

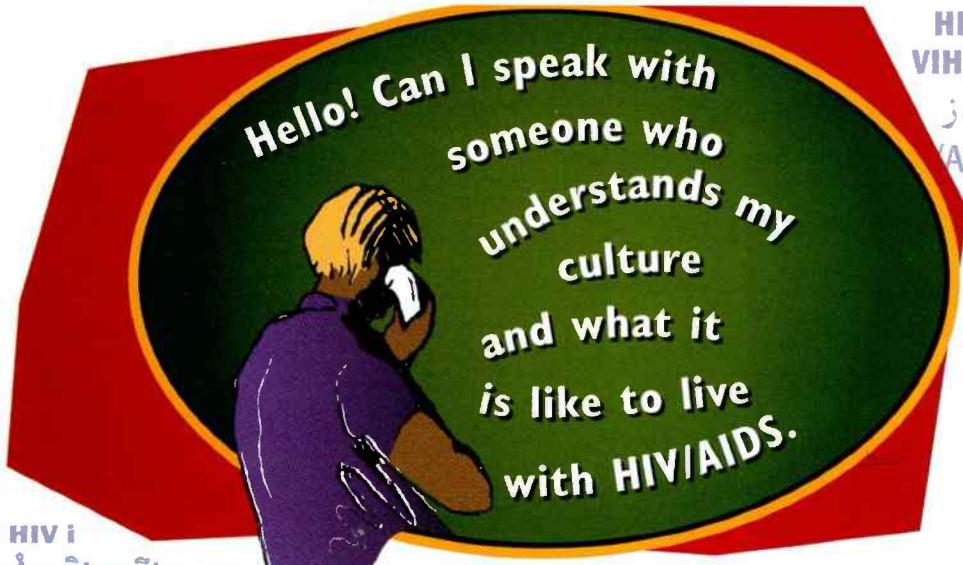
The Magazine of People Living With HIV/AIDS NSW Inc.
No.118 December 2001/January 2002

Talkabout

◆ Where We Speak for Ourselves ◆



Innovation Award



HIV i
ជំនួយដឹងការដឹងទូទី:

Hello! Can I speak with
someone who
understands my
culture
and what it
is like to live
with HIV/AIDS.

HIV & AIDS
VIH/SIDA
الإيدز
VIH/AIDS

APOYO Y COMPRENSION HIV AIDS Assistenza e Comprensione

ХИВ/СИДА YARDIM VE ANLAYIS PODRŠKA I RAZUMIJEVANJE

ΣΥΜΠΑΡΑΣΤΑΣΗ ΚΑΙ ΚΑΤΑΝΟΗΣΗ HIV-AIDS لا يدز

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PODRŠKA I RAZUMEVAЊЕ POMOC I ZROZUMIENIE

HIV/AIDS 愛滋病病毒/愛滋病 APOIO E COMPREENSÃO

나는 몰랐었다고 말하지 마십시오. ជំនួយដឹងការដឹងទូទី:

AIDS는 예방될 수 있습니다. لا يدز

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Support and Understanding HIV & AIDS i AIDS

YARDIM VE ANLAYIS

التفهم ... و المساندة

ΣΥΜΠΑΡΑΣΤΑΣΗ
ΚΑΙ ΚΑΤΑΝΟΗΣΗ

ជំនួយដឹងការដឹងទូទី:

愛滋病病毒/愛滋病

ទេរូ-ឡេវិ / េណែរ

Trợ Giúp Thông Cảm

POMOC I ZROZUMIENIE

HIV i AIDS

支持與理解 VIH/SIDA

Dukungan dan pengertian

ВИРУСОТ HIV И СИДА-ТА

الإيدز HIV-Assistenza e Comprensione

ПОДДРШКА И РАЗБИРАЊЕ

나는 몰랐었다고 말하지 마십시오.

AIDS는 예방될 수 있습니다.

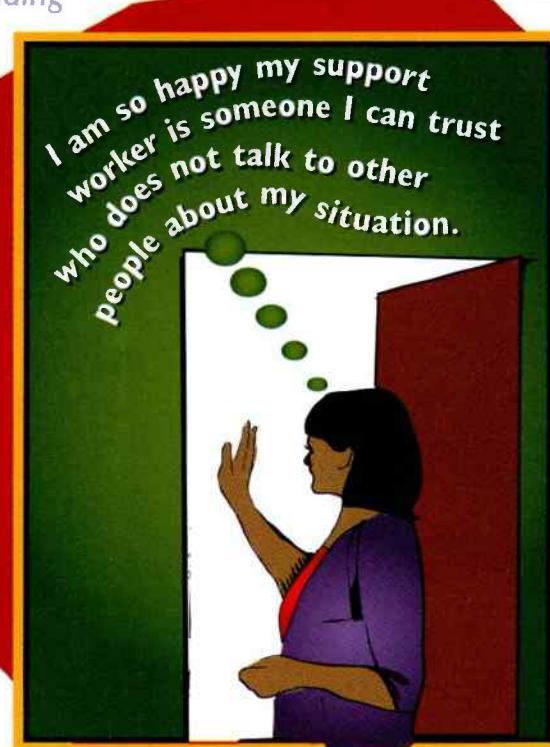


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Cover: Two portable graffiti panels painted by young people as part of Northern Sydney Health's World AIDS Day Awareness Campaign received a World AIDS Day Award on 25 November. See page 8.

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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 issue of *Talkabout* features a detail from one of two graffiti mural panels painted as part of Northern Sydney Health's World AIDS Day. Recognised by the World AIDS Day Awards, hiv positive and negative young people worked together to create the mural at Planet X Youth Service. The mural will be used as part of the Northern Sydney Health's youth education initiatives throughout 2002. The theme this year - We Care, ... do you? - highlights, in David Wallace's words, 'that we do not forget the lessons of the past 20 years'. Those lessons include the need for education about hiv, treatments and services. That need is currently being addressed by the Multicultural HIV/AIDS Service, which has just launched a series of factsheets in community languages for hiv positive women from non-English speaking backgrounds.

Throughout the Asia-Pacific region, the right to access appropriate treatments was a strong feature of the 6th International Congress on AIDS in Asia and the Pacific (ICAAP), held in October in Melbourne. Access to appropriate and affordable treatments will not be possible

for many positive people throughout the Asia Pacific region unless positive people in developed countries provide active support. The availability of medications restricted under trade-related intellectual property regimes, recently challenged in South Africa, is an issue affecting the Asia Pacific. The impact of hiv/aids on countries such as Thailand, and community initiatives to deal with that impact, was demonstrated at the Youth Forum at ICAAP. During that forum, young people from throughout the region developed the International Congress on AIDS in Asia and the Pacific Youth Charter to focus attention on the future of the next generation.

Community activist, Gerald Lawrence, died on Friday 9 November. Gerald will be known to many readers through his contributions to *Talkabout*. Over the years, Gerald has been one of the most passionate and outspoken positive voices in the hiv/aids community movement. He has been involved in a number of key activist and advocacy roles, including ACT UP, People Living with HIV/AIDS (NSW), and the Aids Council of NSW, where he served as a board member. Many people have been connected with Gerald: his extraordinary personal contributions and hard work will not be forgotten.

Susan Hawkeswood

World AIDS Day Awards

Outstanding Contribution Awards

Carole Knox - During her time as the NSW President of the Haemophilia Society, Carole supported her community while they waited for a test to be made available. It is fitting that in the year of the 20th anniversary of hiv/aids that we acknowledge a woman whose efforts have spanned the history of the epidemic. Carole's contribution has been exceptional, is beyond expectation and goes unrecognized.

Dr Neal Blewett - Throughout his period as Federal Minister for Health, Neal Blewett showed political leadership in the aids area. The initiatives and perceptions of his time in office shaped the Australian response to hiv/aids.

Iain Reed - Iain has been involved with the Sydney Food & Wine Fair for the AIDS Trust of Australia since 1992. Iain has also been a key part of the Aids Council of NSW's fundraising efforts.

Innovation Award

The Graffiti Project - Northern Sydney HIV Health Promotion Unit Youth World AIDS Day Project. The project forms part of a permanent ongoing hiv/aids information product, and involved young people from Epping, North Sydney and Mosman. Two graffiti artists assisted the young people.

Partnership Awards

Blue Flamingo - Blue Flamingo has been a role model for those struggling with the hiv epidemic. Blue has



pos action

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

Generally in pos action, I focus on where projects within PLWH/A (NSW) are up to or significant events for positive people that are directly applicable to PLWH/A (NSW). This issue I am going to reflect on another service and the events that have led to the re-tender for the Positive Living Centre (PLC). Some of what I have to say is sad, some will upset others, but in the end it focuses on what can be achieved by collaboration. Regular readers will know that I have a bit of a passion for better collaboration across the sector.

The PLC tender was awarded to ACON and its supporting partners in October. The supporting partners are the Bobby Goldsmith Foundation, Darlinghurst Community Health, the Luncheon Club, PLWH/A (NSW) and Positive Heterosexuals. All these organisations joined the tender to offer services that utilise the building and resources of the PLC to its maximum, something that has not occurred in the last two years.

The supporting partners and ACON met with a small group of positive people who

were still utilising the PLC to address their concerns about the loss of their services. The main focus of their fears was the loss of meals, *despite the fact that this is the only service the PLC currently offers*. I facilitated a planning day for the PLC in 1999, when the then current management realised that the service was unsustainable as a meal service and, due to the expense of the meal service, had ceased to provide the restorative and educational programs that it was funded for. Much debate was held on the future of the service and the outcome of the day was a plan for the future to create a sustainable PLC. The outcomes were:

- A reduction to three drop-in meals per week, with a gold coin donation
- Two days per week of programs and other courses
- The PLC to be used as a positive resource centre, for the many rather than a few.

The backlash to those changes resulted in key staff on stress leave and key Management Committee members resigning. South Eastern Area Health made it clear that the service must operate within its food budget and provide restorative programs. Within a few months the PLC had spiralled into crisis and a year later was defunded because it was unable to provide

effective management and almost any productive or appropriate services to the majority of positive people. Two years later the same debate continues, but there is a strong commitment by the supporting partners to see the centre once again re-invigorated.

In the near future, the PLC will return to providing a range of services, as well as the regular Monday Luncheon Club, including a range of other much needed services through inreach, other programs, plus some meals, to a much wider range of positive people. The PLC will finally become the positive resource centre Sydney desperately needs, offering a range of different services to meet the needs of a range of positive people. Already weekly programs are being established which cater to a greater diversity of positive people. Hopefully over 2002 we will see the centre flourish and bloom. Well that will be my holiday wish. Happy holidays to everyone.

taught drawing skills at the Positive Living Centre since it was at Woolloomooloo. More recently Blue assisted keeping the PLC open, offering her good humour on the management committee.

Christine Rowan – Christine has worked as a volunteer CSN carer for approximately four years. She has also taken the role of facilitator to new carers and is diligent in her efforts to encourage new carers to respect and care for their clients and to maintain confidentiality. At times, CSN could not have functioned without her.

Harry Fransen – Harry has been a highly committed volunteer with ACON for 16 years. His dedication and commitment deserve the recognition of the community which he has served

so well over so many years.

James Bean – James has been a volunteer with Ankali for over 9 years. James is also a co-leader of a support group and has helped guide and support both new and less experienced Ankali volunteers.

John McLean – John McLean was the founder, in 1992, of MIA Town and Country Support Group.

Maree Steinhardt – Maree has been a CSN member since 1998. Maree is also an ACON (Mid-North Coast) volunteer.

Max Motion – Chairperson for the Shoalhaven Aids Prevention Task Force, Max has a lengthy history of association with issues related to hiv/aids.

Nick Ossington – In 1993, Nick volunteered to

become a CSN carer for the ACON Illawarra. He has also been out to beats in the Illawarra area to provide education.

Pat Barnes – A volunteer with Ankali Project for 11 years, Pat has provided continuing emotional and social support to seven different clients.

Robbie Barnes – A volunteer with the Ankali Project since 1995, Robbie has provided emotional and social support to six different clients. Robbie has also been an active member of the PLC.

Robyn Cavanagh – A volunteer at The Western Suburb's Haven, Robyn bakes all The Haven's cakes, organizes fundraising events, fills shifts and turns up many weekends to clean when the house is empty.

agony aunt q&a

Maree Crosbie

Mardi Gras is fast approaching and now is the time to put a financial plan into action.

Think about how much your ticket, outfit and any other extras will cost and divide it by the number of pay, pension or Newstart periods between now and Mardi Gras. Make a list and include all the extras, such as drinks, party drugs, recovery parties and anything else you would like to do that has a cost involved. By making a list, you are less likely to forget about bits and pieces that add up and blow the budget.

There isn't much time left, so you may find that the cost is unrealistic. If this is the case, you may have to modify your plans to spend a more realistic figure based on what you can actually afford. Don't despair - there are always alternatives.

Do you want to go to the party or to an alternative venue that may be cheaper? Do you have an outfit that can be recycled or tattered up a bit? Can you drag out the Singer and add a few frills and sequins? Maybe you have a friend who can help you.

If you are buying an outfit, how about putting it on layby and paying it off each fortnight? The usual layby fee is between 50 cents and \$1. This is a lot cheaper than credit card interest and is often a better option than getting into debt for one night out and taking a long time to pay it off.

Do you want to go to Mardi Gras at all? Would you rather watch from afar, or save up to go away and avoid the whole thing. Would you like to watch the parade and give the party a miss?

Don't feel pressured to go to Mardi Gras just because lots of other people are. You are the only person who can decide what you want to do. Whatever you decide to do is fine.

Maybe you would like to start planning for Mardi Gras 2003. You could open a savings account and deposit an amount each fortnight for twelve months. Some banks and credit unions still have Christmas Club accounts with no fees. It is worth checking out a few different financial institutions to see what accounts they offer, what the interest rates are and if there are fees for early withdrawal. You could open one of these accounts and call it your Mardi Gras account or holiday account, or whatever your savings goal is. Some people are good at saving if it is for a specific purpose. Others like to save and have a bit of a safety net in case of unexpected expenses.

When you get into the habit of saving regularly, you don't notice that you don't have that money in your pocket to spend but it is lovely to see it adding up. Twenty dollars a fortnight adds up to \$520 a year without interest.

Think about your lifestyle and your needs and goals, make your decision and act on it.

Whatever your decision is, enjoy yourself.

talkshop



PLWH/A (NSW) Community Development Project Worker - Introducing **Will Klaasen**

When I was asked to introduce myself in this issue, I thought, 'How do I go about that with so little space?' So the very first thing I have to do is wish Glenn Flanagan, as he takes leave from PLWH/A (NSW) all the best in his endeavours over the next 12 months. What can I tell you about myself? Briefly, I have lived in Sydney for six years, my home State originally being South Australia, and grew up in a small BHP town. I first joined PLWH/A (NSW) as the General Assistant - Senior almost a year and half ago. In that time I have seen and met people who contribute so much energy and passion into this sector that I am excited to be a part of that. Over the coming months I look forward to telling you what is happening and getting out there to meet as many people and organisations as possible.

The Positive Living Centre - a new lease of life

With PLC having new management, consisting of the auspice body, ACON and the supporting partnership of BGF, PLWH/A (NSW), PozHets, Darlinghurst Community Health Centre and the Luncheon Club, a more energised centre is expected. All these organisations have been down to the PLC to meet with existing clients and explain that changes will be new and exciting. **Monday:** the Luncheon Club will

continue its Drop-in Lunch **Tuesday:** Program day. **Fridays:** PLC Drop-in Lunch. Drop-in will still be available the rest of the week, and ACON is sponsoring the Larder Sausage Sizzle **every second Wednesday.** Keep an eye out for info about new courses and program activities.

Important issues - your chance to get involved

PLWH/A (NSW) wants interested positive people to engage with our organisation especially around their issues of concern. We want people to come in and we will help you set up a working group or discussion group about issues of concern to positive people. Current working groups cover: legal and policy issues; rural issue fundraising, publications and integrative therapies. If you believe there are advocacy issues that PLWH/A (NSW) should be covering, we want your help. Call us or drop in and say hello.

Thanks

As always, with the end of the year I would like to thank all our volunteers, on behalf of Glenn and myself, for the time and energy they have put into PLWH/A (NSW) in our office, fundraising and sitting on working groups or committees. Thank you all, but especially Danny, Peter and Robert, who have staffed the phones and been the smiling face of PLWH/A (NSW) reception over the year, and Phillip our creative and dedicated website designer.

In the meantime, as we lead up to the holidays and Christmas weeks, I like to wish everyone a joyous and merry Christmas.

treatment update



Testosterone - it's not just about sex

John Cumming, Treatment Information Officer at ACON, discusses the benefits of testosterone replacement therapy for men and women

The symptoms of testosterone deficiency - listlessness, inability to concentrate, depression, loss of libido - are easily confused with other causes but can be confirmed by a special blood test.

Levels of testosterone, the hormone responsible for maintaining libido, a sense of wellbeing and male erectile function, decline with increasing age in the general population. For an unknown reason, some HIV positive men have low testosterone at a much younger age than the general population. Professor David Cooper, Head of the HIV Medicine Unit at St Vincent's Hospital in Sydney, has noticed that men who have been taking protease inhibitors for a long time sometimes have low testosterone levels. 'It is possible that, in a similar way that protease inhibitors cause lipodystrophy by interfering with the body's metabolism, they may also interfere with sex hormone metabolism,' he said. 'Some of these people may benefit from testosterone replacement therapy.'

Quality of life

When Robert mentioned to his doctor that he had become listless and his sex drive had dropped, his doctor decided to measure his testosterone.

'The doctor told me: 'It's very low - let's try testosterone supplementation,' Robert said. 'We tried 125mg injections of Sustanon every 2 weeks but that had no effect.'

Only when Robert's doctor increased the dose to 250mg, did he experience an improvement in the way he felt. 'The results were quite dramatic. I became more energetic, my sex drive increased to the point where, occasionally, it became an appetite that demanded to be fed,' Robert said.

'Before testosterone therapy I was sensual, after it I was also sexual. HIV medication has prolonged my life, but testosterone therapy has improved my quality of life. It has kept me on an even keel, even when I had to undergo chemotherapy for cancer.'

About four years ago, Bill had a problem with HIV-associated muscle wasting. He tried the anabolic steroid deca Durabolin, which

didn't help. He also noticed a drop in his libido but assumed that, because he was middle-aged, he would just have to live with it. His doctor disagreed and prescribed 250mg of Sustanon every fortnight. This improved Bill's libido but also made him extremely irritable. His temper became 'volcanic - like Maria Callas'. Another doctor suggested reducing the dose from fortnightly to monthly, which solved the problem. Bill has been on this regime for the last three years. His doctor warned him that testosterone therapy may slightly increase the risk of prostate cancer but Bill's only problem has been inflammation of the prostate - a non-cancerous, easily treatable condition. The monthly injections maintain a steady level of testosterone. Bill doesn't notice any decrease in energy or libido towards the end of each month. Bill is now in his 60s and, although the testosterone supplementation hasn't helped his muscle wasting, his energy levels, sexual appetite and optimism about life are all very high.

Testosterone supplementation does not interact with HIV medication. The experiences of Bill and Robert suggest that it has the potential to improve quality of life for many.

Women and testosterone

Testosterone also occurs naturally in women. The ovaries make about half of women's testosterone and it is also produced by the adrenal gland. There has been little research into testosterone treatment for women generally, so it is no surprise that low testosterone among women with HIV has not received much attention. In one study of HIV+ women with wasting, 12 weeks of daily low-dose testosterone patches increased their weight and restored menstruation to most of the women whose periods had stopped because of wasting.

Treatment options for testosterone deficiency

Sustanon fortnightly intra-muscular injections

Organon implants in the lower abdomen that last up to 6 months

Androderm skin patches applied daily

treatment briefs

Trizivir is here

Trizivir, a combination of three commonly used antiviral drugs in a single tablet, will become available in Australia on November as part of the Pharmaceutical Benefits Scheme (PBS). Trizivir is composed of adult doses of AZT (300mg), 3TC (150mg) and abacavir (300mg), all of which belong to the nucleoside class of antiviral drugs. A recent study has shown that trizivir is at least as potent as AZT, 3TC and the protease inhibitor indinavir in suppressing HIV and increasing CD-4 cell in people who were treatment naïve. Trizivir may therefore be an option for first line therapy in people who want to avoid the side effects caused by protease inhibitors or who wish to delay the use of protease inhibitors until they are really needed. The most common side effects of trizivir are upset stomach, nausea and fatigue. Trizivir is not suitable for children under 12 years of age and people who have kidney problems or who weigh less than 4 kg. It is also important to note that because trizivir contains abacavir, it is possible for some people to develop hypersensitivity reaction. This reaction occurs in about 3-5% of people, generally in the first 2 weeks of starting abacavir. It is characterised by any of the following symptoms: fever, rash, headache, nausea, sore throat, vomiting, stomach pain, cough, shortness of breath and diarrhoea. It is important for people who experience any of these symptoms to immediately consult their doctor. It is dangerous to continue taking abacavir if a hypersensitivity reaction occurs. Trizivir has a simple and convenient twice-daily dosing schedule and can be taken with or without food.

Tenofovir now available

Tenofovir, the new nucleotide reverse transcriptase inhibitor reported in *Talkabout #117* is now available in Australia through a Special Access Scheme. The scheme will enable people to access tenofovir if they have limited treatment options and are unable to construct treatment regimen from currently available drugs.

Treatment Briefs are written by ACON Treatment Information Officers. Phone (92036/2013, tollfree 1800 816 518, email treatinf@acon.org.au

news roundup

Funding available for public housing tenants

NSW Department of Housing Community Development and Resourcing Grants provide funds for small, one-off short-term projects that will help tenants work with tenant organisations, housing providers and other agencies to tackle local housing issues. The grants support the Department's tenant participation initiatives. Tenant participation aims to help tenants in public, community and Aboriginal housing have a greater say about issues affecting their housing and life.

\$180,000 is available for the next round of funding. The program usually provides small grants of about \$5,000. Larger grants will be considered if the project deals with a range of issues or covers tenants in more than one region. Applicants and sponsoring organisations are encouraged to make a contribution to the project, either financially or in kind, for example providing office space or assistance, meeting rooms or equipment, or paid staff or volunteers contributing to the work of the project.

Who can apply? Local tenant groups, public and regional tenant councils and nonprofit community organisations can receive grants to help social housing tenants in their area. Incorporated groups can receive grants directly. Unincorporated groups or individuals can also apply but an incorporated organisation must act as their sponsor and manage the grant.

Information, grant guidelines and application forms are available at <http://www.housing.nsw.gov.au/>. Applications must be submitted by 31

December 2001. Copies of the guidelines and application forms are also available by contacting Jennene Griffiths, Community Renewal Unit, Public Housing, 23-31 Moore Street, Liverpool NSW 2170, ph 9281 6920, email griffitj@housing.nsw.gov.au.

QuAC online

The Queensland AIDS Council (QuAC) recently launched a new website at <http://www.quac.org.au/>. The site includes a noticeboard of events, information on services, and QuAC contact details. QuAC encourages people to give feedback on their site to help improve its services.



Queensland Positive People (QPP) also has a website at: <http://www.quac.org.au/qpp/>



Hiv/aids on the agenda

Two conferences planned for the week before the 2002 Sydney Gay Games will include discussion of hiv health issues.

Health in Difference 4: A conference exploring queer health (31 Oct – 2 Nov) hopes to develop an understanding of health internationally, and encourage local responses overseas, especially in the Asia Pacific region. Hiv/aids will be incorporated as a strong element, primarily as it relates to gay, lesbian, bisexual, and transgender communities, especially in the Asia Pacific region. Registrations open 1 Dec 2001.

For more information email m.frances@unsw.edu.au and/or visit http://www.acon.org.au/misc/health_in_difference/HIDhome.htm

Workers Out! 2nd World Conference of Lesbian and Gay Trade Unionists

(31 Oct – 2 Nov 2002) will bring together lesbian and gay workers, trade unionists, activists and other key rights organisations from around the world to develop strategies to deal with sexuality discrimination and homophobia in the workplace. Workers Out! will continue the work done at the 1998 Conference on Trade Unions, Homosexuality and Work, held before the 1998 Gay Games in Amsterdam. One of the aims of Workers Out! is to facilitate the development of workplace policies on hiv/aids and other chronic diseases in which the rights of people with hiv/aids and other affected workers are protected.

Find us at www.constructionzone.com.au/workers for conference information, contact details, information on the local organising committee and our sponsors, a link to the Sydney 2002 Gay Games website and to local aids organisations and union bodies.

Left: Multicultural HIV/AIDS Service, Sydney Sexual Health Clinic, and FPA Health formed the Project Working Group for the factsheets. L-R: Salwa Gabriel, Malin Wongthaeuvatana, Tek Heang Ya, Miranda Shaw, Sonam Paljor, Ding Gerrard, Emilia Bresciani, and Lily Guo.

Below: Kimberly Kitchener (right) ACON Women's HIV Support Worker with Indian Classical Dance teacher at the City Escape Retreat



Multicultural resources for pos women

Celebrations of the 10th anniversary of the Multicultural HIV/AIDS Service included the launch of a series of factsheets in languages other than English by The Hon Faye Lo Po, NSW Minister for Women on 22 October. For the first time, positive women from culturally diverse backgrounds can access hiv/aids information in their own language. Easy-to-understand factsheets for women are now available in Arabic, Chinese, Khmer (Cambodian), Spanish, Thai and Vietnamese. The factsheets provide introductory information on testing, being newly diagnosed; symptoms; pregnancy and hiv; and parenting and hiv. The factsheets also list appropriate services. A factsheet on hiv treatment for women will be available in the specified languages in 2002.

It is vital that women from all communities in NSW be well informed about their sexual health, including hiv. Hiv positive women who speak a language other than English must be able to access information on women-specific hiv/aids issues and information about relevant services in their own language.

Recognising the barriers positive women from culturally and linguistically diverse backgrounds face, FPA Health and the Multicultural HIV/AIDS Service initiated the development of this resource to improve access for women from culturally and linguistically diverse

backgrounds to hiv/aids information, education and support.

When this collaboration was established, there was no comprehensive women-specific hiv/aids resource in relevant community languages available in NSW.

The six languages chosen for the resource were identified as priority languages based on the Multicultural HIV/AIDS Service's experience working with positive women of culturally and linguistically diverse backgrounds. The languages chosen, and the cultural groups targeted, are also reflected in NSW Health data, which details the incidence of hiv in different language groups in NSW.

By providing a relevant and culturally sensitive resource on women and hiv/aids in six community languages, FPA Health and the Multicultural HIV/AIDS Service aim to educate and inform hiv positive women about women specific hiv/aids issues.

Copies of the factsheets are available from FPA Health (ph 02 9716 6099) and the Multicultural HIV/AIDS Service (ph 02 9515 3098).

MHAS turns 10, see pages 16-19.

Pos women's retreat a huge success

A two-day retreat for hiv positive women - the City Escape Retreat - on 3-4 November was attended by 11 positive women, including some from as far as Canberra. Hosted by ACON's new Women's HIV

Support Team, the retreat introduced the women to ACON's services for women. Services provided at the retreat included massage, acupuncture, iridology and reflexology.

'Quite a few of the participants had never been to an ACON retreat before and were not linked into hiv support services elsewhere so it was a great opportunity for them to learn about the many services they can access,' said ACON CEO Stevie Clayton.

'It was also an opportunity for women to get a greater insight into the role that ACON can play in their lives and to see ACON as a very female friendly environment.'

'Fully costumed belly dancers put on a wonderful show, enticing many of the women to join in and this was voted the most popular event of the weekend.'

'Sunday involved yoga, nutrition workshops and a gentle exercise class before a session on laughter as the best medicine. The City Escape Retreat ended on a high note with all the participants clapping and cheering.'

'Feedback from the 11 women involved in the weekend was overwhelmingly positive and a great success for the HIV Women's Support Team,' Ms Clayton said.

For more information about ACON's support services for positive women, contact Kimberly Kitchener or Melinda Campbell on 02 9206 2000.

Complementary therapies to complement ACON services

A new series of information and treatments sessions will begin in January 2002 at ACON in Sydney. ACON is also upgrading its Vitamin Service.

'ACON recently conducted a survey to determine what treatments information was most important to people living with hiv/aids and more than 65% nominated complementary therapies as very important,' said ACON CEO Stevie Clayton.

'In January ACON will commence a 'therapy of the month' series with information and treatment sessions with complementary therapists such as a herbalist, naturopath, acupuncturist and reflexologist.'

'We have also established a Complementary Therapies Advisory Group with pharmacists, dieticians and naturopaths to provide advice on our upgraded Vitamin Service.'

'ACON provides a range of quality vitamins and nutritional supplements at near wholesale prices to people living with hiv/aids and over the next few months we will be broadening the range of products available and the information support that we provide.'

'The Advisory Group is providing professional advice on the most appropriate naturopathic products (including food supplements) for ACON's Vitamin Service and on the potential interactions between prescription medications and naturopathic products.'

'ACON will also produce a series of fact sheets on complementary therapies to be available on our website next year.' Ms Clayton said.

NSW Health stalls on Community Pharmacies Trial

ACON and PLWH/A (NSW) questioned the commitment of NSW Health to the success of the Community Pharmacies Trial and called on the Minister to intervene. The trial, giving people living with hiv/aids access to hiv drugs in community pharmacies rather than a hospital setting, was due to commence on 12 November 2001 but has been stalled.

'It appears that after several years of negotiation to get to this point we are seeing

the project put on ice because of an internal stoush between the Department of Health and the South Eastern Sydney Area Health Service,' said ACON President Adrian Lovney.

'It is unfortunate that the quality of life of so many people living with hiv/aids has been put in jeopardy because of bureaucracy, because of one arm of the health system's inability to work with the other arm on this issue,' Mr Lovney said.

ACON and PLWH/A (NSW) call on the NSW Minister for Health to intervene to ensure that the trial, planned for so long, finally sees the light of day.

'The Community Pharmacies Trial could have allowed a number of positive people greater control over their lives with access to treatments in a more appropriate setting,' said PLWH/A(NSW) President John Robinson.

'This would have made a world of difference to many people with the ability to fill all their prescriptions at a community pharmacy and then be able to access hiv drugs as well as medical care in the community. Quite a number of positive people are in the workforce and this trial would have made their lives a lot more manageable,' Mr Robinson said.

'This is an innovative and groundbreaking project and we are disappointed the health system is stumbling so close to the commencement of the trial.'

'A number of community based organisations in the hiv sector have begun to express their alarm at the progress of this matter and they are starting to question NSW Health's commitment to the success of the trial,' Mr Robinson said.

Project worked with Clinic 16 Sexual Health Service, Planet X Youth Centre, Epping YMCA, and the Positive Speakers Bureau to implement the graffiti art program for World AIDS Day.

Angry Anderson and Mr Physique 2000 - a professional bodybuilder - joined the young people present to help raise the profile of youth aids awareness in Northern Sydney.

'Hiv social worker Krista Watts gave an educational talk on global issues and Kylie Davies talked on a personal level about losing her brother to aids,' said youth consultant, Amanda Watkins.

Youth at 6th ICAAP, see pages 22-24.

Young people painting a graffiti mural in Northern Sydney.

Mr Physique 2000, Angry Anderson and Amanda Watkins (l-r).



Graffiti gets praise

Two portable graffiti mural panels painted as part of Northern Sydney Health's World AIDS Day Youth Aids Awareness Campaign received a World AIDS Day Award on 25 November. The portable panels will be on display throughout the next 12 months in local youth services, NorthAIDS and schools throughout Northern Sydney.

Young people from all over Northern Sydney worked on the mural on 3 November at Planet X Youth Service, where they came together to learn about global and local hiv/aids issues. An introduction to the Positive Speakers Bureau and the Quilt Project opened discussion about discrimination, isolation, choices and the humanity of hiv.

Northern Sydney Health - HIV & Sexual Health Promotion and the Youth Health

Accentuating the positive

A photo-documentary exhibition - Positive Lives - was on show in Melbourne from 4 - 10 October as part of the Cultural Program for the 6th ICAAP. Originating in London, Positive Lives grew from a desire to show the human side to aids, the way it indiscriminately changes lives and creates barriers.

Divided into chapters, the exhibition examined the complex individual and emotional responses to the hiv virus, including different cultural responses to the virus, issues of gender and sex, educational processes, and the impact of social change.

Developed by the Terrence Higgins Trust and Network Photographers, with support from Levi Strauss & Co, Positive Lives premiered in London in 1993. Since then, the exhibition has toured extensively throughout the UK, the Netherlands, Belgium, France, South Africa, Togo, Mali and Senegal. Along the way new sections have been added, such as that portraying the lives of people with hiv/aids in the Asia Pacific region, premiering in Melbourne.



I care ... Do you?

David Wallace, Community Liaison Officer, Options Employment & Training Services



The theme of this year's World AIDS Day is as long as it's broad. It really does give one cause to reflect on the many and diverse needs of people living with and affected by hiv/aids, not just in Australia but around the world.

However, I want to reflect briefly on what 'caring' means for us in Australia and how it has changed. Twenty years ago, caring about hiv meant grass roots activism, people coming together to demand governments take action, ACT UP marches and protests, a lot of anger and a lot of raw pain and grief. Caring meant the birth of organisations like PLWHA, ACON, BGF and so many others. It meant looking after sick partners and friends and endless visits to doctors and hospital. It also meant volunteering with Ankali and CSN. It meant making Quilt panels and attending candlelight vigils. Caring meant mourning old friends and making new ones. It gave us all a sense of purpose and community.

Twenty years on so much has changed. Caring about hiv, and people living with hiv, has taken on a whole new meaning - new challenges to meet and a new range of issues to deal with.

Caring still means activism, lobbying and advocacy. We still need to keep up the pressure on governments to ensure that all available new treatment options are easily accessible to those who have exhausted all their current treatment options.

It means ensuring that our rights are upheld and our ability to access the Disability Support Pension and all appropriate medical care are not eroded, as there are no guarantees with any of the current or new hiv treatments.

Caring still means supporting organisations like PLWH/A, ACON, BGF

and The Luncheon Club, so that they can best meet the changing needs of positive people. It still means volunteering for Ankali, CSN and others.

It certainly still means having a strong sense of purpose and community attachment. How that plays out in people's lives will be very different to ten, or even five, years ago. Positive people have moved away from Darlinghurst and Surry Hills - both metaphorically and literally. They are claiming and constructing new lives. They are engaging in different ways with the community and focusing their energies on different things.

Caring means encouraging, motivating and supporting people to consider a new future. A big part of that is being able to work part-time or even fulltime again. Organisations like Positive Employment Support, PLWH/A (NSW) through its Positive Decisions Program, and Options Employment Services are all supporting positive people who are now thinking about working again.

For me, above all else, caring means that we do not forget the lessons of the past 20 years. The legacy of those who have gone before us is too important to ignore or forget. We must therefore continue to fight for the rights of all hiv positive people here and elsewhere around the world to ensure that, as the United Nations Universal Declaration of Human Rights states, we too have '... the right to a standard of living adequate for ... health and wellbeing ... including food, clothing, housing and medical care and necessary social services ... the right to work, to free choice of employment ... and the right to security in the event of unemployment, sickness, disability ... or other lack of livelihood in circumstances beyond (our) control.'

Caring still means activism, lobbying and advocacy. We still need to keep up the pressure on governments to ensure that all available new treatment options are easily accessible to those who have exhausted all their current treatment options.

Options Darlinghurst: Suite 3, 32 Oxford Street Ph 9380 9555

Options Chatswood: 61 Archer Street P 9412 3122

Options Parramatta: Suite 2 Level 4 16 Macquarie House Macquarie Street P 9633 9644

Mobile: 0408 430 550

Caring and sharing- Reflections on World AIDS Day and me

Kim Gottlieb

Hi. I will be known to many of you. I've been around AIDS Inc. for a while. Diagnosed in 1986, not too many symptomatic hiccups (no bouts in hospital), on triple therapy, seem to be doing fine ... I guess. Oh yes, all the usual fatigue and uncertainty from time to time. But hey, aren't I lucky to be alive?!

Sitting at my computer, sipping a cup of freshly-brewed coffee, I begin to type. I feel a measure of disturbance (is it disgust?) that I am given this opportunity to ruminate over my relatively comfortable experience of this disease, while thousands of men, women and children in less privileged parts of our world are suffering and dying daily. I know I am not doing my share to address these inequities. I am somewhat stunned, somewhat paralysed ... I take another sip of coffee and feel better for having named this troublesome situation. My deep apologies to those with more acute sensibilities to these issues.

As I reminisce, I find my memories of World AIDS Day and Mardi Gras get blurred. In the past, the annual nature of both events has evoked the feeling ... the thought ... possibility ... fear ... will I be here next year? Thankfully, that is no longer my concern.

In the front of my address book, I have a list of about 20 names. They are some of the people I came to know, help and care for, who died from aids. They are the ones I especially want to remember, even though their names come and go from my everyday (short-term memory loss) consciousness. Some were people I met offering massage at 17 South (St Vincent's Hospital) as part of the Hands On team. Some I knew through support groups, day centre lunches or retreats. Some were acquaintances I chanced to see on the street or hear about through mutual acquaintance. For the most part, I only came to know them when they were seriously unwell and would then come and go from their lives, depending on their need (or mine) and the state of their health (and mine). It has made (what the

professionals call) 'the grieving process' more complicated.

Several times, I remember feeling a strong desire to go to World AIDS Day but not having a bunch of friends to go along with. Though I knew many plwha, we all deal with this stuff so differently. And I knew I didn't want to invite anyone with that caring supportive attitude, checking to see if my eyes might be moistening and that all-to-eager hand of support, ready to 'share my pain'. I surely appreciate all those who provide support for people in various ways, and sometimes that is exactly what I need. However, I know I need a very particular sort of companionship at these events and, usually, me, myself and I are the best available. Still, I hurt that I was alone and smarted with embarrassment when I saw others ... 'Who are you with?' However, I also enjoyed being able to choose the emotional tone of the atmosphere around me, as I carried my candle and walked, and felt my feelings: complex. Sometimes nothing ... sometimes all about me ... often remembering those I had known ... sometimes remembering particular individuals with names - Peter, Alan, Scott, John, Paul, Greg - often as a wave of blurred faces and names ... some of whom I didn't officially know (as in hadn't been introduced or chatted with) but somehow they formed part of the mob for whom I was grieving ... feeling the loss.

A few years ago, when death seemed more likely and more imminent, I would ponder about getting sick and dying and wonder who would get to know from my gay community, or even broader networks of relationships which mattered to me. There is a strange void between being well known at a communal level but not really known at a personal level. Personal ... popping in for cups of tea or knowing about the stain on the carpet or the (nearly) 'new' shirt I picked up at Vinnie's.

I remember singing along with the Lesbian & Gay Choir at Green Park as they performed Stephen Shaeffer's 'These candles we burn'. It touched me and my enthusiastic participation took me to a tearful place - and I don't know

what triggered it. People usually think it is memories of a loved one who has gone but I have not had any especial friends move on - it is more like an emotional soup. Partly, it takes me to the place where I remember the challenges I face on a daily basis, which I have come to consider 'normal'. The battles - big and small - that I have fought within myself, with friends and family, with doctors and with drug strategies, and such. And partly, I wonder if it is not a mild panic, that despite my heroic effort, I might get sick and die - sooner rather than later. I have been dealing with hiv/aids for 13 years. Life was never meant to be like this!

Another year, back at Green Park, same candles, same choir. This time we moved off and I went with the crowd, meandering like recalcitrant sheep, and chanced to look up and BAM! Internally, I collapsed into an uncontrollable wail of grief. I just casually looked up. We happened to be passing St. Vincent's Hospice and all the memories of one particular friend, Tom, flooded back. He died in that particular room second from the end. We had talked and hung out with one another, in that room. In the final stages there would be several of us. There is a peculiar atmosphere which comes over a group of people in these situations. At one level, we all become family. Love is the first thing we offer one another and then it is only by coincidence that we later find out names or people's relationships to the person in the bed. For me, it is always a holy assembly.

I remember some years, I would be hearing the names being read out and I regretted that I had not submitted the names of those I knew, people I cared about. Sometimes I would strain through the wind and distance to hear if someone else had done so, that they had been suitably honoured, at this time: 'Was that Peter Base, they just read out?'

At various times, there have been discussions in the community about whether to read the names out: - How could the World AIDS Day event best reflect the nature of the situation, the needs of the community? I did

like the commissioned art piece they had down at Hyde Park one year - the big perspex portal you could walk through and write your inscriptions on. At first, I didn't want to bother ... the inner and outer critics diminishing my impulse to act ... but once I began to write, I felt good about doing it, finding a ritual to honour, not the death of a loved one but a whole mishmash of unknowing turmoil, pain and hurt, unrequited, incomplete, sad, angry feelings. Remembering people well known and less known ... noticing the personal and communal loss over which I grieved. Here was my chance to bring to life my individual madcap sense of honouring the part of my journey flavoured with the aids virus ... its effect on me, my friends, my community and my world.

One year, you could go to the space in front of the stage and put your candle in the grass. By the time I got there, the scene was amazing. A sea of candles bringing their own sacredness to this place and then focusing on various individual candles ... some pristine and fresh, some dripping wax to merge with others, some fully spent ... a patch of darkness amidst a tapestry of shimmering light.

And what of the present and the future for me?

I am developing a rich appreciation of the opportunities which dealing with this virus has afforded me. I have been able to step off the treadmill of jobs, careers, paths and goals. Instead, I have been able to take time to honour what feels right for me. This has included a return to study. I have picked up a couple of university degrees and completed my training as a psychotherapist, which provides me with some very satisfying part-time work. I have had the time, and the impulse (of possibly-impending death) to engage in matters spiritual. I feel better equipped, as a human being, to deal with life's complexities.

I am increasingly reticent to disclose my hiv status to people, wanting to avoid the sympathies and health focus which come with being 'the one with aids'. I am grateful that I can 'get away with it' but also notice how much fancy footwork I have to do to deal with difficult questions, or avoid having people see all those things I do to address my hiv status.

I hope what I have written will encourage you to reflect on your own thoughts, memories, concepts and ideas in relation to hiv/aids. Remember or forget World AIDS Day as it suits you. But do not forget that precious faculty of caring for our fellow human beings across the hall, across the street, across the nation - across the world.

TRIPS - Protecting profits at the expense of rights

Rob Lake reviews the fight during 2001 to ensure that people with aids in developing countries have access to treatment

2001 will be remembered for many things. One of these is the new way we started to talk about aids treatment access in developing countries. The upcoming World Trade Organisation Ministerial Conference - whether held in Doha, Qatar or elsewhere - will be forced to consider demands by developing countries for changes to international trade rules. These demands are for assurances of access and provision of aids drugs, in particular antiretrovirals, to their citizens. It is only in the last two years that this issue has become a public, high profile issue. The change in understanding has raised the real possibility that treatment options will become available to people with aids in poor countries.

The other memorable thing was gaining a whole new meaning for TRIPS - trade related aspects of intellectual property rights. In 2001, TRIPS has a completely different, non-hallucinogenic meaning. It is, however, almost as disorienting. A part of the World Trade Organisation's powers, it requires signatory countries to act to protect the rights of patent holders. For people with aids in developing countries, this has meant that the rights of multinational pharmaceutical companies to protect their superprofits and ownership outweigh the right to access to lifesaving treatments.

The growing awareness of the injustice of this position has come as part of the antiglobalisation movement, which has raised awareness about how transnational corporations act to protect their interests at the cost of the rights, incomes and often

lives of workers in developing countries.

For aids treatment activists, this culminated in the South African case early in 2001. Treatment Access Coalition, a South African group, called for international support in a court battle between the government and the South African pharmaceutical industry. The industry took the government to court to stop it using a law enabling importation of generic (non-patented) antiretrovirals. Generic antiretrovirals are produced in developing countries such as Brazil and India. By ignoring the patent requirements (and huge costs) of major pharmaceutical companies, drugs can be produced at prices that make them affordable to people and governments in poor or developing nations across Asia, Africa, Eastern Europe and South America.

TRIPS, signed in the mid 90s by most nations, was supposed to open markets to protected wealthy countries to the export of developing nations. One of the clauses slipped in committed signatory countries to enforcing patent protection. This clause has been used by the pharmaceutical industry, and the WTO and US government, to try to limit attempts by developing countries to find affordable ways to make treatments available. For most of this year, argument and debate has centred on the rights to patent protection and profits versus the right to affordable treatments. The industry has been exposed for the way it ignores the needs of these countries and directs nearly all research funds to develop drugs that treat diseases common in Western nations. Recent research has shown that of the research for new drugs currently underway, only a tiny proportion could benefit developing nations.

The health needs of people with aids and other treatable diseases have consistently been ignored in favour of research for high cost drugs for Western

Blues Busters

A new program tackling depression and social anxiety is being conducted by Holdsworth House. Facilitator, **Greg Millan**, describes the benefits for positive gay men.

nations. It is only since countries such as Brazil, India, and Hungary have sought to develop workable solutions that alarm bells have rung in the boardrooms. As we head toward the last major event in this battle in 2001, the debate about access will again be fought on the grounds of the rights of developing countries versus the rights of industry.

Australia has sided with industry, supporting a form of words in the Doha Ministerial Declaration that rejects the call by developing countries that 'Nothing in the TRIPS agreement shall prevent Members from taking measures to protect public health'. It remains to be seen whether this declaration will be passed at the meeting in November and, if it is, how the UN Global Fund and promises made and not acted on by global pharmaceutical companies can be enacted.

The final word should go to Eric Sawyer, one of the founders of Act Up New York. At a Human Rights Conference in the US in October this year, he said, 'I want to close by saying what I believe Jonathan Mann would be saying if he were here today. That being, that in the year 2001, it is time for the legal, medical, public health and activist communities to join together to pursue a principled fight for the human right to health. Working independently we have won many battles - by uniting, I believe, we can win a universal human right to health.'

More info:
www.globaltreatmentaccess.org

Blues Busters is a free workshop for hiv positive gay men conducted by Holdsworth House General Practice and sponsored by Boehringer Ingelheim. Facilitated by Greg Millan, a group worker and sexual health counsellor with extensive experience of sexual health and hiv/aids, the workshop includes guest speakers on specific topics.

Blues Busters provides an informative, well structured self help program to equip participants with additional personal skills to manage their mood states in regard to depression and social anxiety.

A typical workshop covers basic information on depression and social anxiety, an overview of different approaches to the various forms of treatment for depression and social anxiety, and information on hiv treatments including compliance issues and drug interactions with antidepressant medications.

The program also provides skills training in cognitive behavioural therapy, which focuses on the link between thoughts, actions and subsequent feelings. Transpersonal holistic approaches, such as mediation, relaxation and visualization, are also included as well as information on holistic therapies that provide relief from depression and social anxiety.

The combination of these approaches and the range of information provided have been shown to be very effective in the treatment of depression and social anxiety.

The workshops held so far have received positive evaluation from the participants. Blues Busters has been a turning point for some participants, helping them deal with depression and move on to set new goals and feel more positive about life.

The program has recently been extended to include discussion nights every six weeks on Tuesdays from 6.30 - 8 pm at Holdsworth House General Practice. These nights are open to past Blues Busters participants, people

waiting to do a workshop, and anyone who would like to find out more about the program.

For more information about Blues Busters, contact Greg on 0417 772 390 or by email at gmillan@netspace.net.au.

Yoga is Life

Daniel Bird

What does yoga mean? Yoga means union. Union with who you might ask. Union with a power greater than your ego could ever dream of. Some call this power God. Some call this power Ba Ba God. As for myself, I call this power 'My friend Supreme Soul'.

As you all know, we are all spirits or souls having earthly experiences. We come from forever, we shall return to forever. Through the practice of Raja Yoga you have direct contact with supreme soul ... the infinite life source, the one that loves unconditionally. I have been on the yoga path for 47 years. It seems like forever. My faith in this timeless practice has taught me many things, but most of all it has reminded me that I am loved unconditionally and peace of mind and union with supreme soul is just a breath away.

By quieting the mind with the simple art of meditation you open the doorway to the universe of peace and infinite love. My devotion to supreme soul has assisted me always throughout my life and even more so over the last 16 years when my body came in contact with the hiv virus. With faith I can move mountains, this I am discovering more and more in my own life and I feel my journey has just begun because the yoga path is life. Shine on my friends, om shanti.

If you'd like to experience the great benefits of yoga, you can contact Daniel at the Positive Living Centre, 701-703 Bourke Street, Surry Hills or NorthAids, 2/349 Pacific Highway, Crows Nest.

Tales from The Sanctuary

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

Lipodystrophy: you're too fat, you're too thin?

My cholesterol was up, my triglycerides were up, my blood pressure was up and my tummy was up. What's going on? My doctor diagnosed a case of hyperlipidaemia and a suggestion of lipodystrophy. This is indicated by raised blood lipids, bloated tummy, mild facial fat loss and raised veins in my arms and legs. My waist has gone from a nice 32 to an uncomfortable 34.

My doctor is so concerned he takes me off one drug in my combo therapy and substitutes another. 'That's the most likely culprit,' he says.

'The replacement is less heavily implicated. Come back and see me soon so I can take another reading.'

How did I actually feel?

Well, OK really but I had blimped out. I was a candidate for the next GOOD YEAR blimp. And my blimp was running on its own methane gas supply – farting like a trooper, where does all this gas come from? I'd been doing all the right things, high fibre diet and acidophilus yogurt religiously for years. I thought a maternity hospital would have had to admit me with my phantom pregnancy.

Lipodystrophy has many facets, different parts of the body shrink or expand at nature's whim. Of most concern is fat loss from the face and buttocks. Our face is who we believe we are. My doctor tells me that fat cells in the face are unique and are in limited supply, once gone you can't replace them. A solution on offer is cosmetic surgery at \$1,200 a pop. Our buttocks are also held in high esteem. Nevirapine induced hepatitis 18 months ago caused the loss of 10 kilos and my butt. I thought, here we go again but exercise and deep knee plunges that work the gluteus minimus, medius and maximus muscles have kept my butt defying gravity at least for now. But I can't use the name 'fun buns' anymore.

I'm told that mitochondrial toxicity caused by my combo may be linked to muscle damage, especially in the buttocks, arms and legs and can be helped by the use of vitamins A, C and E [source: *Body Positive UK*]. It was also suggested I could go on a new trial of human growth hormone but at this stage I am unwilling to try another therapy and risk more side effects. I hope my efforts with diet and the gym will pay off.

Does diet help with lipodystrophy? My doctor says about 9% of people can benefit. My herbalist says diet will definitely help and gave me good advice. So I started

Lo-chol contains plant sterols that reduce cholesterol in the blood. Eating raw nuts is another way of doing this. I'd rather use this method to reduce cholesterol than another medication. Did you know there is good cholesterol and bad cholesterol? This is when a good dietician is worth visiting as well. There are free services at Albion Street Clinic, Royal Prince Alfred Hospital or the Community Health Team at Redfern Community Health Centre.

I recently wrote to *Muscle Magazine USA* after reading an article on weight gain using whey protein. The director of research in sports science Dr Paul Cribb said he had treated many HIV patients with whey protein and glutamine. All had gained at least 5 kilos, some fat and some muscle. He says the more glutamine and whey you take, the better your health will be and also your weight. He quotes a Dr Kotler (HIV Research) who says weight gain is not achieved just by eating more food but a precise 'biochemical environment' needs to be created before muscle is built.

Well, I have just bought a big tin of whey protein for \$56 and will try this myself over the next few months to see what difference it makes. Whey protein is low in fat and sugars. This will be accompanied by twice weekly visits to the gym. I feel exercise must fit into this equation somewhere. I hope to discuss this at length in another article.

So this is another of those experiences of the weird and not so wonderful challenges that we are continually facing as I sit back and ponder the next episode of **Tales from The Sanctuary**.

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 2-6pm, Mondays & Fridays. Phone 02 9519 6830 for an appointment or just drop in. Email: complementarytherapies@hotmail.com

Sydney Park AIDS Memorial Grove! Is there a future for this service?

In the April/May issue of *Talkabout*, Tim Alderman rated SPAIDS as well worth supporting. SPAIDS Co-convenor, **Kendall Lovett**, gives the Grove's history

SPAIDS began seven years ago to enable people who had lost loved ones to hiv/aids to plant a tree to commemorate their lives as an alternative to the Quilt and Candlelight. SPAIDS plantings were recently extended to include lesbians and gays who have died as the result of violence, or the Nazi Holocaust.

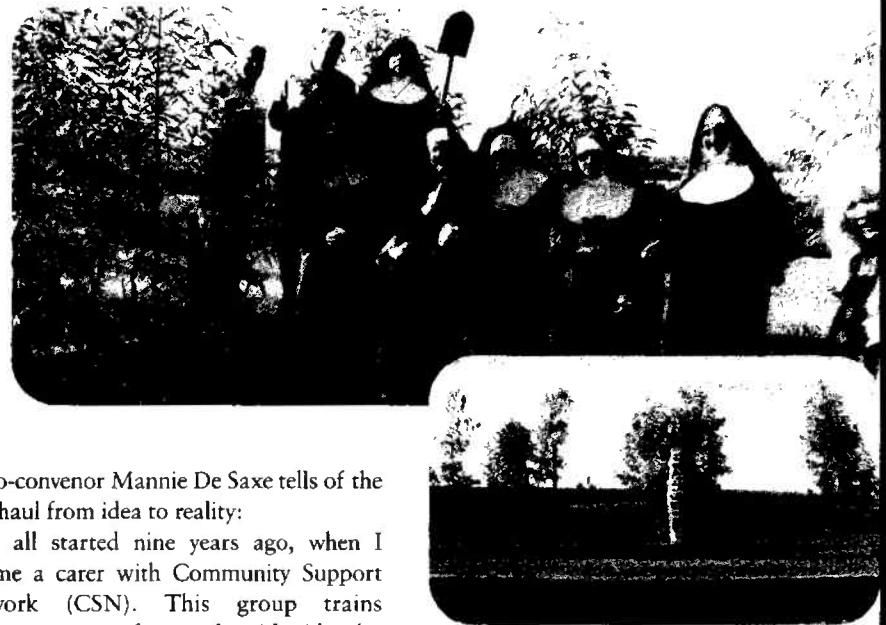
A large area in Sydney Park, St Peters, has been progressively planted with young Australian trees by dozens and dozens of caring friends, lovers and families. Now the Groves are flourishing. Over 1,100 names of those commemorated are held in a computerised alphabetical file by the coordinators. A hard copy is available for viewing at each planting.

South Sydney City Council provides the young trees and prepares the area for three plantings each year. This year the plantings were on 27 May, 29 July and 2 September. The 27 Mayplanting featured the opening and dedication of the SPAIDS Reflection Area. Designed and constructed by Council as a permanent area overlooking the Groves, it is able to be used for individual contemplation or larger gatherings such as Candlelight. The Reflection Area was dedicated by gay male nuns of the Order of Perpetual Indulgence (OPI).

SPAIDS is seeking new coordinators. Earlier this year, Mannie De Saxe, who instigated and coordinated each planting, moved to Melbourne with his partner, Ken. Nevertheless, they managed to coordinate this year's three plantings, returning to Sydney for two of the three. One of the OPI Sisters was able to help out for the third.

There must be a couple of people out there, or a group, interested in the project's aims who would be happy to take over. Mannie firmly believes there is a future for the project.

Anyone interested can contact Mannie De Saxe in Melbourne, phone (03) 9471 4878, email: josken@zipworld.com.au or SPAIDS, PO Box 1675, Preston South Vic 3072.



Co-convenor Mannie De Saxe tells of the long haul from idea to reality:

'It all started nine years ago, when I became a carer with Community Support Network (CSN). This group trains volunteers to care for people with aids who want to stay in their own homes, where possible, and not have to be in hospital.'

'My first client and I became very friendly, as inevitably occurs in such situations, and I cared for him for about six months from when I first went to him, until he died.'

'For me this was a new experience, and a very traumatic one. I had read about some tree planting projects relating to people who had died from aids. I made some inquiries and discovered there were at least two such projects, one in Washington, DC, and one in the Blue Mountains.'

'I discovered that Sydney Park, in the South Sydney City Council area, which had been a brickworks and later a garbage dump, had been taken over by Council in 1989.'

'In 1993, I started making inquiries about the possibility of establishing aids memorial groves in the park. I had discovered that Council was encouraging community groups to take part in planting trees there with the hope of establishing a park as a large recreation area in that part of Sydney.'

'Council notified us that a planting would take place on 15 May 1994. Our next problem was publicity, and in this respect we had quite a battle. We had to prepare flyers,

Ir: Mannie de Saxe and Kendall Lovett with Sisters of the Order of Perpetual Indulgence.

South Sydney City Council has now built a focal point in the Groves where future tree planting groups will be able to assemble. It may also serve as a meeting place for such community events as Candlelight rallies and aids-related ceremonies on World AIDS Day as well as other memorial events throughout the year.

decide where they were to be given out, attempt to get the community papers to support the project by giving us a bit of publicity, and generally to get the information into the concerned and interested community.'

'To date we estimate that we have planted about 7000 trees, and our groves are becoming a reality as the trees grow taller and the Council's signage demarcates the area. There are also benches for people to sit on and relax and grieve or contemplate the loved ones they have lost or just to sit and enjoy the peace surrounding them in the quietness of the park.'

MHAS turns ten

Taghe McMahon spoke to **Susan Hawkeswood** about ten years of services for people from non-English speaking backgrounds

Established in 1991, the Multicultural HIV/AIDS Service (MHAS) targets people from non-English speaking backgrounds (NESB) who are living with or affected by HIV/AIDS. The service specifically targets people from 20 different language groups but is also available to other NESB communities. MHAS offers a range of support, education and media services, and initiates community development projects to foster recognition in ethnic communities that HIV/AIDS can affect anyone.

S: Was it difficult to establish the need for a multicultural HIV/AIDS service?

T: I think it was. In 1991, what was established was a one year project, so the argument was for one year, and then gradually the argument has been extended to expand the service and we've grown to be a small organisation in the last 10 years. I think that today in 2001 mounting the argument for the existence of a multicultural part to NSW's response to HIV/AIDS is much easier to make and other states and territories are looking to NSW and thinking, we wish we had something like that, a response to the multicultural part of the epidemic.

I think that the critical thing is that now we're starting to see a relationship between communities here in Australia and high prevalence countries and as the epidemic expands around the world, there's less and less countries that aren't high prevalence countries, you know, how many are left!

I think that one of the important things then, as well, is that we've seen our service now has a role to play in the area of hepatitis C, and I think that NESB communities are disproportionately affected in relation to hepatitis C in certain ways, especially the people who already have hep C and the people who already have advanced liver disease.

S: Taghe, what do you think are the major differences between the role of the service now compared to the role of the service 10 years ago?

T: I think the role of the service probably hasn't changed that much. Our role is still to work with the multicultural aspects of the epidemic here in NSW, although by comparison to 1991, we're doing a lot more work on a national basis. We now get project funding through the Commonwealth to work on a national level but I think the key difference between 1991 and 2001 is that the epidemic has become more multicultural. We now have 17% of AIDS diagnoses in the last 5 years in people born in non-English speaking regions of the world. In the early 90s that was more likely to be 10%.

I think another key issue since 1991 is that we now have treatments but what we know is that people from culturally diverse backgrounds are much more likely to be late presenters and therefore not benefitting from antiretroviral therapy as much as the Australian born, so I guess that's one of the critical, critical issues. If you have people turning up to hospital with an AIDS defining illness who have not had an opportunity to benefit, to take antiretrovirals at an early stage - the implications of somebody coping with HIV diagnosis and an AIDS diagnosis at the same time means that 1996 might as well not have happened.

S: Why do you think that people from NESB are presenting late? Are they not being tested early enough, are they not making informed decisions about what they should do when they get tested?

T: I don't think we can find an exact cause because it is really such a big issue and an issue we're starting to look at in our service. I think late presentation has been an issue all along. It's been anecdotal in our service for many years but I think that now the HIV sector has actually started to look at it from a research perspective and found that

this isn't just an anecdotal thing. This is a real phenomenon. There was a study in Victoria, which looked at Victorian AIDS diagnoses over the last 5 or 6 years which showed really alarming rates of late presentation. People born in South America six times more likely to be late presenters than the Australian born. People born in Asia, half of them are late presenters by comparison to the Australian born.

Up until now we've had an epidemic in Australia that has been largely around gay men and other risk categories and our paradigms for responding to the epidemic have been built around these populations. However, I think in the multicultural part of the epidemic that isn't so clearcut. It's not just as simple as gay men, IDUs and then heterosexuals. If anything it might be 50% gay men, 30% heterosexual and 20-30% women. So that leads to a different way of assessing individual risk, or even a community level of risk.

People who are migrating to Australia have other considerations to make in their living other than whether they are going to seek an HIV test or not. And of the late presenters, there might be some of them who had in fact a HIV test at some point in the past and maybe got that diagnosis in a very inappropriate way with no information in their own language, and that might be part of the problem. Until this year, we've had no information for people to deal with a HIV diagnosis in a language other than English. If you got a HIV diagnosis and you're from a Vietnamese background, you're handed the same kind of information in English that's available to everyone else. And how adequate is that information for somebody from a Vietnamese background who's trying to deal with this? Even if they do speak English to some degree, there's a difference about being able to conceptualise your diagnosis in the language of your choice, which is more likely to be the first language you spoke at home rather than the English that you learned at school, or the English that you learnt since you've arrived in Australia.

S: If people from NESB are getting a positive test result, are they getting those test results through clinics, are they getting them through GPs in private practice?

T: I don't know where the diagnoses are coming from. I would imagine sexual health clinics. NESB clients have good access to sexual health clinics as these are often seen to be more anonymous, more useful rather than perhaps going to GPs. Also, the multicultural part of the epidemic is more geographically spread, it's not neatly in inner city Sydney, and there aren't that many hiv specific doctors outside of that geographical area.

When the research says that South Americans are 6 times more likely to be late presenters than the Australian-born, I don't think one single factor could be responsible for that. I think it's a whole multitude of issues that are actually contributing to it and I don't think we have a good understanding of what those issues are, other than we can say broadly, we know that people from NESB have a very poor knowledge of hiv in the first place. Even those who have hiv knowledge have a poor knowledge of services, and they have a poor knowledge of their entitlements and their rights, so I guess we need to do a lot of work on a whole range of fronts. The NSW HIV/AIDS Health Promotion Plan has identified hiv testing and late presentation as one of the priorities - one of the nine priority areas for work over the next three years - and I think that's the kind of step forward that's going to get us somewhere. Over the next 2 to 3 years in NSW we're actually going to try and do something about this issue and our service has been funded to tackle late presentation.

S: What do you see as being the major component of that project?

T: We've already carried out a consultation process and we have identified priority ethnic communities, because we think they're the ones that are more likely to

be the late presenters. Those communities are mostly Asian, South American and African communities. Where there is a community organisation infrastructure, we will work with that infrastructure.

In the case of African communities, we feel that we're going to have to work with a diversity of African clients and African communities. We recognise that there's a

The NSW Hiv/Aids Health Promotion Plan has identified hiv testing and late presentation as one of the priorities - one of the nine priority areas for work over the next three years

huge difference between the Somali community and the Ghana community, eg, but somehow we have to try and maybe bring them all together because individual communities, apart from the Somali community in NSW, are really, really small numerically. We're talking about maybe 500-600 people in some communities and yet hiv may be an issue. It might be only 5 or 6 people but 5 out of 500 is a large issue, and we have to work with that and bridge across

the cultural, language and religious issues of those diversity of clients.

With the Asian communities, or with the Spanish speaking communities that we're targetting that's going to be a little bit easier because we've done a lot of work with ethnic media organisations in the past. There is an infrastructure that we can work with.

I think another really important part though is going to be working with NESB GPs. We're looking at ways to work with notifying GPs and work with those GPs who have had, in the last couple of years, hiv positive results. They perhaps are going to be more likely to respond to work around how to deliver a hiv positive diagnosis, the kinds of information that they need, the kind of support that they can access. If it's about working with the Thai community, we know we can deliver information in a Thai language for targetting Thai GPs.

For clients from NESB backgrounds, we're going to need to do more than what we do for Anglo-Celtic clients. We need to offer something additional because if we recognise that culture and language make living with hiv and being diagnosed with hiv harder than for the Anglo-Celtic Australians then, by definition, we must provide something additional to actually respond to those culture and language issues.

S: How is the service going to physically be able to address the geographical spread of notifications and the geographical spread of a number of very small communities, apart from accessing GPs who have already notified?

T: We currently are doing that geographical spread in our support for individual clients. One of our biggest referring agencies is at Liverpool and because we are an organisation that has about 70 casual workers we are able to provide support to individual clients and our workers live all over Sydney.

Another important part of our work is with ethnic media. All of the ethnic media

that's based here in Sydney, actually have a state-wide distribution, in fact many outlets have a national distribution. That's a very important way of reaching a lot of people who would not usually access information and we have good links with the radio stations, we have good links with the newspapers, we can get stories up about our organisation and about hiv/aids issues. Eg, there are four Chinese dailies every day here in Sydney - each of them has the circulation of the Sydney Star Observer. Now that's quite a readership, and that's a way for us to reach communities without having to actually physically go out and reach them.

The third strategy, our third arm - I've mentioned support and I've mentioned education - has been our work in community development. Each year we work with two communities to build a relationship between our service and these two communities. Last year, we worked with Spanish speaking and Vietnamese communities. This year we're going to work with the Bosnian and Burmese communities. I think that the community development role is really, really important. You often don't see results in a really clear way that you can neatly measure but it's about the relationship building and the network building and the knowledge of communities that's really, really important from which to base other things in the future.

S: Are there differences in the quality of service the MHAS can provide to different communities based on the availability of skilled people who speak that language? Is it a problem if late presenters are from a community that's less well established, in terms of what the service offers?

T: I think it is. The first part of your question in some ways is saying, 'Is it difficult for us to recruit staff?' and I think it is a challenge for us to recruit staff in some of the smaller communities. However, when we added Bosnian, Burmese and Somali to our languages this year we did extensive networking in those communities and we ended up with male and female coworkers from each of those communities. Often we get people whose overseas qualifications aren't recognised here in Australia, so we have good male and female workers from Somali, Bosnian and Burmese backgrounds.

I think the other part of your question is more difficult. I think it is really hard for us as an organisation to provide support to smaller communities, where, eg, the community might number less than 1,000 and the individuals or individual living with hiv would have grave concerns for confidentiality within that community.

The way that we've gotten around that in the past is cross-cultural matches for people. So, when somebody from say a Somali

background, or somebody from a Zimbabwean background is living with hiv and doesn't want to be supported by somebody from their own community, we try and find a match from another community. That match might be around gender, or sexuality, or religion, or it might be around a kind of shared cultural understanding. Eg, we've had Turkish clients being supported by Arabic speaking workers, where the Turkish clients have said, 'I do not want to be supported by somebody from my own community'.

And affirming for people that their confidentiality can be maintained. That's a

travels. And it even travels in an official capacity so that the government actually might send the police to your door, or might work, not in just a passive way, but a very active discrimination against a person living with hiv.

S: Is there a problem in some cultures where there is a strict secrecy about certain things and at the same time there are cultural expectations about what some people are entitled to know about other people?

T: Certainly in NESB communities, we try to actually see that culture and language issues actually are key rather than a barrier necessarily. I don't know that it's useful to actually see that the way people want to live with their hiv is actually different, and work with that. Having said that, I do agree that there are sometimes a lot of difficulties with our clients where they might perceive that their confidentiality has been breached, eg, by the slightest, slightest, slightest inference from somebody else. It's almost on the level of paranoia but when you actually get inside the other person's mind and empathise with where the client's at, it's not paranoia. Eg, I was involved with setting up an Arabic gay men's network a couple of years ago. One of the clients wanted a camera outside the building observing people coming into the building and a video screen inside in the group so that we could see who was coming to the group because he was so concerned about one of his relatives infiltrating the Arabic gay men's network. This is a community that has about 2-300,000 people here in NSW. It's a very large community. My first reaction was that is just so over the top, but on reflection the consequences of that scenario being played out for him were so grave, his attendance at the group was such a huge commitment, a huge risk, that he felt that he needed that security. Now, we worked through that, and he came to the group and felt safe. But that's the kind of level of insecurity and lack of safety that people may have. It makes it very difficult, we've tried to do group work with plwha.

S: If the concerns of some people in some communities is such a problem, how are people in those communities dealing with accessing treatment given that it's very difficult to conceal some of the side effects? If you're on treatments that are making you quite ill and you live and perhaps work in a particular, very close knit community, how does the service help people deal with that?

T: I'm thinking particularly about a Vietnamese woman who was a client of our service. She was presenting really chaotically to her hiv service for her treatment. She was matched with a Vietnamese coworker,

Certainly from a lot of people's perspective, their experience of government services and non-government organisations in their countries of origin in particular has been that there are no secrets

real challenge because writing 'the service is confidential' on a brochure doesn't translate into a client understanding that the service is confidential. They have to actually be told why it's confidential. Obviously in every language the word confidential or secret is understood but it's about the understanding of the concept, of what parts of it are secret and what parts aren't secret.

Certainly from a lot of people's perspective, their experience of government services and non-government organisations in their countries of origin in particular has been that there are no secrets, especially if it's a piece of information that's juicy, such as I know he has, or she has, hiv ... the word

another woman obviously, and over a period of two years, this woman - through being supported by another Vietnamese woman - was able to work out ways. She was living with her parents and had to find excuses to be out of the house at a particular time. By working it through with another Vietnamese person - with emotional support - she was actually able to build reasons for not being at home at the time her appointments were at. She was able to build in reasons for taking her treatments and was actually able to create the rationales that she needed and come up with the solutions needed for her context so that she was able to live with hiv, turn up for appointments at times that were convenient for her but also at times that weren't going to raise suspicions in the family - actually build something that did make more sense and was more consistent for her with her living with hiv. For our clients, disclosure is often not the way to go for them. In our Western construct disclosure is always better. But I think we have to be aware that this is a Western construct and if people from NESB want to go with disclosure, great, but to actually say that this will make you feel better, telling our family and telling the people that you've been with when the person involved is saying, 'I don't want to tell them, I have grave concerns about telling them and I just don't feel comfortable doing this', that is also ok.

S: So, it's less stressful for some people in certain communities to live with a cover story?

T: Yes, and to develop that cover story. I used the example of a Vietnamese woman but I could say that for many of our clients, some clients do disclose to family members. They might disclose to a sibling, they might disclose to their parents. We have a gay man living with hiv who's totally supported by his rents and is a recent arrival in Australia but the family unit doesn't actually talk to any of the rest of the family about the situation, so that's the way they've chosen to deal with it.

I think there is more of a theme of developing the cover story and that's one of the useful things about being supported, that you can develop a cover story that actually really suits the context.

The main issue for us is that our casual staff are all very committed to the area of aids. We have found it hard to recruit people at times but generally you'd be amazed how many people are affected by aids. At our last coworker recruitment,

we had somebody from an Asian background whose sibling had died of hiv three years ago. It's a fantastic opportunity that coworker, having been through the situation on a personal level, to be able to

give back to her community on another level.

S: Given that there's a 17% NESB component to current aids notifications, are you able to say whether this is the tip of an iceberg?

T: I don't think it is much higher. Given that 17% of aids notifications in the last four years in Australia are NESB, that is reflecting hiv transmission that happened in probably the late 80s and early 90s, because there's a lag between aids and hiv. I think the proportion is probably about right in terms of hiv transmission. I think the proportions might be a little bit higher probably than that.

live, who they are and what languages they speak at home. It's not going to be something that we're going to see in our daily lives. We're going to have to listen to people who work in sexual health clinics and other services who are going to say to us, 'well we're seeing a few people coming through the doors who are this particular background.'

It's not going to be nice and neat and in one particular place. We're probably not going to see communities mobilising around it in the same way as we saw with the gay community, and that's because the communities don't have the infrastructure, especially the smaller communities, to actually mobilise.

S: But is there such a need to mobilise. The gay community was - at the time that the epidemic started to emerge - there was already a highly politicised group of people but it was also an unknown thing, then it was known, and then services had to be fought for, and services exist now.

T: I think you're right. I don't think there is a need for them to mobilise. It was interesting though, for the first time, this year, our service was involved in organising the Candlelight AIDS Memorial in Cabramatta. This was the first time that the Candlelight AIDS Memorial in Australia was held outside of the gay community and it was quite interesting. The event went off quite well, and to me, it was like the beginning of a new paragraph. There were people who turned up at that Candlelight AIDS Memorial who have relatives in South-East Asia who are living with hiv in countries of origin who've lost an uncle, who've lost an aunt, who've lost a brother, who've lost a sister, who've lost a father, who've lost a mother, who have a daughter or a son living in maybe Switzerland with hiv and that's the difference in a sense. I guess that NESB communities can be affected in a variety of ways.

At the youth forum at ICAAP, there were some young people who had lost five, six members of their families to hiv. So have the community here. That's the kind of things that happen to them. If we were to look at the crystal ball for the next 10 years, I think we'll have more of that. I think we'll have more of that kind of thing that I noticed in that beginning in Cabramatta in May. A new paragraph of hiv in Australia, on a cold winter's night, with Buddhist monks from the Vietnamese temple providing the blessing. People in those communities are affected by hiv/aids and they're perhaps more affected by the global epidemic which is something we sometimes forget here in Australia.

It's never going to be like it was for the gay community in the mid-80s, that's not how this is going to be played out.

It's going to be played out in a much more subtle way.

I think sometimes we're waiting for a big bang to happen in relation to this multicultural part of the epidemic and I don't think it's going to happen in a big bang. I think it's going to happen in slow increases.

It's never going to be like it was for the gay community in the mid-80s, that's not how this is going to be played out. It's going to be played out in a much more subtle way. So we'll start to see a small community starting to experience a bit of an epidemic and I think that it's going to be different to the mid-80s as well in that we - the people who work in the hiv sector - may not know these people. We may not even know where they

Plwha in India

Dhirendra Rawat is an HIV/AIDS Counsellor in India. He visited Australia to attend ICAAP. **Susan Hawkeswood** spoke with Dhirendra in Sydney in November. This is an edited version of that interview.

DR: I'm involved with Association for People Living with HIV/AIDS. This was the first registered self-help group for plwha in India. It was initiated in 1989, but registered in 1992. Since 1989, I'm involved with this organisation.

SH: What are the main issues that plwha are facing now in India?

DR: The main issue we are facing now is discrimination. Plwha need support here. In our country, we don't have a specific policy which focuses on plwha problems. We are living a very double-edged nightlife. People aren't really willing to come out and work for positive people's issues.

SH: Is there any assistance provided by the government at all for positive people?

DR: At present, no, because in India, this government of India doesn't recognise care and support companies very much. Basically, our country's main focus is prevention. The government is not supporting positive people's activities. Most people recognise us as a patient, as a sick person, and we know that positive people can contribute a lot in this hiv epidemic.

SH: What do you think are the main reasons that positive people are stigmatised in India?

DR: Our programs and policies were designed and developed by people who are not very much aware of positive people's issues. Though international agencies are involving postive people, it's just for tokenism. They are involving them to show this international community that they are involving positive people but what is going on is very new to the person involved. They are none of them involved in such policy making and decision making, development of programs.

SH: Is it difficult for positive people to get access to treatment in India?

DR: Yes. We have a lot of ignorance of those treatments. We have very few treating physicians. Plus the research component of treatments is very poor.

SH: What actions are the government or NGOs taking in India to educate positive people about the transmission of hiv?

DR: Our UN agencies say that 3.5 to 5 million are infected in India. But I'm very

Most of the research program for antiretroviral treatment focused on 2 to 3 years trial. After 3 years, the community has no choice whether they want to stop or continue.

sorry to say that no such program was meant and developed for these people, these 5 million people. A few positive people's support groups are now started in India and they are doing their hard work to give the impression that we are the key persons. Unless the government start some programs for us it is very difficult to control this epidemic. Programs should be designed. Because of the lack of positive people's knowledge, skill and awareness, this epidemic is growing and growing and the main problem is our weaknesses in counselling programs. We have few professional counsellors. Most of the

counsellors were trained by our national policy's programs. It's a 5 day workshop and they call themselves a counsellor. None of them are really understanding the meaning of counselling and because of this poor counselling service, this community's going under because they - positive people - are not aware.

SH: Are condoms readily available in India?

DR: Yes, we have a sex worker intervention program in many parts of the country. Like, for example Maharashtra, Andhra, Karnataka, Tamil Nadu, and West Bengal (that's Calcutta), Delhi. These are the main states where most of the program is focused - and Bombay. These are the areas which most of the hiv/aids program is focused on and condoms are very much available. Now, due to some Western interest, I can say, the social marketing plan is going and sex worker is forced to buy, in some places, condoms and the quality is very poor. But the government supply, at present, free supplies. But in the near future, they are planning to stop those free condom supplies. Most of the programs they are getting free condoms - enough condoms - we don't have a condom shortage at present in our country, it's very cheap.

I most proudly say that the percentage of sex worker who is using safe sex is higher than the general public. They're very much concerned for their future, but sex workers are forced to have unsafe sex so this is the one reason we have to really focus on the sex worker welfare terms. In a few States, like Karnataka and Andhra, they have started their own collective groups.

SH: What are your concerns about the vaginal gel currently being promoted?

DR: I'm basically very much opposed. One of the government institutes - called



Dhirendra Rawat, Association for People Living with HIV/AIDS, India

National Aids Institute - is one of the Indian Council of Medical Research recognised institutes. Two years back here was a similar trial conducted by the government of India for buffer gel. Most of the community involved in these types of trial, one of the partners was positive and one negative. They were told by so-called researchers, 'don't use condoms'. So, I'm very much scared and worried. I believe that condoms are one of the protective measures. This type of research and trial is going on in India and they are saying, 'don't use condoms because this gel is safe and protective from this virus', yet international research has not proven this. We - positive people - are not guinea pigs. I was in an ICAAP session (this buffer, this microbicide gel, session) where I raised my voice that you please don't do this unethical, illegal activity in India. For example, the last 13 years I have very good sexual relations with my partner and my partner is still negative. Because I'm informed, I know the pros and cons but most of our community is not informed due to poor counselling or formation. They are given this gel as an option: 'If you are not satisfied with condom, use this gel'. Due to misconception and lack of knowledge, this community is involved in such trial. So, we have to think that this practice could not be conducted as such in India. Condoms are readily available. We don't have problems with condoms. If you want to give them a choice, give them the right information: 'This is safer than this'. But the choice is not in their hands, the choice is in researchers' hands.

At ICAAP, I also raised my voice that pharmaceutical companies and these researchers are profiting in India. Most of the research program for antiretroviral treatment focused on 2 to 3 years trial. After 3 years, the community has no choice either they want to stop or continue. In such antiretroviral trials, after 3 or 5 years

on a trial, they - he or she - should be capable of affording these drugs. After a three year trial most of the community will stop these drugs.

SH: There's an agreement under TRIPS (Trade Related Intellectual Property) for India to produce generic drugs. Is the organisation you're involved with planning for when that agreement expires?

DR: Hiv treatment should not come under this TRIPS agreement.

SH: You think that aids treatments should be exempted?

DR: This is my main concern. We recently started lobbying on this issue.

SH: Are positive people in India looking for help from organisations outside India, in countries like Australia, to support positive people's access to treatments?

DR: True. Yes. Especially in the positive people's movement. Being an individual who is living with hiv, I can say that unless other countries' positive peoples recognise Indian positive people's issues and help them, support them, lobby, it is very difficult for us. I personally appeal to all the international communities, especially for positive peoples, please think about Indian positive people's problems and issues. Now Africa, as far as their population is concerned, has one of the highest numbers of people infected but as far as India is concerned, we are number one in world - hiv infection is number one in world. Our number is much higher than the rest of the world's countries.

We are struggling for resource development. We are struggling for a good skill building program. We are struggling for programs. Most of the groups are struggling for good programs due to lack of policies, false policy or negative policy.

In December 1998, Indian Prime Minister Shri Atal Bihari Vajpayee, described hiv/aids as 'the most serious public health problem facing India.' Between 1994 and 2000, the number of people living with hiv/aids in India rose from 1.8 million to 3.9 million.

The Global Campaign for Prevention Options for Women is a broad-based, international effort designed to build support among policy makers, opinion leaders and the general public for increased private and public sector investment into hiv prevention methods for women. This includes female condoms and microbicides. Usually applied in the vagina, microbicides are not yet available to the public but are under research in many countries. According to the Campaign, there are over 50 microbicide product concepts. Four of these are nearly ready for large-scale effectiveness trials, but it will be 3 to 5 years before it is known whether these products are safe and effective.

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Thai youth face hiv/aids epidemic

Northern Thailand was the part of Thailand first and worst hit by the aids epidemic. Four young people from Chiang Mai Province attended ICAAP. Nan, Pon and Nic participated in the Youth Forum and spoke at a number of sessions about their personal experience of living with hiv/aids in the family.

Nic - Ms Praphawinee Srikuum - is 16 years old.

When Nic's stepfather died of aids Nic realised she had to be able to take care of her mother who is hiv positive. Nic's working hard at her vocational college in Chiang Mai so she can get a good job to support her mum.

'Society doesn't pay much attention to the children of people with hiv/aids. No one really cares for them. They miss out on a good education - which affects the future prosperity of their communities. Orphans become homeless and are shunned by society, they often don't have friends to play with. But in communities there are groups which help care for families who have problems. They set up associations to care for and teach kids who lack education. We don't have homeless kids so much in rural areas because relatives take care of the kids when their parents die.'

'The conference made me understand about solving problems in different environments. I found out how various problems had been solved in other countries. Being hiv positive is no easy matter in some of these countries. They deny that they are facing these problems which means they can't really address or solve the problems.'

'Young people can help. Thai young people can work on problems within their schools so kids know how to protect themselves. They can campaign and

educate other kids through activities like organising exhibition display boards and arranging special camps and by inviting guest speakers to come and inform school kids and college students. All over the world young people should be telling the public about aids in their country so that they come out and take care of their children and youth.'

Nan - Ms Mathurot

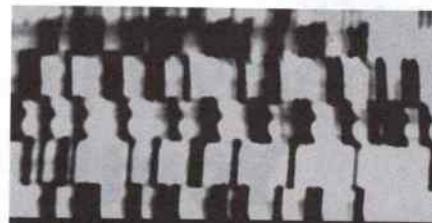
Songkeaw - is 20 years old.

Nan wants to let society know that they should bridge the gulf between people with hiv and the rest of society: 'People with hiv are just like anyone else, why does society exclude them?'

Nan's uncle died of aids leaving her aunt and young nephew. Nan saw for herself the discrimination families affected by hiv face. Village kids weren't allowed to play with her little nephew. Her own family gave her aunt complete support. Now Nan works part-time for an organisation caring for a hiv positive families in the community.

'In Northern Thailand, where I live, communities reject people with hiv. People with hiv/aids are not able to go about their business. It's left to the individuals affected by hiv to bear the burden of caring for family members sick with aids and support and encourage them. aids has made my friends more cautious about having sex. If they have sex without protection they could be exposed to hiv or if they use injecting drugs and share needles they will be exposed to hiv/aids. My friends have become active in protecting themselves and steering clear of aids.'

'The conference gave me some new ideas about aids: aids doesn't exist solely in any one country, but is in every corner of the world. So everyone has to help campaign against aids to reduce the number of people getting hiv/aids, so that the world has fewer and fewer people with



HOLDSWORTH HOUSE GENERAL PRACTICE

Dr Mark BLOCH
Dr Dick QUAN
Dr David AUSTIN
Dr Andrew GOWERS

Dr Kate BESSEY
Dr Igor GALITSKY
Dr Dennis RHODES

32A Oxford St, Darlinghurst NSW 2010
Phone 9331 7228 Fax 9360 9232
Email reception1@hhgp.com.au

HALC

HIV/AIDS Legal Centre

FREE LEGAL ADVICE

HALC provides free legal advice and referral people living in NSW with an HIV related legal problem.

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
Freecall 1800 063 060
Fax (02) 9206 2053
Email halc@halc.net
10am to 6pm Mon to Fri

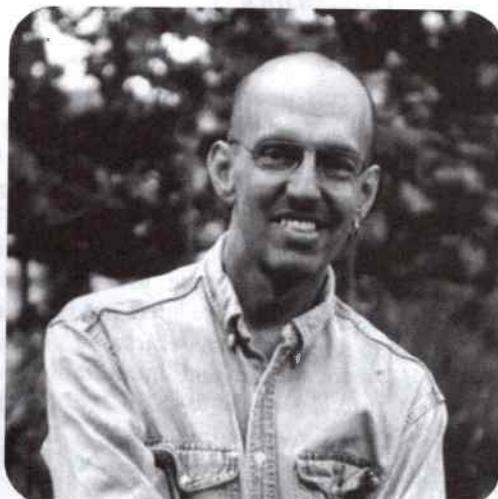
to their own countries.

In Thailand, young people can help educate their communities about aids, and can help and support people affected by hiv/aids. Like, they could give their old school text books to a younger kid whose family is affected or they could go and help out on a camp for affected children.

'All over the world, I think young people should not discriminate against people with hiv/aids or people affected by hiv/aids and should share the resources they have as much as they can.'

Pon, Nic and Nan were sponsored by UNICEF East Asia Regional Pacific Office to attend the 6th ICAAP. They will also be participating in the Chiang Mai 6th International Conference on Home and Community Care. As part of the youth contingent in a parade they hope to show the world that young people care about hiv/aids. Sushma Shrestha and Ms Chanumati Sunar, of Nepal, and Suwattana Lakhmchai (Topp), of Thailand, also attended ICAAP.

Thanks to Prue Borthwick, UNICEF East Asia Regional Pacific Office.



Community activist, Gerald Lawrence, died on Friday 9 November. Gerald will be known to many readers through his contributions to *Talkabout*. Over the years, Gerald has been one of the most passionate and outspoken positive voices in the hiv/aids community movement. He has been involved in a number of key activist and advocacy roles, including ACT UP, People Living with HIV/AIDS (NSW), and the Aids Council of NSW, where he served as a board member. Many people have been connected with Gerald: his extraordinary personal contributions and hard work will not be forgotten.
Photo: John Trigg.

Youth speak out at ICAAP

Young people from across the Asia-Pacific region gathered at a youth forum - one of the central forums of the Sixth ICAAP - to find solutions, share information and build networks in the hope of stemming the tide of hiv infections across the region.

Speakers at the forum included young people from Sri Lanka, Malaysia, Thailand, Fiji and Australia. All are young people who work for non-government youth organisations in response to hiv/aids. Some of the speakers are hiv-positive. Participants addressed the major issues of hiv infection when they talked about young people and drug use, young gay men, sex education, children and sex work, discrimination and prevention.

A world first, young people at the forum developed a charter about young people. The charter will act as a declaration of young people's views and concerns, and is a declaration of priorities for action.

The charter will hopefully be used as a powerful advocacy and lobbying tool to help plan, design and deliver programs, and defend existing programs.

The first draft of the youth forum's declaration listed:

- **sexual and reproductive health**, including the rights of young people to adequate and accessible education, services and support around issues of reproductive health. The declaration recommended that the needs of all young people, especially those from marginalised and vulnerable contexts and backgrounds, be met by sexual and reproductive health services and programs, including separate initiatives for these groups.
- **sex education and treatment of STIs**, including the recognition that providing sophisticated and detailed sex education is paramount if sexual and reproductive health services and programs are to be accessible and relevant. The declaration also supported providing explicit and frank

education programs in school environments as well as accessible education and information directed at young people not in school environments, especially marginalised young people, such as young migrant workers and young refugees.

- **gender issues**, including the recognition that young women and girls are disadvantaged by socio-cultural contexts that oppress women, and the recommendation that a determined effort be made to educate men from a young age about sexual and reproductive responsibility and gender equality.

Participants addressed the major issues of hiv infection when they talked about young people and drug use, young gay men, sex education, children and sex work, discrimination and prevention.

- **drug use**, including the recognition that young people across Asia and the Pacific are increasingly affected by illegal drug use, and are increasingly using injection to consume drugs. The declaration demands an effective response to drug use that makes international producers and traffickers of drugs the subject of judicial intervention and incarceration and recognises the health needs of small-scale users and addicts.
- **sexual minorities**, including the recognition that the needs of young

people who are not heterosexual are different and distinct and require sensitive service delivery and specific education. The unique hiv/aids risk faced by young men who have sex with men, including young male sex workers was particularly recognised. The declaration recommended that comprehensive education initiatives and health promotion campaigns take into account the needs of these young people, and especially the way in which the experience of discrimination reduces positive health outcomes for such young people. The declaration also recognised that cultural, social and religious influences seriously undermine the ability of non-heterosexual young people to make their own decisions and impact negatively on their health.

- **children**, including the recognition that children are critically disempowered in sexual situations and are often deprived of information and education about their bodies, anatomies and rights. The international trade in child labour and the sexual exploitation of children was deplored and the declaration called for immediate and far-reaching action to halt this problem.
- **hiv positive youth**, including the recognition that the Asia-Pacific hiv/aids epidemic increasingly affects children and young people, and represents a massive threat to the cohesion of the region's social, economic and cultural future. The right of all hiv positive children and young people to have adequate access to anti-hiv drugs that have been adequately researched was defended. The rights of hiv positive young people to live free from stigma and discrimination was defended, and all governments were urged to set provisions in place to ensure this outcome.

Positive Heterosexuals

says thank you to its 2001 Calendar Team who in countless ways with their skills and goodwill gave their very best to men and women living heterosexually with HIV/AIDS

AIDU NSW Health-funding for serodiscordant work
Andrew, Anne Marie, Roger, Venant -Actors Centre Sydney
Betty Ramsey-Swedish Massage
Bill Petrohilos- Blues music.
Deni Russo-Make-up artist
Denise Cummins- RPA Clinical Nurse Consultant CSAHS
Dr Derek Chan- Sexual health medicine
Dr Sean Riminton -Immunology specialist CSAHS
Evelyn Argall-Physiotherapist
Greg Milan -Reflexologist
Heather Dalby -Relationships Australia
Hot Relish Caterers
Jan Grant-Reflexologist
Jane & Julian- Musicians
Jay Ramanathan- Sexual Health Promotion CSAHS
John Cummins- Treatments Officer ACON
Jude Page- World AIDS Day Committee, logo competition,
CSAHS
Kassie- Indian cook and sari demonstrator
Kate Griew- Aromatherapist
Marcia Quinton-Psychic development
Margaret Mines- Pastoral care Tree of Hope
Marie Crosbie- Financial Counsellor BGF
Marie Lavis- Pozhetwest Coordinator
Millie Reidy-Herbalist
Miranda Shaw- Women, HIV & Sexual Health FPA NSW
Murad Hossain- Men and Sexual Health Project FPA NSW
Noeline Thorne- Aromatherapist
Note Tonight Josephine- A Capella Choir
Pat Kennedy-Western Suburbs Haven
Patricia Austin- Clinical Psychologist
Imelda-Italian singer
Richard White- Relationships Australia
Robert Ball- The Sanctuary
Simon Milton- Gambling Treatment Services SVH
Sisters of Charity- Villa Maria Shellharbour
Sue Hearn-Youth Outreach SVH
Wa'el Sabri - Multicultural HIV/AIDS Service, CSAHS

Our heartfelt thanks!

Heterosexual HIV/AIDS Service CSAHS
Pozhet Freecall NSW 1800 812 404

OPTIONS



employment services

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

Options Employment Service 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 call your nearest office:

PLWHA and HEP+ SERVICES

Darlinghurst: (02) 9380 9555 Parramatta: (02) 9633 9644
Chatswood: (02) 9412 3122 South Yarra: (03) 9824 2330

DEAF and HEARING IMPAIRED SERVICES

Strathfield: (02) 8746 0711 or TTY (02) 8746 0714

or email : employment@options.com.au

Positive Heterosexuals

STOP PRESS

CORRECTION

Buon Appetito! Pozhet's
Italian Xmas party is on
Friday 7 December, not
7 October as advertised in
Talkabout #117

Pozhet

Helping each other, helping ourselves
Freecall (NSW) 1800 812 404
pozhet@hotmail.com.au

HIV+ Women's Social Group

BAMBI

Meets 3rd Friday each month,
between 10.30 – 2.00
in Hamilton, Newcastle.

We are a diverse group of women who come together to chat, relax, do arts/crafts and more in a safe environment.

ALL WOMEN WELCOME

Confidentiality Assured

Contact us at
Karumah 4940 8393
Women's Rep 0402 32 99 86
E-mail poswomen@hotmail.com



Services for People
with HIV and Complex Needs

Adahps is a service that assists carers and health professionals to care for people with HIV and Complex needs.

The Service has published a website, which provides information

- to assist with the identification and management of complex behaviours associated with HIV
- about the Service
- about how to contact Adahps

Visit <http://www.sesahs.nsw.gov.au/adahps>

Enquiries: Mark Zacka
Service Coordinator 02 9339 2078



Better Health Good Health Care

AIDS/INFECTIOUS DISEASES UNIT

HIV/AIDS HEALTH PROMOTION AND SOCIAL RESEARCH PROGRAM

Call for Expressions of Interest

The AIDS/Infectious Diseases Unit of the NSW Department of Health is seeking expressions of interest for innovative HIV/AIDS health promotion and social research projects.

The NSW HIV/AIDS Health Promotion Demonstration Projects and Social Research Program is funded over three years to support the implementation of the NSW HIV/AIDS Health Promotion Plan 2001-2003. Under this arrangement, agencies will be able to seek financial assistance to develop, implement and evaluate HIV/AIDS health promotion or social research projects which address identified local and Statewide priorities.

Organisations will be required to demonstrate a capacity to initiate and complete health promotion or social research activities.

To obtain further details about the program and a copy of the Information and Application Package, please contact:

Mr Keith Elvey
AIDS/Infectious Diseases Unit
Level 7, 73 Miller St
North Sydney NSW 2060
Telephone 9391 9234
Fax 9391 9848
Email: kelvey@doh.health.nsw.gov.au

Expressions of Interest will close on Friday 7 December 2001 (COB)

Expressions of Interest are to be submitted in a sealed envelope marked 'confidential' and forwarded to HIV/AIDS Health Promotion and Social Research Program, NSW Department of Health, Level 8, 73 Miller St, North Sydney 2060.



55/725



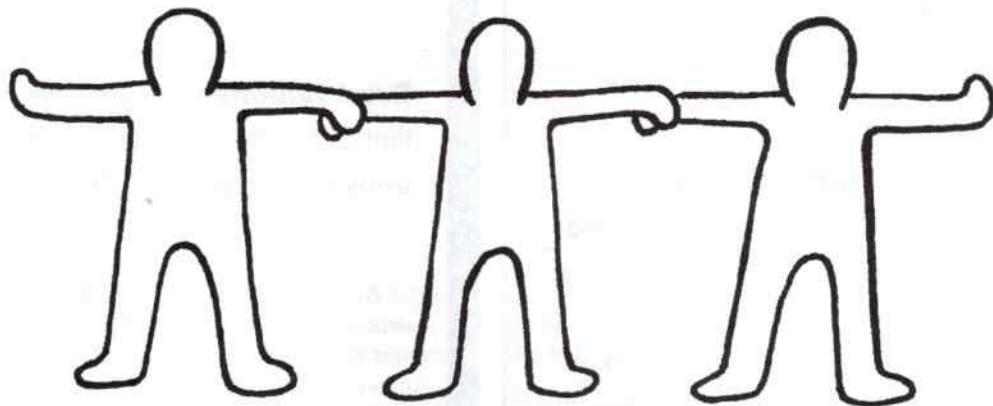
**Join other carers for free drinks
on 4 December @ 6.30pm or a free brunch
on December 9 @ 11am (rain date 16 Dec) RSVP essential.**

Call Shan or Shahana by Wed 28 Nov on 9206 2000 or 1800 063 060

Supporting the HIV, gay, lesbian and transgender communities



Who do you share your stories with?



When you're HIV Living, it's important to share experiences with each other. That's why we create ways to help you meet with other positive guys.

Connecting with other positive people can be a great way to feel supported. It's also reassuring to get information, referrals and support from others who are HIV living, too. That's why we're here.

HIV *living*

- Monthly Breakfast Meetings in the city for working guys.
- Espresso Yourself offers fortnightly opportunities to meet over coffee.
- Support Groups are closed groups that run for 8 to 10 weeks.
- Silent meditation lets you re-focus and de-stress, every Monday night,
- Street Jungle community gardens provide access to, and training in, growing your own produce.
- Genesis - a weekend workshop for recently diagnosed guys.
- Planet Positive provides a social night for positive people and friends.

enjoyment, engagement, empowerment

Phone Wayne, Graham or Stuart
02 9206 2000
freecall 1800 063 060

A C O N
AIDS Council of New South Wales Inc.

ABN: 84 633 910 355

CFN:15214



Want to write for *Talkabout*?

PLWH/A (NSW) members, subscribers and other readers of *Talkabout* can send articles, news items, short stories and poetry for publication. Microsoft Word files on disk or by email preferred but hard copy will be accepted by fax or mail. Sending something in doesn't mean it will be published but it will definitely be considered. Don't forget a contact phone number or address. Send contributions to: Editor, *Talkabout*, PO Box 831, Darlinghurst 1300, or email editor@plwha.org.au. Ph: 02 9361 6750. Fax: 02 9360 3504.

Anything happening in your local community?

Talkabout will be expanding its Diary in 2002. If you know about events, venues or services in your local community of interest to plwha, email, fax, write or phone the details to *Talkabout*. Send contributions to: Editor, *Talkabout*, PO Box 831, Darlinghurst 1300, or email editor@plwha.org.au. Ph: 02 9361 6750. Fax: 02 9360 3504.

Do you want to get *Talkabout* by email?

PLWH/A (NSW) is considering producing an electronic version of *Talkabout*. If you would like to receive a PDF file of *Talkabout*, email the editor at: editor@plwha.org.au for more information.

Talkabout: Where we speak for ourselves

beware the dreaded C

Evert Houtman's experience makes it clear that accurate diagnosis is important for everyone – especially plwha

As a young gay pos man of 33 years, the last thing I expected to have to deal with was the big C. 'The big C', I hear you say. 'He must mean Hep C.' But no, I'm talking of the other C - cancer.

Some but not all of us have more than one health problem or diagnosis. Many of these problems are existing illnesses that affected us long before hiv reared its ugly head. As an otherwise healthy 33 year old, it was something of a double-whammy to hear that hiv was now just relegated to the position of existing.

I had fully expected that if I was going to die of anything, it would be as a result of one of the many opportunistic infections that were going round and it would be due to my body's weakened immune system as a result of being diagnosed as hiv positive.

When I contracted hiv in 1988, I was almost convinced it was a death sentence and in those days it seemed like it was. All around me, people were dropping like flies. Friends, employers, doctors and many people I knew by face, if not by name. But, like other longterm survivors, I was determined not to let hiv get the better of me. I put up a brave and courageous fight against this alien life-form and lived to the ripe young age of 33. Then I started getting this excruciating pain and cramps in my right leg. My doctor and hiv specialist thought it was the early onset of rheumatism. I never felt so debilitated in all my life. I actually had to resort to a walking stick just to get around. People who had known me for years couldn't fathom the difference in my condition.

I went for several CT scans and even saw a rheumatologist before ending up in St Vincent's. Then I got the truth - I had cancer. Non-Hodgkins Lymphoma to be precise. I can remember phoning my parents from my hospital bed. How do you tell your parents you have cancer? There simply is no easy way. Now, after intensive chemotherapy and several hospital stays, I am finally cured of the para-spinal mass that caused the nerve damage in my leg. Because of its similarity to peripheral neuropathy, that was one of the conditions that immediately came to mind when I first noticed the numbness. Diagnosis, as you see, is very tricky and you really need to know what to look for in your blood results.

I'm writing this now, not to create mass hysteria or anything, but to bring awareness to readers that, even without a family history of cancer, it is still possible for it to happen to you. I guess, what I'm really trying to say is: never underestimate or take for peripheral neuropathy something that may be more serious. Fortunately, I was diagnosed in time, the cancer was treatable and I was and still am (touch wood) relatively healthy. But if you ever have any doubt, get a second or third opinion. Life's already so much shorter so don't waste it.

boredom busters

Amnesty International NSW is having an awareness raising event in Sydney, Sunday 9 December. Opening ceremony and performance to draw attention to human rights abuses in Vietnam, especially religious persecution. Candlelight vigil on Sunday night. Contact Christine Meares nswaia@amnesty.org.au <http://www.amnesty.org.au>

2002 Sydney Festival opening night January 5 Neon Colonial by Electric Canvas - free. 10pm 5 January 2002, 3.45pm January 6. Customs House, State Library of NSW and Hyde Park Barracks.

Trans Express continues the Sydney festival's tradition of presenting free outdoor performances with their spectacular show **The Celestial Balls**. Combining special effects, pyrotechnics, an original score and acrobats on the ground. Forecourt, Sydney Opera House, 8.45pm, January 5 10. **Free**

Sydney Festival also presents **Gong Myoung - Korean Drummers** - a group of four young percussion musicians. Choi Soon Sang, Park Seung Won, Song Kyong Jeun and Cho Min Soo have developed a unique repertoire on traditional drums and Korean musical instruments based on a fresh interpretation of Asian contemporary percussion music. In their first Australian appearance, Gong Myoung join Australian percussionist Kerry Digby to create a truly tigonal beat. First Fleet Park, The Rocks, 7pm & 6pm January 16-19, 3pm & 4pm January 20. **Free**

Maybe you'd rather get away from it all? **the Men's Festival at Minto Bush Camp**, 20 - 27 January 2002 is in Howard Street, Minto Heights. This is not a gay tent but for all sensitive new age guys. The cost is kept as low as possible. Catch the train to Minto then contact the camp for someone to pick you up from the station. If you don't fancy spending a whole week away you can attend the Weekend Men's

Gathering from Friday to Sunday. Contact the caretaker, Minto Bush Camp at kank@froggy.com.au. Ph: 9603-2260.

During school holiday time; there are many **NSW Sport & Recreation Holiday Centres** with Children's Programs available through spring and summer at reasonable cost. Do a children's holiday camp search at <http://www.dsr.nsw.gov.au/holidays/index.asp> to find theme camps for horseriding, arts and crafts and the Milson Island - Junior/Sub Junior Witches & Wizards 14 - 18 January for Grades 2-6. Cost is \$150-\$190 for 5 days depending on age. For all details and bookings call 13 13 02 or Milson Island Centre on [02] 9985 9261.

Don't miss two of Sydney's best-loved free events, **Symphony in the Domain** and **Jazz in the Domain**. In 2002, the Sydney Symphony Orchestra will play Shostakovich's Festival Overture, Koehne's Nocture, Ravel's Piano Concerto in G major, Rimsky-Korsakov's Scheherazade & Tchaikovsky's 1812 Overture. Jazz in the Domain features the Sydney Festival Jazz Orchestra, led by the legendary Maria Schneider. Jazz: 12 January @ 8pm. Symphony: - 19 Jan @ 8pm. **Free**

Brendon Beavan, from the Human Resources and Volunteer Management Unit of the **Sydney 2002 Gay Games**, encourages anyone with time on their hands to get involved. If you want to be involved but aren't a sports player, why not consider one of the volunteer roles available. For more information, drop in to 92 Oxford Street, Darlinghurst, or contact volunteer@sydney2002.org.au. Ph: (02) 9235-7002, fax (02) 9221-9990.

DABS - the Domestic Animal Birth-control Co-operative Society Limited - is a registered charity in NSW. DABS advocates desexing all male and female domestic pets, and assists dog and cat owners with advice and help with desexing. Membership is \$5/year or \$3 for pensioners

and juniors. Contact (02) 9798 6767, (02) 9637 1995 in the Sydney Metropolitan region or (02) 4784 1319 in the Blue Mountains.

Sydney Metropolitan Wildlife Services Inc (SMWS) began in 1997. A non-profit organisation operating under licence from NSW Parks and Wildlife Service, SMWS rescues and rehabilitates native animals, educates the community, and preserves habitat in the Sydney region. Their rescue service operates 24/7. Become a member by completing their two day Basic Training Course for Wildlife Rescuers and Foster Carers. You can then complete specific native animal care courses, for example, Sea Birds/Water Birds, Possum, Flying Fox, Macropod or Reptile. Or become a Friend of SMWS and help in the office at Lane Cove National Park on a regular or part time basis, help with fundraising or PR activities. Course cost is \$80 and may be the sort of self-improvement venture the Ratten Fund at BGF would consider assisting individuals with. Contact SMWS at sydwild@idx.com.au. Ph: 9413 4399.

Shall we dance? That very sexy and entertaining part of The Sydney Festival, the Bacardi Latino Festival at Darling Harbour is back again. Every night at the **Bacardi Latino Festival** you can learn how to salsa, rumba and merengue from the experts at Club Salsa. Party to the Afro Cuban fusion of Ricardo Lemvo and Makina Loca from LA and the high energy sounds of King Chang from New York City. Aquashell, Harbourside, Darling Harbour 10-13 & 16-20 January. Dance classes from 7pm, bands from 8pm. **Free**

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

For more info about what's on in the arts, go to <http://members.ozemail.com.au/~qstage>

ANSWER

- \$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 PLWHA (NSW) with voting rights. Members' details are confidential.

Membership fees include a subscription to *Talkabout*, *Contacts* and other PI WH/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.

HIV positive people and people affected by HIV/AIDS who live in New South Wales should consider membership of PLWHA (NSW). Members receive a complimentary subscription to all PLWHA publications.

Subscriptions only

- I am an individual and live outside New South Wales - \$33
 - I am an individual and live overseas - \$77
 - Organisations:**
 - Full** \$88 (includes all business, government, university, hospital, and schools either for-profit or government-funded)
 - Concession** \$44 (includes PLWHA groups and self-funded community organisations)

Subscriptions

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Please charge my <input type="checkbox"/> Bankcard <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Diners (C/C Min. \$10) <input type="checkbox"/> <input type="checkbox"/>	
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thank you for your support

**If you would like to advertise in
Talkabout's Services Directory, please
contact Danny on (02) 9361 6750.**



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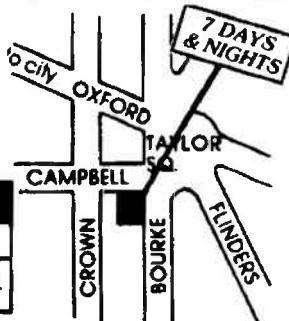
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dispensed
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olga's personals

Somebody hiv+ gay guy early 40s appreciates the quiet simple things in life, and the occasional affection. Looking for someone similar for Reply: 021201

50yo, 22 yrs w/hiv. Still good looking, albeit a bit creased, ned, muscular little body. Seeks someone to share life - ything from 10 Pin Bowling to discussing books + life's ironies: sing the dog to making love. You smart, kind hearted and Ianoid. Reply: 011201

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

ck gay guy late 30s, versatile hiv+ & romantic. WLTM other itive gay guys for friendship leading to LTR. Please include your ne number. Open to all nationalities & please genuine replies

/ Reply 021001

+ 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 sensual straight man resident of Sydney I lonely. Would like to meet you. I'm in good health, no drugs, M. Reply: 011001

my, romantic, sincere hard working 41yo hiv+, divorcee seeks friendship with hiv+ 42yo gent. Must possess a wicked sense of our and have good intentions. All replies answered include phone numbers/recent photo. Reply: 050801

yo Romantic Greek gay guy, hiv+, seeking 30-40 year old newly gnoed positive male for relationship. I enjoy bushwalking, going long drives and computers. Reply: 040801

In Shore, Funky yuppie would like to hear from guys, nsengers & women, any age, looking for friendship & fun times. ckground hiv+, like to talk about it. Treatments, still interested y lifestyle. Future goals! Confidentially assured, all mail swered. Reply: 030801

tractive hiv+ guy. 40, looks younger and musician, is caring, ectionate and a romantic. I live a "normal life" and in excellent alth. Enjoys a healthy lifestyle and appreciates the finer things in . Lives in Sydney would like to meet a hiv+ female to share my life h. Let me serenade you. GSOH, and discretion a must. My first vert. Reply: 020801

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

In Metro hiv+ 40yo looks younger, in good health, Caucasian, fun ring, to share activities of the body, mind and soul with a loving male. Where trust & reliability are recognised as the guiding values giving each other support & to being in love. I live in Melbourne d can travel; however you need to write a reply first. Reply 040801

low to respond to an advertisement Write your response letter and seal it in an envelope with a 45c stamp on • 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.**

low to place your advertisement Write an ad of up to 40 words • Claims of HIV negativity cannot be made, however, claims of HIV positivity are welcomed and encouraged • Any letter that refers to illegal activity or is racist or sexist will not be published • Send the ad to Olga, including our name and address for replies. Personal details strictly confidential.

diary

social and events

Art Gallery of NSW has a number of 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 disk on 02 9225 1744 or visit the gallery's website www.artgallery.nsw.gov.au

'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 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

Friends of Waratah is a support group in Southern Sydney for plwha which meets on the first Monday each month in Kogarah. It offers emotional support, information and social activities. For more details, call Amanda on 02 9350 2955.

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

Support Group for Significant Others of People with hiv/aids related dementia

The group offers respite care, company and support. Meets last Wednesday of every month at the Tree of Hope, cnr Riley and Devonshire Sts, Surry Hills. Contact Anegela Kelly 02 9829 4242 and Carole Knox on 02 9580 5718, or the Aids Dementia Outreach Team on 02 9339 2078.

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 02 9516 4755.

health, fitness & learning

Your Community Gym - Fit X Gym At the Community Pride Centre, Hutchinson St, Surry Hills. Positive Access Program (PAP) offers qualified instructors, free assessments, free nutritional advice, free individual programs and a free session to try out the gym. \$2.50 a session, or \$20 for a 10 visit pass. Contact Fit X Gym, 4-7pm Mon-Fri or PAP, 9.30 am-12 noon, Mon, Wed & Fri on 02 9361 3311.

Yoga for plwha Special weekly classes at Acharya's Yoga Centre Mon-Fri 12.30pm-1.30pm. Call 02 9264 3765 for more information.

The Sanctuary offers free massage, acupuncture, therapy information, social work and shiatsu services. Call Robert for details and bookings 12-6pm, Mon, Tues, Thurs & Fri on 02 9519 6142.

The Sanctuary holds cooking programs. To find out more contact Sidney Leung (dietician) on 02 9395 0444.

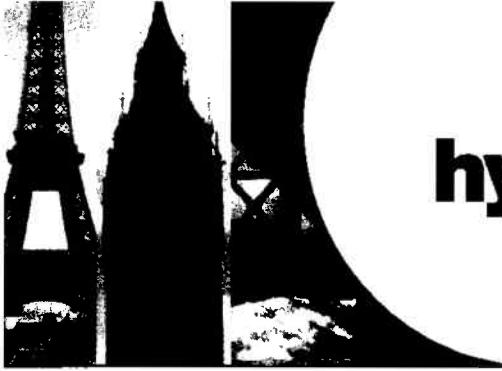
Complementary Therapy Advice Advice and referrals for plwha interested in exploring complementary therapies is available on Monday and Friday at The Sanctuary. Call Mac, 2-6pm, Mon & Fri on 02 9519 6830 or email complementarytherapies@hotmail.com

Community Garden Learn how to grow your own veggies. Call Carolun at Waterloo on 02 9382 8374, Robert in Newtown on 02 9690 1222 and Michael in Woolloomooloo on 02 9206 1222.

Newtown Neighbourhood Centre has a number of groups. Call Charlotte on 02 9516 4755 for details, including cost.

Planet positive will be holding its Christmas event at the Centre on Friday, 7th of December

Talkabout Diary promotes projects and activities that benefit plwha. Preference is given to free and low cost entries. We especially encourage items from rural and regional NSW. Send items of 30 words or less to Susan Hawkeswood, Editor, Talkabout Diary PO Box 831 Darlinghurst 1300. Fax 02 9360 3504. Email editor@plwha.org.au. Ph 02 9361 6750.



hyperactive 21

compiled by **Will Klaasen**

<http://www.hivnet.ch:800/topics/pwha-net/>

With the 6th ICAAP now over, I wanted to find sites for everyone who could not go to Melbourne, and can now check out sites that reflect what was happening to our brothers and sisters in the Asian Pacific region. PWHA-NET is supported by an unrestricted grant from The Foundation du Present, based in Geneva, Switzerland. PWHA-NET offers topic specific forums that include subjects such as treatment access, migration and human rights, gender issues and community access. PWHA-NET also offers an easy to sign up for, free, updated notification posting service either as an email or website option. The site is a great vehicle for people from around the globe, especially Asian/Pacific countries, to freely express their views on or about research and policies, or the lack of them in many cases, without censure. One of the many important actions that can be undertaken by those of us in developed nations, even with our own important issues, is to keep information and stories flowing freely and keep sharing.

<http://www.hivchannel.com>

Unless someone has given you site names, searching for information is hard, so coming across hiv-channel by <http://www.healthcommunties.com> is a great one. This site is developed and monitored by leading physicians from all over the USA. One of the best features of hiv-channel is their site map. It is definitely the easiest and most comprehensive one to follow to get information. The site map allows you to find a specific area of enquiry, for example vaginal infection, antiretroviral therapy, hiv-related infections and systemic conditions such as wasting syndrome.

Hiv-channel has 2 forum outlets, including doctor to patient, where you can submit your question and a response is sent back. The site also has a daily 1 hour open chat session. The times and subjects to be covered are also posted. The other forum is patient to patient (very medical) and session times and subjects are allocated. PLWH/A (NSW) advises readers to discuss any medical information you get with your health facilitator. MyHealthSite - a personal health website where users can collect information relevant to their own needs - was not available in time for this column..

<http://www.spc.org.nc>

The Secretariat of the Pacific Community (SPC) implements programs on behalf of and for the 22 Pacific Island countries and territories. The SPC is a non-political organisation. SPC provides technical assistance and acts as an information, research and clearing house to Pacific Island members. SPC offers hiv/aids & STD Peer Education Programs. The programs are interventional and promote safe sex behaviour among young people through peer approaches. There is no open discussion forum beyond the Pacific region but you can email the Secretariat, which can direct you to others in the region.

Quick click

<http://www.lavi.org/callforaction/>

The International Aids Vaccine Initiative (IAVI) wants to collect more than 2 million signatures to present to world leaders and pharmaceutical companies at the 2002 International Aids Conference in Barcelona. Sign up and help this great action. Something simple and yet still effective. Email friends to sign.

<http://www.fenwayhealth.org>

Fenway is a Community Health Centre with a long history in GLBT health in and around the Boston area. Fenway is advertising positions for a broad range of skills.



Check Me Out!



Check it Out!

Genital discharges aren't always a sign of bacterial infection. Not all bacterial infections are sexually transmitted and not all bacteria are necessarily harmful or bad. Confusing! One thing is certain however, any unusual or abnormal fluid being discharged from the penis, vagina or anus is a sign that something is not quite right and that you should probably have it checked out by your doctor.

Testing

Tests for gonorrhoea, chlamydia, BV and NSU usually involve taking a first catch urine sample or a swab from the genitals, anus or the back of the throat. Results can take about a week to ten days to come back from the laboratory but don't be surprised if your doctor treats you on the spot - just in case!

Rugged individuals

Each individual's sex life is very different so it's not possible to say how regularly any one individual should be having sexual health checks. However all sexually active people, including HIV+ people, are encouraged to discuss their sex lives with their doctor and agree on how regularly they should be having sexual health checks. If you don't feel comfortable discussing your sex life with your current doctor, find one you are comfortable with or make an appointment to see a counsellor at a sexual health clinic to discuss any concerns you might have.

Treatments

Chlamydia, gonorrhoea and NSU are often treated at the same time with a single injection for the gonorrhoea and for chlamydia with either a single dose or a ten day course of antibiotic tablets. It's important not to have sex until you and your partner have both been treated. BV, thrush and NSU sometimes recur and may require follow up visits to the doctor. BV and thrush are treated with oral tablets or creams that are put directly inside the vagina.

The QUICKIE!

Complications

Common complications for this group of diseases are Pelvic Inflammatory Disease, Proctitis and Epididymitis. Complications occur when the untreated infection spreads from the urethra, vagina and anus to the reproductive organs and lower bowel. These infections are treatable, even at this late stage of disease. However, if untreated the complications can lead to infertility for men and women and ectopic pregnancies for women.

Coinfection

The characteristics of chlamydia, gonorrhoea, NSU and BV are not changed by HIV. However they may progress more rapidly for HIV+ people who have suppressed immune systems and may also increase the likelihood of HIV transmission. Early detection and treatment of infections is important. Co-infection with a sexually transmitted infection can cause emotional strains in what could already be a difficult aspect of living with HIV - namely negotiating sex and relationships. Take advantage of sexual health counsellors to discuss any problems you have with your sexual health.

Cut the Clap!

Bacterial infections occur very commonly among sexually active people. They are passed to and from sex partners during all types of penetrative sex including anal, vaginal and oral sex, fingering and by sharing sex toys. Using condoms does not always prevent these infections but, like most sexually transmitted infections, using condoms greatly reduces your risk of catching or passing on sexually transmitted infections.

For sexual health screening and advice call,

- Central Sydney Area Sexual Health Service on 9560 3057,
- Sydney Sexual Health Centre on 9382 7440,
- St George Sexual Health Clinic on 9350 2742,
- Kirketon Road Clinic on 9360 2766.

For referrals, advice or information contact your local Sexual Health Service, 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.

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



Get to know what's normal for you.



See a doctor as soon as you suspect something is not quite right.



Sexual transmitted infections can be more serious for people who are HIV+



Using condoms reduces your risk of catching and passing on sexually transmitted infections.



Sexually transmitted infections are not always obvious and frequently there are no noticeable symptoms.



Unusual discharges, itching and pain during sex or urination can all be signs that you have a sexually transmitted infection.



Avoid sex if you suspect a sexually transmitted infection, encourage your sex partners to see their doctor for treatment as well..

NEXT PAGE
FOR WHAT





Check Me Out!

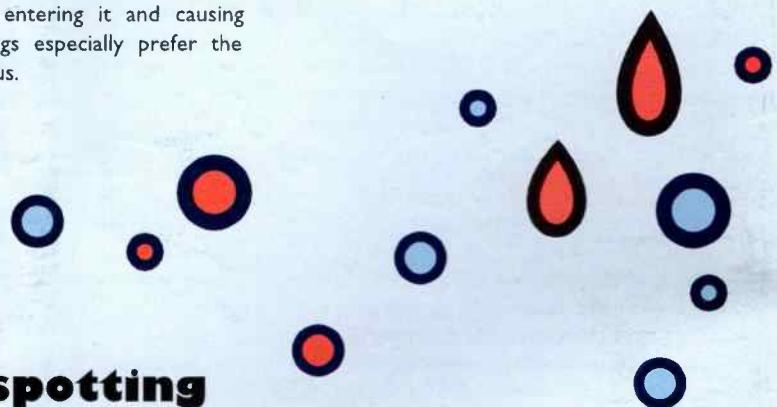
a positive look at sexual health



Food, sex and bugs! Drips and drops

The genitals, mouth and anus are common pathways between the outside world and our internal organs. The penis and vagina are pathways to and from our reproductive organs, the mouth and anus are pathways through the digestive tract. Our bodies have their own self defence systems which protect us from unwanted microscopic intruders (bugs) like bacteria, protozoa and viruses. The body has muscles that keep pathways sealed and creates acidic fluids like saliva and vaginal fluids that make life difficult for any would be microscopic intruder. Unfortunately the body can't stop all microorganisms from entering it and causing disease, and some bugs especially prefer the genitals, mouth and anus.

Chlamydia, gonorrhoea, Non-Specific Urethritis (NSU) and Bacterial Vaginosis (BV), are caused by bugs that have adapted to take advantage of sex to infect the genitals, anus and/or mouth. These bugs are different and have characteristics of their own, however many of the outward signs of infection are similar - most notably discharge, itching or stinging pain during urination, small ulcers, lumps or pelvic pain. These infections may progress more rapidly for HIV+ people who have suppressed immune systems and increase the likelihood of HIV transmission.



Bug spotting

● **Chlamydia** - Chlamydia trachomatis is the most common bacterial sexually transmitted infection in NSW. It infects the vagina, penis, anus and (very rarely) the eyes. Symptoms can appear in 2 or 3 weeks and include a discharge, stinging pain during urination, itching around the eye of the penis in men and vaginal spotting and pain during sex in women. It's important to remember that most people with chlamydia do not have noticeable symptoms, especially women.

● **Gonorrhoea** - (the clap) is a bacteria that infects the throat, anus, vagina and penis. Symptoms appear in 2 to 5 days after infection and can persist for months if left untreated. They can include an abnormal vaginal discharge, a discharge from the anus or penis, pain during urination (sometimes described as "pissing razor blades") as well as itching and discomfort in the anus. You can catch and pass on gonorrhoea even if there are no noticeable symptoms.

● **Non Specific Urethritis (NSU)** - This is a term used by doctors to describe any inflammation of a man's urethra that is not caused by gonorrhoea. NSU usually causes a discharge and an itching, tingling or a stinging sensation in the urethra. The exact cause of the inflammation may not always be known but more than half of NSU diagnoses turn out to be chlamydia; those that are not are usually similar bacterial infections. However, some of the things that cause urethral inflammation are unknown.

● **Bacterial Vaginosis (BV) and Candidiasis (thrush)** - Normal vaginal discharges help clean and moisten the vagina and help prevent infection. The colour, texture and amount of normal discharge varies during the menstrual cycle and from person to person. BV and thrush are caused by an overproduction of microorganisms that occur naturally within the vagina.