

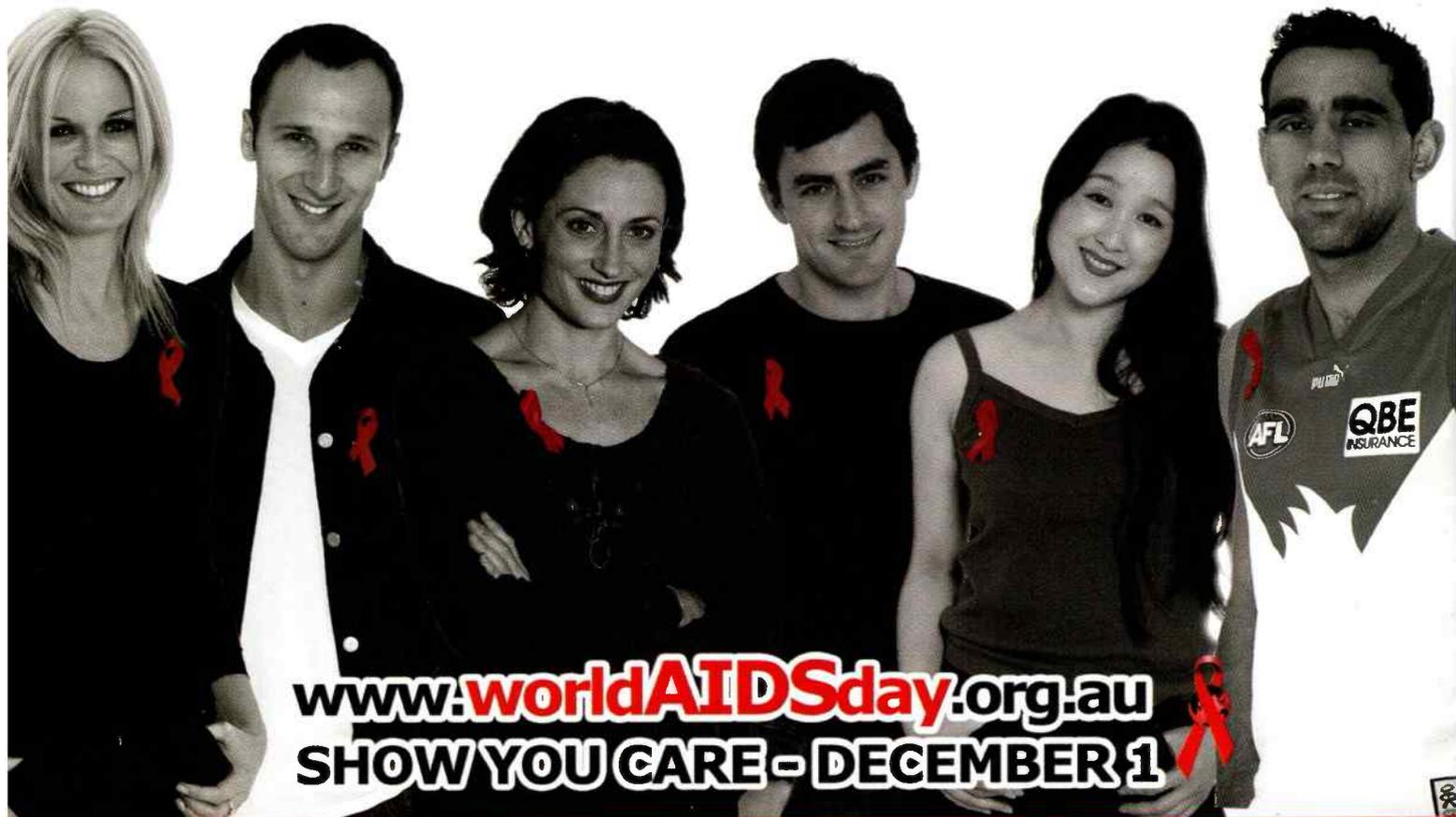
The Magazine of People Living With HIV/AIDS NSW Inc.
No.117 October/November 2001

Talkabout

◆ Where We Speak for Ourselves ◆

Reconstruction

WE CARE ...do you?



Events

Sunday 7 October

World AIDS Day Australia 2001 resources and website to be launched at ICAAP in Melbourne.

Saturday 24 November

Launch of AIDS Awareness Week in NSW. Nine blocks of the Australian AIDS Memorial Quilt will be unfolded in ceremonies occurring in each State and Territory.

Sunday 25 November

Awards Night – invitation only event acknowledging the outstanding work of advocacy, care, education and support of HIV/AIDS in NSW

Throughout AIDS Awareness week some 200 events and activities will take place across NSW.

24 November – 1 December

Red Ribbon selling throughout the state.

Saturday 1 December

Puja – Buddhist ceremony at the Art gallery of New South Wales

Mozart's Requiem Mass K626 – a reorchestration of this piece will be performed at the Garrison Church in The Rocks

For more information on these and any other events being organised for World AIDS Day please contact:

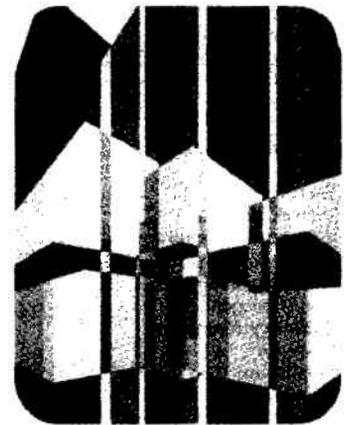
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www.worldAIDSday.org.au

F E A T U R E S

- 6** Tales from the sanctuary
- 7** The positive voice – twenty years on....
- 8** News roundup
- 9** 2002 gay games scholarship program
- 10** Teaching old dogs
- 12** Eating to survive the party season
- 13** Bad habits...?
- 13** Planet positive
- 14** HIV and families
- 16** Federal election
- 18** Mother Helen's miscellany epistle-ette #9
- 20** What is ACON doing for plwha
- 23** World AIDS day downunder
- 24** The reconstruction project – the process of rebuilding
- 27** What if



R E G U L A R S

- 2** From the Publications Working Group
- 3** Pos Action
- 4** Talkshop
- 4** Agony Aunt Q&A
- 5** Treatment briefs
- 5** Doctors Q&A
- 31** Olga's Personals and Diary
- 32** Hyperactive

A D V E R T I S E R S I N D E X

IFC World AIDS Day **IBC** CSAHS **OBC** CSAHS **11** Taylor Square Clinic **11** The Sanctuary **11** Inner West Sexual Health
11 Sydney Gay & Lesbian Choir **17** Multicultural HIV/AIDS Service **19** HIV Living **22** Pozhet
23 World AIDS Day **28** HALC **28** Options **28** PLWH/A (NSW)



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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



This is my first issue as editor of *Talkabout* and a return to the community sector. I hope that the experience I bring with me from a number of organisations that provide services relevant to plwha will benefit the positive community, including friends, family, and carers.

During the past five years, I have worked at the Anti-Discrimination Board, the Guardianship Tribunal of NSW, and Redfern Legal Centre Publishing. My work as a freelance editor included *On The Level*, a journal published by Family Planning NSW.

I hope that I can offer understanding of the issues faced by plwha.

As a foundation member of the Sydney Gay Radio Collective (1979), which produces *Gaywaves*, I was very much affected by the impact HIV/AIDS (as it is now known) had on the lesbian and gay community. I do understand the grief and stress longterm survivors of the epidemic are dealing with and, since arriving at PLWH/A (NSW) eight weeks ago, I am learning about the very different issues facing people who have been more recently diagnosed with HIV.

In consultation with the members of the Publications Working Group, I am planning

some gradual changes to the way *Talkabout* is produced. Regular items about financial planning and management, treatment briefs and PLWH/A (NSW)'s community development info (pp 4-5) are included. Olga's Personals, Diary and Hyperactive are also included (pp 31-32). Mac McMahon, Complementary Therapies Treatment Officer, gives plwha some tips on page 6. Make an effort to stay fit or get fit with regular exercise (p 13). If you're not close to Darlo, check out your local gym or phone your local council about sporting activities in your local area. I hope that readers will contribute to a regular column about health & fitness issues. Survive Sleaze (or pin the pages on the noticeboard for Xmas or Mardi Gras) by reading Simon Sadler's advice (p 12).

I have also resurrected *Talkabout's News roundup* (pp 8-9). This issue's roundup includes reports about recent work done by ACON's regional branches in Wollongong and Northern Rivers. I encourage readers to let me know about events in their local community that I can include in this section, or send me a report: email editor@plwha.org.au

Susan Hawkeswood
Editor

In this issue

Pene Manolas, former Coordinator of BGF's *Reconstruction Project* describes what the project entails and participants George and Bruce describe their experiences of the project. **pages 24-27**

ACON's recently appointed CEO, Dr Iain Gardner, resigned and later died in Melbourne following a sudden and unexpected bout of

illness. Iain's funeral was attended by his partner, Patrick, and their family and friends. Adrian Lovney, President of ACON, represented ACON at Iain's funeral and wake, where – at Patrick and Iain's request – donations were made ACON in lieu of flowers. Iain's Deputy, Stevie Clayton, has been appointed as CEO. Susan Hawkeswood interviewed her



pos action

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

Well it's that time of year again... annual general meetings popping up all over the place. A busy executive officer could have to partake in so many post election drinks sessions that alcoholism could develop.

October 23 will be the big night for PLWH/A (NSW). Not only are we having an Annual General Meeting, before that we will be having a Special General Meeting, so you get two meetings for the price of one. The Special General Meeting is being held to pass amendments to the current rules, after several months of work by the Governance Working Group and the Management Committee of PLWH/A (NSW). This work was seen as vital to ensure the association has effective governance procedures in line with current best practice. I personally would like to thank Douglas Barry (our Alternative Secretary) for the copious work he researched and compiled over the last several months to inform and direct our governance planning and restructure.

This will be PLWH/A (NSW) Inc's 14th Annual General Meeting. Much has changed in the HIV epidemic and the association over that time. Many of the changes suggested are to make the association more responsive

and effective in dealing with the diversity of issues that the committee and staff have to deal with on a weekly basis. All current members will receive information about the Annual General Meeting, with our exquisite Annual General Report, in the post in the near future with all relevant details. So if you are keen to participate, vote or attend, sign up or renew your membership before October 23.

It's probably fitting to thank the contribution all our volunteer Management Committee members have made over the last twelve months. The job of being a Management Committee member in a small community based organisation can often be a thankless one. People are expected to carry responsibility, specific duties, internal and/or external conflicts and all without being paid. In the HIV sector, I am always amazed at how driven the individuals are who come forward to voluntarily contribute.

Alfred North Whitehead once said, *'Ideas won't keep: something must be done with them.'*

Thank you for stepping forward and sharing your time and ideas: John, Paul, Douglas, Glenn, Amelia, Graham, Tony, Norman, Ken, Robert, Michael D, Michael R and Michael W.

In the HIV sector, I am always amazed at how driven the individuals are who come forward to voluntarily contribute.

recently about the progress of ACON's 3-year plan.
pages 20-21

David Wallace, Community Liaison Officer at Options Employment & Training Services, reflects on 16 years living with HIV. 'If we are truly going to hear the positive voice, for all positive people, not only is it going to

have to speak louder than ever against the background noise of the 21st century, but we must hear it with compassion and understanding.' **page 7**

Melinda Campbell, Women's HIV Support Worker at ACON, attended the 4th Australian Update on Pregnant Mothers and Infants, Children & Families living

with HIV/AIDS, at the Children's Hospital, Randwick.
pages 14-15

Ken Irvine, who represents PLWH/A (NSW) on the Gay Games Specific Needs and Disability Committee, tells *Talkabout* readers how to get to the Games, even if you're not cashed up. **page 9**

agony aunt q&a

Maree Crosbie

Q I have to pay my credit card, DJ card and rent and am finding it hard to keep up to date. DJs are always ringing up and hassling me for the money so I pay them and everything else gets behind.

A It can be tough if a debt collection agency is ringing you a lot. It's very easy to say yes to what they are asking for, even though you know you can't really afford it.

Try the following tips:

- Multiply the minimum monthly repayment DJs are asking for by 12, then divide it by 26. This will give you a fortnightly amount, which is probably easier to handle.
- Work out how much you can afford to pay each fortnight, making sure you have enough money for rent, food, medication and any other debts.
- Once you have agreed to an amount, ask DJs to stop the interest for three months to allow you to get ahead. They may refuse but it's always worth asking.
- If you cannot afford to repay the amount DJs are asking for, you could go back to them with an amount you can afford or make an appointment to see a financial counsellor who may speak to DJs for you. They may also talk to you about other options you hadn't considered.
- If you can't make the repayment, ring DJs before the due date and let them know when you will make the payment. They don't need to hear a sob story, just realistic dates.
- Try and remember that the debt collector's job is to get the money in. It is not that they are personally out to get you.

Q When I get my money, it all goes in a couple of days. I see other people manage to pay their rent and buy food with the same amount of pension. How can I make my money last a bit longer?

A Different people have different attitudes to managing their money. There are a few things you could put in place that might make it easier to manage.

Try having your pension paid into a passbook account with no card access and have either direct debits set up at the bank or Centrepay deductions (details from Centrelink) to pay your rent, electricity, telephone and any other regular payments. If you have a trusted family member or longterm friend or carer, you could ask them to be a signatory on the passbook account and set it up so you both have to sign the withdrawal form to get any money out over the counter.

You might like to have a second account with card access. You could transfer your personal spending money after the bills are paid into this account. So it would be your choice if you made it last till next pension day or if you blew it all straight away. Whatever you choose to do is fine as long as you are willing to live with it.

Perhaps you could talk to your social worker, another worker or a financial counsellor about how you feel about your money and they might be able to help you get on the right track.

Maree Crosbie is a Financial Counsellor with the Bobby Goldsmith Foundation. If you have any questions for agony aunt, email maree.crosbie@bfgf.org.au

talkshop



PLWH/A (NSW) Community Development Project Worker
Glenn Flanagan profiles what's happening in NSW.

Writing brings its rewards

Writing about our experience brings with it rewards such as self knowledge and a deeper understanding of others. It can help us reevaluate our experience and rediscover the strength and courage that have been quietly there all along. ACON Northern Rivers, in partnership with PLWH/A (NSW), recently conducted a one-day workshop on life writing. Ten people participated in the workshop, which took place in Byron Bay. Participants found it a great way to get ideas on how to start writing as well as the chance to hear other people's stories and receive some feedback.

At the same time, the Community Development Unit at PLWH/A (NSW) has been running a six week series of workshops at the Sanctuary in Newtown. These have also focused on life story writing and have been important opportunities for people to share their thoughts and find new ways to express them.

Information about your service

Getting information out to those who need it can be a challenge. The Bobby Goldsmith Foundation is able to send information about various services to its clients when it sends cheques for assistance. If you are interested in enclosing information about your service, please contact Ben or Shari at BGF on (02) 9283 8666.

Panel meets at the Haven

A number of service providers took part in a panel at the Western Suburbs Haven in Blacktown. Participants included PLWH/A

(NSW), BGF Financial Counselling and Client Services and Positive Employment Support Western Sydney. They discussed the services available for positive people in the Western Suburbs of Sydney.

A better understanding of mental health and HIV

Mental health continues to be an important subject to deal with to improve the quality of life of those living with HIV/AIDS. The Australasian Society of HIV Medicine recently organised a seminar on Mental Health and HIV. A range of topics were discussed including referrals, ACON's enhanced care project, medication, support groups, legal issues and the lived experience of positive people dealing with mental health issues.

Positive Decisions expands

Positive Decisions is a three month work experience program in the PLWH/A (NSW) office. Participants gain skills and confidence, and gauge their readiness, health and skill requirements for work. A number of organisations have been meeting regularly to discuss the expansion of the program into new sites. Options Employment Service, Sydney Gay and Lesbian Mardi Gras, Bobby Goldsmith Foundation, Positive Employment Support, and ACON have been some of the participating organisations. Increasing the sites for Positive Decisions will provide a more diverse range of work experiences for positive people, and community organisations are a good, supportive environment for people to start out on their work experience.

doctor q&a



I have recently found out that I am infected with HIV. I am having blood tests performed every three months. My CD4 T-cell count is 500. What is this all about?

New at it.

Dear New at it,

Measuring your CD4 T-cell count is a very important thing to do when you have HIV infection. The CD4 cell is a very important cell. It is like the General of your immune army as it controls your other immune cells. HIV infects this cell and destroys it. Over time, the CD4 count falls in patients with HIV disease who are not on anti-HIV treatments. By measuring your CD4 cell count you get an idea about how strong (or weak) your immune system is. A 'normal' CD4 cell count is about 700 (this varies from laboratory to laboratory). When your CD4 count falls to less than 200 you may become unwell. This is because your immune system might not be strong enough to fight off serious infections it would have been able to fight off if your CD4 count was above 200 and your immune system was stronger. By monitoring (or checking) your CD4 count every three months, you will be able to decide when you need to commence medication against HIV and when to commence treatments to prevent serious infections. The CD4 cell count result can vary from test to test. Before you decide to commence medication because your CD4 count has dropped, you should repeat the blood test to make sure the result is accurate.

I have have been on ddl for the past two years and have heard about a new ddl (Videx) tablet that is now available. What is different about it?

The new ddl (didanosine) capsule is called 'Videx EC' (for 'enteric coated'), which is available now as one capsule taken once only a day. The capsules are available in four strengths – 125mg, 200mg, 250mg and 400mg. The usual strength prescribed is 400mg but, in the past, some people have been on 300mg daily because their weight was less than 60kg. This lower dose will be replaced with a Videx EC 250mg capsule. The capsule can only be taken with water and is not to be chewed, crushed or opened before swallowing. It must be taken on an empty stomach at least one hour before food or two hours after food – a little further away from food than the old ddl. One advantage of the new capsule for patients is fewer interactions with other drugs because of the absence of the outside antacid buffer coat that was on the old tablets. This means that it may not be necessary to take 'Videx EC' separately from other medications as with the previous tablets. Some of these medications include indinavir (Crixivan), ciprofloxacin (Ciproxin), ketoconazole (Nizoral), dapsone and azithromycin (Zithromax). Importantly, it is anticipated that there should be fewer side effects such as nausea, stomach discomfort and diarrhoea. If you want to change to the new preparation it would be a good idea to discuss your dosing schedule with your doctor and pharmacist.

Answers provided by Virginia Furner and Mark Kelly – both doctors at the Albion St Clinic and members of PLWH/A (NSW) Integrated Therapies Working Group. Decisions about treatments should be made in conjunction with your GP. Virginia and Mark can be contacted by email: furnerv@sesahs.nsw.gov.au or kellymark@sesahs.nsw.gov.au.

treatment briefs

Tenofovir – The first of its class

Tenofovir, the first of a new class of antiretroviral drugs, will become available in Australia as part of an expanded access scheme later this year. Tenofovir is a *nucleotide* reverse transcriptase inhibitor, a class of drugs that operates in a similar way to the *nucleoside* analogue drugs such as AZT. Due to its unique resistance profile, tenofovir has been shown in recent studies to remain effective against HIV that has developed some degree of resistance to AZT, ddl, ddC and abacavir. HIV which has developed a common mutation associated with 3TC resistance was shown to become more sensitive to tenofovir. Therefore, tenofovir may play an important role in salvage therapy for people who have become resistant to currently available medications. Its prolonged activity in the body makes a once-daily dosing schedule possible. www.medscape.com

Atazanavir – A new protease inhibitor in development

A new protease inhibitor currently being developed by Bristol-Myers Squibb may produce fewer side effects than other protease inhibitors presently in use. The antiviral activity, safety and tolerability of atazanavir (formerly called BMS-232632) was compared with the protease inhibitor nelfinavir in a multinational study involving 467 people. The study showed that nelfinavir caused statistically significant increases in blood fat levels (triglycerides and cholesterol) in the study population, compared with atazanavir. People taking atazanavir experienced fewer incidences of diarrhoea than those taking nelfinavir. However, an increase in bilirubin, a breakdown product of red blood cells, was detected in a significant number of people taking atazanavir. The exact reason for this increase and its implications are not presently known. www.hivandhepatitis.com

Tipranavir – A next generation protease inhibitor

Results from an early (Phase II) trial of a second generation protease inhibitor, tipranavir, indicate that it is active against HIV that is resistant to other protease inhibitors. The study involved 41 people who had not previously taken the non-nucleoside class of antiretroviral drugs but who had experienced virologic failure of at least two drug regimens containing a protease inhibitor. After 24 weeks, tipranavir continued to show significant antiviral activity. Increases of more than 100 CD4 cells were also observed in trial participants. Whilst these results are promising, more studies need to be conducted to find out more about the efficacy and potential side effects of this new drug. www.medscape.com

Treatment Briefs are written by ACON's Treatment Information Officers. Phone 02 9206 2036/2013, tollfree 1800 816 518, email treatinf@acon.org.au

tales from the sanctuary

Mac McMahon, Complementary Therapies Treatments Officer, tells it like it is

D iarrhoea: Quite frankly my dear, it gives me the shits!

Well, it's the most common complaint I hear. What to do about diarrhoea? Most HIV clients I see have a problem in this area. Whether it's mild or more severe, it's always a nuisance. After living with this myself for about 15 years, I think I have covered most aspects of how to treat it and have ended up learning to live with it.

Is this good enough you may well ask? What is it we are dealing with? When you first go to a doctor with the problem he/she may offer you treatment of some kind, suspecting a microbe of some sort is the cause, and will usually go on to stool testing if it persists after the initial treatment. My doctor even gave me Flagyl just in case there were microbes lurking about not discovered in the stool test.

Doctors will look for sinister causes such as giardia, amoebiasis, shigella, colitis or whatever because these must be treated. If any of these problems are discovered, you will be given the correct medications to hopefully eliminate the cause. Oh, the joy of seeing a perfectly formed stool in the bowl.

I personally think that if you are HIV positive long enough you will possibly not have perfectly formed stools or one regular bowel movement in the morning. Instead you may have several bowel movements, maybe three, six, 12 or 20 - in other words a continuous bowel movement. This is usually not like 'the runs', which tend to be watery, but more often described as 'loose stools'. I might have one first thing in the morning and then straightaway again when I have swallowed my pills. Sometimes it has an explosive quality about it. You may know what I am talking about. It's called 'explosive diarrhoea'. Others call it the 'whooshes'. Like myself, eventually you learn how to judge the pressure (hopefully) and you know how long you can last before you explode.

Every morning I go to the corner shop for

my newspaper and it's wise for me to try and go to the throne before, as often it's a race against time to get back in time. My toilet paper usage has certainly gone up, let alone increased water rates (all that extra flushing).

Peter de Ruyter, a herbalist, calls it an 'irritated gut' that needs soothing and offers a great formula of slippery elm, rice bran and ginger mixed with fennel or aniseed. You could add some glutamine while you're at it.

Of course, someone is making a lot of money out of things to treat diarrhoea like Metamucil and the like. This may help you and it might be all you need.

Imodium is also a great help in some cases but taking it might be money wasted if the pills cause it or the HIV causes it. Doctors have a term for this - enteropathic diarrhoea. It means they don't know what the cause is so blame the virus.

You will probably be like me and get to know where all the public toilets are in town. There are nice ones at Darling Harbour, and in Grace Bros and David Jones.

Peter de Ruyter's formula

1 cup slippery elm
1 cup rice bran
Tablespoon ginger
Fennel or aniseed

Mac McMahon is the Complementary Therapies Treatments Officer for PLWH/A (NSW) Inc and has a diploma in Traditional Chinese Medicine and Acupuncture (China). He works out of the Sanctuary, 6 Mary Street, Newtown and offers advice about complementary therapies 2-6 pm, Mondays & Fridays. Phone 02 9519 6930 for an appointment or just drop in. Email: complementarytherapies@hotmail.com

The new & updated
July 2001

CONTACTS

HOT OFF THE PRESS!

An comprehensive listing of NSW HIV/AIDS services and incorporating the Complementary Therapies Directory.

Available by subscription or at the usual outlets.

Inquiries 02 9361 6750
Another PLWH/A (NSW) Inc. publication

the positive voice - twenty years on....

David Wallace, Community Liason Officer, Options Employment & Training Services, reflects on 16 years living with HIV.

I can clearly remember sitting on a crowded London Underground train in 1985 reading a newspaper report of the death of Rock Hudson from AIDS. Little did I realise the impact that HIV would have on my life. Less than a year later, I would be told I was HIV positive and 16 years later I would be living on the other side of the world working in a sector that affectionately and/or disparagingly (depending on who in the sector you talk to) is known as 'aids inc' or more recently as 'aids.com'.

Much has been made of the fact that HIV has been in our lives for the last 20 years. Not many days have gone by in recent months without some reference to HIV in the media. The first trial of a new experimental HIV vaccine is to take place next year in Sydney and, although a cure for HIV is still a long way off, with the new improved treatments available there is certainly more hope around than ever before. But as Antony Nicholas, Executive Officer of PLWH/A (NSW) Inc, rightly pointed out in the last issue of *Talkabout*, 'We still have much to fight for and in a time of increasing invisibility of HIV positive people, the positive voice must speak louder than ever.' There is a danger, I suspect, of an ever widening gap between those who are doing well on treatments and those who still are not having any lasting benefit from new treatments. Those who are doing well are gaining, or re-gaining, a sense of self-confidence and self-identity, starting back at work or moving from voluntary or part time work to fulltime paid work. Those who have yet to see any lasting benefit are encountering ever decreasing self-confidence, battling depression and finding all their time taken up with conserving their energy, and what little disposable income they have, for trips to their doctor and/or hospital.

HIV has not taken a backseat in these people's lives. It is hard for them to feel connected to the world, especially when the world around them is changing so rapidly. Even if they had the energy and physical capacity to work, what possible use are the skills and knowledge gained in a workforce five, ten or 15 years ago to an employer in the globalised, corporatised, computerised, economically rationalised world of 2001.

I am lucky enough to be able to work fulltime, consider myself well rewarded and am able to enjoy working – most of the time! However, although I have an undetectable viral load, albeit combined with a strangely declining number of CD4s, and feel physically well most of the time, I still have many moments when I know, 'There but for the grace of God go I.'

Six years ago I collapsed under the burden of accumulated loss, grief and despair and gave up work for three months. In the so-called prime of my life, I was surrounded, as many of us were, by people close to me getting sick and dying. To be a 'have not' then was considered a blessing as in, 'I have not been to a funeral this week'.

I began an emotional and mental decline from which I am now only properly emerging. My partner, close friends and work colleagues may disagree with this self diagnosis as I still have an excellent, if well worn, map to find my own personal 'black hole' along with the contact details of my demons clearly written on a piece of paper. 'Jatz Crackers' refers not so much to a biscuit, more a state of mind!

Before 1995, I had seen HIV as a challenge to overcome and an opportunity to re-define my life. Now I struggle almost daily with thoughts such as, 'Is it all worth it? What is the point? Why have I survived when so many others close to me haven't? Where do I fit in? How many more times will I have to re-invent myself?'

I am more fortunate now though because I see the daily incidence of these thoughts diminishing and they are being

replaced by more positive thoughts, such as, 'It is up to me. I *can* do this. I do have a choice and that choice is to live well and, hopefully, long.'

I am also lucky in that I have a loving and supportive partner and have recently bought a house in Waterloo. For the first time in six years, although I am mortgaged above and beyond the hilt (wherever that is), I now believe more and more that I can plan for a future and I want to – I want to be alive in 30 years time to see the mortgage bloody well paid off!

I am also lucky that in my work, every day, I see other HIV positive people meeting the challenge of HIV and life in general head on – and overcoming it, over and over again, undaunted and unfazed. Their example humbles and emboldens me and makes me realise that I too can and want to do it if I can just ignore the voices that ask, 'What is the point?' and listen to the ones that say 'I can do it!'

But not everyone can – not because they don't want to but simply because they can't. So we must make sure that their stories continue to be told as well, that their presence continues to be acknowledged, and their voices not only continue to be heard loud and clear but they are also given the space and the time to be heard.

In this globalised, corporatised, computerised, economically rationalised world of ours, we still need more compassion and we need to slow things down. The world has developed a very hard edge and people have to develop an equally hard 'shell' just to survive. We live our lives so fast that we don't seem to have any time for ourselves, let alone for each other.

If we are truly going to hear the positive voice, for all positive people, not only is it going to have to speak louder than ever against the background noise of the 21st century, but we must hear it with compassion and understanding.

news roundup

Dr Wooldridge's HIV/AIDS Record commended

Australia's peak HIV/AIDS body, the Australian Federation of AIDS Organisations (AFAO), today praised the contribution of outgoing federal Health Minister Dr Michael Wooldridge to the fight against HIV/AIDS during his service as a Federal MP, and in particular as Health Minister.

AFAO National President Bill Whittaker said Dr Wooldridge has given a high priority to HIV/AIDS as Health Minister and this had helped Australia remain a world leader in the management of the epidemic:

'The Minister has been a strong supporter of prevention efforts aimed at people at higher risk to HIV/AIDS, including Indigenous communities, gay men, injecting drug users and sex workers. This support has assisted Australia maintain a relatively stable epidemic to this point. The Minister has also fostered bi-partisan support for Australia's HIV/AIDS response, which again has been very important to our success.

'The HIV/AIDS sector, and particularly people with HIV, are also very grateful for the way Minister Wooldridge supported early access to new HIV treatments as these have become available over the past 5 years. His support has been crucial to ensuring that HIV medications have been approved and funded in a timely manner.

'Dr Wooldridge has also shown a strong interest in the regional and international response to HIV/AIDS, most recently as leader of the Australian delegation to the first ever United National Session on HIV/AIDS in New York.

'AFAO wishes Dr Wooldridge well in his retirement from Federal politics. We hope that there are opportunities for him to remain involved in the fight against AIDS,' Whittaker said.

AFAO, 7 September 2001

HIV/AIDS an issue for Northern Rivers lesbians

16.5% of lesbians who responded to a brief survey distributed by Northern Rivers ACON identified HIV/AIDS, hepatitis C and STDs as health issues of personal importance. The survey responses are

included report commissioned by Northern Rivers ACON, 'Lemon and Lavender: Lesbian Health Needs in the Northern Rivers', was launched in Lismore on 16 August. The report makes several recommendations, including funding for lesbian specific counselling in partnership with Lismore and District Women's Health Centre Inc, and outreach projects in the Clarence and Tweed Valleys. Author of the report, Punita Boardman, consulted with 150 lesbians at focus groups held in Byron Bay, Lismore, Tweed and Grafton, who identified issues and gaps in the health services they receive.

Participants at the focus group held at Tweed in March this year said that ACON could offer safer sex workshops and kits to make their service more user friendly. Three out of 30 lesbians who responded to written questions distributed at the focus groups thought providing safe sex gear and regular information and workshops about safe sex would also make ACON more user friendly.

Promoting and supporting SHAIDS, the current source of health information for five lesbians who responded to written questions at the forums, was also identified as a priority for ACON.

Illawarra OUTlook

The only 36% of positive people who responded to an ACON Illawarra survey are on some form of combination therapy. Half of the positive respondents are not on combination therapy. Fourteen percent of positive people did not answer the question. These results form part of OUTlook – Monograph 1.

OUTlook is a series of monographs that aim to gain an in-depth understanding of the Illawarra gay, lesbian, bisexual and transgender community. Monograph 1 was launched in Wollongong on 27 July, along with Mapping Out – a photographic exhibition of gay, lesbian, bisexual and transgendered people's lives.

144 people responded to the anonymous survey, which was distributed through services, venues, community groups and community events. The survey included questions about whether respondents had ever had an HIV antibody test, their HIV status, and whether they are on combination therapy.

Of the 89 (61.8%) men who responded:

- 97% identified as gay/ homosexual
- 2% identified as bisexual

- 1% identified as heterosexual
- Of the 52 (36.1%) women who responded:
- 82% identified as lesbian
- 2% identified as gay/homosexual
- 8% identified as bisexual
- 6% identified as heterosexual
- 2% identified as queer

Three transgender people responded: 2 identified as heterosexual and 1 as homosexual.

12% of men and 25% of women who responded have never been tested for HIV. All women and 86% of men who have been tested are HIV negative. Of the 122 people tested:

- 19 were tested more than 4 years ago
- 28 were tested between 1 and 4 years ago
- 75 have been tested during the past 12 months

The Illawarra covers 5,784 square kilometres, from Helensburgh to South Durras.

The Illawarra Branch of ACON provides care, support, education, health promotion programs and advocacy services to/for plwha and the gay, lesbian and transgender community including:

- CSN services
- Community development
- volunteer training
- safe sex information
- library and information on HIV/AIDS
- advocacy
- counselling
- health promotion
- Transgender Resource and Advocacy Network
- Safe Sex Sluts program
- gay and lesbian drop-in
- secondary needle exchange

9 Crown Lane, Wollongong

Phone (02) 42261163

Annual surveillance reports

The annual surveillance reports on HIV/AIDS, viral hepatitis and related diseases show that the new incidence of HIV remained low in 2000 despite a marginal increase of risky sexual practices among gay men. Hepatitis C and sexually transmitted infections increased.

The two reports were launched on 13 September by Chris Puplick, chair of the Australian National Council on AIDS.

2002 gay games scholarship program

Hepatitis C and Related Diseases (ANCAHRD). Findings in the National Centre in HIV Social Research's Annual Report on Behaviour show that there has been a general increase of unprotected anal intercourse among some gay men in some parts of Australia with both regular and casual partners over the past five years.

'This is of concern and is why educational programs targeted at homosexually active men must be continually updated to reinforce the message of the dangers of unsafe sexual practices,' Mr Puplick said.

'The report on behaviour suggests that among gay men there is a significant association between optimism about the new treatments now available to tackle HIV and unsafe sexual practices.

'As well, the report shows that younger gay men are less interested in being tested for HIV and there is a slight downward trend over the reporting period of gay men who have had contact with the HIV epidemic - for example knowing anyone with HIV,' Mr Puplick said.

'We must heed the warning signs from these findings. The less younger gay men know about HIV and AIDS and the risks associated with unprotected sex, the more chance there is of the epidemic making more inroads into the Australian community.'

'This is of concern and is why educational programs targeted at homosexually active men must be continually updated to reinforce the message of the dangers of unsafe sexual practices,' Mr Puplick said.

The surveillance report shows that, over the past five years, the reported diagnoses of chlamydia doubled, from 45.6 per 100,000 population in 1996 to 90.6 in 2000. The rate of diagnosis of gonorrhoea increased from 22.6 in 1996 to 31.3 in 2000.

'There is a clear message from these figures that STIs in both the homosexual and heterosexual communities are a major health concern which needs to be vigorously addressed,' Mr Puplick said.

Gay Games Specific Needs and Disability Committee Representative, **Ken Irvine**, tells *Talkabout* readers how to get to the Games, even if you're not cashed up

For the few people who have not been keeping themselves informed, the next Gay Games is being held in Sydney in October and November 2002. Apart from the 31 sports in the Sports Festival, there is also a Cultural Festival and a Global Rights Conference Program. See the Games website for the list of conferences. The opening ceremony is on 2 November and the Games will continue until 9 November. The cultural and conference programs begin 25 October and are planned to continue throughout the Games.

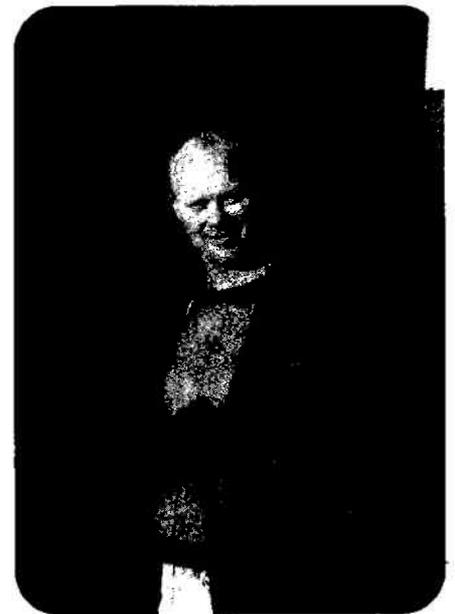
The Gay Games attracts more participants than the Olympics. Everybody gets a chance to be involved, no matter what your sexuality or level of ability is. The Sydney Gay Games 2002 has come together through the hard work of many people.

I am representing PLWH/A (NSW) on the Specific Needs and Disability Committee. I am there to make sure the needs of plwha are met at the Games and all associated events.

The scholarship program is about to be released and if you are positive then you have an advantage when applying. The scholarship criteria gives extra points for all specific needs and/or disabilities.

The other target groups are:

- Indigenous Australians
- First Nations/Tribals
- people from Asia and the Pacific
- young people aged from 18 to 25 on 2 November 2002
- women on low incomes
- people with specific needs and/or disability, and their carers
- people from rural and/or isolated parts of Australia
- people from outside Australia and the Asia Pacific region, from countries where there is State-sponsored or tolerated violence against gay, lesbian, bisexual, transgender people
- people from outside Australia and the



Ken Irvine represents PLWH/A (NSW) on the 2002 Gay Games Specific Needs and Disability Committee.

Asia Pacific region, from countries with a new/emerging gay, lesbian, bisexual, transgender community.

At this stage you can apply for a scholarship online (from end September) at the Gay Games website only at **www.sydney2002.org.au**. You can apply for a full or part scholarship, which could include registration, accommodation, travel and a per diem (daily allowance). I recommend that anyone planning to apply put in for a part scholarship because there will be a limited number of scholarships.

For more information, go to the Games website or contact the Gay Games Information Centre on [02] 9380 8202. Or just drop into 92 Oxford Street Darlinghurst. The Information Centre is open noon - 4pm, Wed - Sunday. Staff will be able to answer any questions you may have.

I hope to see you there.

teaching old dogs

Tim Alderman on study and benefits for positive people.

Note: All the following information is about getting into University of Technology Sydney (UTS). Check the University Admissions Centre handbook, available from newsagents, for entry requirements for other universities.

Making decisions about returning to work or attending tertiary education institutions, such as TAFE or a university, can be difficult. I always denied myself the prospect of further education at university. I thought I could not afford it and that the universities would not be interested in taking someone who did not have a Higher School Certificate. I left school in 4th form, in 1969, when getting your HSC was not an absolute requirement for finding good jobs. How very wrong both assumptions turned out to be. The advice below is for anyone on a Disability Support Pension (DSP) who may be contemplating going to university to further his or her education.

First make sure that the course you want to do is not available through TAFE. There are several reasons for this:

- as a DSP recipient, you are entitled to do one free TAFE course a year, provided there are vacancies in your chosen area
- it is cheaper to go to TAFE
- it is easier to get into TAFE.

However, if you want a degree then university is the only option open to you.

The first thing to do if you select this option is buy a copy of the UAC Course handbook from the newsagent. This lists the courses available, the degree and the university you will attend for the degree. An application form is included and must have all details filled out on it. ALL university admissions go through UAC.

If you want to apply to enter through one

of the Educational Access Schemes, which is advisable, the handbook will tell you which access scheme to apply for. In the case of UTS, the scheme is called inpUTS, and 5% of total student positions every year are available to inpUTS students. Ring the number in the UAC guide, and get the Educational Access Scheme application form book sent out to you. Do not worry if you do not have a HSC, or certificates from other tertiary institutions. There are other criteria you can use to assist your application. I listed all the courses I had done over the years through people I had worked with, and evening courses at community colleges. If you have been disabled by AIDS, use this in your favour. There is a special section included in the EAS book for HIV, which is a recognised disability.

Being on a pension (referred to as having a low income) will also count in your favour, as will educational disadvantage because of a dysfunctional home life. It will also help with your UAC application to include a personal statement, saying why you want to continue your education, what directions you are going to take and how being further educated could help you achieve certain things in your life. Universities look at things like mature age, life experience and what you can personally contribute to university life. Play it for all it is worth.

Make sure your application is filled out correctly, and that all required documents are enclosed, including photocopies, doctor's certificates, and Centrelink Income and Assets Statements. If the application is not filled out correctly or documents are missing, the application will be returned to you and you will have to pay an extra charge to resubmit it.

UTS requires you to send a personal statement to them. The information and form to go with it can be downloaded from their website. Again, make it really sucky. If you have had works published, include samples of what you have done.

Applications are due in by a certain date. It is advisable to send your application to the UAC and UTS at the same time. That way, if UAC decide that you are not eligible, UTS Access and Equity may decide otherwise and force UAC to accept your application. You will be advised shortly after your application is received (in mid-January) whether you

Do not worry if you do not have a HSC, or certificates from other tertiary institutions.

There are other criteria you can use to assist your application. I listed all the courses I had done over the years through people I had worked with, and evening courses at community colleges.

have been accepted or not. Believe me, if I can get in, anyone can! If you are accepted, the university will make you an offer. After you accept the offer, make sure you do the following:

- Attend the official admissions day, when you sign your HECS documents. Don't worry about this. You only have to repay

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HECS when you start earning big money!

- Attend all orientations, especially any for the EAS you have entered under. This is when you find out what services are available to you. If other universities are anything like UTS, these services will be staggering. UTS has grants for in-UTS students to help with educational expenses. All fees are waived for the first semester. The university will also help you get a computer. If you have a disability, you can get a 'Special Needs' card, which gives you access to Special Needs rooms, help in the library to find and copy materials you need, note-takers if you are vision impaired, access to photocopies of overheads from lectures, taperecordings of lectures, disability parking, special assessments for exams, and a plethora of other odds and ends.

UTS also gives you the option to become active in the Student's Union, the Student's Association, Peer Networkers groups, course representatives, disability group representation, innumerable sporting and social groups, and to become active in many areas of university life. Sure, the first couple of weeks can be intimidating, especially for mature age students, but you soon settle in and find that people only ignore you if you choose to be ignored.

You can teach old dogs new tricks, and it can be a very fulfilling exercise. If you need any help getting into university, contact me through PLWH/A (NSW) Inc. Having been through the ropes, I know all the tricks.

NB: Ensure you read thoroughly the course descriptions for your degree. If you think you are not going to like, say, your disciplines, chances are that you won't. First year at uni can be a bit like returning to high school, which can be very stressful and disillusioning for mature agers. It is a real hassle to decide to change your degree mid-stream (believe me, I've been through it), and can cause you even more stress than you are already going through. Make sure the degree you choose is the one you want.

eating to survive the party season

Talkabout's regular nutritionalist **Simon Sadler** gives some tips for surviving Sleaze.

As we move into spring and summer, our thoughts move away from rugging up and fighting off the dreaded winter lurgy to toning up and enjoying the sunshine and party season. This is a particularly important time to be paying attention to our food and nutrition. Don't be mistaken, even for those 'one off' party sessions like Sleaze, your diet and lifestyle leading up to the event will make a significant difference on your energy levels and recovery. Even if you are not preparing for an all night party session, paying more attention to your diet and lifestyle can enhance your enjoyment of the warmer months.

Prepare for partying

To be at your best for the big event here are a few tips to give you the stamina to party all night.

Regular meals- Developing a pattern of regular meals (three to five per day) that contain a variety of foods is the best way to ensure you are getting everything you need. Meals should be made up of foods from each of the food groups including:

1. Bread, cereals, pasta and rice (at least six serves a day)
2. Fruit (at least two serves per day)
3. Vegetables (at least five serves per day)
4. Meat, chicken, fish and bean products (one to two serves per day)
5. Dairy foods (three serves per day)

Quit cutting the carbs! - Reducing the amount of carbohydrate in one's diet is a popular trend, or 'fad', at the moment. People believe that by doing this they will lose fat but in reality reducing carbohydrate strips fluid from the body. I will be talking more about this in future issues, but the 'take home' message about reducing carbohydrate is *don't!*

The term carbohydrate covers a range of substances found in foods like complex starches, sugars and fibre. These foods play many important functions in the body. For example, the brain burns only carbohydrate as a fuel. If the brain can't get enough carbohydrate from your diet it will look at other sources, such as muscle protein, which can be converted to carbohydrate. Unfortunately fat cannot be converted to carbohydrate.

Planning to recover

It's important to prepare some snack foods for recovery. Because you will probably be feeling quite tired and lethargic after the event, it is important to have foods available that require little or no preparation. Foods you could include: fresh fruit, breakfast or energy drinks such as 'Up and Go' or flavoured milks, cold meat and chicken, pasta and rice salads or muesli bars.

During the party

The key message here is fluids, fluids, fluids! Water, agua, l'eau, das wasser, shui - no matter what language you choose, make sure you are drinking plenty of non-alcoholic fluids. Most of us enjoy alcohol socially but it is important to counteract the dehydrating effects of alcohol with non-alcoholic and non-caffeinated drinks. For every alcoholic drink you consume, try to have at least one without alcohol. Carry a water bottle with you on the dance floor and make sure you are sipping from it regularly. Other options for fluids include cordial prepared slightly weaker than you are used to, sport drinks, non- or low alcoholic punches, like lemon, lime and bitters and soft drinks. The new wave of energy drinks and smart drinks contain caffeine and will actually promote dehydration. Try the drinks below as 'warm ups' or 'cool downs'!

Recovery

This is the part of the equation that we often neglect. Again, the most important point is plenty of fluids. Even though you

may feel well hydrated and be passing urine quite regularly, it doesn't necessarily mean you have rehydrated.

As mentioned earlier, you will probably be feeling quite drained after a big night out. Having those snacks you've prepared the day before means that you can start to refuel.

These are just a few tips on how to plan for the party season ahead. For more information, contact a dietitian in your area.

Simon Sadler is a dietitian at the Albion Street Clinic.

Email Sadlersi@sesahs.nsw.gov.au

Virgin Mary

2 teaspoons salt
1 teaspoon black pepper
120ml tomato juice
15ml lemon juice
2 dashes Worcestershire sauce
dash Tabasco sauce
ice

Sprinkle the rim of a cocktail glass with combined salt and pepper. Combine ice, tomato juice, lemon juice, Worcestershire and Tabasco sauce in cocktail shaker, shake well. Strain into glass.

Come down special

90ml pineapple juice
90ml orange juice
dash bitters
dash grenadine
ice

Combine ice, pineapple juice, orange juice and bitters in cocktail shaker, shake well. Strain into cocktail glass. Add dash grenadine. Serve with a straw.

bad habits ...?

Get back that butt or loose that lipo-gut. **Jimbo**, who attends the Positive Access Program, says it is worth the effort.

... in the interest of brevity, I'm not going to list mine here but I often wondered if it was ever too late to reverse a lifetime of bad habits. Who hasn't thought they were indestructible when young? I considered stumbling from one side of Oxford St to the other more likely to result in being hit by the proverbial bus, than dying of lung cancer in a nursing home. Well, seroconversion and life's experiences made me rethink that assumption.

So, can you undo the damage if the party's dragged on for years? Is it worth the effort? My answer would have to be yes. Even small changes can lead to big improvements in how you feel.

Who doesn't know the current mantras: Eat right, Quit smoking, Exercise, Booze less, Don't stress, Treat your body as a temple, Clean up your act. I used to make excuses and put it off 'until ...'. 'Don't know where to start' was another good excuse. My experience has made me think it doesn't really matter what you do - swimming, weights, even walking helps. No single answer suits all people. Stick with it though, try different things, and you will find something that you enjoy.

Obviously, incorporating healthy habits won't cure all that ails you - I still need my Medicare card. Some habits are a hassle to beat, for sure. Luckily, there are heaps of places to help that are free. My particular favourite was the Quit Smoking Clinic at St Vincent's Hospital. It took a couple of tries but I quit in the end. Now I don't get so short of breath walking and my DSP lasts a little longer!

The best part of working out is that I can think differently about my body. When friends ask, 'How are you?' I am thrilled to show my growing biceps rather than being overwhelmed by the war zones of peripheral neuropathy, etc. At this

point in my life, it does seem remarkable to take delight in my body! I never thought that would happen again. Thank you PAP@Fit X.

Then something shifts and one positive change leads to another. Most guys I spoke to at Fit X's Positive Access Program find it easier to keep their appetite. Luckily, lunch is on at the Positive Living Centre after PAP, just around the corner in Bourke St. I like low cost adventures, it's a pleasant day, friendly faces, good chats.

So if it's time to get back that butt or lose that lipo-gut, give it a go. You will feel better for it! PAP@Fit X happens on Monday, Wednesday, Friday from 9.30am-12.30pm. Fit X is at the Pride Centre, carpark entrance, 26 Hutchinson St, Surry Hills. Ph: 9361 3311 or www.pridecentre.com.au/pap

Jimbo, PAP Attendee

Fite Klub @ Fit X

Fit X, Sydney's only GLBT non-profit community gym is thrilled to announce Fite Klub has arrived. Chris, the coordinator, has years of experience in boxing and fitness training. Groups will be small, for safety reasons.

Learn gradually how to block a punch, sparing techniques, even find out the dirty tricks you need to be aware of. Know how to look after yourself in potentially violent situations. Be able to control aggression, but be able to use it when necessary.

Fite Klub is a full contact sport. So be prepared. If you're up to the challenge, take full responsibility. Stop being afraid now. Learn to fight back. It's time to quit being a victim.

Training sessions are Tuesday 10.30am and Thursday 1 pm. Sessions are free for Fix members, otherwise \$5 each casual visit.

Ring Chris at Fit X on 9361 3311.

From *Northside News*, August 2001.

planet positive

Friendly faces, cheap drinks and great entertainment ... **Glenn Flanagan** keeps up with Planet Positive on the move.

I've been going along to Planet Positive for about a year now. I used to see ads for it in the *Sydney Star Observer* and thought about going along but never really got around to it until last year, when I began working at PLWH/A (NSW).

Planet Positive happens every two months and is a partnership between the HIV Living Project at ACON, PLWH/A (NSW) and the Positive Living Centre. It was conceived as an opportunity for HIV positive people to re-engage with their communities. A regular crowd turns up. There are always familiar faces but there are always some new ones as well. It's a nice way to meet other positive people.

Annie's Bar has been the traditional venue for the last couple of years but as this place has been undergoing renovations for the past six months or so, Planet Positive has been on the move. We've been to a few different bars, as well as the Positive Living Centre. The most recent Planet Positive took place at the Lizard Lounge on August 15. It had a great atmosphere, better than some of the other venues we've tried (although lots of people enjoyed the one at the Positive Living Centre, which had a bit of party feel to it).

About 40 people came along to the Lizard Lounge. (Usually there are 50-60). Numbers were a little down, perhaps being winter and with yet another change of location.

There is always finger food - this time it was paid for by the Positive Living Centre.

Everyone gets at least one free drink token and this time everyone got a second drink token. It's important that the drinks are reasonable as they were at the Lizard Lounge.

There is usually entertainment at Planet Positive. This time there was a spectacular drag performance. Bertha gave two fantastic performances full of energy and passion. Another really great development at the last Planet Positive has been the very cool music provided by the DJ. Ruby has been DJ at Planet Positive the last three times and his music has become an important part of the atmosphere.

Look for ads for Planet Positive in the *Sydney Star Observer* and *Talkabout*. Or ring HIV Living at ACON on (02) 9206 2000 or PLWH/A (NSW) on (02) 9361 6011 to find out when the next one is, it will be coming up soon.

HIV and families

Melinda Campbell attended the 4th Australian Update on Pregnant Mothers and Infants, Children and Families living with HIV/AIDS held at Children's Hospital, Randwick in August

A few weeks into my new job as an ACON Women's HIV Support Worker I was able to attend my first HIV Conference on a subject very close to my heart. This was a great opportunity as I was keen to meet up with people who, ten years earlier, were fundamental in some major decisions that I was making at the time as a pregnant and positive mother.

Dr Col Fisher from the Royal Hospital for Women was my obstetrician way back in the dark ages of the early 1990s. He took the time out to explain the automatic responses that the natural process of childbirth creates and the different dangers involved with caesareans. He suggested that as a positive woman I would not heal as quickly, would have a higher risk of wound infection and that I would have loss of movement due to the stitching, which would make caring for my child more difficult. After due consideration, I opted for not having a C-section and, thanks to Dr Fisher's guidance, I'm happy to report that I gave birth to two beautiful babies who are both negative. They were both vaginal deliveries -one pre-drug therapy in 1992 and the other in 1994 when drug therapies were first available.

Professor John Ziegler, Paediatric HIV specialist at Children's Hospital, Randwick, was also involved in the births of my children. He was there throughout all the testing, trials and tribulations that are all par for the course when a child is born to a positive parent. So when attendance at the conference was first flagged at ACON I was more than happy to go along and hear the latest news in this field and to meet up again with the doctors that played such an important role in my life and that of my children.

The conference was opened by NSW Health Minister, Craig Knowles, who

acknowledged that the little knowledge we have about HIV positive women and their children can increase isolation for the families affected. He also spoke about the new HIV Health Promotion Plan and how this should help improve the health and wellbeing of families living with HIV/AIDS in NSW.

As it stands in Australia, parents are under no legal obligation to disclose their child's status to schools, preschools or any other learning environment. At the same time, all learning institutions are legally and ethically obliged to accept all enrolments of HIV positive children and the same goes for doctors and dentists.

Children and treatments

The keynote speaker for the conference was Professor Gwen Scott, Professor of Paediatrics and Director of the Paediatric AIDS program at the University of Miami and Chairperson of the USA Working Group on Antiretroviral Therapy and Medical Management of HIV Infected Children. What an incredible pleasure it was to listen to a

woman with such a high level of passion, integrity, compassion and intensive knowledge of paediatric HIV. Obviously HAART (highly active antiretroviral therapy) has been fundamental in her work and statistically it's easy to see why.

Professor Scott shared her experiences with children on HAART, who were prone to suffer from shortness in stature when compared with their other school peers. With this in mind they are now trialling the use of growth hormones in some children. Unfortunately the use of growth hormones may have some other downsides to the children's health including an effect on insulin levels. The use of behavioural drugs such as Ritalin and Dexamphetamine seem to have no adverse effects on any of the drugs used in the daily treatments of HIV positive children, which is a godsend to the parents of children needing both types of medical intervention.

The most amazing thing about this wonderful woman is her ability to speak to such a diverse range of people and allow everyone the benefit of understanding the context of the data that she was delivering.

The great C-section debate

For me, the highlight of the conference was the debate on C-section as a strategy for minimising perinatal HIV transmission. Professor Scott and Professor Ziegler spoke for the affirmative and as you would expect they put up some pretty plausible and articulate arguments. In the other corner was my old friend Dr Fisher, joined by Dr Virginia Furner from the Albion Street Centre, arguing against the notion that 'All HIV Positive Pregnant Women Should be Delivered by Caesarean Section to Prevent Perinatal HIV Transmission'.

This was certainly the place to be - you could feel the energy from all who were there. Everyone was gathered in

little clusters talking animatedly about who they thought would win the debate. In the end, a show of hands supported the negative argument. Most people in the audience, including myself, agreed with Dr Fisher's assertions that the studies Professor Zeigler presented were incomplete and that the real drop in transmission has come from an increase in knowledge amongst the medical fraternity. He spoke about the 'natural' process of childbirth stimulating an immune response in a newborn that would be sacrificed if the woman had a C-section. His argument was that if a woman has the combination of a low viral load, a high T-cell count, is taking antiretroviral drug therapies and planning on giving them to the baby (and not planning to breastfeed) then a C-section is unnecessary and intrusive.

Disclosure

Michele Goode, Clinical Nurse Consultant from the Paediatric HIV Service at SChildren's Hospital, Randwick, took on the complicated issue of school disclosure. Michele, as eloquently as ever, informed us about the current legislation on disclosure. As it stands in Australia, parents are under no legal obligation to disclose their child's status to schools, preschools or any other learning environment. At the same time, all learning institutions are legally and ethically obliged to accept all enrolments of HIV positive children and the same goes for doctors and dentists. Universal precautions are in place and, if used correctly, then there is no need for disclosure.

Some parents do want to disclose. Some of their reasons may include that they feel their secret is too big, that the child may inadvertently let out their status to a peer or teacher and their fear of transmission from child to child. Michele talked about the times she has been called to help with matters of



ACON recently appointed a new team of health workers to provide women's services and support for HIV positive women. HIV Support Workers, Kimberly Kitchener (left) and Melinda Campbell (not pictured), will provide information, education, support and referral services to women living with HIV/AIDS in NSW. Women's Health Promotion Officer, Sera Pinwill (right), has been appointed to develop new educational programs and health campaigns for women at risk of HIV transmission and HIV positive women.

disclosure. Of the 20 occasions she has personally been involved with, five were public disclosures. Michele first telephones the Principal to arrange a time to meet with teachers and parents of the child's peers. The parents of the HIV child do not go to the initial meeting. The other 15 disclosures she has worked with have been partial disclosure such as making a phone call to check that the universal procedures are in place within the school or educating teachers and offering them support and guidance. In the majority of cases, disclosure has gone across well, however, she spoke about the need for two adolescents to be relocated due to the unfavourable outcome of disclosure.

I certainly got a lot out of the conference and will be able to share my newfound knowledge with clients who come to ACON. My only gripe would be that many participants would have got more out of the conference if there had been an HIV positive woman/mother speaker sharing her experiences. Maybe next time. Also, what I imagine is a general conference comment - professors, doctors, clinicians and the like need to realise that not everyone has a science background!

Melinda Campbell is a member of the new team of Women's HIV Support Workers at ACON.

federal election

Derek Walker looks at the issues for plwha

Although unlikely to be a prominent issue, thanks partly to the bipartisan approach to AIDS policies that has existed since the 80s, AIDS organisations are preparing for the Federal election campaign just around the corner.

Sustaining public health services will be the key issue for AIDS organisations during the Federal election campaign. This issue will feature heavily in the questions that the Australian Federation of AIDS Organisations (AFAO) will put to the major parties in the run up to the election.

According to AFAO President, Bill Whitaker, the key issues for AFAO members are the maintenance of the public health system and Medicare.

'Issues like sustaining the Pharmaceutical Benefits Scheme (PBS) to ensure that medicines are affordable and available are very important. Similarly important is ensuring that Australia's drug approval and drug funding systems work efficiently and in a timely manner, so that new treatments that are proving effective reach people with HIV as soon as possible,' he said.

As in previous years, AFAO will be writing to the major political parties with a series of questions on HIV/AIDS and related policies to seek clarification of the parties' positions on the future of HIV/AIDS funding; HIV/AIDS research; HIV prevention and continuing a National HIV/AIDS Strategy. The answers will be available to AFAO members and constituents to inform voting decisions.

AFAO's questions for the major parties had not been finalised when Talkabout went to press, but several relating to welfare reform are likely to be included.

PLWH:A (NSW) has worked closely with AFAO and NAPWA to respond to the Federal Government's welfare reform proposals. The proposals to downgrade the

treating doctor's role in assessing Disability Support Pension (DSP) applicants' ability to work and to extend current pension recipients' mutual obligation requirements are of particular concern to PLWH:A (NSW). The inadequate income provided by the DSP, especially for people living with a chronic illness, is also critical.

Health and welfare issues are likely to feature prominently in the campaign platforms of the major parties. HIV is not expected to be a hot political issue although Bill Whitaker does expect some attention to be given to HIV/AIDS.

'If the election happens around November/December, it will follow the International Congress on HIV/AIDS in Asia/Pacific, the Commonwealth Heads of Government meeting and a Regional Ministerial Forum on HIV/AIDS, so there will have been a lot of publicity about HIV/AIDS and therefore comment from various politicians about how Australia is responding to HIV/AIDS both internally and in Asia/Pacific,' he said.

'The question of future commitments to the Australian response and the regional response to HIV/AIDS will undoubtedly come up.'

HIV/AIDS is rarely a major political issue during election campaigns in developed countries, largely because combination therapies are so successful and HIV affects only a small part of the population.

In the recent UK general election, HIV was a prominent issue insofar as it affected asylum seekers- an issue with a similarly high level of political sensitivity in the UK and Australia.

Susie McLean, Senior Policy Officer at the National AIDS Trust in London and former AFAO policy analyst, was involved in the UK HIV Policy Forum's election work.

'Many asylum seekers are arriving from countries with high HIV incidence and so, not surprisingly, significant numbers of asylum seekers have HIV. The UK

government has a policy of dispersing asylum seekers outside London to places with little or no infrastructure for community support,' she stated.

'HIV seriously intensifies asylum seekers' experiences of isolation and marginalisation and terrible problems are occurring where many are not getting good access to quality HIV treatments services, let alone quality community support services.'

Many of the election issues of concern to positive people in the UK were similar to those identified by AFAO, for example stigma, discrimination and access to treatments. Calls in the UK for disability benefits to be increased in line with age pensions is reminiscent of the recent \$300 GST compensation payment made to aged pensioners in Australia but not to disability support pensioners. However, the UK HIV Policy Forum's strategy for approaching the UK election differed from the questionnaire approach being taken by AFAO.

'The UK HIV Policy Forum was clear from the outset that one of the main goals with the election statement was simply to educate MPs and prospective MPs about the new issues of the current epidemic. We have a concern that many MPs and others are acting on assumptions and old truths about the epidemic that simply don't apply anymore,' stated Susie Mclean.

The AIDS sector in Australia is in a good state to ensure that the voice of positive people is heard loud and clear by politicians, according to Susie Mclean.

'The national system that exists in Australia, whereby the Federal Government funds AFAO/NAPWA to work with State based PLWHA groups to provide the national voice for positive people is truly unique and enormously valuable. Nothing that organised exists in the UK and this means the job of involving positive people in decision making is ad hoc, dispersed and patchy,' she stated

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mother helen's miscellany epistle-ette #9

Mother **Helen Highwater** OPI (ret*)

(The New St Lucy's Convent for the Frustratingly Blind)

Blessings and a perpetual indulgence to all gentle readers. I hope this is of benefit to those who might find dealing with service providers, no matter whether they be government or private, a little bit frustrating. Getting what you want or need from any big organisation takes, unfortunately, time and effort. Harking back to the latter part of the last millennium, things were so much easier then and far less complicated. Unfortunately the world we live in now is so precise that one must learn to dot every 't' and cross every 'i' to make it crystal clear what you want. To this end I have compiled a little 'How To' list which you may find both interesting and useful.

1. Write a letter. This, for one, shows the object of your lust/anger that you are prepared to sit down, take the time and

trouble to affix a stamp to an envelope and, generally, make the effort. An email or fax is the lazy way out. People usually like getting a letter as opposed to a machine generated correspondence. Think of your own experience with your letterbox. Which envelope do you enjoy opening first? The personal one or the one with the little plastic window?

Try to find out the name of the person you must communicate with. Thank him/her for reading your letter, then go into your request for help. This is always a good idea. There's nothing wrong with a bit of grovelling, especially if you've made the person feel important and you get, eventually, what you want. You don't have to shout this person a couple of drinks at the Shift or Newtown or ever face them. Outline your feelings and needs as clearly as you can.

In the final paragraph thank him/her for taking the time to read your letter. Ask/plead/beg them to, as a matter of urgency, get back to you as soon as possible or in the very near future. Sign off with 'Yours Sincerely'. This is much more grovelling and friendly than 'Yours Faithfully'. I've always found that putting the day and date under your name is a little added bonus that alerts the reader to the fact that you've really made note of when you wrote your letter and the response, or at least the delay in response, will be more noticeable.

When you've finished, read your letter out loud to yourself, or to a trusted acolyte, as a form of proofreading. This will also give you an idea how it will sound at the other end and you may wish to change the wording, add or delete some words, etc. It's not a good idea to be too specific about their incompetence or to be too abusive. Don't be scared to be a victim of the system. Pencil pushers love it when they've helped a true victim of the system.

Make a note of the date of your letter, mark it on your calendar and if you

haven't received a reply within two to three weeks go to step 2.

2. Ring on the electric telephone.

Lift the handset and wind the little handle on the side to alert the operator that you wish a direct line. Place the device to your wimpled ear, have pen and paper at the ready for your voice contact. 'Good morning, this is Constanza speaking. How may I help you?' (Speaking with true delight at getting a human being), 'Oh, a gracious good morning Constanza, Is that Constanza with a 'z' or an 's'? This will alert Constanza to the fact that you are actually writing her name down and that you mean business. Once again, thank her for her time. Bullshit a little about how grateful you are for any help you may obtain from her then launch into your request. It's always a good idea to ask, ever so politely and constantly, if she wouldn't mind spelling or clarifying any name or date she's given to you so that you've had a chance to jot it down. When you've finished or feel like a promise of some sort has been made by Constanza, ask, ever so politely, if she'd mind if you phoned her again in a week or two - be specific, carefully writing down the number and extension and repeating it to her.

Keep in mind, at all times, that Constanza can't see you so try to keep your voice calm and rational. Once again, you're not losing face by really grovelling and this person has probably not received a nice word or experienced niceness for a long time, so the nicer you are, the better your chances of accomplishing your goal.

You may not always be satisfied with the outcome, but I guarantee that the majority of your complaints/requests will be dealt with within what is considered in this new millennium to be a satisfactory time. Till next time, gentle readers, I love you all and wish you good health and happiness till my next tome.

* retired/retarded.

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What is ACON doing for plwha?

Talkabout Editor, **Susan Hawkeswood**, interviewed Stevie Clayton, Chief Executive Officer of the AIDS Council of NSW, about the progress of ACON's 3-year plan.

This is an edited version of that interview.

SH: PLWH/A (NSW) wants you to talk about your personal vision for ACON over the next 12 months. What direction do you think that ACON should be taking?

SC: Over a six month period culminating just over a year ago, ACON's Board went through a process of consulting the community, including HIV+ people and organisations, including PLWHA, and we came up with our 3-year strategic directions for the organisation. Part of that was about acknowledging the sort of work we were doing, given that HIV services had changed over a period of time because the epidemic was changing.

Some of that process was about saying that we needed to, in part, change our direction. That included taking on a broader range of health issues for the gay and lesbian (g&l) community but, at the same time, continuing to include our HIV services and continuing to look at the latest research and changes in the epidemic.

We were always out there leading, in terms of both prevention, treatment and care services. In that process, we gave a number of commitments to people and we said, for instance, that the process was about evolution not revolution. We would be changing our services slowly. They wouldn't just change overnight and people wouldn't feel like they'd suddenly lost something. I think there was an enormous fear amongst people that the process of change would mean people might suddenly think: 'I won't be getting the services that I need'. So we made commitments to do it gradually.

The first year of that 3-year plan was last year. That was about working out the best fit for us in terms of the new services we want to deliver and where we could add value, rather than cutting the services that already exist. It was also about looking at how we could continue to improve our HIV services.

This is the second year of the plan and now it's about saying: 'We've done the research. We've built the partnerships. We've worked out where we fit.' The outcome is

delivering some new services. Some of those new services are focused on HIV and some are focused on delivering our commitments to a broader g&l community health agenda.

SH: There has been a perception in the HIV community that ACON has developed - or is developing into - a generalist g&l service with HIV services as a subset of those services? Do you think this perception is accurate?

SC: It's not quite that simple. The philosophy behind who we are now is: 'We are essentially a g&l community-based health organisation.' When we say that, we use the broadest possible definition of g&l community base, including transgender people and heterosexual people who include themselves as part of that community but that's not the absolute limit of what we do.

We talked first about being grounded in the g&l community but we also say that we remain owned by, accountable to and delivering services to all HIV positive people irrespective of sexuality, or any other factors.

There is another group of people who we would have a lot in common with because their communities are affected by HIV and/or because their communities share discrimination issues with g&l communities. So we do lots of work with sex workers, injecting drug users, and Indigenous people.

We have a broad picture of the organisation we are. What happened - as the epidemic changed - plwha are now less inclined to define as being positive people. The vast majority, certainly not all, focus on all the other factors that make their identity and who they are. We need to embrace the diversity of what people see themselves to be and where they see their health fitting into that. We need to deliver quality services to HIV+ people in NSW.

If we accept that the vast majority of HIV+ people in Australia are gay men, we need to deliver programs for gay men that include HIV, but are less about illness and more about health promotion.

In about a year or so, we'll expand our

health promotion programs for positive people while continuing to maintain our current support services for those who need them. What we're seeing is that less people need those services and more people are coming in for health promotion services. That's the sorts of changes we're talking about.

SH: You've talked about the health promotion model that you're leading to for services for HIV+ people. Are there any structural differences to the services that ACON's providing that are currently being implemented, for example the way services are delivered, or the locations that services are delivered?

SC: One of the major priority areas for us in the development of this business plan was focusing on rural and regional services - something we haven't been very good at outside the areas our branches exist. This year, we're putting an emphasis on better delivering services throughout country NSW in areas that are largely unserved at the moment.

When we talk to people about their needs, there are a couple of key needs for plwha, including education and getting the best they can from their GPs. If you look at the research, the main point of contact for roughly 7 percent of plwha is their GPs. We need to make sure this group gets the information and referrals they need.

We are piloting our enhanced care project (ECP) with GPs in Darlinghurst and the NSW Mid-West. We're also looking at developing resources for people with HIV so they can get the best possible deal from their GPs and other health care providers.

Less people are spending longer periods of time in hospital. The number of specialist staff, not just doctors, who are used to dealing with HIV issues is decreasing and the standards are decreasing.

People are feeling less able to advocate for themselves, so we're developing a new project this year. That project is about not waiting for people to come out and complain afterwards about the service

they get but continuing to work with hospitals and other health care providers to make sure that the standards don't slide. We're also advocating for people while they're in hospital.

SH: The community pharmacy trial is a way of making treatment more accessible to people where they are, rather than people having to attend hospital pharmacies. When will that be up and running?

SC: We hope very soon.

SH: You've talked about the range of directions that ACON services for positive people are moving. There's a very diverse range of positive people with different needs. How do you think ACON's going to be able to deliver the range of services to cater to the needs of every positive person in NSW?

SC: We already deliver a range of services. One of our biggest problems - and another area that is a priority for us this year - is communicating what we deliver so that people know what services they can access. We cop criticism for not delivering services that we do deliver. We haven't been very good at getting out there and making people aware of them.

Positive women are a minority within the epidemic. They have always had to deal with isolation and under-resourcing of projects to meet their needs.

We have always had projects and tried to deliver services for positive women but, for some reason, had a lot of difficulty doing that. The heart's been there. We've tried to budget and put resources into it and there's just always been some problem.

We've recruited three new staff to the area and combined our peer support services for HIV+ women with our general women's health promotion position.

There will always be someone there if people ring. They won't be dealing with answer machines, leaving messages and not being called back for ages. They'll be having immediate contact with a real-life woman they can talk to.

We're also increasing our health promotion services for positive women, who were a major focus last year and that will continue this year.

The best way to work with people is in partnerships. We'll be doing more work with positive hets and, of course, continuing to work closely with PLWHA. We are trying to develop, or supporting other groups to develop, support groups for positive women.

SH: Regarding the services ACON provides for the g&l community, regardless of their status but with particular relevance to positive gay people - given that 85% of positive people are gay men and the difficulties they face are very much related to their homosexuality - what strategies

does ACON have in place to address homophobia?

SC: We've got a number of different areas. From a purely health perspective, what we're looking at this year is how we can improve access to and quality of treatments for people in the g&l community and some of the other groups we work with.

We're looking at how we can work with service providers, including GPs, to improve those services. We're also doing work with drug and alcohol (d&a) services to try and make d&a services more accessible.

People need access to therapies and we need to make mainstream services more accessible but that's a longer term plan.

We will deliver some of those services in the short term but our longterm aim is having the services paid for and provided by the government accessible to everyone.

What we find outside Sydney is that people have a lot of trouble accessing non-homophobic counselling services at a price they can afford with a reasonable waiting period. We want to work to improve that situation and make those services fair and more accessible.

We have taken responsibility for the lesbian & gay Anti-Violence Project (AVP). It's about dealing with homophobia. A lot will be happening in that project.

In rural areas, where you have racism as well, we're already working in local g&l community centres to reduce violence.

This includes local launches of projects for other organisations, for example Acts of Passion for the Attorney-General's Department.

Work is also being done with schools to get resources in there to address homophobia.

SH: One thing that has been addressed in ACON's business plan is cultural sensitivity towards a diversity of groups. What is ACON planning for people from non-English speaking backgrounds (NESB), particularly in relation to HIV prevention and increasing awareness of the services that are available for positive people from NESB communities?

SC: In the planning process this year, we've acknowledged upfront that we haven't given a great amount of focus to services for people from NESB. We've had an Asian project here for a long time, and we used to have a Spanish project. We didn't want to change everything in the organisation at once or we'd do it badly, so we decided to focus on three areas for this year and then improve in subsequent years.

First, we intend to do an education campaign with the Multicultural HIV/AIDS Service, which will probably focus on late presenters. Research has shown - particularly in Asian communities in the Sydney South-West -

that people are not presenting or getting testing. They have conditions that are well progressed before they turn up for treatment and we want to get them early and get them into a testing centre.

We intend to have our first NESB-focused community development worker in a local area health service in South-Western Sydney.

SH: You mean people who are not routinely testing after risk-taking behaviours?

SC: That's right. We see that as an area of need. Second is having a look at the direct one-on-one client services we provide and try and make sure that these are more accessible to people from a broader range of cultural backgrounds.

Third, we've been doing consultation about Greater Western Sydney and how we're going to move back out there. Our office burnt down just over a year ago, which was in Parramatta, and it's taken quite a lot to sort out the lease arrangements and insurance and all that sort of stuff.

*We were always
out there leading,
in terms of
prevention,
treatment and
care services.*

Now it's finalised and we've been looking at how to physically get back out there.

We've had our care and support staff in Penrith and we've had our community development staff in here. They're commuting 1,000 km a week.

We've consulted to work out how to meet the diverse needs of Greater Western Sydney (GWS), which is a huge area. We've decided, after talking to services in the community, that the GWS will have about 6 sites, rather than one office.

We'll continue to have our youth services at The Warehouse at Penrith.

We'll probably put another part-time community development worker at Penrith and rent premises somewhere like Marylands to create a community centre where groups can meet and people can drop in.

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Friday 7 October: Open House: **Buon Appetito!** Italian Xmas party

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The Australian response to the UNAIDS World AIDS Day campaign is being managed by the NSW World AIDS Day Project, auspiced by the HIV/AIDS & Related Diseases (HARD) Unit at SESAHS.

The theme for the 2001 Campaign - 'I care...Do you?' - refocuses awareness of the levels of support offered to people living with or affected by HIV/AIDS in a myriad of ways, from statements of personal affirmation to positive corporate and governmental action.

In keeping with the design concept of the International Program, we have called on a number of celebrities to show their support for tackling the broad issues of HIV/AIDS in the 21st century. Georgie Parker, Johnnie Cass, Richard Wherratt, Nina Liu, Eden Gaha, Anne Phelan, Cindy Pan, Charlotte Dawson, Adam Goodes, Brad Seymour,

Vanessa Wagner and Cathy Freeman have all agreed to support the project by appearing in the poster campaign and making personal appearances at a variety of World AIDS Day events across the country.

The campaign design will be launched at the sixth ICAAP (International Congress on AIDS in the Asia Pacific) on October 7 in Melbourne. AIDS Awareness Week will be launched simultaneously in each State and Territory on Saturday November 24. Blocks of the Australian AIDS Memorial Quilt will be unfolded, accompanied by speeches and entertainment.

On Sunday November 25, Her Excellency, the Governor of NSW, Marie Bashir will present the Annual World AIDS Day Awards at Customs House. These awards recognise those individuals who have served the community in the areas of advocacy, care, education or support well beyond normal

expectation. Nomination brochures for these awards are available at HIV/AIDS service outlets or by emailing a request to knoxd@sesahs.nsw.gov.au

Throughout AIDS Awareness Week, members of the Positive Speakers Bureau and the Quilt Project will be providing special school talks in metropolitan Sydney. These talks follow on from similar talks in rural parts of NSW throughout the year. Now in their fourth year of operation, the talks have been heard by over 15,000 students.

The red ribbon as a symbol of AIDS awareness reaches its 10th birthday this year and red ribbons will once again play a major role in the World AIDS Day Campaign. The AIDS Trust of Australia is running the Red Ribbon Working Bee and ACON is coordinating much of the selling. It is hoped that prominent red ribbons will also appear on several Sydney landmarks.

It's time again to say thank you



During AIDS awareness week we will again acknowledge the efforts of those in the community who work tirelessly and often anonymously in the battle against HIV/AIDS. Brochures explaining nomination criterion and nomination categories are available from AUSSIE BOYS, THE TOOL SHEDS, THE BOOKSHOP and most HIV/AIDS community groups.

**For more information contact Douglas at
NSW WORLD AIDS PROJECT OFFICE on
9382 8356 or fax 9382 8158**

The NSW WORLD AIDS DAY PROJECT is funded by NSW Health and sponsored by Toohy's and Montana Wines.

the reconstruction project – the process of rebuilding

Pene Manolas, former Coordinator of the Reconstruction Project at the Bobby Goldsmith Foundation, describes the project*

'Get back out there and go for it' ... easy words from an HIV worker or doctor, but what a big ask for many people with HIV who, until recent years, were preparing for quite the opposite. I mean, 'take these pills and you'll feel better', is sometimes not even the case.

This is certainly a turning point for many people with HIV, who have lots of options and decisions to make. The toughest decision may be whether to sit tight and let the future unfold, or take the opportunity to review your circumstances and start rebuilding to make sure you get more of what you want from life.

The 'Reconstruction' project was developed in response to recognising this transition period and the needs expressed by people with HIV to take some time to get their heads around the fact that a future may be a reality once more. Preparation time is necessary, or time between getting better medical results from the doctor, and then actually being ready to slowly get back into life and possibly consider work. 'Reconstruction' aims to work with you during this period of change by helping people explore self worth and personal meaning, as well as offering education and support to restructure and re-engage in life.

The program can help if you feel ready to explore the future and want to make changes but feel unsure about exactly how to do it. As someone so rightly asked in one group: 'Who is driving this car anyway?'... implying that either we can decide to learn to drive our own car, or we can let someone else drive. Or, as we discussed: ... 'So the body work's been done (the pills), the engine tuned (through 'Reconstruction') and now the car (you) can get back on the road'. Time spent well during this transition period may help you feel better when someone says the familiar 'so now you're well again, what are you planning on doing, and how fast?'

Most people who have participated in the 'Reconstruction' program have decided to be

the driver and have used the program to check out the best roads to go down before starting out. The program hopefully offers the street directory, helps revamp your driving skills and invites a few other travellers along to weigh things up with and help negotiate the journey ahead. As another person said, 'Reconstruction' gave me the resolve to move forward, and the confidence to find myself and be able to start moving in another direction.'

The 'Reconstruction Project' is managed by the Bobby Goldsmith Foundation and current programs... During the remaining months of 2001, eligible HIV workers from regional NSW and Sydney will be trained, and 'Reconstruction' will become available to PLWHA across NSW very soon.

'Reconstruction' provokes your thinking. Participants attend weekly forums of twelve people with HIV, and a range of support services workers. The program has been useful for many people who want to reconnect with others with HIV, and instrumental for others wanting to change their life and create strategies for the future. 'Reconstruction' is not a heavy personal development group or group therapy. Feedback from participants shows that 'Reconstruction' is what positive people want in 2001. Generating support and building

networks with like-minded people, much of 'Reconstruction' is about empowerment ... and coping. Building and acquiring knowledge to stay on top of it all, 'Reconstruction' offers:

- support - about what you've gone through in the past, current motivation and lethargy problems and coping emotionally.
- skill building - in areas needing work, for example self esteem and confidence and setting goals
- education - who can help with financial or work issues, who has expertise, where can you turn
- time - over a three month period, explore your issues with others who are positive

You'd be committing to nine two-hour groups, regular contact with other positive people, professional facilitation and speakers who bring diversity and experience to each forum discussion. Making the actual decisions about the kind of life you want through 'Reconstruction' and achieving that life may make taking the medications worthwhile and not simply a compliance chore - at least you'll be behind the wheel!

The 'Reconstruction Project' is managed by the Bobby Goldsmith Foundation and current programs are held at different Sydney locations. During the remaining months of 2001, eligible HIV workers from regional NSW and Sydney will be trained, and 'Reconstruction' will become available to plwha across NSW very soon.

**Since writing this article, Pene Manolas has resigned as Coordinator of the Reconstruction Project. BGF is committed to continuing to address the changing needs of plwha, including the complex issues arising from renewed health. Reconstruction will continue at BGF for the period of funding and then will undergo an independent evaluation so that the project continues to evolve and is sustainable. If you have any enquiries about Reconstruction, please call Maree Crosbie at BGF on 02 9283.8666.*

Reconstruction Project Participant - Bruce

S: OK, Bruce, can you talk about when you did the Reconstruction Project? Was it quite recently?

B: Yes, we started from the end of May, I think it was. It ran for approximately 8 weeks, and then we had a month off to consider what we'd done in the project and come back and talk about it. It covered a wide range of areas from treatments through to how people have progressed from the early days of HIV through to present times and we had a wide range of people in age groups and diversity and we came together and just generally talked about where we were at this time of our treatment.

S: Did you get much out of the Reconstruction Project beyond the contact with other positive people?

B: Personally I got a lot because I learnt more in the actual four weeks, regarding treatment and things like that in comparison to seven years in clinics. In clinics they give you the general idea of what you're doing. In this Reconstruction Project they explained everything in detail and in simple terms.

S: And what difference does that make to your life now?

B: It gives me a lot of knowledge that I didn't previously have and the ability of being able to use that as well because I put in place the practical ways of how to use it, basically.

S: Would you say that you were a fairly isolated person?

B: Yes, reasonably. Because I'm married and I don't mix with the gay community all that much although I do have a lot of gay friends. I would have been reasonably isolated, I'd say.

S: What difference has it made to your life doing the Reconstruction Project apart from treatment information?

B: Well, just the fact that you're mixing with other people with a disease and seeing where they're at and comparing it with your own time frame that you've had the disease

for and how other people are handling it in comparison to yourself and there's some pretty amazing stories.

S: And, what sort of life changes do you think people might be able to think about making after doing they do the Reconstruction?

B: It gives you the information that you need to go forward instead of thinking about dying as we originally did when it was first around. This gives you the power to be able

I think it's absolutely essential because of the fact that these people don't have the information that's available in the city, for a start, and they're only seeing people .. say, if we were in trouble we can go to the clinic situation ..

to live life day to day more or less quite easily without too much stress.

S: So that was an important part, the stress management was an important part?

B: Very much so, stress is a very big thing for HIV sufferers.

S: Can I ask how long you've been diagnosed HIV positive?

B: I was diagnosed November 94 but I seroconverted six years before that.

S: So quite some time. So you've had, I guess, a lot of personal experience dealing with it through treatments?

B: Yes, I was ... I had a horrific time on early treatments and I've actually changed treatments about six or seven times. I'm now on a regime that I can handle quite easily.

S: What benefit do you think the Reconstruction Project is planned to be conducted in rural areas ... regional areas of NSW. What benefit do you think there is for people in isolated areas?

B: I think it's absolutely essential because of the fact that these people don't have the information that's available in the city, for a start, and they're only seeing people .. say, if we were in trouble we can go to the clinic situation .. just ring up and go in in the city whereas in the country they've got to wait for people to come to them. Because they don't always have the HIV clinics in place all the time. But it's not only that it's giving them contact with what's new and available. It's also giving them a little bit of self-esteem because this project teaches you to have a bit more self-esteem and it will also help you to get into work if you want to get into work. You know, it's a personal decision but it's there .. the things are put in place for you. Use it if you want to.

S: Is that something that you think is important to realise about the RP, that it gives people who take part in it a range of options to consider rather than telling them?

B: That's exactly right. You're not actually .. you're not even ... actually telling them to go back to work. It's teaching them the skills to be able to go back to work if they need to or if they want to but it's a personal decision in the end.

S: OK is there is anything else that you wanted to add?

B: Yeah, I would like to see like a follow up course in the Reconstruction, say after somebody's done one, maybe it would be in six months or 12 months later just to see how they've progressed from that course and see if they need any more help in their direction.

the reconstruction project – taking part

Project participants **George** and **Bruce** describe the benefits.

Reconstruction Project participant: George

S: George, you've done the RP that's been run by BGF. What prompted you to enrol in the course?

G: Well, I had been working up to the time that this happened and the change from being full-time ... employed full-time to being unemployed because of ill-health, or because of the strain or the symptoms of the virus made it simpler for me to stop working and in fact I'm glad I made that decision. But I also found that there was a transition period that I couldn't ... that I wasn't prepared for. And consequently, because I wasn't prepared it was a problem.

S: ... That transition period from working to not working ...

G: From working to not working and it's actually, after working for 35 years non-stop it was a rather extreme change and I found that I was having trouble, well I wasn't sort of, how can I put it, I wasn't paranoid about it but I was uneasy about it. Extremely uneasy which of course brought other problems like blood pressure and stress, in a different area, so I thought I saw the advertisement actually at the Albion St Centre and I thought well it really is ... it sounds good and that's what brought me to it and I rang them of course and arranged to go to the course.

S: OK. Now that you've done the RP, what were the benefits for you that you think would be beneficial to other people as well?

G: Firstly, the fact that you can discuss this with people that are in the same situation, or close to the same situation, is a great healing and a beneficial result in itself. I mean, talking to your doctor is good in many ways clinically. Psychologically, you really can't expect them to know unless they're in the same situation. And they can only prescribe medication, they can't prescribe the soothing or the healing that takes from ... from within yourself. And this process of

discussing, because it was an open discussion ... some of the parts of the course were startling, unexpectedly so, but at the time ... and of course it makes you think and makes you take part and as a result you interact with the other people so you don't feel as though you're the only person that has this problem. That is a very ... you know, it mightn't seem important but it is important. And I'm not trying to say that I wanted sympathy. I just wanted understanding as to ... comparing notes as well.

S: So, you're not working now.

G: No, I'm not working at the moment and I don't know whether I will but I'm not now.

S: So, when you did the RP it wasn't because you were planning to return to work?

G: Well, at that stage I hadn't ... yes, well actually, I hadn't made the decision, or the decision hadn't ... we hadn't arrived at that. I had left work. I just left work. I didn't want ... I just couldn't do it anymore. And I wasn't sure whether this was going to be permanent or not. So, consequently it helped me to make that decision. You know, I mean, I know that ... I don't ... for one thing it helped me in not feeling useless and that's a very major thing ... to suddenly feel that you are useless is a very bad feeling ... it's ... it causes turmoil, psychological turmoil, it causes stress, you know, being in a different field of stress rather than working stress and your self-esteem suffers dramatically. So, all these things were addressed by this course so I didn't feel as though I was a criminal, or I was to be ashamed of my situation, or whatever, all those negative things that come with this condition.

S: So, your experience of the RP ... it's ... the course is of benefit to people who aren't particularly planning to go back to work.

G: Totally. Yes. I cannot speak highly enough. I didn't actually expect it be quite

this therapeutic and I know it may sound fanciful and whatever ... it may sound that way but I know better because I went through it. And I actually ... I feel I found myself to a degree. I found my new self. You know, that is no mean ... it's quite a major thing to happen to one.

S: So the RP, you think, it's ... you know ... helps people who are in transition whether the transition is thinking about going back to work after being off work for a long time or like yourself leaving work after a long period working and reconstructing your life around not working?

G: Yes, it's immeasurably helpful that way. I don't know what I expected exactly. All I knew was that this appealed to me. It sounded as to what I needed it to do and it worked very well. It actually is invaluable in this transition. It isn't the only thing that it does for you. I don't think it's the only thing but it was a major thing for me.

S: Were you nervous at all [about doing the Project]?

G: Yes I was. I'm not an introverted person but I'm not extroverted either so it was a ... I was apprehensive to a degree. I was apprehensive but that was really ... that was handled very well by Penny. Now, if she hadn't been as capable I wouldn't have stayed with it because I can see how it could go wrong and it's very important that the training began firmly and compassionately. And this is very hard to do ... to be firm and to be compassionate all in one is sometimes very difficult to achieve and she did it very well. I think she was ... I'm not trying to single out one person because the other participants were also helpful but she was very ... work ... she managed it well. And that made it successful.

S: So, if other people who've been isolated, particularly ... I know that BGF are planning to run the RP in rural and regional areas later on this year and early next year and some of the people who could benefit from the course might be

what if

much more isolated than people in the city because there's less to go to ...

G: Yes, they have a bigger problem than even we have because we at least can inter-react with other people. There is a bigger population in the city of our type of people well, I say our type ... of people in this condition. So, you can compare notes. If you're in the country, I think that would be 10 or 20 times worse because the population is so limited, so I think there the benefits would be even greater. Again, the initial step is going to be the difficult one for those people because I suppose they're more ... it's more obvious if ... well, it may not be ... I don't know, it depends on how it's done ... but I think they would benefit as much as anyone here. A lot more, in my estimation.

S: Do you have anything else that you'd want to add?

G: No, I think that mainly ... it's hard to actually put into words what you've actually felt. I mean, ... I like the way that we inter-reacted and that's an important factor because you can meet a lot of people but there is no contact. You know, in life as such, but whereas in a forum of this kind you know why you're there. You can ask the other person openly. You can see their point of view. Whether it be complementary or not is really not the issue here because life is not just one way, it's a lot of things and I think that's a major thing. I urge people to try it if they haven't already done so. It would be ... whether it be Penny or someone else that runs it, I think it's worth ... definitely I think that the people ... 7 out of the 8 people there did benefit from it. And that's a good average, I mean that's a good result.

S: OK.

G: Thank you.

S: Thank you.

Just supposing, like in the movie 'Sliding Doors' or Cher's song 'If I could turn back time' you had the chance to change something.

That moment perhaps when you seroconverted and became HIV positive.

Would you?

I would take a guess that the newly diagnosed would grab the chance and do something differently, but the longterm survivors (myself included in this group) probably wouldn't.

In my case I couldn't because I don't know when I seroconverted. It was after years of living like a nun and practising the safest of sex (NONE) that a surgeon I was referred to for minor surgery tested me for HIV without permission.

Also I wouldn't because having now been officially positive since 1984 I have met the most wonderful people. Some positive, others their carers, partners, friends and family.

I lost a partner to the virus, and later met my current partner who is also HIV positive. I changed my outlook on death, from being scared and frightened of it, to accepting that it is a natural part of life.

In those early days there were no support services for HIV/AIDS. The gay community quietly at first got on with the job in hand of looking after friends and providing almost everything that was needed, the everyday things in life as well as care and support.

There were horror stories of people being left unattended in hospitals and domestic staff refusing to go into patients' rooms.

There were horror stories too, of families coming out of the woodwork after a death and taking over the funeral arrangements, in some cases turning the partner out, changing locks, disputing wills. However we did what we could and life went on.

As the numbers with HIV went into the hundreds, it was obvious that something

Are they proud of what they did, and why they did it? When did they lose focus, and become top heavy with management? Why duplicate services? Why change direction?

more organised and structured had to be done, and we lobbied State and Federal Governments for funding.

ACON, Ankali, The Bobby Goldsmith Foundation, PLWA (later to become PLWH/A) and many other groups were established all around Australia.

Now with hindsight, I would like these agencies to look at their achievements.

Are they proud of what they did, and why they did it? When did they lose focus, and become top heavy with management? Why duplicate services? Why change direction?

These agencies were set up with the sole aim of helping people with HIV/AIDS. Providing cushy careers was never meant to be an option. Discrimination is alive and thriving, even within the gay community.

For many of us the fight is far from over, and with HIV numbers on the increase, now is not a time to be complacent or take our eyes off the ball.

Let's remind these agencies they were established to enhance our community, not fragment it.

Victor



Thinking of returning to work ... but not sure?

PLWH/A (NSW) has a program to assist HIV positive people make this decision.

The facts:

- A three month program
- Three days a week
- Two days a week on-the-job experience and one day formal training
- Remuneration for training costs
- Assistance with job hunting and interview skills
- Linking you to the appropriate services
- Upgrading skills in administrative work or other areas

If you are considering a return to work, this is your chance to refresh your skills in a supportive and friendly environment.

Interested?

Contact PLWH/A (NSW) between 10 am and 5 pm weekdays.

Telephone 02 9361 6011

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**
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O P T I O N S



employment services

Thinking about returning to work or study? Need help? What are your options?

Options Employment Services is the only employment service in Australia specialising in providing Intensive Assistance to people living with or affected by HIV and/or Hepatitis, as well as deaf and hearing impaired people, who are wanting to return to the workforce.

This is how we could help you.....

Julian found the prospect of finding employment in Sydney somewhat daunting as he had been out of the paid workforce for 5 years and living in Adelaide. His Intensive Assistance Consultant at Options helped him develop an up-to-date resume that secured him several job interviews; supported him through what he describes as often arduous interview processes and once he was offered full time employment, provided him with valuable post placement support, which has enabled him to settle more easily back into the work environment and routine.

For more information on
PLWH and HIV
Darlinghurst: (02) 9206 2060
Chateaufort: (02) 9206 2124
DEAF and HEARING IMPAIRED
Sydney: (02) 9206 2060

or email : employment@options.com.au

boredom busters

Here's plenty to get you out and about for a low cost or free of charge - and not only in the big smoke!

The Powerhouse Museum has many travelling exhibitions around the State: **Young Scientist 2000** at the Killer Whale Museum in Eden until 15 Oct. **Minted, Noted and Stamped: Images of Australia at Federation** at the Tenterfield School of Arts, 2 Oct - 3 Nov. **Circus Interactives** at the Age of Fishes Museum, Canowindra, until 19 Nov. **Sharing a Wailwan Story** at Wagga Wagga City Library until 15 Oct.

Births of a Nation: Women, Childbirth and Federation explores women's experiences of childbirth in 1901. At the Parramatta Heritage Centre until 4 Nov, then the Powerhouse Museum from 8 Nov - 27 Dec.

Ecologic: Creating Sustainable Future. See new ideas and technologies in this challenging and inspiring exhibition. At the **Black Theatre** exhibition, see posters, photos and scripts documenting Indigenous voices over 30 years of theatrical performance. Both at the Powerhouse Museum. Free entry after 4pm daily.

The Joy of Discovery at Sydney Children's Hospital, Randwick, from 30 Oct., explores children's responses to the Powerhouse Museum.

Kris Smith's exhibition **Time Lapse** is on at the Newcastle Art Space, 11 Oct - 28 Oct. It is part of the Newcastle Community Arts Centre.

If you haven't visited the new Asia-Australia Arts Centre, **The Boat** and **Onward Journeys: Charting the Vietnamese Australian Identity** are compelling reasons to do so. 25 Oct - 17 Nov. Try not to miss it.

The Boat is a collaborative project between Vietnamese-born artist Dacchi Dang and members of the Vietnamese

immigrant community. A life-size boat will be constructed in the gallery. Also an oral history display where the perilous journeys are retold by Vietnamese-Australians. Images by photographer Michael Jensen document new arrivals to Darwin in 1977. Admission is free.

Onward Journeys: Charting the Vietnamese Australian Identity, a seminar being held during the exhibition, examines the contributions of Vietnamese-Australians. In **Onward Journeys**, six young Vietnamese-Australians talk about their experiences as boat refugees in Australia. Seminar: 6-8pm 1 Nov. Admission: \$5.

The State Library of NSW, is staging the world's first national touring exhibition on the intrepid British explorer, Matthew Flinders, to mark the bicentenary of his epic circumnavigation of Australia (1801-03). **Matthew Flinders: The Ultimate Voyage** presents over 100 rare 18th century treasures. From 1 Oct. Admission is free.

Also at the State Library, Free Movies on Macquarie presents **The Horse Thief**, 19 Oct at 12.10pm. This film uses the story of a horse thief to offer a respectful and impressionistic study of life and death in the Tibetan Buddhist scheme of things.

As Buddhism has evolved over time among different cultures, a multitude of Buddhas has emerged. **Buddha - Radiant Awakening** is an exhibition of sculptures, paintings and textiles with images from the three main schools of Theravada, Mahayana and Vajrayana (or Tantric). Adult: \$10, Conc: \$7. From 10 Nov 2001 to 24 Feb 2002. Don't forget the regular **free movie screenings** at the Art Gallery of New South Wales on Wednesdays and Sundays at 2.30pm.

From 8 Nov 2001 to 3 Feb 2002 at the State Library of NSW, **Private Lives: Families of NSW** explores fascinating

lives from pioneer families to modern day, migrant and alternative families, through an eclectic mix drawn from the State Library's collections. Over 100 rare and contemporary items. Admission is free.

Just in time for a summer screening **Delius: Song of Summer**, is also at the State Library of NSW, 2 Nov at 12.10pm. The true story of Delius, the English composer, stricken with blindness and also paralysed, and a young man named Eric Fenby, who offered to help him create his music again. Admission is free.

Celebrate the International Year of Volunteers in the Blue Mountains or on the mid-north coast of NSW at the **Volunteer Expo in Kempsey**, 24 Nov. If you are part of a group who would like to be involved, contact Helene Russell at Kempsey Shire Council. Ph: (02) 6562 6799 or email: kemphr@midcoast.com.au for more information. **The Blue Mountains Volunteer Expo** is at Springwood Civic Centre, Buckland Park, Springwood on 25 Nov. For more information, contact Anne Watts at Blue Mountains City Council by fax: (02) 4780 5459 or email: awatts@bmcc.nsw.gov.au.

Our southern sky is full of bright stars and spectacular sights not visible from the northern hemisphere. **By the Light of the Southern Stars** is an exhibition at the Sydney Observatory. Hear Aboriginal stories of the sky, see beautiful instruments from Australia's first major observatory and find out what modern astronomers get up to at night. Open daily 10am-5pm.

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

For more info about what's on in the arts go to www.loom.net.au/home/dpji/index.html

Yes, I want to be a member of PLWH/A (NSW) Inc.

Please tick

- \$2.20 Full member (I am a NSW resident with HIV/AIDS and receiving benefits)
(Please forward a copy of your current Health Care Card)
- \$16.50 Full member (I am a NSW resident with HIV/AIDS in full employment)
- \$16.50 Associate member (I am a NSW resident)

Disclosure of HIV status entitles you to full membership of PLWH/A (NSW) with voting rights. Members' details are confidential.

Membership fees include a subscription to *Talkabout*, *Contacts* and other PLWH/A (NSW) Inc. publications.

membership

Yes I want to subscribe to *Talkabout* (annual subscription July 1 to June 30). Please select (tick the circle) the rate that best suits your circumstances.

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olga's personals

L/North Shore 32yo HIV+ (1 yr) tall dark-haired handsome Aussie gay guy into health & healing of body, mind and spirit. Go to gym, yoga, meditation & massage, enjoy music and travel etc. Finding balance & happiness within myself, passionate & sensual seeking, masculine, unaffected, mates or friends for friendship & more if compatible. Not into the superficial Sydney scene. **Reply: 031001**

Black gay guy late 30s, versatile HIV+ & romantic. WLTM other positive gay guys for friendship leading to LTR. Please include your phone number. Open to all nationalities & please genuine replies only. **Reply 021001**

HIV+ Latino gent, slim, hot, athletic body, intelligent and discreet. Seeking a LTR or friendship with a lady of similar interests for me to give you all of my love. I'm a sensual straight man, resident of Sydney and lonely. Would like to meet you. I'm in good health, no drugs, WM. **Reply: 011001**

Johnny, romantic, sincere hardworking 41yr old HIV+ divorcee seeks friendship with HIV+ 42yr old gent. Must possess a wicked sense of humour and have good intentions. All replies answered, include telephone numbers/recent photo. **Reply: 050801**

My old romantic Greek gay guy, HIV+, seeking 30-40 year old newly diagnosed positive male for relationship. I enjoy bushwalking, going on long drives and computers. **Reply: 040801**

On Shore, Funky yuppie would like to hear from guys, transgenders & women, any age, looking for friendship & fun times. Background HIV+, want to talk about it. Treatments, still interested gay lifestyle. Future plans! Confidentiality assured, all mail answered. **Reply: 030801**

Attractive HIV+ guy, 40, looks younger, musician, is caring, affectionate and a romantic. I live a 'normal life' and in excellent health. Enjoys a healthy lifestyle and appreciates the finer things in life. Lives in Sydney. Would like to meet HIV+ female to share my life with. Let me serenade you. GSOH and discretion a must. My first reply. **Reply: 020801**

40+ 34yrs male, very good looking & humorous. I have many wonderful hobbies & friends, and I am completely together. Looking someone to share life with and to hopefully love and spoil. NO MESSAGES PLEASE. **Reply: 010801**

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

Care 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. Neither into beats nor drugs. No phone please. **Reply 030601**

Good 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, cafes, gym, and sports. cafes & weekends away. **Reply 020601**

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 100 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 will not be published. Send the ad to Olga, including your name and address for replies. Personal details strictly confidential.

diary

social and events

Art Gallery of NSW has a number of excellent exhibits coming up in the next few months, the gallery has well priced concession rates for some and others are free. For more details call the info desk on 9225 1744 or visit the gallery's website www.artgallery.nsw.gov.au

If you read the *SMH* from 1954-1982 you most likely enjoyed George Molnar's satirical black and white cartoons on bad architecture and political stupidity. **Customs House** down at Circular Quay is exhibiting *Human Scale in Architecture*, a collection of Molnar's work, from 7 Apr - 15 Jul. Call 02 9247 2285 or visit their website www.sydneycustomshouse.com.au for more details.

'Outings' from South Sydney Community Transport is always offering day trips, and excursions. If you need more information or want to book, call Jane or Robbie on 02 9319 4439.

Southern Cross Outdoor Group's new website is full of details of their many up and 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 every third Tuesday of the month at Sutherland Hospital. They have guest speakers and information. Contact Terry or Emma for more details on 9350 2955.

If you live in Southern Sydney **Friends of Waratah** is a support group for PLWHA who meet on the first Monday each month in Kogarah. They offer emotional support, information and social activities. For more details, call Emma or Terry on 9350 2955.

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

Grief Support and Youth Suicide Project for Youth

The Project provides individual counselling, support for schools after a suicide, community education and a schools program promoting mental health. This is a free service available for young people aged 15-25 living in the Eastern Suburbs. Telephone 9360 3232.

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 9829 4242 and Carole Knox 9580 5718, the AIDS Dementia Outreach Team 9339 2078 or David at The Bridge 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 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

Your Community Gym Fit X Gym

Fit X Gym is at the Community Pride Centre, Hutchinson St, Surry Hills. 'Positive Access Project' offers qualified instructors, free assessments, free nutritional advice, free individual programs and free sessions to try out the gym. \$2 a session, or \$18 for a 10 visit pass. Contact Fit X Gym, (02) 9361 3311 4pm-7pm, Mon - Fri.

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 offers free massage, acupuncture, therapy information, social work and shiatsu services. Call Robert for details and bookings on 9690 1222.

The Sanctuary will be holding 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 02 9382 8374, or call Robert in Newtown on 02 9690 1222 and if you're 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 about classes and cost.

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 Klaasen 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 20

compiled by **Will Klaasen**

<http://www.vicaids.asn.au> or comp_therapies_hiv-subscribe@yahoo.com to subscribe

Many positive people these days are trying to keep a balance between their antiretroviral drugs and looking into more natural healing solutions. It becomes harder to keep abreast of the many pieces of information. Luckily in Australia we have a site available: comp_therapies_hiv. Not really a stand alone website, more a monthly email-newsletter that is free and produced at VAC Inc by their Complementary Therapy Treatment Officer Jim Arachne. Jim acts as a news editor sorting through all of the reports and information relating to comp. therapy regimes and offers it to subscribers as news items, not treatment advice, which you must take up with your own health care provider. Some of the subjects supplied in the first few monthly issues were Garlic Supplements Decrease Saquinavir B/Levels; Vitamin E decreases ALT levels amongst chronic Hep C patients. Shortly you will find the link on VAC's website. You can find out more information about another 200 HIV related groups by going to <http://groups.yahoo.com/>

<http://www.home.aone.net.au/pos.women/text/index.html>

Positive Women Victoria has compiled a very user friendly site designed to give women a no stress vehicle to seek out information, read up and write their own stories about the way they deal with being positive. Plus many other useful links that deal specifically with women's issues. The team at Positive Women Victoria have done an amazing job with the assistance of Masters Student, Carolena Helderman, who maintains the site as part of her Masters Project at RMIT, Melbourne. The site gives you access to many of the direct services and contact details for each state. For women who may be living in rural or regional Australia, this site can help with the feelings of isolation. As with most HIV/AIDS groups, the ability to supply these services relies on a dedicated team of members and management to constantly source fundraising dollars. If you like roses, the 'Hope' rose can now be ordered from this site. If you are a direct client service provider or client support staff, just keep this site in the back of your mind for when a positive woman needs to talk to other women.

<http://www.women-alive.org/living/livingfirst.htm>

or via a second site

<http://thebody.com/wa/wapage.html>

Women Alive is a Los Angeles based coalition of, by and for women living with HIV/AIDS. The site contains a fair amount of information that is really only relevant state side, but an icon on the home page - 'You just found out' - could be of great interest to women in Australia. Once you have entered this page, you come across a really easy step by step guide designed in women friendly language. None of that clinical babble! It answers some of those early questions you have when first diagnosed and not yet comfortable asking. Women Alive is also about women sharing and making a big noise with the medical, social and political leaders in America and everywhere else in the world that HIV+ women need more services, and more research undertaken in regards to how the virus affects them which is not just based on white males. Also check out About Women Alive - nine years worth of articles and some very personal experiences of women living with HIV/AIDS.

Quick click

<http://www.icrw.org> International Centre for Research on Women was founded in 1976 and based in Washington DC with a regional office in Africa. Their mission statement is to improve the lives of women in poverty, and advance women's equality and human rights. Included in their six key targets is 'Women and HIV/AIDS'.

Your assistance is needed

I want to say thank you to the service provider who brought to my attention the difficulty HIV+ women in rural and regional parts of Australia sometimes have knowing how to access information. I hope just these few site will help women bridge their feelings of isolation a little. Just a reminder that the web is a big place. If you feel that Hyperactive needs to cover a topic or you know of a good site you want to share with others, please drop me a line at willk@plwha.org.au



Check Me Out!



THE QUICKIE!

-  Herpes is just like cold sores but on the genitals.
-  Herpes and warts are the most common of all STDs
-  Syphilis, herpes and wart viruses are often present but not visible.
-  They can all be passed on - even if you can't see them.
-  Herpes and syphilis ulcers make HIV transmission much more likely.
-  Never try to remove genital or anal warts with over the counter wart treatments.
-  All STDs including these can have serious consequences if left untreated.
-  Check your genitals regularly and see a doctor straight away if you notice any changes.

Prevention....?

Consistent use of condoms and dental dams reduces the spread of warts, herpes and syphilis as well as many other STDs. However, warts, herpes and syphilis may all be present in places that are not usually covered by condoms or dams, like the buttocks, thighs and scrotum. Condoms don't prevent all STDs, so be alert for any early signs of infections or outbreaks and avoid contact with infected areas.

Coping with co-infection.

For PLWHA with suppressed immune systems, STDs can spread more rapidly and the symptoms can be more severe. Warts may grow more rapidly and spread more quickly herpes outbreaks can be more frequent and more severe, and syphilis complications may develop quicker. Treating HIV can help to increase immune function making treatment and management of STDs easier. Remember, the ulcers caused by syphilis and herpes make HIV transmission much more likely, so early detection of symptoms and avoiding sex that involves those areas is important.

Babies and Pregnancy...

Warts sometimes get larger during pregnancy and can cause obstructions during delivery if they're left untreated. Herpes in or around the vagina is generally much more painful than other parts of the body. Women with herpes outbreaks at delivery are usually offered Caesarean sections. Transmission of warts and herpes from mother to child is extremely rare - but it does happen. Your doctor should be made aware of any previous sexually transmitted diseases and any outbreaks of recurrent STDs like warts and herpes throughout the pregnancy. Syphilis is transmitted from mother to baby but can be treated during pregnancy. Most women should have a thorough sexual health check early in pregnancy to identify any undiagnosed infections.

Check it out!

Check your body regularly for any changes and ask your health care service for advice if you feel uncertain or have any visible signs or symptoms. Annual pap smears are essential for HIV+ women and rectal exams may be recommended for HIV positive men and women who have ever had anal sex. Your doctor may also suggest more frequent checks if your CD4 counts fall below 200.

For sexual health screening and advice call:
Central Sydney Area Sexual Health on 9560 3057, Sydney Sexual Health on 9382 7440,
St George Sexual Health on 9350 2742, Kirketon Road Clinic on 9360 2766.

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

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

**next page
for what**





Check Me Out!

HERPES, WARTS AND ALL

Lumps, bumps and blisters!

Around the genitals and anus, ulcers or blisters may be signs of herpes or syphilis infection; lumps or bumps could be a sign of genital warts. However, herpes, warts and syphilis may not show visible signs and are all easily transmitted unknowingly during sex.

Genital Warts

Genital warts usually appear on the penis, scrotum, groin, thighs, vulva and anus and are caused by human papilloma virus (HPV). Like all warts, genital warts can be raised and cauliflower shaped or flat and smooth. However, the virus may be present even if there are no visible warts.

Genital warts are spread by direct skin to skin contact - even if they're not visible. Genital warts are the most common sexually transmitted disease in Australia and your doctor can easily and quickly remove any visible warts. Laser treatment, freezing or burning usually removes the warts and occasionally doctors may remove them surgically. Because there is no cure the virus can remain in the body for many years and the warts may return and require follow up treatments. HPV may increase the risk of certain cancers.

Syphilis

Syphilis is caused by a type of bacteria that's transmitted during sex. Syphilis symptoms vary and can even go away but, once infected, syphilis remains in the body until treated.

The first sign of syphilis is a single, painless ulcer that disappears within a couple of months. The ulcer can appear anywhere on the body but is usually on the genitals, anus or inside the mouth. Some people develop a rash, usually on the palms of hands, soles of feet, chest, back or face. Syphilis can remain dormant in the body for years if undiagnosed and about a third of untreated people develop serious complications. The good news is that syphilis is rare in Australia and easy to treat.

Herpes

There are two types of herpes "cold sores" or herpes simplex virus type 1 (HSV 1) and genital herpes or herpes simplex virus type 2 (HSV-2). Both types can infect the skin anywhere on the body but mostly they infect the skin on, in or around the genitals, anus, mouth and eyes. Herpes is very common. Up to 60% of people who have ever had sex have been exposed to the virus. Herpes is spread easily during all forms of sex including mutual masturbation, oral, anal and vaginal sex.

Most people who are infected with herpes show no symptoms at all. Typically, herpes can cause small clusters of blisters that burst after a few days to leave painful ulcers. The ulcers persist for about a week before they dry, scab over and heal. Just before and during an outbreak is when herpes is most infectious but it's possible for herpes to be spread even if there are no symptoms at all.

The first outbreak of herpes is often the most severe but all outbreaks can be very painful. Current treatment can help reduce the frequency, severity and duration of the outbreaks. There is no cure and the virus lies dormant in nerve cells between outbreaks.

next page
for how

