, compared to the past, persons living with HIV have more easy and widespread access to treatment services, there are treatment protocols prepared by the Ministry of Health, access to drugs is very common and easy compared to the past, anonymous test centers are taken seriously and there is request for increasing the number of these centers. Of course, there are also the effects of transformations in life itself. For example, working conditions of sex workers have changed. Technological advances that facilitated the change of partners began to override traditional methods of prevention studies. These developments also affect our system of values and remind us the need to re-evaluate the whole picture.

- **There is a process that evolves into the Women's Door in the key group studies you mentioned. How was this process developed and how was your motivation during this process?**

The Women's Door was a project we started after the Cairo Conference on Population in 1994. The Cairo Conference on Population is a meeting that teaches us that there is more in reproductive health field than reproduction. In 1996, we launched our program that supports sex workers to gain safe sexual behavior. It was a time to work with key groups, and one of these groups was sex workers. At that time, we were always reaching the women within the scope of family planning projects. We thought that sex workers would easily support our study since HIV is an important problem for them,

but we hit the brick wall there. For sex workers, their health status was not at the top of their agenda. Sex workers, most of who were working under unsafe conditions, were not in a position to negotiate for a condom. Stigmatization, exclusion and discrimination were at their highest levels. They were not in a position to care about our training. Then we somehow communicated, met with them. The social lives of sex workers had to be supported first. That is why we established a community center. In addition to healthcare studies, we have worked to support sex workers on how to access legal support and cope with violence. We named the center we established as the Women's Door. We moved a lot. For a while, we even made the Women's Door mobile and bought a minibus and delivered it to the streets where sex workers work.

The Women's Door started to develop gradually. We decided with friends that it should be institutionalized in line with its own needs and the Women's Door became an association. Studies have gradually evolved from healthcare and support studies into advocacy. As it is now, hatred towards transgender identities reached murder levels, and the prevention of hate crimes became the goal in itself. Still, it could not have a long-term life as an association. Although Women's Door has a mixed structure for sex worker cis and trans woman, ciswomen have become a minority and their participation has gradually decreased. The developments in the third stage ultimately affected us too. During this period, HRDF's policies and direction also changed and new priorities came into play, especially with the refugee influx. Meanwhile, the sex work experience has also changed. Sex work has started to gain a digital quality that is carried out via the internet. In the past, it was possible to reach sex workers in physical places, but digital environments started to gain importance. Years later, when we evaluated the effectiveness of the Women's Door, we saw that among the key groups we could reach via Women's Door, the group with the least HIV spread was sex workers. These studies were carried out by sex workers. Success is of course their success.

- **Besides your HIV studies, how has your political approach to the HIV issue evolved?**

Our starting point as a foundation was not political but medical. Despite this, we found a political group with us. Sex work is a political field, although its subjects are often unconscious about this nature of it. Sex work is a survival strategy in some cases, and society meets this strategy of sex

workers with a counter strategy. Sex workers are accused of taking the easy way out, of immorality, and this situation turns into a political struggle. We came across the moral values of the society at first. We have been accused of supporting sex work. However, we did not have such a motive. The persons we supported were sex workers. Moral values are easy to resist, but there are more serious problems. Especially transgender persons have a struggle for existence. In the process, the problems of transgender persons have inevitably become our problems. The Women's Door has done advocacy from time to time. In fact, HIV prevention has become a small part of the program over time.

The political aspect of HIV is even richer. We have known this from the very beginning. Still, those living with HIV are not a homogeneous group. They can come together in advocacy for access to treatment, but they are not united in themselves. In this sense, it is not easy to evaluate the political environment on the HIV issue. Because private life is also a matter of politics, how the state intervenes in persons is also a matter of politics. Discrimination, not being hired, the difficulties created by private insurances for HIV-positive persons are all a matter of politics. It is necessary to understand, evaluate and resolve them.

- **What kind of political changes do you observe in the HIV movement from past to present? How was conservatism reflected in the HIV movement?**

There used to be tutelage in the HIV field. The main actors, that is, those living with HIV, the subjects of HIV were not visible. Over time, HIV became an issue of political subjects; the tutelage of physicians is ended. This is an important thing. The number of organizations is low. The number of positive organizations and sex workers' organizations should increase. As a positive example, LGBT + organizations can talk about HIV much more comfortably. I think this is also very important.

Conservatism has always existed, but its shape has changed. For example, there is no change in their view of LGBTI+ persons. There is no change in the perception of sex workers. Also, there is no policy to make things positive. This conservatism politically brought the National AIDS Commission to an end. Studies on key groups have ended. We can see the negative effects of conservatism here. On the other hand, the progress of science was followed to some extent and it became easier to get a diagnose and reach medicine

than the past years. At this point, we can also see the positive studies carried out by the Ministry of Health. The Ministry of Health, which organizes and carries out the provision of treatment services, is the most important actor in this field. The standardization of treatment, widespread and accessible treatment services, easier access to medicines, and even the reflection of the developments in the world to our country in a short time were realized by the Ministry of Health. Ministry of Health was published HIV/AIDS Control Program in Turkey (2019-2024) in 2019.

- **What kinds of activities should be conducted to prevent the discrimination against those living with HIV? What gains has the HIV movement had despite the conservatism we mentioned?**

Twenty-five years ago, it was considered a disaster for persons living with HIV to disclose their status, if they were accidentally diagnosed, there were difficulties in accessing drugs, they were excluded from healthcare institutions regarding their other healthcare problems, HIV infection and AIDS were already a “homosexual disease”, and these persons should also be excluded from the society. I think access to health is getting better now. HIV infection is on the way to be normalized. Healthcare institutions and the media have an impact on this. There are many things that can be done on social media. Since this started in the media and it may be possible to prevent discrimination via the media.

Also, the dynamics have changed. There used to be just supports provided to sex workers. Now they are organizing. Anonymous test centers were opened and access to treatment increased. HIV may not be a priority in healthcare policies, but still, effectiveness and inclusiveness in treatment and limiting the epidemic have been an important achievement. In this sense, it is a very important factor that policies for PrEP and PEP come to the agenda.

- **Finally, is there anything else you would like to add?**

It is important to identify and disclose discrimination. It is important to disclose these discriminatory behaviors for supporting public health. The more persons who have risky behaviors get tested and access treatment services without discrimination and exclusion, the more successful the prevention of the epidemic will be.

Human rights aspect of HIV

• Yasin ErKaymaz

In our “AIDS in Syringe” article series, today, our guest is Yasin ErKaymaz. ErKaymaz, who has been doing activism in the field of HIV for 15 years, is also one of the founders of the Pozitif-İz Association. We discussed with ErKaymaz about the transformation in the field of HIV, HIV as a human rights issue, the studies of Pozitif-İz and the importance of solidarity.

- **You have been in the HIV issue for a long time and you are conducting studies on this issue. What kind of changes do you observe in the HIV issue from past to present?**

For 15 years, I have been involved in many HIV studies as much as I can, both individually and as part of the organization. I do not want to provide a pessimistic picture, but I want to evaluate it from a realistic point of view, it is really difficult to do this ... For example, there are more associations working in this field, or those who care about this field. Compared to the past, there are more easily accessible test centers and project studies. Local governments began to provide huge contributions. But let's see that we have yet to come a long way in improving against HIV phobia, discrimination and marginalization. Various institutions and associations have conducted valuable studies on HIV over the years. But this alone is not enough. In my opinion, non-governmental organizations are not the only ones responsible for the things we cannot achieve. The arguments regarding the studies of civil society as if they are false, incomplete and inadequate will be misleading.

The essence of the situation is this; unless the training and awareness-raising efforts of the institutions working in the field of HIV are supported by the state and governments, decision-makers, and unless a specific budget is allocated for these, all the studies conducted, being conducted and to be conducted will always reach some part of the society and will not reach the center of the society. In other words, it is of course important that the state provides free tests and treatment within the framework of healthcare policies, but it is definitely not enough.

It is obvious that there is a big increase in the number of persons living with HIV now. Almost 5000 persons are diagnosed with HIV annually in our country; unfortunately we cannot see any decent training or raising awareness study related to this by any state authority.

- **You have an association: Pozitif-İz, where persons living with HIV are supported and where studies are carried out on this issue. Can you tell us about the story of Pozitif-İz?**

It is an association we have established with our friends who, like me, have personal or organized activism experiences for many years in the field. Sometimes your ideas, perspectives and values start to conflict with those you organized for the same purpose. I think this happens frequently in the field of civil society. We went through such a process and we parted our ways with the Positive Living Association. During our conversations with our friends, we started talking about whether we could form a new initiative. We said, let's establish it as an initiative first. As Pozitif-İz Civil Society Initiative, we started our activities as of October 2016. In April 2018, we have continued and continue our studies by obtaining the official status as an association. Among our members are persons from various professional groups, including doctors and academic staff.

Pozitif-iz has been continuing all its activities on a voluntary basis since 2016. Our aim is not to grow and be a huge structure. That is to say we are not aiming to grow and employ many persons, earning a lot of money, trying to do everything, we do not have such a mission. We want to have concise yet complete studies in which we can touch and change someone's life. We say yes, we are doing the right thing when we are able to empower the persons we touched and help them to regain the self-esteem they thought as absent. I think feeling this is the maximum available gain for us.

- **What kind of studies and activities are you conducting in the field as Pozitif-İz?**

We attach great importance to being with persons diagnosed with HIV at the time of the first diagnosis, trauma and shock process. Because it is very important for the persons to reach support about what they feel in embracing the situation at the initial stage, what they will experience and how they will cope with their concerns for the future.

They receive this support from our friends who are specialized in the field and have worked as peer counselors for many years. In this sense, they communicate us through a support line and by reaching us from our social media accounts. In other words, peer counseling is one of the fundamental studies we made.

In addition, we organize capacity building trainings for those living with HIV in order to increase their knowledge and experience on HIV. These trainings contain information about the medical dimension of HIV, its treatment, healthy life and nutrition, social status, and the legal and bureaucratic rights. This information is provided by the experts of the issue. In other words, the persons completely eliminate the misinformation they acquired in the past about HIV and rebuild their thoughts about HIV with the correct information. These trainings provide persons living with HIV to realize how little it affects their life and the flow of it and make them be on the track with the same belief for the goals they want to achieve in the life. In other words, these trainings make it easier to accept that they are “normal” and not being different from anyone. To sum up, the reasons for the existence of Pozitif-iz is; to provide counseling services to HIV-positive individuals and their relatives that they may need by providing updated and accurate information on the subject, to empower them regarding their rights, to improve their skills on living with HIV, to increase the solidarity between HIV-positive persons and their relatives, to raise awareness about HIV in the society and to conduct studies to eliminate discrimination and stigmatization.

● **What kind of studies Pozitif-iz hopes to conduct in the future?**

Our goal to ensure the sustainability of the counseling services that persons living with HIV and their relatives will need will always be our priority.

In addition, we have the idea to provide organizational trainings to civil society professionals in order to raise the awareness of all civil society in the field of HIV. In other words, all our studies is counseling and training oriented. We want to use trainings to raise awareness, and to use this raised awareness to eliminate prejudices.

We want to improve the knowledge of persons living with HIV and their relatives as well as of all the institutions that need to have accurate information about HIV such as the ministry of labor, the ministry of family and social policies, the ministry of health, national education, etc.... In short, we want to ensure that all official institutions that serve persons, universities, young persons and all segments of society to be informed.

- **How is Pozitif-iz's political stance on the HIV issue shaped?**

We think HIV is a human rights issue. We know that labeling and stigmatization are the basis of all HIV-related discrimination. HIV is not a problem of a group or a situation. HIV is a health condition that any member of this society can face one day. Yes, some persons may be more vulnerable and susceptible in terms of being affected by HIV, but that does not make HIV specifically their problem.

We argue that political correctness is also important when talking about HIV. In other words, the language used in explaining HIV, the arguments chosen and the examples given can create the phenomenon of over-egg the pudding. When you want to say something good, how you express it can be more important than what you want to say. An individual living with HIV should not be deprived of any rights that other persons have in terms of fundamental rights. In other words, if the rights of the person such as the right to treatment, education, right to work, right to life are violated on account of HIV status, it should be the whole society that raises the voice up. When there is an issue against you that need to be defended, so as not to be alone, you should do it.

- **What is your main motivation for you to concentrate on and work on the HIV issue?**

"I am HIV positive. I have an HIV positive wife. I learned that my mother is living with HIV. My partner is HIV positive. My brother was diagnosed with HIV. I had HIV positive partners. My best friend had an accident, but could not undergo a surgery and died because the HIV test was positive before the surgery. I attended a seminar on HIV and because I was surprised by the discrimination experienced, I wanted to do the advocacy in that regard".

Any of these sentences can be my answer. I think it was a very "political" answer. Actually, the answer I will give to the question of what my motivation is does not matter. The important thing is you determine what you can do in your own circumstances. You may want to step back and hide what you have experienced, forget what you have heard, and cover up your facts. Or, on the contrary, you may want to share your feeling. You may want more persons to learn the information in the seminar you attended. For example, you want to encourage the person who learns about the mother's HIV status so that that person can hug the mother firmly ... In other words, every person who are in and works in this field sincerely has a motivation. I think none of us woke up one morning and said lets work in the HIV field.

There are millions of things that need to be done and change in this country about HIV, and a lot of work needs to be done in areas such as prevention, support, awareness, and training. There is zero government support and very few persons to do these. Few persons take steps to work in this field. There is a need to see more persons in the field and be part of change. I can say that reminding others that they need to take a step for this, encouraging them, and then seeing that I have gained new companions satisfy me regarding that I am doing a good thing.

- **Recently, the discourses on HIV have increased. How do you evaluate these recent HIV discussions?**

I guess you mean the heated debate about whether to share your HIV status or not. Frankly, I think that an individual living with HIV should decide on to whom, when and how to share their HIV status. For example, let me explain my thoughts based on the opinion that HIV positive persons should share it with persons they will have sexual relation, I think it will be more clear by this. There are two persons in favorable conditions and they will have a sexual experience. Whether or not sexuality is experienced safely is a decision they can make of their own free will. If both parties wish to be protected, then they are protected. If both parties are not protected by their own will and if there is an infection transmitted from one to another, including HIV, the person having the infection is not the only responsible party. If both parties did not enjoy their right to be protected, both parties are responsible for the health condition that could change. Then the argument regarding the HIV positive party knows the condition immediately is raised ... What about the other party? Has this person been tested regularly? When was the last time this person got tested? Has there been any unprotected contact with another person after the last test? At that moment, can or will that person be able to declare to be negative by being sure one hundred percent?

Moreover, in our era, we have a scientific fact like the situation of “Undetectable=Untransmittable”². In other words, do you think that it is fair to expect the other party to disclose themselves as “this is who I am” to protect yourself? If you want to protect yourself, you will undergo regular tests, you will not have unprotected sexual intercourse, you will have a general knowledge about all sexually transmitted diseases, because you are the one who will protect yourself.

2 Retrieved from <https://www.pozitifiz.org/post/bb-belirlenemeyen-e%C5%9Fittir-bula%C5%9Fmayan-ne-demek> on 15.10.2020

The asymptomatic period of HIV can last for many years, so the person may be living with HIV but may not be aware of it. For this reason, it is the responsibility of the persons to protect themselves. So someone who is getting HIV treatment and explaining the situation to you is one hundred percent safer than someone who has never spoken or talked about HIV. Of course, what the word trust means for the person is also important here. We can talk about this for hours, but I can briefly summarize it like this.

- **Finally, is there anything else you would like to say?**

I have a kind request from those who read this interview. I wish them to notice HIV. Because HIV is a matter of all persons and it is not far from any of us than anyone else.

If you do not express yourself, others will speak for you, but in which ways will they do that?

We get acquainted with Alp from the interview called “They expect me to throw away my diploma because I live with HIV!”. After being diagnosed with HIV, Alp was prevented from doing the job at the school where Alp was working, and Alp was discriminated when applying for jobs to other schools on account of the military service exemption report. Alp has shared those experiences with KaosGL.org and in other media platforms

We discussed with Alp about the discrimination Alp faced in labor life, the struggle and the dreams for the future in our “AIDS in Syringe” article series.

- **I would like to ask my questions based on the statements you provided before; While your HIV status and military exemption do not pose obstacles for doing your job, you have been subjected to various discrimination by workplaces for being HIV positive and for having military service exemption. How did these processes develop? Can you briefly explain?**

The process started with the diagnosis of HIV I got from the hospital where I went for my routine checks in the first year of my profession. When I was diagnosed, my doctor suggested for me to be hospitalized since various tests are needed in order to initiate the drug treatment and so that the scans could be done as quickly as possible. On the other hand, I accepted this suggestion, otherwise I would have to get an appointment for different days for each screening process and have to go to the hospital. I was hospitalized for three days in the infection clinic of the hospital. In terms of hospitalization I mean, I was only going to the hospital and when the test was done, I was returning to my home in the evening. I sent an email to my administrator to inform the school about the situation that I was in the hospital. I was called by phone and asked questions about this hospitalization procedure. After I said that I am in the “infection” clinic when they asked about which clinic I am in, my situation began to be investigated more.

When I got back to school, meetings were held with the school administrators to ask me what my situation was, but I did not tell them. Ultimately, they themselves should have learned somehow; they stated that it was not important for me to tell them about my situation anymore, that they “guessed” themselves and that they told me it would not be appropriate for me to work at this school; they offered me two options and asked me to choose one of them: I could either do paperwork in a separate room arranged for me and, or not come to school but I would get my salary. I asked for a day to think. When I went to school the next day, I left my job saying that I was contracted with this school to become a teacher so I could not do any other job.

They told me that I could not be a teacher in this country, which is a job I really wanted to do, and I studied devotedly for four years and decided to become a teacher by deciding from high school. That moment was inexpressibly hard for me. I was just able to say that “but what you are doing is the discrimination”. With this injustice, the way home from school was much longer and more difficult for me this time.

I made job applications to other schools to be able to work next year. I got a job offer by taking the exams opened by a school run by a university, and then passing the interviews. When I went to submit my documents for my entry, my reason for military service exemption was questioned, when I did not tell, I was referred to the workplace doctor. The workplace doctor investigated my healthcare status and whether I had a chronic condition. The doctor threatened me by saying that if I give false statements, I will be in “trouble”, even if I do not say, the doctor will be able to see from the online system that doctors can use. I shared my HIV status, thinking that the doctor already knew my situation, that the doctor is aware of the protection of personal information between patient and physician, the doctor is the right person to understand me as a doctor. The answer I got was that the doctor was dealing with “persons like me” a lot and unfortunately the doctor had to share this with the school administration and left the room. Then I ran to ask what I could do to prevent the doctor from doing this, and I got the answer, “Get a report stating that you are healthy from the hospital”. I immediately went to my own doctor in the hospital providing surveillance. They wrote the report stating, “It is okay for this person to teach”. I gave the report to the school. A few days later, I received a phone call and received the information that my employment contract was unilaterally cancelled without stating why.

I got a very good result from an exam held by another school and was called for an oral interview. After this oral interview, I received the information that I failed, since they question my military service exemption instead of asking me questions about my teaching skills.

I am currently working in a school, but since I had my information turned off from the systems so that the doctors could not view my reports, I was able to get a job without any problems.

- **So how do you evaluate this unlawful practice of those workplaces?**

In addition to being unlawful, I think I have experienced a very unfair and injustice situations. Because of these, I thought of quitting the profession, I forced myself on what else I could do. I started to see myself insecure and inadequate, my self-confidence is challenged. Since I was a person trying to survive without getting support from my family, I had to work economically and to continue my life. I had great difficulties leaving aside my professional satisfaction and meeting my most basic needs.

Despite all this, I did not give up and learned to behave with courage to prove myself that I could be a teacher, first to myself and then to the society. These unfortunate events I have been through have actually built me a lot. I was not guilty or sinful; that I became more confident and courageous; these has also enabled me to be more aware of how I should behave against prejudices, to be aware of my rights and to defend myself. When persons are able to cope with their good or bad experiences, they can get stronger. I experienced bad things, but in the end I am still an educator. Persons approach situations with fear since they do not know and see far away. I do not blame anyone because persons are not aware of what the situation is. I embraced it as my duty to shed light by explaining and expressing myself in appropriate time and places.

- **Are you considering making a legal application against the violations of rights you have experienced?**

I thought of making a legal application, but at my first place of work, I quit my job with an agreement. I did not start it because I did not feel psychologically good enough to follow the legal process. In the second institution where I worked, I could not start it because within the first two months one of the parties had the right to terminate the employment contract with-

out showing any reason. I will just write to the Turkish Medical Association against the doctor who disclosed me.

- **How is the situation at the current workplace?**

I am currently working in a smaller school than previous schools. With the experience I got from my previous experiences, I was able to carry out the process in a more decent way. I had the online systems shut down so that the physicians could not view my health status. I was able to get a job by making up a more “innocent” reason for my military exemption. I have not experienced a negative situation so far, but of course this does not mean that I will not. I can only manage the process more consciously. Lets see, what will happen in future.

- **So lets talk about your future plans. What are you thinking about your future, what are your plans?**

I have no complicated future plans. I have no plans such as earning a lot of money, having a comfortable life, buying house, car, obtaining a status, academic degree, etc. I am a socially sensitive person. I want to be as useful as I can for persons who have been subjected to injustice, violation of rights and who are marginalized and excluded.

I actually chose teaching as a profession because I was aware of how big the influence of a teacher on a child in line with my negative experiences with my own teachers. I want to be a teacher and make a difference in the future as it is now. I want to create a positive change in the lives of children, to broaden their horizons and to continue my profession by ensuring each of them to feel special.

- **There are places, institutions and persons that you do not share your HIV status with. What is the reason behind that?**

Stigmatization. In Turkish, it is damgalanma, lekelenme. Social stigmatization is based on perceivable social characteristics that distinguish a person from other members of society; it is disapproving or discrimination. Since I live with HIV, I am evaluated by others with stereotypes. It becomes much more difficult for me then because these stereotypes are actually those that society avoided by fear and hate since the past. In a society that is very

closed and hypocritical about sexuality, someone living with HIV is faced with a phobia by being just considered in line with how and which ways they live sexually. The reason for all these incidents I have experienced is the prejudice, unconsciousness, hypocrisy of society and endless phobia.

- **The prejudices of persons about HIV have made your life difficult.
How do you cope with these challenges?**

I started out by coming out to my circle of friends who witnessed the troubling events I went through. It felt good to coming out, express myself, to be accepted and to say that my rights are violated. I was coming out to the persons around me, raising their awareness and feeling satisfied when I saw the change. I was even a spokesperson in a conference with the support I received from the Pozitif-İz Association on 1 December, World HIV/AIDS Awareness Day at the same university running the school where I was discriminated against. I started my speech at the conference as “If you do not express yourself, others will speak for you, but in which ways will they do that?” When I left the conference, I felt relieved as if I had walked for miles wearing heavy boots on my feet for a long time and then took off my boots in a warm house and rested. My ways of coping with these difficulties is to coming out and express myself.

- **What is your opinion about the current HIV policies?**

I have been in contact with the Pozitif-İz Association since the time I was diagnosed with HIV. From beginning to end, they patiently answered all my questions and referred me to the relevant places on how to defend my right. They have always been very patient, selfless and generous in providing all the information necessary for a person living with HIV. They provided me with encouragement and empowerment for the conference. I owe them a lot. I am sure they will read this article and I would like to express my profound gratitude for them in that regard.

Unfortunately, what associations can do is limited to a certain extent. The state should also be more sensitive about this issue and make HIV policies more visible. For a group that suffers from such social stigmatization and discrimination, the state should take precautions and protect us as the citizens. It should raise awareness of persons regarding HIV and AIDS and make sexual health education compulsory at schools.

- **Finally, is there anything else you would like to add?**

All these experiences I had show that it is not HIV that forced persons into loneliness, despair, pessimism and stigmatization, but the prejudice and fear that society does not destroy.

If someone living with HIV is on the treatment and if it is undetectable, it means untransmittable. We can be parents, friends, teachers, students, engineers and surgeons. We can do any job. The only thing that differs our lives from the others is a dose of medicine we use every day and we deserve to live as much as any human being. One should be afraid of discrimination and stigmatization, not HIV.

Then, I would like to thank you for including me in this articles series that allowed me to express myself.

Justice against violation, solidarity against discrimination

- **Hatice Demir**

One of the most evaluated topics in the discussions about HIV is the field of law. The “intentional injury” clause in the law hangs over us like the sword of Damocles. On the other hand, violations of privacy, health and right to work threaten the lives of persons living with HIV.

So what do the laws say? Attorney Hatice Demir, who also provides legal counseling at Pozitif-İz Association, answered our questions in our AIDS in Syringe article series.

Reminding that everyone should be attentive when talking about the laws, Demir states, “Otherwise, the law is no longer a tool to ensure justice and compensate for damage, and turns into a whip to talk about the limits of rights and freedoms.” And also says,

“Those living with HIV do not have to share their HIV status. No article in the law obliges individuals to do so.”

- **Lets talk about Article 86 of the Turkish Penal Code, that is, the crime of intentional injury. How is this article related to the HIV issue?**

Article 86 of the Penal Code includes intentional injury, while Article 87 includes aggravated injury. According to these articles, “If the act of intentional injury results in

an incurable illness or causes a vegetative state in the victim”, this situation becomes a reason to increase the penalty. This article is of course not an article prepared by considering HIV. However, in the case of HIV and, more broadly, sexually transmitted infections (STIs), this article comes to the fore when someone is infected an infection deliberately or by taking into account the “infection risk”. This article is often referred to HIV because HIV falls into the category of “a disease that cannot be cured”. Of course, there are certain conditions for the imposing this article when it comes to HIV.

The first of these conditions is that the persons to be aware of their HIV status. In cases where the persons do not know their status, this can be opened up for a discussion if the crime was committed by negligence if the transmission occurs. These are the issues discussed in the theoretical criminal law. However, in practice, there are some cases occur such as when it is not known which of the parties was infected the other first in such a situation.

Secondly, the person must have such a viral load that can transmit HIV. In the case of U equals U, that is, “Undetectable=Untransmittable”; the viral load of the person is reduced to undetectable, so the risk of transmission is eliminated.

Thirdly, when the person refrains from being protected despite being able to transmit the infection.

Finally, despite all these, HIV transmission must have occurred. It is obvious that it will then be necessary to prove that the transmission took place through the relationship with the accused person.

In addition to all these conditions, scientific developments also affect the implementation of the law. I would like to remind you absolutely and in any case that; in law, every concrete incident has its own characteristics and each of these is evaluated separately. Therefore, any legal article should not be taken out from its own context and not be put forward like the solution to all question marks and problems. Therefore, lawyers, but mostly the ones who are not lawyers, should be attentive when talking about these issues. Otherwise, the law is no longer a tool to ensure justice and compensate for damage, and turns into a whip to talk about the limits of rights and freedoms.

- **In the light of all this information, do those living with HIV have to state their status? In addition, what can be done in case of violation of disclosure of persons' status and their right to privacy?**

This is a very broad question. Do persons living with HIV have to state their status? To whom? Under what conditions? By what method? To partner, doctor, employer, parent... Certainly, a separate discussion is carried out for each and every adjective that we cannot count, but more importantly for each condition. As I said before, the law or legal information should not be used like a single solution. A separate assessment should be made for each concrete situation. Nevertheless, we should not hesitate to say the following in the discussion of rights and freedoms; those living with HIV do

not have to share their HIV status. No article in the law obliges individuals to do so.

Regarding the violation of the right to privacy, the legal instruments we will use will vary depending on from whom the violation originates. For example, if the privacy is violated by a doctor, application to a prosecutor's office and a case for compensation may be brought to the agenda in addition to various administrative applications. If it is violated by a partner or friend, application to a prosecutor's office and a case for compensation may be brought up.

In addition to the violation of privacy, one of the most common issues is the threat. In other words, there is a threat and sometimes even blackmail that this information to be spread. For these and all similar situations, we recommend persons to contact the associations working in the field and get a legal support. I would like to say that getting counseling from a lawyer before making legal applications helps a lot to prevent the violation of rights.

- **In addition to what you listed, persons living with HIV are also subjected to unfounded health checks during job application processes or are dismissed because they live with HIV. What is your opinion about these issues?**

There are situations such as asking for HIV test results during the employment processes or being subjected to HIV testing without the consent of the person during health checks. HIV is not an obstacle for doing any job. Therefore, it is discriminatory not to be employed because of living with HIV. So why is HIV testing required? So why would it be requested if the test result would not affect the employment? It does not make any sense. If only we could say; in order to carry out routine health checks of persons living with HIV, studies should be carried out to regulate their sick leave rights during the time of going to the hospital and therefore the employer should know the status of the persons in that regard. However, this would be a very benevolent and naive interpretation for our country and even for the rest of the world.

Of course; it does not mean anything to say that it is against the law to ask for an HIV test at the time of employment. Persons either cannot say that they do not want to have this test, otherwise they are burned out or they are already tested without their consent. Therefore, it is necessary to inform that the most important thing is; you somehow had this test or it was with-

out your consent, and the information that the result was positive went to the employer. This is never the sole reason for rejecting the employment. Unfortunately, in practice, the situation may not go that far. Especially in corporate places, the employer is vigilant and raises the justification for not employing you as if it is due to another reason. At this point, it is necessary to prove that the person was hired but was prevented from starting the job after submitting the documents and that the reason for this prevention is the person's HIV status. I am aware that it looks a little difficult but it is not impossible. In these cases, not only the ways in applying to the usual laws of Turkey, but also to Human Rights and Equality Institution of Turkey (TİHEK) should also be on the agenda.

If it is learned that the person is living with HIV while working, of course, the person cannot be fired. There is also a decision of [AYM/Constitutional Court](#) in that regard.

Another problem encountered in this regard is that if the workplace has a private health insurance opportunity, the institution to which the person is addressed for the insurance informs the employer that the person is living with HIV. This will bring up many types of crimes on the agenda, from violating the right to private life to spreading personal data without consent.

After all, the right to work cannot be violated on account of HIV status. It is important that those exposed to such violations preserve evidence to document the violation and contact an association or lawyer.

- **What are the most common cases seen regarding HIV in the legal counseling process? How can persons living with HIV get access to legal support?**

Apart from the topics we talked about, there are cases where the doctor refrains from treating persons living with HIV and the refugees are denied access to drugs with the latest amendment. In addition to what we talked about, we should also look at the violations stated in the reports on violations of the rights published by the associations. No such a detailed report prepared recently in Turkey. That is why it is so important to report violations. These reports show us which areas we should focus on. In which occupational groups should we prioritize awareness studies? On which topics should we provide detailed information to those living with HIV in peer trainings? The answer to these questions will only emerge in the light of a detailed report on the violations.

I also have to say that in most of the applications I receive, persons receive legal information, but they act hesitant about making legal applications. Of course, I understand this situation, because filing an application on this issue means disclosure to the police, the prosecutor, the judge, anyone having access to the file. In this sense, it is very important to empower those living with HIV. What I am saying is not new. I am not reinventing America. I just want to remind you over and over again when I have now the opportunity. The rights of persons living with HIV cannot be separated from universal patients' rights. The stigmatization and discrimination experienced by persons living with HIV is a violation of human rights. The fight against this discrimination and stigmatization should be on the agenda of all human rights defenders.

Those living with HIV can receive legal support directly from the associations, which we call positive associations working directly on HIV, or LGBTI+ associations having studies on HIV and human rights associations. Of course, for this, we should also consider if a lawyer works in that associations and if they can provide legal support. Lawyers can be contacted by calling the hotlines of the associations, sending an e-mail to their info addresses, calling the offices of the associations.

In addition, legal support can be obtained from bar associations. Of course, this also varies according to the type of violation experienced. Legal aid centers of bar associations can provide lawyer support in cases of disputes arising from private law and when certain conditions are met.

- **In your article: “Diving into the HIV discussions with Turkish Penal Code³” you stated that persons living with HIV were deliberately intimidated by false information and that this was done to incite hatred against those living with HIV. How can the dissemination of updated and accurate legal information be ensured from this point?**

Actually what I criticize there is this; first of all it is not ethical to oppose the subjects who have been stigmatized and discriminated against for years in the rights and freedoms debate by saying them that “These discussions are void, whatever you say, there is a law”. In other words, while there are concepts such as privacy on the one hand and safe space on the other hand to

3 Retrieved from <https://kaosgl.org/gokkusagi-forumu-kose-yazisi/hiv-tartismalarina-tck-yla-dalmak>, on 15.10.2020

be discussed and you talk about intentional injury. Of course, let's talk about it. This article and possibilities are discussed in a serious part of the legal aspect in peer trainings, but as if the HIV movement did not know about it ... I cannot explain my entire feelings here. But this is a snobbish attitude that harms all of these discussions. For example, how many cases have you dealt with in that regard? How expert are you to know how this article of the Penal Code is applied on this issue? We have to ask these questions to ourselves in every situation. Persons should ask themselves, "I am talking about this right now, but where am I really in this talk?" Social media is such a place. You say something and you retreat. You are not thinking about the context of that information and how it will be used against whom. Everyone has to think about the context in which they provide a piece of information, how the discussion of that information will protect whom, how it will prevent or pave the way. The thesis "this person did not tell me about HIV status" has been used to justify murders to get remissions in the murders in this country against women, LGBTI+ persons and refugees. Is it too much to ask for more attention at this point? I do not know...

If we get to the point where the right information is available, we shall tell more about HIV. We should mainstream it. We should stop HIV to be considered just an issue for persons living with HIV. When we talk about HIV, we will not just say "condoms. We will create more safe spaces. We will empower those living with HIV, which is most important. I am not sure if there is much point in providing legal information to those who do not have a legal training. Of course, fundamental human rights information should be provided to everyone, but why should Article 86 be in case just because persons are living with HIV? At this point, we should increase the number of trainings for key occupational groups. Most of all we should listen to the subjects.

I say here we shall do such and such, but I also find it useful to state that all these studies have been conducted for years. There are many persons working in this field. I am glad to have them. Fortunately, they did not stop working when HIV was considered in its worst form. Together, we will continue to maintain these studies.

- **Finally, is there anything else you would like to add?**

I think HIV movement in Turkey in last few years has been evolved where HIV positive persons become the subject of the movement, it dropped

off the agenda of how the HIV-negative persons will not be infected with HIV; rather I think there is a trend is raising where the violations faced by HIV-positive persons are addressed. These times are different times. We hear the voices of the subjects. I am also excited to devote my humble knowledge and effort in this field. I believe we will talk about a lot of other things in a decade, both tanks to the medical developments and to the momentum of the movement. I am really hopeful and excited. I hope we will meet more human rights defenders with whom we will combine our enthusiasm.

The show must go on!

I remember the times when I was a young queer. You know that these are the hardest times. I needed an inspiration more than anyone else. I had to create the motivation to be resilient, to struggle, to be able to come round. For this reason, I have been in search of that for a long time. Really, where would the inspiration be found? If found, how would it be used? Songs, poems, idols ... None of them helped me.

One day, suddenly I caught a lucky break. Sorry, I should have said a lucky period. I found the inspiration I was looking for from a period, neither from a song, nor a poem, nor an idol. My inspiration was a period. By its full appellations; the 80s!

The eighties helped me to come round. The eighties made me a rebellious and free girl singing on the shoulders, with hair curlers wearing a jacket with shoulder paddings.

While writing this article, my motivation and inspiration are again in the eighties. How cannot we talk about the eighties when it comes to HIV? This was a period where persons living with HIV stood up, protested against pharmaceutical companies going hand in hand with the LGBTI+ movement. The eighties refer to the famous “AIDS crisis” that gives everyone goosebumps and bring a lump to their throats.

Of course, such a process was not in Turkey. The spirit of rebellion was not observed. Persons living with HIV in Turkey could not raise their voices up. Those living with HIV were not spoken. HIV in Turkey was discussed as a healthcare policy. For years, “How can HIV be prevented? How to use condom have been on the agenda. Healthcare studies to protect HIV negative persons from HIV were carried out. Those living with HIV were exposed to discrimination, violence and hatred. None of them were on the agenda.

Something happened in between this ambiguity. Something challenged the flow. In December 2019 a discourse was built: “I do not have to share my HIV status.”

While this discourse of the Association for Struggle Against Sexual Violence created chaos in the society, it has empowered me like never before. A discourse was produced by centring the subjects. The rights of the subject are respected. For my rights, a policy was created from my language. Something happened as in the 80s, but nobody died.

While those living with HIV were pushed into ghettos for trying to keep the world sterile, this discourse provided another field to those living with HIV. Considering that the queers are in the center of those living with HIV, a lot of queer things happened that day.

A lot has happened since the eighties. HIV has changed a lot. It became undetectable and untransmittable by taking one drug a day. HIV has ceased to prevent working, having children, having sex and living. It became a chronic health condition. But while there are scientific developments, discrimination and hatred have never changed. What if these developments did not exist? Nothing can change the fact that HIV is a human rights issue no matter what. Nothing can change the fact that those living with HIV cannot come out and not be recruited; they are disclosed and subjected to violence.

There are some discourses that I cannot refrain from using at every opportunity:

Those living with HIV exist. They are living, are hale and hearty as everyone else, they are not dying and they are here. Those living with HIV have their own organizations, their own policies, and their own words. Those living with HIV are seeking their rights. They struggle with discrimination and hatred in order to continue their lives in the normal flow. They want everyone to be able to access updated information and to get rid of the social crisis upon them created by society, the media and fear.

Persons living with HIV do not have to share their status with anyone; neither with the doctor, nor with the nurse, nor with the partner. It is the responsibility of the individual to learn and apply methods to prevent HIV transmission. Persons living with HIV shall not be held responsible to nobody; they are no more dangerous than anyone else just because they live with HIV. Instead of bullying that persons living with HIV to share their status, it is much more meaningful to create safe environments where persons living with HIV can easily come out.

HIV is the issue of everyone. Those living with HIV are not an issue. The issue is the high cost of condoms, incomplete government policies, and the absence of inclusive policies for pills (PReP-PeP) that eliminate pre-post exposure.

Condom does not only act as a barrier to HIV. Condom is also a birth control method. The use of condom in a relationship is a decision to be made by the parties together. One party has no more obligations than the other. At this point, it is not an irresponsibility not to use condoms. Persons can knowingly and willingly become infected with HIV as a result of certain decisions. Anyway, HIV-positive persons are not persons who are punished for their irresponsibility.

If you want to do something about HIV, you can start by listening to the stories of persons living with HIV with an inclusive attitude and language instead of discriminatory attitude and language.

I have spent four years with HIV. At the end of these four years, a discourse, a friendly opinion, solidarity, a moral support gave me the power to say these things and work for the policies on what I said. It is not just about paying lip service, but about the world I want to provide to those living with HIV.

If my inspiration was the eighties and if the eighties were inseparable from HIV, then I would like to conclude by borrowing the words of Freddie Mercury:

“Inside my heart is breaking, my make-up may be flaking, but my smile still stays on.”

HIV policy for those living with HIV

• Yunus Emre

Our guest is Yunus Emre. We discussed with Yunus Emre, who is an activist who fights for the rights of persons living with HIV and LGBTI+ persons, about living with HIV, violations of rights, perspective on HIV activism and discrimination.

- **You have been in the HIV movement for a long time and you are doing activism both in this field and in the LGBTI+ movement. Why did you choose to come out? What did coming out make easy or difficult in your life?**

In fact, I have been living openly for two and a half years in my daily life since I was diagnosed. Places I call my daily life is; my circle of friends, the environments where I am in politics, sometimes social media, sometimes the environments I work in, my partners but not always, some parts of my family...

Actually, I was going to be in this interview with an open identity, but I will mention the reasons later why I could not. I have two main motivations when coming out to my close circle. One is to make this policy; the other is to be in contact with persons who will support me when I am discriminated. At the same time, some persons have a motivation to protect themselves if they do not come out. Therefore, where, to whom and how you come out can be determined by a lot of self-protection reflexes. I am not at the point of being one hundred percent open during this interview. At least I will be in this interview without a photo as we discussed before.

As for the question of what coming out makes easier in my life, I will explain this from a very personal point. It does not have to be that way for everyone. When I shared my sexual orientation, being able to talk to someone about it enabled me to get stronger against the social pressure over me. Being able to express my orientation in public has made me stronger. At the same time, this situation started to strengthen not only me but also the persons around me.

As for the question of what coming out makes difficult in my life, I also had the same motivations when I came out as bisexual again; for doing the politics and protect myself against discrimination. When I see any negativity, I stay away from that person. In something negative about HIV, I do the same. If this person is open for a change, I talk with that person for ensuring a change. There were no adverse situations during my employment process, but like many persons living with HIV in the future, I may face these discriminations, but I believe that I will get stronger from these processes thanks to the persons I struggle and socialize together with.

- **Beyond HIV-related healthcare policies, you adopt an updated, rights-based and subject-centered activism. What exactly was the process that motivates you to do this kind of activism and actually do activism?**

There are two hierarchies in the HIV issue. One is the hierarchy established by science, the other is the hierarchy established by money. Healthcare professionals and doctors have a huge hierarchy of information on their hands, and it is very up to them to share it with us at what point, as in any health-related issue. At the same time, funders, including pharmaceutical companies, have a lot of say in this area. They steer a lot of policies, and unfortunately, healthcare professionals and funders do not have a very rights-based perspective.

Who makes the policy is very important here. Who holds the information, the money. The more subjects who do these things, the more it shifts to a rights-based axis. Lawyers and legal practitioners have started to produce a lot of discourses, especially with the recent HIV discussions. The information hierarchy started to raise from that side as well. These are all important, of course. The presence of lawyers, funders, pharmaceutical companies and healthcare professionals is very important, but they are very determining who is the main factor in the field. Currently the main factors in the world and in Turkey having the information at hands are the persons holding the money. Since activists, as in all fields of advocacy, have no resources, they have to obey to some extent whatever the funder says. This is not specific to HIV.

My own political point envisages a rights-based activism that centers the subject in the field. In addition, when I look at everything I encounter in the field as a subject, I see a great axis in between, that is, when I put aside the

problems faced by me and the persons around me or the advantages they have, there is a huge axis in between. This axis is centring the rights-based subject. HIV policy is not conducted for HIV-positive in Turkey, rather often for HIV-negative persons unfortunately. Motivation is HIV negative persons and the HIV policy is developed for them. This situation does not seem reasonable and fair to me. Yes, sexual health is an important topic, all human rights institutions should center this, but the center of the institutions working with HIV should be those living with HIV. The decision makers and who are employed should be those living with HIV. In all of their projects, they should produce policies that focus on persons living with HIV. By noticing this axis, I start to be in this kind of policy making.

- **In the “HIV and discrimination” workshop organized by Kaos GL, you said that you could not organize in HIV organizations. Are these policies the reason of this?**

There were activists living with HIV, HIV associations, some doctors and LGBTI+ activists in that workshop. What I said was not confidential. I can also mention here. Most of the institutions we are talking about are old and well established, the institutions that came out of Positive Life Association. At this point, the language they use does not include me. I cannot embrace that language. On the other hand, as we have just mentioned, in these institutions the studies on HIV are not conducted by the subjects themselves. Even if the subjects do it, the motivation of the institution also changes because the motivation of the funders is very different. Therefore, there is no study there that centers the subjects.

I think this; for example, an association running an HIV test campaign. I am not saying that an association cannot do this, but a HIV association cannot provide test counseling without taking PeP and PrEP on its agenda, without saying U equals U loudly, and without hardworking to report discriminations against persons living with HIV.

Test campaigns are included in policies produced for those living with HIV since if the probability increases, there may be difficulties in accessing healthcare services, and therefore in order to ensure new diagnoses should not be prevented, those are conducted. At the same time, diagnosis is important for those who do not know their status to access healthcare services, but I think it should be done step by step.

We do not know the discriminations experienced by the persons after the diagnosis. The persons may have difficulties in explaining the discriminations they experienced and persons who have already been diagnosed may have difficulty in coming out. And yet, we cannot say, let's get your diagnosis first, we will look after that. These are policies that should go hand in hand. Policies' priority should be advocacy, even if they cannot do that. We do not become an HIV association when a policy is made just because funds can be found in this field. Sorry but, we then be a policy-making association for those who do not live with HIV. For these reasons, I cannot find a space for myself.

- **Speaking of recent discussions, do you have to share your HIV status?**

I do not have to share my status. Sometimes I share it, sometimes I do not. If I do not feel safe somewhere, I do not share my status. When someone living with HIV does not share their HIV status somewhere, it could be a bedroom, a workplace, a school, a house shared with roommate, with the persons where they organize ... If the persons cannot explain their status to the persons there, it is not because of that persons themselves. Here these should be considered; that environment, that workplace, that school generally cannot provide a safe environment for that person to come out.

We cannot come out everywhere. When a person cannot come out somewhere, we should look at the structures that determine the dynamics of that environment, the personal process of that person until that moment, what was experienced in that place, what was experienced with the persons around. These are all important factors. So I do not have to share it. Why did not you share? I am not the person shall be asked this question. If this question is to be asked, it should be asked to other persons in that environment. Is this area a safe area? Are you a reliable person? Should be asked. By the way, although the area is safe, I do not have to share it. This is my personal situation.

- **How do you combat the discriminations you face? What is your motivation?**

Not only on account of HIV, but when I experience the discrimination, I look at the situation of the perpetrators. If they are aggressive, I also become aggressive. If they are very calm, I can be aggressive. I cannot promise that. I try as calmly as I can and try to transform them, if I cannot, then I try to

forget about it. I am gaining this characteristic step by step. There were also processes that I was very obsessed with before. For example, when I am not the subject, I can raise up my voice much more. I am not sure if it is a good thing, a bad thing or if it is politically correct, but when I am the subject, I take steps to let go, while the subject is someone else and there is a claim for solidarity, I can take a little more bold steps on this issue.

- **What do you think about the HIV discussions that you were actually involved recently on social media?**

Not once did I doubt that I was right in the discussion. Because as a subject, as a subject organized in the field, I know that most of the persons there are not the persons organized in the field, are persons who have not experienced any of them, swaggering from their cis white environment, they do not know what does it mean to approach based on rights, what it means to be a subject, what privacy means, what it means to be exposed to discrimination. They just provided a few, perhaps bogus, unlawful arguments. They mount ancient arguments that they thought were scientific. Sometimes they just discriminate. Sometimes they provoked persons with false misinformation based on their academic identity, as in the TERF discussions. Indeed, all those who attacked HIV activists at that time were worthless persons. When we came face to face, they were just persons who would never have had this self-confidence without the power of social media behind them.

There were parts that are devastating for you, for me ... But I saw that we got out of there by getting a little stronger. I think it is important to turn such processes into opportunities. It was a process in which we cooperated with each other a little more. In other words, it was a difficult process, it may not be livable again, but we got stronger due to this. There have probably been persons living with HIV who could never participate in the discussions. I hope this process was not harsh for them either.

The main determinant of these discussions was that; we realized that we were not in the same atmosphere with the persons we encountered on social media. The reason we are not on the same axis is that those persons are not considered the issues in the same way we did while making policies. They do not produce policies anyway. They do not know what politics mean in their daily life. They do not know what the political position we have means. We cannot teach them anything, even anything in any language,

about the things we talk among ourselves. Therefore, my expectation from such discussions is not that “these persons will transform”, on the contrary, these persons will remain like this, but both the HIV and TERF discussions clarify the stances within the political movements, their true colors are pointed out. And that is a good thing. Also, getting together and getting closer are increasing.

- **Finally, is there anything else you would like to say?**

We talk about the discrimination faced by persons living with HIV, the rights they cannot access, but we forget a right. The right to assembly. As a person living with HIV, I personally promise to work a little more to gain this right. I hope that the grounds for those living with HIV to organize and produce policies for those living with HIV will be formed. I hope that the groups and initiatives that center the subject increase and multiply. I personally have been striving for this with the persons around me for a while. I hope we can see the outputs of this soon. I hope other persons will start working for this, maybe on the same platforms, maybe on other platforms. I hope the number of us can increase.

HIV policy is changing now. Policies on rights produced in the world are changing. Policies are changing. HIV policy is changing from another perspective. The issue has ceased to be a medical issue. HIV is now a social issue. It is a rights-based issue. Therefore, I hope that the number of organizations working directly on the basis of rights increases day by day.

Neither victim nor potential killer!

• Semih Özkarakaş

In our “AIDS in Syringe” article series, today, our guest is Semih Özkarakaş. We talked about HIV activism, human rights struggle and current HIV policies with my flatmate and my activist friend and illustrator Semih, with whom I was together at Bursa Free Colors.

- **You have been doing LGBTI+ activism in the field for a long time, but at the same time you define yourself as an HIV activist. Can you briefly talk about yourself and how your awareness of HIV is raised?**

Since 2013, I have been doing LGBTI+ activism at Bursa Free Colors LGBTI+ Association. I work in the field of HIV and transfeminism. I have a pet partner named Galya. I am vegan. Also, I am a fresh illustrator having drawings in queer slang-Lubunca.

If I set myself a milestone for HIV awareness, that milestone could be when we started living together with you, I had an idea about HIV before this. Madonna was one of the reasons I had an idea about it. Madonna's 1989 album “Like A Prayer” had a brochure about HIV. When I bought the vinyl of that album in the early 2000s, my awareness started when I saw that brochure in the box. With this brochure, I can say that I started my research on HIV. In the same period, I watched Madonna's documentary “I Am Because We Are” which is about Madonna's travel to a geography where HIV is a destiny in order to take action to do something in the field of HIV there. All of this allowed me to read more and made a research about HIV.

When I started reading and thinking about the Queer Theory, then my awareness of HIV got raised further. When I started thinking about HIV, making HIV policies for those living with HIV, it empowered me about HIV. While I have been thinking about HIV for as long as I can remember, I put myself in the middle of the possibility of living with HIV, not in the middle of a healthcare crisis. I think and I even know that HIV is a human rights issue. The United Nations High Commissioner for Human Rights and Joint United Nations Program on HIV/AIDS: UNAIDS say that this is not a healthcare issue but a human rights issue.

Then when I started activism in 2013, I realized that; as the litmus of the leftist movement is the LGBTI+ persons, and the litmus of the LGBTI+ movement is those living with HIV. What encouraged me to do HIV activism the most was that the LGBTI+ movement or LGBTI+ subjects, who show all kinds of solidarity when it comes to access to rights, did not go beyond the suggestion of using condoms; when it comes to HIV. When they are together they never talked about how safe the areas are for HIV-positive persons and how these can be accessible to HIV-positive persons. While talking about human rights and the inclusiveness of human rights, why HIV was not addressed within this discourse axis, I was also questioning this. I can say that I started to produce discourses about HIV with this motivation.

- **You are living together with me, with someone living with HIV. Can you talk a little bit about your experiences of living together with someone living with HIV?**

Living with someone living with HIV actually showed me mostly the facts. We always talk about the discrimination that LGBTI+ persons are exposed to and the discrimination that the relatives of them are exposed to. Living with someone living with HIV helped me to confront with all the discrimination and rights violations that I may face. For example, when my partner, whom I got along very well with, saw the medications of my housemate living with HIV in the kitchen, he dared to bring to account. My partner suddenly stopped the physical contact with me and told me, “You could have told me you were living with HIV”. That moment I could have said “I am not HIV positive” it would have been very comforting to my partner. On the contrary, I did not feel the need to say. I stated that it was not an issue to discuss and we broke up.

Situations similar to this enabled me to experience the discrimination experienced by those living with HIV and the relatives of those living with HIV. My life suddenly turned into a “My Child” documentary. That is why I have had many experiences that increased my awareness while living with someone living with HIV. I started to provide peer counseling for people living with HIV and for the relatives of people living with HIV in my association.

Also, if you live with someone living with HIV, you are also HIV positive in the eyes of the public. Because if the society offers the range of discrimination, stigma and hatred to HIV-positive people, the first demand is that the relatives of the HIV-positive person should also exclude that person. If

they do not exclude them, even do embrace them more, this time it targets the HIV-positive persons and their relatives. Because society today believes in this outdated myth that “HIV is an epidemic”, instead of the reality of U Equals U (U=U); “That is why you, your relatives, those who work in this field and those who produce policies have to face certain discrimination” it says. Also, HIV/AIDS stigmatization is still a package. In the sequel, the positive person has to fight the suspicion of homosexuality, because an article published in New York Time in the early eighties first called this situation as GRID, in other words, gay-related immune deficiency. Although nearly forty years have passed, the image of homosexual cancer in the cultural memory has not been changed. For this reason, straight people, for example, cannot come out to their families, their spouses or partners. For example one of my counselee’s had asked the doctor; “I am not gay, how can I be HIV positive?”. When I heard this, I recalled Kaos GL’s motto, “The liberation of LGBTI+ persons will also liberate heterosexuals”. For example, because I am a roommate with someone living with HIV, the thing that is thought for me is that I will of course be “infected” with HIV at some point. Since I started a family with someone who is HIV-positive, they see it as a “victim of fate”. Think about it, they think that love can only be established through being the victim of fate. Here, people like to fictionalize all the myths about HIV inherited from the eighties. Then they live in a irrational panic.

- **So by anticipating all this, why did you choose to live together with someone living with HIV? Would not the other option be easier for you? You are also a person suffer from hypochondriasis. What would you like to say about this situation?**

I thought these prejudices were overcome. Or let me correct myself indeed, while I have the spirit of the times, I have come across the fact that people are behind the times and blindly believe in outdated myths. But all this does not change the fact that I can choose who I want to live with, that I have updated information, that HIV is a human rights issue, that I can face and overcome prejudices that I may face.

Yes, I am a hypochondriac person. Oh, I come out and relieved now. In other words, I believe that I am sick and live with a constant anxiety disorder. My obsessive-compulsive disorder is constantly whispering my ears to accept death, but HIV is a chronic health condition today. With one or maybe more than one drug taken a day, the transmission characteristics of HIV disappears and the situation of causing harm to the person is eliminated.

- **You take HIV as a human rights issue. Why do you take HIV as a human rights issue? What do you think about the current HIV policies?**

Actually, I take HIV as a human rights issue for many reasons. HIV has been controlled by all religious, political institutions since the first days of its emergence, and when AIDS was turned into a crisis, states and societies preferred stigmatization and discrimination as the first step. At the end of the day, they applied two methods to combat this crisis; criminalizing homosexuals and sexuality. Subsequently, they created HIV-positive predators through the media, saying, “HIV-positives are killers that spread viruses”. In this process, this has become a human right issue for me because they think of AIDS as a “divine punishment”, they do not promote sexual education, they do not advocate and promote the use of condoms, they exhibit moralistic attitudes about sexuality, the states do not establish the right to obtain accurate information, there are violations of fundamental rights.

For example, in the early days, healthcare sector and its professionals thought about other patients instead of worrying about the health of HIV-positive persons. In this process, while subjects living with HIV had to be admitted into the centers, religious representatives were allowed to speak. The hatred of the religious representatives was heard. Since ethical and rights-based approaches on the right to access to health have not been widespread, even today, the knowledge of a healthcare staff consists of the myths of the eighties. Human health and access to health are among the most slippery slopes and in a healthcare situation society leaves the burden on people. In the HIV issue, they separated the people they saw as “sick” from the “healthy” by stigmatizing them. They missed the fact that the health condition of everyone can change at once and that health should be established with the principles of equality in terms of human rights. Punishing someone who have positive HIV status and imposing morale of contagiousness on HIV is an attempt by authorities for holding these persons accountable in order not to take responsibility by themselves. Discrimination policies are produced as a result of not being able to produce rational policies regarding prevention, treatment and most importantly PReP and PeP from past to present.

Considering the process from the times when condom advertisements were banned in Europe in the past, today, the fact that the Mersin Municipality does find condoms distributed with the cooperation of the Ministry of Health against “the customs and traditions of the society”; and the fact that

the anonymous test center is targeted in the press and closed down, shows us that the enjoyment of most basic human rights are still prevented.

It seems to me that they are very afraid of the dissemination of sexual health knowledge. Using AIDS as the most important moralist element of oppressing sexuality is also easy for them. So the methods they use are as follows; lets not distribute condoms and nobody do sex. If it is to be done, it should be done only in marriage and monogamy. They use AIDS as the most effective tool of suppressing sexuality. The result is, of course, disappointed. In the field of human rights, nobody or anywhere can produce a policy without promoting the rights of HIV-positive persons. No state, institution, sector, civil society, movement, or any other places I cannot count now, that does not include those living with HIV, cannot gain its own legitimacy.

- **What are your opinions on the recent HIV discussions?**

There is a myth that has remained unchanged since HIV and AIDS emerged; “A HIV positive person is either a victim or a potential killer!” So they claim and dictate that HIV-positive persons have to share their status. At the time, a radical-rightist French politician made a policy based on the need for AIDS tattoo on the body of HIV-positive persons for saving other lives. Is not this practice very familiar? It is Hitler’s fascism. Years later, in this discussion today, the parties are divided into fascists and their opponents. They threaten those who do not share with the law and the state. They do this with the aggression comes from their ignorance. Someone who says that he is a lawyer is targeting an open HIV positive person, and someone who is organized in the feminist movement and the LGBTI+ movement can get a microphone on hand and says, “You have to tell the state”. Unfortunately, in a geography where hate speech and ignorance are legitimized under the name of freedom of expression, these discussions continue in this way. In fact, this cliché tweet is shared once a month; “There were ultra-progressive advocates on this site for a time who argued that they have the right not to share that they are HIV positive, where are they now?” We are here my love, so what?

- **Finally, is there anything else you would like to add?**

Those living with HIV should not have to fear and suffer because of HIV-phobia. We can build a better life by fighting against HIVphobia, not against those living with HIV.

Raising unseen forms of sexual violence

In our “AIDS in Syringe” article series, today, Begüm Baki and Nurgül Öz are speaking on behalf of the Association for Struggle Against Sexual Violence (CŞMD). We discussed with Begüm and Nurgül about the discourse of CŞMD and Y-Peer: “I Do Not Have to Share My HIV Status” shared on 1 December 2019 and the process after that.

- **Would you first tell us about yourself?**

Nurgül: Hello, I am working in the field of preventive mental health. I am also a comprehensive sexuality trainer. By feeding on areas of interest such as feminist and queer pedagogy, inclusive education, critical gender theories, physical science and politics; I produce protective and preventive contents against sexual violence. I am responsible for the policies, strategies and studies developed by the association in this field. I have been working in the field of civil society since 2010 and I am in the feminist movement and the LGBTI+ movement.

Begüm: Hello, I joined the team of CŞMD (Association for Struggle Against Sexual Violence) with the project named “Öyle Değil Böyle! (Switch It: From Dating Violence to Safer Relationships & Rights-based Journalism about Sexual Violence)” which we conducted last year. I am responsible for post-sexual violence support system studies. At the same time, I am involved in media monitoring, rights-based news writing and the production of digital content in the media field. I have been working as a professional in civil society since 2015. I have been somewhere in the LGBTI+ movement and the feminist movement starting from a date I do not remember.

- **Could you tell us about the Association for Struggle Against Sexual Violence and its activities?**

Nurgül: We, as an activist team, involved in women’s, LGBTI+, children, animal, refugee rights and ecology movements; we founded the Association in Istanbul in 2014. We were a team that needed to ensure more inclusive, intersectional and empowering approach about the issue of sexual violence. We have decided to consider sexual violence as a matter that concerns

everyone, beyond gender binarism, without discrimination between men and women. That is why we do not limit ourselves to being a woman, LGBTI+ or youth organization when we introduce ourselves. Our main concern is to make sexual violence more visible, spoken and discussed, to bring the invisible forms of sexual violence to the agenda, and to combat them completely without establishing a hierarchy between them. For this, we carry out support, training and advocacy activities with a queer feminist perspective. We conduct supportive and awareness-raising activities for the change of social norms, perceptions, behaviors and practices that pave the way for sexual violence.

Begüm: I would like to tell about our association's work through my own field. Last year, we focused on the news language of the media with the "Switch It!" project, and we implemented activities aimed at changing the perception of sexual violence in the society. We conducted a campaign with famous persons as well as digital productions, workshops for media institutions and students of communication faculties. This year, we focus on empowerment and support activities for survivors, we published a website called "csdestek.org". We have created this website to facilitate access to support services in line with the needs of survivors of sexual violence. You can access the Istanbul Units Map, which includes the contact information of the units serving in the field of sexual violence in Istanbul, along with the application processes, our rights and self-help sections. In addition to these, we conduct long term programs such as "Change Starts With Me" raising awareness workshops on different forms of sexual violence; ÇBSH-Children's Bodily Autonomy Training of Trainers Dissemination Program, NVNY-What's Up What's Not?! Training of Trainers Program, where we focus on safe relationships among young persons. However, due to the COVID 19 pandemic, we have begun to rethink these efforts to replan and perhaps apply them digitally.

- **I would like you to mention the "I Do Not Have to Share My HIV Status" campaign. How and for what purpose was this campaign prepared?**

Nurgül: As we said, to bring the invisible forms of sexual violence to the agenda, maybe we can first explain a little what we mean by this. When sexual violence is mentioned, there is a hesitation in Turkey. Harassment, rape, abuse are well-known concepts, but when it comes to "sexual violence", people are confused how to interpret this concept. We use sexual

violence as an umbrella concept that covers different forms of violence. Interventions against a person's physical and/or sexual integrity, discrimination based on gender identity and sexual practices, control and marginalization are also acts of sexual violence. Sexual violence is not only between individuals; it can also be against the groups. For example, blocking access to a reproductive health service, using violence as a means of humiliation or punishment, or a forced operation based on gender identity can be classified as an act of sexual violence. We published this mentioned campaign within the scope of ["Sexual Rights are Human Rights"](#) project we conducted together with Y-Peer Association. With this project, our aim was to make visible the less visible forms of sexual violence and to think about the relationship between sexual health and sexual violence. When the first production of the project coincided with December, we decided to issue a common message for 1 December World AIDS Day, and we wanted to draw attention to the discrimination and violations of rights experienced by individuals living with HIV. December 1 posts are generally about providing information and creating test awareness. On the other hand, we preferred to share content on the rights of the subjects and to make the people to contemplate on it. With the message "I do not have to share my HIV status"; the aim was to emphasize both the rights of the subjects and to discuss the obstacles for sharing the HIV status. We think that discriminatory and phobic discourse against those living with HIV is a less visible and less spoken form of sexual violence.

Begum: I remember how excited we were when the slogan "I do not have to share my HIV status" is formed. As Nurgül mentioned, we wanted the message to be subject-oriented. Because we see and know that sharing the private information of people living with HIV is unfortunately "legitimate". We know this from the rights violations faced by HIV-positive persons in health, education, work and private life, and from the targeting, labeling, or shared HIV status we witness even within the LGBTI+ movement. Therefore, we wanted to draw attention to this violation of rights and this legitimacy ground. Also, from a queer/trans feminist point of view, we think that HIV issue cannot be addressed independently from the LGBTI+ movement. From the reactions we got after this message, we once again saw how widespread HIVphobia is in the society, but on the other hand, we heard "I do not have to share my status" voices raised up powerfully. From now on, I believe this discourse will be used in Turkey's civil society a lot.

Nurgül: Yes, as Begüm said, it is not possible to think HIVphobia independently from transphobia and homophobia. This fear of those living with HIV is fed by social myths, heteronormativity, and general morality. We have already seen this very clearly in the lynching comments we received by mail. We can still see headlines about HIV in the mainstream media such as “How is HIV transmitted?”, “Such number of people died from AIDS”. HIV-related myths are still widespread in society and the media, people who commit murder and are on trial can say “they said they were HIV positive” and benefit from the unjust provocation remissions. We see unimaginable practices in health as news, but we do not even know if people who discriminate are punished. HIVphobia is justified by these perceptions and myths.

- **We have seen a lot of negative reactions to the discourse “I Do not Have to Share My HIV Status” Well, were there any positive feedbacks after the campaign?**

Begüm: Yes, there were! Of course, the attacks, threats of violence and threats of complaint to the state on social media have annoyed us a lot. Especially Nurgül, our association’s social media expert İrem and Y-Peer’s project coordinator Selim and other team members worked hard at that time. We are all affected, but the positive feedback from people living with HIV showed how right we are. For example, Defne, your activism gave me a lot of strength, Yıldız’s activism, as well. I remember the conversations we had on the phone in the most challenging period of this process. This process was annoying, but somehow I believe an empowering discussion environment was created.

Nurgül: In such a HIV activism in Turkey generally done for persons do not aware of their status, mostly focused on testing; we have received good feedbacks that for the first time a post is shared with the emphasis on human rights of HIV positive persons. There were persons living with HIV who sent emails to the association and asked us to share their stories of violence, there were activists who wanted to become a member of the association saying that they found it courageous, lawyers want to provide support after we got complaint threats, and of course there were HIV associations that contacted us for solidarity. Those felt us so good. In fact, Positive Life Association, after this post, against the twitter users who produce hate and discriminatory speech against individuals living with HIV, filed a criminal complaint and released a statement.

- **Considering the effects on social media, what was the biggest output of this campaign for you?**

Begum: What I understand from social media effects is that a large part of the society sees HIV-positive persons as a group of persons who want to approach the persons with syringes to infect them. This was the myth of the 90s. Their sole purpose is to infect everyone with HIV. I have observed this in violent language and phobic people. However, the attitude of persons we know from the feminist movement and LGBTI+ movement was a complete gong show for me. They could not go beyond the bedroom of persons living with HIV, everyone fantasized themselves with a HIV-positive partner wanted to infect them. This is nothing but criminalization and delinquency being assigned to those living with HIV! What surprised me most was that people who were unaware of their lack of updated information could write so easily. Unfortunately, this is a quite sad output, but I believe that; With the intense efforts of both associations working in the field and subjects at that time, I do not think that persons could write these so easily again. I think this is an achievement.

Nurgül: The issue was suddenly discussed within the scope of law and crime, the most negative possible examples were discussed, assumptions that “those living with HIV will deliberately and willingly infect people with HIV through hiding or coercion” and similar assumptions; in fact, are the clearest example of marginalizing, blaming and targeting HIV-positive individuals in society. If these examples do not also highlight the barriers to sharing HIV status, then what are these? We come across a similar discourse when discussing sexual violence and onus of proof. Instead of focusing on the rights violations and impunity suffered by survivors, we see that people focus on false testimonies and slanders. It is a matter of facing our perspective and our internalized prejudices. Learning from these discussions and from each other, and being able to say “I have never thought this way, I have never taken into account this perspective” is also a gain. We will break down prejudices like this. I also witnessed that deep discussions were raised about close partner relations and the issue of consent, and I see this as a gain as well.

- **So, in terms of a concluding remark, I would also like to ask what is your opinion about current HIV policies?**

Begum: It is not directly linked to our field of study but the fact that Protection before exposure treatment, i.e. PrEP and Prevention after exposure treatment PEP drugs are not available in Turkey is a huge problem. These

are provided legally to persons who are subjected to sexual violence, but I want to add that this is not easy. Of course, it is necessary to consider all these in terms of sexual freedom. Apart from that, I find it highly important to have the Undetectable=Untransmittable (U=U) policy because living with HIV is now considered to be a condition such as having chronic blood pressure or diabetes. So all of these are health problems that can be managed with access to appropriate treatment. The drugs that persons diagnosed with HIV need (antiretroviral therapy) are covered under the SSI or General Health Insurance. Therefore, it is very important to emphasize that being diagnosed with HIV is not the end of the world. If we have been diagnosed with HIV, or when a relative shares it with us, there are so many positive things that we can say! HIV+ persons are living with having only one difference than the HIV negative persons. They know about their + status, and most of the people who assume that they are - do not know their status! It seems that they do not have a motivation to learn it. For example, if I am not wrong, the last time I had a test was two years ago. However, there are anonymous test centers, at least those of us working in a similar field need to do this constantly. Finally; when it comes to sexually transmitted infections, I think HIV should not come to mind first, because with PrEPs and treatments, HIV turns into a manageable state, but, for example, in countries where HIV prep is common, infections such as gonorrhea are spreading and the bacteria that cause this disease now develop resistance against antibiotics. So it is not about sharing or not sharing the status, but the fact that we need to protect ourselves against these infections is that matters. The vaccine for Hepatitis B and treatment for C is available, but HPV, Herpes virus, or other infections can lead to serious health problems.

Nurgül: There is a perception that young persons are healthy and do not need healthcare services. However, HIV transmission rate among young persons is quite high. They do not know about their status. Youth friendly healthcare counseling centers, anonymous test centers are important needs. We expect local governments to take more responsibility in this area. Bearing in mind that it is a human right to access reliable information based on evidence, suitable for age and development; equal access to information and healthcare services should be provided for all, regardless of their age, gender, sexual orientation, gender identity or status. Preventive and protective healthcare policies need to be developed as well as diagnosis and treatment. As a preventive practice, the importance of comprehensive sexuality education is emphasized all over the world. In Turkey, we unfortunately see that these trainings conducted in a limited number of schools for in a limited number of young persons are even under threat.

- **Will you conduct any new studies in the field of HIV as CŞMD in the near future?**

Begüm: We have not planned new studies, but I think we can share the same post on every 1 December. This is my humble opinion. However, due to our field of study, we do not conduct HIV studies directly. Maybe we can talk about this question regarding corona virus and HIV. Last December 1, we saw social media users arguing by comparing the flu and HIV. Then Covid-19 came and this time the same post was compared with Covid-19, some of which were obviously fed by HIVphobia, and some could be read as a sarcastic humor. However, what is interesting and important here is that the message is not forgotten. We can even remember the message of Positive Solidarity here: *"#Corona and #HIV are apples and oranges, lets not compare them! Lets get informed, lets share the right contents. You cannot compare Covid-19 (coronavirus) with HIV. Covid-19 has no medicine, no treatment. It can even be transmitted by air. HIV has antiretroviral drug and with regular use, it becomes U = U so it is NOT TRANSMITTABLE!"*

Nurgül: When this post is created and after the resonance created, it is proven once again how important and necessary the discussions and studies on HIV in Turkey are. It showed the extent of HIVphobia as a serious issue of sexual violence. In this context, I think it should continue to be addressed not only in sexual health but also in sexual violence field. There is no study we planned for now, but it seems that we will continue to talk as Begüm said. Comprehensive sexuality education is among our areas of advocacy, so indirectly, we will continue to produce discourse in this area.

- **I would like to thank both of you. I feel like we had a very enjoyable interview. Finally, is there anything else you would like to add?**

Nurgül: As we emphasized in the post we shared, protection against infections is primarily the person's own responsibility. Part of this responsibility is that regardless of the status of others, people should have regular tests to find out about their status for sexually transmitted infections. After this process, we decided to have a test together as the association team, we have not been able to go yet, but this is our first plan we want to realize when we can leave our homes.

Lets leave the link here⁴ for those who want to see the info note we published after the resonance created by the post.

Thank you Defne.

⁴ Retrieved from <https://cinselsiddetlemucadele.org/2019/12/04/1-aralik-dunya-aids-gunu/> on 15.10.2020

LGBTI+ organizations are raising their voices...

● 17 May Association

We are a newly established association. As the 17 May Association, we were established on 2 September 2019, and during our establishment process, we identified three main fields of study. These are: Elderly LGBTI+ persons, HIV and strengthening LGBTI+ organizations and community. The reason why one of the main fields of study we determined for ourselves is HIV while we started our journey was that especially LGBTI+ persons living with HIV are the targets of multiple discrimination and these discriminations are not visible enough.

Our first activity in the field of HIV was to attend “Living Politics: Remembering HIV/AIDS Activism Tomorrow” which was the concluding conference of the EUROPACH project held in Germany / Berlin between 12-13 September 2019. The founders of our association also participated in the “HIV and Anti- Discrimination Stakeholder Workshop” hosted by Kaos GL. After these two events, we determined our approach to the HIV field. In summary, with this conference and workshop, we realized that HIV should not only be considered within the scope of a right to health, but also should be considered as an issue of equal citizenship, and we decided to focus on the “HIV issue” from a broader perspective.

There is no counseling service in our association. There are many organizations that provide counseling in this field and we plan to have studies to build the capacity of these organizations.

Nowadays, threats to the LGBTI+ community and activism are increasing more and more. In that regard, we aim to support the sustainability of LGBTI+ organizations in areas such as fundraising, financial and administrative affairs, advocacy and digital security. Especially, we are aiming to establish professional and volunteer support teams that can intervene in the moments of crisis. In this study we will conduct to strengthen the LGBTI+ community and activism, strengthening LGBTI+ persons living with

HIV and building solidarity against discrimination are among our main priorities. Since there are various institutions that carry out prevention activities regarding HIV, we, as 17 May Association, care about providing areas where LGBTI+ persons living with HIV can organize, if they wish. We want to provide this area and would like to support the organization initiatives of LGBTI+ persons living with HIV.

● BİZ Antalya

Our organization has a stance against all kinds of discrimination as well as discrimination against individuals living with HIV. When individuals living with HIV reach us, our primary goals are to provide a safe environment in our association and to refer them to other NGOs working in the field of sexual health. In addition, we organize workshops that we aim to reach young persons both within the association and living in Antalya.

In 2019, on World AIDS Day, we organized a film screening and sexual health training on HIV / AIDS with the Y-Peer Association. We prepared an informative brochure. In addition, we started negotiations with Muratpaşa Municipality for an anonymous and free test center, and even they promised us that the center would be opened at the end of winter. We will follow this process. We are planning to meet them again soon.

● HEVİ LGBTİ+

HEVİ LGBTİ+ Association currently has a Sexual Health Commission. This commission, which includes psychologists, medical doctors and other healthcare professionals, organizes various counseling and raising awareness activities in the field of Sexually Transmitted Infections.

Since 2016, it has been working with HIV Phobia and Stigmatization-focused policies within the scope of 1 December, World HIV/AIDS Awareness Day. Our commission, which is preparing a booklet series about STIs called “Kolime Sağlık”; allocated a booklet under this series for the title “HIV in 10 questions”. As the other issues of this series, the booklets “HPV in 10 Questions” and “Syphilis in 10 Questions” are provided.

HEVİ LGBTİ+ Association has published the book in 2018 named “HIV Stories from Turkey”. In this book, HIV and stigmatization are highlighted by

giving place to the experiences of persons identifying themselves with wide variety of gender identities and sexual orientations. In accordance with the ethical principles of the HEVI LGBTI+ Association, no questions will be asked to anyone about their sexual orientation, gender identity and HIV status, and no discrimination or exposure is allowed against person with open or closed identities working in this field.

In accordance with its foundation purpose, HEVI LGBTI+ Association carries out rights-based studies in the field of STI, together with its works in the field of gender identity and sexual orientation. In this context, rather than the medical aspect of HIV infection, it develops policies against the discriminations such as phobia, stigmatization, isolation, etc. exposed by people living with HIV in the society. In addition, free counseling and referral services are provided by the persons in the Sexual Health commission on STIs and HIV in particular, including the issues of HIV and its transmission routes, tests, use of PrEP/PEP/condom, provided that all information of individuals is kept confidential.

In accordance with the studies and policies we have stated, our primary policy in 2020 and for the future will be the fight against HIV phobia and against the discrimination experienced by those living with HIV. In addition, our studies on prevention from STIs, voluntary counseling and referrals will continue.

● **Kaos GL**

HIV has an important place in the history of Kaos GL, especially in terms of publishing, since we started with a magazine and publishing constitutes a significant part of our studies when we look historically.

In the issues of Kaos GL magazine published in 90s, since there were the translations of policy documents and articles on HIV that can be considered updated for that period, we have a contribution to historiography in the field of HIV in Turkey. In addition, one of the first projects we conducted at the time we became an association was prevention and research project on HIV. However, especially with the establishment of positive organizations working in the field, we tended to carry out our studies in the field of HIV together with these positive organizations rather than conducting them alone. We can say that these studies created a learning process for us.

In the last few years, we have noticed that HIV has ceased to be a priority area over time, and we have started a criticism process towards ourselves. As a result of this self-criticism, we, as Kaos GL, are continuing our efforts to create an HIV policy and to raise the awareness on the discriminations against LGBTI+ persons living with HIV by taking more responsibility in this field.

To be more clear; in terms of our human rights program, we always try to maintain the human rights issue of persons living with HIV on the agenda in discussions and reporting studies we held with international mechanisms. As part of our raising awareness and capacity building activities, we try to maintain HIV both on our agenda and on the agenda of our stakeholders with whom we are in contact. In the advocacy context we have established with municipalities, we maintain our claims regarding volunteer test and counseling centers on HIV. In addition, we organize coordination meetings where we bring together stakeholders working in the field of HIV. In these studies, our aim is to build the struggle against discrimination together and to carry out the case monitoring and counseling processes in a multilateral manner as much as possible.

It may be good to mention a few of our current studies in order to give a more decent answer to your question. This year, we organized the "HIV and Anti- Discrimination Stakeholder Workshop" in Ankara between 1-2 February. A large number of non-governmental organizations and volunteer counseling and test centers participated in this workshop, which we organized to discuss the combat against discrimination targeting persons living with HIV, new treatment methods, access to treatment, prevention methods and access to prevention methods with stakeholders in the field. In this workshop, we found the possibility to discuss HIV and discrimination with the participation of Bursa Özgür Colors, İzmir Young LGBTI+, Pozitif-İz, Positive Life, Y-Peer, SPoD, 17 May Association; Positive Solidarity initiative, Turkish Family Health and Planning Foundation, Human Resource Development Foundation, Voluntary Test and Counseling centers of Mersin Metropolitan Municipality, Ankara Çankaya Municipality, İstanbul Beşiktaş Municipality as well as Şişli Municipality Equality Unit.

Another important work was the international EUROPACH project that we are a part of. EUROPACH was a project held by the close collaboration between four research groups from Germany, Poland, UK and Switzerland and 14 non-governmental organizations that are not academic. Non-governmental organizations as partner organizations contributed to

the research as consultants during the research process. In this context, we have shared our archive materials on HIV activism in Turkey related to the Turkey part of this research and also we took part in facilitating the oral history interviews in that regard. Researchers conducted archive research in the fields of healthcare, activism and policy development, made interviews with key actors and had participatory observations in the field, and at the same time they included political actors' responses to HIV and AIDS in their research and analysis. An online archive was published within the scope of the project, which ended last year. Besides this archive, the concluding conference of the EUROPACH project was held in Berlin between 12 and 13 September 2019. In this conference, we had the opportunity to share our own experience on the history of HIV activism in Turkey and to learn other countries' experiences for organizing a regional solidarity. An interview made with Umut Güner from our association was included in the oral history book in German published within the scope of the project.

Before that, as non-governmental organizations working in the fields of HIV, LGBTI+ persons, women and young persons within the scope of 1 December, World AIDS Day, we visited Ankara Çankaya Municipality on 4 December 2019. As a non-governmental delegation consisting of Kaos GL, Red Umbrella, Pink Life, Pozitif-İz, Positive Life, Y-Peer and Flying Broom Women's Communication and Research Association, we went to the Voluntary Counseling and Test Center of Çankaya Municipality where we met with the officials of Çankaya Municipality Social Aid Affairs Department and the employees of the center. Then, as NGOs in Turkey we have discussed Ministry of Health' HIV/AIDS Control Program in Turkey (2019-2024).

As Kaos GL, our main criticisms about this program can be summarized as follows: In order to protect the fundamental human rights and right to privacy of persons living with HIV and to combat discrimination effectively, the participation of civil society in the control program of the Ministry of Health is important. The ministry needs to transparently inform the public about whether the goals of the program previously published, were achieved or not. The control program should include methods such as PrEP and updated data should be used while conducting activities within the scope of the control program. The Ministry of Health should carry out raising awareness and information activities, including in-service trainings. These efforts should include the rights of people living with HIV and the prohibition of discrimination, as well as prevention mechanisms. The Ministry of Health

should take steps to ensure that tools and methods such as condoms and PrEP are accessible. In addition, it should play a facilitating role in the access of persons living with HIV to drugs.

Our common effort in all of our recent studies is to mainstream HIV and the fundamental rights of LGBTI+ persons living with HIV both within Kaos GL and in all our works. This strategy forms the pillar of our HIV policy. As a part of this strategy, we are trying to do HIV policy and activism throughout the year without limiting those to the scope of 1 December, to create policies by bringing stakeholders together in the field of HIV, and to make HIV a natural part of our other activities and advocacy activities.

In this context, our other important tool is the KaosGL.org internet newspaper. The fundamental rights of persons living with HIV are among our priorities within the scope of our publication policy. We know that the experiences of persons living with HIV are not covered sufficiently in the media, and that HIV is addressed only as a health issue in the news only within the framework of “protection from HIV” for HIV negative persons. To overcome this, we publish the experiences of persons living with HIV with interviews and columns on KaosGL.org. We contribute to the Turkish HIV activism literature by translating international developments into Turkish. We prepare and publish interviews and special news to record the multiple discrimination faced by LGBTI+ persons living with HIV. We include the opinions of experts in the field. We make news to announce the work and activities of positive organizations and LGBTI+ organizations on HIV. We monitor the media and try to keep the discrimination and hate speech in the media on the agenda with our articles on the news analysis. On the other hand, we are announcing the addresses where persons living with HIV can get counseling. Developments in the field of culture and arts are also among our news. We also prepare informative content on HIV. From March 2019 to March 2020, that is, in one year, we produced nearly a hundred contents directly on HIV and on the rights of persons living with HIV. A large part of these contents was special news and columns.

We have been providing counseling for many years through an online counseling e-mail address pozitif@kaosgl.org for LGBTI+ persons who have been diagnosed newly or who have doubts about living with HIV in order for them to get the support they need quickly and effectively. We aim to provide accurate and decent information to HIV-positive and HIV-negative persons through our online counseling network.

● Lambdaİstanbul

As Lambdaİstanbul volunteers, we take our principles the basis in our studies and discourse, and one of these principles is “the principle of solidarity against all kinds of discrimination”. The aforementioned principle also explicitly includes persons who have been discriminated on account of their HIV status and expresses our stance against the oppression and discrimination caused by this.

We became a member of the HIV Awareness Commission established within the Şişli City Council in order to develop policies and strengthen solidarity on current HIV issues. We plan to collaborate with the organizations involved in this commission and working in this field (SPoD, Positive Life, Pozitif-İz, Boysan’s House, Ladeg+) and with the independent activists.

We do not currently provide counseling for persons living with HIV; however, we refer the requests to the institutions that provide counseling in this field.

We were going to Şişli Municipality Boysan Yakar Test Center regularly in 2015-2016 for HIV testing. It was an open event, and we were calling everyone to test with us every month by saying “nobody has to be alone”. Later, we had to suspend these activities due to various reasons. We are working with the HIV Awareness Commission to restart the activities of “having tests together” at the Boysan Yakar Test Center, where tests are conducted free of charge and anonymously. We plan to restart regular testing activities with organizations working in this field and to organize raising awareness trainings before going to test.

Our future plans on the HIV issue are to develop joint policies and strengthen our advocacy activities in the field of HIV by cooperating with the HIV awareness commission and organizations working in this field. If an HIV awareness commission can be established within Lambdaİstanbul with this motivation, it will also be possible for us to work more effectively.

● LISTAG

We are a very new association, we do not have an HIV policy yet, but as a requirement of our anti-discrimination policy, we organize workshops with HIV associations every year in our organization for the sake of HIV awareness, our activities are currently limited to these.

● Muamma LGBTI+

Although HIV+ policy is not yet in our policies, we think with this question preparing a policy document will be inclusive. For this, we can get support from HIV activists and HIV+ working organizations. In the meantime, all kinds of publications sent to our association Muamma from organizations working in the field of HIV are distributed to our association's volunteers and supporters, and information, raising awareness meetings and reading meetings are made on the subject.

For HIV issue as our “unwritten” policy; we provide counseling services to HIV+ counselees by referring the peer counselees, and we conduct case management with Mersin University Infection Department. For organizing activities inclusive of HIV+ persons, we built our language in a “positive” and responsive manner for gender equality, LGBTI+ rights. In addition, we organize joint events with Chamber of Doctors Mersin Branch every year on the week of 1 December. However, we now believe that the activities held only in December are insufficient and we think that these activities should be held throughout the year. We want to issue an annual calendar for this.

● Free Colors

Although Free Colors LGBTI+ Association became an association in 2016, it held its first HIV-related activities in 2015 before being an association when it was called the Free Colors LGBTI+ Community. Free Colors organized two panels in 2015 with the participation of a HIV activist from Kaos GL and another open HIV activist organized within the association. The first of these panels was held in SanatMahal and the second was held jointly with Nilüfer Municipality at Konak Associations Campus. In addition, the same year, the community organized another informative event on HIV in a cafe where it was organized. Through these activities, the community discussed topics such as what HIV is, what the transmission routes are, and what can be done to empower those living with HIV, and raised the issue of HIV in the community.

As a result of these activities held in 2015, Free Colors realized that it should conduct more HIV studies apart from 1 December, World AIDS Day.

Free Colors started to organize wider events on the HIV issue in 2016, when it became an association. The association devoted some of its 17 May activities on HIV held at Nazım Hikmet Culture Center in 2016. In addition, the association has prepared informative brochures on HIV and materials such as cloth bags and badges to increase advocacy thanks to the small grants it has received in these years. These materials were used in the association's other events and meetings.

The association also organized a joint study with the Ekipişi Association in recent years, prepared an informative video on HIV and published the video on its social media accounts. The video got 40,000 hits in a short time.

Since its establishment, the Free Colors Association has been organizing informative and raising awareness events on the HIV issue not only on 1 December, but also at various periods throughout the year. The association recently released its press release from the association's accounts last December.

Free Colors Association has formed its HIV policies by centering persons living with HIV. From this point of view, the association clearly states that it gives priority to the HIV issue in its policy and organizational documents. In addition to activities such as panels, videos, interviews, preparation of advocacy materials or parties on HIV it conducted until now, Free Colors also mentioned the rights violations of workers living with HIV on their banners during the 1 May protest in 2018 in Bursa.

While the association primarily works to create a suitable ground for those living with HIV in its internal structure, it also works to make it a political discourse and disseminate it among other institutions and organizations. In addition, the association has been providing professional and peer support and guidance on HIV since 2015. It also carries out policies to make anonymous test centers widespread. In addition to these activities and procedures, Free Colors Association in summary; fights HIVphobia, works to create suitable and safe grounds for those living with HIV to come out, while centering those living with HIV regarding the HIV issue, and embracing a stance against hate attitudes such as violations of rights and discrimination faced by those living with HIV.

● Pink Life

While Pink Life addresses the HIV topic in the fields where it conducts activism, it acts with the awareness of the multidimensionality of this topic. Considering the fact that a very serious part of the problems experienced by persons living with HIV, is caused by HIVphobia, wrong and/or incomplete information, Pink Life addresses HIV issue with its political, medical and social dimensions.

Pink Life, by prioritizing the raising awareness of its members, volunteers and employees on HIV, finds it appropriate to act in coordination with other NGOs that specialize in this issue, and prioritizes the strengthening of psychosocial support mechanisms for individuals living with HIV. Pink Life provides preliminary counseling to persons who reach the Association to seek advice on HIV and it monitors their cases by referring them to the reliable NGOs. While addressing HIV, it prioritizes the elimination of HIVphobia that spreaded among the society and the increase of the safe spaces of individuals living with HIV. At the same time, it prioritizes the creation of a nonviolent atmosphere regarding HIV by carrying out joint activities with non-governmental organizations that are experts in the field and the overcoming the phobia of the persons they come into contact with.