

Aids has been around now for more than 25 years. But there's still a lot we don't know. This provides an opportunity for us as reporters, as there continues to be new angles, new stories, new research to probe. There's a lot of information to make sense of and to translate into language that is accessible to the average person.

HIV and AIDS are also issues that cut across several aspects of life ... social, health, economic, political, human rights.

If we in the media hear that our audiences are tired of Aids stories it's our job to find fresh stories, new ways of telling stories to combat any Aids fatigue.

These opportunities are not specific to the Caribbean but are universal.

As we are all well aware there are unique challenges facing reporters in this region.

One of them involves, what I consider to be one of the most critical tasks of a reporter ... that is putting the human face on the story.

I'm sure you've heard this before and may be doing this or at least attempting to.

Not only is this an effective tool in story telling for radio ... but it also tells others living with HIV that they're not alone.

However, attempting to put the voices of people living with HIV on the radio presents a particular challenge in smaller communities such as here in the Caribbean.

Being raised in a Caribbean household in the UK I know about keeping secrets within the family, not bringing so called 'shame' on the family name.

This plays a huge role in why some people living with HIV in the Caribbean are reluctant to speak publicly.

As a reporter trying to find these voices I suggest beginning with your local Aids organizations. They are the grassroots organizations working closely with the people who need support and services ... work with them to find voices beyond the usual spokespeople.

You must understand these are not quick hits. When working with these organizations or in your own attempts .. try to find a couple of people you can make contact with, not just one individual. Try to make them understand theirs is not the only personal story you would like to hear. In my own experience people ask me whether I'm talking to anyone else. People feel more at ease if theirs is not the only story.

Spend time with your people, get to know them. Let them get to know you. It takes time to build trust ... for people to feel comfortable about opening up about something so personal.

When you find people who may be willing to consider telling their story, be sure to prep them about the risks. Be honest and open about possible repercussions.

I believe that is part of our responsibility as journalists.

I know a television reporter who convinced a young woman to go public about being HIV positive. It was the first time in the reporter's eight years at the station that such an interview would be broadcast. There was no real discussion, however, about what would follow. After the interview aired, the woman called the journalist very upset. She was in tears, her family was very angry and rejected her.

We can't take for granted that the people we interview are media savvy.

This also raises the question of anonymity. In Canada we set a very high bar when someone's identity is withheld.

It's only done when there is a direct threat to someone's life, safety or there's the risk of them losing their job.

In an ideal world identifying the interviewee is the goal. A person using his or her name helps to weaken those reinforced feelings of shame ... that a person's status should be kept hidden.

A few years ago an organization in Toronto showed a documentary about gay & lesbian people in Jamaica. It was called "Songs of Freedom". A gay couple I know thought it would be a great idea to take one of the partner's Bajan mother, who was struggling with her son's sexuality, to see the film. They thought it would give her comfort to see that there were other gay people in the Caribbean. Well, it had the opposite effect.

Most of the people interviewed in the film had their faces blurred and were interviewed on the condition of anonymity. So, instead of giving the mother comfort, it freaked her out even more. She became even more fearful about her son's lifestyle. Because, for her, seeing the blurred faces reinforced the notion that homosexuality was something very dangerous and shameful.

I'm sharing this story as something to think about and to reinforce the point that it would be IDEAL and most effective to use people who are willing to be identified.

However, I am well aware that the Caribbean is, generally speaking, very conservative.

It is up to us, as reporters, to be aware of the risks and to ask ourselves questions about the most effective way to tell the story.

There have been instances where I have held off on telling a story until I found someone who was willing to be identified. In those instances, I felt that it would be ineffective or counter-productive to do the story on that condition. In other cases, I have had to proceed with a story but state why the person's name is being withheld. I think it is important for listeners to know that the identity is not being withheld because of shame.

So I strongly suggest we exercise caution even if a person is willing to use their names. Get a sense of their circumstances, make sure they have support services.

When I first started out as a reporter, I couldn't find women who were willing to talk about the violence they've suffered at the hands of their partners. They feared more violence if they did ... there was embarrassment over what they were experiencing ... they didn't want their families and friends to know ... and there was denial that they were actually experiencing abuse from people who supposedly loved them.

Today when I cover stories about violence against women I can find the most eloquent, courageous women to speak out ... and these aren't the same old voices.

Times have changed partly because we in the media kept telling the stories about how violence can happen in any family. And that it's the responsibility of all of us to bring the issue out in the open, and to support women and children. Gradually, women's shelters began to help us in encouraging women to speak out. These women no longer wanted to be regarded as victims. They were taking control of their lives.

I believe if we keep plugging away at these personal stories, you will hear more voices willing to speak out about HIV and Aids in the Caribbean.

I know it's difficult. We experience similar challenges in Canada.

One big issue right now, in my home city of Toronto, is the rate of infection among African and Caribbean people. The Black community in Toronto has one of the fastest growing rates of HIV infections in the city.

When I first covered the story, out of our city of two and a half million people ... I could only find one person willing to go public with her story.

One organization, the African and Caribbean Council on HIV/Aids in Ontario had launched an awareness campaign within the Black community. I kept in touch with them expressing how crucial it was to have the personal story.

The organization found a 51 year old Jamaican-Canadian woman for me.

Through her I was able to raise several stories behind the story.

From this woman, I heard about ... how people with HIV are ostracized ... She told me that before she was diagnosed with HIV she personally dismissed AIDS as a gay disease or a disease of "whores and junkies".

I heard about how these perceptions gave her, and women like her in heterosexual relationships, a false sense of security and prevented her from internalizing the HIV prevention message. I heard about the role of religion.

After the story aired I got comments on how important and compelling her story was. Even though, people were aware of some of the issues, the voice was different. She represented a segment of the population that people hadn't heard before.

Be patient in searching for these voices. The decision to speak out is a very personal one. The woman I mentioned, was willing to talk because she was initially angry that her husband had kept secrets from her about his intravenous drug use ... angry about being refused service in a Caribbean restaurant ... angry about so called friends refusing to eat food she had prepared at a potluck. Finally, she acknowledged the price that ignorance and prejudice had cost her.

I believe that no matter how small or closed your community you will find people with similar courage.

Out of the challenges of finding the real person to profile ... come issues that the media in the Caribbean must continue to expose and address.

As a gay woman of Caribbean descent, I know how homophobic our people can be.

I believe homophobia is one of the reasons some people here have such a difficult time acknowledging the threat of HIV. Homophobia has helped shape people's attitudes about HIV in the Caribbean. It's our job in the media to bring this issue out in the open and to educate.

We have a crucial role in helping to reduce stigma and discrimination.

As reporters we must also check our own views. How do you personally feel about HIV and AIDS? About homosexuality?

How we personally feel, shapes how we write.

The media in the Caribbean have a huge task in providing information to help alleviate fear and ignorance around HIV. I believe the more you know, the less you fear.

As a reporter, what stories have you done around testing?
Have you profiled some-one going for an HIV test?

I know when I've been tested, in spite of all the information I have and relative confidence around my behaviour ... there is an element of "you never know".

And the anxiety I feel waiting for those results is overwhelming.

So I ask, have you personally been tested, not only for your own health but so that you know what you are talking about when presenting stories on testing. In Canada up to 30 per cent of people who are infected don't know that they are.

The media here can help to de-mystify the process of testing and stress the importance of it.

There are several areas that should be of concern here in the Caribbean and they include women and young people.

I understand Aids is the leading cause of death of people between the ages of 15 and 44 here in the Caribbean.

You have to figure how to target this audience. Where are they getting information on sex education? How do they feel about messages of safe sex? Are they listening, if not why not.

I know it is difficult in many Caribbean families to talk openly about sex. I remember the extent of my own sex education from my Jamaican grandmother. When my menstrual cycle began her words were "don't you go near any boys".

The denial goes beyond sex and sexuality and stretches to other areas of concern. There is denial about drug usage, about the effects of peer pressure, the sex trade, about alcohol abuse and other risky behaviour that young people are engaged in.

If we're trying to target youth, we need to include young voices as much as possible. As journalists, we are well equipped to test the effectiveness of the educational efforts that are underway in our communities. We can highlight gaps in such efforts.

One vehicle we sometimes use in Canada for issues relating to young people is the town hall meeting. And we do this in association with a school.

We select young guests to debate an issue. Not only does this provide a community service but here's also a news event. You'll have elements to broadcast as well as issues that can be used in follow up stories.

The same goes for every other group you wish to target. What are the particular vulnerabilities women face? How are your stories targeting them?

As journalists you must also be aware and in touch with semantics.

Language is crucial.

Use the language of the people you are targeting ... whatever it takes for people to absorb the information you're sharing ... whatever it takes for them to access services. We can't use language that reinforces stereotypes.

There are stories which do have universal appeal. Like major medical breakthroughs. Even then, we must look for ways to localize them. And educate yourselves.

One of my mentors once told me, 'If you're not learning, you can't teach,'

Last week, I was chatting to a local Aids organization in Cape Town. And one of the women told me, her biggest complaints is reporters writing about issues they don't truly understand.

Many areas of HIV and Aids are complex issues ... particularly around research and clinical information. In order to translate the medical lingo into accessible language accurately, we must understand it.

In turn we must educate our experts about our audience so they also speak in accessible terms. We need to keep it interesting. Instead of doing the same old interview with the AIDS organization, look for youth, comedy or dance troupe that's spreading the message in their own way. I've jotted down some areas where you can look for story ideas when you're feeling stumped. It should be included in your packages.

Now, I just mentioned universal stories but also be aware of your surroundings. Always ask questions. Nurture your contacts. Ask about emerging trends.

I have found that some of the most interesting HIV/AIDS stories are the ones that seem so obvious that we don't even bother to talk about.

I think an under reported issue around HIV prevention, is the role of alcohol.

I know alcohol and the abuse of it is an important issue in many societies, including in the Caribbean.

I've been here in Trinidad for carnival and I know that rum and beer flow like water. But surely there are stories to be done about alcohol being a factor in risky behaviour. I think the upcoming carnival is a perfect time to do those stories

Also be aware of what people are talking about within your community.

While I was in Trinidad in 2000, a couple of my friends mentioned there was a school where a young guy had infected just about all of the girls in his class. This may

well have been a myth, but who knows. Ask and be aware of what people are talking about, check it out.

Dispel the myths, but follow up the facts.

Don't exaggerate stories. Our goal is not to scare people into submission. Our goal is to educate our communities. People living with HIV and AIDS are part of our community ... we need to keep that in mind when we tell our stories.

Are all of your stories on HIV/AIDS doom and gloom? If they are, then we're not serving the people living positively with HIV in our communities.

Forget about the high drama.. Keep plugging away at stories that affect people.

Give people the information they need to take responsibility of their own health and safety.

Make sure you balance your stories. For instance, in South Africa the health minister caused a stir when she touted the use of garlic as a treatment for Aids. Okay even if it doesn't make sense to us ... as journalists, we must still present a balanced report. Why would a health minister, an educated person, say something like this, what evidence does she have? The danger of just denouncing it or ridiculing the view, is that there may well be, and in the case of SA, there are, segments of the population who hold the same belief.

Such a statement provides an opportunity to educate people who hold those views and to provide contrary evidence. So simply doing a story with critics saying how ludicrous the idea is misses the point. Such criticism could be dismissed by some people as political ... oh that news organization is criticizing her because they don't like her politics. Present a balanced story that shows why the view

is ill founded and dangerous, and highlight the medical evidence to the contrary.

It is a danger to assume that your audience knows as much as you do about HIV and AIDS. The infection rates suggest that people do not even have the most basic information about the disease.

I know from my own roots that some people in the Caribbean rely on home remedies. Have you found that to be the case around HIV? If there are traditional medicine people touting remedies, you must hold them up to the same journalistic rigours as conventional medicine.

You ask to see the evidence, you ask to talk to patients, and follow their progress. If they are taking home remedies, along with ARVs, talk to medical doctors about the importance of patients disclosing that to them.

Look for opportunities within your challenges. For instance, do stories on the people who are not accessing services and won't come out in the open. Talk about the dangers of that. If you have to withhold a person's identity ask what it would take for them to be open about their situation and let the audience know.

If people aren't hearing about the social, cultural and political debates around HIV on your airwaves where else will they hear them?

As journalists, we are in a unique and privileged position. But I can only imagine it can also be a lonely one in the Caribbean.

I think it's important for us to have support. I was co-facilitator at a workshop on HIV and Aids Reporting in Zambia in November.

At the end of the week everyone signed up for a yahoo group account. Through that account we share information

and news reports. It's also a vehicle for support. If someone has a dilemma they can share it and get advice.

I suggest some-thing similar for you. It would be useful and practical, since you're all from different countries and not in direct competition with each other.

I admire you all for taking on such an important story in what can be, at times, unwelcoming environments.

Remember the stories you air will help to change people's minds and attitudes. And that I suggest brings the greatest awards for any journalist.