

# talkabout

Where we speak for ourselves

#162 | April - May 2009 | Positive Life NSW the voice of people with HIV since 1988

## talkabout

Where we speak for ourselves

**disclosure...**  
...stepping out  
from the shadows

PEOPLE LIVING  
WITH HIV/AIDS

**Waiting for  
your STI test**

**Disclosure in  
Insurance law**

**Living With HIV  
and hep C**

## talkabout

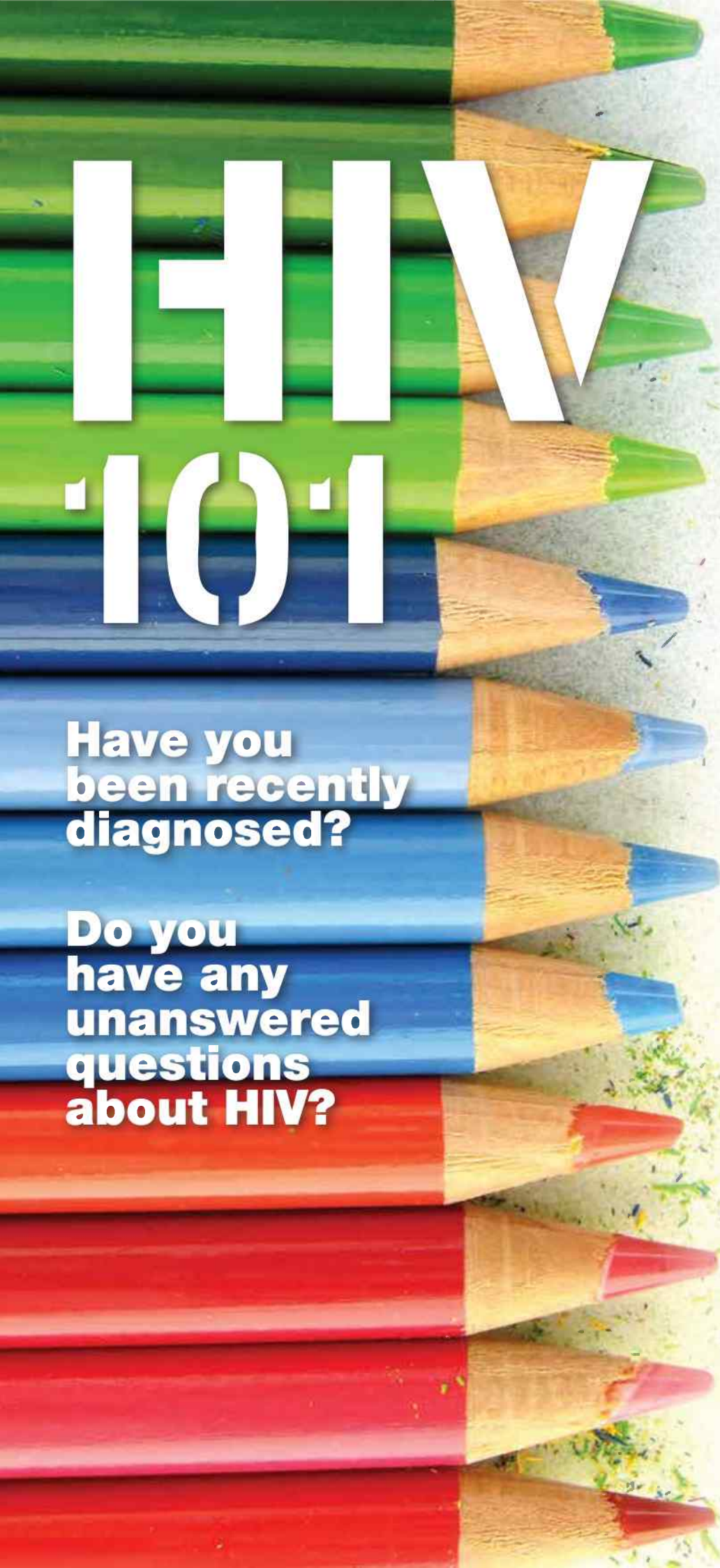
Where we speak for ourselves

**Journeys:**  
dealing with diagnosis  
disclosure to children  
travel and more

PositiveLifeNSW  
the voice of people with HIV since 1988

PositiveLifeNSW  
the voice of people with HIV since 1988





# HIV 101

**Have you  
been recently  
diagnosed?**

**Do you  
have any  
unanswered  
questions  
about HIV?**

**Talk and learn  
more about  
the issues that  
affect you**

**Meet and  
connect with  
others**

## **One day workshop**

**All men and women living  
heterosexually with HIV  
and their partner or a  
family member or friend  
are welcome to come along**

**Saturday 9th May**  
**Lunch provided**

**Book now. Limited  
places available.**

**Please RSVP to Kate Reakes  
1800 812 404 or [kate.  
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**Assistance available  
for transport and  
accommodation for people  
in rural areas.  
Please let us know if you  
require child care.**



**PositiveLifeNSW**  
the voice of people with HIV since 1988

# talkabout

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Glenn Flanagan selected some *Talkabout* highlights while he was editor.

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#### TALKABOUT

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If a person discloses their hiv status in *Talkabout*, either in a submitted article or in an interview for publication, that personal information is in the public arena on publication. Future use of information about such a person's status by readers of *Talkabout* cannot be controlled by Positive Life NSW.



## Bye for now

**This is the last issue of *Talkabout* for me. I'm heading off to work in Canberra. After having worked at Positive Life NSW since 2000 and on *Talkabout* since 2003 I'll miss lots of inspiring people I've had the good fortune to work with.**

It's been a great privilege to work on *Talkabout*, which during the last five years went from black and white to colour, and increased its circulation from 3,000 copies to 4,000 copies today. Some of my favourite stories over the last five years include Dave Thompson's story as the negative partner of a positive man and the love that sustained them through his partner's diagnosis. There was Stephanie's story - a teenager who'd lived with HIV since she was born who showed real courage and a down to earth approach to issues like disclosure and treatments. Ian Thompson's story of a typical day in his life dealing with ill health with determination and dignity was very moving. Ian died a year or so after that story was published. Another moving story was Greg Page's diary of

his first year when he was diagnosed and his journey from grief and devastation to acceptance. Greg has gone on to become a regular contributor whose wit and wisdom has been one of the features of *Talkabout*. The Joy of Pets column where people share their ordinary everyday happiness with readers has always given me, as editor, a lot of pleasure. And of course, there are so many more stories so I won't go on. Thanks especially to Tim and Ingrid who, every issue, write regular columns on important aspects of life – the food we eat and keeping well. And to Rick our devoted POJO cartoonist whose cartoons can be funny or confronting and sometimes both at the same time.

We've always tried to keep the *Talkabout* motto (where we speak for ourselves) as a touchstone. The experiences of positive people, and those we share our lives with, are what we've hoped to capture. Thanks for all the contributions over the years and keep them coming.

All the best.

Glenn



Jason Appleby

Lance Feeney

# Advocacy, health and responding to community needs

**Rob Lake** reports on the Positive Life Board Advisory Groups held in February.

**The February meeting of the Board Advisory Group was attended by sixteen people. Presentations on the projects of *Positive Life NSW* were followed by a discussion on work to be undertaken in 2009 – 2010. Highlights in our advocacy work included submissions outlining the difficulty in making successful complaints about health care, and the need to do more work so we better understand the impact of HIV related discrimination in insurance. In our ongoing work with people in serodiscordant relationships, there was a reminder to ensure that we support both positive and negative partners.**

Topics highlighted by the *HIV Living Working Group* included a discussion on euthanasia. Many wanted to be able to talk about euthanasia and learn more about current policies. The delivery of services to an ageing population of people with HIV provided another focus for the group. Other topics identified as a priority included: our involvement in the national consultations on human rights, a stronger

focus on mental health needs and services, affordable housing across NSW, models of peer support (what works and what else is needed?), and the broader impacts of same sex legislation. Participants also voiced the importance of being aware of the particular and differing needs of people who are ill and who seem invisible, people on disability support pension who will never work again, and people who are well and employed.

Members of the *HIV Health Working Group* asked important questions on hep C testing for people with HIV (how important is it?), anal cancer screening (how successful is the project?), dental health (what happens if the Commonwealth EPC ends?) and is the evidence strong enough to support a push for earlier commencement of Anti Retroviral Treatment at 500 T Cells rather than 350?

Discussion also focussed on health prevention, the importance of quitting smoking, good nutrition, health screening, wellness or resilience based programs, and the need for coaching to support these. Other topics included: people with HIV in prisons, lipodistrophy treatments (not just

facial, but also abdominal). Participants also wanted a follow up on how things were going for patients since St Vincents reduced the number of HIV specific beds.

Following our recent request for expressions of interest, it's great to announce that we have ten new members, one each from Newcastle, Northern Rivers and Albury, as well as from around Sydney. The next *Positive Life E News* will include a report on the meeting, to be held in Sydney on Saturday 9 May.

The *HIV Living* and *HIV Health Working Groups* are convened by Board members David Riddell and Malcolm Leech, while the day is hosted by Jason Appleby, the President of Positive Life. The Advisory Group meets with the Board four times per year to talk about new and emerging issues, to identify priorities and to feed into the planning and development of the work of Positive Life. If you'd like to know more, you can contact us at Positive Life and/or talk with the President or one of the group Convenors.

**Call Positive Life NSW on 9361 6011 or freecall 1800 245 677.**



**Mardi Gras Fair Day: Positive Life NSW launches a new campaign - SERO DISCO: Why let HIV get in the way of a good relationship?**

**Malcolm Leech**

**Harry Richardson**

**Rob Lake**





# The waiting game

Waiting for an STI result can be a confronting time for anyone. **Greg Page** relates a personal tale of hot sex, hot crotches and hot trashy magazines in his doctor's waiting room as he waits to find out what comes next.





Doctor's waiting rooms, as we all know, can be uncomfortable places. They can be even more uncomfortable when you have this burning, itching sensation in your crotch that you know isn't just the rub from that new Colt jockstrap you purchased last week, the new "09" logo Aussie Bums you ordered online, or a reaction to that bottle of talcum powder that your Aunt Mavis gave you as a Christmas gift two years ago and you started using because it slightly eased your suffering "down below".

Every three months it's the same thing. Firstly, I have to try and get an appointment with my doctor. He's a busy guy – he's only in the surgery three days a week because he has golf one day a week and the other day, well, apparently that's his "off day".

Then there's always the waiting. I make an appointment for 10.30am, so I show up promptly at 10.28am. Invariably I am told: "Doctor's just running a bit behind today – it might be a good idea to go and get a coffee." The getting of a coffee, which takes ten minutes, helps keep me occupied for the next hour or so. So does reading the dog-eared copies of *Who Weekly*, *OK!*, *NW* and *Famous* that are strewn across the table in the waiting room. So far I know all of Rihanna's darkest secrets, why Lindsay Lohan has gone on a grapefruit diet to please her lesbian lover and why Suri Cruise (that's Tom Cruise and Katie Holmes' daughter to you) is desperate to have play days with Kingston (Gwen Stefani and Gavin Ross' son), as well as Shiloh Nouvel (one of Ange'n'Brad's many sprog). To be honest, it's brain-numbingly depressing to be so well-informed on things that matter so little in the big picture.

I put the trashy mags down and think back over the last three months to more pleasant matters. I had some damn hot sex, actually. That makes me smile. It also goes some way to make up for that infernal burning sensation that just makes me want to run a steel-pronged comb through my pubes. I think of the sexy guy I met online with a mysterious accent, skin the colour of a double-shot latte and the body of some Israeli soldier who does porn movies on his weekends off from the Gaza Strip. Sigh. Then there was the American couple I met at the sauna in the hot tub. So chatty, so friendly and, OMG!, so well-hung. When they invited me upstairs to a private cabin for "some fun" I could barely contain my excitement under my towel. I kinda think they liked that.

Then there was the sexy Aboriginal flight attendant with the killer butt who just kept begging me to come around and ride his Virgin Airways. So I did, on a regular basis.

Which brings us to my regular testing and this doctor's waiting room. It's time to get my bloods done and also to get my full STI test too. That's a standard. Last time round I did it, everything was

fine. I think even my doctor was surprised, especially when he asked me how many sexual partners I had had in the last three months and I took a few moments to count them in my head (two hands with only ten fingers weren't really an option). When I said: "Roughly 50", he peered over his glasses at me as if he were going to chastise me, and then simply said: "Well, I remember what it was like to be single once!" And then I was free to go.

***Even my doctor was surprised, especially when he asked me how many sexual partners I had had in the last three months and I took a few moments to count them in my head ...***

This time round though I'm dreading the worst. Some STIs are pretty common, like gonorrhoea which, let's face it, few gay men in Sydney have even managed to escape getting at least once or thrice. There's also the looming specter of syphilis, which I'm reliably informed had pretty much been eradicated in Sydney until the Gay Games brought thousands of horny gay athletes and their admirers to town and then it just snowballed again from there. See, I always knew that sport was in some way detrimental to your health!

Oh, my doctor is calling my name. Time to go in and face the music.

He sits me down. "Just the usual then?" he quips in that "I'm-a-doctor-so-I-can-make-lame-jokes" kind of way.

I said, "Yes, my bloods and a full STI test to go, thanks!"

And we begin. Blood first. I chew on a tic tac to help stop me from thinking of all my precious blood being siphoned off into greedy little vials that will go to some pathology clinic hidden away in some building somewhere and never been seen again, except as a few remarks and numbers on a piece of paper that will be returned to my doctor within three working days.

"Do I need to do throat and anal swabs?" he asks as we wrap up my blood-to-vial transfusion.

"Yes," is all I can manage, but then feel myself weaken, as I always do in the presence of someone who has a degree in medicine with a framed piece of paper in their office to prove it. "I think I may have

something because it's been pretty irritated in my crotch the last few days." My doctor gets me to go and pee in a jar ("Middle stream and half full, please!") and then swabs me from my throat and my butt. Feeling that cool bit of instrumentation pinching my anal cavity is also a kind of rude shock – you think you may be getting something more, and something more exciting, but it's just a little pinch and then it's all over. Kind of like very bad group

sex, really, where someone tries to get it up and fuck you and then goes soft at just the wrong moment.

"We'll have the results in three days," he remarks flatly whilst getting me to do the most important thing – sign the form so I can claim the bulk billing and he can pay for his next imported golf putter, presumably. There's not much I can do in the next few days except wait and put up with the discomfort. I realise that it's not wise to be having sex with anyone at this stage, so I borrow some porn off a mate. "Twinks, hunks, or dirty?" he asks without so much as blinking an eye. I won't tell you which one I opt for, except to say that it wasn't twinks or hunks!

***I realise that it's not wise to be having sex with anyone at this stage, so I borrow some porn off a mate. "Twinks, hunks, or dirty?" he asks without so much as blinking an eye.***

"So why do you need porn anyways?" he asks me in a questioning tone. "I thought you always said that it was the saddest thing in the world to make love with you best friend, which in your case would be your right hand!"

"Doctor's orders," I replied matter-of-factly.

"I see," he replied knowingly. "Well, just after Mardi Gras I had to go sex cold turkey

for a fortnight after I caught gonorrhoea in my throat from sucking this guy off at the party in the women's toilets. I swear I didn't have sex with anyone else that weekend – I was too trashed – so it must have been him. The worst thing is that I didn't even swallow!"

I giggle, but find myself scratching my pubes at the same time.

A day later my doctor calls, late in the day, as per usual, and in his usual brisk manner.

"Your results came back positive for syphilis, so you need to come and see the nurse tomorrow to get your first penicillin shot," he informs me. I remember how unpleasant this experience is. I had to do it once before about five years ago when I caught it from my partner – it was our first (and last) threesome. We originally thought the rash was because we'd had sex at the beach and gotten sandy cracks, but it actually was much worse than that. Thankfully, although the actual shots for syphilis are mightily unpleasant, they are also mightily effective.

At least I know why I've been so irritable and I'm in fine company, according to Wikipedia, which notes that Hitler, Mussolini and Al Capone were all alleged to have had syphilis. It also tells me that dementia and mental illness are late stage symptoms of it as well. Charming.

I make my appointment for the nurse for as early as possible. I also tell myself that I'm never having sex again and only sticking to porn, voyeurism and gardening. Still, I know myself and within

a few weeks (possibly days), I'll be off the wagon again and looking for love in all the wrong places. Hopefully, this time I won't be scratching, itching and rubbing myself in the worst possible way afterwards. Wish me luck – and see you in the doctor's waiting room again in three months! I can't wait to find out what new, LA-style diet Lindsay Lohan has jumped on the bandwagon of next!





# Good things can take time

**Roger Edmonds**

*Photo: James and Roger married in New Zealand last year.*

*Talkabout* last heard from Roger in 2005. As well as HIV, he was diagnosed with hepatitis B and D and was eventually told in 2003 he had end stage liver disease with only months to live. However his liver function tests and his health started to improve and he was eventually able to return to work. He said at the time: "There's a reason I survived but I don't know what it is. I'm yet to work that one out." *Talkabout* caught up with him three and a half years later to find out what's happened since then.





I was really lost and confused, expecting to die and then wondering why I didn't. That slowly changed, but I thought things were as good as they were going to get.

next job I case managed people with drug problems, and often mental health problems, and I really enjoyed this work. I was able to build up a lot of confidence

were still teenagers when we got together. They're great kids and are a very big part of his life, so subsequently they became a very big part of my life.

**I was able to build up a lot of confidence that I had lost when I was sick, and I felt better than I'd felt for fifteen years.**

He eventually moved in with me. Then in June last year, we moved into our own place together rather than just living in mine. It was then we made the decision to take the next step and get married. Around the time there was a lot of discussion about same sex relationships and marriage for gay and lesbian people. Canada had made changes to their laws and some states in the US had as well. But because we're both HIV positive the US wasn't an option.

We got married in New Zealand on November 1st last year. It was also my fiftieth birthday, and was, without a doubt, the happiest day of my life. Twenty people came over for it, and we had the blessings of both our families. Just about everybody we invited came and the place where we had the ceremony and reception was beautiful.

When we came back to Sydney, it was just before the Council elections and

Gradually increasing my working hours as a nurse at a private methadone clinic made me think I was ready for full-time work. Soon after this I did get a full-time job at Long Bay Gaol, which was very interesting but very stressful. I managed to stick it out for five months. At my

that I had lost when I was sick, and I felt better than I'd felt for fifteen years.

Then I met James, funnily enough through Gaydar. It does happen. We slowly fell in love over a year. James has three children from a previous marriage. The youngest is 17. Two of his children



someone came canvassing for Clover Moore. I looked on her website and she has a big section on gay and lesbian issues. The website also mentioned you could go to the Town Hall and have a Relationship Declaration ceremony. Without really expecting a reply, I emailed Clover and asked her to officiate, and she said yes. We had our Relationship Declaration Ceremony on November 20th.

While I was in New Zealand I decided it was time for another change in work. Now I've got two part-time jobs. One of them is at a private hospital in Darling Point two days a week. It's for people from country New South Wales who have been diagnosed with cancer and need to have treatment in Sydney. Because I've been through a lot of serious health problems myself, I feel that I can understand what

people are going through. My dog Nelson has done his *Pets-as-Therapy* training course, and he comes to the hospital with me as a therapy dog.

The other three days a week I'm the Detox Services Coordinator for two Detox Units in Surry Hills. When I got that job, which was well paid, I decided to sponsor a little boy in Africa whose parents had died from AIDS. I'd actually just bought a

big flat screen TV and it made me think I had to balance the equation a bit.

I've been able to develop a more "normal" relationship with my family, rather than being the sick or dying family member. I've also reestablished a social life which disappeared when I was sick. Why did I get better? Why is life so full and busy? Maybe it's because I can realise my full potential and help other people.

**Why is life so full and busy?  
Maybe it's because I can realise  
my full potential and help  
other people.**

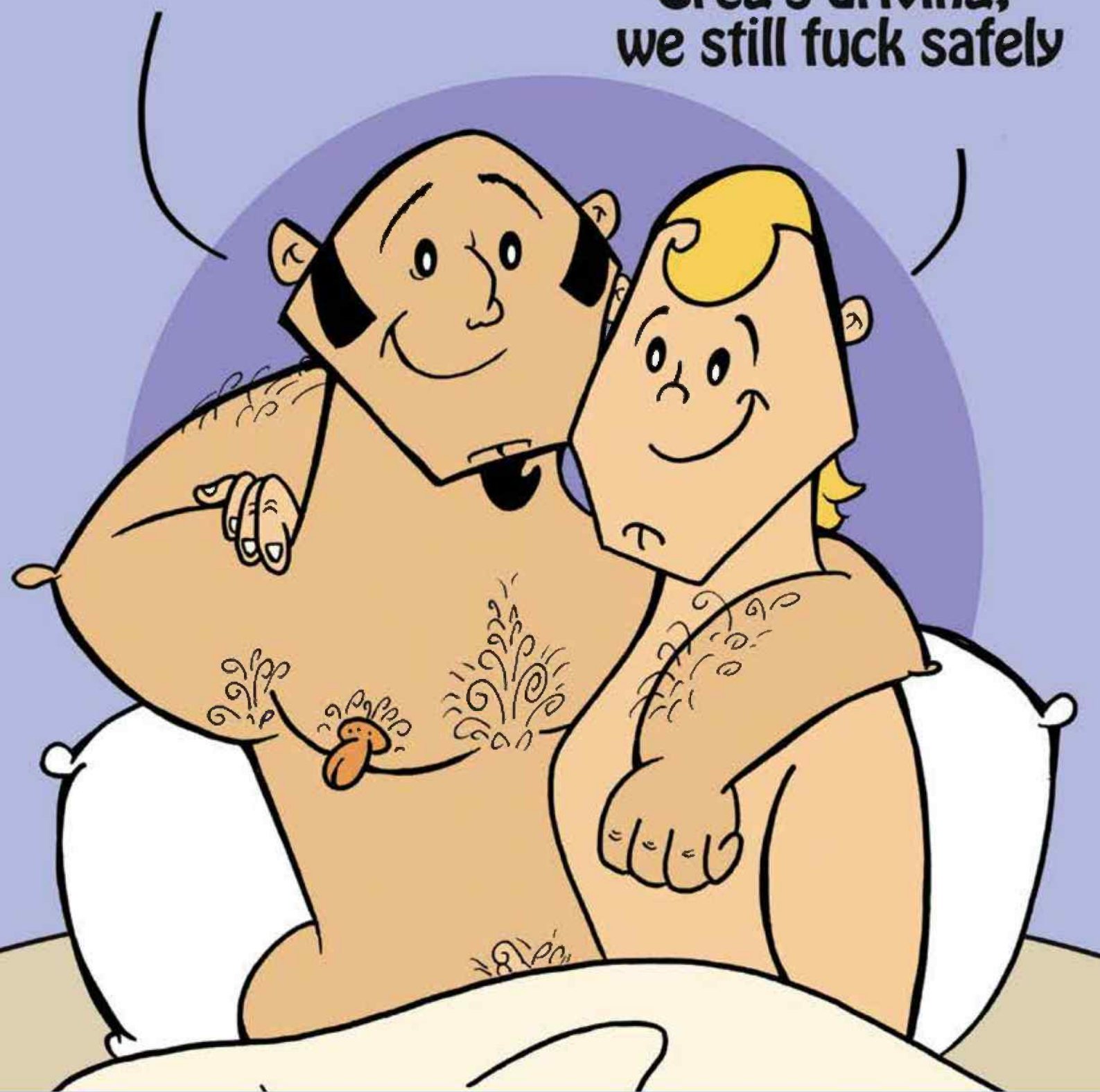


*Roger and James at their Relationship Declaration ceremony, which was officiated by Clover Moore.*



**Like his car keys,  
Roz's viral load  
is undetectable.**

**But unlike  
Greg's driving,  
we still fuck safely**



# Undetectable viral load & condoms

## Does having an undetectable viral load mean that you can't pass on HIV to your HIV negative partner?

### The Swiss Statement

In January 2008 the Swiss AIDS Commission sparked an intense debate on how infectious people are when they are on HIV treatments, and on what the implications are for HIV prevention. The Commission issued a statement that "after review of the medical literature and extensive discussion (...) an HIV infected person on antiretroviral therapy with completely suppressed viraemia (or undetectable viral load) is not sexually infectious i.e., cannot transmit HIV through sexual contact." Significantly they also went on to say that the above statement is valid as long as certain strict conditions are in place:

- The person adheres to antiretroviral therapy, the effects of which must be evaluated regularly by the treating physician, and
- The viral load has been suppressed (less than 40 copies /ml) for at least six months, and
- There are no other sexually transmitted infections

### Some limitations in the Swiss statement

The Commission also adds a cautionary note and exceptions. After a few days or weeks of discontinued antiretroviral therapy, plasma viral load rises rapidly. There was at least one report of transmission during this rebound in the studies they looked at.

Also importantly, the Swiss report focused on heterosexual serodiscordant couples. It did not provide information about gay men or anal sex. We do not therefore know if the findings are valid in relation to people who have anal sex and men who have sex with men.

The Commission also focused on people who are in stable relationships; not on sex between casual partners. "People who are not in a stable relationship must protect themselves", the Commission notes, "as they would not be able to verify whether their partner is positive or on effective antiviral therapy." Some experts also caution couples that viral load can rise quickly for a number of reasons including non adherence to HIV treatments, having an STI, concurrent illness, vaccinations and emergence of drug resistance.

We have known for some time that suppressing HIV viral load significantly reduces the risk of HIV transmission. A question remains however whether it is premature to say it eliminates the risk. While this report is certainly good news, condoms remain the most effective means of prevention while these kinds of questions remain.

### Advice from a local expert in sexual health

In our recent *Sero Disco* magazine we asked Dr Robert Finlayson, from Taylor Square Private Clinic who has twenty years experience in HIV and Sexual Health about his view on this issue.

"It's been known for years that HIV infectiousness is related to HIV viral load, so that a person with a high viral load will be more infectious when having unprotected sex than someone with a low or "undetectable" viral load.

"Undetectable" viral load means there are less than 40 copies/ml of HIV\* in the plasma (the fluid part of blood), but the virus may still be in some blood cells, and even more often still be in semen (cum) and rectal mucus. This is why there could still be some risk when you have unprotected sex with someone whose viral load is "undetectable".

The risk of transmitting HIV is much greater if there is any inflammation in the genitals, a sexually transmitted disease or trauma. Also, someone may have been "undetectable" at their last test but not have taken their pills 100% of the time since, so their viral load might be higher than it was when they were tested. Safer sex is still recommended even if your partner is "undetectable".

Some couples are already using undetectable viral load without condoms to reduce their risk of passing on or getting HIV. However, much more research still needs to be done, to have a better knowledge of the risks involved. Tom, who is HIV negative and has been in a relationship with Greg (HIV positive) for fifteen years, saw Greg's undetectable viral load as more of an added reassurance, rather than a replacement of condoms and safe sex. "(My) first couple of (HIV tests) were very stressful, especially the first time. But after

that, it hasn't worried me much at all and I just consider it a routine check. Safe sex, using condoms, obviously does work. Greg also takes HIV treatments and his viral load is undetectable, and that gives us an added sense of security, if we needed one."

Persson (2009) in *Men and women living heterosexually with HIV: Straightpoz study*<sup>1</sup>, reports some couples who practised unprotected sex were already drawing on similar understandings of "undetectability and reduced risk, with one difference being that they believed an undetectable viral load made a positive partner less infectious, rather than non-infectious as claimed in the Swiss statement." Narratives<sup>2</sup> like Lydia's support her observations: 'I'm lucky at the moment, touch wood, because my viral load is undetectable and my count is good, so there's even less risk of passing it along'. Similarly, Mahmoud stated: 'At the moment because of my T-cells and my viral load is undetectable, so I'm pretty safe, you know'. Persson adds: "It should be noted that in the case of all couples who practised unprotected sex, the positive partner was on treatments and had an undetectable viral load."

### In summary

If some serodiscordant couples have decided to take the risk of not using condoms and to rely on viral load they should certainly monitor their situation closely. Remember that an undetectable viral load decreases (and we cannot say it eliminates) the risk of passing on or getting HIV **only** if -

- You never miss a treatment dose
- Your viral load has been consistently undetectable over a six month period
- You and your partner are both certain neither of you has an STI (with or without symptoms)

Condoms, however, can take the stress out of all these uncertainties and are proven to be the safest way to avoid passing on or getting HIV.

\*40 copies/ml is as low as the viral load test can detect.

1 Persson, A., Richards, W., Barton, D., & Reakes, K., (2009) *Men and women living heterosexually with HIV: Straightpoz study*, Volume 2 (Monograph 1/2009). Sydney: National Centre in HIV Social Research, The University of New South Wales, p 39.

2 Ibid





# Long Term HIV: still sailing in unchartered waters

**David** writes about  
living with HIV dementia

**During the past 12 months I started experiencing unusual symptoms: constant ringing in my ears, giddiness from sudden drops in blood pressure, difficulties passing urine, and increasingly severe migraine-like headaches. Long periods of concentration began to leave me nauseated. I would feel confused and agitated if I spent any longer than an hour on the computer or drove long distances. I started to notice that I was bumping into doorways and losing my balance a lot more, and became intolerant of noisy environments like restaurants. Any loud noises made me feel tenser than I would have previously.**

I found I had to make a conscious effort to meet up with friends. I would lose track of conversations, lose words and immediately forget the names of new people I met. I began to recognise this and made a concerted effort to remember, but it was becoming obvious that something was wrong. It just became too draining and I withdrew from social interactions. Perhaps the most disturbing of all were depression-like symptoms and the constant background of suicidal ideation.

I have been HIV positive for close to 25 years with only one 6 year stint on medication, which ended in 2000 when I felt I needed a break. I discussed this with my doctor, and we decided we would monitor my counts closely. Quarterly viral loads and CD4 counts remained stable and, to date, I have never had a CD4 count below 500.

A much needed holiday in Bali was not reinvigorating at all and my feelings of fatigue, which I had attributed to my stressful time, did not resolve themselves. I had no interest in sex at all. I tried exercise and going to bed early and sleeping for longer periods did not improve my energy levels. Tests revealed nothing and I was becoming suspicious even though my counts for HIV markers were well within acceptable limits. I requested a lumbar puncture and my GP also recommended a neuropsychological test.

About a month and a half ago I arrived home after attending another battery of tests. That night I made an entry in my diary "I am at the scariest point of my life". It was the neuropsychological test that finally identified that I was in the early stages of dementia.

Based on this clinical neuropsychological test I started treatment for HIV Dementia. In retrospect it might seem obvious that it was all HIV related, but what threw everyone were the counts we use to monitor progression. I have an extensive knowledge of HIV disease myself, having worked to the level of a Clinical Nurse Consultant in the area, so there is definitely no finger pointing intended.

***I get a lot of exercise looking for things. Every day is a treasure hunt.***

The most notable changes since the beginning of my treatment have been the resolution of the depressive like feelings and the disappearance of the suicidal ideation. The depression has responded to HIV therapy alone. There are lots of clinical questions and research needed to be done, but if any of the above symptoms are present then they should be discussed with your medical practitioner and investigated.

### **Living with the early stages of dementia**

So what is it like living with the early stages of dementia? Definitely no drinking alcohol or other mind altering substances, I don't need them. There are enough chemicals and cells malfunctioning in my brain as it is. Typing is always a challenge, I could touch type before with some speed and accuracy, but now it is hit and miss and the spell checker works overtime. I sent my partner an SMS a while ago and he rang me to find out what I was talking about. When I checked back on the message I had sent, he would have had no idea that I said I would pick him up at the gym on the way back home from the airport. Predictive text has its limitations. However I did remember to pick him up.

Everything I need to remember is in my phone and Outlook with alarms for tablets and so on. We use a white board at home, which has cut down the arguments about arrangements that have been made. It really screws you up when you think you have told someone something and they say you didn't. The neuropsychologists suggested I

keep notes. Problem is, sometimes I look at my notes and I have no f\*\*\*ing idea what it was supposed to remind me about. At the moment, on the white board, I have a note "Michael 6.33.64". The worst thing is I have no idea which Michael it is.

I get a lot of exercise looking for things. Every day is a treasure hunt. Sometimes I don't find what I am looking for, but find what I was looking for yesterday or last

week. Sometimes I will go to Bunnings for something specific and wander around, pick up a few things get home and have to go back to get what I went for in the first place.

The other day I bought a bun for lunch at *Bakers Delight*, paid for it and walked off without it and didn't realise till I got home. The next day I went back and explained what I had done and said "I am on treatment for it." She laughed as she gave me a bun, but she didn't think I was serious.

I am right at home visiting my mother now who also has dementia secondary to Parkinson's Disease. It gets really interesting when the other residents, who are either off the planet or deaf, are sitting with her. The fact that the conversation makes no sense to anyone is not a problem.

Recovery will not be immediate and may take 6 to 12 months. I'm fortunate that this is the type of dementia that responds effectively to treatment and that I will more than likely regain, according to my neurologist, most if not full function to which my dear friends will probably say is a worry.

**For more information on HIV dementia talk with your doctor.**

**Other helpful resources include:**

- **AIDS Dementia & HIV Psychiatry Service (ADAHPS), tel 02 8382 1810 or visit [www.health.nsw.gov.au/adahps/factsheets.asp](http://www.health.nsw.gov.au/adahps/factsheets.asp)**
- **[http://www.thebody.com/treat/neuro\\_dementia.html](http://www.thebody.com/treat/neuro_dementia.html)**



# The Joy of Pets

## Nelson



**For Christmas 2000 my then partner asked me if I would like a puppy. I thought this was a great idea (one of the few he had) and I said yes.**

I started calling the RSPCA animal shelter in Yagoona to see what puppies they had. In January I phoned and they told me that they had just received a litter of five Kelpie/German Shepherd cross puppies. We went to see them and there they were asleep in a cage. I looked at them for a while and then I said: "OK, which one of you wants to come home with me?" They woke up and the one asleep at the back of the cage leapt up and, trampling his siblings, ran to the front of the cage. I could almost hear him saying: "Take me! Take me!" The attendant opened the cage, picked him up and put him in my arms. We fell in love there and then. We went inside to fill out the paperwork and I discovered that he was born on 6th November, the same day as my mother who had died many years before. Something inside of me told me that she had something to do with this.

Well, Nelson (I named him after Nelson Mandela) is now eight years old and I have no hesitation in saying that he is my best friend. He has taught me so much about love and I love him more than words can say. He has saved my life a couple of times, just through his love and loyalty. In 2003 I became very ill and if it wasn't for him (and my brother, also) I would never have made it through. Another time, when I was at my lowest ebb, I almost committed suicide and if it wasn't for Nelson and our love for each other, I probably would have done it.

In 2004 Nelson was diagnosed with Canine Epilepsy, so now we both have chronic illnesses and care for each other.

Last year I returned to full-time work for the first time in many years. I was feeling guilty about leaving Nelson home alone all day and started thinking of ways to compensate for this. In January this year Nelson and I did a *Pets as Therapy* course and he now comes to work with me two days a week. I work in a private

hospital for people from country NSW living with cancer and needing treatment in Sydney. He stays out on the verandah and the patients absolutely adore him and, of course, he loves all the attention. Being a Kelpie, the country folk think he is just great and lavish him with lots of attention (and food, I suspect).

I can't imagine life without Nelson, now, and would recommend having a dog as the greatest form of therapy and companionship one could have. Sometimes I look down at him lying at my feet, which he often does, and I am almost overwhelmed by the love between us.

**Would you like to see your pet in *Talkabout*? Send in your photo and how you feel about your pet (up to 200 words) to [editor@positivelife.org.au](mailto:editor@positivelife.org.au)**





# The Duty of Disclosure in Insurance Law

**Indraveer Chatterjee**

## Why this Article?

For obvious reasons, Insurance is an important issue for people with HIV. Insurance provides a person with protection and correspondingly, peace of mind. Nowadays, you can get insurance to cover you for lost wages if you're off work, or cover for lost baggage on that tour of Greece. You can get cover for unforeseen medical expenses, or ensure a lump sum payout in case you find yourself unable to continue with employment.

Some types of insurance by nature require disclosure of your HIV status. An example would be cover for unforeseen medical expenses. For other types of insurance (cover for those lost bags for instance), disclosure of your HIV status may seem irrelevant or unnecessary.

However, even in these latter cases you may need to tell your insurer about your HIV+ status, otherwise you may be refused cover. This sounds discriminatory but unfortunately, there is currently a gap between Discrimination and Insurance legislation which may allow insurers to do this.

This article looks at that gap, and what it may mean to you.

## Some Basic Insurance Concepts – Valid Contracts, and Appropriate Cover

In order to have insurance that you can draw on, you need to have a valid contract between your insurer and yourself. In addition, you need to ensure that it covers your circumstances. Innumerable people have paid insurance premiums for many years only to find on trying to make a claim that their contract was invalid, or that they were never actually covered for certain events.

For instance, many insurance policies exclude pre-existing medical conditions. A policy with this exception would not cover costs arising from an illness that existed prior to taking out the insurance.

In order to have a valid contract with your insurer, you need to comply with all the obligations Insurance Law places on you as an insured. The primary duty you have as an insured is your "duty of disclosure". In very general terms, Insurance Law requires you to disclose all relevant material that you know, which may include your HIV status.

Now, before I attempt to flesh out this duty, let's take a brief look at discrimination law.



## Discrimination Law Briefly

Discrimination law imposes certain obligations on insurers. Basically put, it requires insurers to provide people with HIV with insurance on the same terms and conditions as anyone else, unless an insurer can prove that the insured's HIV condition is relevant to the "insurance risk" in question.

In practice, this means that it is very hard for people with HIV to get certain types of insurance (such as life insurance) because the HIV is relevant to that type of insurance risk. However, most other sorts of insurance (home, contents, travel etc.) should be available on the same terms and conditions as they are to anyone else.

## The Gap Between Discrimination and Insurance Law

I mentioned previously a gap between Discrimination and Insurance Law. To illustrate this, take a look at Peter and Bob.

### Peter and Bob

1. Peter wants to go to Brazil. He applies for travel insurance. The form asks him if he has any relevant medical conditions, and Peter discloses his HIV+ status. Peter's insurer refuses to cover Peter because he is HIV+.
2. Bob also wants to go to Brazil. He applies for the same insurance, but doesn't believe that his HIV is a relevant medical condition. Therefore, he does not tell the insurer about his HIV. Bob gets cover, travels to Brazil and ends up breaking his leg. Bob makes a claim, and the insurance company refuses his claim because Bob did not tell the insurer that he is HIV+.

Now, in Peter's case, the insurer is refusing Peter insurance because Peter is HIV+. Chances are good that Peter can sue the insurer under discrimination law, because Peter's HIV is not relevant to the insurance risk.

However in Bob's case, the insurer is refusing Bob because he (arguably) failed to comply with his "duty of disclosure" under Insurance Law, not because Bob is HIV+. This might mean that Bob can't sue under Discrimination Law. Now that might sound like typically pedantic legalese, but it's the type of legalese that can get you locked out of court.

## The Duty of Disclosure

So let's get to the crux of the issue. There's a question on an insurance form asking if you have HIV. Do you have to say yes?

Note – the form might just as easily ask you to "disclose" any relevant medical condition or matter instead of asking you a specific question.

The answer to that question depends on your duty of disclosure. Read the following slowly, because it's in legalese and can be quite confusing. The law requires you to disclose to an insurer, prior to entry into an insurance contract, any matter that you know, which you (or a reasonable person in your circumstances would) know to be relevant to your insurer's decision to accept the insurance risk in discussion.

The bad news is that failing to comply with your duty of disclosure (as Bob may have done) may allow the insurer the right to void your contract. Voiding a contract is like annulling a marriage – it's basically pretending the "relationship" never happened. No relationship, no rights to alimony. Or in your case, no right to claim on the insurance, **and** no rights under discrimination law.

And the worse news is this – it's difficult to describe your duty of disclosure in any plainer language than the legal test. So I can't give you a clear answer as to whether you have to disclose or not. That depends on the entire contract between your insurer and yourself, including the type(s) of risk covered and their various exclusions, the entirety of your policy document, and your particular circumstances.

Obviously, the complication is trying to look ahead to all the various eventualities that you are trying to insure yourself against, and seeing if your HIV status may, according to the above test, have some relevance to the insurer's decision to decline your cover **or** offer it to you on different terms.

## In Other Words...

It appears that there is a difference between what Discrimination Law considers "relevant", and what Insurance Law considers "relevant". And to repeat, a failure on your part to comply with your "duty of disclosure" under Insurance Law may mean that you can't complain about discriminatory treatment, or result in any Discrimination complaint you have being that much harder to take out.

A final statement then? You may have to disclose your HIV status. You may have to do so even if there is no obvious connection between your HIV+ status and the insurance you are seeking. Whether you have to disclose or not will depend on the entirety of the contract between your insurer and yourself.

Practically speaking, this disclosure may be necessary to give you the very peace of mind you are seeking through insurance, as a failure to disclose can – notwithstanding a discriminatory attitude on part of the insurer – result in your insurance contract being voided, thus denying you any other remedies including a discrimination complaint.

To be on the safe side, you should disclose your status to the insurer. If the insurer then refuses to cover you because of your status, come and see us and we can look at whether the insurer has breached its obligations under discrimination law. If it has, we can take it up with the insurer on your behalf.

## And What Are We Doing about the Problem Itself?

Currently, we are working on submissions and looking for cases to clarify the issues. The law in polite terms is 'unsettled', i.e., no one knows exactly how the Courts will treat this discrepancy between Insurance and Discrimination law. We're currently doing research to argue for change (or clarification) and we would like to hear about your stories if, like Peter or Bob, you have been refused insurance.

In addition, if you have a policy you are signing up for and are confused, we can give you a clearer idea of whether your HIV status would be relevant to the insurer or not, and what you might be able to do to protect any rights you may have under discrimination law.

## Contact us!

**HIV/AIDS Legal Centre (HALC)**

9 Commonwealth Street, Surry Hills, Sydney NSW

Call: (+61) 2 9206 2060 || Fax: (+61) 2 9206 2053 || Mail: PO Box 350, Darlinghurst, NSW 1300 ||

Website: <http://www.halc.org.au/>

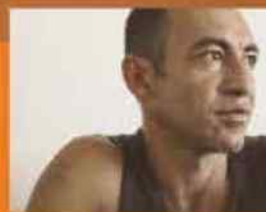
*Indraveer Chatterjee is a Solicitor with HIV/AIDS Legal Centre (HALC)*

*This article was reviewed by Nadine Behan, Iain Stewart Brady, and Stephen Walsh.*





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[www.multiculturalhivhepc.net.au](http://www.multiculturalhivhepc.net.au)

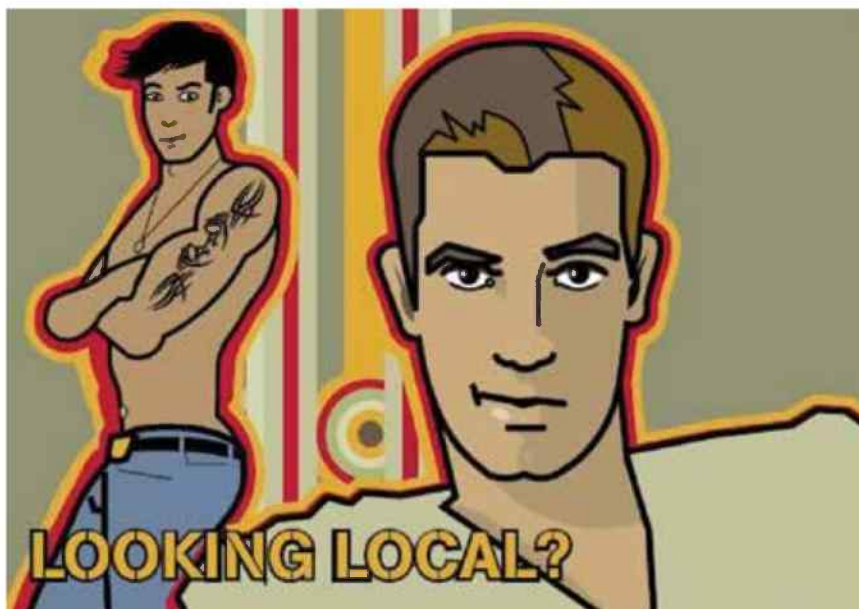




## The Global database on HIV related travel restrictions

There are many countries around the world that restrict the entry, residence and stay of foreigners who are HIV positive. These countries perpetuate stigma and discrimination against people living with HIV by singling out HIV as a “dangerous disease”. This database lists country-by-country how each government of the world does or does not impose these outdated and discriminatory laws. While these restrictions are commonly referred to as “travel restrictions”, the effect these laws have on individuals and families is more serious than this term may imply. Check out the Global Database on HIV related travel restrictions to learn more.

**[www.hivtravel.org](http://www.hivtravel.org)**



For appointments & other information about  
Men's Clinic  
@ RPA Sexual Health Clinic  
on Wednesdays (1.00 – 7.30 PM)

Call 9515 3131  
or drop in to see our nurses

### Free and confidential sexual health services:

- Testing & treatment for sexually transmissible infections (STIs)
- HIV testing & counselling
- HIV treatment & management
- HIV specialist doctors
- Hepatitis vaccinations
- Free condoms & lube
- Post Exposure Prophylaxis (PEP)

**RPA Sexual Health Clinic**  
Ground floor, Page Building  
119-143 Missenden Rd  
Camperdown

# Have you met the HIV Community Team Nurses?



HIV Community Team members Mike Smith (Clinical Nurse Consultant) and Matt O'Rourke (Clinical Nurse Specialist). Photo: David Murray (Manager)

**The HIV Community Team is a specialised community health service available to all clients living in the South Eastern and Illawarra Health Service. This region comprises 13 local government areas including: Botany, Hurstville, Kiama, Kogarah, Randwick, Rockdale, Shellharbour, Shoalhaven, Sutherland, City of Sydney (part of), Waverley, Wollongong and Wollahra.**

The staff visit clients in the home and provide services such as counselling and support, health education/monitoring, housing support, medication adherence/management, mental health assessments and nutritional assessment/management.

The team is made up of two Clinical Nurse Consultants, two Clinical Nurse Specialists, two Social Workers, one Dietitian, and one Occupational Therapist. Continuing with a series of interviews with the staff, *Talkabout* spoke with two of the nurses in the team to get a sense of what working in the community means to them.

## **What were your work backgrounds before joining the team?**

**Mike:** For nearly 20 years I have been working as a nurse in Mental Health in Sydney, Perth and London. This included inpatient, community, forensic and Consultation Liaison Psychiatry (including Emergency Departments). I have also worked in drug and alcohol detox. Working with marginalised populations such as prisoners, homeless people in Central London and refugees (to name a few) has given me a good grounding to enter the HIV health field.

**Matt:** I have been working as a nurse since 1995. During my first six years, I worked in acute surgical and medical specialties and also in intensive care. In 2001 I commenced working in the area of Occupational Health assisting injured workers back to work. Midway through 2005 I worked in HIV and Drug and Alcohol at Royal Prince Alfred Hospital. I started working for the HIV Community Team in January this year.

## **What attracted you to working in the area of HIV?**

**Mike:** It was an opportunity to work in a new field and provide new challenges for my practice. I previously worked with people living with both a mental health and HIV diagnosis, and HIV has interested me since then. I enjoy working with people with challenging needs. The complexity of both illnesses definitely creates some challenges for people who have a dual diagnosis. Also, any person with a major illness such as HIV is susceptible to mental health issues that will affect their life. It is nice to be in a position to help people to adjust and manage difficult periods within their life.

**Matt:** After working in a range of areas in the health arena, I had an interest in working in HIV. Being gay, and seeing the impact it has had on this demographic, was one of my strongest reasons. Moving into the community team has given me the vehicle to be a part of making a difference.

## **What are your special interests in the area?**

**Mike:** Improving the mental health and ultimately the overall health of people who are HIV positive are my major goals.

I enjoy working with people and positive mental health. This includes recovery from mental health as well as managing mental health issues that surface in people's every day life. I am also interested in working towards improving the sexual health of people who live with a diagnosis of mental illness.

**Matt:** Coming from a strong medical background, my interests lie in the health and well-being of my clients. I am very aware of the medical implications of HIV and look to reduce the impact that it may have on my client's health. Liaising with GPs, specialist physicians and other allied health staff, and case workers is crucial to making this happening.

## **What issues are you confronted with on a day to day basis?**

**Mike:** That people who have a diagnosis of mental illness and HIV are treated as an individual and not an illness. Every person who presents has individual needs and problems, but this is often forgotten within the wider health system.

**Matt:** Everyone has a different story and a different way in which HIV has affected their lives. This brings up something new for me to tackle each and everyday, making the job challenging. There is never a dull moment.

## **For Further information**

Visit [www.sesiahs.health.nsw.gov.au/HIV\\_Community\\_Team](http://www.sesiahs.health.nsw.gov.au/HIV_Community_Team)

Email: [hivcommunityteam@sesiahs.health.nsw.gov.au](mailto:hivcommunityteam@sesiahs.health.nsw.gov.au)

Call: 8305 3800



# HIV positive and living in the Hunter area?

**Why not check out Karumah Positive Living Centre**

Social lunches  
Complimentary therapies  
Discussion group  
Drop in  
Many other services

For more details phone (02) 49040 8393  
or email: [peersupport@karumah.com.au](mailto:peersupport@karumah.com.au)

**[www.karumah.com.au](http://www.karumah.com.au)**



## New treatment for lipo (buffalo hump)

If you are experiencing lipo (buffalo hump) there is a new treatment involving liposuction treatment.

Discuss this treatment option with your treating GP and ask for a referral letter to Dr Kenneth Lee, Plastic Surgeon for an assessment.

Dr Kenneth Lee is located at Briggs St Medical Practice, 54 Briggs St, Camperdown Sydney.

**Call 9565 1799 for an appointment.**

**ARE YOU HIV POSITIVE &  
WOULD LIKE TO LEARN CERAMICS?**

**Highlands Pottery  
In conjunction with  
Blacktown Outdoors Group**

will be running classes in an air-conditioned fully equipped pottery studio. Located in the leafy surrounds of Blacktown Showground. Close to Blacktown Railway Station and bus interchange.

**Contact Mike or Jeff  
MOB 0425250313  
[www.users.on.net/babybear8](http://www.users.on.net/babybear8)  
Email [babybear8@users.on.net](mailto:babybear8@users.on.net)  
Classes starting soon.**

“Blue Boy” Jeff Lees ©2005

**Bio Pride Design**




**Sydney Australia**

**LIVE PROUD, LIVE LONG, LIVE.  
DISCLOSE WITH PRIDE**

**[info@biopridedesign.com.au](mailto:info@biopridedesign.com.au)**

# Thinking of having a baby?



If you are HIV positive and pregnant or you are considering having a baby, it is important that the choice you make is an informed one. Informed choice means knowing and understanding all of the options available to you and knowing what these options involve.

There are many things that can reduce the risk of passing on HIV to your baby and these are discussed in the booklet *Posi+ive pregnancy* originally developed by Michele Goode, Clinical Nurse Consultant, Sydney Children's Hospital, Randwick.

If you would like a copy call Positive Life NSW on 9361 6011 (freecall 1800 245 677) or Paediatric HIV Service, Sydney Children's Hospital on 02 9382 1654 (Clinical Nurse Consultant) or 02 9383 1851 (Social Worker).





- Have you been HIV positive for some time?
- Have you put your plans on hold?
- Did you stop making plans?
- Do you want to make changes but not sure how to?
- Do you have professional and/or personal goals you would like to achieve?
- Do you want to reach your maximum potential?

## Then maybe **Life Coaching** is for you!

Life coaching is a practice with the aim of helping the individual to determine and achieve personal goals. Life coaches use multiple methods that will help you with the process of setting and reaching goals.

The Positive Living Centre is commencing a program of free Life Coaching in December 2008.

Contact Vicky Coumbe or Ian Walker for further information on 9699 8756 or email [plc@acon.org.au](mailto:plc@acon.org.au)

Sessions will be on weekday evenings at the PLC, dates to be confirmed.



**HIV positive and getting on with it?**

**Would you like to meet with other gay men living longer with HIV?**

**729 is a social discussion night for you!**  
Thursdays, monthly from 7pm

Contact Hédimo on 9361 6011  
Email: [hedimos@positivelife.org.au](mailto:hedimos@positivelife.org.au)

**PositiveLifeNSW**  
Positive living with HIV since 1984

## **Come along to women's day at the Positive Living Centre**

The third Monday of every month is a dedicated women's day at the Positive Living Centre

Informal drop in is from 10 am onwards

For more information call Samantha Fieldes at ACON on 9699 8756 or email [family@acon.org.au](mailto:family@acon.org.au) or see [www.acon.org.au](http://www.acon.org.au)



# Marriage-like relationships, de facto relationships, and Centrelink

**Your Social Security and Family Assistance entitlements may be affected by whether Centrelink assesses you to be single or a member of a couple. Rates and entitlements may differ because:**

- the maximum rate of pension or allowance is generally lower for a person who is a member of a couple
- the income and assets of a person's partner are assessable under Social Security and Family Assistance income and assets tests
- there are some entitlements with eligibility requirements that relate to relationship status

Centrelink will treat you as a member of a couple if you are married and you are not living separately and apart from your husband or wife.

**Until 1 July 2009** you may also be treated as a member of a couple if you are in a "marriage-like" relationship with a person of the opposite sex. Assessment depends on consideration of various factors.

**From 1 July 2009** changes to Commonwealth legislation mean that a definition of "de facto relationship" will replace the definition of "marriage-like" relationship. Most importantly, the new definition of "de facto" relationship will include same-sex couples. This means that a person may be considered to be in a de facto relationship whatever the gender of their partner.

The new "de facto" definition will apply to people claiming payments on or after 1 July 2009, and also to people already receiving payments on that day. This means that some people in same-sex de facto relationships will have their Social Security or Family Assistance payments reduced or cancelled as a result of being newly assessed as a member of a couple from 1 July. Some people in same-sex de facto relationships may have new entitlements because income and assets test thresholds are higher for couples.

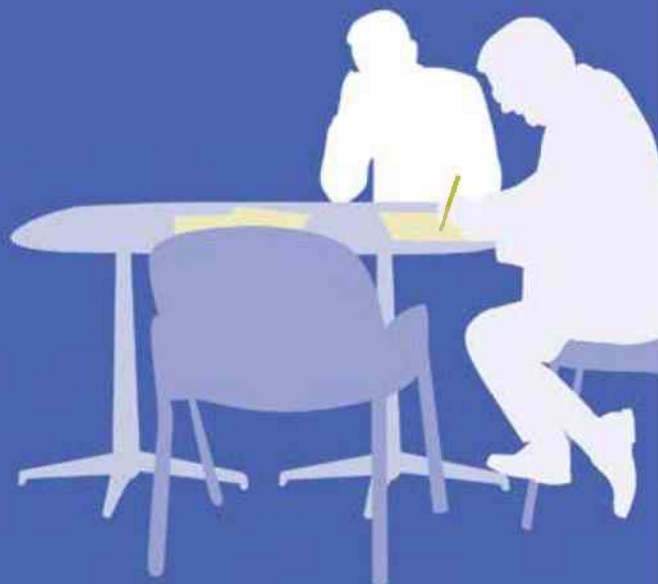
**For more information see**

**[www.welfarerights.org.au/Factsheets/fsmlr.doc](http://www.welfarerights.org.au/Factsheets/fsmlr.doc)**

**If you would like a printed copy call Positive Life NSW on 9361 6011 or freecall 1800 245 677.**

Do you have a Social Security problem?  
Need help with Centrelink?

Free advice and advocacy  
**Welfare Rights Centre**



**Welfare  
Rights**  
CENTRE

**For information or advice:**

**Phone: (02) 9211 5300**

**Toll Free: 1800 226 028**

**TTY: (02) 9211 0238 or visit  
[www.welfarerights.org.au](http://www.welfarerights.org.au)**



# Making a difference

**John Jones** on the important work of Ankali



Ankali Team - Michael, John, Jennifer and Rojo

**The Ankali project was established in 1985 and the project continues to train volunteers to provide emotional and social support to people with HIV. Of course, the kind of work that volunteers do has changed dramatically just as the life experiences of people with HIV have.**

Clearly there continues to be a need for volunteers to provide one-to-one emotional and social support to clients of the project. Volunteers usually meet up with their client each week for a coffee & chat, a movie or a walk in the park. The relationship is about meeting the needs of the client and can vary from wanting weekly or fortnightly support.

Volunteers are provided with a comprehensive and professional four day training program that aims to provide them with the skills and knowledge to be able to support someone with HIV. Volunteers are provided with weekly supervision and support by project social workers and fellow volunteers.

People with HIV can refer themselves to the project or they can be referred by a community social worker or other health professional. After a referral, one of the Ankali social workers will visit a potential client in their home to

find out more about them. Clients and volunteers are matched with someone that they have similar interests with or personal qualities that they feel are important.

The project Social Workers routinely ask clients about their experience of their relationship with their volunteer and it is common for clients to speak very favourably. This is what one client had to say: "There're lots of people around me – doctors, counsellors, other professionals, but my Ankali is different. She's more like a friend. We have a chat and coffee, just normal things."

*John Jones is a Social Worker with the Ankali Project.*



**The Ankali Project is a part of the Albion Street Centre and can be contacted on 02 9332 9742.**

## In loving memory of Andrew Pearce

from all 729ers

*"I was very sad to hear of Andrew's passing... Heaven will now have many muffins."*

– Paul

*"It was quite a shock to suddenly learn that someone whom we saw every month (and who cooked great food, which he often brought along) was no longer with us."*

– Garry

*"I'm shocked and saddened to hear of Andrew's passing... I will miss his foodie contributions to our meetings - they were a pleasant aspect of the get-togethers."*

– Darryl

*"Andrew's presence will be missed tremendously. He was known for his exuberance and common sense, and was very generous with his culinary delights."*

– Leslie

# PLANET POSITIVE

**a social night for HIV positive people and their friends**

**When: Friday 26 June from 6pm to 10pm**

**Where: back of the Carrington Hotel  
563 Bourke St Surry Hills**

PositiveLifeNSW  
the voice of people with HIV since 1988

acon  
BUILDING OUR COMMUNITY'S  
HEALTH & WELLBEING

RUBY  
MULTIPLY YOUR POSITIVE

## After Hours

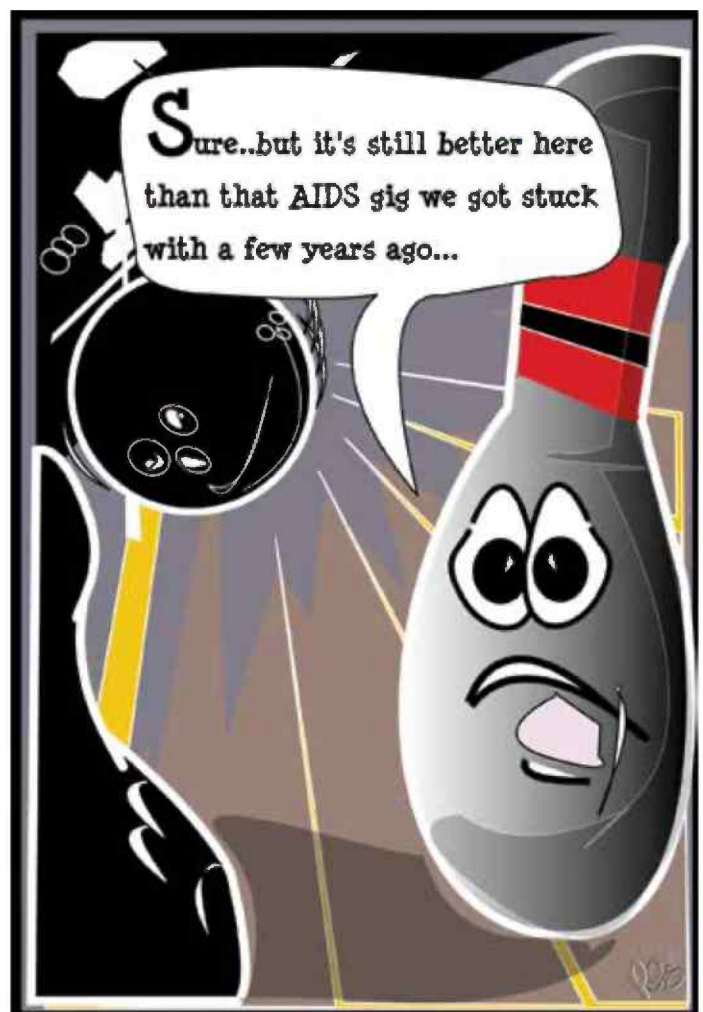
snax  
chat  
chill

Have you been diagnosed  
HIV+ in the last few years?  
Want to meet with other  
newly diagnosed gay men?  
After Hours is a drop in  
night for you!

When: Thursdays,  
monthly from 7pm  
Contact: Glenn on  
9361 6011  
glennf@positivelife.org.au

PositiveLifeNSW  
the voice of people with HIV since 1988

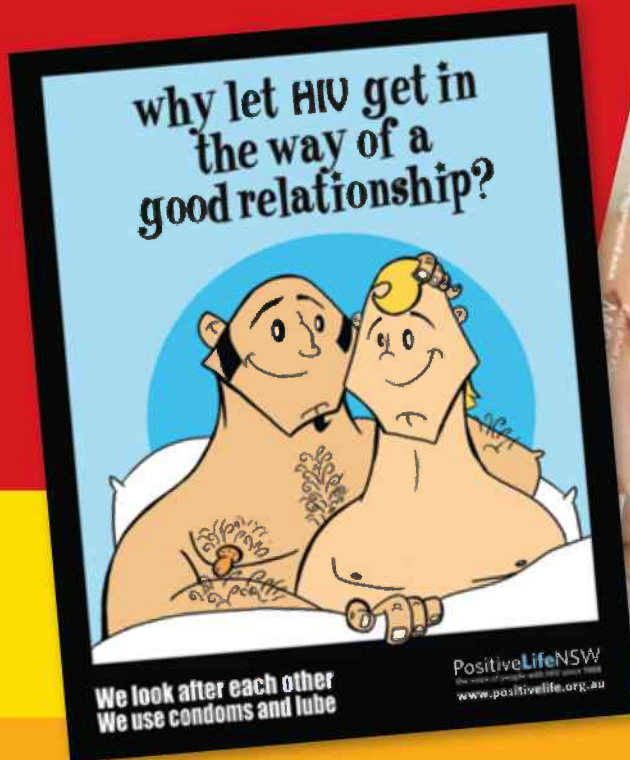
acon  
BUILDING OUR COMMUNITY'S  
HEALTH & WELLBEING





# SERO DISCO

**WHY LET HIV GET IN THE WAY OF A GOOD RELATIONSHIP?**



**Thought about going out with a positive guy, but worried ...**

**In a relationship, but not confident about condoms ...**

**Heard about viral load, but not sure what it means for you ...**

**Thinking about how to tell some one you like that you are positive?**

Looking after each other in serodiscordant relationships (where one partner is HIV positive and one partner is HIV negative) includes everything from communication to condoms. In our magazine *Sero Disco* (*Why let HIV get in the way of a good relationship?*) we try to give you some practical answers to questions you might have asked yourself at some time. Does undetectable mean un-infectious? Is pulling out okay? How safe is oral sex? Articles also cover disclosure and possible rejection, intimacy and keeping it hot as well as ending relationships.

**If you would like a free copy of our relationships magazine 'Sero Disco' call Positive Life NSW on 9361 6011 or freecall 1800 245 677.**

## SERO DISCO 2

A facilitated discussion on  
**COMMUNICATING IN RELATIONSHIPS**  
where one partner is HIV positive and one is HIV negative

**TUES 26 MAY 6.30PM**  
Colombian (Upstairs) 117-123 Oxford Street Darlinghurst

**FREE - LIMITED PLACES**  
Please RSVP by Fri 22 May 2009  
Call 9361 6011 or  
Email [kathyt@positivelife.org.au](mailto:kathyt@positivelife.org.au)  
**Catering provided**

Photo: Jamie Dunbar

**PositiveLifeNSW**  
the voice of people with HIV since 1985  
[www.positivelife.org.au](http://www.positivelife.org.au)

Supported by South Eastern Sydney Illawarra Health



A narrow Venetian canal with colorful buildings and gondolas. The water is calm, reflecting the buildings and the sky. The buildings are multi-story, with various colors like yellow, orange, and red. Some have balconies with plants. The sky is clear and blue. The overall scene is peaceful and picturesque.

# Lost in Venice

**John Douglas** takes Talkabout readers on a stroll through Venice.

Venice is built on one hundred and seventeen small islands, and holds one hundred and fifty canals, connected by an amazing four hundred and nine bridges, of which only three cross the main canal. Virtually the same as it was six hundred years ago, Venice is still a monument to the glory days of the Renaissance and historical culture. Some say it is the place to get hopelessly lost in for a day.

John takes us through the mysterious alleyways and canals leading off from the city and along the way discovered superb architecture and breathtaking scenery.





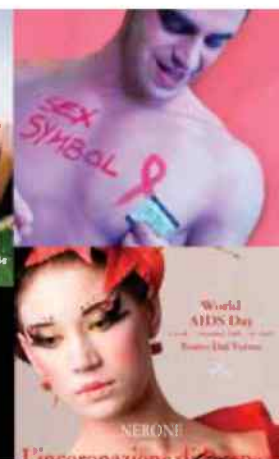
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### 1 Bacino di San Marco, Venice.

The Basin of St Mark is the body of water leading directly off the Piazzetta, and bounded by the Riva degli Schiavoni. The waters here are constantly churned by the passing of ships of all sizes, shapes and – despite speed regulations – velocities. It is thought that the wakes produced by speeding boats do more damage to the pylons and soft mud upon which Venice is built than all other contributing causes combined.

### 2 Sunset, Grand Canal.

One of the most inspiring books about this slowly sinking city is 'Venice' by Jan Morris. If you have ever been to Venice, or would like to go, or just love good writing Jan's book is a compulsory pleasure.

### 3 Montage of Italian HIV campaigns.

Italian TV prankster Gabriele Paolini has made a career of popping up uninvited behind unwitting on-air TV reporters and promoting condom use. Guinness World Records says Paolini is the world's most successful TV hijacker, interrupting 20,000 link-ups. He calls himself the prophylactic prophet because he sees his capers as a way of drawing attention to the plight of people living with HIV.

### 4 Gondolieri.

Today the gondolas are primarily for the use of tourists. In the 1500s, someone (somehow) calculated the number of gondolas in use in Venice as 10 000. Much fewer now – there are about 400 licensed gondoliers. Centuries ago gondolas were every colour imaginable and owners went to vast expense and effort to cover them with all manner of decoration. Then in 1630 it was decreed that gondolas could be painted any colour owners wanted, as long as it was black. So it has been ever since.

### 5 Carnevale Masks.

Locals have been celebrating the coming of spring with their Carnevale since the 1400s. After the city fell to Napoleon in 1797 the party spirit quietened somewhat, and the Carnevale died when Mussolini prohibited the wearing of masks. Revived in 1979 it is one of the major social events of the year, a weeklong party renowned for its extravagance.

### 6 Florian Café.

Not quite Maroubra mall food hall, but it'll do.

### 7 St Marks Basilica.

Saint Mark's Basilica has existed in some form since the 800s to house the remains of St Mark. (Though it could be argued that the Basilica equally served as a statement of imperial might and wealth.)

The first was constructed in 828, when Venetian merchants stole the supposed relics of Saint Mark the Evangelist from Alexandria. (They covered the mummified body in pickled pork to keep curious Muslims away.)

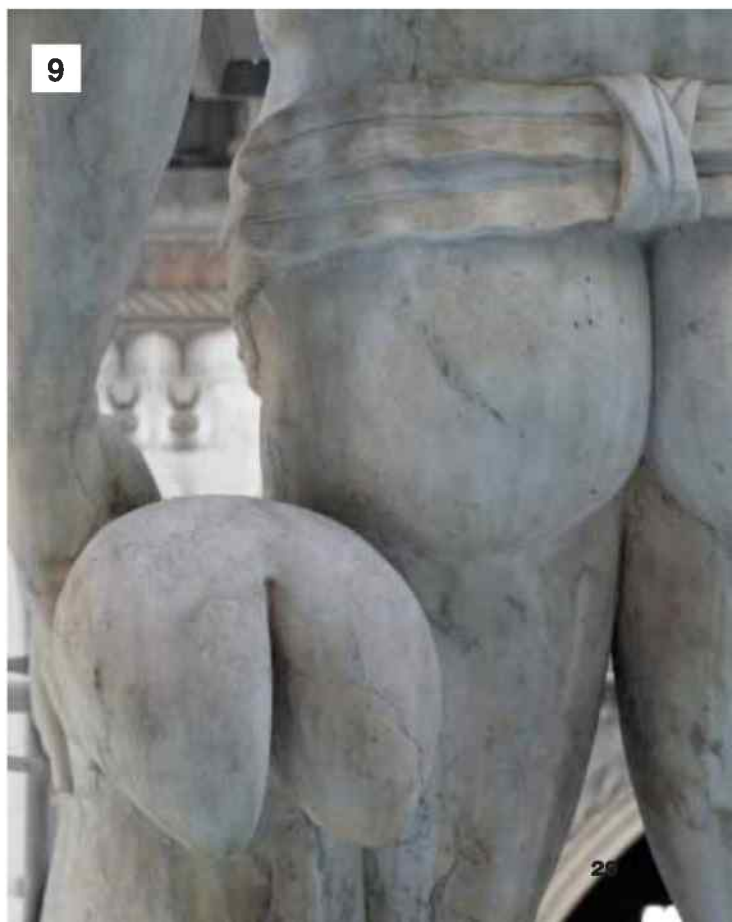
A fire in 976 destroyed the Basilica, and apparently also toasted the alleged remains of St Mark. The next version didn't have a much happier time, in 1032 the Doge decided it was not grand enough and had it demolished. The latest version was completed and consecrated in 1094. It was the private ducal chapel until 1807, when it became Venice's cathedral.

### 8 Gay Cafe Venice

More like 'gay friendly', as there are no directly gay establishments on the lagoon. The gay centre for the area, ArciGay Dedalo, is located in Mestre on the mainland; for HIV, clubbing, social groups information etc. Gay & Lesbian Association for Italy also has regional information, and the latest about HIV services/support: [www.Arcigay.it](http://www.Arcigay.it)

### 9 Scala dei Giganti – Stairway of the Giants. Detail.

The top of the stairway is flanked by huge statues of Neptune and Mars (Neptune shown in my photo) by Sansovino. Behind the crests of sculpted waves and godly buttocks – the viewpoint shown here – the swearing-in of the Doge would take place. Here he would be presented with his ducal cap and swear fidelity to the laws of the Republic.





## So can you cook? No 35



**Tim Alderman**

We are in the process of designing our second website, "Tea Coffee Chocolate". Having been four years since I have had to go through this process, I have to admit to forgetting just how much hard work is involved, though it is a lot easier the second time around.

It also makes me realise just how much I have learnt over that time, and how a lot of my original idealism has gone out the window. I'm very proud of the fact that "Alderman Providore" has kept on trading for as long as it has, and is at the stage where it is supporting itself. The business is complimented upon constantly, as is our choice of products, and our prompt and honest service. My original intention to run an ethical business was driven originally by the amount of dishonest trading that was going on, not just on the Internet, but in general, and the constant complaints about bad service from people I ran into.

Next year will see the running of "Alderman Providore" for 5 years, and a huge assessment will be undertaken at that time. We are also expanding the range of tea, coffee and hot chocolate wares for making and drinking the products, in response to the large amount already sold. With tea drinking and wares being an area of interest, it also fulfils the desire to use my knowledge as a way to make money. In some respects, it is a hobby come to life in cyberspace.

The site will be launched in about 2 months, and anyone who has an interest is going to be blown away by the quantity and diversity of goods. If you have a couple of thousand dollars hanging around, I can supply you with a Samovar, or if you have a strong desire to try some of the oldest and rarest Chinese and Japanese teas, I can even supply those - at a price. If you are interested in South American yerba mate, South African rooibos, lapacho or honey-bush, or Australian grown herbal teas and bush teas we will have it - not necessarily all at the start, but certainly over time.

Watch this space for details. Now, some quick afternoon tea recipes.



# COFFEE CARAMEL CAKES

125g butter, softened  
¾ cup firmly packed brown sugar  
2 tablespoons instant coffee powder  
1 tablespoon boiling water  
2 eggs  
2 cups self-raising flour  
½ cup milk  
18 jersey caramels, halved

Preheat oven to 180°C. Grease 12 hole muffin pan.

Beat butter and sugar in a small bowl until light and fluffy. Add combined coffee and water, then beat in eggs one at a time, beating until just combined between additions. Transfer mixture to a large bowl.

Stir in sifted flour and milk. Spoon mixture into prepared pan. Press three caramel halves into the centre of each cake, cover with batter.

Bake in oven about 20 minutes. Cool in pan 5 minutes, turn cakes onto wire rack to cool.

MAKES 12

# BANANA BREAD

Best made with bananas that are over-ripe.

1¼ cups self-raising flour  
1 teaspoon ground cinnamon  
20g butter  
½ cup firmly packed brown sugar  
1 egg, beaten lightly  
¼ cup milk  
½ cup mashed banana

Preheat oven to 220°C. Grease a 14cm x 21cm loaf pan, and line with baking paper.

Sift flour and cinnamon into a large bowl and then rub in butter. Stir in sugar, egg, milk and banana. DO NOT over mix - the batter should be lumpy. Spoon mixture into prepared pan.

Bake in hot oven about 30 minutes. Stand cake in pan 5 minutes and then turn onto a wire rack to cool.

Cut into 8 slices, then toast lightly on both sides and spread with butter, if desired.

MAKES 8 SLICES

# APRICOT LOAF

200g dried apricots, chopped coarsely  
½ cup apricot nectar (fruit juice shelves in supermarket)  
½ cup caster sugar  
½ cup firmly packed brown sugar  
250g butter, chopped  
3 eggs, beaten lightly  
1 cup plain flour  
¾ cup self-raising flour

Preheat oven to 150°C. Grease a 14cm x 21cm loaf pan, and line with baking paper.

Place apricots, nectar and sugars in a medium saucepan. Bring to the boil then simmer 5 minutes, stirring occasionally. Remove from heat, add butter and stir until melted.

Transfer mixture to a large bowl, cover and cool to room temperature.

Add egg and sifted flour to apricot mixture and then spread into prepared pan.

Bake cake in slow oven about 1¼ hours, then cover with foil or cloth and cool in pan.

SERVES 8

# MOIST WHOLE ORANGE CAKE

2 medium oranges (480g)  
¾ cup blanched almonds, toasted  
1 cup caster sugar  
1 teaspoon baking powder  
6 eggs  
2 cups almond meal (250g)  
2 tablespoons plain flour

Place unpeeled oranges in a saucepan, cover with cold water. Bring to the boil, simmer about 30 minutes; drain. Repeat process with clean water, boil about 1 hour or until oranges are tender. Cool.

Preheat oven to 180°C. Grease deep 22cm round cake pan, and line base and sides with baking paper.

Process toasted almonds with 2 tablespoons sugar until finely chopped.

Trim ends off oranges and discard. Halve oranges, remove and discard seeds. Process oranges with skin on, and baking powder until pulpy.

Beat eggs and remaining sugar in medium bowl about 3 minutes until fluffy and pale in colour. Fold in almond mixture, almond meal, flour and orange pulp. Pour into prepared tin.

Bake in medium oven about 1 hour or until cooked when tested. Cool in pan.

Turn onto serving plate and dust with icing sugar if desired.

SERVES 10

# CINNAMON TEACAKE

60g butter, softened  
1 teaspoon vanilla extract  
¾ cup caster sugar  
1 egg  
1 cup self-raising flour  
½ cup milk  
10g butter, extra, melted  
1 teaspoon ground cinnamon  
1 tablespoon caster sugar, extra

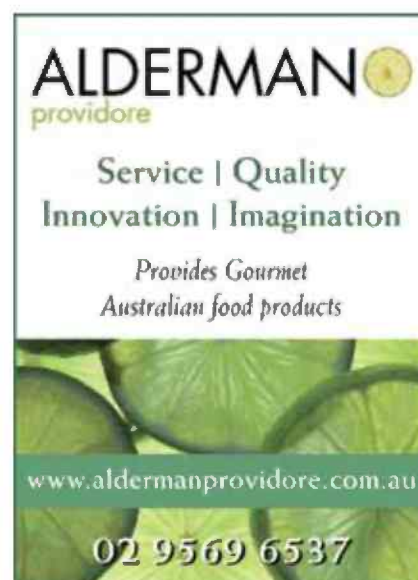
Preheat oven to 180°C. Grease deep 20cm round cake pan, line base with baking paper.

Beat butter, vanilla extract, sugar and egg until light and fluffy (about 5-10 minutes, depending on mixer used).

Using wooden spoon, gently stir in sifted flour and milk. Spread mixture into prepared pan.

Bake cake in moderate oven about 30 minutes. Stand cake in pan about 5 minutes, and then turn onto wire rack. Brush top with melted butter, then sprinkle with cinnamon and extra caster sugar. Serve warm with butter if desired.

SERVES 10





# Adding variety to your routine



### Exercise one

#### Superman's (on the floor)

This exercise works the guts and lower back. The higher you lift your legs the more you work your bum and the higher the arms go the more the lower back is worked.

Lie on the floor with your head lifted slightly and eyes looking straight down. Stretch out your arms and legs keeping your knees and elbows slightly bent. Lift the opposite arm and leg up, hold for one to two seconds then repeat on the other side. As you get fitter and stronger hold each side up for longer and do more repetitions on each side. Remember to always keep your head low to keep the strain off your neck, and one arm and the opposite leg on the floor while the other arm and leg are working.

### Exercise two

#### Pullovers (on a coffee table)

This exercise works the upper back and chest. The heavier the weight you put in the bag the harder you are working these muscles.

Place two to four kilos of flour in a strong shopping bag and lie on a sturdy low table with the bag on your stomach. Keeping your feet firmly on the floor and your bum pushed up just enough to keep your body in a nice straight line, lift the bag up until your arms are nearly straight. Slowly stretch back until you feel a good stretch in your chest and shoulders then return to the start position using your chest and back muscles. Remember to keep your elbows slightly bent and locked in that same position for all repetitions of the exercise.

### Exercise three

#### Crunches with a twist (on the floor)

This exercise works the abdominals, upper, lower and the obliques on each side. The higher you lift the body and the longer you hold the up position, the harder you will be working.





Lie on the floor with your feet up on a chair or coffee table so your knees are at right angles. Fold your arms across your chest, tuck your chin in towards your chest without letting it touch then slowly push your right elbow towards your left knee by lifting your body up and twisting slightly. Slowly return to the floor and repeat on the other side. Remember to keep your neck relaxed and the movements smooth (no throwing yourself around).

### Exercise four

#### Squat (against the wall)

This exercise works the quads and hamstring muscles of the thigh as well as the calves. The longer you hold the squat and the lower you go the harder these muscles will be working

Squat against the wall going as low as you can without making it too hard on your knees. Over time, gradually work up to going lower. Keep your chest lifted and your back slightly arched as you breathe deeply. Hold until you feel the muscles working hard, then stand up and repeat after a short rest or stretch break.

Remember hold your legs in a variety of positions (e.g. knees in slightly then out and at different angles) to work as many muscles as possible.



*Ingrid Cullen is a gym instructor with many years' experience working with HIV positive people*

**Do you have any fitness questions for Ingrid?**  
**Email them to: [editor@positivelife.org.au](mailto:editor@positivelife.org.au)**



# Olga's personals

## Men Seeking Men

**Attractive and Affectionate GAM.** 42/173cm/63kg. Healthy, Athletic, Toned and Versatile. Non Scene, Non Smoking. Looking for a soul mate to enjoy life with. Athletic Masc GWM most welcome. **Reply: 100108**

**Sydney Ryde Area.** Male 42 HIV pos since May 2007. 70 kg, 5 ft 9 Passive submissive seeking a dominant top guy in 30s or 40s. I like straight acting guys with good builds and cut. - Have a foot fetish and I like light bondage. **Reply: 070108**

**Country guy,** 43, poz, 183 cm, 73 kg, slim build, hairy chest, non scene and working. Interests are country life, animals, gardening and markets to name a few. Seeking someone special and LTR. Might be sincere, passive, no time wasters. Prefer someone over 30 and NS. You never know until you have a go. **Reply 190408**

**Mid North Coast** 50 yrs young, affectionate with magic hands and lips, healthy HIV+, 5ft 8, medium build, versatile, DTE, GSOH. Likes laughable lifestyle, looking for friendship/LTR, age open. **ALA Reply 220408**

**Nice guy 43** HIV+ eastern European bottom like to meet nice guy with good shape for LTR for good times, quiet nights and to be happy together **Reply 090508**

**Locked up and lonely!** 31 yr old HIV+ guy in jail, looking for mates and more. 6ft 3, brown hair and eyes, ok looking. I'm DTE with GSOH. Into music, movies. Open minded and fun to be with. Want a pen pal and whatever else happens. **Reply: 150508**

**Greek 31 years,** very fit, attractive HIV + male, accounting finance student (Parramatta area) ISO specifically to make friends and have LTR with other Greek guys. Must be very honest, healthy and hygienic. I am very straight acting and DTE **Reply: 160608**

**46, HIV pos guy** SW Sydney would like to meet pos guys to 55 for fun times and with a view to a relationship. **Reply: 100708**

**31 yo Kiwi guy** living in Rooty Hill, NSW. I'm affectionate, passionate, good looks. HIV+ 5 years. Looking for a guy(s) to share good times with and life. Into honesty, easy going, sensual and sexually uninhibited people. Age, nationality and beliefs no barrier. I'm very open, strong and happy. **ALA Reply: 150708**

**Newcastle,** early 40s HIV+ seeking friends, relationship, partner with similar to 45. I have many interests: music, some sports GSOH. Live Alone. Genuine and versatile. **Reply: 261008**

**Sydney/Wollongong** - Slim, good looking bottom guy, 50YO, 6ft tall, short hair, clean shaven, fully waxed body, affectionate, good kisser. Seeking top guy, clean shaven, slim to medium built, 45-65YO. Like a few drinks and a smoker. VTPR. **ALA. GSOH. Reply: 081008**

**Gay guy 40** from Queensland looking to relocate to Sydney, searching for new horizons, including a genuine source of friendship leading to life commitment. I am quiet, trustworthy, reliable, dependable - daring to be different from your typical gay male. **Reply: 101008**

**51YO, HIV+ 22years,** 173cm, ACTIVE/versatile, FF top, tattoos & piercings. I am not just looking for play but for that 1-1 connection with mind & body. Sydney. **Reply: 031108**

**Central Coast,** attractive healthy young 34yo, HIV+ 10 years, undetectable VL. My interests include gay tantra, yoga, transpersonal psychology. Looking for

friends, relationship, and a partner under 40 with GSOH. **ALA. Reply: 041108**

**Tweed Valley.** Handsome HIV 50. 5ft11, 75kg. Adventurous, athletic, articulate, discreet. Great sense of humour, N/S, versatile, magic hands/mouth etc seeks like minded to similar age for totally nil-bullshit mutually satisfying fun times. **Reply: 011208**

**Kiwi male 38** HIV+ GSOH DTE living inner west, working, in great health, 198 cm blue eyes, black hair, average looks. Looking for friends/buddies/partner. Open to suggestions. If you want to know more, why not take a chance and drop me a line, nothing to lose, a great friend to gain, maybe more... **Reply: 201208**

**33 year old** newly diagnosed looking for mates (maybe more?) under 50 yrs. I'm into healthy living, yoga, swimming, gym and love getting into nature. Like socially conscious guys with warm hearts and compassionate souls who embrace life. **Reply: 231208**

**+ve W'gong 30 yo.** Smart, good looking, loves nature, professional bttm ISO similar for whatever works (good times or LTR). Work in Sydney but prefer quiet life, would suit someone tired of things sceney and shallow. Nationality not important, chemistry is. **Reply: 50108**

**35 yo Aussie guy** in jail till 2010. Lonely, wants penpals, maybe more later. Genuine guy, healthy DTE, loves country living and loves animals. **Reply: 290108**

**Friendly, passionate Greek/Aussie** 164/79, 66 years old but well preserved and younger looking. Completely healthy A1 condition. Looking for mature guy - looks unimportant but good character and disposition a must. Still employed and planning a good and optimistic future (LTR). Loves kissing, hugging and close intimate sexual encounters. Broad interests and curious about most things. Good conversation and well-read a necessity. **Reply: 160209**

**Single 35 yo active/versatile.** Slim athletic body. HIV+ healthy iso 18 - 35 yo slim, skinny bottom/versatile. Looking for friends, relationship. I'm mild to wild in bed. WLTM adventurous guys with few limits. Pen pals into kink welcome. **Reply: 180209**

**Mature HIV+ man** living in Northern Rivers. I'm affectionate, caring & looking to share my life & experiences. 76kg, slim built, fit & versatile. Age, nationality & beliefs no barrier. **ALA. Reply 070409**

**I'm a totally active guy,** well presented, and I would like to meet a quiet, easygoing, home-loving passive guy for a long-term 1:1 relationship. Looks & build are not important. You must be 100% totally passive, enjoy lovemaking often and be under 40 years. **Reply 220409**

## Men Seeking Women

**Seeking free spirited,** loving soul mate. I am a youthful male in his 40s, from Melbourne, who would like to spend some quality time with a lady who accepts my HIV positive status. I travel interstate occasionally. I do not consider that I am compromised by this status. **Reply: 190808**

**HIV+ undetectable and well,** young looking, 48 looking for a woman under 40, healthy like me, non-smoker, non-drinker, for company and sharing experiences. Sydney. **Reply 210808**

**Mid North Coast NSW.** Straight young 48yo guy non user. HIV+ unstoppable in life. GSOH. Definitely individual but like us all has moments. Genuine, sincere, wants children, seeking lady wanting the same. Kids OK. Discretion given and expected in return. **Reply 150409**

ALA	All Letters Answered
LTR	Long Term Relation-
ship	
GSOH	Good Sense of
Humour	
NS	Non Smoker
ISO	Looking
For	
DTE	Down To Earth
WLTM	Would Like To Meet
GAM	Gay Asian Male
GWM	Gay White Male
TLC	Tender Loving Care

## When placing and answering personals

Be clear about who you are and what you are looking for. Too much detail can be boring, and too little may be too vague. Be honest to avoid disappointment for you and your correspondent.

Do not give out your work or home address, telephone number or email address until you think you can trust the person. Use a Hotmail or Yahoo address.

Like you, other people may be anonymous. You can't always believe everything you are told.

## When meeting someone:

Have reasonable expectations. Don't let your fantasies run away with you - how somebody seems might not be who they are face-to-face.

Meet for the first time in a busy public place, like a bar or club, or with friends. You can go to a private place after you have met the person and think you can trust them. Don't rely on the other person for transport.

Let someone know who you are meeting and where. You can leave a note, keep a diary, email a friend, or ask someone to phone you on your mobile to make sure you are alright.

Apply commonsense and the basic rules of personal safety. Maintain a healthy degree of suspicion: if anything seems odd, be careful.

## How to respond to a personal

Write your response letter and seal it in an envelope with a 50c stamp on it - Write the reply number in pencil on the outside - Place this envelope in a separate envelope and send it to Olga's Personals, PO Box 831, Darlinghurst 1300.

## How to place a personal

Write an ad of up to 40 words - Claims that you are hiv negative or claims about blood test results cannot be made. However, claims that you are hiv positive are welcome and encouraged - Any personal that refers to illegal activity or is racist or sexist will not be published - Send the personal to Olga, including your name and address for replies. Personal details strictly confidential.

You can use this form to apply for Membership or subscribe to *Talkabout*. Please remember to sign the form. A statement about our privacy policy is below. Please read it. Our contact details are below.

## Membership costs nothing - and includes a free subscription to *Talkabout*

Yes, I want to be a member of Positive Life NSW

### Please tick

☐ Full member (I am a NSW resident with hiv/aids)

☐ Associate member (I am a NSW resident)

**Disclosure** of positive hiv status entitles you to full membership of Positive Life NSW with voting rights. Members' details are confidential.

**Membership** entitles you to *Talkabout*, *Contacts*, the Annual Report and occasional newsletters.

## Subscriptions to *Talkabout* only

I don't want to become a member of Positive Life NSW but I do want to subscribe to *Talkabout* (annual subscription July 1 to June 30). Please select (tick the circle) the rate that applies to you or your organisation.

### Subscriptions only

☐ I am a New South Wales resident receiving benefits – \$5  
(Please enclose a copy of your current health care card)

☐ I am a New South Wales resident living with HIV who does not receive benefits – \$20

☐ I am an individual and live in Australia – \$33

☐ I am an individual and live overseas – \$77

### Organisations:

☐ **Full** \$88 (includes all business, government, university, hospital, and schools either for-profit or government-funded)

☐ **Concession** \$44 (includes plwha groups and self-funded community owned organisations)

☐ **Overseas** \$132

## Personal & Health Information Statement

We collect this information to add you to our database and to notify you of information and events relating to Positive Life NSW. We store this information either in hardcopy or electronically or both. Access to your information is strictly limited to staff members. Your information will not be passed on to any other organisation or individual. You can access and correct your personal & health information by contacting us, phone 02 9361 6011 or freecall 1800 245 677, email [admin@positivelife.org.au](mailto:admin@positivelife.org.au)

## How to contact

**PositiveLifeNSW**  
the voice of people with HIV since 1988

Office: Suite 5, Level 1,94 Oxford Street, Darlinghurst  
Mailing address: Positive Life NSW  
Reply Paid 831  
Darlinghurst NSW 1300  
You do not need to put a stamp on the envelope.  
Phone: 02 9361 6011  
Freecall: 1800 245 677  
Fax: 02 9360 3504

Name

Postal address

State

Ph

Email

### Donations

I would like to make a donation of \$

### Subscription to *Talkabout*

If you are paying the concession rate for *Talkabout* subscriptions, please enclose a copy of your Health Care Card.

You can pay by cheque/money order/credit card.  
There is a \$10 minimum for credit card payments.  
Please enclose your cheque or money order or give us your credit card details.

Please charge my ☐ VISA ☐ MasterCard

Expiry Date

Signature

Name on card

Total payment \$

Cash payments can be made at our office.

☐ I acknowledge the Personal/Health Information Statement and consent to my information being collected and stored

Signature



# Resources Order Form

**PositiveLifeNSW**  
the voice of people with HIV since 1988

Ordering organisation's name

Contact in organisation

Postal address

State

Ph

Fax

Email

Date ordered

Quantity Item

## Health Promotion Fact Sheets

- ☐ 1 Efavirenz Managing Side Effects
- ☐ 2 Boosting your energy
- ☐ 3 Getting Started on Combination Therapy
- ☐ 4 I want to return to work
- ☐ 5 Living with body shape change
- ☐ 6 Positive Pregnancy – *Available on the website only*
- ☐ 7 Clinical Trials
- ☐ 8 A Night with Tina (Methamphetamine and HIV)  
– *Available on the website only*
- ☐ 9 HIV and your mouth (a pamphlet is also available)
- ☐ 10 The Dynamics of Disclosure – *Available on the website only*
- ☐ 11 What you need to know about syphilis
- ☐ 12 Changing Horizons – Living with HIV in Rural NSW
- ☐ 13 Surviving the Centrelink DSP Review
- ☐ 14 Growing Older – Living Longer with HIV
- ☐ 15. 10 reasons to test for STIs – *Available on the website only*
- ☐ 16 Relationship Agreements Between Gay Men
- ☐ 17 Dealing with diarrhoea
- ☐ 18 Disclosing to your child

Quantity Item

## Social Marketing Campaigns

☐ **10 reasons to test for STIs** encourages regular testing for sexually active positive gay men. – *Available on the website only*

### Positive or Negative HIV is in Our lives

– **Fact Sheet 1 Living with Risk and Taking Control: Why do we take risks?** How do I manage risk and take control? If I have had unsafe sex what can I do to take back control? How do I deal with a positive diagnosis?

– **Fact Sheet 2 Positive Sex and Risk:** What does risk mean after a positive diagnosis? Do boundaries and attitudes to sex change? How do we think or talk about risk?

– **4 post cards with key campaign images**

– *Available on the website only*

☐ **Getting On With It Again** *Living longer with HIV* (booklet) is based on stories and interviews and shares some strategies for change and enhancing the quality of life of people living longer with HIV.

☐ **Get The Facts Syphilis** (booklet) updates HIV positive gay men who practice adventurous sex on strategies to maintain their health and the health of their partners. Key messages focus on transmission, the importance of testing for syphilis and strategies to prevent them from getting or passing it on to their partners.

☐ **KNOW THE FACTS SEX AND HEP C** (booklet) updates sexually adventurous HIV positive gay men on hep C transmission, testing and strategies to prevent them from getting or passing it on to their partners.

☐ **SERO DISCO Why let HIV get in the way of a good relationships?** gives gay men some practical ideas on how to look after each other in a serodiscordant relationship (where one partner is HIV positive and one partner is HIV negative). This can include everything from starting a relationship, disclosure, condoms and intimacy, relationship agreements, communication strategies, testing for HIV and STI awareness.

**One-off lifestyle magazine, 4 postcards with key campaign messages and t-shirt** (one design, black or white)

## Workshop Resource

☐ **Let's talk about it (me, you and sex):** a facilitator's resource & workshop guide on positive sexuality. (160 pages)

☐ **Simple Pleasures** (Workshop Guide) builds on material presented in our booklet **GETTING ON WITH IT AGAIN Living longer with HIV**. The workshop is designed to be used with HIV positive peer support groups or in HIV support groups facilitated by healthcare workers.

**All resources listed are free of charge.**

For large orders we will invoice you for postage.

**Mail, Fax or Email Order to:**

Positive Life NSW  
PO Box 831  
Darlinghurst NSW 1300

Fax: 02 9360 3504 Ph: 02 9361 6011  
Email: [healthpromotion@positivelife.org.au](mailto:healthpromotion@positivelife.org.au)  
Website: [www.positivelife.org.au](http://www.positivelife.org.au)

"I was also living with HIV. Except not in my body, but in the body of the person whom I loved most in the world."

# *Songs in the Blood*

stories of women living with HIV

Copies of the award winning radio play *Songs in the Blood* are now available from Women's Health Statewide

(Duration 29 minutes.)

**phone**

08 8239 9624

**email**

pam.price@health.sa.gov.au

Globally, 50 percent of people with HIV/AIDS are Women. In Australia, it's 10 percent.

Being part of a minority has shaped the experiences of HIV positive women. They are often isolated and their voices are rarely heard or understood.

The radio play *Songs in the Blood* tells the stories of 14 HIV positive and affected women who are mothers, partners, sisters, daughters and carers.

The women share their secrets and strengths, their pain and grief, as well as their joy and hopefulness. The stories are very real, challenging, engaging and celebratory.

*Songs in the Blood* was developed by the HIV Women's project at Women's Health Statewide in Adelaide, South Australia. The project aims to promote the message that HIV/AIDS affects women too and raise awareness within the wider community of the experiences of these women as they live with HIV.

The powerful stories have been skillfully transformed into a radio play by writer Elisabeth Mansutti and production by Radio Adelaide.

The play was first broadcast on World AIDS day 2007.

***We believe Songs in the Blood will touch the hearts of all who hear it.***

***We encourage the broad distribution of this CD to raise the profile of women who live with HIV. Please play it for your family, friends, work colleagues, classrooms and community centres.***

*Songs in the Blood* is an initiative of Women's Health Statewide, a community service of the Children, Youth & Women's Health Service.

Funded by the Government of South Australia through Arts SA.





# Why let HIV get in the way of a good relationship?

regular testing for HIV and STIs  
means we  
always look out for  
each other



Andrew Georgiou

**We look after each other  
We use condoms and lube**

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