

# talkabout

Where we speak for ourselves

#119 | february-march 2002 | The Magazine of People Living With HIV/AIDS NSW Inc.

# positive heterosexuals

## 2002 calendar



HIV+ HETEROSEXUALS

Freecall (NSW) 1800 812 404  
pozhet@hotmail.com

### january

19 Sat

**Happynewyear Picnic**

Sydney Aquarium, ferry trip and picnic

### february

8 Fri

**Positive space: Have your say**

22 Fri

**Open House: Kit and caboodle**

Guest: Heterosexuality and HIV/AIDS Resources Team

### march

8-10 Fri-Sun

**Pozhet-by-the-sea**

Retreat at Shellharbour

21-22 Thu-Fri

new

**Pozhet Wheels:**

Newcastle & Gosford

### april

9 Tue

new

**Straight Talk**

26 Fri

**Open House:**

**This little drug went to market**

Guest: Jo Watson, NAPWA

### may

7 Tue

**Straight Talk**

25 Sat

new

**Positive and Negative Conference**

Dealing with serodiscordance

### june

11 Tue

**Straight Talk**

14 Fri

**Positive space: Risky Business**

28 Fri

**Open House: Tribal Drums**

Guests: Drumming Rhythms

### july

9 Tue

**Straight Talk**

18 Thu

**Pozhet Wheels: Wollongong**

26 Fri

**Open House:**

**The Path of Meditation**

Guest: Michael Dash, Buddhist Teacher

### august

13 Tue

**Straight Talk**

30 Fri

**Open House:**

**Mission Impossible 3?**

Guest: Kim Begley  
Senior Clinical Psychologist ASC

### september

10 Tue

**Straight Talk**

13 Fri

**Positive space: HIV Afterlife?**

19-20 Thu-Fri

new

**Pozhet Wheels: Dubbo**

27 Fri

**Open House: Our Ninth Birthday!**

Concert Performance

### october

8 Tue

**Straight Talk**

25 Fri

**Open House:**

**Natural Therapeutic**

**Approaches to HIV/AIDS**

Guest: Peter de Ruyter, Herbalist

### november

16 Sat

**The Big Picture**

7th Annual Living Heterosexually with HIV/AIDS Workshop

### december

13 Fri

**Open House: Outback**

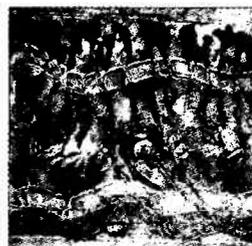
Pozhet Xmas Party  
(Aussie style)

no.119 february-march 2002

# talkabout

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Cover: 'Outback Snake Track' by Gaz was exhibited during World AIDS Awareness Week.

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## Talkabout

is published by People Living With HIV/AIDS (NSW) Inc.

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subscriptions, advertising revenue, donations and a grant under the State/Commonwealth AIDS Program. *Talkabout* thanks the many volunteers without whom its publication would not be possible.

**email** editorial material to

editor@plwha.org.au

Printed at **Cycle Print**

ISSN 1034 0866

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

# from the publications working group



**Check any list of stress indicators used to assess the likelihood of developing stress-related illness and you'll find moving house scores close to the top. I've managed to move 26 times in 26 years – no wonder I'm a stress cadet!**

The acknowledged stress associated with moving house assumes that everything else is going well. Re-establishing yourself in a new household is a mega-stress event when you've got options about where you move, and money in your pocket to pay for everything. Add the stress of moving when you're broke, ill, and forced to move and the register would go off the Richter Scale. Plwha getting rental subsidy face the additional stresses of discrimination and vastly reduced options on the private rental market.

Many plwha are responding well to new treatments but their efforts to join or re-enter the workforce are compromised by insecure, inappropriate and unaffordable housing. Seeking and maintaining even volunteer or part-time employment is almost impossible to accomplish if plwha's most basic need – shelter – goes unmet.

In the first part of an ongoing housing series in 2002, *Talkabout* features an interview with Pat Kennedy, Coordinator of The Western Suburbs Haven, who talks about the difficulties plwha face and what's needed to make the hunt for housing a bit easier.

Insecure housing and the constant moves that creates don't just knock your health around. Relocating disrupts social networks and interrupts access to services essential for improving wellbeing. So do rapidly increasing rents in previously affordable areas where plwha live. Maintaining easy access to existing services is an essential factor in the housing equation. *Art Project 2002*, which picks up where *Art Project 2001* left off, demonstrates the benefits of accessible, structured programs designed to enhance self-esteem and improve social skills. 'Opening Up', which featured *Art Project 2001* works, drew a big crowd on the opening night of a short-lived World AIDS Day exhibition. I braved the crush, which, if anything, demonstrated the viability of community arts projects in positive communities.

The recently published results of a US study of drug resistance have been the subject of much reporting, including *The Sydney Morning Herald*, and not enough scrutiny. This issue of *Talkabout* includes a report of this study and AFAO's response. An article by John S James about the study results, including comments, came across my desk too late to include in this issue. It offers an analysis and perspective most other reports have been lacking and is available at <http://ww2.aegis.org/pubs/atn/2001/ATN37601.html>

Susan Hawkeswood, Editor

## in this issue

Housing crisis! What housing crisis? *Talkabout's* agony aunt, Maree Crosbie, tells readers how to plan payments to avoid rent arrears – and what to do if you're in arrears on **page 4**. Adam discovered that finding a service to help is difficult for plwha with complex needs (**page 16**). Getting priority housing through the

Department of Housing wasn't the end of Alan's problems (**page 17**). Pat Kennedy, Coordinator at The Western Suburbs Haven, stresses the need for continuing funding for convalescent respite care beds on **page 18**.

John Cumming, Treatment Information Officer at ACON,



# pos action

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

**Who would have thought that in 2002 we would still be talking about housing problems that PLWH/A (NSW) and many other organisations lobbied against over a decade ago. Let's face it, some things have changed for the better, some things have not changed at all and fortunately only a few things have got worse.**

We are still advocating on behalf of plwha who are having trouble accessing appropriate public housing. We are still advocating for Department of Housing staff who do not treat some clients with contempt. We are still advocating that plwha should not have to wait 18 months to get that appropriate public housing, especially when they have been placed on a *priority list*. We are still lobbying the Department of Housing to see if they ever intend to build more appropriate public housing, or improve existing housing in areas where most of our clients would like to live so they can access services. We are still advocating for people subjected to abuse and discrimination in both public and private accommodation, by both tenants and

landlords, and we are still lobbying to maintain and create innovative programs that allow positive people to choose from a range of other housing options.

On a more progressive and positive note, towards the end of 2001, NSW Health, the AIDS and Infectious Diseases Branch and a range of HIV Health Promotion workers from across the state came together to discuss the 2001 – 2003 NSW HIV/AIDS Health Promotion Plan. Several priority areas are listed in this plan. Most important for plwha are: sero-discordant relationships, treatments and health issues for plwha, vaccines, testing and late diagnosis. It was the first time during my involvement with the sector over the last seven years, that so many workers from NSW Health, researchers, GPs, Area Health Services and numerous community workers came together at one time to discuss all the above issues. Personally I would like to thank Darryl O'Donnell, Lisa Ryan and Aldo Spina for the work and assistance they have offered PLWH/A (NSW) through that period.

Out of that discussion – and a call for Expressions of Interest for funding health

promotion projects across NSW – will emerge a range of new and innovative projects targeting hiv health promotion, information provision, support and prevention. In 2002, PLWH/A (NSW) will also be embracing health promotion activities in a new project. This project will cover issues such as sexual health, body image and self esteem, lipodystrophy, positive sexuality and positive visibility. The project will cover some community discussion/information forums, resources and campaign materials.

Hopefully, the outcomes of the project will see a far more 'out there' PLWH/A (NSW), with the goal of getting as many visibility posters up and out across the state. The aim is to remind people that hiv is still an issue and just because people are generally healthier does not mean that people with hiv do not exist.

Welcome to the first edition of *Talkabout* for 2002. Over the year we hope that you will contribute to *Talkabout*, our campaigns, our posters and answer calls of interest around our working groups on these issues.

backgrounds the Community Dispensing of HIV Drugs Trial.

## Page 11

A large US study, which found that more than half of patients receiving care were resistant to one or more hiv antiviral drugs, has direct implications for Australia, according to the

Australian Federation of AIDS Organisations. **Page 12**

*Art Project 2001* gave participants an opportunity to learn skills and meet other pos people, according to organising committee member, Ian Thompson. **Page 14.** Ankali Project Coordinator, John Coady,

describes what's involved for anyone thinking about getting involved in *Art Project 2002*.

## page C2

**Correction:** A photograph on page 15 of the previous issue (#118) was incorrectly captioned. That isn't Kendall Lovett standing alongside the Sisters of Perpetual Indulgence but South Sydney's Mayor, John Fowler. (I've now adjusted to my new glasses and can see just fine.)

# don't blow the rent

*Talkabout's* agony aunt, **Maree Crosbie**, tells readers how to plan payments to avoid arrears – and what to do if you're in arrears.

If you get behind with your rent payments it can be very difficult to get back on track and be up to date. The good news: there are ways you can avoid rental arrears. Make it a priority every pension or payday to pay your share of the rent either to the real estate agent, at the post office with a DEFT card, into the bank with a deposit book, or whatever your usual payment method may be.

If your real estate agent has Centrepay facilities, you can go to Centrelink and fill out a form to have your rent deducted directly from your benefits.

The Special Assistance Subsidy (SAS) paid through the Department of Housing is paid four weeks in advance. It works on the basis that the tenant pays 25% of their basic income plus any rental assistance from Centrelink as their contribution towards the rent.

The cheque for four weeks rent is sent to the tenant and it is their responsibility to pay the real estate agent or landlord. It is important to note that each cheque covers a four (4) week period **not** a calendar month.

Pay your share each fortnight. It is very difficult to try and keep your share to pay at the same time as the cheque from the Department of Housing.

If a crisis arises, it may be tempting to use the rent money to sort it out. This may be a good short term solution but in the long run it won't solve anything.

If you find yourself with rental arrears it is a good idea to stay in touch with the real estate agent and make an arrangement to pay off the arrears. For example, you could say, 'I will keep paying my usual fortnightly rent and pay an extra \$50 per fortnight to clear up the arrears.' They don't need to hear any sob stories about why the arrears have occurred. They are interested in knowing how and when they will be paid.

If for some reason you can't stick to the arrangement, let them know. You are more likely to avoid tribunal hearings or eviction if you keep in touch with your real estate agent or landlord. You could get assistance with negotiating with the real estate agent from a financial counsellor or social worker.

*Maree Crosbie is a Financial Counsellor with the Bobby Goldsmith Foundation. If you have any questions for agony aunt, email [maree.crosbie@bgf.org.au](mailto:maree.crosbie@bgf.org.au)*

# talkshop



PLWH/A (NSW) Community Development Project Officer **Will Klaasen** profiles what's happening in NSW

'Community' – Is there a hiv/aids community?  
Who is involved? How do we define this community?

**In December, I attended a round table gathering to discuss community, which was co-presented by the National Centre in HIV Social Research (NCHSR) and ACON. The question of the day was: 'What are some of the changes and challenges facing the gay and lesbian community as well as the hiv positive community?'**

Many people have their personal view on the very concept of community but the question I would like to pose is this: if there is such a thing as a hiv community then how do we, or have we, defined this community? Who does it serve? Who does it really support? Do we really need to be called a community or are we simply individuals who have hiv/aids, the workers, the carers, and the volunteers, and have no need to be defined in such a narrow band of thought?

As we move into the next phase of combating the existing and new issues that face plwha in NSW, be these around treatments and the new trials, housing – back on the agenda again – or creating new and invigorating programs designed to include all plwha, if you have any views on this question, PLWH/A would like to hear from you. Please send your thoughts, either by mail or email at [willk@plwha.org.au](mailto:willk@plwha.org.au).

## In brief

The Friends of The Bridge is a new unincorporated charity created by clients, their families, friends and

supporters of The Bridge in Glebe. The charity is raising funds to improve the quality of life for clients living with hiv/aids dementia and other associated mental health issues. All funds raised will be used to increase clients' outings and social activities, and accommodate the volunteer program and training. The Friends also want to increase awareness of hiv/aids dementia and mental health. If you want to become a Friend of The Bridge, volunteer or send a donation, call 02 9552 6438 or email [Friends\\_of\\_the\\_Bridge@hotmail.com](mailto:Friends_of_the_Bridge@hotmail.com)

## Positive Decisions Program

If you are looking for options to learn new skills, or are thinking of returning to volunteering, casual, part-time or fulltime work, PLWH/A has a program that could be for you. The Positive Decisions Program (PDP) places positive people in a position – either in our office or another hiv friendly workplace – which helps assess your needs or desires through an on-the-job training placement program. Placements are two days a week for three months. For more information, call me on 02 9361 6011.

## Mardi Gras

PLWH/A needs **you!** The Mardi Gras Festival Launch night is almost here and is a great night for all – not just as a celebration of gay, lesbian or queer visibility but a night when this organisation and its

# treatment briefs

## New Australian hiv vaccine trial

Commencing in Sydney next August, more than 40 healthy volunteers will be injected with DNA (genetic material) from hiv in Australia's first human trial of a preventative hiv vaccine. The term 'preventative' describes the aim of the vaccine, which is to prevent hiv infection. The hope is that it will work in the same way that it has in monkeys and stimulate the volunteers' immune systems to make white blood cells, known as killer T cells, that can find and destroy hiv-infected cells. The new vaccine contains about 60% of the virus's total DNA, modified to ensure that it is safe and cannot replicate. The volunteers will be people who are not at risk of getting hiv. If the vaccine is found to cause an immune response, it will then be tested in Asia, where hiv is endemic, to see if it can protect people against infection. Volunteers will receive two injections of the hiv DNA about a month apart. Then they will receive a harmless fowlpox virus which contains the same bit of hiv DNA, as well as a cytokine gene which stimulates the immune system. A small trial of a therapeutic vaccine, designed for people who are already infected with hiv, with the aim of boosting their immune response against it, began mid-2001 and is ongoing.

*Sydney Morning Herald, 11/12/01*

## Garlic supplements lower saquinavir levels - but wait, there's more

For some time it has been known that garlic supplements sharply reduce blood levels of the protease inhibitor saquinavir. The results of a new study not only confirm this but demonstrate that lowered saquinavir levels persist even after the garlic supplements are stopped. Researchers at the National Institute of Allergy and Infectious Diseases in the USA found that garlic supplements decreased levels of saquinavir by about 50% among healthy study participants. Remarkably, when the study participants stopped taking garlic supplements, for several days afterwards their blood levels of saquinavir still averaged about 35% lower than the expected amount.

*SC Piscitelli et al. The effect of garlic supplements on the pharmacokinetics of saquinavir. Clinical Infectious Diseases Electronic Edition (December 3, 2001)*

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

army of volunteers sells stickers to raise much needed funds for PLWH/A (NSW) Inc. If you are free on Friday 8 February from 5.30-8pm to sell stickers in the forecourt of the Opera House, and you'll be at Fair Day on Sunday 17 February between 10am-5.30pm and can spare an hour or so to help PLWH/A (NSW) Inc on our stall, give me a call no later than 5pm, Thursday 7 February to register. We look forward to seeing you all there.

PLWH/A (NSW) is always looking for new volunteers. Or, if you think an issue needs to be addressed, let us know by letter. We can offer you support to organise a working group, or fax and photocopying facilities.

In early December 2001, Ankali completed a new round of volunteer training. If you are looking for support and would like an Ankali volunteer, give the team a call on 02 9332 9742.

To everyone who will be clicking their heels red around Darlinghurst and Newtown for the next month, have a great Mardi Gras season. Enjoy all the sights and sounds and, most importantly, take care off yourself.

Volunteers at The Western Suburbs Haven camp it up at their Christmas party last December. The Haven operates a Drop-in Centre and other support services, including Food Bank. For more information, contact the Coordinator, 9.30am-4.30pm, Monday to Friday, on 02 9672 3600 or email [thehaven@ihug.com.au](mailto:thehaven@ihug.com.au)

(Pics: Virginia Cross-Boyd)



## New Research & Policy Officer at PLWH/A

I have been asked to write a brief profile and in my attempt to do so I have realised how difficult this task is. What can I say in a few words? Firstly, my name is Kathy Triffitt and I have just started as the Research & Policy Officer. Some of you may remember me as the art therapist on Positive Retreats and others may have been involved in community cultural development workshops I facilitated over a number of years up and down the East Coast of NSW. Secondly, I have provided various community services in the past and present. I was elected as a person 'affected' by hiv/aids to the founding PLWH/A (NSW) committee in 1987 and provided editorial input for *Talkabout* in the days when it consisted of 10 pages stapled in the top lefthand corner. So it is exciting for me to see *Talkabout* in its current format and to be able to contribute, in the near future, articles which may assist people to access relevant and up-to-date information on a number of issues including privacy and welfare.

My introduction to the sensitivities and concerns of plwha has been through the facilitation of the ongoing community cultural development project *self-documentation, self-imaging: people living with h-i-v and aids*. Briefly, since its inception in 1988, this project has demonstrated the creative and inventive means that people have employed to respond to and manage a positive diagnosis, negotiate complimentary therapies, reclaim and celebrate experiences of death and dying, renew the self and its sexualities, and survive within a sometimes hostile social environment. Using photography, video, storytelling and multi-media diaries, plwha record and reflect their lives, especially social,

community and health issues, from their own point of view. Because the words and photographs produced were direct and immediate, policy advisers took note, inviting us to consult on the National Anti-Discrimination campaign of 1992 and 1993. This is another story. And so is my long involvement in tertiary education.

I have only twenty words left. So I will finish by adding that I look forward to working with PLWH/A (NSW) and contributing to the development of policies that meet the concerns and changing needs of plwha. Maybe our paths will cross.

*Kathy Triffitt*

## Celebrating Our Lives

**Trevor Cowan** went to Trinidad last October for the GNP+ Conference

Being a positive people's conference, Trinidad was quite different from the two other conferences – ICAAP and NAPWA's National Conference – I attended in 2001. Meeting so many different people from all over the world and seeing how they live and celebrate their lives left me feeling reinvigorated and inspired.

Friday afternoon, October 26, saw me sitting in Miami International Airport playing 'spot the conference delegates' with another positive person from New Zealand. By the time we landed in Port of Spain and were transferred to our hotels, it was after midnight but this did not stop people networking before they tried to catch up on sleep.

**Saturday** Registering and meeting more of the eight hundred delegates – literally from all over the world. The opening

ceremony included addresses from the Prime Minister of St Kitts/Nevis, Dr Denzil Douglas, UNAIDS Executive Director, Dr Peter Piot and Trinidad/Tobago Health Minister, Hamza Rafeeq. There were also a number of positive people speaking in their various official roles. One of the main messages of the opening ceremony was that the Caribbean is starting to view the epidemic not just as a health issue but also as a looming major economic issue. At present, the region is number two in the rates of infection in the world.

**Sunday** The beginning of the conference proper with its three major tracks:

- positive living
- positive engagement
- positive environment

The opening plenary was UNGASS – From Word to Deed. This brought people up to speed with the outcomes in a concise way. The main thrust of all the speakers was: regardless of what has been agreed to and signed off on, it is meaningless unless it is actually implemented. It is up to us as positive individuals to make ourselves aware of what is in this document and pressure governments to ensure that it is implemented. We cannot rely on others to do this work for us. Throughout the day, I followed the positive engagement stream. This began with Working with Bureaucrats, moved on to Building Partnerships, with a final session on The Global Fund. The majority of presenters were positive and related their experiences as a positive person within the system. Translations added a new dimension I had not previously encountered. Some of the gesturing certainly added a new dimension to what was being said.

**Monday** Treatment, Care and Quality of Life. During this plenary, we heard from a number of positive speakers and gained insight into the epidemic in regions outside our normal realm of consideration – Caribbean, Latin America and Zimbabwe.

The main thrust of this session was that people were coping as best they could with what they had and what was culturally appropriate. This did not mean, however, that they were necessarily 'happy with their lot'. All were striving to improve access to services, treatment and care.

A workshop on Resource Mobilisation was followed by another on The Global Fund. The final workshop of the day was on barebacking – according to one travel guide, this is quite legal in Trinidad/Tobago on the beach but not on the street, where at least T-shirts must be worn. The evening's entertainment was a night of Caribbean music, complete with steel drums, congo lines, Caribbean foods and the ever present rums.

**Tuesday** Over halfway. Today's plenary – Defeating Stigma and Discrimination – was followed by a workshop on Religion, Stigma and Power. The second workshop of the day dealt with Lobbying and Organising Positive People to cause change. The last session of the afternoon was devoted to GNP+ regions discussing issues of importance to them. The night ended with the Miss GNP pageant.

**Wednesday:** The final day plenary was on GIPA in Practice followed by a forum discussing UNAIDS/GIPA and how this was progressing. During the closing ceremony, 800 people were up off their seats and dancing in the aisles.

*A more detailed report of this conference by Trevor Cowan will appear in Positive Living*

## Aids fundraising agreement

The Bobby Goldsmith Foundation (BGF), ACON and AIDS Trust of Australia have signed a joint Memorandum of Understanding (MOU). Under the MOU, the parties agree not to fundraise in direct competition with each other. The agreement covers specific calendar dates, scheduling, creative content, concepts and branding.

'Each one of our organisations supports people living with hiv/aids. We all have different roles but each needs to raise money, recruit volunteers and seek corporate support to continue that work and there's a considerable overlap in the communities and businesses that help,' said BGF's Executive Director, Georgina Harman.

'The agreement addresses the need for cooperation and mutual respect for one another's fundraising activities. The more we understand one another and avoid potential

conflict the better it is for those that support us and those who rely on us for services.'

ACON's President Adrian Lovney said that the three organisations have contributed to each others' events, services and fundraising for a long time.

'But many of these broad partnerships exist as informal agreements or in people's memories. The MOU clarifies these,' he said.

'Our activities during AIDS Awareness Week are a good example of how we can work more closely, with AIDS Trust volunteers joining ACON volunteers to sell red ribbons.'

Executive Director of the AIDS Trust, Terry Trethowan, said that the challenge facing groups like ACON, BGF and the AIDS Trust is to make sure that the potential for duplication of effort is minimized but also to pursue ways to work together. 'The MOU is an important step in that direction,' he said.

The MOU aims to:

- maximise and sustain the financial and in kind donations from traditionally supportive communities
- consolidate goodwill and community understanding about the collaborative work between the parties
- formalise and clarify the specific events and fundraising calendars of each party
- consolidate the relationship between the parties
- improve interagency communication
- improve longterm planning around events

## HAART & women

Highly active antiretroviral therapy (HAART) has prolonged life and revolutionised care for patients with hiv/aids. However, questions remain about who does and does not have access to HAART. Previous studies have found women underrepresented in hiv/aids clinical trials, less knowledgeable than hiv positive men about the latest antiretroviral therapies, less aware of their eligibility to participate in trials, and less likely to be recruited for studies by their medical providers.

A recent study involving 1,690 hiv positive women enrolled in the Women's Interagency HIV Study (WIHS) examined longitudinal trends of antiretroviral therapy use. The six WIHS sites are Chicago, Los Angeles, San Francisco, Brooklyn, the Bronx and Washington, D.C. Previous studies have indicated that women, members of minority groups and other populations of disadvantaged individuals are less likely to

receive the most potent antiretroviral therapy but very little is known about which groups of women have access to these regimens. A better understanding of how education, ethnicity and substance abuse influence hiv positive women's access is also needed.

Participants had a median age of 36, 57% were African-American; 24% were Hispanic/Latina and 19% were white. While 41% reported a history of injecting drug use at their initial visit, only 11% reported current drug use. Seventy-four percent of the women reported some type of public health insurance coverage, 12% had private insurance coverage, and 14% reported no coverage. Fifty-three percent had clinical symptoms related to hiv/aids.

In their analysis of patients' use of drug therapy, the researchers identified a number of factors associated with the likelihood of reports of HAART use, after adjustment for the clinical laboratory markers CD4 and viral load. African-American women were less likely to report taking HAART, suggesting potential benefits from special outreach and medical education efforts for this group. Women with histories of injecting drug use were also less likely to report HAART use, as were those with recent use of alcohol and street drugs. These women may be less likely to be offered these therapies because physicians perceive that they are poor risks for adherence, even though they may have discontinued using, or their current use may not preclude medical compliance. Alternatively, these women may have been offered HAART but declined it.

Study participants with private health insurance were significantly more likely to report HAART use, suggesting that women without private health insurance coverage may have reduced access to the most effective treatments for hiv. Women with previous experience in clinical trials were more likely to report HAART use.

In the pre-HAART era, aside from clinical indicators, use of therapy was predicted by a woman's current drug or alcohol use and her experience in previous clinical trials. Different predictors emerged, however, after HAART penetrated this cohort. Given the complexity of regimens, their expense and their reliance on near-perfect adherence for efficacy, the authors report that it is not surprising that new variables emerged, including education, private insurance coverage, absence of drug or alcohol use, and non-African-American racial/ethnic status.

'The challenge residing in this knowledge is that of ensuring that use of HAART is not restricted to women from certain racial/ethnic groups or educational backgrounds or to those with certain types

of health insurance coverage or drug use histories. Efforts are clearly called for to educate physicians about the vulnerability of disadvantaged groups of women in regard to receiving less effective hiv therapies. This includes increasing physicians' sensitivity to patients differing cultural beliefs about Western medicine and their previous antiretroviral therapy experiences, as well as the need to involve women's families and significant others in education about HAART,' the authors wrote.

'Similarly, intensive and sensitive efforts to educate women about available therapies can help them make informed decisions about whether and when to initiate HAART regimens. This should include efforts that address the concerns of patients who are skeptical about the value of HAART and focus on accommodating treatment preferences, especially those of African Americans, who according to previous research are less likely to express their treatment preferences to physicians.'

*"Use of Highly Active Antiretroviral Therapy in a Cohort of HIV- Seropositive Women" American Journal of Public Health (01.02) (92: 82-87)::Judith A Cook, PhD; Mardge H Cohen, MD; Dennis Grey, BA; Lynn Kirstein, MS; Jane Burke, MS; Kathryn Anastos, MD; Herminia Palacio, MD; Jean Richardson, DrPH; Tracey E Wilson, PhD; Mary Young, MD*

## Pos man gets new liver

In the most high-profile case to date of an hiv positive patient receiving an organ transplant, author and activist Larry Kramer underwent liver transplant surgery on Friday at the University of Pittsburgh Medical Center (UPMC). On Monday, Kramer, 66, was listed in serious condition – typical for transplant patients so soon after surgery. He was expected to be released from the intensive care unit on Wednesday. After gaining recognition as a screenwriter and novelist in the 1960s and 1970s, Kramer helped found the activist groups Gay Men's Health Crisis and ACT UP in the 1980s. Jeff Getty, an activist with Survive AIDS in California, said Kramer's post-transplant health could be significant in two ways: It could persuade more hospitals to offer transplants to hiv patients, and it could encourage health plans to cover transplant costs. Historically, hiv patients were not eligible for transplants because they almost always developed aids and died. But since the late-

1990s introduction of new drugs that helped transform aids into more of a chronic disease, UPMC has performed 10 liver transplants on patients with hiv. Eight are still alive, including one who was transplanted in 1997. Kramer's 12-hour surgery on Friday was performed by a team led by Dr. John Fung, chief of transplant surgery at UPMC. 'He's doing very well,' said surgeon Dr Bijan Eghstesad. 'The liver is functioning fine. Everything is going in the right direction.' Friend and caregiver Rodger McFarlane said Kramer was off a ventilator within 24 hours after surgery and cogent by early Monday. Kramer needed the transplant to cure liver disease caused by hepatitis B. But to keep the liver, he must take anti-rejection drugs that suppress the immune system, reducing the number of disease-fighting T-cells. As a result, Kramer must also take highly active antiretroviral therapy (HAART) to fight hiv. 'In Larry Kramer's case, his hiv has been relatively well controlled without HAART. However, like many hiv patients with viral hepatitis, his liver disease continued to progress in spite of anti-hepatitis medications,' Fung said in a statement. 'Our experience with liver transplantation for hepatitis B has been excellent, and the use of new anti-hepatitis B medications should prevent the redevelopment of hepatitis B in Mr Kramer.' *Pittsburgh Post-Gazett, 25 December, 2001, Christopher Snowbeck*

*CDC HIV/STD/TB Prevention News Update, 26 December, 2001*

## HALC wins human rights award

The Human Rights and Equal Opportunity Commission (HREOC) awarded the National Human Rights Award in the area of law to the HIV/AIDS Legal Centre in NSW (HALC) on 9 December 2001, the day before International Human Rights Day. HALC was nominated for 'legal work promoting and advancing human rights in Australia for people with hiv/aids', specifically by 'providing legal services to people with hiv and undertaking specific projects designed to advance the legal and human rights of people with hiv.'

Nominated by ACON CEO, Stevie Clayton, HALC provides legal services direct to clients, as well as community education and advocacy roles, which formed part of the nomination considered by the judges. Major

projects include printed resource materials, and writing submissions to relevant enquiries, such as the medical use of cannabis, running workshops on service provision for hiv positive people, participation in training of NSW GPs wanting to work in the area of hiv, and co-authoring and review of various publications.

'HALC is the smallest legal centre in NSW,' said Principal Solicitor, David Puls. 'We are honoured and delighted to receive this award.'

'It is particularly fitting to win the award in this, the international year of the volunteer. As our centre is so small we rely heavily on the assistance of volunteers to provide our service, and this award is a tribute to the hard work of all our volunteers,' he said.

## Seniors with aids

Seniors in South Florida's retirement communities might be surprised to realise their age group comprises one of the fastest-growing segments of the aids population. About 1,786 people age 50 and older in Broward County have aids, or about 13% of the total aids population. Palm Beach County's 584 cases in persons over 50 (17% of county aids cases) gives it one of the highest rates in the country for that age group. 'There's still a lot of education to be done. People still don't think about seniors when they think about aids,' said Josh Estrin, who helped organise the Jewish AIDS Network's latest showing of the *Seniors With AIDS* exhibit at Hollywood City Hall. The network, a consortium of 12 different agencies under Jewish Family Service, hasn't had much response from senior centres and condos for their education programs and is still looking for age-appropriate volunteers to conduct seminars. 'Seniors think that because they can't get pregnant, they don't even have to use condoms,' Estrin said. 'They need to hear about the risks from a contemporary.'

Exhibiting *Seniors With AIDS*, which has appeared in various locations around Broward County during the past two years, is one way to raise awareness. The exhibit's next stop is the David Posnack Jewish Community Center in Davie, where it will be on view during February.

Dr Wilma Siegel, a retired oncologist and professionally trained artist from Fort Lauderdale, created the eight vivid watercolors, selected from a larger

collection. They are portraits of men and women of several races, ages 50-62. Siegel became well-acquainted with aids during the 1980s as the head of a hospice in the Bronx, where growing numbers of her patients had the disease. Once, she admitted a 75-year-old man who contracted aids through unprotected sex. A 1996 *Sun-Sentinel* analysis of state health statistics found one-fourth of the 1,102 Floridians age 65 and older with aids had contracted it through heterosexual sex, the most common transmission method.

*South Florida Sun-Sentinel*, 8 January 2002, Diane C Lade

*CDC/ HIV/STD/TB Prevention News Update*, Tuesday, 8 January 2002

## NZ clinics sell female condoms

Female condoms are being sold at family planning clinics around New Zealand in response to growing rates of aids and other stds. Family Planning Association (FPA) Medical Training Coordinator, Sue Bagshaw, said there was some interest in the new contraceptive, but it was mostly male condoms in hot demand. 'There has been a bit of interest, but not a huge demand. I think a lot of people haven't cottoned on to the fact that they are available,' said Bagshaw. She is concerned that the cost – \$8.50 (NZ\$) for a packet of three – may be prohibitive for some women. They are really useful for women whose partners won't use condoms and who want to protect themselves,' she said.

Bagshaw said the high demand for condoms over the holiday season was an encouraging sign that the safe sex message was getting through. 'It's the older women I worry about,' Bagshaw said. 'That is, people getting into second relationships who haven't been in a habit of using condoms, or even using contraception, because their last partner had a vasectomy. They are the ones who are really in danger.'

The first female condoms on the market were \$5 (NZ\$) each, but FPA managed to find a cheaper supplier in Australia. Pharmac, the government drug-buying agency, is not subsidizing female condoms, a fact that Bagshaw hopes will change.

*Christchurch Press* (New Zealand), 4 January 2002

*CDC HIV/STD/TB Prevention News Update*, Tuesday, 8 January 2002

**Ed:** When will we get them here?

## Community pharmacy trial begins

The long-awaited Community Pharmacy Dispensing of HIV Drugs Trial begins on February 6. The Albion Street Centre and the Prince of Wales Hospital will trial the new system through a number of inner city pharmacies (see page 1, centre section).

The trial aims to show whether dispensing HIV medication through pharmacies makes treatment more accessible, does not cause service to deteriorate, and improves the quality of life of positive people on medication.

Benefits of the trial include being able to fill prescriptions after hours and on weekends.

Community pharmacies will only be able to dispense enough medication for a one-month supply, and will not be able to dispense emergency supplies.

For more information about the trial, phone ACON's Treatment Information Officers on 02 9206 2036/2013, tollfree 1800 816 518, or the Trial Project Officer at the Albion Street Centre on 02 9332 9691.

## 4.5% of recruits test positive in Vietnam province

Medical checks of young army recruits in a southern Vietnamese province found that 4.5% were hiv positive. That is double the percentage of recruits found to test positive last year in Ba Ria Vung Tau province, the Thanh Nien newspaper reported.

The report suggested that aids is beginning to spread more rapidly among the general population, while previously it was limited mostly to drug users. The rate of infection among female prostitutes rose from 1.5% in 1999 to 3.53% in 2000. As of 30 November, there were 42,365 hiv cases, with 6,343 having aids, and 3,474 who had died. Last week the Vietnam News Agency reported that by 2005, the number could increase to 200,000 hiv infections, with 50,000 having aids, and 40,000 deaths from the disease. Experts estimate the actual hiv figure could already be from 130,000 to 135,000.

*Associated Press*, 5 January 2002

*CDC HIV/STD/TB Prevention News Update*, 7 January 2002

## Blue Mountains PLWHA celebrates New Year

Blue Mountains PLWHA celebrated its first New Year's Eve party – *Rainbow Ride* – with a good local gay and community turnout. The theme for the night was RAINBOW – for our gay flag – and RIDE – for the ups and downs of hiv life. The evening was a great way to celebrate a new and promising healthy and happy New Year. As bushfires and smoke surrounded us (even the annual fireworks from the grounds of the Carrington Hotel were cancelled due to the fires), we managed to get a crowd of more than 130 through the door, which was pleasing.

The stunning Shelley Lee returned to the stage, giving the crowd a glamorous treat. Shelley has helped the centre out in the past and generously gave her time and support to make our night a success. Thank you Shelley! Victoria Falls even raced home to grab a wig and frock to cheer us up.

Music was supplied by popular local DJs – Killer & lushbaby – who really got the crowd pumping and grinding to the New Year. We received a generous donation from King Street Pharmacy, Newtown, of One in Ten merchandise to raffle. Thankyou, Tracy.

The Blue Mountains PLWHA Centre is kept alive by a lot of hard work (by dedicated volunteers), who raise funds to keep this necessary service open to the people of the mountains and surrounding districts. We are not government funded and receive no government assistance whatsoever. Fundraising parties are usually held every two months.

For more information call The Centre on 02 4782 2119.

*Conway, Vice President, Blue Mountains PLWHA*

## Housing meeting

A public meeting will be held at Katoomba, 7.30-9.30pm, 27 February to discuss affordable housing through a co-operative approach. If you need childcare, please notify Janette 02 4782 6001 by 25 February. Light vegetarian snacks will be served. For more information about this project, please phone 02 4758 8411.

# diary

## Sydney

**Positive Living Centre** 703 Bourke Street, Surry Hills. Writing Club, every Wednesday in Feb, 6-8pm. Container gardening skills, 1-6pm, 23-24 Feb. DJ Skool for gay guys 26 and under, 2pm, every Saturday in Feb. Mood Clinic, 6-8pm, Mondays in Feb. Creative arts workshop, 11am-1pm, every Tuesday in Feb. Pos parents social brunch, 12 noon, every Tuesday in Feb. PC Training: Word for Workers, 6pm, every Tuesday in Feb, Introduction to internet and email, 3-5pm, 28 Feb. Discussion forum: The Double Whammy – HIV and Hep C, 7pm, 27 Feb. Small business and market stalls management workshop, 12-5pm, 28 Feb.

**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.

**Positive Footprints** Entries needed for an exhibition of hiv positive images from the past and present at TAP Gallery, 18-24 Feb. Phone the Positive Living Team, ACON, on 02 9206 2000.

**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. Also 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 2-6pm, Mon & Fri on 02 9519 6830 or email [complementarytherapies@hotmail.com](mailto:complementarytherapies@hotmail.com)

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

**Sticker Sellers** needed for Mardi Gras launch, 5.30-8pm, 8 Feb, Opera House Forecourt & Fair Day, 17 Feb. Phone Will Klaasen, 02 9361 6011.

**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.

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

**'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](http://www.scog.asn.au) or call John on 02 9907 9144.

**Dementia Support** for Family, Partners and Friends Telephone/group support for significant others of people with hiv associated with dementia, cognitive impairment and/or mental illness. Meets last Wednesday of every month at the Tree of Hope, cnr Riley and Devonshire Sts, Surry Hills at 6.30pm. Contact Angela 02 9829 4242, Margaret 02 9698 3161 or ADAHPT 02 9339 2078.

## Southern Sydney

**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.

## Western Sydney

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

## Hunter

**Bambi** hiv+ women's social group. Meets 3rd Friday each month, 10.30am-2pm, Hamilton, Newcastle. 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 Karumah 02 4940 8393, Women's Rep 0402 329 986, email [poswomen@hotmail.com](mailto:poswomen@hotmail.com)

## Northern Rivers

**Support Group** for partners, family, friends, carers of people living with hiv/aids. Contact Sue on 02 6622 1555 or 1800 633 537.

**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](mailto:editor@plwha.org.au). Ph 02 9361 6750.

# treatment update:

## Why can't I get my hiv medication from my chemist?

**John Cumming**, Treatment Information Officer at ACON, backgrounds the Community Pharmacy Dispensing of HIV Drugs Trial

**In my five years on hiv medication I've run out of drugs maybe three times, and each time it was on weekends when I couldn't access my doctor. Even if I could, hospital pharmacies are shut on weekends so I couldn't have filled my prescription. To obtain enough medication to tide me over, I had to spend hours in the emergency room of St Vincents going through the particular bureaucratic process the hospital has set in place for such incidents. Why can't I get my medication from my local chemist?**

Part of the reason is that because the drugs are extremely expensive, the Federal Government imposes tight restrictions on how they're dispensed. In the last financial year, the Government spent more than \$68 million subsidising the cost of hiv medication for Australian residents. To complicate matters further, there are variations in the way each state spends its federal funding for health, and these variations can affect access to hiv medication. For example, in Victoria and Queensland some sexual health centres dispense hiv medication at no cost. Patients of those clinics who move to NSW can sometimes get a nasty shock when they discover that they now have to pay for their medication. Some time ago, a community pharmacist in Adelaide who wanted to improve access to hiv medication started negotiating with state and federal authorities with the aim of being able to dispense hiv medication himself. The result of the negotiations was that the authorities granted his request and agreed to pay for the cost of the drugs. To satisfy the legislation governing the dispensing of hiv medication, which stipulates that only hospital pharmacies can dispense the medication, the community pharmacy was deemed to be a 'satellite'

pharmacy of the hospital that dispensed hiv medication. This system has been in operation for some years and the pharmacist reports that it works well, with patients appreciating the shorter waiting times and the personal touch that the community pharmacy provides.

Why can't what happened in Adelaide happen elsewhere? Community organisations, GPs and community pharmacists have lobbied long and hard to improve the situation. NSW positive people complain of long waiting times at hospital pharmacies, the inconvenience of travelling long distances and having to take time off work, not to mention the need to provide to their employer a plausible excuse for being away from work. They are also concerned that presenting themselves at the hospital pharmacy may confirm their hiv status to observers. In rural areas of NSW, health care workers report that they have to physically deliver medication to some positive people, who are too afraid of their status being disclosed to attend the hospital pharmacy. Community pharmacists have also been aware of these problems. 'So many of our customers are plwha and we have been aware for years of the drag that it is to get to a hospital pharmacy,' comments one inner-city pharmacist. 'There are the convenience issues and also a big psychological issue of having to front up at the place where so many of one's friends and oneself have been ill, if not dying.' The pharmacist is enthusiastic about participating in the Community Pharmacy Dispensing of hiv Drugs Trial. 'The really good thing from a patient care perspective is that if patients can get their hiv drugs and their other drugs and herbs under the same roof, there is a great improvement in quality of care in being able to spot potential drug interaction problems and in having a better overview of what is really going on.'

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**Use of highly active antiretroviral therapy (HAART) to treat hiv disease has improved immune status for those people who have access to the drugs and can tolerate them. However, maintaining a good physical appearance and overall health continue to be significant concerns for most patients.**

People with hiv must contend with body composition changes that include wasting syndrome and fat redistribution syndrome as well as metabolic changes such as elevated levels of cholesterol, triglycerides and blood sugars. While many of these conditions require medication, developing a healthy diet and exercise program can make a great difference in longevity and the quality of life.

Good nutrition should be taken seriously as co-therapy for hiv. Diet recommendations include a high protein diet to fight wasting syndrome; a heart healthy, low saturated fat diet to keep cholesterol levels within proper limits; and a diet high in whole grains and low in sugar to maintain adequate blood sugar and triglyceride levels. Also included should be 1-2 multi-vitamins with minerals to insure that micronutrient needs are met.

To reduce cholesterol levels, decrease intake of foods high in saturated fat like red meat, poultry skin, whole and 2% milk, cheese, butter, coconut and palm oils.

One of the causes of weight loss in hiv infection is not being able to eat enough calories. You may find that you get hungry and when you sit down to eat, you become full too fast. There are some medical causes of early fullness but a pattern of small, frequent meals of six or more a day will probably help a great deal. Also, high calorie, high protein shakes of ice cream, yogurt, milk, fruits, peanut butter, wheat germ and fruit nectars or canned supplements that can be purchased at local drug stores and supermarkets are highly recommended as meal alternatives.

Exercise is safe and does not weaken the immune system. It is important to prevent or fight the loss of muscle mass and to offset the effects of the fat redistribution syndrome.

ABCNews.com/Healthology Press, 14 December 2001, Meredith Liss, MA, RD, CDN, New York Presbyterian Hospital, Weill Cornell  
CDC HIV/STD/TB Prevention News Update, 19 December 2001

*Consulting a qualified nutritionist will help you work out a diet that suits your individual needs. Contact Albion St Centre on 02 9332 1090 or Sydney Sexual Health Centre on 1800 451 624*

## Threat of drug resistance

A large US study, which found that more than half of patients receiving care were resistant to one or more hiv antiviral drugs, has direct implications for Australia, according to the **Australian Federation of AIDS Organisations (AFAO).**

**'This study underscores two things very clearly – we need new and better drugs for people already living with hiv, and we need to do all we can to promote prevention to stop new hiv infections,' said AFAO National President, Bill Whittaker.**

'The majority of Australians with hiv are currently on antiviral treatment. While a significant number are doing well at the moment, other patients are clearly not because of drug resistance, drug toxicities and other problems. People are still dying from aids in Australia. Looking at the next two to three years, the pipeline of new drugs looks like slowing to a trickle. Therefore the future for some of those failing hiv treatment and with few or no options left will be precarious. So we urgently need new drugs for these people.'

'To develop new drugs, we need to support hiv research. Australia has made many important contributions to knowledge about hiv, which helps us develop new and better drugs. Our model of dedicated funding and national hiv research centres has served Australia very well. As Australia is scheduled to review our National HIV/AIDS Strategy in 2002, we need to look really carefully at how we best support future hiv research efforts in Australia.'

'The US study also underscores that hiv prevention must remain the highest priority for Australia's hiv response. Over the past two years, there have been clear signs of increasing rates of unsafe sexual practices. The consistent falls we've seen in new infection rates over the past decade seem to have plateaued now. Indeed, in Victoria in 2000 we saw a rise

in new hiv infections, which is a wake up call for all Australia.'

'Undoubtedly, some of the new infections we're seeing are because people believe hiv antiviral treatments are a cure for hiv or at least that they will always work and are not difficult to take. Research like the US study confirms what we already know – this is just not the case. As we move to review our National HIV Strategy, a key question to ask is are we doing enough to maximize prevention efforts, especially among those at higher risk.'

### **Study finds drug-resistant hiv in half of infected patients**

About half the people infected with the aids virus in the US harbor a strain of the microbe that is resistant to at least one drug used to treat the disease, according to a new study. The findings, presented yesterday in Chicago at the American Society for Microbiology's annual meeting on infectious diseases, are the first national measurement of how widespread drug-resistant strains have become in the six years since combination therapy revolutionised hiv care.

The findings suggest that an unusually large number of people face the possibility that their hiv infections may become difficult to treat. In addition, an increasing fraction of newly infected patients may start out with a resistant microbe. While ominous, the prevalence of drug-resistant virus is a largely unavoidable price of the use of antiretroviral drugs, which have prolonged tens of thousands of lives.

*To develop new drugs, we need to support hiv research. Australia has made many important contributions to knowledge about hiv, which helps us develop new and better drugs.*

*While ominous, the prevalence of drug-resistant virus is a largely unavoidable price of the use of antiretroviral drugs, which have prolonged tens of thousands of lives.*

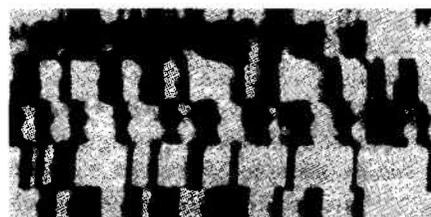
'It's a wake-up call that we've created a lot of resistance with the use of our drugs, and that it's happened in a short period of time,' said Douglas D Richman, a physician at VA San Diego Healthcare System, who presented the study. While not in themselves more virulent, drug-resistant strains are generally more difficult and expensive to treat.

The project sampled about 2,000 hiv infected people in 33 states, 30 cities and 50 rural areas whose care was provided by 58 major hospitals or organisations and 200 small clinics or individual practitioners. Among those alive in 1999 and under medical care, about 37% had no detectable hiv in their blood and presumably harbored no, or virtually no, resistant virus. The remaining 63% had detectable virus. These included people taking antiretroviral therapy, people who had taken it and stopped, and people who had never been treated. Of those with detectable virus, 78% carried a strain resistant to at least one drug. Overall, 49% of participants carried a drug-resistant strain. Numerous experts, however, doubt that drug-resistant strains will become dominant because they must compete with 'wild-type' strains that are more easily transmitted and more biologically fit.

Drug-resistant virus was seen most often in gay white men with good access to health care. This may be because middle-class gay men were the first to use antiretroviral drugs, either singly or in combinations. Use of medicines singly – as was common in the late 1980s and early 1990s – almost always leads to emergence of resistant hiv. Resistance was less common in those treated by physicians

with many hiv patients, suggesting that a practitioner's experience and expertise are key to optimal hiv care. Richman said the findings suggest the need for greater use of new lab tests that allow physicians to identify drugs a patient is resistant to before beginning treatment. (*Washington Post*, 19 December, 2001, David Brown. *CDC HIV/STD/TB Prevention News Update*, 19 December 2001.)

In a separate report, Dr Richman said, 'What is not politically correct to say in public is that both providers and patients are using these drugs suboptimally.' Well-educated patients and their doctors closely follow research and trends in highly active antiretroviral therapy (HAART), changing treatment plans often in search of minimal side effects, ease of use and viral suppression. But each switch increases the likelihood of mutant, drug-resistant hiv. Richman fears this continued pattern of chaotic use means 'we'll end up recapitulating the antibiotic story,' referring to antibiotic-resistant bacteria. Hastening the emergence of resistance, hiv mutates more rapidly than bacteria, and HAART must be taken for the rest of the patient's life. Because the size of the hiv positive population in wealthy nations is small, 'the incentive for the pharmaceutical industry to develop drugs against resistant hiv may not be there the way it is for antibiotics,' Richman said. (*Drug-Resistant HIV on Rise as Medicines Misused, Newsday* (NY, 18 December 2001, Laurie Garrett. *CDC HIV/STD/TB Prevention News Update*, 18 December 2001.)



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# the icing on the cake

**Ian Thompson** went to the *Art Project 2001* workshops and was a member of the exhibition organising committee. He spoke to **Susan Hawkeswood** about the project and its benefits.

## **Ian's involvement with Art Project 2001 began with a call from Mary, at Ankali.**

'She knew that I was interested in doing my own art. She gave me a call one afternoon and told me about the art project and that they were taking enrolments,' he said.

Anyone with no experience who may be daunted by the idea of joining an art group need not be put off.

'The quality of the tutors we had was such that they just assumed that we didn't know anything and had no background. The fact that I had my own art was quite incidental. It didn't affect whether I would be any better at the course, or better than anyone else. It didn't make any difference because everyone was just treated at the same level when we first walked in.'

Ian became involved with the committee responsible for organising the *Opening Up* exhibition at Cafe Blue after a call from John Coady, of Ankali.

'It was something that I was quite interested in doing because I want to take my art further and maybe study at TAFE or at the art college. I knew nothing about what had to be done to organise an exhibition, so it was a good learning opportunity.'

'About six weeks prior to the exhibition, we had meetings at Ankali House, each of which probably lasted for maybe two hours.'

'The last two weeks, twice a week we had to go in to help with the framing, and setting up the exhibition itself was the day before.'

'We had to decide on the title of the exhibition and we had to work out things like framing. What were we going to do? Who we were going to invite as the guest speaker.'

'The input is really, I consider it quite minimal. They did realise that a lot of us

*The whole experience left me feeling a lot less isolated than I was. I made some friends there. I had been finding it very hard to make friends.*

didn't have a lot of energy, so the input that we did have to do, or that was expected of us, wasn't, I felt, wasn't too much. It catered for a lot of different levels of illness, or non-illness, whatever. You didn't have to be well to do it. You could be tired and still manage what was expected.'

'My own energy levels fluctuate so much that I was a bit worried that, 'oh, have I taken on too much here?' but I found that, no, it was no problem at all for me.'

'One of the reasons we called it *Opening Up* was that the exhibition the year before had been called *Out of the House* and I was actually the person that came up with the idea for the last year's title, the *Opening Up*, because I thought, for me, the experience of being involved in the art activities had got me out of this house into another place that wasn't a hospital, it wasn't a clinic, it wasn't a Luncheon Club or a Larder experience. It was refreshing for me because I found that a lot of the things I find in the hiv community are very negative things that you have to face.'

'The whole experience left me feeling a lot less isolated than I was. I made some friends there. I had been finding it very hard to make friends.'

'Our health issues basically didn't come up a lot in the art group and if they did, I really wasn't aware of anybody complaining. Maybe some people would

say they were a bit tired.'

'But no-one was actually focusing on their hiv as such, or how they were feeling particularly, and I found that really refreshing because to be in a group of positive people where the focus wasn't on hiv itself was a new experience for me and that was actually one of the greatest benefits, I thought, of the art project.'

'I think the art itself came second, for me, to the benefits that I got through not having to deal with clinics and hospitals but still meeting other positive people and it wasn't a bar, it wasn't a nightclub kind of situation.'

'I was meeting other gay people. There was more people there of my age, or nearer my age, than I had been experiencing previous to going to the art group, that's for sure. I would recommend that anybody who's thinking about doing the *Art Project* go ahead and do it because the experience is valuable, whether they achieve making a delightful pot or doing an excellent print really doesn't matter as long as they're doing something that they're happy with, that's all that they need to worry about.'

'The icing on the cake comes through meeting people, meeting new people, and not having to deal with a lot of issues that are around in the hiv community in other areas where you go to meet other positive people. It's just not there.'

## the price is right

The Western Suburbs Haven provides affordable food to plwha. Haven Coordinator, **Pat Kennedy**, describes the service

**The food comes from Food Bank – a local service. A lot of the companies donate. Some of it is food that's out of date. Some of it's got two years to go. A tin might have been slightly damaged but it's perfectly safe, or packets crushed. Pies that the pastry's broken off the edge. It's really good stuff.**

Every couple of weeks I go with a car and we load up. I think I'll gradually get banned because I'm a bit of an impulsive shopper. We see something that's a really good bargain and we think the guys could really do with that.

We cover our handling with a handling charge. Everything is charged by the kilo. If you get tinned stuff, it might be \$1.25 a kilo. It might be fairly heavy but still much cheaper than in the shops. Packet stuff, like cereals and that, might be a dollar a kilo. You can maybe get 12 packets of cereals for roughly a couple of dollars, which is what you pay for one packet in the shops.

Normally we'll make up boxes and the guys come. When we started, they would come with their pension and they'd maybe pay \$20 and get about \$60 worth of stuff. Now, quite a lot of them will actually come whenever they've got money and say, 'Can I buy something?' and they just take what they want. We go through it.

What they got for Christmas is free. We actually fundraised about \$1,000 to cover Christmas. We got \$10 dollar vouchers from Woolworths to get the perishables – the milk and the bread – and we got \$10 and \$5 dollar vouchers so that they could get some sort of undies or a shirt or something like that.

Last year we fundraised to get \$25 vouchers from Woolworths but we decided, this year, with the food that we were getting, it would be good to give people the opportunity to get themselves another gift rather than more food. So, that's been fun. Hard work, but fun. It's good to do.

## drugs and sex at US circuit parties

A recently published study of drug use and sexual risk behaviour among gay and bisexual men in **San Francisco** reported rates of drug use and unprotected sex

**Some previous studies suggest that risk behavior among gay/bisexual men is increasing. There is increasing concern in the public health field that sexual and drug use behavior may be high at circuit parties (CPs), which are events where mainly gay men congregate for social activities and dancing.**

In this cross-sectional study, the researchers describe the sexual and drug use behaviour among a sample of gay/bisexual men who reported attending CPs during the previous 12 months. The researchers compared risk behaviors reported during CP weekends with those reported during other weekends to determine whether risk behaviors were more commonly practiced during CP weekends, and tested for associations between high-risk sexual activity and hiv serostatus and drug use. Study subjects were 295 gay/bisexual men from the San Francisco Bay Area. The researchers asked each participant about his drug use and sexual risk behaviour during his most recent San Francisco (SF) CP weekend; his most recent CP weekend in another geographic area; his most recent weekend attending a dance club but not a CP; and his most recent weekend attending neither a dance club nor a CP.

Drug use was highly prevalent and markedly elevated during CP weekends compared to non-CP weekends, with the exception of alcohol and marijuana use. During their most recent distant CP weekend, 80% of participants used methylenedioxymethamphetamine (ecstasy), 66% used ketamine, 43% used crystal methamphetamines, 29% used gamma-hydroxybutyrate or gamma-butyrolactone (GHB/GBL), 14% used sildenafil (Viagra), and 12% used amyl nitrites (poppers). Fifty-three percent used four or more drugs. Compared with drug use during distant CP weekends, ketamine,

crystal methamphetamines and cocaine were used significantly less frequently during SF CP weekends, and fewer participants reported using four or more drugs. Significantly fewer participants reported using drugs (with the exception of alcohol) during dance club weekends compared to SF CP weekends. In contrast to overall high rates of drug use during CP or dance club weekends, drug use prevalence was generally low during non-event weekends.

In general, hiv positive participants reported higher rates of sexual activity than hiv negative participants. Prevalence of

*In general, hiv positive participants reported higher rates of sexual activity than hiv negative participants*

anal sex was high, with between one-third and one-half of participants reporting anal sex during each type of weekend. Unprotected anal sex with partners of unknown or opposite hiv serostatus was most prevalent during distant CP weekends, reported by 21% of hiv positive and 9% of hiv negative participants.

'Drug use and sexual risk behavior among gay and bisexual men who attend circuit parties: A venue-based comparison'

*Journal of Acquired Immune Deficiency Syndromes* (12.01.01) 28:373- 379: Grant N Colfax; Gordon Mansergh; Robert Guzman; Eric Vittinghoff; Gary Marks; Melissa Rader; Susan Buchbinder

*CDC HIV/STD/TB Prevention News Update*, 31 December 2001

# finding out the hard way

## HOUSING

Finding a service to help is difficult for plwha with complex needs

**Adam describes his former lifestyle as 'pretty rough ...'. 'It's really hard for people on the street, being hiv and looking for places. Especially if you've got any dependencies, or any drug habits,' said Adam. His ongoing housing crisis was only solved when he moved in with his partner, John. 'Now John's bought his own house, it's heaven. No real estate, no people knocking on the bloody windows saying you're a week behind, two days behind,' he said.**

'The only reason is because John was working and he's been retrenched because of his treatments, sickness, because of his hiv and sickness, and he got a disability payout. That's the only reason we got the money to buy the house otherwise John would be still working because the last 10 years he's been hiv and working. He's had two partners die. I've had four partners die on me.'

During his search for rental housing with rent subsidy approval, Adam was questioned by real estate agents 'all the time'. At one stage, a real estate agent told him, 'We don't take people with special rent subsidy.'

'If you're hiv and you're not really good at looking for places and selling yourself, you can't find a house. References are hard because when they find out you're special rent subsidy, they think there's something wrong with you. So, they know you've got cancer, hiv or something. They know they're going to get that money, no doubt on that but there's something wrong with this guy, 'do I want him in my place?'

After being approved for special rent subsidy and finding a place to live on the private market, Adam discovered that his name was no longer on the Department of Housing's list. 'It's really hard for people,' he said. 'You think, oh they've got this special rent subsidy, I'll go through that. And I'll get Housing Commission. It doesn't happen like that. 'When you get on the special rent subsidy, that's the end of it. You don't go on the list for priority. You go from waiting so long for

priority housing to living in this dump what's in Darlinghurst, full of cockroaches.

Adam sought help from a number of services to resolve his housing situation and is critical of many services for plwha. 'I went to BGF for help. BGF palmed me off to another guy, my social worker. He didn't even ring me. In the month I had my phone on every day, he didn't ring me once. I had to ring him three or four times.'

After being accepted into 'floating care', ACON told Adam the service was not able to help him. Adam thinks that his search for help would have been easier if he had understood the eligibility criteria for various services.

'You don't realise that at first and they don't tell you that,' he said. Adam describes the help he got from the drug and rehabilitation service, Kirkeaton Road, as 'amazing' ... they gave me more help than ACON ... I was on methadone for a long time.'

'When I've had a drug habit, I never got much help from hiv people. They sort of, palmed me off ... or tried to make another excuse.'

'If they think you're stable enough to live in this place for the next 12 months and you won't stuff it, they'll put me in there. If there's a little chance that you'll stuff up somehow, they won't have a bar of you.'

'The funding's not for housing people, it's for funding all these big businesses, big buildings. Why do you need all these big buildings?'

Adam thinks hiv services need to 'make housing a lot easier' for plwha. 'I can't really say but ACON should come in with BGF and run one business and do everything together. ... the duplicated services aren't that effective.'

'When you don't fully get the help, you don't want to ask again. That's the horrible part about it. They say, oh, we'll help and when you do go there, you feel bad enough going there for help and then, when they just stuff you round, you just forget about it. ... Housing's really horrible for people with hiv.'

*You go from  
waiting so long for  
priority housing to  
living in this dump  
what's in  
Darlinghurst, full of  
cockroaches.*

*Housing's really  
horrible for  
people with hiv.*

# Get your HIV medication from your local chemist

*Until now, HIV medication (also known as antiretrovirals) in NSW have only been dispensed through hospital pharmacies. For some time a number of community organizations and GPs have been lobbying for easier access to HIV medication.*

From February 5 the Albion Street Centre and the Prince of Wales Hospital will trial a new system of dispensing HIV medication through selected inner-city pharmacies (community pharmacies), which have more consumer-friendly operating hours. The Community Pharmacy Dispensing of HIV Drugs Trial aims to show whether dispensing HIV medication this way makes treatment more accessible, does not result in any deterioration of service and improves the quality of life of positive people on medication.

## About the trial

- community pharmacies will only be able to dispense one month's worth of medication at a time. However participants can fill prescriptions after hours and on weekends.
- The trial does not allow community pharmacies to dispense emergency supplies of HIV medication to people who have run out. They need to go to hospital emergency rooms.
- The trial will run for an initial period of 3 months and limits the number of people participating to 300.
- Only people with prescriptions from GPs, and some specialists, can fill prescriptions at community pharmacies.

## To qualify for the trial

- You must have been stable on licensed antiretroviral therapy for at least one month.
- You must not be on a clinical trial of antiretroviral medication.

*You can enroll in the trial through participating GPs. You will need to show your Medicare Card at the pharmacy when you collect your medication.*

## Pharmacies participating in the trial are:

**Bill Warner Chemist,**  
St Vincent's Medical Centre  
376 Victoria St Darlinghurst 2010  
Opening hours: weekdays 8:15am-6:30pm,  
Saturday 9am-1pm, closed Sunday

**Full-Life Oxford Pharmacy,**  
1 Oxford St East Sydney 2010  
Opening hours: weekdays 8am-9pm,  
weekends 9am-9pm

**Parker's Pharmacy,**  
13 Darlinghurst Rd Potts Point 2011  
Opening hours: weekdays 7:30am-11pm,  
weekends 8am-10:30pm

**Serafim Chemists,**  
389 Bourke St Darlinghurst 2010  
Opening hours: weekdays 9am-10pm,  
weekends 9am-9pm

**Sharpe's Pharmacy,**  
12-14 Flinders St Darlinghurst 2010  
Opening hours: 9am-midnight every day

*These pharmacies deserve a vote of thanks for the time, resources and training they have put into the trial.*

*We would encourage positive people who are eligible to take advantage of this new opportunity.*

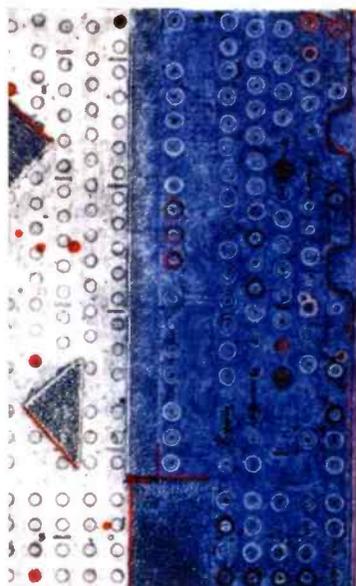
For further information, phone ACON's Treatment Information Officers: 02 9206 2036/2013  
freecall 1800 816 518 or the Trial Project Officer at the Albion Street Centre on 02 9332 9691



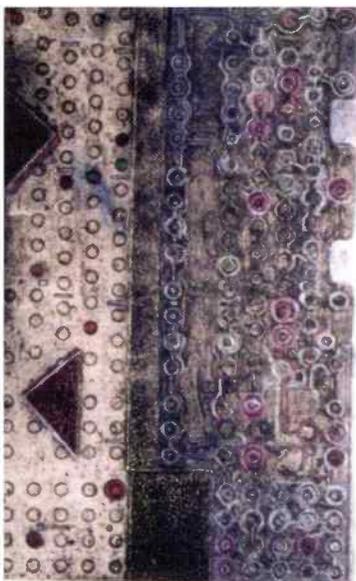
# Art Project 2001 ... and beyond

*The art classes let me release my creative skills and meet people.*

'Opening Up' drew a big crowd on the opening night of a short-lived World AIDS Day exhibition. Ankali Project Coordinator, **John Coady**, describes what's involved to stage a three-day exhibition.



High Tech Dreaming  
1 & 3,  
Richard



**The mixed media works exhibited in 'Opening Up: A positive reflection on World AIDS Day 2001' were the culmination of a year long art project supported by the Community HIV/AIDS Service and the Ankali Project. Held at Café Blue in Newtown during World AIDS Awareness Week, the project was facilitated by Pine Street Creative Arts Centre in Chippendale.**

A two stage project, the exhibition followed three eight week art workshops for plwha. The Art Project hopes to provide an opportunity for plwha to develop and/or maintain social skills in an environment that also develops and enhances creative, artistic and recreational skills.

Art Project 2001 was held after the success of Art Project 2000, facilitated by Central Sydney Area Health Service (CSAHS), with some changes to the original format. Service users throughout the CSAHS and South Eastern Sydney Area Health Service (SESAHS) identified their need for activity based projects to combat boredom and the lack of opportunity for social interaction. The clients' involvement in the exhibition planning and presentation also addresses other needs, including increased interpersonal skills, confidence building, negotiation and communication skills.

Art Project was generated after a number of hiv/aids workers in CSAHS and SESAHS identified a large number of plwha who were socially isolated and had lost social skills as a

result of this isolation. Workers identified a difficulty engaging with peers and interacting with the community at large. Similarly, many plwha had reported the development of poor self worth and a lack of self-esteem as a result of this social isolation and loss of social skills, at least partly related to the physical and emotional isolation brought on by living with a chronic and life threatening illness. These factors can often affect emotional, social and physical health, as well as contributing to disengagement from the broader social and cultural environments of which they are a part, including the workforce.

The objectives of the Art Project are to:

- increase interpersonal skills
- develop understanding and knowledge of self-esteem and confidence building
- reduce social isolation
- develop social skills
- develop negotiation skills
- reduce the impact of the above on emotional, social and physical wellbeing
- contribute to the re-engagement in the broader social and cultural environments to which the participants belong
- develop artistic and creative skills among the participants

**Stage One** – A series of three art workshops covering eight weeks each. The venue was the Pine Street Creative Arts Centre in Chippendale, where full tuition, equipment, tools and material were provided. Up to 10 participants learnt

### Sculptural Ceramics

25 March - 20 May

### Black & White Photography

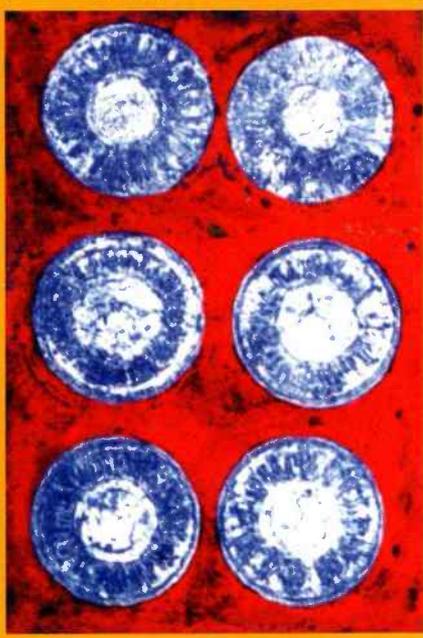
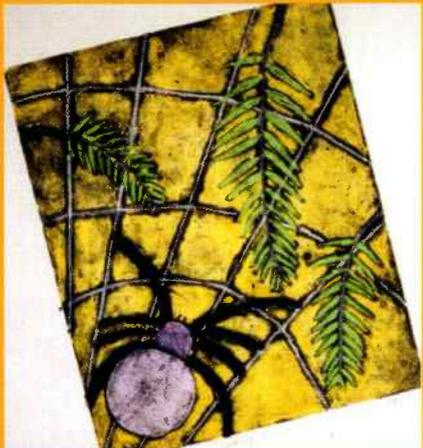
3 June - 22 July

### Paper Objects, Collage and Printmaking

3 August - 23 September

Places are strictly limited and bookings are essential. The classes are already filling so be quick!

Bookings can be made by phoning Lisa or Carlos of the Community HIV Service on 02 9395 0444.



printmaking after completing a course in ceramics and a silver jewellery making course. The Community HIV/AIDS Team at Redfern Community Health Centre provided support to the participants.

**Stage Two** – A committee of people who participated in Stage One worked together to develop and organise an exhibition of selected artworks in a World AIDS Day exhibition, supported by the Ankali Project. A framing and mounting workshop at Pine Street Creative Arts Centre provided hands-on skills for participants.

In this stage, participants:

- explored and developed their collaborative organisational skills
- engaged in discussion and developed peer support
- increased understanding of confidence and self-esteem
- developed goal setting skills
- provided participants with an opportunity to engage in social discussion and activities to promote self-growth

Participants 'performance' was measured by attendance rates at classes, which were generally well attended. Facilitating staff also observed the social dynamics of the group, which showed positive and regular interaction among participants. Participants reported improvements in confidence and self-esteem, as well as negotiation and creative skills.

Clockwise from top right:  
Outback Snake Track, Gaz.  
Lurking 3, Richard.  
Cells 1 & 2, Mike.  
Vivien 1, 2, 3 & 4.  
Ceramic Pieces, Gaz, Mike Ian, Peter, Brett & Rodney.

# COMPLEMENTARY THERAPY OF THE MONTH

HIV Positive? Have an interest in the use of Complementary Therapies to improve your health and wellbeing?

ACON is upgrading our Complementary Therapies service. This involves improving our vitamin / supplements service and providing free individual treatment sessions by a different complementary therapist each month.

In FEBRUARY our Complementary Therapy of the Month will be

## NATUROPATHY

by Peter De Ruyter.

Peter De Ruyter will be giving a talk at the Positive Living Centre, 703 Bourke Street, Surry Hills on Monday 4th February, entitled *Naturopathic Approaches to HIV/AIDS; it's treatments and complications*. Everyone is welcome. Please arrive at 7:15pm for a 7:30pm start. The talk will conclude at 9pm.

Individual treatment consultations by Peter De Ruyter (free to HIV positive people) will take place at the Positive Living Centre, 703 Bourke Street, Surry Hills, at the following times:

### February 2002

6th	2:30pm, 3:15pm, 4:15pm, 5:00pm
13th	2:30pm, 3:15pm, 4:15pm, 5:00pm
20th	2:30pm, 3:15pm, 4:15pm, 5:00pm
27th	2:30pm, 3:15pm, 4:15pm, 5:00pm

Treatment sessions are limited to one session per person per month. To book a treatment session with Peter De Ruyter please phone the Positive Living Centre on 9699 8756.

Book early to avoid disappointment.

OUR UPCOMING COMPLEMENTARY THERAPY OF THE MONTH PROGRAM FOR MARCH AND APRIL IS:

MARCH: Victor Fenech, Acupuncturist

APRIL: Greg Millan, Reflexologist



POSITIVE LIVING CENTRE

# from no housing to worse housing

Getting priority housing through the Department of Housing wasn't the end of Alan's problems

**Dealing with discrimination when looking for housing is an ongoing problem for plwha, and it's not confined to the private rental market. Alan applied for priority housing after he 'seroconverted really big time' 18 months ago.**

'I didn't really have anywhere to go because I'd lost my job, lost my money. When I first got diagnosed, I was in a pretty high paid job and anyone in a high paid job obviously has high outgoings, and high income. I actually had more outgoings than I did income but because I was working I could stay on top. When I was sick for six weeks, I ended up losing my job, losing my money.'

When Adam first applied to the Department of Housing, staff were uncomfortable handling his paperwork.

'Nobody wanted to touch it at the Mt Druitt office. It started off with Blacktown and they told me I'd have a house within a couple of weeks, and then I got sent from Blacktown to Windsor, from Windsor to Mt Druitt, Mt Druitt back to Blacktown and Blacktown back to Mt Druitt before anyone wanted to touch my papers purely because of the virus,' Alan said.

After surviving this, Alan was housed in a building in Lethbridge Park, where he was regularly burgled and his car stolen and burnt. 'Drug addicts and little children sit outside taking drugs 24 hours a day, then set fire to the building and all sorts of stuff.'

Alan was told that if he didn't accept the Department's offer he probably wouldn't get another one for 6 to 12 months, which was 'a load of crap. I didn't understand all that, at that stage, so I lived there for six months.'

'Someone had outed me to the neighbours and to the local shops. Every time I went to the shop, I was a known faggot. Everywhere I went, I was a faggot and this was the Department of Housing that leaked it.'

'It was full-on harassment from neighbours. I had three cars stolen and one

wrapped around a pole, and the one that they wrapped around the pole they deliberately put out the front.'

The problems Alan experienced were recognised by the Department, which removed part of the fencing so he could leave his car underneath the bedroom window.

'They made a special parking area for me because they knew that my cars had been stolen. I couldn't even walk to the shop, it was just too frightful. It was the worst six months I ever had.'

'I actually started becoming ill.'

Alan thinks he would still be stuck in the same situation if a Department of Housing worker who deals specifically with plwha hadn't knocked on his door during a random check of the neighbourhood.

'She was actually on a field trip with one of the people in charge and I opened up the door and she said, 'Are you happy living here?' And I said, 'No, I hate it.' And I told her exactly why.'

After checking Alan's Department of Housing file, the worker rang Alan and told him she wanted to transfer him to other accommodation. 'They moved me out in three or four weeks. I'm in a brand new two bedroom unit in Harris Park and there's only six people living in the whole block and no-one knows anything about me and it's wonderful. If it wasn't for her, the Department of Housing couldn't give a shit.'

While Alan's application for housing was being processed, no-one at the Department of Housing referred him to hiv specific services or workers within the Department. 'They told me nothing,' Alan said.

'As soon as she realised what had gone on, she made sure that they paid for my move, they paid for everything.'

Alan believes that, had he applied for housing in the Sydney city area, his experience would not have been so bad.

*Drug addicts and little children sit outside taking drugs 24 hours a day, then set fire to the building and all sorts of stuff.*

*While Alan's application for housing was being processed, no-one at the Department of Housing referred him to hiv specific services or workers within the Department.*

# a room somewhere

**Pat Kennedy** is the Coordinator at The Western Suburbs Haven. She spoke to **Susan Hawkeswood** just before Christmas

**The Haven is funded for social support and keeps two bedrooms for convalescent respite care. A third bedroom is kept for a volunteer, who sleeps over if guests are staying for convalescent respite care. 'There's always a volunteer 24 hours a day. If we're really pushed, we'll use the third bedroom and the volunteer has used the sofa bed but we do try and avoid that. We've been very, very busy in the last 12 months up until about three weeks ago.'**

'We actually lost seven people in a period of about eight or nine weeks,' Pat said. This is, in Pat's experience, 'unusual in the last three or four years' since the introduction of new treatments.

'In most cases it was people that we've been dealing with longterm and they hadn't done well on new treatments from the beginning. It was very, very hard on all the volunteers. It was people we were very close to and who had spent a long time here. We had three of them that actually stayed here until they were ready to go to palliative care.'

'Convalescent respite care is a very, very hard thing at the moment to provide,' she said. 'There is still this pressure to have a bed occupancy of quite high percentage.'

'You won't meet that percentage if you just do convalescent respite care because you do have spare. People are a lot better with the treatments and what has happened in these past years, the service providers have been forced to take in people with complex needs or housing needs and the result has been, when people are sick and need that short-term convalescent care, there's nowhere to go.'

'This was very important to our members. What they were saying was, 'What happens to us when we need help?'

'Most times it might be people that are just having a hard time with their

medication: it's making them sick, they're not eating at home, they've nobody to cook for them if they're feeling sick.'

'But sometimes, just somewhere to go for that short-term can mean someone picks up and goes on with their life and I think it's very sad if that can't be provided.'

'We've just made sure that the rooms have got televisions and videos and that people can sit if they don't want the noise or to be involved in the social things.'

The Haven is closed on weekends unless a guest is staying for convalescent respite care.

The Haven also helps people who are looking for housing. As well as working with the Department of Housing, The Haven works with social workers who provide floating care through the Bobby Goldsmith Foundation (BGF) and other service providers. 'We transport people back and forward to look at houses.'

'We also set up if they've got furniture to be moved. We talk to BGF. Ideal or not, I don't know what positive people would do without that service.'

The Haven also provides support to clients who are dealing with tenancy issues after finding housing. Pat Kennedy recently went to the Residential Tenancies Tribunal with a client.

'It turned out he didn't have a problem at all, it was between the real estate and Housing Commission but before he came to me he was actually on the point of being evicted.'

'When we worked it out, he was about three or four weeks ahead ... and the Housing Commission was a couple of hundred dollars behind because they hadn't kept up with increasing the rent. So, we'll help fix things like that. Normally social workers would do that sort of thing, or Maree Crosbie from BGF, but you'll always get a certain amount of people that won't access these sort of services. They'll come here and see it as a safe place.'

*Convalescent respite care is a very, very hard thing at the moment to provide. There is still this pressure to have a bed occupancy of quite high percentage.*

'Normally, other than transport people and getting the houses, I would leave the dealings with Housing Commission to the other service providers, the social workers, and we just do the transport and set up.'

Services that provide respite beds, like The Haven, are under increasing pressure to take people who have housing needs. This pressure creates a domino effect: people who need to go to hospital can't get a bed when they need one because patients in hospital beds can't go home because they need a convalescent bed, and the convalescent bed is occupied by someone who's been on the priority list for 18 months and still hasn't got public housing.

'It's very sad because there's nothing more soul-destroying than looking for a house. Put that to someone who maybe hasn't got the stamina that they should have, that doesn't have any money or any transport.'

'Once people are in a respite centre, have a roof over their heads, that takes a lot of pressure off and it takes a lot of pressure off busy social workers too, so it can become a stagnant thing and it can just go on for weeks and weeks. And I can sympathise with anybody that's in a comfortable house, knowing they're going to get three meals a day and they can make the best of their money, not being in a rush to go tackling real estate agents because that's very daunting.'

'Somebody might want to look at two places and they might be suburbs apart.'

A lack of affordable public transport adds to people's difficulties. 'It might not be a government bus, or it could be two or three dollars per ride and they've got to come up with \$50, in some cases \$100, to put down to have a key.'

'That's where people need the assistance. And they're very disadvantaged when they go anyway because you have to have an appointment to see a house.'

'And when they go to look at that house, there might have been an appointment on for another five or six other people and it might be young couples that are both working, earning good money.'

'That's who's going to be pushed by the agent for the landlord to take, not someone who's on the disability pension.'

Pat also finds herself arguing with real estate agents skeptical about a single person's need for a three bedroom house, the predominant housing stock in the Western Sydney area. 'The thing is, you might have gone to five, six real estates and none of them have got anything but three bedroom houses.'

'The two bedrooms are the brand new units and you're looking at \$350, \$400 a week. So they're totally out of the price range. One thing that is a continual problem with the Housing Commission is, they've not updated, in years I don't think, what they tell people is the basic rent they can go for. So you might get someone who sees a new social worker on the scene and the Housing Commission said, oh yes, this person's been approved. They can get a house up to \$110 or \$130 a week, and I mean, they wouldn't even get a granny flat for that.'

Pat believes a housing support worker, with an understanding of tenancy law and people's rights, would be an enormous benefit to plwha looking for housing.

'I think that would be a marvelous position for someone. Of course, the

funding being as it is, they'll probably allocate someone part-time to do the whole of the city and the West.'

'That person would have a chance of building up a relationship with real estates.'

Although some real estate agents discriminate against people getting assistance from the Department of Housing, some real estate agents understand that a person getting a rental subsidy is actually a very stable tenant.

'It's guaranteed money. I mean there are not many real estates can say to an owner, you know, 80% of this rent is guaranteed, whereas even a working couple can up and move ... Housing Commission tenants don't do that.'

Apart from the distances in Western Sydney and the lack of transport, collecting and moving furniture is another daunting task for plwha without money or transport.

'Most people that are looking for priority housing also have very little.'

'When you're getting bits and pieces from all over the place, getting it moved from A to B becomes a major issue too.'

'You know, somebody might offer a bedroom suite, or a wardrobe, but you don't have any way to get it. We actually hired a ute yesterday because we were getting two dining room suites and it just so happened that one of our clients does not have a dining room table and chairs.'

'Normally you couldn't hire a ute just to move a table and chairs. It just wouldn't be economical. We don't have the money for that.'

'BGF are very good. BGF are excellent but again you come to a situation where they can't provide a vehicle to take a wardrobe here one day and a couple of beds the next day somewhere else and that is, you know, getting someone set up can take time and it's really hard for someone that's maybe been in the same town with a lot of people and suddenly they're dumped in a place on their own and they don't have a television, they don't have furniture, they might not have all the things they need to cook, so it's getting all that together.'

'I think it's just having some sort of housing worker that can maybe coordinate a bit of that and help with that.'

The Haven is only partly funded for social support. This funding is \$2,000 short for the rent of the house the service operates from. Funding covers only \$800 a year for electricity.

'We keep alive through the support of the community or through fundraising. How long we can keep alive for, I don't know. We actually run out of money – government money – every quarter. We just sort of get through.'

For the last three or four months, The Haven has paid a someone to do the accounts.

'If we run out of money to pay for that, then I think we would close because although we don't get tons of money, to me it's more money than I'm prepared to be solely responsible for.'

'In the past, all the accounts were done manually and there's just too much going on to do that anymore, so a lot of our services hang in the balance.'

'We don't have staff – paid staff – and we don't always have volunteers with administrative skills. We can't always say we even have the time to go for submissions.'

'You know, you might have volunteers that do really well. They come in. They have office skills. They've been maybe sick a long time, or off work. They get involved and then they go on and maybe get a part-time job and you're really pleased to see them at that point but you think, oh, shit, here we go again.'

*Pat believes a housing support worker, with an understanding of tenancy law and people's rights, would be an enormous benefit to plwha looking for housing.*

# hiv/aids and the world of work

## World of Work

Worldwide it is estimated that there are 23 million people aged 15 to 49 who are living with hiv – people in their most productive working years. Hiv/aids is therefore a very significant issue for the International Labour Organisation (ILO). **Chris Ward** reports on the ILO's Code of Practice on hiv/aids and the world of work and interviews **Tony Keenan** who was involved in the final negotiation of the Code

**'Through this code, the International Labour Organisation will increase its support for international and national commitments to protect the rights and dignity of workers and all people living with hiv/aids.'** – International Labour Organisation.

The International Labor Organisation (ILO) is an autonomous body, and works with the United Nations through the Economic and Social Council. Other such organisations are the World Health Organisation and the International Monetary Fund. In June 2001 the ILO released a Code of Practice on hiv/aids and the world of work<sup>1</sup>, aiming to help prevent the spread of the epidemic, mitigate its impact on workers and their families, and encourage the provision of appropriate treatment, care and support services.

The ILO estimates that of the 36 million people living with hiv/aids worldwide, at least 23 million of them are workers aged 15 to 49. People in this age group are the most productive segment of the world's workforce, and the human cost of the global hiv/aids pandemic is reflected in lower productivity and profitability, increased absenteeism, and the loss of skills and experience, in the workforces of those countries hardest hit.

The Director-General of the ILO has noted that the hiv/aids pandemic threatens fundamental rights at work, and undermines efforts to provide women and men with

decent and productive work in conditions of freedom, equity, security, and human dignity. Workplace discrimination against people living with hiv/aids worsens existing social inequalities. In many countries, hiv screening is used to prevent people from working, or to deny them promotion or support benefits, and breaches of confidentiality regarding hiv/aids related information can be commonplace.

*Sex workers, globally, are one of the populations most at occupational risk of hiv transmission, and their omission from the Code is disappointing.*

As the epidemic strikes families and households, children may be forced out of school and into child labour, often in exploitative and extremely hazardous forms of work. Young girls who are orphans are especially vulnerable to sexual exploitation.

The ILO Code pays special attention to the needs of 'the informal sector', by which is meant independent self-employed producers in urban areas of developing countries, some of whom also employ family labour and/or a small number of hired

workers. The informal sector operates with very little capital, or sometimes even none at all, and uses a low level of technology and skills. Consequently, the informal sector operates at a low level of productivity, and generally provides very low and irregular incomes and highly unstable employment for those who work in it. It is informal in that enterprises are for the most part unregistered, and unrecorded in official statistics.<sup>2</sup>

The provisions of the code reflect international best practice in its key principles. These include opposition to mandatory hiv testing, promotion of confidentiality, gender equality, and the importance of non-discrimination (on the grounds of both hiv status and sexual orientation) in the workplace. The code envisages that the document will be used to develop concrete responses at enterprise, regional, sectoral, national and international levels.

The section of the code dealing with prevention of hiv transmission reinforces the need for prevention programs to be gender-sensitive, as well as sensitive to the race and sexual orientation of target groups, and states that appropriately targeted prevention programs should be developed for homosexually active men in consultation with these workers and their representatives.<sup>3</sup>

Although the code deals with hiv prevention education and access to the means of prevention for workers who come into contact with body fluids, there is no mention in the document of sex workers. Sex

*The provisions of the code include opposition to mandatory hiv testing, promotion of confidentiality, gender equality, and the importance of non-discrimination (on the grounds of both hiv status and sexual orientation) in the workplace.*

workers, globally, are one of the populations most at occupational risk of hiv transmission, and their omission from the Code is disappointing. In her plenary speech at the Sixth International Congress on AIDS In Asia and the Pacific, President of the Australian Council of Trade Unions Sharan Burrow paid particular attention to the vulnerability of sex workers to hiv infection. In committing the trade unions of the Asia Pacific region to working to ensure that the ILO code is implemented, she said:

'One of the major areas of work in this region which exposes large numbers of women and girls to hiv infection is sex work. It is vital that these women are seen as being engaged in work and therefore have the same rights as other workers to organise and to expect that their right to health and safety at work are respected. We must also address the factors that force many women and girls into sex work as their only form of income.'

Former President of the Australian Federation of AIDS Organisations and current General Secretary of the Victorian Independent Education Union, Tony Keenan, was involved in negotiating the final version of the Code at an ILO Tripartite Meeting of Experts in Geneva. He spoke to HIV Australia about the Code, and about his role in its drafting.

**HIV Australia:** What was your role in producing the Code?

**Tony Keenan:** I was the union representative for Asia and the Pacific, and one of the two union negotiators working on the document. The other union

negotiator was Juliette LeNoir, who is originally from the Teamsters Union in the United States. Other negotiators represented employers and governments in the process.

**HIV-A:** What is the significance of finalising a document such as this Code?

**TK:** There are two levels of regulations produced by the ILO. The stronger regulation is the Convention. A Code is not binding, but still has a lot of persuasive power as a document, and it can be strengthened through ratification by national governments.

**HIV-A:** Why is there no mention of sex work or sex workers in the Code of Practice?

**TK:** There is still a long way to go to get sex work recognised as legitimate work by the ILO. There was some discussion of sex work at the meeting, but no consensus as to the status of sex work. Australia is one of the few countries where sex work is recognised as work, and there is currently little support from either union, employer, or government representatives at the ILO to recognise sex work as legitimate work. There is opposition to recognising sex work from people who hold the belief that all sex work exploits women, and there is also opposition to sex work which is based on religious beliefs. These arguments are a long way from being resolved within the ILO.

**HIV-A:** What is your opinion of the final document? What are its strengths and weaknesses?

**TK:** It's a very strong document. It incorporates all of the key principles which underpin the most successful policy responses to hiv/aids around the world. It reflects an understanding of the importance of social context and the legal environment in mounting an effective response, and there was consistent support from employer representatives throughout the negotiations for these elements of the Code. A particularly strong part of the Code is section 7, which deals with workplace training. As well as health and safety issues for workers who come into contact with blood or body fluids in the course of their work, this section also provides for training for workers who may be at risk due to circumstances of their work. We know that mobile populations, such as workers in the armed forces, can face greater risk as a result of their work-related mobility, and it is important to provide these workers with appropriate training and access to the means of preventing hiv transmission. The only weakness in the document in my view is the absence of any specific reference to sex workers.

**HIV-A:** Which countries were most

progressive in their approach to drafting the Code?

**TK:** South Africa and Brazil were very progressive, particularly the representatives of the Brazilian government. Australia and the United States also took a leading role in ensuring the high quality of the final document.

**HIV-A:** What does the means by which an ILO Code of Practice is implemented?

**TK:** Implementation will require different things in different countries. Australian Council of Trade Unions President Sharan Burrow has committed ACTU support to implementation of the Code in Australia. Here, worker representatives can use clauses from the Code as text to be incorporated into enterprise agreements. A number of the provisions in the Code are already reflected in Australian laws and practices, for example our compliance with international workplace health and safety standards, and our anti-discrimination laws. We also have high quality government funded hiv prevention and health promotion programs in Australia, access to antiretroviral drugs, and comprehensive care and support services.

Some sections of the Code are more applicable to particular countries rather than to all countries. You will see in section nine, which deals with care and support, that the Code considers the possibility that employers will provide antiretroviral drugs for hiv positive employees, or assist hiv positive employees to gain access to antiretroviral drugs. In Australia an employer will not be expected to directly fund or provide hiv treatments for employees, but in some African countries, for example, large employers will fund or contribute to the cost of hiv treatments for employees, because it is the only means of ensuring that the workforce survives.

The Code of Practice on HIV/AIDS and the World of Work can be accessed through the website of the International Labour Organisation on [www.ilo.org](http://www.ilo.org) under the subheading 'social protection'.

*Chris Ward is a policy analyst with the Australian Federation of AIDS Organisations. This article published in HIV Australia Vol 1 No 1 2001*

1. An ILO code of practice on HIV/AIDS and the world of work. International Labour Organisation, Geneva, 2001.

2. HIV/Aids and the world of work at p.27.

3. Paragraph 6.3(f).

4. Paragraph 7.6.

HIV RURAL FORUM PRELIMINARY ANNOUNCEMENT



**Participating, Informing, Networking**

The HIV Rural Forum is run every two years in a different location in New South Wales. It aims to provide a forum where rural Health Care Workers and People Living with HIV/AIDS can come together to increase their knowledge and skills, to provide a forum for networking and to develop programs which are appropriate for rural areas.

WHEN: May 1, 2, & 3, 2002

WHERE: Nelson Bay R.S.L., Nelson Bay NSW

WHO SHOULD ATTEND: People living with HIV/AIDS, Support Workers, Health Care Workers, Educators

If you are interested in receiving more information contact Marilyn Bliss

Telephone 02 4924 6477

Fax 02 2924 6490

Email [mblis@doh.health.nsw.gov.au](mailto:mblis@doh.health.nsw.gov.au)

**HIV RURAL FORUM - NELSON BAY - 1-3 MAY 2002**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I would be interested in doing a presentation (If possible give a brief outline of your area of interest)

\_\_\_\_\_

Send to: Marilyn Bliss,  
Area HIV/AIDS, STI, & HCV Co-ordinator,  
Hunter Public Health Unit, Wallsend Campus.

Phone 02 4924 6477

Fax 02 4924 6490

Email [mblis@doh.health.nsw.gov.au](mailto:mblis@doh.health.nsw.gov.au)

# We have a range of programs and activities in store to kickstart 2002!

The Positive Living Centre is focusing on three main areas of **service delivery**: a one-stop access point for a range of HIV and community-based services; a **skills development centre** to undertake training; and a **self employment opportunity resource** that can support your business & job ideas. So, see you in the summer at your new look PLC!

<b>Each week</b>	Massage, Volunteer opportunities, housing advice, naturopathy, treatments and housing advice
<b>Mondays</b>	Luncheon Club, Mood Clinic
<b>Tuesdays</b>	Day outings, arts workshops, pos parent social support, PC Training: Word for Workers
<b>Wednesdays</b>	Meditation and tai chi in Centennial Park, Writing club
<b>Thursdays</b>	Small business management skills, PC Training, leathercraft, yoga
<b>Friday</b>	Introduction to crafts workshops, Painting and Drawing classes, PC Training, Pool competition
<b>Saturday</b>	DJ Skool (under 26 yo)

## Special events

2 & 3 Feb: Courtyard makeover weekend workshop

4 Feb: Naturopathy and HIV/AIDS: Information seminar with Peter de Ruyter

19 & 20 Feb: Container gardening weekend workshop

22 Feb: Planet Positive Street Party

27 Feb: Discussion Forum: The Double Whammy – HIV & Hep C



**POSITIVE LIVING CENTRE**

Welcome to the new look Positive Living Centre  
703 Bourke St, Surry Hills 2010  
Ph: 9699 8756 Fax: 9699 8956 email: [plc@acon.org.au](mailto:plc@acon.org.au)

PLC is a joint initiative of ACON, Bobby Goldsmith Foundation, PozHets, The Luncheon Club, People Living With HIV/AIDS NSW and the Darlinghurst Community Health Centre. Funded by the South Eastern Sydney Area Health Service.

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

HIV & AIDS  
VIN/SIDA  
الإيدز  
AIDS

HIV

ជំងឺអ៊ីដាប៊ិច

ΑΡΧΟ ΥΠΟΧΡΗΣΗ HIV AIDS Assistenza e Comprensione

ХИВ/СИДА YARDIM VE ANLAYIS PODRSKA I RAZUMJEVANJE

ΣΥΜΒΑΡΑΤΑΞΗ ΚΑΙ ΚΑΤΑΝΟΗΣΗ HIV/AIDS 支援與理解

ជំនួយ និងការយល់ដឹង Tró Gióp Thóng Cảm VIN/SIDA

الإيدز HIV & AIDS 支援與理解 ជំងឺអ៊ីដាប៊ិច

ПОДРШКА И РАЗУМЕВАЊЕ ПОМОС I ZROZUMIENIE

អរ្យាអ៊ីដាប៊ិច 支援與理解 APOIO E COMPREENSÃO

나는 몰랐었다고 말하지 마십시오. ជំងឺអ៊ីដាប៊ិច

AIDS는 예방할 수 있습니다

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Tró Gióp Thóng Cảm 支援與理解

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အားပေးမှုနှင့် ဝန်ထောက်များကို အားပေးမှု  
Support and Understanding HIV & AIDS

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支援與理解

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支援與理解

Tró Gióp Thóng Cảm

ПОМОС I ZROZUMIENIE

HIV AIDS

支援與理解 VIN/SIDA

Dukungan dan pengertian

ΑΠΟΧΡΗΣΗ HIV Η AIDS-ΤΑ

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AIDS는 예방할 수 있습니다

I am so happy my support  
worker is someone I can trust  
who does not talk to other  
people about my situation.



Funded by AIDU, NSW Health Auspiced by CSAHS

http://hiv.rpa.cs.nsw.gov.au

Email clerical@hiv.rpa.cs.nsw.gov.au  
Grose Street Camperdown NSW 2050

Fax 02 9550 6815

Multicultural HIV/AIDS Service Level 5 Queen Mary Building

Are you feeling down  
or isolated?

Would it be helpful to  
have someone to talk to?

Ankali trains volunteers who provide one to one  
emotional support to people living with HIV &  
AIDS and their loved ones throughout Sydney.



ankali

For more information call  
Ankali on (02) 9332 9742

O P T I O N S



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.

**Our services include:**

- assistance with resume writing and interview techniques
  - career counselling
  - job search techniques
  - Work Preparation Training Programme
- assistance to access suitable training and work experience
  - job-matching and placement service
- access to phone, fax, photocopier and computers
  - post-placement support

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) 9624 2330

**DEAF and HEARING IMPAIRED SERVICES**

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

or email: [employment@options.com.au](mailto:employment@options.com.au)

PLWHA NEEDS YOU



TO JOIN OUR TIRELESS ARMY OF VOLUNTEERS TO HELP  
RAISE FUNDS FOR PEOPLE LIVING WITH HIV/AIDS

It's that time again and PLWHA needs your help!

The Mardi Gras Launch night is a great night to be had by all,  
as a celebration of Gay & Lesbian or Queer visibility but also  
a night when our army of volunteers sells stickers to raise  
funds for PLWH/A (NSW) Inc.

If you're available on **Friday 8 Feb 2002 from 5.30pm - 8pm**  
to sell stickers on the forecourt of the Opera House or  
alternatively if you are free to spare an hour or more at the  
PLWH/A stall at Fair Day, **Sunday 17 February 2002**  
**between 10am - 5.30pm** then we need you!

PLWH/A (NSW) Inc is always looking for new volunteers with  
a cross-section of skills, knowledge and even life experience  
to provide assistance to our staff and Board Members. As a  
not-for-profit organisation, the Sticker Selling Fundraiser  
provides our main opportunity to raise  
funds for People Living with HIV/AIDS.

Call Will Klaasen on (02) 9361 6011 to join  
PLWH/A's army of sticker selling, fund  
raising volunteers!



VOLUNTEERS NEEDED FOR MARDI GRAS LAUNCH JAN 8, 5.30-8PM AND FAIR DAY JAN 17, 10AM-5.30PM 2002

# have I missed the joke?

**Tim Alderman** cracks the tip of an internet iceberg

**Type 'hiv/aids+hoaxes' into the Yahoo search engine and see what comes back. You may be surprised when it comes back with 187 matches, and that is just for hiv/aids. To select a couple of these links for investigation takes you into another world. You can look into fraud by people who are simply unscrupulous, research treatments and therapies that are on the verge of frightening, discover an underground antiretroviral drug trade, investigate suspect complementary therapies, hook into hiv/aids hoaxes via internet and email chain letter, and read up on the latest urban myths.**

The 'Texas AIDS Health Fraud Information Network' (TAHFIN) home page at [www.tahfin.org](http://www.tahfin.org) states:

'The hiv epidemic has created business opportunities for many people. In many cases, people and companies pursue these opportunities with the sincere intention of helping while staying within the bounds of the law and maintaining fiscal integrity. The same motives can sometimes lead to harm even with the best of intentions. In some cases, the motive is to simply make a buck regardless of the consequences to those affected. The latter is what opens the door to fraud.'

The Quackwatch site at [www.quackwatch.com](http://www.quackwatch.com) goes further, stating:

'The fact that hiv causes great suffering and is deadly has encouraged the marketing of hundreds of unproven remedies to aids victims. In addition, many companies in the 'health food' industry have produced concoctions claimed to 'strengthen the immune

system' of healthy persons ... many of the expert quacks in arthritis, cancer and heart disease have now shifted into aids ... every quack remedy seems to have been converted into an aids treatment.'

To explore these areas, and the much vaunted question 'Does hiv cause aids?' debated on sites such as Nexus at [www.nexusmagazine.com](http://www.nexusmagazine.com), 'Is aids man-made?' and the new 'airborne strain of hiv' hoax requires more than the word allotment for this article.

The 'cures' observed on the Quackwatch site have included processed blue-green algae (pond scum), BHT (an antioxidant used as a food preservative), pills derived from mice given the aids virus, herbal capsules, bottles of T-cells, and thumping on the thymus gland. There is also Autohemotherapy – a worthless procedure whereby a sample of the patient's blood is withdrawn, exposed to hydrogen peroxide and then replaced. Add to this the entrepreneurs who have marketed covers for public toilets and telephone receivers with claims that these will prevent you contracting the aids virus, and you have some idea of exactly what to expect.

Over at Educate-Yourself at [www.educate-yourself.org](http://www.educate-yourself.org), there are articles on 'low voltage electricity' to make hiv inactive. Dr Bob Beck designed the blood electrifier. The site claims to have seen laboratory reports and Institutional Review Board studies that seem to clearly support claims made by Dr Bob Beck that his blood electrification device has caused 'complete spontaneous remission' in literally thousands of aids patients, cancer patients, and chronic fatigue sufferers, to name just a few. There are a lot of 'claims'

and no documentation to support them. The two methods used to treat aids patients consist of either removing a small amount of blood, electrifying it then returning it to the body, or sewing a miniature electrifying power supply along with two tiny electrodes directly into the lumen of an artery. The small unit had to be moved every 30–45 days, as scar tissue and calcification occurred around the implant unit, and could lead to artery blockage. The site also reports that hundreds of hiv seropositive patients have been converted to hiv seronegative with the use of Ozone Therapy. 'Help is available to aids patients right now but the medical establishment is ignoring it' the site informs us. It does state, however, that 'no evidence for the claims exists in RELIABLE scientific literature.'

On 22 December 2000, the Federal Drug Administration (FDA) at [www.fda.gov](http://www.fda.gov) issued a safety alert on unapproved Goat Serum Treatment for hiv/aids. This unapproved product, produced in goats as an antiserum against hiv/aids, was the subject of a clinical trial held by the FDA, which prohibited its use until existing safety questions were resolved. This hold has now been lifted and the Goat Serum Treatment is undergoing clinical trials.

In 1999, the Federal Trade Commission (FTC) at [www.ftc.gov](http://www.ftc.gov) issued a warning about bogus Home-Use Test Kits for hiv. The kits were advertised and sold on the internet for self-diagnosis at home. The kits showed a negative result even when testing a positive sample. Some of the ads stated that the World Health Organisation and the FDA had approved the kits for use.

As far as aids urban legends go, AIDS Mary at [www.snopes.com/horrors](http://www.snopes.com/horrors)

/madmen/aidsmary.htm is probably the most famous. The legend is that the morning after a one-night fling, a man walks into his bathroom and finds 'Welcome to the world of aids' scrawled on the mirror in lipstick. The legend sometimes includes the words 'AIDS Harry' (depending on who is telling the story). It began in 1986, and expressed the fear surrounding hiv/aids at the time. According to the site, this legend was used as a defence in a criminal trial in 1990. Jeffrey Hengehold murdered Linda Hoberg after sleeping with her, then being told by her that she had aids. There was no evidence to support the allegation, as Hoberg had been cremated, and Hengehold had never tested positive.

In a similar vein, the same site includes a 1998 internet urban legend that claimed aids-infected blood was being injected into unsuspecting moviegoers and young people dancing in bars or at raves. Legend goes, somebody's coworker sat in a cinema, felt a prick and found a needle poking up out of the chair with a note on it saying 'Welcome to the real world, you're hiv POSITIVE'. 'It's all false,' said a Dallas police spokesman, Sgt Jim Chandler. 'This has not happened, and we would ask people to stop forwarding this message to their friends because it's creating situations where police departments and emergency personnel are having to respond to inquiries about this hoax.' Other reports of needlesticks at bars and raves were investigated, and found to be false.

The world of email communication has had its share of aids hoaxes. At <http://pobox.com/~j-beda/chain-letter.htm> is an account of an email chain letter sent to J Beda on 7 December 1995 by several of his acquaintances. The email address was SYR.EDU, and the SUBJECT: aids.

'For a class project, I was wondering if this could be passed on to prove a point. In my human sex class, we learned that if somebody has received the hiv disease, and they don't know about it, they could pass it onto people who they don't even know. Could you all pretend that I have hiv, and I gave it to you. Then could you pass it onto your friends? Let's see if the entire email population could get infected by me alone. Please remember that this is a lab experiment. I have to say that I am not intending to offend any one in any way. By the way, don't erase this or the forwards from your computer.

Thank you  
Young Bradley'

People pointed out the parallels between receiving this sort of email and having nonconsensual, unprotected sex with a knowingly infected partner. This is commonly known as rape, and potentially as murder. The recipient pointed out to the sender some of the faults of the project, not the least of which is that chain letters are a **bad thing** no matter what the cause. The project also had problems with its implementation in other areas. It never ends. When is the school project finished? It contains no instructions on where to look for more information. It contains nothing indicating who was responsible, or who to contact if there are problems. It does not offer any education on hiv/aids. Apart from anything else, sending out this sort of email is against the terms of service of most internet service providers.

Generally, emails of this type take one of two forms: those that promise/threaten good/bad luck, and illegal pyramid-scheme letters that promise to make you lots of money.

The most recent scam came out of Thailand, and was notified to all subscribers to [www.tahfin.org](http://www.tahfin.org) on 27 August 2001. It tells of 5,000 hiv-stricken people sitting at a soccer stadium for several hours to collect a drug called V-1, a supposed cure for hiv/aids. Unlike conventional hiv/aids cures, it works on the digestive system instead of within the blood stream. The apparent food supplement is distributed free. There are a reported 755,000 aids patients in Thailand, which is one of the major reasons the scam has managed to succeed in a country where the average earnings are \$2,000 per annum. Distributors are touting the cure as 'an oral vaccine'. The Thai Ministry of Public Health tested the drug on 50 people and found it had no effect, positive or negative. V-1's creators rebuffed Ministry officials who requested the drug be tested by the Center for Disease Control (CDC) in the USA. It is feared that V-1 will be marketed in other emerging nations that are being overwhelmed by aids, with few resources. If governments are put under pressure by the mass hysteria these 'cures' create, they will do nothing to halt the distribution. Salag Bannag, the distributor of 'the little pink pill' claims that over 100,000 people will have received the drug by the end of this year.

Now, we haven't touched Low Frequency Sound, Induced Remission Therapy, Colloidal Silver, Bio-Engineering, T-Up or a plethora of other products

*If governments  
are put under  
pressure by  
the mass  
hysteria these  
'cures' create,  
they will do  
nothing to halt  
the distribution.*

available on the internet, and through quacks masquerading as practitioners. I am not attempting to stop people trying alternative therapies. What I am saying is, please be careful! Do not part with your precious money for anything unless you have investigated any claims thoroughly. Don't be taken for a sucker. In Australia, promotion for any drug or item marketed for use by the general public must include details about what the product does, and what side effects it can cause. A lot of products advertised on the internet only state the positive effects of the drug or device, and no side effects are reported. This sort of promotion should make you think twice about the efficacy of a product.

In 1998, in an attempt to tighten up legislation and make people aware of their responsibilities when promoting drugs or gadgets, the FDA proposed to issue new regulations governing the dissemination of information about unapproved uses for marketed drugs, including biologics, and devices. Of course, this only becomes relevant if you are caught!

# Reconstruction goes regional

# Reconstruction

Training new facilitators for the **Reconstruction Project** has included a number of regional workers

Although *Reconstruction* is no longer being conducted by the Bobby Goldsmith Foundation (BGF), training facilitators to conduct 'reconstruction' workshops took place during 2001. The final Reconstruction Facilitator training course held 5-7 December was cofacilitated by Lynette Westbury, a counsellor in private practice with 20

years experience running groups, Maree Crosbie and Sarah Yallop from the Reconstruction Advisory Group.

Lynette provided training on 'how to facilitate groups', with Maree and Sarah providing the content of the Reconstruction Forums.

Thirteen participants attended this training course, seven from the Sydney

area (including one from a NESB hiv/aids service), two from Western Sydney, and one each from the North Coast, Hunter and Illawarra.

Discussion about adapting *Reconstruction* to suit facilitators' own areas and client groups was particularly relevant to workers from suburban and rural areas, and those catering for NESB clients.

## Reconstruction - the benefits

**Ray** attended the inaugural series of *Reconstruction* workshops, run by the Bobby Goldsmith Foundation

*Sometimes, I think people's idea of goals are something big, something extraordinarily large, or something expensive, whereas just a simple goal of maybe cooking yourself a piece of fish once a week, or having a dinner party for four friends and just giving them sausages and mash, that's a goal.*

**Ray 'jumped at the opportunity' to get involved because, returning to Australia after a number of years overseas, he was trying to find different avenues to get support and help. During his years overseas, Ray had no support for weeks or months at a time. Before attending Reconstruction, he had already done some volunteer work at ACON, and attended a peer counsellor training course as part of that work.**

'I really enjoyed it. The people that were brought in on the different weeks were all very good. I did a lot of telephone work at ACON at that stage, so I basically knew how to get this sort of thing

happening for myself.'

'It was quite amazing to realise the diversity of people who were at the program. ... It was interesting to see that it is really hard to find what you're looking for until you know what you're looking for.'

'It really shocks me at times ... sometimes it's so hard to think of how to get help but then all of a sudden a light switch will go on and you'll go 'Oh my God, is that all I had to do?' And that's what Pene and the people she had do their weekly talks over the period did to all of these people and to me. It made me feel really good inside that other people were being helped. And the information that I learnt and heard from and seeked myself actually before becoming part of the first

The next positive gay men's retreat to be held by ACON Northern Rivers in March 2002 will include a workshop called 'Re-engaging in life', conducted by PLWHA Support Worker, Sue Rodda, who attended the Reconstruction Facilitator Training Course in Sydney. For more information, contact Sue Rodda, ACON Northern Rivers on 02 6622 1555, tollfree 1800 633 637, or email [northernrivers@acon.org.au](mailto:northernrivers@acon.org.au)

*I could see the other participants were starting to do baby goals. They were doing like a goal to still be doing this Reconstruction Program for the next four weeks, or whatever.*

Reconstruction Program as a participant was really good. I knew what to do and, you know, I was so happy to see, at the end of the group, people had bonded in certain ways.'

'There's a lot of people out there who do not know how to get whatever ... like, how to get a free meal. The biggest thing at the moment is poverty.'

Ray's expectations were fulfilled '101%' due to, he says, the professionalism of BGF's former *Reconstruction* coordinator, Pene Manolas. 'She's not only professional, she's just a very nice person. ... I found her incredibly tolerant and right on the ball when things were going on.'

'The thing is that it wasn't for me in the way that nearly every person that spoke over

the period of weeks, I had actually either seen or knew on the level of going to them myself before this project because I'm a person who will look for something to try and help myself. The reason I do that is so I can possibly help someone else because I have been blessed with opportunities in being an hiv positive man and living with hiv and now getting older with hiv. I never dreamt that I was going to be 48.'

'There was a period I wasn't too well, I had depression, I had to see someone about that. I moved back to Australia and, again, through Albion St, and knowing what little baby steps to do, the first thing I did was to get a counsellor and, God bless him, he helped me get rent control, like a private flat where most of the rent was paid. I was literally sleeping out of friends' apartments.'

'He was amazing in helping me do that. I found out the Department of Housing helped me so well, they even paid the bond I believe and they paid some of the removalist and I was shocked that they did it because I'd heard how they don't help you and I found out they helped you. And as my situation got better, I had stuff happening where I didn't need to pay rent per se but I continued on a path of finding different avenues to look for work.'

I ended up working at ACON on a part-time basis. ... I did a whole lot of work down there, then I worked at PLWH/A as the

Acting Community Development Officer, which was a great place to get into and know what to do and that really, that short period working here at PLWH/A, was absolutely fantastically beneficial for myself.'

'I could see the other participants were starting to do baby goals. They were doing like a goal to still be doing this Reconstruction Program for the next four weeks, or whatever.'

'Even if it's a goal to save \$20 in 2 weeks, that's a goal. Or even to go and watch a football match and pay your \$5 and sit at the back of the stand, that's a goal. Sometimes, I think people's idea of goals are something big, something extraordinarily large, or something expensive, whereas just a simple goal of maybe cooking yourself a piece of

fish once a week, or having a dinner party for four friends and just giving them sausages and mash, that's a goal. You know, it helps people re-engage.'

'I believe being there, the *Reconstruction* helps people re-engage. I got very touched hearing the different stuff from the different people. I did learn things by being there of course but I got so touched with hearing different people's stories about the loneliness, about drinking too much, about not wanting to leave home, about 'why should they go out' because they don't look good.'

'I bettered myself by being there and seeing other people continue on and find a certain little bit of hope, that little bit of shine at the end of the tunnel, and not think that at the end of the tunnel the train's coming toward you, actually see the sunshine or something.'

'By the third week, people were telling each other stuff they probably would have not talked about at all. It was like an opening up. It was like new friendships were built that day, through that period and a lot of information was given.'

Through attending *Reconstruction*, Ray learnt of the existence of Options Employment Services. 'That, I never knew about. I found out about that and it's like, the people at those offices are ready to take you in and make an appointment. I was someone who didn't know what a CV was. I never had a resume because I come from the old world, like, I worked in the 70s and 80s where you got a job with references, not with a 'where you live, driver licence, what you've done, what your expectations are', all that crap, which is like a book to do.'

'The Reconstruction Program I'm positive, literally, that it helped a lot of people to go and see Options, to go and see the financial person at Bobby Goldsmith to find out about the housing, to realise that it isn't hard to stop listening to only one person who might say to you, 'oh my God, Department of Housing won't help you'. People think that and it sticks in their brain.'

'I got the opportunity to get a flat of my own, which I never dreamt I could because I owned my own house and then, 13 years later, I had to look for one and I had no idea how expensive they were, it makes me want to cry.'

'That was very difficult when I thought I was going to not be here then all of a sudden you're in a position where you've got no money, and you've got to borrow furniture, you've gotta ... beg for this, you've got to ask.'

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

**Please tick**

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

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

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

membership

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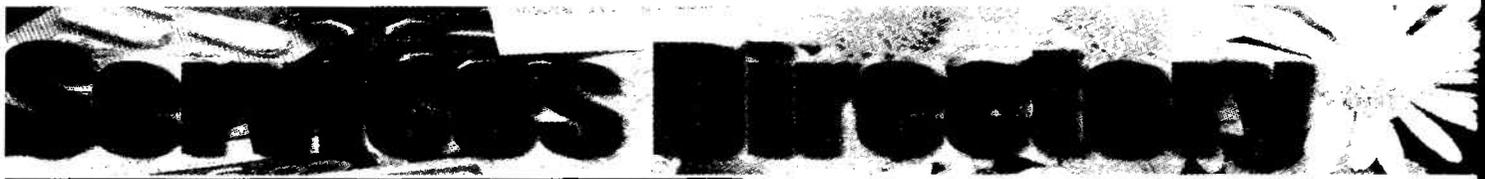
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*thank you for your support*



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

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## olga's personals

**Hiv+** gay male 42, GSOH, caring, romantic, in good health, enjoys travel, dining in/out, bushwalking. Looking for an intelligent, passionate, genuine active guy to 46 with a view to LTR. Not into drugs or the scene. Genuine replies only. **Reply: 010202**

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

**GM, 50, 22 yrs w/hiv,** still good looking, albeit a bit creased. Defined, muscular little body. Seeks someone to share life - Everything from 10 Pin Bowling to discussing books + life's ironies: walking the dog to making love. You smart, kind-hearted and humanoid. **Reply: 011201**

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

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

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

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

**36yo** romantic Greek gay guy, hiv+, seeking 30-40yo newly diagnosed positive male for relationship. I enjoy bushwalking, going for long drives and computers. **Reply: 040801**

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

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

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

**How to respond to an advertisement** Write your response letter and seal it in an envelope with a 45c stamp on it • Write the reply number in pencil on the outside • Place this envelope in a separate envelope and send it to

**Olga's Personals, PO Box 831, Darlinghurst 1300.**

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

Mother Helen Highwater OPI (ret\*)

## mother helen's miscellany epistle-ette #10

**Blessings and a perpetual indulgence to all gentle readers. This issue, I am reliably informed, is all about housing and as a nun who has had to relocate my convent in the past year I feel more than suited to share my story with you. Please bear with me while I have a whinge and moan about my dealings with the Department of Housing. Alas, even my formidable skills of complaining could get little satisfaction from this body. Although, in fairness, they did try to help as much as their brief would allow.**

I had been safely and securely ensconced at my old convent for quite a number of years but circumstances changed and I found myself pitched in a battle of wits with a potential acolyte with what seemed to me at the time to be a less than religious bent. The first thing the Department told me was to document everything. Silly me. I did this but nobody bothered to tell me to actually send the documentation to them. When the situation became unbearable I was informed that the police were the best equipped to handle any nasty situation. Sister Solicitor was on sabbatical or on retreat at the time so I was all alone, with only my beads to comfort me. Once again the Department didn't tell me to ask for the attending officer's names or even to check on the incident number. Gentle readers, anytime you feel the need to involve the police, please remember to ask, ever so politely, for their card or jot their names down yourself. Find out what station they're based at and if you don't receive a call back within a couple of days, ring the station yourself. All police attendances must be written up and an 'incident report number' recorded. A couple of dear acolytes have had similar problems with neighbours in their Department of Housing pentslum and even went to the point of taking photographs in anticipation of going to the Tribunal. Persist in your claim for safe and secure housing. It's in your lease. In hindsight, I now realise that the biggest mistake I made was not dragging the Department to the Tribunal myself. This has, apparently, been done quite successfully. I was surprised at how amenable this body was if you are adequately prepared.

Another little ploy the Department may try with you is recommending the disputing parties for Reconciliation. The body responsible for this process has absolutely no power to enforce behaviour and this gentle nun found it an incredible waste of time and effort.

Both parties agree to a code of behaviour but it's a non-binding agreement so it's really quite useless if the other party persists in making your life a living hell. Your only recourse now, after having moaned and groaned for what seems like an eternity, and having spent a small fortune on stamps and envelopes (keeping copies of everything you write to the Department - they have a habit of losing vital bits of information) is to seek outside help, for example the Housing Officer at ACON. Don't be afraid to call.

Let your landlord know, by whatever means are at your disposal such as medical reports, psychiatric reports, and visitor's reports, that your gripe is genuine. In our position of health it seems vital to me that one should be able to live an unfettered lifestyle unless you're in the habit (no pun intended) of chanting Vespers at 3 in the morning. It never ceases to amaze me how those hardworking little mites at the Department of Housing keep their sanity. You need only go down and sit in one of their welcoming foyers for a short while and experience the verbal abuse they endure to have a teensy idea of the language some people are capable of.

Point out to your landlord the lack of security in your humble abode. Bombard them with all the paperwork you're capable of. If you're lucky enough to have an electronic Remington, as this nun does, keep everything on a sloppy disk and present it as evidence of all your communication. Garner all your friends, relatives, acquaintances, carers, helpers, nurses, doctors and Meals On Wheels to observe for you. Couldn't you just strangle whoever it was who said, 'Life wasn't meant to be easy'?

Keep in mind, gentle readers, that there's something called 'karma' and 'what goes around, cums around'. If all your efforts (mine took over 3 years) have failed, remember that your health is the most precious commodity and you can only knock yourself around just so much. There's absolutely no shame in moving to something better. As long as it is, indeed, better. You, your carers, friends and visitors are entitled to a safe and secure environment and your landlord has a duty to you to provide this. Don't be afraid to ask for help, particularly from those whose area of expertise is housing.

Til next time, gentle readers, please remember that I love you all and my positive (every pun intended) thoughts are with you.

mthrhell@zip.com.au (\*retired/retarded)

compiled by **Tim Alderman**

# Hyperactive 22

## **Aromatherapy**

<http://essentialhealth.com.au/pages/Index.htm>

If aromatherapy achieved no other end, the all pervasive scent of the oils used, through burning or massage, would lead one into a world of total relaxation. Main bars on the site lead to uses for aromatherapy oils, plus some ailments, and how the oils are formulated. A spiel down the right of the homepage, with links to items as diverse as an Ailment Guide, takes you to an A-Z listing of ailments that aromatherapy can assist with. It includes items from abscesses to whooping cough. There is no actual listing for hiv but click on the letter for your symptoms, such as diarrhea, dermatitis, or nausea. The site also explains the uses and blending of base and carrier oils, which you can purchase from the site. I am no expert on the price of oils but I know they are not usually cheap. With that in mind, I dare say these prices are not exorbitant. [Ed's note: The prices are pretty reasonable.] There are also mood oils described and for sale. There is a FAQ link, factsheets available from the site, a collection of 'Quick and Fab Recipes', and a monthly newsletter.

## **Bach Flower Remedies**

<http://www.rascalremedies.com.au/bachflow.html>

I have always had a bit of a perverse fascination for this alternative therapy. I originally had problems with reconciling 'Bach' (as composer) with flowers – then found out they weren't associated at all. This site is a one-page explanation on what the therapy is all about. The link <http://www.rascalremedies.com.au/history.htm> gives you a rundown on its history. There does not appear to be a link between these two pages.

## **Reiki/Seichem Training**

<http://members.ozemail.com.au/~teramai>

Provided by Atlantis Rising, a healing practice situated on the NSW Central Coast, this site gives traditional and updated stories about what Reiki is. Without being skeptical – and I'm not – I found this all very Byron Bay. Atlantis Rising training courses in Reiki and Seichem also include Violet Flame Attunement and Order of Melchizadek Initiation. Lets start with Seichem – I'm assuming that everyone knows what Reiki is. Seichem is a form of Reiki, using Usui

symbols, that gives you the ability to channel absent/distant healing to a person, animal or situation anywhere from across the road to over the other side of the world. If doing this part of the course, you will also receive YOD Initiation. Violet Flame Attunement, whose nature is purely transformational, is an aspect of fire. To use this energy of transformation on yourself, call on the Angels of the Violet Fire and Saint Germaine before going to sleep at night. Ask the angels to work on whatever issue has come up for healing. Typically, in the morning, the issue has been released. If the problem is deep, it is recommended that the recipient repeat the procedure for 21 to 30 nights in a row. To use this energy on others, call on the Angels of the Violet Fire and Saint Germaine. Then, the healer visualises him/herself among the angels or in a field of violets. Healer (absentee or hands-on) sees him/herself, the angels and the color violet transforming hee's issues. The visualisation of oneself in journey work or in working with the Angels of the Violet Fire helps keep the healer/mediator/shaman out of the way and it allows the Truth of what is to come through. The Order of Melchizadek Initiation connects one to the Ascended Masters and the Divine Plan for planet Earth. This opens the healing channels, initiates a natural flow into life, and is a foundation for all other healing work that is accomplished from that point on. The initiation is evidenced by an expansion in consciousness experienced as an expansion in the head, or a tingling sensation in the lower legs as the energy is being grounded, or both of these sensations. The presence of the Ancient Ones is felt strongly. To give this initiation, you must be initiated and be able to hold ceremony. A fully initiated Reiki Master has the innate ability to hold ceremony and this energy comes from the second chakra. YOD Initiation is the first initiation into ancient archetypal constructs and connects the initiate to these higher thought patterns. It is a personal initiation to awaken the qualities inherent in the human soul: inner knowing to assist with divination. The initiation helps to reconnect the Rainbow Bridge, that is, to reestablish the connection between the heart, third eye, soul star and Soul (Alice Bailey). The YOD Initiation serves to further open the heart to love and compassion. People who do readings, and it doesn't matter if it is astrology, tarot, or

channelling, are able to divine more accurate information, even immediately after the initiation. This is straight from the site – not my interpretation. The site also covers Egyptian Cartouche Initiation, Tarot Readings, Kwan Yin Blessings, and Ear Candling but I think you should check these out for yourself.

## **Yoga**

<http://www.yogaindailylife.org.au/>

This is the site for the Australian Association of Yoga in Daily Life. This is a simple site, giving the basics of what yoga is about, where the association's centres are, its timetables and publications, information on their Natural Life Health Clinic, news and features, a history of Swamiji (the association's founder). There is also a Prayer for World Peace, perhaps not such a bad thing considering recent events. The site needs updating, as a Yoga in the Park event was on in Mid-November, and is still on the site.

<http://www.australian-institute-yoga.com.au/>

This site covers yoga teacher training, yoga therapy consultations, Ayurvedic consultations, stress management and personal counselling. There is a newsletter and announcements. There are also some lighthearted things on the site, like cartoons and lists of 'yoga bloopers'. I like people who don't take themselves too seriously. There are also lists of Yoga and Ayurveda tips, and lists of collaborative links.

## **Meditation**

<http://diamondway.org.au>

This is the site for Buddhism Diamond Way Australia. Centres appear to be everywhere (Byron Bay again!), and a new property has just been purchased in the ACT. You can find out details about courses run through the centre from the site. Courses are fairly widely situated. It gives details of a tour by Buddhist Master Lama Ole Nydahl in February. It also gives an interesting insight into what Buddhism, and its various paths, are all about. There is also a very small links page.

[http://vinhngkiem.hypermart.net/e\\_Index.html](http://vinhngkiem.hypermart.net/e_Index.html)

This is for all our friends out west who are into the Buddhist ideology and are curious about this temple at Cabramatta. It is a simple site with a brief history, and a timetable of prayer and meditation.

# Check Me Out!



## ANAL QUICKIE!

-  Avoid anal sex if there are any signs of sexually transmitted infection or if you or anyone involved has a gut infection.
-  Condoms should only be used once, changed between partners and then be discarded appropriately.
-  ALWAYS washing your hands, fingers, penis and any sex toys after anal sex, especially before you have sex with someone else.
-  Be realistic about what you can put in your own or anyone else's anus and communicate clearly what you do and don't want to do.
-  Maintain a high fibre diet, get lots of exercise, drink lots of water and see a doctor as early as possible if you notice anything that concerns you.
-  Avoid oral contact with parts of the body that might have come into contact with microscopic pieces of shit, like a penis or nipple that has been touched by unwashed hands.
-  Avoid sharing sex toys and try using condoms on dildos. If you do share sex toys, condoms should only be used once and changed regularly and then discarded appropriately - an essential step if you intend to use them on another anus or vagina (even if it's your own).

If your HIV drugs are causing diarrhoea or constipation talk to your doctor about managing them. If they're seriously interfering with your enjoyment of sex, explore options for changing to a treatment that meets all your needs, including your sex life.

## Vaginal Health (How's your flora, Dora?)

When we speak about the vagina we're often talking about the vulva as well. The vulva is the outer part of a woman's genitals and includes the labia, the clitoris, the opening to the urethra, and the vaginal opening. The vagina is the passageway between the vulva and the cervix. The cervix is the entrance to the uterus or womb, and leads to the fallopian tubes and the ovaries.

### An owners manual

The vagina is a self-cleaning organ. A healthy vagina is moist and produces fluids that assist in maintaining a good pH level. Many vaginal discharges are normal and can be clear or whitish.

### Introducing yourself

Everyone is different and knowing what's normal for you is important. Use your fingers to get used to how everything feels and a mirror to see what things look like. This is essentially a vulval self examination and you can make it as much fun as you like. Regular pap smears are important every two years for all women who have ever had penetrative sex. HIV+ women are encouraged to have them every 6 months because problems develop more rapidly when immune function is lowered. Penetrative sex includes sex with penises or sex toys.

### Trouble in paradise

Three things that may cause problems are, natural changes in the vaginal ecosystem, injury to skin tissue and sexually transmitted infections.

**1.** The vagina has a delicate ecosystem. Some medications can upset the vaginal ecosystem causing an over production of some microorganisms that would otherwise be kept in balance. Common problems are yeasts infections (thrush) or bacterial vaginosis (BV). Douches, spermicides, and the dyes and perfumes used in some brands of soaps, laundry detergents and tampons as well as feminine hygiene sprays can irritate the skin of the vulva.

**2.** Skin and tissue injury is another area to be aware of. Make sure everything's well lubricated before sex. Add as much lubricant as you need or want during sex and masturbation and tell your partner to stop any time during sex if you feel any discomfort.

**3.** Sexually transmitted infections can affect the vulva, the vagina, the urethra and the anus. They can cause damage to skin tissue and internal organs. They can also affect reproduction, causing infertility and ectopic pregnancies.

### Trouble shooting

Knowing what's normal for you is important so you can identify any problems early. Having them checked out quickly is the key to avoiding complications. Itching or soreness around the genitals, a discharge that looks or smells different and the presence of blood (spotting) or pain during sex or urination, is your body's way of telling you something is not quite right. See your health practitioner if these symptoms appear.

### Quick tips

- Change tampons and pads regularly
- Wipe from the front to the back after using the toilet
- Avoid douches, perfumes and deodorants around your vagina
- For penetrative sex use condoms and water based lubricants.
- Use different toys, gloves and condoms for anal sex, vaginal sex and oral sex.
- Wash your hands and toys after sex.
- See your health practitioner if you notice any changes that concern you.
- Have regular PAP smears - every 6 months for HIV+ women.

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 or FPA Health Service or call the HIV/AIDS Information line on 9332 9700 or 1800 451 600 (free call outside Sydney) or TTY 9332 4268

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

**NEXT PAGE FOR  
ANAL HEALTH**



# Check Me Out!

a positive look at sexual health

## Anal Health

Anal sex is not just about fucking, it includes fingering, rimming (oral/anal sex), using sex toys like dildos and butt plugs as well as fisting and more. Given the large number of men and women who enjoy some form of anal sex, it's probably worth knowing a little bit about it - just in case!

### An owner's manual

The anus is a few centimetres long, it's controlled by two sets of ring shaped muscles about one centimetre apart - the inner and the outer sphincter muscles. We can control the outer sphincter muscle at will but not the inner sphincter muscle which is an involuntary muscle. Beyond the anal canal is the rectum.

The anus is covered with nerve endings and soft, sensitive skin while the rectum is less sensitive and responds to pressure. For men the prostate (sometimes called the male g-spot) can also be massaged during anal sex, increasing arousal and heightening orgasms. For men and women, at climax, the whole of the pelvic region, including the anus, contracts rhythmically during orgasm.

### Trouble Shooting (or A pain in the arse!)

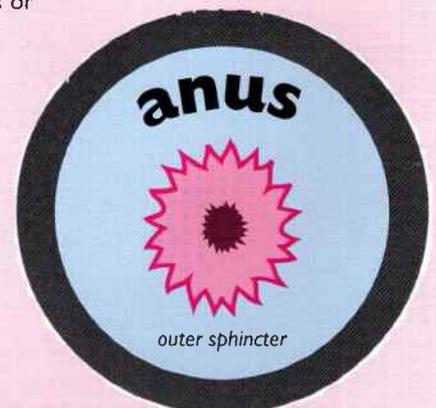
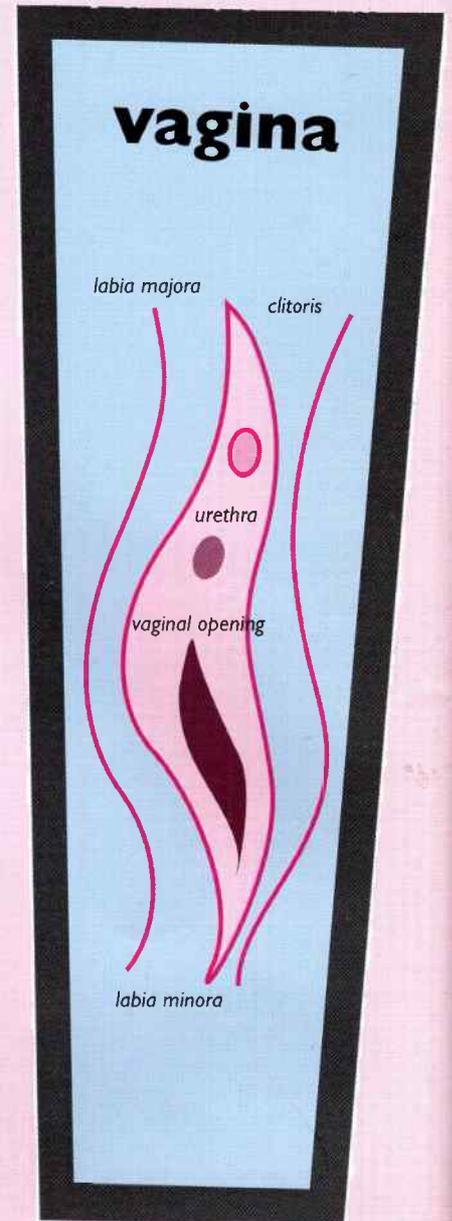
The three main problem areas associated with anal sex are:

**1. The transmission of diseases** - Sexually transmitted infections and gut infections are the main cause of concern for anyone who has anal sex and knowing how to avoid them is especially worth learning if you're HIV+. Sexually transmitted infections have been covered in other fact sheets but simply put many of the known sexually transmitted infections are spread through anal sex and some, like HIV, are passed on more easily.

Gut infections like Hepatitis A, giardia, cryptosporidium and shigella can all be transmitted from one person to another through anal sex. They can all be more severe and difficult to treat for HIV+ with lowered immune function. They're transported from one person to another in microscopic pieces of shit. There will always be a possibility that you will catch or pass on a bug during anal sex. However, you can do a lot to minimise the risk of sexually transmitted infections and gut infections so that you can continue to enjoy anal sex. Common sense and an understanding of basic hygiene are all that's needed.

**2. Physical damage to tissue and muscles** - Fists, dildos and other sex toys can tear the rectum and lead to annoying and sometimes serious infections. Anal sex without enough lube can damage and tear the skin around the anus. For the over enthusiastic or inexperienced - continually forcing the sphincter muscles to take a finger, penis or sex toy before they're relaxed can cause long term muscle damage. Relax the sphincter muscles with foreplay before sticking anything in your arse and use lots of lube. Start small and don't be afraid to tell your partner to stop at any time. Remember that recreational drugs like amyl nitrate and ecstasy give you a false sense of relaxation so, if you take drugs, don't do anything you wouldn't do straight.

**3. Anal and rectal disorders that occur as a result of age, diet, exercise and general illnesses.** - Anal and rectal disorders like haemorrhoids, abscesses, fistulas and fissures can occur whether you have anal sex or not. However, if you're into anal sex they can be painful and interfere with your sex life. These disorders are very common, high fibre diets and exercise can help prevent them and a visit to the doctor as soon as you notice any changes helps resolve them quickly.



**NEXT PAGE FOR  
VAGINAL HEALTH**