

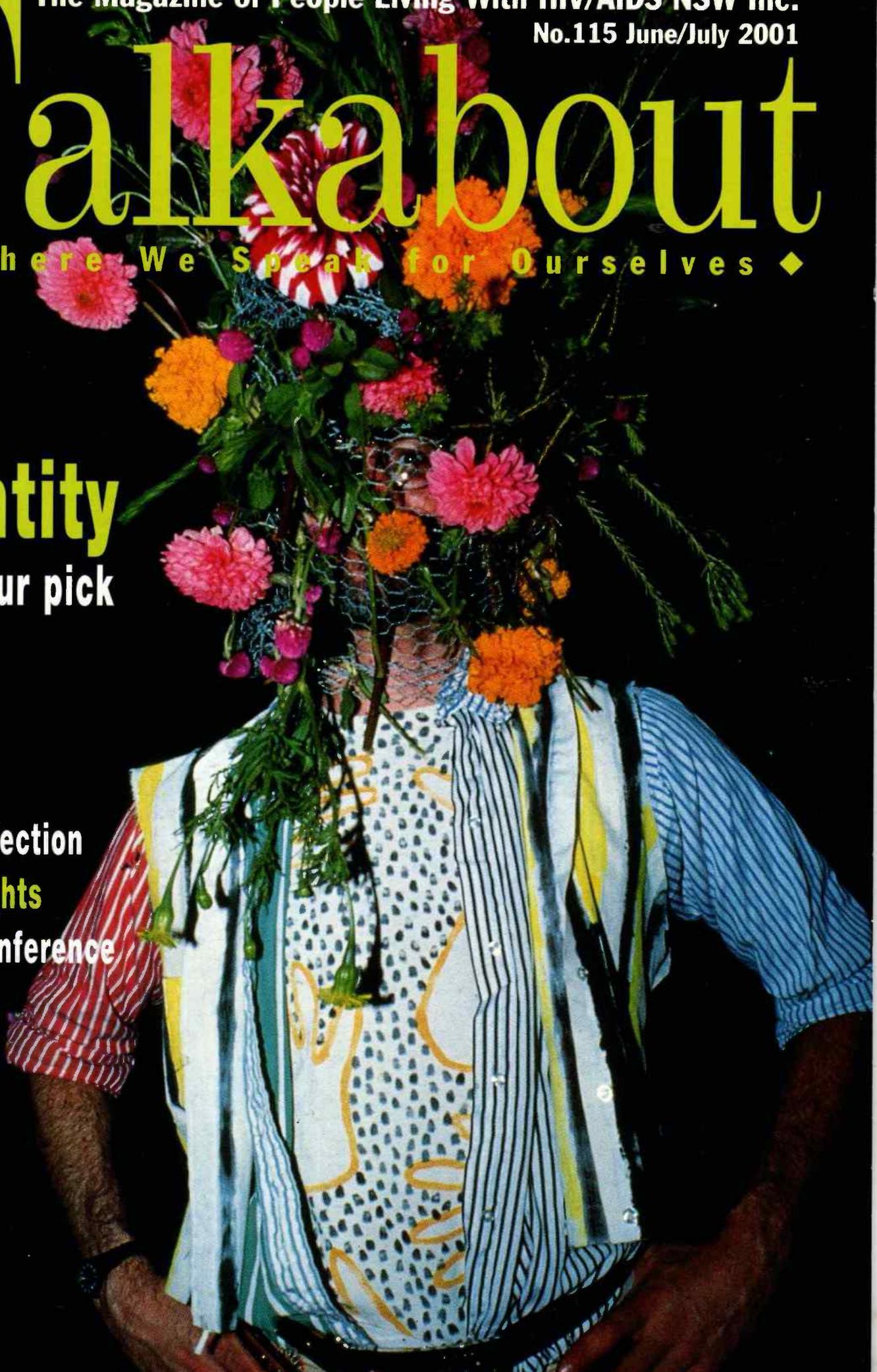
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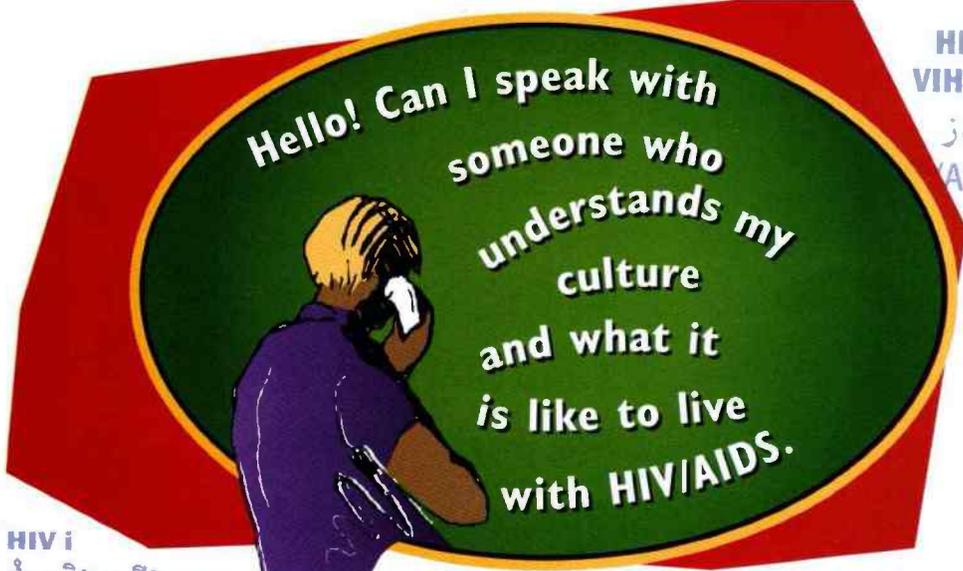
Talkabout

◆ Where We Speak for Ourselves ◆

identity
take your pick

plus the
federal election
carers rights
napwa conference
friends
IL2





HIV & AIDS
VIH/SIDA
الايدز
AIDS

HIV i

ជំនួយនិងការដឹងច្បុះ

ΑΡΘΥΟ Υ ΚΟΜΠΡΕΝΣΙΟΝ HIV AIDS Assistenza e Comprensione

ХИВ/СИДА YARDIM VE ANLAYIS PODRSKA i RAZUMIJEVANJE

ΣΥΜΠΑΡΑΣΤΑΣΗ ΚΑΙ ΚΑΤΑΝΟΗΣΗ HIV-AIDS الايدز

ช่วยเหลื่อและเข้าใจ Trợ Giúp Thông Cảm VIH/SIDA

التفهم... والمسانه HIV & AIDS 支持與理解 เอ็ช.ไอ.วี/เอดส์

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YARDIM VE ANLAYIS

التفهم... والمسانه

ΣΥΜΠΑΡΑΣΤΑΣΗ ΚΑΙ ΚΑΤΑΝΟΗΣΗ

ជំនួយនិងការដឹងច្បុះ

愛滋病病毒/愛滋病

អើដ-អៃ-វី / អេដអ៊ី

Trợ Giúp Thông Cảm

ПОМОС I ZROZUMIENIE

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Assistenza e Comprensione الايدز

ПОДДРШКА И РАЗБИРАЊЕ

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AIDS는 예방될 수 있습니다.

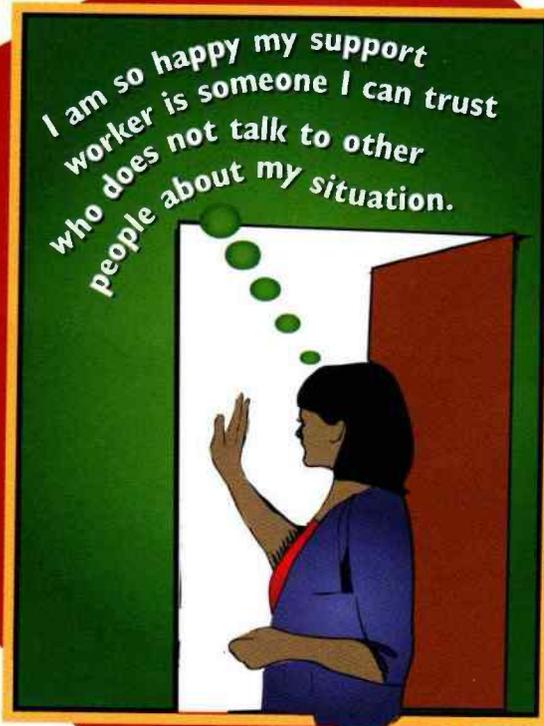


Illustration by Anne Ringway

Email clerical@hiv.rpa.cs.nsw.gov.au

Grose Street Camperdown NSW 2050
Queen Mary Building

Fax 02 9550 6815

Multicultural HIV/AIDS Service

Level 5

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Identity - take your pick

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IL2 - the good, the bad, the ugly

John Cummings concludes his diary of the Interlukin 2 trials.



This months cover image is a William Yang photograph of David McDiarmid (5/9/1952 - 24/5/95) Sydney-based artist, activist and a friend of William's. The photograph, taken at Mardi Gras 1985, pays homage to Salvador Dali and shows a costume created by David. This is the first time the image has been shown. Our thanks to William for his generosity.

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Publications
Editor feona studdert
Design Slade Smith, FuelTank
Advertising Rosi Okeno, Danny Crowe
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Key Volunteers
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Comp Therapies Officer
Mac Macmahon
Publications Working Group
Tim Alderman, David Barton, Antony Nicholas, Amelia McLoughlin (Convenor), Robert Rogers, Glenn Flanagan, Jo Watson and Leighan Kerr

CONTACTS

Office Suite 5, Level 1,
94 Oxford Street
PO Box 831, Darlinghurst 1300
Phone (02) 9361 6011
Fax (02) 9360 3504
Talkabout (02) 9361 6750
Freecall 1800 245 677

Talkabout

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DISCLAIMER

Images of people included in *Talkabout* do not indicate HIV status either positive or negative.

from the publications working group

I've had our William Yang cover image for almost a year waiting for the right issue. I think it's beautiful, a witty and camp image, a bit sly and a little bit vulnerable. I'm using it now because I reckon it also says something about the slipperiness of identity that is the theme of this issue.

Jo Watson, National Coordinator of NAPWA, in the lead up to their conference in April said something along the lines of "this conference will show the diversity and layering of identity that is now a fixture of HIV/AIDS communities". She was right. What emerged at the open mic session and during the report backs on the final afternoon was a complex picture of people belonging simultaneously to a number of communities. An Indigenous woman, for instance, who is HIV-positive has a complex sense of community just as a gay-man who is HIV-positive, a father and deaf, or a Spanish-speaking man who is HIV-positive and a single father will each hold the ties of various communities in their hands.

Our challenge lies in the narrow space where all these identities overlap. It reminds me of the bit where the circles overlap in a Venn diagram - translated into life that's where everyone who is HIV-positive comes together to recognise a common need and support each other. That isn't

easy and it is complex - what exactly does a gay man from inner city Sydney, surviving on the DSP and with a de-facto 'family' of friends and ex-lovers have in common with a straight man or woman living in the suburbs with children and working nine-to-five? Maybe nothing except their HIV status, but maybe they won't know unless they actively listen to each other.

That's what *Talkabout* is - a public space for people from many backgrounds and lifestyles to share their experience of living with HIV/AIDS. Each issue we uncover a little more of the meaning and complexity of that diversity - and there are still many people and many more stories to tell.

This is my seventeenth and final issue of *Talkabout*. Much has changed since I began as Editor and I hope you will take a few minutes to reflect on what you value about *Talkabout* while completing the survey in the centre of this issue.

Best wishes to all our readers and contributors and to everyone involved in the production of this fantastic magazine.

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Editor
Talkabout

Poz Het Retreat

Villa Maria, a Sisters of Charity home, perched above a private sandy cove, was a welcoming spot for the recent PozHet retreat held at Shellharbour. Eighteen men and women attended inspiring new friendships and a touch of happiness and relief from city life. Don and Pat drove from Albury as did Conrad from

Canberra, and others travelled from Sydney via the picturesque railway line edging the coast. On the final day the group gathered under a Norfolk Island Pine to farewell Margaret with a simple ceremony. Margaret had booked her ocean-view bedroom intending to join the retreat but she died just days before. After her story telling Don in a final tribute played Amazing Grace on his harmonica. Margaret is sorely missed.





pos action

with Antony Nicholas, Executive Officer PLWH/A (NSW)

In this issue we reflect on the 8th NAPWA Conference. It is important to remember, as the largest HIV positive peer organisation in Australia, that national issues are similar and often identical to NSW issues. Sixty percent of Australia's HIV positive population live New South Wales and we cannot afford to sit on our hands because a particular issue appears to have national rather than state significance.

The conference included many highlights and a few lows. It was great to see new faces including the number of HIV positive pregnant women, the Indigenous women who travelled from far North Western Australia and the newly diagnosed people who spoke out at their first NAPWA Conference. It was also good to see so many of the old faces, especially those with AIDS making a passionate plea not to be sidelined in a so-called post-AIDS era (pictured right).

Diversity was a key theme of this conference. The HIV community is now experienced enough to recognise that the one thing many HIV positive people have in common is the virus itself. As a representative organisation we must look at how we can address this diversity. We heard from newly diagnosed HIV positive people who feel daunted and lost in a sea of knowledge and acronyms. We heard from people about their search for supportive and knowledgeable GPs to address their needs. We heard from people with AIDS battling a health system that still, nearly 20 years on, struggles to understand their needs.

We listened to stories of love, stories of grief and loss and people remembered; stories of treatments, health and moving on; stories of discrimination and ignorance; stories about getting on and living life despite the virus. These are just some of the thousands of stories that are the reality for people living with HIV/AIDS in 2001. I've often raised the importance of sharing your stories with organisations like PLWHA (NSW).

The HIV community is now experienced enough to recognise that the one thing many HIV positive people have in common is the virus itself. As a representative organisation we must look at how we can address this diversity.

Your stories are vital for many reasons. Your stories ensure that *Talkabout* is truly the voice of HIV positive people; they document the reality of this virus and our response and, importantly, your stories give PLWH/A (NSW) its foundation. With your stories we can advocate and better represent you.

I am proud to work for an organisation that nurtures so many stories. We have the stories of over twenty people in the Positive Speakers' Bureau who inform and educate thousands each year on the human face of HIV. In twelve years *Talkabout* has published thousands of stories and of course there are the many stories told in meetings, advisory groups and at boards that assist us to advocate for better services and rights for positive people. Finally these stories are testament to all those who are no longer here to tell their story.



Hydroxyurea risk

Hydroxyurea is sometimes added to treatment regimens to increase the potency of nucleoside reverse transcriptase inhibitors such as DDI. Recent research has shown that the addition of hydroxyurea may increase the risk of developing pancreatitis, a serious and potentially life-threatening condition. The risk of developing pancreatitis was found to be greatest in people who were taking a combination that included both hydroxyurea and DDI.

Researchers suggest that the use of hydroxyurea in combination with DDI should be discouraged if other effective treatment options are available.

www.medscape.com

Cross-resistance update.

A recent study suggests that the protease inhibitor (PI) nelfinavir is less likely to cause cross-resistance than other protease inhibitors. HIV resistant to one protease inhibitor is likely to be at least partially cross-resistant to other currently available protease inhibitors. Researchers identified people who had experienced treatment failure after using a PI for the first time. It was found that people who had experienced treatment failure with nelfinavir as their first protease inhibitor were more likely to be sensitive to other protease inhibitors. This study suggests that initial treatment with nelfinavir may enable other protease inhibitors such as saquinavir and amprenavir to be used in the event of subsequent drug failure.

www.medscape.com

Flu-Vaccine update.

In recent years studies have investigated the effects of flu vaccination on PLWHA. Some found that vaccination against influenza in HIV-positive individuals caused temporary increases in viral load and a drop in CD4 count; potentially hastening disease progression. A recent study reviewed the medical records of over 25,000 people to show that influenza vaccination had no effect on viral load and CD4 count. Researchers conclude that physicians should not withhold influenza vaccination in HIV positive people because of concerns that it might hasten disease progression. With the influenza season upon us consider asking your GP if influenza vaccination is suitable for you.

Bulletin of Experimental Treatments for AIDS, Winter 2001.

For treatments-related information contact the ACON Treatment Officers on 02 9206 2013/2036, Freecall 1800 816 518 or E-mail treatments@acon.org.au

Talkshop

PLWH/A (NSW) Community Development Project Worker

Glenn Flanagan profiles what's happening in NSW.



Reflect and Write

Writing about your life experiences is a valuable way of processing the daily challenges we all face. PLWH/A (NSW) will run a six-week writing course at the Sanctuary in Newtown. I hope this course will be for both positive people and anyone affected by HIV/AIDS. Don't feel you just have to write about HIV, either. You will learn valuable writing skills in a supportive environment. Call 9361 6011 for more information.

Naturopathy in Northern Rivers

Alternative therapies have long been recognised as useful for the treatment of side effects, stress, and for building the immune system. However services are often expensive and difficult to get to, particularly for PLWHA living in rural and regional NSW. An initiative from ACON Northern Rivers aims to address this problem. PLWHA will be given priority bookings at a naturopath clinic in Lismore. A negotiable fee applies for positive people, including barter style exchanges. Appointments are available only on Thursdays. Contact ACON Northern Rivers for information on

Breakfast networking

Most positive people are working and leading busy lives, with full diaries. The ACON HIV Living Project has started hosting a breakfast get-together for HIV positive men who are working. Enjoy a delicious and cheap breakfast once a month in the city and meet other positive guys before work. It's a great way to start the day. To join ring Graham on 9206 2011.

Prisoner support at Long Bay

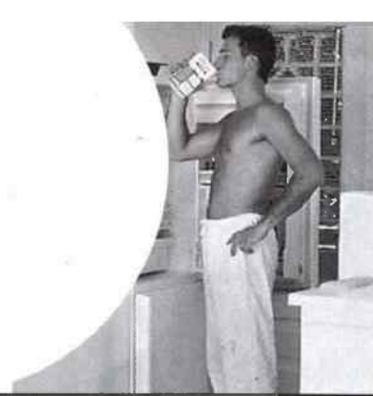
Prisoners living with HIV face a range of issues such as confidentiality, safety and access to trial drugs. The NSW Department of Corrective Services runs an 8-week program in the Lifestyles Unit at Longbay Prison for HIV positive prisoners. In the Unit positive prisoners hold group discussions, study and cook their own meals. ACON and PLWH/A (NSW) offer a supportive peer discussion group on Monday afternoons as part of the program. Two working parties of the Australian National Council of HIV and Related Diseases (ANCHARD) are also working on a protocol of best practice in managing HIV in prisons.

The Bridge continues with its important work

Mental health is an important issue for many positive people and service providers are learning to deal with the complexities of HIV and mental illness. One place that successfully addresses these issues is the Bridge in Glebe. The Bridge provides residential care and accommodation for people with AIDS Dementia. A member of one of ACON's peer support groups and I attend some of the Bridge's regular house meetings held to listen to the concerns of residents. We are impressed with the level of care and support the residents experience. The Bridge is also another of those places which is regularly looking for volunteers to help out and can be contacted on 9553 3111.

Fact and fallacy: diet and HCV

Talkabout's regular nutritionist **Simon Sadler** looks at the myths surrounding diet for people living with HCV.



There's a lot of misinformation and half-truths out there about what constitutes a good diet for people who are both HIV and Hep C positive (HCV). So read on as I dispel a number of the dietary myths surrounding nutrition and HCV.

What is a healthy diet?

Your individual circumstances and the symptoms you may experience at a particular time should determine the dietary advice you are given. In general terms a healthy or balanced diet consists of a regular meal plan that incorporates a variety of foods from within each of the five food groups (see Table). For example, you should try to include three different coloured vegetables in your main meal. If you are not experiencing any symptoms relating to infection or medication, this nutritional principle is usually sufficient to meet the bodies needs.

Following a regular meal plan provides your body with a constant supply of 'macronutrients' such as protein, fat and carbohydrate and 'micronutrients', vitamins and minerals. This prevents large swings in your metabolism, which is important for weight maintenance and possibly other factors such as mood.

Good advice is to eat a variety of foods, rather than rely on expensive vitamin and mineral supplements.

A recent survey of people living with Hepatitis C found that many followed some form of dietary restriction that was often difficult to implement and not supported by any evidence. Here are a few examples of common myths and questions.

Highs and lows of protein?

Protein is important in the growth and repair of nearly every structure in the body including the liver and the immune system. A diet that is low in protein may reduce your body's ability to grow or maintain cells. There are a very small number of cases (such as a condition known as encephalopathy)

where the protein content of a persons diet living with Hepatitis C needs to be modified.

Sugar?

There is no published evidence to suggest that people with Hepatitis C have particular problems metabolising sugar. The most important consideration in terms of sugar is to maintain good oral hygiene. This means brushing after each meal and regular visits to a dentist.

Alcohol?

Opinions vary about alcohol intake and Hepatitis C depending on which health organisation or research paper you consult. Some researchers believe that alcohol and Hepatitis C work together to damage the liver and recommend people with Hepatitis C avoid drinking altogether. This is particularly true for anyone seeking drug treatment for HCV and anyone awaiting a liver transplant.

Many health care professionals advise clients to at least reduce their intake of alcohol to below levels recommended for the general community (see Table).

Dairy?

There is no reason to avoid dairy foods. Milk and milk products are inexpensive and provide calcium, riboflavin, protein and other nutrients. Some people with high cholesterol levels should choose low fat dairy foods such as low fat milk, yoghurt and cheese. Other full fat dairy products can be used in moderation as part of a balanced diet.

Juice me

Juicing fruits and vegetables concentrates nutrients and other substances to levels much greater than our daily requirement. Large amounts of certain substances such as B-ral recommendation for a safe daily level is less than 600mg, and 200mg during pregnancy.

Simon Sadler is a dietitian at the Albion Street Clinic.

Email Sadlersi@sesahs.nsw.gov.au

Five food groups

- Bread, cereals, rice, pasta, noodles
- Vegetables
- Fruit
- Milk, yoghurt, cheese
- Meat, fish, poultry, eggs, legumes (beans) and nuts.

Caffeine

Drink/food	Caffeine Content
Coffee Percolated	60-100 mg per cup
Coffee Instant	80-350 mg per cup
Tea (Teabag)	8 - 90 mg per cup
Chocolate Bar (200g)	20 - 60 mg
Cola Drink	35 mg per 250ml serve

Alcohol

Recommended alcohol intake for the general population:

- Women should drink no more than 1 - 2 standard drinks per day.
- Men should drink no more than 2 - 4 standard drinks per day.

Everyone who drinks regularly should have at least 2 alcohol-free days each week.

The information about diet and HCV comes from Royal Prince Alfred Liver Transplant Unit, The Albion Street Centre and the Hepatitis C Council. For more information contact your Dietitian and check out the websites below.

- www.sesahs.nsw.gov.au/albionstreetcentre/clinic/all/nutrition/hepc.asp#4
- www.haemophilia.org.uk/nutrition.html
- www.daa.asn.au
- www.foodwatch.com.au
- www.ceida.net.au

Protection

Changes to anti-discrimination law this year may now protect carers from discrimination in employment and in the workplace. **Derek Walker** reports

"This amendment makes no distinction between heterosexual and same-sex couples. The amendment encourages supervisors and managers to maintain a happy and productive work environment with people-friendly work practices and allows the employee the flexibility to structure their work around their responsibilities as a carer."

If you feel that you have experienced unfair treatment, dismissal, threatened dismissal or harassment because of your carer's responsibilities contact the NSW Anti-Discrimination Board (ADB). The new law only covers instances of discrimination or harassment that occurred from 1 March 2001. If instances happened before 1 March contact the ADB to assess if another classification is appropriate.

The ADB can be contacted at:
Level 17, 201 Elizabeth Street, Sydney 2000
PO Box A2122, Sydney South 1235.
ph: (02) 9268 5555
fax: (02) 9268 5500
TTY (02) 9268 5522

The President of the Anti-Discrimination Board has welcomed an amendment to NSW legislation that protects the rights of people in the workplace who are also caring for a family member or partner.

Chris Puplick told *Talkabout* that he believes the amendment acknowledges the importance of family and partners in all employees' lives.

"This amendment makes no distinction between heterosexual and same-sex couples. The amendment encourages supervisors and managers to maintain a happy and productive work environment with people-friendly work practices and allows the employee the flexibility to structure their work around their responsibilities as a carer."

The addition to the NSW Anti-Discrimination Act came into force on 1 March and makes illegal discrimination against an individual because of their responsibilities as a carer. The rules apply to the workplace and to job applications. The protection covers all types of carers, including carers of people with HIV and AIDS.

Get flexible

In general, the law means that employers must comply with flexible work arrangements. The law seeks to ensure that people with carer responsibilities have the same rights to promotion, transfer or training and all other work benefits as any other employee. In addition, all employers must provide any special arrangements carers need to do all the essential things that caring requires - unless it would cause 'unjustifiable hardship' to the employer to do so.

For instance special arrangements may include allowing carers to work from home, spreading hours over fewer days, flexible start and finish times, and flexibility around unpaid and paid leave.

When assessing job applications employers cannot take the carers' responsibilities into account. All job

applications must be decided on merit and the selection criteria. New employees are entitled to negotiate special arrangements appropriate to their job.

Who is and isn't covered

The people for whom you care can include your child; the child of your current or former husband; wife; de facto opposite-sex partner or de facto same-sex partner; any adult for whom you are the legal guardian; and "any immediate family member". An immediate family member can include your current or former partner (husband, wife de facto opposite or same-sex partner), grandchildren, parents, brothers and sisters.

Although the new law considerably strengthens anti-discrimination legislation in the State, bringing NSW in line with other States, there are omissions. Certain close relationships are not covered. The law does not, for example, include friends, nephews, nieces, cousins or the partners of your brother or sister. Furthermore the law does not appear to cover volunteer caring relationships such as a volunteer carer with the ACON Community Support Network or the emotional support service Ankali. Both these services provide long and short-term voluntary caring services for PLWHA in the Sydney metropolitan region.

Ankali's Project Manager, Leighan Kerr, believes the omission is a missed opportunity.

"A civil society could acknowledge the enormous contribution of volunteers and employers could provide flexibility in the work place to accommodate the volunteering commitments of their staff. We welcome the recent changes to anti-discrimination law for the primary carers of our clients and hope that in the International Year of the Volunteer these laws are broadened to acknowledge the role of volunteers."

Derek Walker is the Research Officer at PLWHA (NSW)

All that glitters is not Disco

In his eternal search for pain and grief **John Douglas** has decided to vote in the coming federal election.

I was discoing in Lismore on my annual Big City Night Out, shooting pool instead of pills, contemplating those I'd dumped from my Christmas card list since they became sober. As always, after downing a keg of booze with nary a care for the long wait till next cheque, my thoughts turned to the pert fact that this is a federal election year.

The Link

It's self-evident that a party's policy whims - State or Federal - affect the quality of life for PLWHA. Federally, we're talking Medicare, the Pharmaceutical Benefits Scheme (PBS), employment and welfare services to name a few.

In my quest for pain I reluctantly set aside the timeless, unanswerable questions such as: 'is a politician by definition capable of honesty?' or 'should you regard an election promise as a promise or simply bait'. Instead I cut to the chase and asked Australia's Federal Labor and Coalition parties what they will do to improve the quality of life for PLWHA, ie me.

I immediately discard Family and Community Services from my list. I'm sure the concept of 'mutual obligation' sticks like a bone in the throat of most people. Both parties agree in principle to McClure report into welfare reform but those who monitor these things tell me that implementation will take ten years- will I be alive, I wonder? Meanwhile, back on earth, increasing numbers of PLWHA fail the 20-point test.

Lobby by Email

So armed with my short list of portfolios I hit the e-mail. Lo and behold it's perfectly clear - and cunningly, here is the real difference between the two camps. To my pointed questions the ALP promptly replied with polite, lengthy, and vague policy-speak. The Coalition on the other hand - rather

tardily - replied with polite, short, vague policy-speak.

The guts of the replies from the respective Ministers for Health and Employment whittle down to these pathetic paragraphs.

Shades of Grey

A spokesperson for Jenny Macklin, Shadow Minister for Health, states a commitment to restore and strengthen Medicare and bulk billing and increase funds for public hospitals. Macklin's office also pontificates on the independence of the PBAC - the committee that determines which medicines are subsidised under the PBS.

By an amazing sleight of hand the office of Michael Woolridge, the Minister for Health, offers no specifics but recommends the Rural Health Site for information on the Government's response to rural HIV. Unfortunately it's search facility failed to provide a result when I entered 'HIV' or 'AIDS'.

Eventually I found the 'National HIV/AIDS Strategy 1999-2000 to 2003-2004' paper in the Coalition's general Health Department site. This Strategy provides the basis of current policies and is due for review this year. From my point of view it's all about prevention and cures - lessen the impact of HIV/AIDS on society, more research, blah, blah, etc. Could be worse, could be better, particularly when it comes to services that keep pace with the rapid changes in our lives. No mention of funding.

Turning to employment, the Shadow Minister for Employment Cheryl Kernot sticks it up our employment prospects with this statement: "Work For Dole must not be compulsory for the mature-aged or the disabled".

Blunt tacks

So - what exactly will the ALP do? "Revitalise regional development and services" and "Improve the design of Job Network...and establish an independent Monitoring Authority (for the) Job

Network. Do I detect the dab hand of the sycophantic thinkerer?

Predictably the Coalition is pleased with their employment record. They pointed to the 28 Job Network members delivering Intensive Assistance services from 111 sites (including 13 outreach sites). The Futures 2 Report found that 11.5% of its sample were unemployed. Do the maths on 28 specialists over 111 sites for 11.5% of the approx 13,000 PLWHA in Australia and see if it still looks good.

Contact John at dragon64@one.net.au





When Michael met Johnno*

For Michael a relationship with a schizophrenic man was both frustrating, and undoubtedly fulfilling.

When I first met Johnno I was unaware that he was a diagnosed schizophrenic. My philosophy is always to have mercy. I know that sounds very biblical but it's no secret that to truly love someone with schizophrenia takes the patience of a saint and then some. I also believe that some of this is due to the fact that people with schizophrenia are often marginalised and put into the too-hard basket by society in the very same way gays used to be.

I was like a counsellor to him although there was a lot of physical attraction involved. The only difference was that I had no actual training as a counsellor. We kind of befriended one another and one thing led to the other. He found he was able to confide in me, more so than with his professionally trained counsellors.

Of course we had a lot in common. We'd both spent some time working in New Zealand, we both shared the same tastes in music and we were both HIV positive. He was upfront about his HIV status and we both agreed to unprotected sex with each other. We also had an open relationship, though occasionally he would get extremely jealous if I so much as looked at another guy.

Our main problem was communication, the bane of many relationships. I was moody myself but had nothing on him. I soon learnt for my own sanity not to take everything to heart.

One of the main symptoms of schizophrenia, for the uninitiated, is delusions and paranoia. He was afraid of older people (in his words) 'coming on to him'. He couldn't stand his elderly neighbours and constantly wanted to transfer from his Department Of Housing flat to another to 'get away from them'. His delusions were so great he felt their presence creeping through the walls like ghosts to haunt him. He had nightmares about them and wished they'd find

someone their own age to try and 'seduce'. He felt almost possessed by their spirits. As if they were trying to drain every last drop of life out of him.

I chose one of two tactics to deal with this. Sometimes I would sympathise and other times I would laugh at what he said. Sometimes I just had to laugh, otherwise I'd cry!

What was fulfilling was that in other relationships I didn't normally get the chance to talk about thoughts and dreams, whereas we spent most of our time doing it.

I can't remember how many times we broke up. I felt trapped on a roller coaster ride. One way we dealt with all the frustration and anger was to trash things that we'd given each other. It seemed better than confronting one another. It never amounted to violence.

What was fulfilling was that in other relationships I didn't normally get the chance to talk about thoughts and dreams, whereas we spent most of our time doing it. I felt like I was always getting closer and closer to

knowing him but then he'd shut me out somehow and I'd feel as if I was back to the start. The challenge for a while was extremely fulfilling because knowing my partner is the essence of a good, solid-as-a-rock, relationship for me.

One of the hardest issues to deal with was to get him to see his doctor and counsellor. He has a phobia about needles and is unable to differentiate between drug addicts doing harm to themselves emotionally and physically, and people having injections for blood tests. You should have heard some of the arguments we had when I had to go into hospital. I was also against drug use but again I had nothing on him. He was always saying how people weren't themselves when on drugs and believed everyone had a physical double, 'real' and 'unreal'; similar in a way to a doppelganger.

Eventually we negotiated the move from a relationship in which I felt totally trapped to a workable friendship. It took some time but did it. Now we both have the perfect friendship, though I have to admit I'll never stop loving him.

* not their real names.

There is support for plwba experiencing mental health issues, try:

ADAHPT (AIDS Dementia and HIV Psychiatry Team) Team Leader

Ph 9339 2078

Email adahpt@sesahs.nsw.gov.au
301 Forbes Street, Darlinghurst

Albion Street Centre Psychology Unit
Manager Ph 9332 9600

24hr Crisis call Ph 9382 2222

(Ask for Albion St counsellor on call)
150 Albion Street, Surry Hills

HIV/HCV Mental Health Service
(Marrickville, Redfern, Canterbury).

Contact the Area Manager Ph 9556 9490

Read my lips

During Andrew's 35 years he has made several life altering decisions that shape who he is today.

I want to understand this virus but because I am deaf and use the Auslan sign language for communication I rely on my GP and pamphlets for information. I come from a deaf family and deafness is generally not a barrier. Although there is plenty of HIV information readily available through support groups and media, getting information in Auslan or pamphlets does pose a few problems.

I grew up a member of the Exclusive Brethren (sometimes called Plymouth Brethren) and married another member of the Brethren. We had five children. I was excommunicated from the Brethren in 1993 and have no contact with my parents, family and friends who are still members of the Brethren. My ex-wife and the children left the Brethren a year later. I came out as a gay father in November 1996, after we decided to separate.

I was diagnosed HIV positive in October 1998 and, for the first time, confronted a condition that I was neither familiar with nor comprehended. It made me look at life from a different perspective. I had to come to

terms with the changes I had made in my life. The most significant factor was dealing with the stigma attached to HIV. When the epidemic first emerged the Exclusive Brethren regarded it as God's punishment of homosexuals.

I had to consider that I had five children and how first my sexuality and now my diagnosis would affect them. My first daughter was eight when I came out. She said at the time "It's your life and you are my father just the same". Deciding whether to disclose my HIV status to my children two years later was difficult.

I was very sick when I sero-converted and didn't know what was happening. Three weeks later my doctor confirmed that I was HIV positive. Straight away I thought, "I want to see my children grow up". Into my head came images of my parents saying that AIDS was God's punishment for homosexuals.

I want to understand this virus but because I am deaf and use the Auslan sign language for communication I rely on my GP and pamphlets for information. I come from a deaf family and deafness is generally not a barrier. Although there is plenty of HIV information readily available through support groups and media, getting information in Auslan or pamphlets does pose a few problems.

I lip read with my GP or use the written word. I prefer these methods to using interpreters.

Eighteen months later I sat back and took stock. I had to deal quickly with the stigma of the Brethren's view of HIV just as I'd dealt with the many other changes in my life since leaving the Brethren. At that time I thought my future and health was unpredictable. I wanted to do the best thing for the children and so my ex-wife and I made the decision that she and the children would return to New Zealand where she had family. They would also return to the Exclusive Brethren. My children would have their cousins to play with and my ex-wife would have her family to support her. I visit them when I can.

After they left I had to confront my demons and analyse what to do next. No one is assured that life will stay the same. I needed to decide what my new circumstances meant to me and adapt.

Support services for the deaf and hearing impaired

*Australian Hearing Services
TTY 9893 4194 Ph 131 797*

*Deaf Society of NSW
TTY 98938858 Ph 9893 8555*

*Deafness Resources Australia
TTY 9895 2971 Ph 9895 2970*

*Deaf Gay and Lesbian Association
TTY 9788 0969*

*Deaf Women's Support Group
TTY 9515 5873 Ph 9515 5873*

*Options Job Futures (Employment Agency)
TTY 8746 0714 Ph 8746 0711*

*Royal Blind Society
TTY 9334 3260 Ph 9334 3333*

*Traxside Youth health Services
TTY 4625 4185 Ph 4625 2525*

HIV/AIDS services with TTY numbers

*AIDS Council of NSW
TTY 9283 2088 Ph 9206 2000*

*Disability Discrimination Legal Centre Inc
(NSW) TTY 9313 7190 Ph 9313 6000*

*Freecall TTY 1800 644 419 Freecall 1800
800 708 Email nsw_ddlc@fcl.fl.asn.au*

*Disability Information and Referral Centre
Inc. (DIRC) TTY 9387 3854 Ph 9387 4199
Email information@dirc.asn.au*

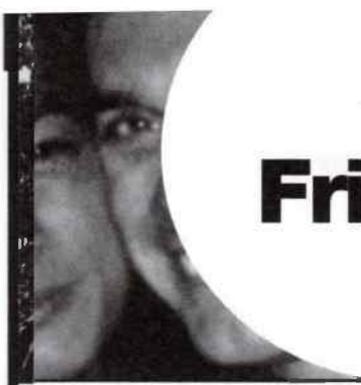
*Health Care Complaints Commission
(HCCC) TTY 9219 7555 Ph 9219 7444
Freecall 1800 043 159*

Email hccc@hccc.nsw.gov.au

*HIV/AIDS Information Line TTY 9332
4268 Ph 9332 9700 Freecall 1800 451 600*

*Inner City Legal Centre TTY: 9380 8053
Ph 9332 1966*

*Macarthur Disability Services TTY 4621
8453 Ph 4621 8400 Freecall 1800 683 232
Email information@mdservices.com.au*



Friends

For Victor, friendship is an important part of the equation.

These days I often think about my friends and why they are special, what makes them tick, why they like me, why I like them? An elderly friend told me thirty years ago; "if you can count your friends on one hand you're lucky." At the time I thought that was a joke, I had dozens of friends.

In the late 1970s one friend fell ill and died. In the 1980s many of my friends were ill. No one was able to say with certainty what was wrong. "Don't worry, it's just a virus" They died too. But in a few years we all knew what was wrong. It was HIV/AIDS.

I didn't know that I was tested for HIV. There was certainly no discussion with my GP who had referred me to a specialist for minor surgery. I had the surgery, recovered and went back to work. A week later a nurse called to say that the surgeon urgently wanted to see me. I drove from Parramatta to Newtown, thinking that a biopsy had shown cancer. I was totally unprepared for his opening statement "I'm terribly sorry you have AIDS and six months to live"

My stomach hit the floor but a voice I hardly recognised said "I think you mean I am HIV positive, there is a difference you know" Then I fled. After dinner I told my flat mates and was relieved to have their complete support.

I told them I wanted all those close to me to know because I needed friends who would support me unconditionally. I didn't want pity, and I didn't need any one with baggage, I had enough for everyone.

I decided not to disclose at work. I had heard horror stories of people losing their jobs, or screened off and hidden from view. I was too scared to take the risk, and 16 years on I suspect big business still operates in the same way.

Most friends took the news well. Some were HIV positive themselves and were too embarrassed to mention it. Only one person took it badly. She couldn't handle illness, hospitals, and death, and hasn't

spoken to me since. I was hurt. I had always supported her.

I went to a support group. It was helpful to talk to others about common problems. We all agreed to meet regularly and swap stories and plans. I facilitated other support groups. Talking to mostly gay men it became

The day we moved in neighbours from a nearby property called in to say welcome. We have become good friends over the years, almost part of their family.

increasingly clear that those with the support of friends coped better and had higher self-esteem. During that time I probably met over fifty people. Only three of us are still alive.

I was lucky to have lots of support and I believe that gave me the confidence to go on. I was determined that if I had only six months to live it was going to be one hell of a six months; anything over would be a bonus.

I met my partner, Ross, through an ad. He had recently lost his partner and from his letter I felt that he could be someone special in my life. We met for dinner and coffee and several months later we both realised we should at least give it a try.

Ross didn't need to work but I did. I loved my job and I was good at it. I got shingles and took time off work. I asked my doctor to show on the certificate that it was HIV-related. I didn't go back to work again. I received an adequate payout and the company arranged a disability pension for me. I was quite well enough to work, but they wouldn't let me. I thought about legal proceedings but didn't want the stress, and there I was 50 years old and unemployable.

Seven years ago my partner and I moved to the Northern Rivers. The day we moved in neighbours from a nearby property called in to say welcome. We have become good friends over the years, almost part of their family. Two years ago when Ross was diagnosed with lymphoma we were away for 5 weeks. Our neighbours went far beyond any call of duty.

So I have a partner. The love and support of his family too. Great fantastic neighbours, good medical service. Still, something is missing. I haven't established any new special friends. I would like to, and am still hopeful that it will happen.

Now take a long look at your Christmas Card list. How many people do you contact only once a year?

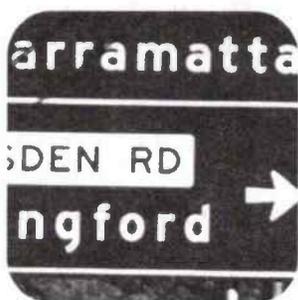
I look at my hand now and try to count 5 special friends. I would need only one in a time of crisis and there isn't one. Thank goodness for good neighbours. The old lady was right. She is still alive and in her 96th year. I'm about to pay her a visit and maybe she will have some new words of wisdom for me.

Anyone interested in starting a friends group in the Northern Rivers can contact Victor at ausvicross@yahoo.com

Fighting back

Fighting back and asking for help saved Jeffrey's life.

I was uneducated about HIV and as a heterosexual person felt uncomfortable about getting the help I needed. So I locked myself in my room for months with antidepressants and waited to die.



My life sunk into hell when I was diagnosed but slowly I'm clawing my way back and getting on with life. In hindsight the reason it took me so long to find my feet was the lack of support for HIV positive heterosexual people in Western Sydney. Now there is the support group, the Western Suburbs Haven and groups of volunteers to help people after they are first diagnosed.

I lived with my wife and two children but after diagnosis I went into a deep depression. I considered suicide and homicide and became shamefully antisocial. It has taken three years for me to get my life back on track. My wife left with the children and I was even worse off. I lived alone in a flat with a Li-Lo for a bed and nothing else. I had no friends and the only positive people I knew were gay. It didn't help that I was a little homophobic. I felt dirty and unable to socialise. My own family treated me like a leper. It seemed that my life was basically over. I was uneducated about HIV and as a heterosexual person felt uncomfortable about getting the help I needed. So I locked myself in my room for months with antidepressants and waited to die.

Eventually I got information through the Haven. Then ACON West and BGF came to the rescue. Now I'm starting to live a life of survival. Depression still sets in but I can see a light at the end of the tunnel so even though it's not easy it is better.

I hope my story encourages all people gay, straight or otherwise to get help before you go through the hell I lived through. Don't be too proud or embarrassed or ashamed to use as many facilities as you can to get your life back to normal.

You get to meet the most amazing, loving, selfless people who welcome you with unconditional friendship, support, confidentiality and hope. So if this sounds like you get in touch with someone. Don't let your life be cut short because you just give

up. There is life after HIV but you must fight back and fight on. Good luck to all PLWHA may your health and wellbeing be a guide for people who struggle.

Support is available for HIV positive people living in Western Sydney who identify as heterosexual. Try this selection of services:

- PosHet West - Maree Lavis 9671 4100
- PozWest Women - Coordinator 9671 4100
- ACON West - 9206 2000
- Positive in Penrith
Michael Orchard 4734 3984
- Positive Employment Support
9204 2400
- Wentworth Area health Service
(Hawkesbury/Blue Mountains/Penrith)
4734 3865
- Western Sydney Area Health Service
(Auburn/Mt Druitt/Hills
District/Parramatta) 9840 4105
- Wentworth HIV/AIDS Clinical Nurse
Consultant 4784 6560
- Western Sydney HIV/AIDS Clinical Nurse
Consultant 9671 6360
- Western Sydney (Inner) Community
Support Team 9690 1222
- Western Suburbs Haven Pat Kennedy
9672 3600
- Westmead Hospital HIV Unit 9845 7609

Big AI

Diagnosis can take you completely by surprise. **Marie Lavis** talks to Pat and his wife Kate

Last December two weeks before he moved house Pat developed a chest cold and felt run down. He moved house but collapsed at home soon after. He went to a medical centre and was diagnosed with pneumonia and admitted to hospital. There he was treated for legionnaire's disease. Instead of getting better he rapidly deteriorated and was transferred to intensive care. HIV was among the battery of tests he underwent but he didn't believe he was at risk. Two days later his doctor told him that he was HIV positive and had Pneumocystis Carinii Pnuemonia (PCP), an AIDS defining illness.

Pat is 38 and his wife Kate* is 35, they have two children and live in the Hawkesbury area.

When Pat fell ill his wife was 36 weeks pregnant and they had a three-year old at home. The news was a huge shock.

"I was nearly dead, I had no fight left and just wanted to curl up and sleep. I told my wife and thankfully her test came back negative. I was very relieved but still extremely sick.

They transferred me to Westmead Hospital. In the first ward the nurse asked me in a loud voice if my wife knew I was HIV positive. I was angry and said "Yes, and so does everybody else in this room too." They transferred me to a different ward and I can't fault the treatment. My health improved slowly over the next few weeks and I was able to come home for my son's birth.

Depression

I remember nightmares of a darkness that was overwhelming. The darkness eventually turned to red blood. I was too scared to go to sleep. This disturbed sleep pattern made my recovery hard. I was shit scared and on an emotional roller coaster, depressed and crying constantly. I felt like the exorcist."

HIV to me meant death. I was so sick I thought I was just about there. I honestly believed there was no future. I remember the Grim Reaper Ads of the 80's. The stigma of the virus, I wasn't game to tell anyone except my wife and her immediate family. I feel even now we are living a lie constantly scared we might let it slip that I am HIV positive and have had AIDS.

In the first ward the nurse asked me in a loud voice if my wife knew I was HIV positive. I was angry and said "Yes, and so does everybody else in this room too." They transferred me to a different ward and I can't fault the treatment.

Hope

I visited the Westmead Clinic six weeks later and my doctor told me that he'd give me at least 20 years. The medications started to work after five weeks of constant vomiting that landed me back in hospital. Before my diagnosis I was constantly on the go but I have nerve damage in my legs now, which makes it hard to walk. I became almost like a 'vegetable', lethargic with no motivation. I had a T-cell count of 10 and was frightened of infections so I withdrew and lived like a hermit. My wife rang the Positive Heterosexuals peer support service and the coordinator David Barton, referred us to Poshet West. The coordinator, Marie Lavis, visited and we had counselling sessions. A visit to David Barton renewed my belief that

it was possible to continue living a normal life. Visiting the Haven and meeting other positive people helped me a great deal.

Disclosure

I don't discuss it with people at work or with my friends. They would be as ignorant as I was and believing it is just a 'gay disease'. I am afraid of the stigma and discrimination, not so much for myself, but for my wife and children. They shouldn't have to live with that. I knew I wasn't gay or bi-sexual so it never crossed my mind that I might contract the virus. I heard or saw nothing in the mainstream media about prevention amongst heterosexuals. In the Greater West of Sydney people don't talk about it; you don't see anything in the local media either.

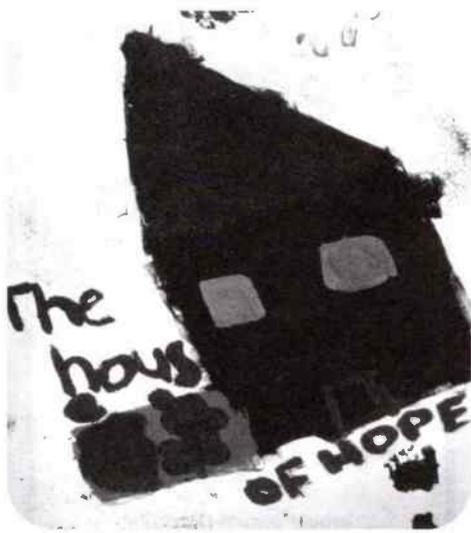
Family

Initially I tried to push my family away especially my wife because I thought I was on limited time. I thought it was better for her to start a new life and not watch me die. Our relationship was also strained because of the new baby in our life. My wife was like a single parent because I was so lethargic. We use coded words around the children. We call it "big AI". Gradually I am moving back to work two days a week. I don't want to waste my life. My advice: if anyone else is HIV positive, get on with your life and don't waste the limited time you have.

*not their real names

Contact PosHets on Freecall 1800 812 404 or PozHet West on 9671 4100

The Positive Speaker's Bureau is an educational service about HIV/AIDS that aims to break down ignorance and prejudice. Contact 9361 6011 to make a bookings for a speakers for schools, clubs, churches, or neighbourhood centres.



KATE'S STORY

When my sister and I walked into the hospital Pat told me. I felt numb with shock and was unable to respond. I became very clinical. 'Need to be tested. Are the children affected? Let Mum and Dad know the news'.

Mum and Dad immediately went to the Internet to find out about HIV. It was difficult to deal with my husband. I felt like a widow, like I had no husband. It was like I was looking after three children because he was so sick.

Seeing the doctor and getting someone in to help us gave us some hope. I found the name of the Pozhet coordinator, David Barton, on a brochure and he referred us to Pozhet West. Meeting other heterosexual

The treatments are helpful and my confidence about the future has increased. I feel there is a future now.

people in the same boat at the Haven also boosted me. Seeing Pat come home from the Haven more buoyant gave me hope after worrying that he may attempt suicide. The treatments are helpful and my confidence about the future has increased. I feel there is a future now.

Only immediate family know. I had never come across information about preventing this virus in western Sydney. He did get help but I had to push him. I don't disclose because of the children. I don't want them to face discrimination. My father and sibling are supportive and my mother is okay but she feels that I will have to care for a dying husband like her mother did.

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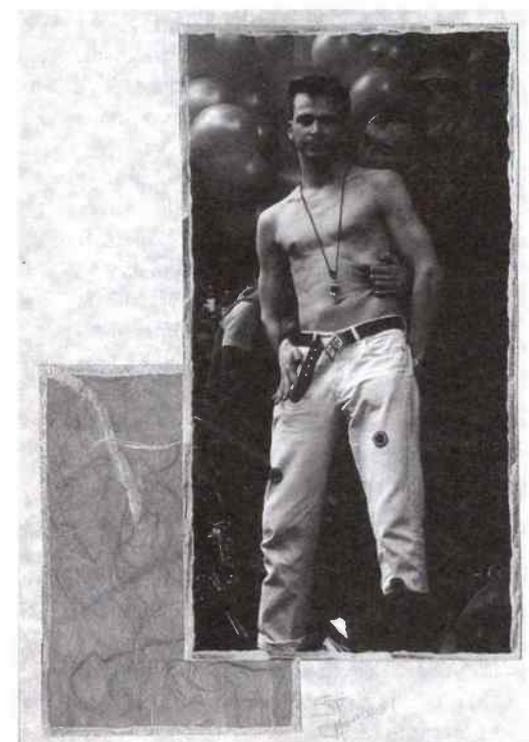
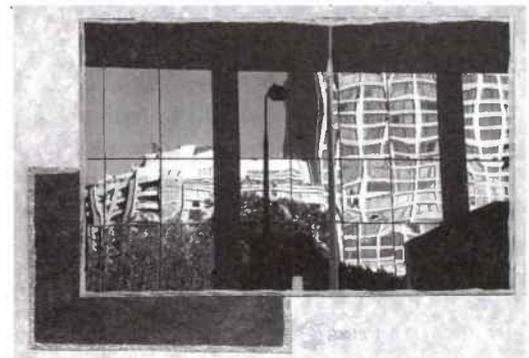
A low income can mean giving up little luxuries like beautiful cards. John

Trigg understands this problem well. So he used his photography skills and began crafting cards for his friends (pictured right). With a grant from the Ratten Fund he is

now expanding his hobby to a small business using original photography. "I liked the idea of friends and people from my community finding themselves on display in a shop or receiving themselves in the mail. I

use shots of friends, events, buildings and landscapes, especially shots I take around my home in the Blue Mountains." John hopes to sell his hand-made cards commercially in the near future but for now you can order direct from John on 02 4787 1131.

The Ratten Fund is a project of the Bobby Goldsmith Foundation.



Power of love

Since his diagnosis Robert has come to appreciate living in the moment.

At 52 it's not easy to learn that you are HIV positive. It's twelve months since my diagnosis.

In the first days I did all the usual things, felt grief, loss and guilt. In the back of my mind there was a knowing that somehow I had something to do with getting the virus. Even before the doctor told me the news, I had prepared myself. Since then I've tried to turn the news of fear into knowledge about the virus in my system and be mindful of its presence.

To do this I am mindful of the moment. Living is more important than ever as I capitalise maximum vitality. Without knowing the reason I tracked back to my beginning beyond childhood to the egg-meets-sperm stage where the gorgeous gonads say "how do you do", ascertain a liking for one another and get on with the business of creating me. In other words HIV began my life's journey all over again but from a fresh perspective.

This virus is a visitor that I must include and acknowledge at every occasion. Acknowledgement rather than denial allows me to move the mountains that get in the way of what I need to do for my life's progress; until this stage I haven't done many of these things.

Like any reasonably sensitive human being I juggle the fears in my life every day to unravel the truth and hopefully allow love to occupy its rightful place. As I chose Tasmania as my birthplace and homosexuality as my sexual orientation I also invited specific fears expressed as prejudice.

HIV has made me look at myself and pull myself up by my lost roots of self-respect. I was good at avoiding intimacy. Good at not telling people the truth. Expert at pretending that beneath my reasonably macho exterior there wasn't a gentle person who needed nurture. My life needed a consequence to the entrapment of fear. The knowledge that I may have a life threatening condition has enhanced my need to get on with what is important in life.

This is not to say that the old ego stuff of fear does not still stalk me but I am quicker to act on those negative feelings. The decisions I make are based on the now. The present can be pleasant. My focus is tuned to what will best serve me to secure a fulfilled future. This reasoning is a guarantee sent by love to boost my immune system. I deliberately court the positive about my HIV positive status.

Perhaps HIV is a messenger sent by love to announce love's arrival. After its work is done it can go, irrespective of whether or not it may have had the intentions of staying for some time. Too bad if the baggage of fear gets left out in the cold.

HIV has made me look at myself and pull myself up by my lost roots of self-respect. I was good at avoiding intimacy. Good at not telling people the truth.

At the moment I have a low viral load and a low T-cell count. I'm bordering on beginning antiviral treatments. My doctor suggested that I might always have had a low T-cell count. I wonder if the depth of fear and emotion I lived with could have contributed to a suppressed immune system.

My naturopath is more concerned about my blood pressure than the HIV. I walk or swim every day and feel the guided power of love in every living moment. To get on with your life is to allow love the opportunity to express its true purpose. Within this context I thank love for supplying the spiritual nutrients so necessary to sustain my total being. In my case HIV has been the birth of me. Love guarantees it.

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182 Livingstone Rd Marrickville
Phone for appointment 9560 3057

◆◆◆
Canterbury Sexual Health Centre
Community Health Building
Canterbury Hospital
Phone 9718 7655

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Diversity and a New Diagnosis

Information about a positive diagnosis will soon be available in languages other than English

Dealing with a diagnosis of HIV/AIDS is a difficult and challenging time, particularly if you are from a non-English speaking background.

HIV/AIDS surveillance data of ethnic communities indicates that although HIV/AIDS is no more prevalent in any one ethnic group than in the general community, more than 15% of all people living with AIDS are born in a non-English speaking country, with a higher proportion from an ethnic background.

In the last ten years few HIV/AIDS resources were developed in any language other than in English. The information available in community languages was produced in the early 1990s and focused almost exclusively on prevention. There was virtually no information available about advances in HIV management, treatments and care.

There is now increasing evidence that people from non-English speaking backgrounds are less likely than people born in Australia or an English speaking country to consider HIV testing. They are more likely to present late for treatment, often within months of an AIDS diagnosis and miss the benefits associated with early intervention and treatment.

Christopher, a man from a Mediterranean background was completely unprepared for an HIV positive diagnosis.

"My family doctor seemed uncomfortable and remained standing the whole time I was there. He told me - "you have AIDS". I don't remember much else. I went into shock and spent the next 5 hours wandering around aimlessly. My thoughts altered between, 'I am going to die' and 'how can I have AIDS I'm not gay?'"

"I didn't speak to anybody about HIV for another 3 years. In that time I had no support or information to help me make decisions about my health and future. My health deteriorated significantly in this period as I waited to die."

Arki, is from an Asian background. His

*"I had a bad cough -
and then I had HIV.
Nobody told me I would
be tested for HIV. I didn't
know anything about HIV
and neither did my
doctor. He was worried
because I was his first
patient with HIV and he
didn't know what would
be best for me".*

doctor recommended blood tests when his mild pneumonia did not respond to treatments.

"I had a bad cough - and then I had HIV. Nobody told me I would be tested for HIV. I didn't know anything about HIV and neither did my doctor. He was worried because I was his first patient with HIV and he didn't know what would be best for me".

"I found out about Albion Street from the gay newspapers. For a long time I was too frightened to go. I don't speak English well. I

asked my friend to come with me to help me understand. He was frightened too".

Christopher and Arki are among the growing numbers of PLWHA from culturally and linguistically diverse backgrounds. Today both men speak of how useful and reassuring they would have found it to have some information available in their own languages.

"I kept finding new questions to ask. Everytime this happened I became more afraid because there were no answers for me" said Arki.

When they were diagnosed neither man had any real knowledge of HIV/AIDS and as their stories illustrate, information and support are not always forthcoming at time of diagnosis. Cultural and linguistic barriers to information and services, isolation, and poor understanding of the Australian health care system prevent many PLWHA like Christopher and Arki from seeking support and assistance. Fear of disclosure to family and community often becomes paramount. Terms such as confidentiality can be meaningless in some languages and people may avoid interpreter services because of the fear that they will know the interpreter, especially in smaller communities.

The Multicultural HIV/AIDS Service with funding from the Commonwealth has developed a booklet, designed to assist people with immediate information needs following diagnosis. Living a Positive Life is in nine community languages and English. The booklet covers issues like transmission, infection control, treatments, the health system in Australia and HIV/AIDS services.

The booklet is available nationally in Arabic, Chinese, Croatian, English, Indonesian, Khmer, Serbian, Spanish, Thai and Vietnamese. For order forms call (02) 9515 3098.

Power to you

Marianne has found a new way to enrich her health and life

Last summer myself and another HIV positive woman organised two Triathlon teams each with three women who are living with HIV. Triathlon involves swimming, cycling and running. It's an arduous sport that nonetheless attracts many women and men the world over. Think Emma Carney, the triathlon competitor based in New South Wales.

For our competition the three members each did a separate leg of the event. It didn't matter that we came last and second last. We had completed a task we had never contemplated. Our self-esteem soared. Not bad for a group of people who are often perceived of as dying!

My commitment to exercise began four years ago when I dreamt about white water rafting down the Zambezi River in Zimbabwe. I wanted to paddle the raft myself and decided that I needed to do some training. However, because I am HIV positive I was aware that any exercise shouldn't compromise my health. I'm a slightly built woman and don't want to lose weight. To prepare for the trip I decided to improve my cardio endurance and strength. I knew little about how best to achieve this - except that I preferred minimum effort for maximum results!

Following a recommendation of a friend, I enlisted the help of a personal trainer. It was important that my trainer was familiar with HIV because I needed to feel comfortable about disclosing my status and still trust that my confidentiality was respected. I wanted a program tailored to my health. It was a good choice and I gained good basic training suited to my purpose.

My rafting trip was a fantastic experience and motivated me to continue training. I reassessed my goals and what I wanted from a personal trainer. Then the search began until I found Steve, my present trainer. My present goal is to maintain my muscle mass through exercise. The by-products are worth the effort too. I sleep soundly, feel energised

and motivated - so yes, everything you hear about the benefits of exercise is true.

After carrying the virus for thirteen years I truly believe that my immune system has remained strong because of my calculated physical activity.

When people ask me "why use a personal trainer?" I tell them that Steve is a true professional who has made it his business to understand how the virus attacks the body. With his vast experience and expertise he takes my challenge as his challenge to keep me healthy. I discovered 'Powerlifting'. This consists of three tasks: squat, benchpress and deadlift. I became intrigued after viewing a competition, and with persuasion from my

I do not 'eat, drink and sleep' the sport. I train to about 70% of my capacity so as not to compromise and deplete my immune system.

trainer and a colleague, entered the first of several competitions. My trainer's wise words of encouragement were, "You have nothing to lose - you are only competing against yourself". With this in mind I am currently training for the Victorian Championships.

I do not 'eat, drink and sleep' the sport. I train to about 70% of my capacity so as not to compromise and deplete my immune system. I believe in keeping energy in reserve to fight any bugs that may be lurking. My interest in powerlifting keeps me motivated in training. A trophy along the way is a bonus but health is No 1!

Exercise certainly should play a role in every HIV positive person's life - the rewards are numerous. It doesn't have to be strenuous and the types of activities are endless. It has enriched my life!



PLWH/A (NSW) *Talkabout* & **Contacts Survey June 2001**

Welcome to the 2nd Survey of *Talkabout*. Thanks for taking the time to complete this survey.



To save you money pop the completed survey into an envelope and address to:

**Reply Paid PO Box 831
Darlinghurst NSW 1300**

Note: No stamp is necessary if you address the envelope exactly in this way.

The information gathered is confidential to PLWH/A (NSW) staff and committees. Your responses will help us to evaluate the content and style of *Talkabout* and *Contacts* and inform our decisions in the coming 24 months. The next survey is planned for 2003. Many thanks again for your time

Kind regards
feona studdert
Senior Project Officer - Publications
PLWH/A (NSW)

My age (please circle one)

Under 20 20-30 31-40 Over 41

I identify primarily as (sexuality) (please circle one)

Gay man Lesbian Heterosexual Bisexual

My HIV status (please circle one)

Positive Negative Haven't tested

My postcode is _____

I identify primarily as (gender) (please circle one)

Female Male Transgender Other (please state) _____

I read (please circle one)

Every issue Most issues Occasional issues This is the first issue I've read

I have read *Talkabout* for (please circle one)

Less than 1 year 1-3years 4-6 years 7-10years over 10years

I am a subscriber - (please circle one) Note: member's receive a complementary subscription.

Personal Organisation Non-subscriber Member Not a subscriber or member

My first language is (please circle one)

English other (please state) _____

I get *Talkabout* through (please circle one)

Subscription Street outlet Read a friends HIV/AIDS service provider, Doctors surgery/Clinic,

I pick up *Talkabout* mostly from the same outlet (please name the outlet & suburb)

I share my copy of *Talkabout* with (please circle one)

1 2 3 4 more than 4 people

I work/volunteer in the health industry in the following sector (circle one)

Government Community Private Other (please state) _____

I work/volunteer in another industry (please circle one)

Arts **Education** **Service** **Other (please state)** _____

I work in another industry in the following sector (circle one)

Government **Community** **Private** **Other (please state)** _____

Talkabout enhances my work with HIV/AIDS clients (circle one)

Considerably **Moderately** **Not at all**

I use *Talkabout* - (circle as many as needed) as a

Personal resource **General client resource** **One-to-one resource**

Other (please state) _____

How easy is it to understand *Talkabout* stories

Very easy **Moderately easy** **Moderately difficult** **Very difficult**

If it is difficult or very difficult to understand *Talkabout* stories please tell us why

Do you find the look of *Talkabout* easy to read (for example, the size of the letters, space between the lines, headings, etc

Easy **Moderately easy** **Moderately difficult** **Difficult**

Please rank the following issues according to your personal reading interests 1-13

with 1 the most interesting and 13 the least interesting

___ **Personal ads (Olga's)**

___ **Advertisements**

___ **Information about free events and services for PLWHA**

___ **Information about web sites and other sources of information for PLWHA**

___ **Analysis and comment on political decisions relevant to PLWHA**

___ **Creative writing, short stories, fiction.**

___ **Information community events/development**

___ **News about the work of PLWH/A (NSW) Inc.**

___ **Specialist advice on living with HIV/AIDS eg, money, nutrition, health**

___ **Latest news on treatment information**

___ **News on treatment trials**

___ **Information and personal stories relevant to people caring for or volunteering with PLWHA**

___ **Personal stories written by PLWHA about any aspect of their lives**

If you like *Talkabout* what are 2 things that you like the most?

If you dislike things about *Talkabout* what are 2 things that you dislike the most?

Do you agree with the following statements (write yes or no)

***Talkabout* is not informative** _____

***Talkabout* builds a sense of community across different groups of people living with HIV/AIDS** _____

***Talkabout* is not educational** _____

Talkabout is a magazine documents the lives and experiences of PLWHA _____

Talkabout influences the development of new and existing services _____

Talkabout is not an important advocate on behalf of HIV positive people _____

Talkabout offers a well-balanced perspective on living with HIV/AIDS _____

Please rank the following sections 1-3 with 1-always read 2- sometimes read 3 never read

___ Poztalk

___ Talkshop

___ Treatments Briefs

___ Treatment Update

___ Nutrition

___ Doctor's Question and Answer

___ Personal stories

___ Creative writing (fiction stories)

___ Olga's personals

___ Diary

___ Boredom busters

___ Hyperactive

___ Money

___ Features stories on changes to services or laws affecting all PLWHA.

I will renew or take out a new subscription in 2002/03 (PLWH/A (NSW) members on benefits receive a complementary subscription)

Yes

No

(If you would like to comment there is space below)

Please offer 3 story ideas that you would like to see covered

1. _____

2. _____

3. _____

Any other comments about *Talkabout*?

Contacts

The annual resource directory of HIV/AIDS services and complementary therapists in New South Wales has undergone many changes in the last 2 years. It's time to evaluate those changes and we hope you will take a little extra time and answer these questions.

Please base your answers on the hot pink (January 2001) or the hot blue (July 2001) issue of *Contacts*.

The A-Z and Rural listings in *Contacts* are easy to find (please circle one)

Yes

No

Needs more cross-referencing

The amount of information provided for each listing is (please circle one)

Adequate **Inadequate**

How the listing information is presented is (symbols, font, order, spacing etc) (circle one)

Easy to use **Satisfactory** **Hard to use**

I use the index (please circle one)

Often **Sometimes** **Never**

The introduction explains everything I need to know about how to use *Contacts* (A-Z Listings) (please circle one)

Yes **No**

If you answered 'no' to the previous question, what additional information do you need in the introduction

I use the complementary therapists listings

Often **Sometimes** **Never**

The emergency numbers section is useful

Yes **No** **Should be expanded**

If you answered 'should be expanded' to the previous question, what additional numbers would you like to see included in the emergency numbers section

Contacts is published by

Talkabout **ACON** **PLWH/A** **BGF** **NSW Department of Health**

List up to 3 services you would like listed that aren't currently

1. _____
2. _____
3. _____

If you like *Contacts* what are 2 things that you like the most?

1. _____
2. _____

If you dislike things about *Contacts* what are 2 things that you dislike the most?

1. _____
2. _____

Any other comments about *Contacts*

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Women on the line

Gabe McCarthy is a Queensland activist. She valued the opportunity to renew networks and make new friends.



Sorting through my memories of the NAPWA conference over the last week to work out what to write about has been challenging. I came back full: full of people, full of information, full with meeting old friends and making new ones. I want to write about it all because everything was special.

I was unsure about the conference. I didn't feel that the program had much to offer me but I'd forgotten how rare it is to get a couple of hundred positive people together. I've always felt that connecting with other positive people was the best way to learn strategies for living with HIV. We connect in an important way when we're together.

Pos Women's Meeting

I attended the positive women's satellite the first day. I always look forward to connecting with other women. We are such a small group within the HIV sector that our opportunities to connect are quite rare. Although I meet with other positive women in Queensland I find that I'm usually the only woman there with an activist approach to life. The positive women satellite gave me the opportunity to hear about how life is for women in other States, and most importantly the chance to connect with like-minded women. Having met the first day gave me an instant network of other positive women to connect with during the rest of the conference.

HIV positive women always amaze me. We experience many challenges and yet keep on living our lives regardless. I draw strength from other women and a sense that if we can overcome our individual challenges with dignity and humour then I can find the energy to advocate for change.

Chat & Puff

The most important space in the conference for me was the smoker's area. Apart from the delightful opportunity to experience

Melbourne's weather first hand, it was a great space for meeting people and discussing the conference. For every session that I felt was useful I was sure to find someone who didn't agree. Exchanging our opinions led to useful insights and different perspectives. Even though I came home unwell (in part due to excessive smoking) this space was valuable and I'm glad I was still smoking.

The positive women satellite gave me the opportunity to hear about how life is for women in other States, and most importantly the chance to connect with like-minded women.

Networking

I was one of a group of people who represented Queensland Positive People at the conference. Meeting other QPP members was in itself an unusual experience for me. QPP members came from across the State and we valued the opportunity to spend time together. I felt supported and cared for, with coffee delivered and evening excursions for

great Melbourne food happening. Having some exposure to what is happening for positive people around the country reduces our sense of isolation. We've returned with a collective sense of renewed purpose and a bucket of new strategies. It was also good to share successful Queensland strategies with the delegates from other States.

Open Mike

The opportunity to spend three days with a large and diverse group of positive people was amazing. The Positive Voices session was powerful. I don't think I can describe the experience of sitting in a room listening to story after story. Some people spoke of awful experiences of discrimination and loss, some spoke about hope and love and growth.

What struck me most was how many of us felt safe enough to get up in front of a large room full of people and speak so frankly. The experience of others informs much of my journey but it seems I had forgotten how important this is. The simple facts of our lives and our experiences create such a strong voice for change. It is a shame that the people who need to hear our voices, to gain a personal understanding of how HIV impacts on our lives, weren't there.

I felt that we all knew that the time we shared was precious and we all made the most of the opportunity to get together. I know that I want to start planning for the next conference now.

There are Positive Women's networks or organisations in NSW and Victoria

NSW

ACON Women and HIV/AIDS
Project 02 9206 2054/2049

PosWest Women - Ph 02 9671 4100

Victoria

Positive Women Victoria Ph 03 9276 6918

Home base

The NAPWA Conference inspired Greg to take control of his treatments.

This article is about why I believe that every PLWHA should attend at least one state or national HIV/AIDS conference.

I consider myself fortunate. I was diagnosed HIV positive in 1985. I was 25 at the time. From that day I said "this bug isn't going to get me".

For ten years, thanks to the support and understanding of good friends, I didn't feel the need to join an "AIDS" group. Gathering with people in a room to get depressed about our condition was not for me; I was doing just fine, thank you.

I survived with just occasional check ups and visits to my doctors. My health remained intact, I trusted my doctors and relied on them for information. There was the occasional beat-up in the straight media about an AIDS cure, and some gay media for that matter, but eventually I learnt to take these with a grain of salt the size of an iceberg.

Dream Run Ends

All was fine until one fateful trip overseas where a stopover drink from an airport bubbler in Bangkok gave me a bad case of crypto. I lost ten kilos in a week and ended up in Ward 17 South for transfusions, injections and a lot of rest.

That's when I started on the merry-go-round of treatments and side effects. From AZT, saquiniver and retonivir (the worst!), combinations and cocktails, drug trials and drug failures to a mixture that seems to work (with few side effects). I have never achieved the "Magic 400", but my T-cells are holding up and the viral load is under control.

I recently found myself well enough (and desperately poor enough - but social security issues are another matter), to go back to work. A friend kindly found me work with The Australasian Society for HIV Medicine (ASHM). It was through ASHM that I found myself attending the 2001 NAPWA conference in Melbourne. I

Could I change my mind any faster? By the end of the first day, I was ready to dash home and have a few words to my doctors.



Participants at the 8th National NAPWA Conference held in Melbourne in April

still considered 'gatherings' little more than talk-fests but I decided to go and see for myself.

Switching Sides

Could I change my mind any faster? By the end of the first day, I was ready to dash home and have a few words to my doctors. This isn't intended in a negative sense. In a truly positive sense, as a HIV positive person, the conference inspired me to take control of my treatments with my doctor in a proactive way, ready to look at alternatives and perhaps even discuss complementary therapies. The conference introduced me to new information and I also resolved to no longer let my doctors lead me down the various treatment roads. I had a right and a need to play a positive and constructive role in decisions about my treatments. I was glad that I didn't dash off though, as the second day was even more important to me.

Open Mike

The backbone of the conference was the Positive Voices Open Mic session. People

were encouraged to tell their stories, discuss how they felt and express their opinions and feelings.

There were many moving stories told and many horror stories of mistreatment and violations of rights. But for me the most important part of this session was finding again a true sense of Community; black, white, gay, straight, bi, young, old, middle aged, man, women or child - it didn't matter. I realised that we are a Community, more diverse than I had ever appreciated. It was like my first experience of walking into a gay bar.

All of a sudden I feel that I am not alone or unusual. People have come before me, they understand what I feel and get as frustrated with the world as I sometimes do. Someone is there to help and someone needs my help. There are still things to fight for, rights violated, stupid decisions made by ill-informed people - some of them doctors, some of them us. There are options, there is hope and there is us.

Hearts and minds

Graham Norton satisfied a hunger for conversation at the recent NAPWA conference.

Conferences are funny things. Perhaps it's the word that puts me off, 'Conference' suggests an educational event and I think I know enough about HIV already thanks; in fact I'm sure I know more than some of my doctors. For me, the preferred term is 'convention' because as much as the NAPWA conference was about learning, importantly to me it was about meeting other positive people and hearing their stories.

Each of us who came together for the conference recognises our unique experience of HIV/AIDS but also holds in common the feeling that we want to meet other HIV positive people. I didn't go to hear the experts or for the accommodation or food. The meeting and talking fed the hunger inside me.

New closets for gay men

A highlight for me was the small meeting for HIV positive gay men held prior to the conference. With the NAPWA President we discussed what differentiated gay men from other positive experiences. A variety of opinions were expressed including, "I'm beautiful and people should be happy to be with me" to strong feelings of vulnerability. It was a shame that cost restricted the size of this meeting and I hope this is overcome for future conferences.

Brent Allan, from ACON, asked gay men throughout the conference what made HIV unique for them and at his report back he touched a nerve when he summed up part of his discussions in this way: "There are new closets in the gay community, and in these closets there are men who are afraid to have sex; men who are afraid to be tested; men who are afraid to say they are positive; and men who are afraid to say they may ever get sick".

I hope I've got the essence correct because its naming was a good thing. Although

I didn't go to hear the experts or for the accommodation or food. The meeting and talking fed the hunger inside me.

Brent's list names what I am not (most of the time) it also identifies why more people either did not or could not come to the conference.

The heart of the conference

The 'open microphone' session was another highlight. Again and again people took the stand and talked about their struggles with the real world of medicine and other service areas; of the dangers of coming out as HIV positive and about living as an HIV positive woman in a small conservative State with a relatively tiny support network.

Individually our bad experiences are traumatic, but collectively they become strong arguments to move bureaucracy to action and legislation. Don't let your story rest with you, write it down, or ring a support worker you trust and get them to take down the facts. Collectively with these stories we can advocate for greater change at the top end of town.

Getting the basics right

There were valuable instructional sessions

on treatments and mental wellbeing. These were well attended and interesting but the listening was heavy going at times, with some people commenting that they got lost amongst the acronyms and technical language.

The best aspect of these sessions was the chance to question experts on current diagnosis and care. This highlights the need for all of us to seek second opinions and not feel obliged to stay with either the one doctor or the one course of treatments.

I wanted far more spaces created for talking personally and a chance to look at co-infection. Mental Health is more than depression, and HCV is not just another set of initials, they change our life and perspective as a positive person

These are small but important changes for next time. But when I decide whether or not to go to the next conference I'll look at these questions: is there an opportunity to meet and share with other PLWHA? Will I be well housed and better fed? Are there respectful spaces to talk about difficult issues facing me as a gay man? Is it more than a meeting for workers in the sector who understand big words? Do I know who to approach to help with the cost of getting there? If these fundamentals are right then I'll be at the next national conference of PLWHA!

Participants at the 8th National NAPWA Conference held in Melbourne in April



SUPP

A new road

When Michael was diagnosed he left the life he knew. Twelve years later his daughter and a personal commitment to make a difference inspire his new life.

Friday afternoon in mid November 1989. It's my last day at work before a holiday on the coast. The telephone rings. It's my specialist. He recommends a HIV antibody test. "You may have been infected in 1984. Come in after your holiday and we will do a test", he says.

I think, "No way! I'm not waiting two weeks!" I feel like my finger is in a power point. My body is numb.

I leave for the day and in many respects leave the life I know for good. The long train ride home, thinking about my wife and daughter. Telling my wife on the drive from the station. A quick trip to the local doctor - an explanation and a blood test.

Twelve months later and things are heading towards rock bottom. My wife is negative despite five years of sex without a condom. Not unsafe sex because we were never at risk. Everyone thinks it's a 'gay man's disease' and that, certainly hasn't changed. Straight people in suburbia have a front door, a back door, a Labrador and a commodore - not HIV. My daughter was negative. It was just me. No one knows. I refused counselling - real men tough it out.

I was living in a pressure cooker. Something had to give. It was my marriage. My wife told me that she wanted a life where she didn't have to spend the best years of her life looking after an invalid. She wanted someone to give her more children. She found him and left.

Support?

My choices? Go mad or get help. I got help. There was little in the way of heterosexual services. Counselling but no support services. Instead I told my closest friends. That was hard - I didn't know if they would run or reject me? They stuck. My new GP was supportive but no one, friends or GP, knew anything about HIV. So I became an educator, too.

Two years down the track and I faced a

Everyone thinks it's a 'gay man's disease' and that certainly hasn't changed. Straight people in suburbia have a front door, a back door, a Labrador and a commodore - not HIV.

fully contested custody hearing in the Family Court. I wanted my daughter to have a full parenting experience, with both parents. \$60,000 later and we agreed to joint custody. My daughter, now 14, lives with me full time. Evidence at the hearing included expert medical opinion that I had 6 months to live - this only fuelled my determination to thrive and - as a famous Victorian footballer was fond of saying - "stick it right up 'em".

Rethinking Life

A year on and I was rebuilding my life. My diagnosis had precipitated the kind of rethink that goes with a mid-life crisis, except I was only 34. I'd remarried after I met Anne through the Fairfield Hospital Outpatients Clinic. She's HIV positive as well. I retired from work and participated in my daughter's life - school council; classroom reading; sports; activities, and even a tuck shop dad! Life was good.

Except I was restless. I wanted to participate, get involved, make a contribution. I joined the Positive Speakers Bureau at the Victorian AIDS Council and later the Program Management Committee. I got a lot from my involvement in a small support group for HIV positive heterosexual men. A number of guys on the PLWHA committee, including Geoff Humphreys and Michael Heatherill, who have both since died, were instrumental in starting this group. We felt that some of our needs were not met by the services available.

Holding Hope

Happiness is a fleeting thing. I was elected Deputy Convenor of PLWHA, and this carried additional responsibilities. At home, things were strained, particularly by the vast difference in health status. Anne's health was failing whilst I remained in good health. A well-known counsellor once commented that where there is health equivalence in an HIV-dominated relationship, whether it is good or poor health, there is concordance. Where there is disparity, there is tension. Envy from one party and fear from the other. Years later I discovered that Anne probably had AIDS related dementia, although at the time the symptoms were unrecognised. The result was increasingly erratic behaviour, psychiatric admissions, and relationship breakdown shortly before she passed away from neurological complications precipitating heart failure.

The depths life can plunge to can also be, if not fleeting, then overcome. In the last few years I continue toward my goal of seeing my daughter grow and blossom into a woman. I also want to make a contribution so that other PLWHA have better options and more support. These goals inspire in me motivation and a positive attitude - to me the most important of the complementary therapies.

Support for plwha who identify as heterosexual and/or with families is available, try

NSW

ACON Family Support Project
9206 2079/2069

PozHets Freecall 1800 812 404 or 9515 3095
PozHets West 9671 4100

Victoria

Straight Arrows 03 9276 3792
Positive Women Vic 03 9276 6918

There may also be support available in other states, contact your nearest AIDS Council.

Positively North

Geoffrey Harrison was back in the big smoke for the NAPWA conference but prefers the quality of life in Far North Queensland.

Turn off laptops, Fasten set belt, Mobiles switched off, welcome to Cairns. Well I've landed in another city and another world. It's still the same planet but I've escaped the damned pollution, traffic noise and jams, cold and wet seasons, working in the HIV sector.

Turn off laptops, Fasten set belt, Mobiles switched off, welcome to Cairns.

Well I've landed in another city and another world. It's still the same planet but I've escaped the damned pollution, traffic noise and jams, cold and wet seasons, working in the HIV sector, Ab Fab cafes, restaurants and gay bars (boohoo for these last three). Instead it's a new life in the tropics with sunshine, rainforests, beaches, the reef, cute dudes on the streets, oh and a cyclone or two.

I've been in FNQ for only eight months but my commitment to the needs and rights of PLWHA hasn't left me. Up here I can help with the AIDS Awareness Week/World AIDS Day that created a community respect and buzz with celebrities like local Drags Delvine and Lisa and southern comfort imports, Vanessa Wagner, Milly Minogue and Con The Fruiterer. And now, well I've somehow become a member of QPP Secretariat.

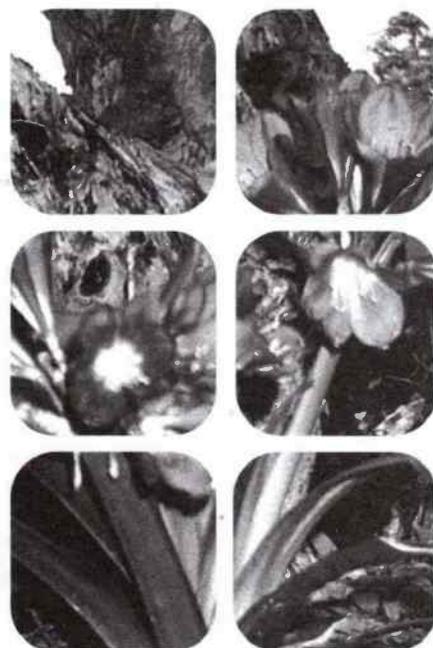
For me finding a better quality of life is about the pieces that make up the puzzle and include the range and quality of medications, complementary therapies - unfortunately in Cairns the most beneficial aren't available through the Base Hospital, so you have to go to commercial outlets and spend up big \$ on them - gee can I get them sent up from Melbourne where they are free? Don't the bureaucrats know that over 30% of Poz people live in poverty?

There's diet (should I follow a high fat or low fat diet with these meds), exercise (be a gym buddy and work against that Lipodystrophy, come on Queensland Health fund regional training on exercise), peer support with other Poz people (only available in some regions), oh and good old goddamn hot and raunchy sex are just some of the issues that I've made a constant part of my life up here. It's all a part of that old Life Enhancement and Reinforcement that I relearned from my 11 years volunteering or as a staff member in the AIDS sector. It's seeing health as a strategy that encompasses the social environment, making the raw

ingredients of prevention of transmission and prevention of illness actually possible because the whole situation, including political, economic, social, cultural, institutional, organisational and community are brought into process.

Heading back to Melbourne for the NAPWA Positive Voices Conference the other week showed me my move up north was the right thing to do (yep, Melbourne had 5 days of rain and 17 degrees). The conference was truly successful. I saw Pozies who I've known for years still standing up and surviving. There were also many new PLWHA who attended and it is good to see that new Pozies are tapping into the advocacy organisations and poz network. To all of you new bees hope you keep moving with us as a network of Poz people. We still have to stand up for our rights and needs in too many areas to list.

Geoffrey Harrison is a member of Queensland's Positive People Secretariat Brisbane & Queensland Positive People Committee Cairns.



Coming full circle

Marc Dickens is on a spiritual journey

I was diagnosed in 1990 and told I had 5 years to live. I responded in the same way anyone would with shock, disbelief and grief. However I wanted to take control.

I left my job in nursing because it no longer satisfied me. My diagnosis became a catalyst for my spiritual awakening.

I found inspiration and hope in the works and writings of Louise L Hay, Stuart Wilde and George Melton, who wrote a remarkable book called *Beyond AIDS*. I did courses, lived at Buddha House for a year and discovered Raja Yoga meditation and Reiki. I wanted to experience a sense of silence and peace. I found through Raja Yoga Meditation that it has brought me closer to my own soul and God. In San Francisco I became involved with the healing circles in 'Frisco inspired by George and Louise Hay. While in 'Frisco I also looked at what complementary therapies and support services were available and brought this knowledge back with me to Adelaide. I set up healing circles in Adelaide (my hometown), shared my knowledge with the AIDS Council and began to speak publicly. I decided to do Reiki and with that found what I was looking for.

When I first became ill I thought "why am I getting sick if I am open so much to healing?" I recognised along with the pain and suffering that it was an opportunity to cleanse and clear. Sometimes with pain, along with the anger and challenge there eventually comes a time of humility, acceptance and compassion for the self and the suffering endured. This was certainly real for me.

Finding Limits

When my health improved I worked as an interim counsellor with the AIDS council for a year. When I left I was exhausted and drained and my body began to get sick. I developed lymphoma, severe weight loss, MAC infection and developed a Deep Vein Thrombosis. I also experienced confusion and disorientation. Staff at the Royal Adelaide

I am now on combination therapy and using complimentary therapies. I feel I am in a unique place to assist others to their own place of healing.

Hospital believed I was experiencing HIV dementia. A neuropsychiatric assessment was done to determine my mental state. The test was done when both my health and thoughts were compromised; I was on 48 drugs a day and had a raging temperature. Not surprisingly, I failed the test. I was then treated with anti-psychotic medication and placed on a temporary detention order. Later I was placed under the care of the Guardianship Board. This included administration of my affairs, a continuing detention order and a treatment order.

My parents were told that I had HIV dementia and would be dead by Xmas. I was transferred to a locked ward in the medical centre at Glenside Psychiatric Hospital. Over the next few months my health, both physically and mentally, began to improve. It was hardly a suitable environment to support healing but despite the challenges I was determined to get well.

Taking Back Control

Over lunch one day Mum told me that I would never be released. I was on the phone to a lawyer that afternoon. My health had improved dramatically and I wanted another neuropsychiatric assessment. This was done at Glenside and as expected there was a huge discrepancy with the original assessment. The results of the second assessment showed that my memory was intact and there was no evidence of organic dementia. The Royal Adelaide Hospital disagreed and requested a third assessment. The result was same. I

wanted to go home and have my life back. There were legal and medical implications for Glenside and questions about whether I could manage at home. At first I went home on a trial for a couple of days each week. The rest of the time I remained at Glenside under observation. After eight months of successfully managing at home all orders were lifted.

Full Circle

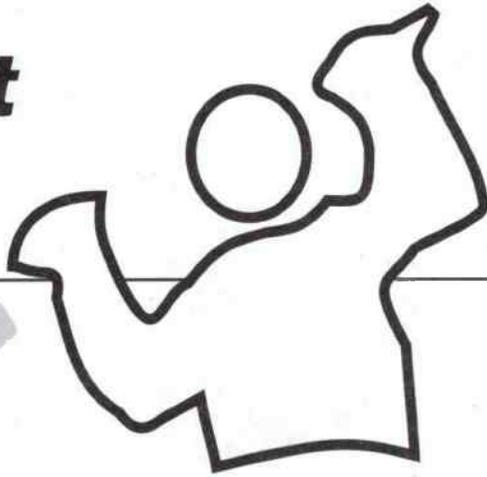
My social worker at Glenside told me that everything could have been avoided if I had been treated with mood stabilising medication in the first place. It was clear that because I had chosen not to use anti-viral medication the virus had crossed the blood/brain barrier. You may ask if I am bitter or angry? The answer is no. I have come full circle with my life. I did not think that living with HIV would take me on such a journey but it did and now I feel in full control of my life again.

I am now on combination therapy and using complementary therapies. I feel I am in a unique place to assist others to their own place of healing. I still speak publicly about my journey of living with HIV. Perhaps you can find a parallel with your life. Anything that brings us face to face with our mortality, especially over an extended period of time, can cause us to look closely at life. You know people die from this virus but they can also learn to live thanks to it.

This is an edited version of a Marc's original article. You can contact Marc at PLWH/A (SA) 16 Malwa St Glandore 5037.



Make Contact



A comprehensive annual guide to HIV/AIDS and complementary health services in New South Wales.

**Available in July
by subscription or at the usual outlets
Enquiries 02 9361 6750**

Another PLWH/A (NSW) publication.



Subscribe and raise the

volume

It's time to renew your *Talkabout* subscription. Details on page 28

BYA

Bondi Youth Accommodation

provides affordable accommodation and support to young people aged 16-25 years in the Eastern Sydney area. There is a mix of shared and single accommodation and six of the bedspaces are for people who are HIV+. BYA provide a space for young people to try new ways of doing things.

People interested in experimenting with change are encouraged to apply.

Please apply by phoning the office on 9389 7453
77 Newland St Bondi Junction NSW 2022

Unleash Your Creativity

New Venue - 64 Pine Street, Chippendale

Mondays 12:30-3:30

Ceramics 30 Apr - 25 Jun
Printmaking 2 Jun - 20 Aug
Silver jewellery 27 Aug - 22 Oct

Highlights

- * Free Art Classes
- * Relaxed Social Environment
- * All materials provided
- * With Qualified Art Teachers

for people living with HIV/AIDS - Priority will be given to those who are dealing with financial hardship and social isolation

FOR BOOKINGS: CONTACT LISA OR CARLOS AT THE COMMUNITY HIV/AIDS TEAM 9395-0444

Brought to you by The Community HIV/AIDS Team and Ankali



ashm

Australasian Society for HIV Medicine Inc

HIV RISK ASSESSMENT & DIAGNOSIS

Rural Broadcast Video available

The Australasian Society for HIV Medicine, in conjunction with the Rural Health Education Foundation, recently produced a satellite broadcast aimed at rural doctors & allied health professionals. It featured panel discussion, case dramatisation & interview on HIV testing, diagnosis & late presentation, particularly as related to rural Australia.

Panellists:

- Geraldine Doogue, TV presenter, Chair
- David Menadue, Board member of VAC/GMHC and PLWHA
- Dr Ken Hazelton, GP (s100 prescriber) in Orange, NSW
- Dr Marisa Gilles, Director, Public Health Unit, WA
- Dr Sean Riminton, immunologist, Royal Prince Alfred and Westmead Hospitals, Sydney

Video copies of the broadcast are available through the Rural Health Education Foundation, Phone: 1800 646 015.

An invoice (payable by cheque) will be posted out to you with your video. All videos cost \$26.40. Postage and Handling for one video is \$4.40, or \$8.80 if more than one video is ordered.

HALC

HIV/AIDS Legal Centre

The HIV/AIDS Legal Centre is a community legal centre. We provide free legal advice and referral to people living with and affected by HIV/AIDS in NSW. A staff solicitor is available Monday to Friday from 10.00am to 6.00pm. Alternatively HALC holds an information night on alternate Monday evenings where volunteer solicitors give free advice sessions. We deal with topics such as superannuation, discrimination, social security, wills, power of attorney and more.

To make an appointment please call us on

02 9206 2060

All information is kept strictly confidential.

HALC

HIV/AIDS Legal Centre Incorporated
9 Commonwealth Street, Surry Hills NSW 2010
PO Box 350 Darlinghurst NSW 1300
Telephone **(02) 9206 2060** Fax **(02) 9206 2053**
email **halc@halc.net**
Freecall 1800 063 060

HIV

TESTS AND TREATMENTS

*you
decide!*

WITH INFORMATION ABOUT:

- HIV treatment options
- Testing for health maintenance
- Side effects
- Drugs in the pipeline *and more.*

This booklet is for anyone with HIV who may be considering starting, stopping, or changing treatment.

Read it online at www.afao.org.au or to get a copy call:

ACON switch: (02) 9206 2000

ACON Treatments Information: 1800 816 518

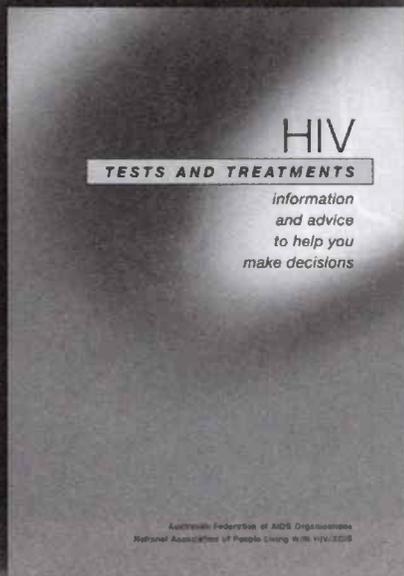
PLWHA (NSW): (02) 9361 6011



napwa



ACON



You don't have to make HIV Treatment decisions alone.

ACON's Treatment Information Officers provide objective and confidential information, support and referrals.

Get the facts on your treatment options: available by phone or make an appointment to talk face to face.

- * Blood tests and what they mean
- * Starting treatment
- * Changing treatment-future treatment options
- * Side effects
- * Post-exposure prophylaxis
- * Taking medication on time
- * Treatments and pregnancy
- * Clinical trials

A C O N

AIDS Council of New South Wales Inc.

phone 02 9206 2013 or 02 9206 2036

freecall 1800 816 518 fax 02 9206 2092

email treatmts@acon.org.au treatinf@acon.org.au

internet www.acon.org.au



Cooking Program

4 different cooking courses designed for HIV positive people, their carers and friend

Basic Cooking

Beginner's cooking. Gain your confidence in kitchen.
3 days course: 21/5, 28/5, 4/6 Time: 10-1pm

Cooking for one

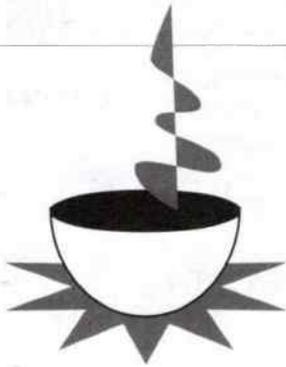
For people who have difficulties cooking for one on a limited budget.
3 days course: 2/7, 9/7, 16/7 Time: 10-1pm

Nutritious juices/smoothies

Come to make juices/ smoothies, and to learn about food supplements.
2 days course: 13/8, 20/8 Time: 11-1pm

Asian Gourmet

You can also cook some popular Chinese, Vietnamese and Thai dishes
3 days course: 17/9, 24/9, 8/10 Time: 10-1pm



Each course covers different topics on nutrition.
Take home nutrition pamphlets and recipes.
Come and meet new people and enjoy the food.
All courses will be held at The Sanctuary 6 Mary St. Newtown.

Contact Sidney Leung (dietitian) on 9395-0444 for course detail/to confirm a place.
Community HIV/AIDS Team

Paul Roberts

24 April 1963 - 8 May 2001

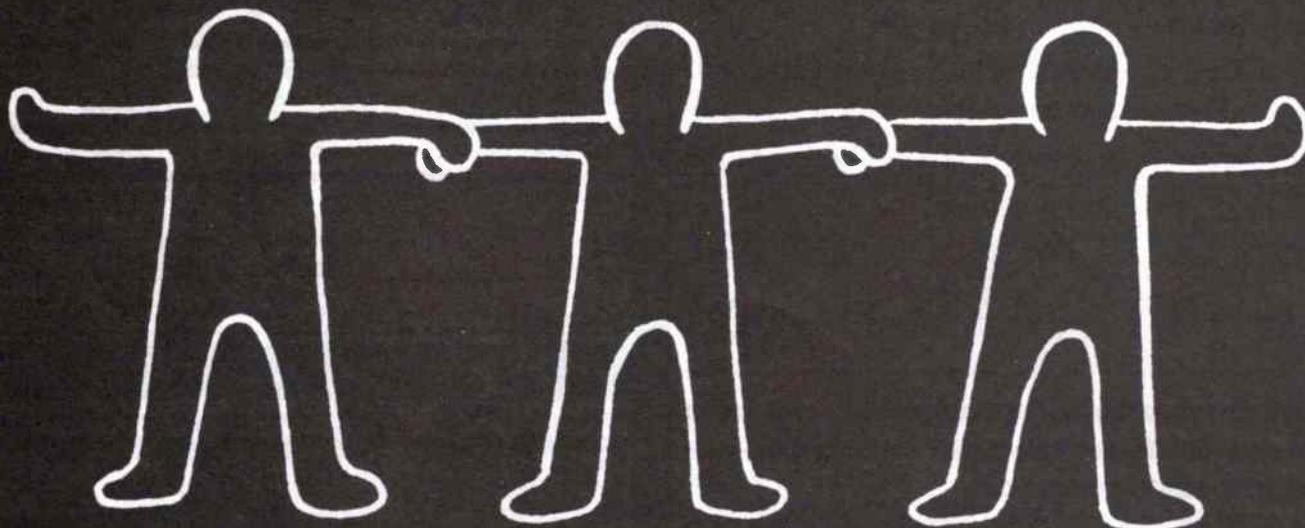
It's not over!



Paul, a queen of style and grace, fiercely independent with a 110% commitment to life, dedicated activist and supporter of community organisations especially PLWH/A & Talkabout Magazine, SSO, and Mardi Gras. Paul's sharp wit and clever intellect made him an outstanding member of our community, remembered as much for his love to party as for his advocacy for justice and change.

Shine on Paul - remembered and celebrated by all who knew you.





Networking our way through it.

events for gay men living with HIV

Phone the Positive Men's Team for more information on 9206 2000 or 1800 063 060

Breakfast group: Tuesday 6 June & 3 July. A monthly breakfast in the CBD for working guys who want to meet. Phone for info.

Facilitator training: Register your interest to develop your leadership skills and lend us a hand with some of our group work.

Genesis: 7 & 8 July. A weekend workshop for newly diagnosed guys.

Meditation: Every Monday at ACON. A silent meditation (although instruction is offered to new comers).

Planet Poz: June 8. A Right Royal Tour at the PLC from 6pm. Free Pool, Bar-B-Que and entertainment.

Support groups: An opportunity to get things off your chest and share your experiences with other positive guys. Leave your details with us for the next group.

Our groups exist for positive gay men to meet, network and support each other as we continue to celebrate our lives as gay men living with HIV. Phone Wayne or Graham, the project workers on 9206 2000 or drop in for a chat.

HIV
living

Treatments update

Three cycles of the experimental immune booster Interleukin-2 (IL-2) have boosted John Cummings' T-cells from 380 to 575. He wonders if the side effects are worth it.

The results of my second cycle of IL2 were disappointing: my T-cells went from 550 to 575. However the side effects weren't as bad so the prospect of several more cycles of the drug to reach my goal of 1000 T-cells didn't appear too daunting.

Unfortunately in the next cycle the usual side effects - nausea, fluid retention, sleeplessness, fever, chills, painful liver, lethargy - were worse than the previous two cycles. It didn't help that it was in early February, when Sydney turns into a swamp of humidity. Psychological symptoms were noticeable; during phone conversations with friends my attention span dwindled to milliseconds. I also experienced some new side effects, such as throwing up dinner one night. Around day four of the cycle my urine turned dark brown and I had to haul myself into St Vincent's to be monitored for signs of dehydration. Getting there was problematic; I felt too feeble to get a bus but hadn't enough money for a taxi, and everyone I knew who could have given me a lift was at work so I forced myself to get a bus. I've since realised that I could have asked the ACON Community Support Network for help with transport. Luckily, the trial nurse at St Vincents' decided that I was not at risk of dehydration. The other unpredictable aspect of this cycle was that after the injections finished, the fatigue and inability to concentrate persisted. It took at least three weeks after the cycle before I began to feel normal again. In order to boost my morale I decided to have my T-cells counted a month after the cycle, instead of waiting the usual two months. That produced a count of 740 - an increase of nearly 200. I decided that 740 was close enough to 1000 and that I wouldn't do another IL2 cycle until there was a dip in my T-cells. Unfortunately this came only a month later, when results showed my T-cells had slipped back to 575, exactly the same as they were

after the previous cycle. I was very disappointed at this result because it seemed that enduring the unpleasant side effects of the last cycle had been pointless because I did not get a permanent increase in T-cells. However when I discussed this with Dr Sarah Pett, a principal investigator of the trial, she made the point that after three cycles it was too soon to expect the results that I had been hoping for.

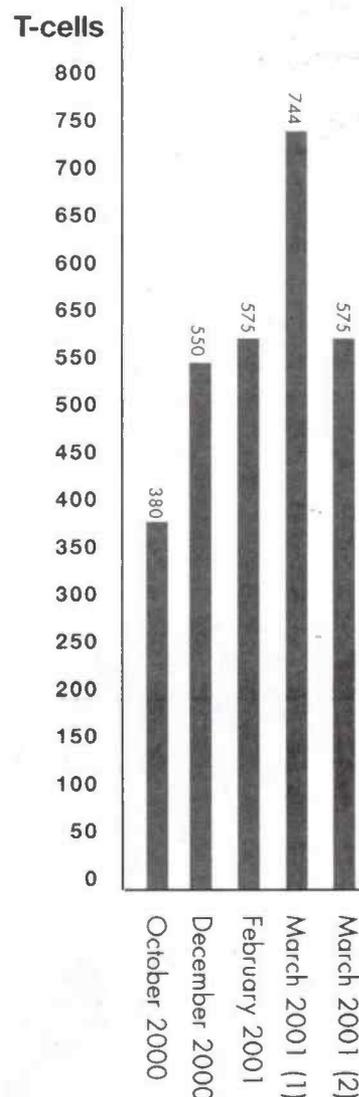
Psychological symptoms were noticeable; during phone conversations with friends my attention span dwindled to milliseconds. I also experienced some new side effects, such as throwing up dinner one night.

Cycle four

I had used up all my sick leave recovering from cycle three, so I had to take unpaid leave to do cycle four. To reduce the risk of repeating the debilitating experiences of cycle three, and to minimise sick leave, I decided to reduce the dose of IL2. I knew this would mean a corresponding reduction in results, but the dose reduction my doctor agreed to was small; from 7.5 million international units (MIU) to 6 MIU. The lower dose made the experience a lot easier. Although the last two days of the cycle were as physically distressing as previously, I recovered quite quickly. Staying on the lower dose means it will take longer to reach my goal of 1000 T-cells but more importantly, my quality of life won't be as challenged.

This concludes John's three-part diary of his participation in the IL-2 Trial.

John Cumming and Richard Murphy are Treatment Officers at ACON. Contact Freecall 1800 816 518 or treatments@acon.org.au or phone 9206 2013



**IL2 cycles commenced
November 2000 every 8 weeks**

Boredom Busters

Is it resources you are seeking rather than recreation? This issue we focus on activities for artists, activists, bike riders and people who appreciate volunteers.

Surf for Free

All welcome at the Sydney Independent Media Centre: Thursday open nights from 7:00pm. Come and have a go on the indymedia computers. Casual practice, play, and sharing of tips about up-loading and down-loading, websurfing and self-publication. As easy or as challenging as you fancy. 17 Lord St, St Peters, opposite St Peters station. Catch 422 or 370 Bus down past Union Hotel on South King Street <http://www.active.org.au/doc/active/x31.html>

Cycle Power

Help create the bicycle revolution! Critical Mass has a monthly meeting where you are able to meet and greet bicycle enthusiasts. These are fun, social gatherings at the Green Iguana cafe, King St, Newtown, contact Critical Mass Sydney ph 9990 2911 or E-mail cmass-syd-media@nccnsw.org.au or go to <http://criticalmass.org.au/sydney>



Sopranos

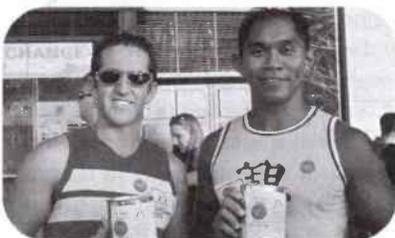
Maybe you'd like to join the MAFIA. Music And Film Independent Artists are a non-profit organisation with only one mission, to provide a window for independent artists to create their art independently. MAFIA members will be provided with a free venue to showcase their work, a database to locate other members, equipment hire, regular film and music festivals, and much more. For more information check out their website <http://www.mafia.com.au>.

Medium

A new project called Medium launched in May 2001 is aimed at getting resources for activists and artists - activist displays, art work. There are lots of friendly people involved. Contact Medium on Ph 02 8571 2441, Elise Potaka 0402 634 409 or E-mail medium@cat.org.au or <http://www.medium.org.au>

Name Your Volunteer

The National Community Link Volunteer Awards open on April 30 and close on July 27 this year. There are 7 categories this year, each attracting one National winner (\$15 000), one State winner (\$5 000) and a number of Highly Commended (\$1000). The categories for this year are International Year of the Volunteer, Art and Culture, Environment Conservation and Heritage, Community Service, Emergency and Safety, Health, Sport and Recreation. The Awards are designed to recognise and reward the contribution local volunteer groups make to the community. Call 1800 807 121 for nomination forms or <http://www.national.com.au>



Graffiti Justice

You may be interested in the Beat Graffiti Grants Scheme, funded by the NSW Attorney General's Department and opening in around July. The funding program was set up to steer young people away from graffiti vandalism and fund legal art and other anti-graffiti projects. There are two levels of funding - one for \$2500 and that is a seeding grant or small project, about the cost of a decent sized mural, the other is for \$15 000 and aims to cover multiple sites. For more information call Marion So on 02 9228 8624 or have a look at <http://www.graffiti.nsw.gov.au>

At the Quay

Finally, Customs House at Sydney's Circular Quay is a great free site to explore. You can investigate urban issues through interactive maps, news clips, architectural plans and publications from government agencies, cultural institutions and the community. *The Human Scale in Architecture* exhibition is open until July 15. The cartoons of George Molnar provide a witty insight into the social world of Sydney from 1954 - 1982. In the Harcour Room you can explore a scale model of Sydney and view multimedia displays. The "d>art 01" is an exhibition of international experimental media art until 1 July.

Boredom Busters is compiled by David Paul Jobling and the QSTAGE DIGEST

For more info about what's on in the arts go to <http://www1.loom.net.au/home/dpj/index.html> or contact David at dpj@loom.net.au

olga's personals

Male Hetero HIV+ 40yrs looks younger, in good health, Caucasian fun loving to share activities of the body, mind and soul with a loving female. Where trust & reliability are recognised as the guiding values for giving each other support & to being in love. I live in Melbourne and can travel, however you need to write a reply first. **Reply 040601**

Sincere gay guy HIV+ 40yrs, 70kg, medium muscular build, blue eyes, shaved head, very DTE/GSOH. Enjoy movies, playing pool, going to the gym and bushwalking. Not into beats or drugs. Photo please. **Reply 030601**

32yo fit good-looking 5'11" 70kg, genuine & honest with a good sense of fun, HIV+ & live in the Eastern Suburbs. Seeks friendship/relationship with guy/s 25-40 who are sincere, genuine, fit & healthy. Interest includes cycling, swimming, meditation, music, movies, gym, and sports, cafes & weekends away. **Reply 020601**

Guy early 30's seeking non-scene, non smoking down to earth mature minded guy to 40 with strong body and will to live life to fullest. Casual to start with, but seeking long term, I have a warm hairy chest for the coming winter nights. **Reply 010601**

Guy in Ryde area 54 HIV+ 6ft, 80 kg healthy likes movies, live shows, dinner and watching tv at home. Seeks female similar with gsoh for friendship or reio, I have no ties, once married with 2 adult children. **Reply 030401**

Male 38 years old, HIV+ gay man, Australian born, fair skin with brown hair & eyes. Well proportioned body 6'1", 88 kgs. Cultural interests, politically motivated and live in Sydney. Love good food and sex. Seek same for long term... (Please include phone number). **Reply 011101**

25 y.o. HIV+ gay guy. 6'3" not bad looking. Currently in jail, but out February 2001. Looking to correspond with other uninhibited guys and meet later. I'm extremely open-minded. Want friendship, possible relationship. **Reply 041000**

40 y.o. gay, long term survivor, seeks guy/s for friendship/relationship. Enjoy beach, ten pin bowling, country drives, and quiet lifestyle. DTE/GSOH. Hear from you soon, I hope. Pen/WWW friends welcomed. **Reply 031000**

38 year old HIV+ guy, living in Glebe, seeking solid relationship. Enjoys reading, cafes and pubs. I'm English and I have a good sense of humour. Soul mate, please respond. **Reply: 021000**

Good looking 37 y.o. HIV+ Het Male living in Sydney, I'm a sharing and caring person, want's to meet a HIV+ female for friendship/relationship. My first advert. **Reply: 010900**

HIV+ woman 42 looks much younger. Intelligent, easy going, warm hearted, attractive, and petite. I have a nice style about me. Love walking, movies, swimming, music and writing. Healthy lifestyle, passionate about life, also realistically optimistic, confidentiality important North Coast NSW. Would love to connect with a man who could appreciate these qualities. **Reply: 030900**

Male 30's HIV+ maintaining good physical and emotional health (never been sick). 6ft - 83kg's. Caring, affectionate, reliable. Lives Melbourne. Seeking genuine, loving female. Interstate penfriends welcome. **Reply: 040900**

How to respond to an advertisement Write your response letter and seal it in an envelope with a 45c 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 your advertisement Write an ad of up to 40 words • Claims of HIV negativity cannot be made. However, claims of HIV positivity are welcomed and encouraged • Any letter that refers to illegal activity or is racist or sexist will not be published • Send the ad to Olga, including your name and address for replies. Personal details strictly confidential.

diary

social and events

Outings

A monthly opportunity for positive people to get together and enjoy low-cost social outings. On June 18 bowling at **Mascot**, followed by lunch at the Positive Living Centre. Call Jane or Robbie for details on 9319 4439 Outings is funded by the South Eastern Sydney and Central Sydney Area Health Services.

Southern Cross Outdoor Group's new website is full of details of their many up coming social get togethers, including walks, dances and trips away. See the website www.scog.asn.au or call John on 02 9907 9144.

Support

South Sydney Carers Support Group is a support group for carers of PLWHA. They meet the 3rd Tuesday of the month at Sutherland Hospital. They have guest speakers and information. Contact Terry or Emma for more details 02 9350 2955.

If you live in Southern Sydney **Friends of Waratah** is a support group for plwha held in Kogarah on the 1st Monday each month.. They offer emotional support, information and social activities. Emma or Terry Ph 02 9350 2955

Positive Heterosexuals. Support, counselling and social activities for positive heterosexuals, their partners and carers. They are hosting an Open House on June 29 with special guests Denise Cummins (Clinical Nurse Consultant from RPA) and John Cumming (ACON treatments officer). On July 27 they will be having a blues evening with Bill's band. For more details call David or Jan on freecall 1800 812 404.

Pozhetwest, Western Sydney peer support and education for men and women living heterosexually with HIV/AIDS. Contact (02) 9671 4100.

Support Group for Significant Others of People with HIV/AIDS related Dementia. The group offers respite care, company and support. Meets last Wednesday of every month at the Tree of Hope cnr Riley and Devonshire Sts, Surry Hills. Contact Angela Kelly 02 9829 4242 and Carole Knox 02 9580 5718, the AIDS Dementia Outreach Team 02 9339 2078 or David at The Bridge 02 9552 6438.

The **Newtown Neighbourhood Centre** runs a shopping service six times a week to Marrickville Metro and Market Town, Leichhardt. They'll pick you up from home, give you two hours to shop, then drop you off again. Price is \$4.00 and available to residents in Dulwich Hill, St Peters, Tempe, Newtown, Enmore, Marrickville, Camperdown, Stanmore, Petersham, Erskineville and Darlington. Call Diana on 9516 4755.

Health, Fitness & Learning

Fit X Gym is at the Community Pride Centre, Hurchinson St, Surry Hills. "Positive Access Project" offer qualified instructors, free assessments, free nutritional advice, free individual programs and free session to try out gym. \$2 a session = \$18 - 10 visit pass. Contact Fit X Gym # (02) 9361 3311 4pm-7pm, Mon to Friday.

Yoga for PLWHA Special weekly classes at Acharya's Yoga Centre Mon - Fri 12.30pm to 1.30pm, call 9264 3765 for more information.

The Sanctuary will be including a series of new cooking programs including cooking for one, nutritious juices/smoothies and Asian gourmet. To find out more contact Sidney Leung (dietitian) on 02 9395 044 for course dates and details.

Complementary Therapy Advice Advice and referrals for PLWHA interested in exploring complementary therapies is available on Monday and Friday at the Sanctuary. Call Mac on 9519 6830 or email complementarytherapies@hotmail.com.

Community Garden, learn how to grow your own vegies call Carolyn at Waterloo on 9382 8374, or call Robert in Newtown 9690 1222 and if your in and around Woolloomooloo contact Michael on 02 9206 1222, remember spring and summer is a great time to be had in the fields.



Newtown Neighbourhood Centre has a number of groups ranging from Ninja Warrior Arts, Women's Kickboxing, Exotic dance classes and Shaja Yoga Meditation. Call Charlotte on 02 9516 4755 for more details.

Diary is designed to promote volunteer-based and/or unfunded projects that benefit PLWHA. We especially encourage items from rural and regional NSW. Items of 30 words or less are welcome. Send your diary item to Will Klassen at *Talkabout Diary* PO Box 831 Darlinghurst 1300 Fax 02 9360 3504 Email willk@plwha.org.au Ph 02 9361 6750

For a comprehensive site about the arts, including free entertainment listings see *Qstage Digest* <http://www1.loom.net.au/home/dpj>



Hyperactive 18

Talkabout's review of web sites of interest to the HIV/AIDS communities, this month with **Will Klaasen**

Inter -Q - Zone

<http://www.aidsinfoyc.org/q-zone/youth.html>

Rating: 5

Inter Q Zone is a project from The Healing Well and is maintained by aidsinfoyc.org. Members of the Queer community contribute medical, sociological, other research studies and personal stories to the site.

Dr. Dallas Denny's (MA), article on Transgender Youth at Risk for Exportation, HIV and Hate Crime (1995) is filled with statistics and gives the reader a quick insight into the problems faced by those who identify themselves as part of this marginalised section in today's society. Since I haven't had much involvement with the transgender community this site definitely opened my eyes.

More information and research material is available from the HIV/AIDS Information Outreach Project's document page, including a vast array of permanently archived articles. Much of the material is a number of years old, and American-based but then what isn't?

UNICEF - Adolescents and HIV/AIDS

<http://www.unicef.org/programme/hiv/youth/vccov.html>

Rating: 7

We've all welcomed the recent victory of South African activists over drug companies and are watching with interest to see what will happen next. I wanted to see how a huge bureaucracy like UNICEF regarded the issue in SA and the African continent. I found a comprehensive site with plenty of programs and clear objectives.

Looking through this site you are reminded of early struggles in Australia around basic issues like care and support, cheap and efficient testing methods and legal protection not to mention access to affordable drugs and treatments. The site also covers many other topics like School AIDS Education, AIDS Leadership Challenge, and gives links to background research used to develop current policies.

It is also interesting to discover how young people are participating in the community response to HIV/AIDS. The Voices of Youth chat room offers kids and teens a venue to discover and share information. It also has a chat room for parents and teachers.

JAMA Resource Centre

<http://www.ama-assn.org/special/hiv/library/library.htm>

Rating: 6

Journal of American Medical Association is a useful site if you are looking for research material and the latest findings on HIV. It is one giant interlinked library with everything you could wish to know and review. Many service and research providers would probably know this site, so if you are interested in understanding more JAMA is the place to start.

The site is easy to get around, in the Treatments Update section you type in key words for all the latest data. This is a medical site and reading some of the findings and research undertaken gives an appreciation of the vast amounts of energy and determination people commit to this field. Visit the site and see what I mean.

Quick click

www.hivresource.com a site selling material on nutrition and other resources. We'll review this one soon

www.napwha.org.au check out the papers presented at the recent national conference in Melbourne.

Rating Scale

- 0 one to miss, boring with no style or life
- 1-4 the site keeps breathing only because it's a research vehicle and/or it's never updated
- 5-7 Nothing to be embarrassed about here. Good style, colour and content but built primarily as a single purpose site with minium links or references.
- 8-10 Nearing perfection, we have style, we have grace, and definitely enjoyable. The data is informative, updated daily, imaginative visuals, vast amount of links to other sites. You get lost just wanting more.

Send your ideas for specific sites or subjects that you would like Hyperactive to review to wilk@plwha.org.au Your input is always welcome.

Will Klaasen is the General Assistant - Senior at PLWH/A (NSW). Inc



Check Me out!



Adding to Your Pill Count ? (STDs & HIV)

Some STDs can be difficult to diagnose and treat in people with HIV due to a suppressed immune system. Some STDs, such as herpes, interact with HIV making both viruses reproduce faster. Hepatitis A, B or C can all cause liver disease and interfere with HIV treatment. Some STDs such as gonorrhoea and chlamydia can also be generally difficult to treat due to the existence of strains resistant to some antibiotics.

Some STDs can increase the risk of transmitting HIV. It is thought that this occurs either by increasing the amount of HIV present in a positive person, or by skin or mucous membranes being broken or inflamed in both HIV positive or negative people.

What should I Look For ?

Being familiar with what is normal for you helps with noticing changes. Get to know what your body looks and feels like. Signs of STDs are similar for men and women and include any unusual discharge from the penis or vagina; swelling or redness, rashes, spots, blisters, lumps or skin changes in the genital area; and in women, abnormal bleeding, including after intercourse. Burning pain, stinging or irritation when urinating or lower abdominal pain or pain during intercourse can also indicate the presence of a STD.

If you think you have signs or symptoms of a STD, see your doctor without delay. It's better to be sure.

Protecting Yourself

Using condoms for anal, vaginal and oral sex is the best way to reduce the risk of most STDs. STDs such as genital warts and herpes can be spread by skin to skin contact. Dental dams or plastic wrap are not a substitute for condoms, but are a good idea for cunnilingus (oral/vaginal) and rimming (oral/anal) to reduce your chance of catching a STD.

Being vaccinated against Hepatitis A and B is protecting yourself. If you suspect that an STD is present, have the confidence to say 'No' to sex at this time. This is another way of protecting yourself.

Remember, recreational drug use, including alcohol, can lead your plans for safe sex, astray.

"I sometimes worry about infecting my partner, but we take care and share the responsibility"

"I have the right to have sex and protect myself from other STDs"

Satisfaction NOT Guaranteed

Not all STDs have obvious signs or symptoms, so even if you've had the chance to scan your partner prior to the 'heat of the moment' and there are no obvious signs, it's still possible to get a STD. The only way to be sure about most STDs is if you and your partner have been screened by a GP or sexual health doctor and have only had sex with each other.

Check-up Expectations

Your doctor will want to do a full genital examination and perform tests. These tests are usually painless and involve taking a urine and blood sample and sometimes a sample from the genital area for further examination. For women, a vaginal PAP smear might also be discussed and offered.

GETTING A CHECK-UP

Some people may be more comfortable separating their general sexual health care from their HIV care by seeing more than one doctor. Others may be happy to combine everything with a trusted GP or sexual health doctor who can do both. You can expect respect and confidentiality from your doctor.

In Sydney's *Inner West*, for sexual health services in Marrickville, Canterbury, Newtown & Camperdown, call:

- Central Sydney Area Sexual Health Service on 9560 3057

In Sydney's *City, South and East* contact:

- Sydney Sexual Health Centre on 9382 7440
- St George Sexual Health on 9350 2742

Contact your local Sexual Health Service or FPA Health service, or call the HIV/AIDS Information Line on 9332 9700 or 1800 451 600 (freecall outside Sydney) or TTY 9332 4268 for referrals, advice or information.

MORE TO COME

Check in *Talkabout* issues June/July, Aug/Sep, Oct/Nov 2001 and Dec/Jan, Feb/Mar and Apr/May 2002 for HIV specific fact sheets on sexual health and STDs.

Produced by Central Sydney Area Health Service and South Eastern Sydney Area Health Service in collaboration with PLWH/A (NSW), ACON and FPA Health.

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FOR WHY**



Check Me Out!

a positive look at sexual health



Enjoying a Positive Sex Life

Caring for your sexual health as an HIV+ person is important. Some of us have put sex and relationships on hold, others have kept a fulfilling sex life. Whatever the case, having healthy relationships, romance and sex is possible. Looking after yourself and talking to your GP or sexual health counsellor about any issues you may have is an essential part of this.

Telling ?

This is probably one of the hardest hurdles. Understanding the risks and talking through the emotional and practical issues with a trusted person can help a great deal. Having a positive self attitude, and thinking about what you are going to say and choosing the time and place for telling your partner carefully can reduce the stress involved. Think about what your partner's reactions may be and how you might handle these in advance. Ask yourself how you might feel and respond if you were being told.

An Intimate Experience

STDs (Sexually Transmitted Diseases) include any disease that is passed from one person to another during oral, anal or vaginal sex. Some STDs are also transmitted through non-penetrative sex or by sex toys. Most STDs are caused by bacteria or viruses. STDs can be painful and can cause infertility or serious illness if not treated.

THE QUICKIE !

- ✓ Positive people do have sex, romance and relationships
- ✓ STDs are the most common form of infection after the common cold
- ✓ Having STDs can increase the risk of HIV transmission
- ✓ Treating other STDs can be quick and easy, especially if they are detected early
- ✓ Vaccinations for Hepatitis A and B are available, safe and usually effective for HIV+ people
- ✓ Lower your viral load and HIV transmission is less likely
- ✓ Safe sex for HIV does not protect against all other STDs
- ✓ Look for lumps, bumps and blisters and other changes

“I am HIV+ and I can enjoy a fun & healthy sex life”



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FOR HOW**

