

talkabout

Where we speak for ourselves

#123

october - november 2002

The Magazine of People Living With HIV/AIDS NSW Inc.

hiv doesn't discriminate...do you?

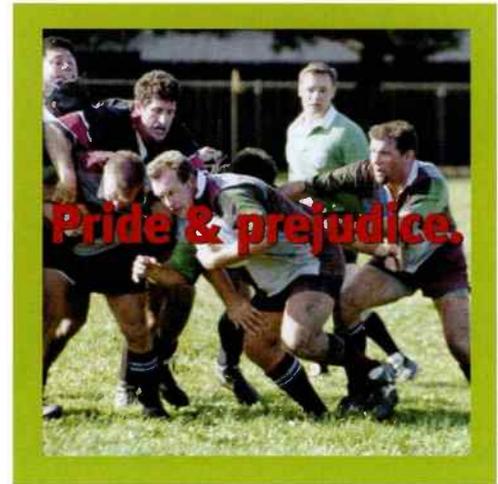
Issues of discrimination remain central to the life of many people living with hiv and aids. 1 in 3 people have experienced discrimination in relation to medical treatment; 1 in 5 people have experienced harassment and live with fear of violence; 1 in 5 have experienced discrimination at work and more than 1 in 10 have been discriminated against in relation to accommodation.



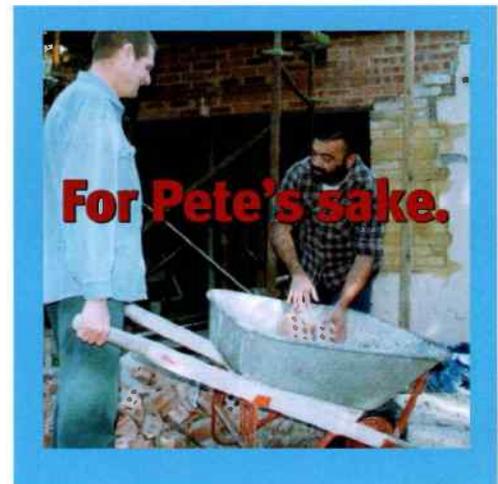
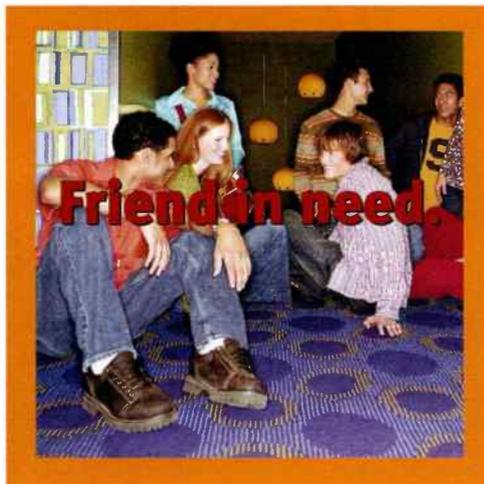
"Coming out of the 'AIDS daze' of 1991 we formed a swim team that promoted inclusiveness and an active lifestyle. Our team now includes gay, lesbian, heterosexual, hiv positive and hiv negative members. Discrimination of hiv/aids is one of the key issues inhibiting changes in perception, attitudes and behaviour". *Wett Ones, Swim Team, September 2002*

World AIDS Day

DECEMBER 1



HIV/AIDS doesn't discriminate. People do.



This year's campaign "HIV / AIDS doesn't discriminate. People do" is aimed at the general public and encourages people to accept HIV positive people as no different to anyone else. For more information or campaign posters, visit the website or AIDS Council in your area.

For information on Events and activities in your area visit:

www.worldAIDSday.org.au

talkabout

features

- 10 How do you hang the exhibition in trees?
- 13 Changing shape?
- 14 Activate
- 16 AIDS Legal Network News
- 17 APN and GNP
- 18 Hiv doesn't discriminate... do you?
- 20 Irreplaceable campaigner for people with hiv
- 24 Training options for plwha
- 25 Reflections
- 28 Gay Games Cultural Festival



Hiv doesn't discriminate... do you? Watch for our cover image on a billboard during the games. Photo: Jamie Dunbar

regulars

- 2 From the pwg
- 3 Pos action
- 4 Agony aunt
- 4 Talkshop
- 5 PSB
- 6 News roundup
- 12 Treatment update
- 27 Olga's personals
- 27 Diary

advertisers

IFC WAD 5 The Sanctuary Centre 5 HALC 5 Taylor Square Clinic
9 Holdsworth House 9 BGF 22 CSAHS 23 Options
23 PLWH/A (NSW) 26 Sharpes 26 Serafim's IBC CSAHS OBC WAD
C1 - C4 CSAHS



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At least winter's over. The other good news includes the Department of Housing's assurance, announced by ACON, that current SASS clients will not be forced to move, and an extension of the community pharmacy trial. This pilot program, which allows participants to get their hiv treatments from one of a number of participating pharmacies, is still only open to those already registered. An evaluation report is underway. And if you're still concerned about your rental subsidy in spite of the Department's assurances, go to the forum being organised by the Department of Housing, to be held at the YWCA on 21 October. More details, page 9.

The Gay Games Cultural Festival includes a number of events plwha might want to take a look at. The back page of this issue previews a few of these events. The Health in Difference 4 conference also includes workshops on hiv/aids, as does the Workers Out conference. Both these conferences are being held in conjunction with the Games and will address issues of stigma and discrimination against plwha. Stigma and discrimination are the themes of a visibility campaign being launched during the Gay Games. This issue's cover features an image that you'll spot on a billboard in Sydney, with other postcard images inside.

This important campaign acknowledges that plwha are part of a wider community.

The Activate speaker series is underway and this issue includes an interview with Sonja Ristov, of Positive Women Victoria. Sonja speaks out about the difficulties positive women face. Whether you're a women living with hiv, a family member, or a service provider, the Activate speakers series, being run by ACON, is worth checking out.

A big thank you to Victor Shepherd for another update from Northern Rivers. What about the other regions? Surely someone in the West, the Mountains, or the South Coast owns a pen! The same thing applies to Sydney-siders. If you think something's missing from *Talkabout*, put pen to paper and send it in. We're still screaming health, lifestyle, training and financial management in here but you might have other ideas.

in this issue

TALKABOUT

is published by People Living With HIV/AIDS (NSW) Inc. All views expressed are the opinions of the authors and not necessarily those of PLWH/A, its management or members. Copyright for all material in Talkabout resides with the contributor. Talkabout is made possible by 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 Agency Printing

ISSN 1034 0866

DISCLAIMER

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

Our regular columns continue: agony aunt answers the cries of the phoneless, and talkshop gives readers an update on what's happening in NSW (both on **page 4**). Our semi-regular column from the Positive Speakers Bureau appears this issue, with a contribution from a Sydney high school teacher (**page 5**). Treatment update looks at the superinfection panic and says 'relax' (on **page 12**).

The diary includes some regular NSW events (on **page 27**).

The hiv visibility campaign, featured on the cover of this issue, is described by Kathy Triffitt on **page 18**.

Positive Lives is here for the Games and Kathy Triffitt interviewed Kevin Ryan about the project. Her article begins on **page 10**.



Pos action

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

As many of our members will already be aware, PLWH/A (NSW) will be holding its Annual General Meeting in mid-October. In the first full year of the newly restructured Board, instead of a Management Committee, PLWH/A (NSW) has faced a series of changes and the Board has been instrumental in strategically looking forward and planning what PLWH/A (NSW) will look like in the future. Already the Board has made changes to its governance, its membership structure and a tightening of the constitution that the Board and all members operate under.

Under the guardianship of the new Board and after the Annual General Meeting, PLWH/A (NSW) will begin its long anticipated strategic planning process. This will look at what positive people want from PLWH/A (NSW) and what realistically is achievable for a small non-government organisation. PLWH/A (NSW), now in its teens, needs to reflect on the past and plan for its future.

As part of the reflection on the past I want to specifically thank all the 2001/02 Board members, some current and some resigned, for their energy and commitment over the past year. Thanks to John Robinson, David Wallace, Michael Willis, Scott Berry, Ken

Irvine, Mark Tietjen, Lance Feeney, Amelia McLoughlin, Kevin Pyle, Douglas Barry and the nominated staff representatives over the last year Will Klaasen, Glenn Flanagan and Kathy Triffitt.

PLWH/A (NSW) is always interested in hiv positive people who may want to contribute to the Board or our working groups. Please feel free to contact us for more information, if you want to become involved.

The announcement by NSW Health and South Eastern Sydney Area Health Service that the Community Pharmacy Trial has been extended is welcome news. Our thanks go to those pilot participants who took the trouble to express their concerns about the proposed September end of the pilot, to NSW Health and to Dr Julian Gold, Director of Albion St Clinic without whom the extension of the pilot would not have been possible.



PLWH/A (NSW) is always interested in hiv positive people who may want to contribute to the Board or our working groups. Please feel free to contact us for more information, if you want to become involved.

The side effects and body shape change project is being conducted by the National Centre in HIV Social Research. The project is currently recruiting in the Northern Rivers. For more about the project, turn to **page 13**.

Activate drew Sonja Ristov, of Positive Women Victoria, to Sydney in August. Just one of the panel speakers at Glebe's

lounge, she spoke to Susan Hawkwood (**page 14**).

Brendon Christian visited PLWHA (NSW) this year. The Networking and Advocacy Coordinator with the AIDS Legal Network, Brendon contributes an update on the network's activities in this issue (**page 16**).

BGF's Rob Hardy gives plwha a summary of some of the training

opportunities available on **page 24**.

The Asia Pacific Network of positive people is currently proposing a three year training program to greater involve positive people in the Asian Pacific region. John Rule provides an update on **page 17**.

An irreplaceable campaigner is remembered on **page 21**.

Q I can't get a phone put on at home because I owe Telstra money from ages ago. I really need a phone so people can ring me. I also need to make appointments and keep in touch with my friends. Do you think I should get a mobile? I don't know what else to do if I can't have a phone at home. Phoneless from Surry Hills.

A You have a few options.

You can phone Telstra and make arrangements to have an 'In Contact' Service. This means that people can phone you and you have access to 000 emergency calls and a limited number of Telstra services. This is a free service. You will need to make arrangements with Telstra for repayment of your old telephone bill at an amount you can afford, for example \$10 or \$20 a fortnight.

Another option is to have the communic8 prepaid Home Telephone Service. You will need your own telephone hand-set and a telephone connection to the house. The start-up kit costs \$45 and can be purchased from the post office or Telstra shops. You get \$12 worth of account credits from the start-up kit.

You will be charged a monthly basic fee of \$11.90 or \$16.90 if you want Message Bank. You can then purchase the on-going prepaid services as you need them, and you receive all the usual services that Telstra provides.

If you share a house, every person in the house can have their own communic8 service on the same telephone handset and your service won't be cancelled if someone else doesn't pay their bill. Also, you only pay for your own calls. You can use someone else's phone and have it charged to your communic8 service.

The third option, although it is the most expensive way to have a phone, would be to have a prepaid mobile phone. You will need to buy your own phone. Most of the mobile phone providers have prepaid services and if you can't afford to buy a new card, you still get incoming calls for a period of time, so people can be in contact with you until you can afford to buy another card.

If you are having problems coming to arrangements to repay old phone bills with any service provider, please contact one of the Financial Counsellors at BGF on 9283 8666 or 1800 651011 if you are outside Sydney.

Talkabout's Agony Aunt is BGF Financial Counsellor, Jennifer Gracie. If you have any questions for Agony Aunt, email jennifer.gracie@bgf.org.au

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

Spring is in the air and that means gardening. The Friends of the Bridge are now moving forward with plans for the first stage of a 3 year house garden project. The housemates have contributed their ideas and are now planning to begin work. HIV mental health/aids dementia issues are increasingly becoming a taboo subject that few wish to talk about in our community, even with increases in pressure to services who actively engaged in care and support for plwha who are having treatment in these areas.

What The Friends of the Bridge are trying to do is one of the most exciting programs around. The Garden Project will be part of the residents' daily life. What is needed now is support, and lots of it. If you are a gardener and have time to volunteer, or you wish to donate money, assist with supplies that are part of the design, or get involved, call Diana Jefferies on 02 9552 6428 or email glebenum@iprimus.com.au to find out more about how to help The Friends of the Bridge.

Friday the 13th September was far from unlucky for Planet Positive and the many that turned up to celebrate the night of witches. PLWH/A (NSW) were proud to introduce Ms Sally Spectra as MISS PLWH/A, Planet Positive's divine and outlandish hostess. Sally will be assisting at future Planet Positive events so if you have never been before, Sally will show you around the Positive Living Centre, give you the latest gossip, and introduce you to people. Now there is no reason to not come on down and have a great night. Look for future dates in the *Sydney Star Observer* and *Talkabout*.

Positive+Decisions Program – Working Group and the participants

involved extend a huge thank you to Sydney 2002 Gay Games VI for their generous support and commitment to this project over the last 12 months. The program has placed participants with the organisation with rave reviews about the experience. We wish everyone involved with this upcoming mega event all the best.

Annual General Meetings have or are about to happen within our community organisations which represent our needs, so it's that time to consider whether you will sit on the fence and complain when you don't have the services you are entitled to or sign up and become members to be involved and attend these AGMs, vote or stand for committees or boards. These community organisations actually do need your support and talents, or they face extinction. It's your choice!

Goodbye time

This is my last Talkshop for the Community Development Unit. The Unit is happy to welcome back Glenn Flanagan from 12 months leave, all refreshed and raring to go. I would like to say thank you to Antony Nicolas and the Board for having faith in me and allowing me this amazing opportunity to work in Community Development & Advocacy with no previous experience.

I extend a big thank you to all of my colleagues who I have worked with and the valuable knowledge and advice they have given me. Especially the amazing people who attended this year's HIV Rural Forum. Your input to our organisation is important to our work. Keep continuing to let us know what is happening.

Most importantly, a huge thank you to our volunteers, who have helped me with their combined knowledge and experiences which has been my saving grace.

positive speakers bureau

A Sydney high school teacher on what
PSB contributes

At East Hills Boys Technology High School we have developed a close and regular association with PLWH/A (NSW) over the past five years. As part of the mandatory Crossroads program, senior students are required to participate in a four day course that exposes students to a variety of issues both social and health that they will face and come in contact with. These include sexuality, safe sex, drugs and safe driving.

The PLWH/A presentation is an important part of the program that we run at East Hills Boys, giving students an insight into the life of a person who is living with hiv.

Students are given a 30 minute talk on what it is like to be hiv positive. The talk also draws attention to ongoing issues including recovering from illness and the attempts at leading as normal a life as possible. At the end of the talk students are then given the opportunity to ask questions to the presenters. The end of the talk opens the floor for discussion and question time. One of the most rewarding aspects of this presentation from my point of view as a teacher has been the consistent reaction that the students at East Hills Boys Technology have displayed. They have always asked well-considered and interesting questions. The maturity of their questions makes us aware that a successful course can tap into this nature of students that they work hard to keep hidden. This interaction and involvement of the students is derived from the relevance of the presentation, knowing that these dangers exist and face them in the wider community.

It is interesting to sit back and watch the interest that students display during the talk. A typical presentation will quickly show the presenters how well behaved and well mannered our students are. There is no talking by students, rather an audience that is captivated by the enormous importance of the whole hiv issue in our society and knowing that they have the power to not only avoid

unsafe practices but also educate others.

One of the most rewarding aspects of the whole presentation is the talk's overwhelming impact on the student audience. Students do not leave the room and forget about what has been presented to them but rather talk and discuss among their peers for weeks after.

The two presenters who have been yearly visitors to the school are Luke Chipperfield and Tony Creighton. They are both unique in their own way as they do a completely different type of talk and presentation to students and this gives more variety to the session. Luke is not too much older than our students and therefore relates well to the audience. While older, Tony adds humour to his talk and involves the students in his discussion.

In the five years that we have been involved with PLWH/A, I have been able to help promote what we do at East Hills Boys within a series of networks that have been established with schools in our district. By sharing our positive teaching and learning experiences we feel proud knowing that implementation of the course is being adopted to achieve positive teaching and learning outcomes in our school and others.

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Doctors must justify fee rises

The Minister for Health and Ageing, Senator Kay Patterson, called on doctors to exercise moderation and caution in recouping increased costs for medical indemnity through rises in patient fees. She said reports that some doctors were charging an extra fee of up to \$6 for a patient visit appeared to be excessive and difficult to justify for non-procedural general practitioners – those doctors who did not undertake high-risk specialties.

Senator Patterson said, 'The problems with medical indemnity have put pressure on everyone: doctors, patients, medical defence organisations, governments, and the whole community.'

'It is neither fair nor reasonable for some non-procedural GPs to be charging an extra \$6 to cover increased medical indemnity premiums.'

Senator Patterson said it had been estimated that the average non-procedural GP was paying up to an extra \$1500 a year for medical indemnity insurance.

'When they take into account that this is tax deductible as a business expense, most doctors will be actually paying less than \$1000 a year in increased medical indemnity premium. When this is averaged over the doctor's entire patient load, charging patients an extra \$5 or \$6 clearly is not justified to cover their costs,' she said.

Senator Patterson also reminded doctors who bulkbilled their patients – more than seven out of every 10 visits to the doctor – that it was illegal to charge patients an additional fee.

She said the Prime Minister had said that the Government was developing arrangements, including consideration of direct financial support, to ensure premium affordability for doctors undertaking higher-risk specialties.

31/07/02, www.health.gov.au

Grapefruit juice alert

People taking some medications, including indinavir and saquinavir, should avoid drinking grapefruit juice. NSW Health Chief Health Officer, Dr Greg Stewart, said some medications can be dangerous if taken with grapefruit or grapefruit juice drink.

Drugs commonly associated with the problem include:

- hiv/aids drugs, including indinavir and saquinavir
- high blood pressure drugs, such as felodipine
- drugs used to prevent rejection of transplanted organs, such as cyclosporin and tacrolimus. Cyclosporin A is also used to treat a range of immunological disorders including psoriasis and arthritis
- Drugs prescribed to treat high blood cholesterol, such as simvastatin (Zocor; Lipex) and atorvastatin (Lipitor)
- Some drugs used to prevent epileptic seizures such as carbamazepine (Tegretol)

'Every year more than half a million Australians are treated for health problems related to their medication,' Dr Stewart said. 'Many of these are caused by interactions with a variety of foods, including grapefruit and grapefruit juice.'

'The grapefruit and its juice increases the availability of the drug within the body which can lead to increased side effects,' Dr Stewart said. 'Some of the side effects reported have been very serious including heart rhythm disturbances, kidney function impairment, blood pressure changes and anaemia.'

'People should carefully read their Consumer Medicine Information sheet, which accompanies most prescription-only products obtainable from the pharmacist, or see their doctor,' Dr Stewart said.

14/08/02, www.health.nsw.gov.au

Self defence workshops

ACON West and the Lesbian and Gay Anti-Violence Project (AVP) are about to host the first gay specific self-defence workshop in Western Sydney specifically for gay men. Scheduled for October 12 & 13, a similar workshop for lesbians was held in September.

'We have reports of an increase in homophobic violence in this area in recent weeks and the self-defence workshops are designed to help our community feel safer,' said ACON West Manager Sonny Williams. 'The workshops will cover street safety tips, verbal assertiveness skills and a range of easy and effective self-defence techniques. The weekend groups have proven to be enormously popular in inner Sydney and we are hoping to encourage a big attendance out west,' Williams said.

According to AVP Coordinator Brad Gray, Western Sydney accounts for the highest rate of reports of homophobic violence to the AVP Report line in NSW outside of inner Sydney suburbs. 'Police research shows that lesbians are six times more likely to be assaulted than other Sydney women and gay men are four times more likely to be assaulted than other Sydney men,' Gray said. 'The AVP works to reduce violence against gay men and lesbians through education with a number of school resources and in making the gay and lesbian community more aware of personal safety issues.'

'I would encourage gay men and lesbians in Western Sydney to enrol in the free workshops and to report any incidents of homophobic violence that they witness to the AVP Report Line,' Gray said.

Community alliance win for SASS clients

Current SASS clients will not be forced to move into public housing stock under written assurances given by the NSW Department of Housing to an alliance of community groups – BGF, ACON and PLWHA (NSW). The alliance met with the Department on Friday, July 27 and secured a number of commitments around concerns over proposed changes to the Special Assistance Subsidy Special (SASS).

‘No one currently on SASS will be forced to move from SASS into public housing stock,’ said ACON President, Adrian Lovney.

‘Letters will be sent to all current SASS tenants inviting them to apply to be transferred to housing stock if that is what they wish, but no-one is being forced to move. Our productive negotiations with the Department over the definition of ‘appropriate’ housing and the new transfer will make public housing a more viable option,’ Lovney said.

Then BGF Executive Director, Georgina Harman, welcomed a commitment from the Department to continue to work with the community alliance on key issues that were of concern to people living with hiv/aids.

‘The assurances from the Department should mean that no people living with hiv/aids will be disadvantaged by the changes. We are working with the Department to ensure that benchmarks are set at a realistic level,’ Harman said.

PLWH/A (NSW) Executive Officer Antony Nicholas was also pleased with news that the Department has agreed to take part in a forum to explain the SASS changes and public housing options to the community.

‘We urge people to come along to find out more information from the Department and to have their voices heard. The community alliance has succeeded in negotiating for changes in the new policy and we welcome additional community support,’ Nicholas said.

30/07/02, ACON

Northern Rivers plwha consultative committee

As a result of local plwha lobbying in the Northern Rivers late last year, a consultative committee has been formed to provide advice and information regarding the development and ongoing service delivery of hiv services and management facilities in the Northern Rivers. The mission statement of the committee is ‘a partnership of plwha, NRAHS and ACON committed to communicating with our community and working towards improving hiv services based on identified community needs.’ The committee has six self nominated plwha consumer representatives, an identified position for an hiv positive woman, an identified position for a hiv positive youth consumer (under 26 years of age), an ACON representative and the Manager, HIV/AIDS, Sexual Health and Hepatitis C, Northern Rivers. The positive women’s position is currently vacant. If you are interested in finding out more about the committee, please contact Barry Harrison, HIV Peer Support Worker, ACON on 02 6622 1555

Cannabis can trigger psychosis

A senior lecturer from the National Drug and Alcohol Research Centre, Maree Teesson, has told the *Sydney Morning Herald* that there was increasing evidence that cannabis is often the key to ‘unlocking’ psychosis in vulnerable people. In a psychosis a person experiences some loss of contact with reality. Symptoms may include auditory or visual hallucinations, and delusions. Dr Teesson said that new data shows you are twice as likely to develop psychosis if you have used cannabis, and that the symptoms are exacerbated and the onset of serious symptoms is hastened if the person already has schizophrenia.

Dr Teesson presented her findings to the Mental Health Services Conference in Sydney, held in August.

21/08/02, www.smh.com.au

Volunteer carers needed for plwha

The AIDS Council of NSW is calling for volunteers to overcome a shortage of carers for plwha in Sydney’s inner west and eastern suburbs.

‘Our Community Support Network (CSN) provides valuable care and support for hiv positive people and we are currently looking for new volunteers to help our clients maintain their independence,’ said ACON President Adrian Lovney. ‘We provide comprehensive training for volunteers so they have the confidence to assist people living with hiv/aids and make a real difference in their lives. Caring with CSN is an enormously rewarding activity for people who are able to volunteer up to four hours a week and can help provide a range of practical support from housework and cooking to shopping, gardening, personal care and even simple things like walking the dog,’ Lovney said.

Glebe resident Ashley Steinkuehler has been caring with CSN for the past six months and says she finds the cleaning and conversation she provides for her client to be an enjoyable experience each week. ‘My life is pretty busy but I always have a few hours a week that I can share with someone who really needs my support. I think everyone should be volunteering in the community in some form and CSN is a great organisation to work for,’ said Steinkuehler, a 25-year-old student from the USA.

Thirty-year-old Kingsford resident Matthew Whitbread has been with CSN for more than four years and has cared for a number of clients over that time.

‘I get a lot of satisfaction in being able to do something for someone else and the people I have cared for have been really nice. You get to meet a lot of different people and I really feel like I’ve made a difference in their lives,’ Whitbread said.

Anyone interested in becoming a volunteer carer can call 9206 2038.

19/08/02, ACON

MP calls community

Clover Moore MP, Member for Bligh, called for the community to make its voice heard on the remaining areas where inequality and discrimination remain.

'Key areas of inequality and discrimination remain since the recent amendments and draft legislation to equalise the age of consent for gay males has been relegated to a parliamentary inquiry – in the lead-up to the 2003 election,' Ms Moore said. 'I had hoped that previous assurances of support from Bob Carr and John Brogden would see them show leadership and pass this Bill, but their words have not matched their action.'

'It is unacceptable for the law to discriminate against gay males by making the age of sexual consent 18 for gay males, but only 16 for everyone else. This discrimination prevents young gay men from accessing vital health information on hiv/aids and safe sex because their conduct is illegal. How many reports and inquiries does the Government need to bring us into line with other states?'

'Even though this new inquiry is yet another delaying tactic, the opportunity must be taken to show the high level of community support for equality and I strongly urge everyone to write to the inquiry before the 1 November closing date,' Ms Moore said.

'I will make a submission in support for the Crimes Amendment (Sexual Offences) Bill to equalise the age of consent for gay males, and continue to support the lesbian and gay community's fight for legal rights. I am meeting with the Gay and Lesbian Rights Lobby to work with them on these remaining areas of reform.'

'The Anti-Discrimination Act, the Liquor Act and the Adoption Act all need to be changed. I have called upon both the Government and the Opposition to show leadership on reforming these remaining areas of inequality; and the community needs to keep up the pressure on these areas too,' Ms Moore concluded.

On track for accessible public transport

In August, the Federal Attorney General, the Hon Daryl Williams, tabled the Disability Standards for Accessible Public Transport and accompanying Guidelines, under the Disability Discrimination Act 1992. The Transport Standards will come into effect on 15 October 2002 – ten years after the Disability Discrimination Act passed through Parliament. For the first time, these standards set out formal requirements for accessibility to public transport in Australia. They will help to promote greater independence and a correspondingly better quality of life for people with a disability, the elderly and parents with young children.

The standards take into account the range of disabilities covered by the Act and apply to a range of public transport conveyances, premises and infrastructure, with some limited exceptions. They provide greater certainty about rights and obligations under the Disability Discrimination Act.

The standards set out specific requirements for the accessibility of public transport and provide transport operators with detailed information about disability access issues, including such things as access paths, manoeuvring areas, ramps and boarding devices. This information will help transport operators to eliminate, as far as possible, discrimination on the grounds of a person's disability.

All new items will have to comply with the standards from the time they come into effect so that non-conforming items are gradually retired or upgraded in accordance with an incremental compliance timetable.

In appropriate cases, the Human Rights and Equal Opportunity Commission is also able to grant temporary exemptions from the requirements of the standards, taking into

account advice from the National Transport Secretariat, to ensure that the system operates in a fair and balanced way.

The Transport Standards are an excellent example of disability, government and industry groups working together to find practical ways to eliminate discrimination. The disability sector, transport industry and all levels of Government are to be congratulated for their sustained commitment to the goal of public transport accessibility.

A copy of the Transport Standards and accompanying Guidelines is available at <http://www.law.gov.au/DSFAPT/Welcome.html>.

CP trial extended

The NSW Department of Health and South Eastern Sydney Area Health Service have announced a 6 month extension for existing clients of the pilot project for dispensing hiv treatments through five selected community pharmacies. The pharmacies have agreed to continue the current arrangements.

The pilot has been extended to allow time to complete an evaluation report and discussion with the Commonwealth Department of Health and Ageing of opportunities for the model to be implemented more widely for people with hiv and patients with other conditions who are treated with highly specialised drugs.

Director of Albion St Centre, Dr Julian Gold, stated in a letter dated 1 October 2002 that 'patients currently enrolled on the pilot project [are] able to continue to collect their HIV treatments from their nominated community pharmacies until March 2003.'

The extension is for people already enrolled in the pilot and no new registrations will be accepted. Participants can collect and complete an evaluation survey at their nominated community pharmacy.

If you have any questions about the extension of the pilot project, please contact the Albion Street Centre Project Coordinator on 0438 202 743.

stop press Housing Forum

YWCA, Cnr Wentworth and Oxford Sts, Sydney, Monday 21 October, 4 - 5.30pm. To inform existing and perspective tenants of the Department's proposed changes to SASS.

AIDS Trust Health Sydney Food and Wine Fair 2002 in Difference 4

The AIDS Trust of Australia presents the 12th Sydney Food & Wine Fair 2002 on Saturday 26 October 2002 from Midday through 6pm at Sydney's Hyde Park during the 2002 Sydney Gay Games VI. Sponsored by the City of Sydney, Sydney Morning Herald Good Food Month and 32 Hundred Lighting, the fair is the flagship charity event for the AIDS Trust of Australia, designed to raise funds to support hiv/aids research, education and care. All proceeds from the Sydney Food & Wine Fair are donated to the AIDS Trust of Australia. Whether you're into sausage or smoked salmon, beer or Cabernet Sauvignon, you won't find a greater selection of amazing foods in one location under the beautiful canopy.

Go on...spoil yourself! This is a great way to kick off your first week of the Gay Games Cultural Festival.

26 October, 12-6pm, Hyde Park

A Conference Exploring Queer Health, October 31-November 2, University of Sydney.

The Global Rights Conference program of Gay Games VI will provide the intellectual base for the celebrations and stimulate debate and discussion on a wide-range of topics including health and sexuality, lesbian and gay trade unionists, social issues, hate violence, first cultures, human rights and queer studies. Health in Difference has held three national gay, lesbian, bisexual and transgender health conferences in Sydney in 1996, Melbourne in 1998 and Adelaide in 1999. Health in Difference 4 (HID4) aims to create a forum to advance research and practice relevant to gay, lesbian, bisexual and transgender health. This will be done through a range of innovative workshops, stalls, discussion forums, plenaries and presentations. HID4 will adopt the World Health Organisation definition of



HOLDSWORTH HOUSE GENERAL PRACTICE

Dr Mark BLOCH

Dr Dick QUAN

Dr David AUSTIN

Dr Andrew GOWERS

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32A Oxford St, Darlinghurst NSW 2010

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health and encourage participation from a wide range of disciplines, enabling participation by professionals, academics, researchers and practitioners as well as interested members of our communities. In the tradition of the three previous conferences, HID4 will continue to build Australia's national agenda in relation to our communities' health. It is hoped that the conference will also develop our communities' understandings of health internationally, encouraging local responses overseas, especially in the Asia Pacific region. Hiv/aids will be incorporated as a strong element, primarily as it relates to our communities, especially in the Asia Pacific region.

We expect the conference to run over 3 days in the week preceding the sporting events of Gay Games VI. Between 300 and 400 participants are anticipated. For more information email and/or visit our website www.healthindifference.org

The Ratten Fund

Making small grants to people disadvantaged by HIV/AIDS



What is the Ratten Fund?

The Bobby Goldsmith Foundation's Ratten Fund makes small one off grants to individuals living with HIV/AIDS for projects that develop skills and improve well being. These may include:

- Education or training courses that develop or update skills
- Back to work related expenses such as clothes or equipment
- Any other reasonable request to help someone get on with their life

Who is eligible?

To be considered for a Ratten Fund grant, you must be directly disadvantaged by HIV/AIDS and not working full time.

Closing date for the next round of applications is 1 November 2002.

For more information and an application pack, please contact the Bobby Goldsmith Foundation

Level 2, 9 Commonwealth St Sydney NSW 2000 • PO Box 97 Darlinghurst NSW 1300
Telephone 02 9283 8666 • Facsimile 02 9283 8288 • Email bgf@bgf.org.au • Web www.bgf.org.au

Providing direct financial assistance, financial counselling, employment support and supported housing to men, women and children directly disadvantaged by HIV/AIDS in NSW

How do you hang the exhibition in trees?



Photo: Fritz Hoffmann. China. Four-year old Wang Kai Jia got hiv from her mother, who contracted it in hospital. Her father, Wang Wei Jun, cares for her.

An interview with **Kevin Ryan** – Positive Lives Project Director – by **Kathy Triffitt**

Documentary photography shows the camera at its most potent and radical. The very subject-matter of the documentary photographer is an index of the contentious and problematic as well as of emotional and difficult experiences: illness, poverty, social and political injustice, war, disaster, and suffering are all difficult areas to photograph and all potentially problematic in the way a photographer will approach their meanings in terms of his or her own assumptions. The documentary photograph is equally one of the most intimate forms of photographic practice and, in turn, one that explicitly associates itself with public space. It assumes a bond between reader and subject, not just to record, but to expose the 'camera with a conscience'.

Positive Lives began 10 years ago as a collaboration led by volunteers between the Terrence Higgins Trust, Network Photographers and the Levi Strauss Foundation. Through the use of photographs of plwha and their personal testimonials the exhibition Positive Lives responded to negative and stereotyped images of plwha circulated in mainstream media at the time. The lived experience of plwha had been confined to the image of the isolated gay man dying in a hospital ward, to signs and symptoms of the disease and to unidentifiable silhouettes.

Positive Lives provided an alternative to this type of representation with 'positive' imagery designed to give aids a face, to humanise an epidemic, which had been universally represented as a mask of death. Such alternative counter-images represented plwha as people with lives outside of hiv, as people who were not guilty for their own diagnosis, as people who were to be identified with, not shunned, pitied, abused, or judged, and as people living with, not dying from, aids. This represented a collective resistance to discrimination and the widely

prevailing fatalism of the times.

Today, audiences, whether they be found in rural villages in the Philippines, the subway stations in South Korea, an elderly citizen's centre in Hong Kong or the National Gallery in Kuala Lumpur are provided with exhibitions and programs which identify the diverse and different needs of plwha. The overall aim is to challenge the stigma and prejudice of hiv in communities and to persuade politicians, religious leaders and community leaders to challenge the misconceptions concerning the realities of living with hiv and aids.

The stories and photographs highlight various themes, which address locally defined needs and objectives, and which ensure local participation. The emphasis on lived experiences along with the celebration of difference and the acknowledgment of similarities is pivotal to Positive Lives' philosophy. It recognises the social imbalances in power, and a need to address such an issue, through positive actions for change. One of the ways this has been achieved is by insisting that marginalised voices be heard alongside government officials in press conferences, at public forums and exhibition openings. The range of stories presented are complex, and are based on an understanding of multiple, sometimes competing interpretations and the politics of hiv and aids in participating countries and communities.

'The vision of the Positive Lives Project is that the stories should be accessible to the widest possible audience and be utilised for health and education purposes.'¹ The question asked by a woman from a rural village in Malaysia on 'how do you hang the exhibition in trees?' demonstrates the diversity of its audiences and shows some insight into how the stories are produced and received.

Kevin Ryan, Positive Lives Project Director who is hiv positive himself, provides further insight into this project.

Q What are the aims of Positive Lives?

The aims of the Positive Lives Project are challenging stigma and prejudice by changing the attitudes of those who lead and of the general public, and providing support and inspiration to those who are living with the virus. A lot of people have adopted some very positive attitudes for themselves or as communities which actually inspire others. If you are feeling alone and isolated and can't or don't feel comfortable to put your hand up to say I'm hiv positive because of the prejudice and stigma, to see someone's image, to read someone's story, I think is very inspiring. It is not only about taking someone's story and transplanting it. It is also about working back in those communities where the stories come from.

Q Can you talk more about working back in those communities where the stories come from?

If we are going to work in a community in a particular country, for instance Cambodia, if we are going to document aspects of hiv in that country, it's also important to work with those communities. We are an organisation run by volunteers. We don't have giant cash resources. We don't have lots of people running around. We have to be very careful about how we progress, so we work with local organisations wherever they exist. Sometimes we will work with international agencies that are working in that arena and sometimes we will work with individuals. [...] The idea is that we document certain stories, that those stories can then be utilised in a broader exhibition, in various projects, in smaller exhibitions, in smaller health and education programs perhaps in Cambodia, perhaps in other countries. The aim is to give material to communities, to organisations to work with, to start changing people's attitudes and to provide inspiration.

To give some examples [...] one of the stories that we did was of the Pengasih



Photo: Harriet Logan. Noora, a single mother living with hiv/aids. A Muslim, she supports herself and her daughter by making baskets, which she sells for 30 US cents each.

Photo: Shahidul Alam. Malaysia. Residents at the Pengasih Rehabilitation Centre, run for and by recovering drug addicts.

Rehabilitation Centre in Kuala Lumpur. That's a centre run for and by recovering drug addicts. It is a very strict program. Many of those people are now hiv positive or have progressed to aids. This is in a predominantly Muslim country where drug taking can result in the death penalty. It is a very brave thing that these people do: one, to run the rehabilitation centre and two, to be prepared to assist in a program such as Positive Lives. They are now working with the Malaysia AIDS Council on a drugs and youth program. They are going out into the streets where drugs are rife, popular young people's centres, putting up the exhibition, getting people out there to talk about drugs, to talk about hiv.

Another story is of a Muslim woman in the Philippines, Noora, who was infected by her husband and has a child. Her story is all about her will to live and her determination to look after her daughter.

There is a wonderful story of a women's group in a slum in Cambodia where the women have come together to look after each other and their kids when some of them fall ill. They have basically done that themselves. They're proud of what they've done, as they should be. It's an inspiration to others. It's also an inspiration for others to speak out. To try and get others to come together to say this is everyone's problem. It affects all of us. [...] This is meant in a way to be a mirror. It's about saying that could be me, that could be my family and maybe I should rethink about hiv because it's not the way the papers are portraying it, or the government is portraying it, or my religion is portraying it.

I read those stories, I look at those photographs and I just think that they are incredibly powerful. In these countries where this project goes, they don't have any support. Anything at all that is supportive of a person's position is incredibly powerful to

them. The stories and photographs serve as a catalyst for training programs, communication activities [...] they're a starting point for the sharing of personal experiences [and inviting change].

Positive Lives was just in Kuala Lumpur. [...] It was held at the National Art Gallery. The Deputy Prime Minister, the Minister for Health and the Minister for Tourism opened it. One of the conditions of it going there was that Positive Lives required that there be representation of minority groups on the stage in the press conferences, everywhere. One of the stories was of a transsexual sex worker; another was of a drug rehabilitation centre. Those people were there; they were acknowledged and the issues were talked about in the speeches and at the press conference. That's a great sea change for a staunchly Muslim country. [...] At the same time the Malaysia AIDS Council, which is the local hiv organisation, was showing a mini exhibition in a market stall in Kuala Lumpur, in a fruit and veggie market. They had volunteers and employees handing out information about hiv. Another group were taking it to rural villages. What made me smile was a woman who was organising the village tours asked me 'how do you hang the exhibition in trees? You must have had that problem before. Can you give me the manual about hanging pictures in trees?'

Q What is Positive Lives currently working on?

At the moment I am reviewing proposals for a number of countries for next year for funding from Levis Strauss. One proposal is from Cambodia, which is doing a lot of work in relation to hiv education. They want to run a schools program. Another one is run by a women's group and its targeted audience is garment factory workers. In Cambodia there are huge numbers of textile factories where you get a lot of country women coming in, country girls coming in with no

support, with no family living very hard existences, being paid very badly and with no education.

There are other projects planned for Eastern Europe, China, India and Africa. Action Aid who is a major sponsor of the project globally and the United Nations Development Program are working with us in Tanzania to set up a training program with an educational manual for the refugee camps using Positive Lives. There is a lot on and it's not about big exhibitions. It's about working with local communities; it's about providing support and resources to local hiv organisations. Ultimately the education has to come from the participating individuals, groups and organisations.

Positive Lives will be exhibited from 24th October to 8th November 2002 in the foyer of NSW Parliament (Macquarie St Sydney) as part of the Cultural Program of the Gay Games. Admission is free. The exhibition focuses on stories that address the prejudice, silences and discrimination experienced by those living in Asian countries and also the resilience of individuals and communities in the face of adversity. It will then travel to Dhaka Bangladesh where it opens on December 1 (World AIDS Day).

Positive Lives has been sponsored by NSW Ministry of Health, Gay Games and Levi Strauss Foundation. The exhibition organisers would like to acknowledge the assistance of the AIDS Trust of Australia. It should also be emphasised that the Levi Strauss Foundation has funded Positive Lives since its inception.

PLWHA (NSW) would like to thank Kevin Ryan and Network Photographers for providing the photographs published in this article. Information on Positive Lives is available at www.positivelives.com

1 Positive Lives. Positive Responses to HIV. A Terrence Higgins Trust-Network Photographers Collaboration. Exhibition Catalogue, 2003, p.26.

Superinfection

treatment update

Treatment Information Officer, **John Cumming***, looks at the superinfection panic and says, 'relax'

Several cases of hiv superinfection presented at international conferences this year have generated more confusion than answers. Many people remain unclear on the meaning of the term 'superinfection'. Is that the same thing as re-infection? How often does it happen? To begin to address these questions, it's useful to look at the genealogy of hiv, or to put it another way, its evolutionary tree.

Worldwide, there are two types of hiv: HIV-1 and HIV-2. HIV-2 is similar to HIV-1, but is mostly restricted to the countries of West Africa. Worldwide, the predominant virus is HIV-1. Two major groups of HIV-1 exist, 'M' and 'O'. The M group contains the virus that causes the great majority of HIV-1 infections. Contained in the M group are genetic variations of HIV-1 called subtypes, also known as clades. Each subtype is subject to mutations, which can cause different strains of subtypes. There are at least nine of these subtypes, most of which can be found in Africa. Elsewhere in the world, single M subtypes predominate in particular regions. In Australia, Europe and the US, the predominant subtype is B. The standard viral load tests used in Australia and other developed countries are geared specifically to detect and measure the B subtype.

Superinfection confirmed

The possibility of superinfection (what used to be called re-infection) has long been debated. One school of thought suggested that the immune response produced after hiv infection would prevent repeated hiv infection. However it now seems that the initial immune response to hiv infection is specific only to the subtype of the original infection, and not necessarily to infection from a different subtype. The first confirmed case of superinfection was reported in February 2002. A 38 year old Swiss man diagnosed in 1998 with hiv subtype A started treatment

soon after infection and quickly achieved an undetectable viral load. In January 2001 he stopped treatment and three months later developed mild fatigue, fever and a viral load of more than 400,000. Investigation revealed he had unprotected sex in March 2001 on a holiday to Brazil, and as a result had been infected with a different type of hiv, subtype B.¹

A similar case was reported in July 2002 at the International AIDS Conference in Barcelona. A man infected with subtype B had participated in a treatment interruption study and, after stopping his third cycle of treatment, was maintaining an undetectable viral load. When his viral load reappeared, researchers investigated and found that an unprotected sexual encounter had exposed him to a different strain of the B subtype. Although this subtype was only 12% genetically different from the original subtype, the existing immune response that was controlling his initial hiv infection was less able to recognise the new virus, leading to uncontrolled viral replication.²

No hiv transmission = no superinfection

In the cases reported so far, none were on hiv medication when they were superinfected. Does this mean that hiv medication can prevent superinfection in the same way that it can prevent mother-to-child transmission? We don't know. We do know that a low or undetectable viral load lowers the likelihood of hiv transmission. A recent study of 415 heterosexual hiv discordant couples in Uganda demonstrated that when the viral load in the hiv positive partner fell below 1,500 copies, no transmission occurred.³ However it would be wrong to assume from this study that someone with a low or undetectable viral load is never infectious.⁴

For instance, a sexually transmitted infection can cause a dramatic increase in hiv

The possibility of superinfection (what used to be called re-infection) has long been debated. One school of thought suggested that the immune response produced after hiv infection would prevent repeated hiv infection.

levels in the genital tract, leaving blood viral load unchanged.⁴ More information on superinfection will emerge as research continues. Although superinfection is rare, it may be another issue for hiv positive people to consider when thinking about sexual practices and health.

My thanks to Andrew Grulich and Anthony Kelleher from the National Centre in HIV Epidemiology And Clinical Research for their assistance with this article.

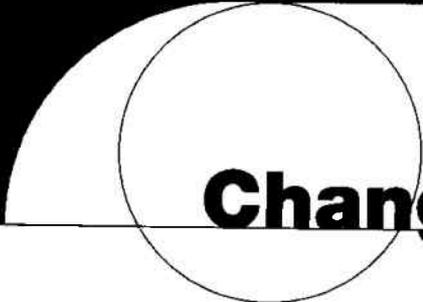
**John Cumming is now the Research and Policy Officer at PLWH/A (NSW). He wrote this article when Treatment Information Officer at ACON*

¹ Jost S et al. HIV superinfection: rapid replacement of AE subtype by B subtype. Ninth Retroviruses Conference, abstract 757-W, Seattle, 24-28 February, 2002.

² Walker B. Harnessing the immune system to fight HIV infection. Fourteenth International AIDS Conference, Barcelona, abstract WeCrA197, 2002

³ Quinn TC, Wawer MJ, Sewankambo N, et al. Viral load and risk of heterosexual transmission of HIV-1 among sexual partners. Program and abstracts of the 7th Conference on Retroviruses and Opportunistic Infections; January 30-February 2, 2000; San Francisco, Calif. Abstract 193.

⁴ Cohen MS, Hoffman IF, Royce RA, et al. Reduction of concentration of HIV-1 in semen after treatment of urethritis: implications for prevention of sexual transmission of HIV-1. AIDS CAP Malawi Research Group. Lancet 1997;349:1868-1873.



Changing shape?

Asha Persson* describes the side effects and body shape change project, currently recruiting in the Northern Rivers

Although hiv combination therapy has had an enormously beneficial effect on the lives and health of many people with hiv/aids, for a significant proportion of people side effects are an unwelcome and difficult aspect of treatments, be it peripheral neuropathy, chronic diarrhea, insomnia, or body shape changes.

We know from studies such as Futures (ARCSHS) and Positive Health (NCHSR) that side effects are common and one of the major concerns associated with hiv treatments, but there is little information on how people actually experience, negotiate and manage side effects on a daily basis and in the long term.

The Side Effects Project (NCHSR) is a qualitative study that aims to provide much needed understanding of the everyday realities of living and coping with side effects, particularly body shape changes such as lipodystrophy (fat redistribution) and lipoatrophy (fat loss).

Through in-depth interviews with hiv positive men and women, the study documents and explores the impact of body shape changes on personal and social wellbeing, on body image and self-esteem, and the difficulties body shape changes pose in relation to health priorities, treatment decisions, and communications in the clinic. The study also looks at various management strategies, and how people deal with body shape changes in physical, emotional and practical ways.

To date, the study has focused on Sydney. By introducing a regional arm, the study will be able to compare how different geographical and cultural contexts might impact on the experience of body shape changes. This information will provide better understanding of divergent needs and issues among hiv positive people in relation to health, service provision, and treatment decisions.

We are currently recruiting in the Northern Rivers area (NSW). If you are an hiv

The Side Effects Project (NCHSR) is a qualitative study that aims to provide much needed understanding of the everyday realities of living and coping with side effects, particularly body shape changes such as lipodystrophy (fat redistribution) and lipoatrophy (fat loss).

positive man or woman experiencing body shape changes (and/or other side effects), we would like to invite you to participate in a 2 hour confidential in-depth interview in November. To organise an interview, please contact ACON Northern Rivers on 02 6622 1555.

**Asha Persson is Senior Research Officer at the National Centre in HIV Social Research.*

For more information about the study, please contact Kevin Orrell or Barrie Harrison at ACON Northern Rivers, or Asha Persson at the National Centre in HIV Social Research on (02) 9385 6414 or email: a.persson@unsw.edu.au.

Adam: I mean, it's not so much of a situation with the hiv virus anymore. It's a matter of coping with your medication, coping with the side effects.

Jim: Exercise really helps, because of the endorphins if nothing else.

Jim: It's like being the face of hiv, you know.

Ann: I'm not allowing space in my life to be a sexual being at the moment because of how I feel about my body shape.

Alex: It makes me feel old before my time.

Martin: Thank God for the three quarter length shorts.

Jose: If anything I would like to have that NewFill treatment to try and bring the smile back that I used to have.

Philip: It doesn't really worry me, because I'm in a relationship.

Positive Women Victoria member **Sonja Ristov** visited Sydney in August to speak at Activate, a forum for positive women. She spoke to **Susan Hawkwood**.

Ristov thinks the main differences between the issues faced by positive women and positive men stem from the history of gay liberation, which provided a 'community of gay men' that existed 'not long before the hiv hit the scene'.

'The positive community is a really good, strong community in Melbourne but the politics of AIDS Councils stops things getting done.'

'We're not part of the AIDS Council. We're an autonomous organisation. We saw no real strategic alliance with the AIDS Council.'

'We would be silenced by men. Our agenda would be left off, so we became our own organisation and we're completely separate. We work together with PLWHA (Victoria), who are separate from VAC [Victorian AIDS Council]. We work together with PLC – the Positive Living Centre. There's resources we share.'

The difficulty for positive women is the lack of community. 'The only thing that women have in common is that they are women and they are hiv positive.'

'You can't go to a bar and meet up with other women who are the same, whereas gay men can go to bars and meet up. I think the isolation for women is very difficult.'

The stigma women face as a result of the different meanings attached to the 'bad girl' and the 'party boy' is also a major difficulty. 'I think that makes for a very difficult situation for women to have to deal with and that's why a lot of women stay very closeted about their hiv status.'

Although Ristov believes there is more information for women than there was a decade ago, there is still not enough. 'If you look at treatments issues, treatments are based on the studies done on white men. They're not done on women. Women's bodies are different. They're only just beginning to look at hormones and treatments

and that's partially because we're an aging population; we're living longer. Menopause is now becoming an issue for hiv positive women. They never thought it would be. So, how does hormone replacement therapy interact with our other HAART and antiretrovirals, as well as contraceptive pills and our basic physiology.'

'I think women tend to stave off going on treatments a lot longer than men do. I think there are a lot less women on treatments, conventional treatments, than there are men.'

This lack of information specific to women's needs puts a lot of women off starting antiretroviral treatment, according to Ristov. 'A lot of the women in our organisation, in our group, are wanting to make informed choices.'

'Your partner weighs 80kg and he gets 100mg. You weigh 50kg and you take 100mg and your little brain goes 'overdose' ... toxicity is one of the greatest fears.'

'Women tend to embrace the alternative therapies a great deal and have a lot more faith in the alternative therapies than they do in Western medicines.'

For women with dependent children, the side effects associated with antiretroviral treatments are more difficult to deal with. 'Having dependent children is a lot harder than having dependent dogs.'

'If you can't manage getting out of bed because your side effects are so bad, the very thought of getting up after your five year old has made their own breakfast is more debilitating.'

'It's really hard on the kids because the kids know Mummy's sick, Mummy's getting sicker and they get really scared. It creates a whole sense of fragility of life. A lot of that's changed because of medication and we're living longer but kids are still seeing death and dying from hiv.'

'A woman will always put her kids first,

The difficulty for positive women is the lack of community. 'The only thing that women have in common is that they are women and they are hiv positive.'

It's really hard on the kids because the kids know Mummy's sick, Mummy's getting sicker and they get really scared. It creates a whole sense of fragility of life.

Positive Central

We mind the gap.
Your first stop for health
and wellbeing in the
community.

By Jodie Partridge, Manager



No 1 Locomotive, Powerhouse Museum, Sydney. Photo: David Barton

What is Positive Central?

Positive Central is part of the HIV Community Health Service, which comes under the Central Sydney Area Health Service.

It is a multidisciplinary allied health team that includes Social Work, Occupational Therapy, Physiotherapy, Dietetics and Complementary Therapy.

Positive Central is very unique as it is a community-based service. This means that services are provided in community health centres, and the home. Basically, we come to you, rather than you going to the hospital.

Positive Central aims to enable people living with, and affected by, HIV/AIDS and Hep C in the community to improve and maintain their wellbeing.

Who can access Positive Central?

HIV+ or Hep C+ people living in the Central Sydney Area Health Service region, their partners, families and carers.

You don't need a referral from a health professional to access Positive Central.

How do I contact Positive Central?

The easiest way is by phoning 02 9395 0444.

We guarantee someone will be available to take your call from 9-11am, Mon-Fri. You may need to leave a message if you call outside these times, but we will call you back as soon as possible.

Offices are located at the Redfern Community Health Centre, but we can visit clients anywhere in the region of the Central Sydney Area Health Service.

How do I know if I need the services of Positive Central?

Take a look at the articles and the service map on the following pages.

If in doubt, give us a call.

Where did Positive Central come from?

Back in 1990, Central Sydney Area Health Service developed a strategic plan for HIV services, which aimed to provide a mix of home-based care services that were accessible and appropriate.

As the face of HIV changed it was recognised that there were a growing number of clients whose health had improved and where health maintenance was focused in the home, rather than in a hospital.

Earlier this year, the team decided it was time to rename the service. We needed something easily identifiable, reflective of the broad nature of the team's work, and most importantly, something that didn't disclose the HIV or Hep C status of our clients.

After much brainstorming and debate, Positive Central came out the winner. We hope you like it!

Positive Central will be holding a Positive Art exhibition at the Pine St Art Centre for World AIDS Day - watch this space for further details.

Jodie Partridge is the manager of Central Sydney Area Health Service HIV Community Health Services, incorporating Positive Central, The Sanctuary and HIV+ Heterosexuals.

DIET AND HIV

By Sidney Leung, Dietitian

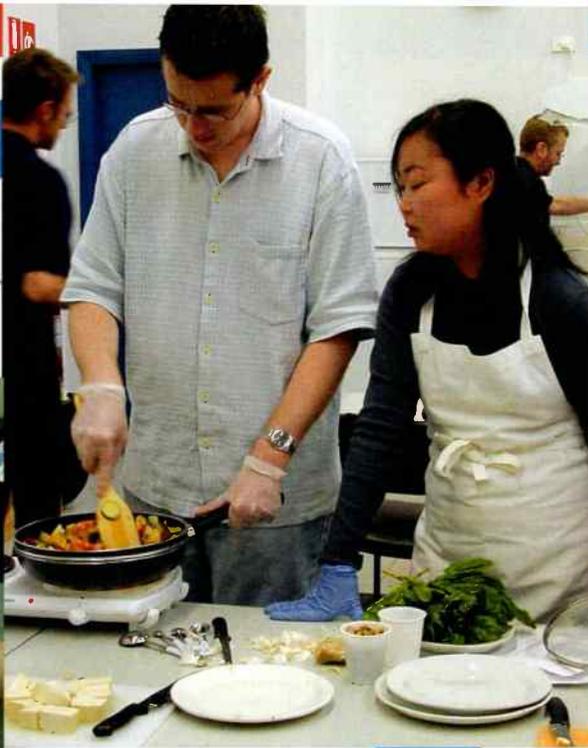
Dietitians provide a wide range of services to support good nutrition. There are individualised (one to one) sessions as well as group programs. Nutrition problems associated with HIV are weight loss, wasting, symptoms with infection and medication, and lipodystrophy. Other areas of great concern are food safety, and healthy eating. Dietitians can give you suggestions on how to reach or maintain a healthy weight, and what to do when there are difficulties with eating on sick days, such as nausea, vomiting and diarrhoea. There is also practical advice on how to eat around your medication and for different health conditions. Dietitians can give you a professional point of view on the use of complementary therapies and arrange access to nutritional supplements as needed.

In the field of HIV, there is a condition known as lipodystrophy, which is associated with the use of antiretrovirals. Although there is not yet a worldwide definition for lipodystrophy, it represents certain physical and metabolic changes. There may be loss of fat in arms, legs, face or buttocks; and gain of fat in abdomen, neck and breast with or without a rise in cholesterol, triglycerides and insulin resistance. When high blood lipids start to appear, you may want to see a dietitian for some advice on lifestyle changes to help control the problem. If the change of body shape is a concern, it may be of benefit to access body composition monitoring. To do this, the dietitian uses machines and measuring techniques to give you an idea of your lean body mass and body fat distribution.

Dietitians also run various cooking and nutrition programs each year. Often, these are practical hands on programs to improve your cooking skill, develop interest in cooking and learn about making healthy balanced meals. Ideally, recipes should be easy to prepare, tasty and nutritious. Programs may also include talks and information on budget eating, cooking for the freezer, food hygiene and safety, and healthy eating. These programs can be great fun and a good chance to meet new friends.

You can find a HIV dietitian by calling the NSW HIV Dietitian Interest Group on 02 9332 1090.

Sidney Leung is the Dietitian at Positive Central, Central Sydney Area Health Service.



COMPLEMENTARY THERAPY AND HIV

By Robert Ball, Project Officer

ALTERNATIVE, COMPLEMENTARY, HOLISTIC...

Just what are these three words all about? Many people understand these approaches to health care to be at the opposite end of the scale to Allopathic (Western) Medicine. In most cases they are not. Alternative is perhaps the furthest in that it is often used to describe a replacement form of treatment. Complementary is used to support other forms of treatment (allopathic or alternative) and holistic is used to describe an approach to health care which takes into account the role of the mind, body, spirit and emotions.

What form of treatment is best for me? Like food, clothes and accommodation it is important to shop around, be informed and understand what you are being offered. When seeking out a therapy service, ensure the therapist holds a qualification resulting from training, recognised by the relevant therapy association, at a therapy college/institution. Be also aware that many of the therapies can be costly. It is wise to be wary of miracle cures and promises.

At a number of HIV Support Centres there are qualified therapists who give their time and skills as volunteers. These volunteers usually receive no remuneration for their time and work, other than the satisfaction of

knowing they are contributing to the support of their community. If you do access one of these volunteer services, acknowledge this generosity, be on time for your appointment and if you can't make it contact the centre as early as possible to let them know.

When you try a particular therapy and you don't feel it helped, remember, not all therapies are holistic to everyone and maybe another will suit you.

Massage is of particular help with stress and perhaps the easiest holistic therapy to access. HIV is an ongoing stress not only in the lives of positive people but also their partners and primary carers. Keep this in mind for the person who cares most for you; they may need a little care as well. Research has shown that massage improves the functioning of the nerves and of the circulatory, lymphatic and musculoskeletal systems as well as enhancing immune function (SMH 19.10.96). A survey published in the Medical Journal of Australia February 2000, showed that 30% of GPs had trained in meditation and some 23% in acupuncture or vitamin and mineral therapy (SMH 7.2.00). There is support for a holistic approach to your health care, so feel comfortable telling your HIV doctor that you are trying a complementary therapy.

Robert Ball is the Project Officer at The Sanctuary, Positive Central, Central Sydney Area Health Service.

PHYSIOTHERAPY AND HIV

By Andrew Klusman, Physiotherapist

The physiotherapist is an integral part of the multidisciplinary team working with PLWHA's. The physiotherapist works in a variety of areas including respiratory, pain management, mobility, exercise & fitness, and palliative care.

The aims of Physiotherapy in HIV include:

- Easing of pain and discomfort;
- Maximising function, mobility and independence;
- Preventing & reducing side-effects of medications;
- Improving self-image and self-esteem; and
- Educating clients and carers in self-management and health maintenance.

There are many ways in which a physiotherapist can help you to achieve these aims including:

- **Exercise programs** – either home or gym based, to improve/maintain muscle mass, fitness and flexibility;
- **Hydrotherapy** – gentle exercises in water to help with pain relief (especially in peripheral neuropathy), and to help maintain / increase fitness;
- **Hands-on techniques** – such as joint mobilisation, stabilisation and movement retraining to help with pain relief, improve function and promote independence;
- **Sputum removal techniques** – to assist in acute lung infections and in chronic lung conditions;
- **Provision of walking aids** – such as walking stick, crutches or walking frame;
- **Massage** – for pain relief and recovery from muscle injuries;
- **Modalities** – such as heat, ice, TENS and ultrasound to help with pain relief, muscle and joint injuries; and
- **Referrals** – to other health professionals for further assistance.

If you want to know more, talk to your physiotherapist or ask your doctor for a referral.

You can access a physiotherapist through Medicare by contacting your local public hospital's physiotherapy department, or your local community health centre – usually you will need a doctor's referral to access these services, and there may be a waiting list. You don't need a referral to see a private physiotherapist, although there will be a fee, and many private practitioners offer discounts to pension card holders.

Andrew Klusman is the physiotherapist at Positive Central, Central Sydney Area Health Service.



SOCIAL WORK AND HIV

By Kate Colette, Helen Young & Carlos Webster, Social Workers

The International Federation of Social Workers (IFSW) states that social work grew out of humanitarian and democratic ideals, and that its values are based on respect for the equality, worth, and dignity of all people. Since its beginnings over a century ago, social work practice has focused on meeting human needs and developing human potential. Human rights and social justice serve as the motivation and justification for social work action. In solidarity with those who are disadvantaged, the profession strives to alleviate poverty and to liberate vulnerable and oppressed people in order to promote social inclusion. Social work values are embodied in the profession's national and international code of ethics. Within this context the settings where social workers are found are varied, such as in the community, hospitals, government organisations and non-government organisations.

Social work promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance wellbeing. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work (IFSW, 01).

Areas that social work addresses are:

- barriers, inequities and injustices that exist in society;
- respond to crises and emergencies; and
- everyday personal and social concerns.

Social work utilises a variety of skills, techniques, and activities consistent with its holistic focus on people and their environments. Social workers are person

focused and culturally sensitive. Social workers work with individuals, groups and communities in the following ways:

- community development;
- social policy, planning and development;
- counselling, which can include grief and bereavement counselling;
- life changes;
- goal setting;
- emotional support for individuals, families and partners;
- life choices;
- advocacy;
- links to other services;
- referrals;
- service coordination;
- agency administration; and
- social and political action.

For social workers working in HIV in NSW, this means that their role might be to advocate for clients, and to link clients into services that they may not have had to deal with in the past, eg Centrelink, Department of Housing. They may also provide information and referrals to other health care professionals including complementary therapists, specific HIV services, financial services and legal services. Social workers in HIV inform clients of their rights and support clients to fulfill these rights, as they choose.

Clinical social workers who focus on individual support may provide counselling, goal setting and support the development and implementation of other personal change strategies.

Social workers working in HIV can be found in Hospitals, Community Health Centres and Sexual Health Centres. Contact SWAIDS Chairperson (Social Workers in AIDS) on 02 9926 7414.

Kate Colette, Helen Young & Carlos Webster are Social Workers at Positive Central, Central Sydney Area Health Service.



Effie Katsaros,
Multicultural HIV/AIDS

Maria Petrohilos,
Multicultural HIV/AIDS

Krista Watts,
Clinic 16

David Barton,
Positive Heterosexuals

I think. If you're looking at a woman who's positive, her partner's positive and they've got kids, well, there's nothing worse than a sick man because a sick man's a dying man. ... On a scale of 10, the woman comes last. Her needs are met last. Her wants are often not considered at all. There's no room for want.'

'Women present a lot later than men do. We're seeing, among populations in Victoria, that women are presenting 9, 10 years post-infection.'

For many of these women, their hiv positive diagnosis occurs when they access antenatal care. 'They're married for 5 years and now they're having babies and it's part of screening and it just blows their minds. They've got a husband to tell, disclosure about whatever their past was, the ethnicity of it.'

'If you've got no reason to suspect you've been at risk of hiv, you just come down with a nasty little flu. You get over that. There's no need to go to the doctor. And then, 7 or 8 years later, you come down with pneumonia. By that time, your partner's long gone and hasn't kept in touch for contact tracing.'

'Then you see, within the injecting drug user community where there's low levels of seropositivity of hiv but there's high hep C, again ... there's low testing rates and that's why it's not showing up. No known answer to that one.'

'There's a lot of reasons why you wouldn't want to be tested. Some people just don't want to know.'

'If your housing's jeopardized, your kid's schooling is jeopardized, you don't need to know about the uncertainty of life any more than your life already is, just making it to pension day. What do I need to know about 15 years time, I'm worried about next Thursday.'

'A lot of younger women don't go and get tested because they're nice girls and nice

girls don't get infected, nice people don't get infected.'

'In Victoria, the average age of new diagnoses for women is 29 years. For men, the average age of new diagnoses for women is 39. A lot of these women are women who have travelled overseas. 'They're away from home, they're lonely, they meet nice men, nice African men. They have a nice time and come home and don't think anything more about it. They practice safe sex at home but when they're away they don't and one of the biggest, two of the biggest risks, are to have sex overseas or to have sex with an overseas visitor. That puts you right in the gamble for hiv.'

The other group of women represented among new hiv diagnoses are in the over-65 age group, what Sonja calls 'the Florida effect', where women who move to retirement villages after death of their first partner begin to have sex with a range of partners. We're seeing that here, too.'

'There's no education or information targeted at these people and they're crashing down with hiv and being diagnosed at 70.'

'I think one of the most powerful educational tools is other people's stories. A thousand or so positive women in Australia, that's a thousand stories to be told. And I think the education coming from that is another woman reading it and she goes, well that's like me. I'm not a monster. I don't have two heads. That reduces the isolation tremendously.'

Positive Women's Health Speakers Series

This is a free bi-monthly speaker series for all those interested in keeping up to date with current hiv issues for women. If you are a woman living with hiv, a service provider, or an interested person, you are welcome to attend and hear a panel of fabulous guest speakers to inform, discuss, explore and stimulate debate.

Wed 16 Oct 6-9pm

The role of peer support in hiv/aids organisations

Keg & Crown – 486 Church St, Parramatta

Wed 4 Dec 6-9pm

Hiv/aids and families
the e lounge – 92 Glebe Point Rd, Glebe

Wed 19 Feb 6-9pm

Positive women and late diagnoses
Keg & Crown – 486 Church St, Parramatta

Wed 19 April 6-9pm

Exploring the subgroups working together
the e lounge – 92 Glebe Point Rd, Glebe



Activate is a project of ACON

AIDS Legal Network News

Brendon Christian, Networking and Advocacy Coordinator with the AIDS Legal Network, visited Australia this year.

As a nongovernmental organisation committed to addressing the human rights and legal issues heightened by a retrovirus that knows no boundaries in terms of race, sexual orientation, birthright, gender, class, education and many other dynamics that we are still to comprehend, the AIDS LEGAL NETWORK endeavours to address the human rights and legal issues that hiv raises to us as a society, as a community, in South Africa in particular, and in sub-Saharan Africa more broadly.

The first edition of the AIDS LEGAL QUARTERLY (the organisation's publication) for 2002 rings in some changes within the organisation and increased network and database of organisations and individuals. Please let us know of any other organisations or individuals who wish to participate.

We thank the active participation and dedication of the many committed organisations and individuals to the aims of the ALN. In particular, we thank the Board of Directors for their selfless dedication.

Our sincerest thanks to the small team of dedicated staff for their hard work and team spirit: Ncumisa Nongogo, Brendon Christian, Bulelwa Msomi, and Zethu Ndlovu. We wish Mary Caesar, the outgoing National Co-ordinator, all the best with her future endeavours and thank her for her leadership of the ALN over the years. We also welcome Brendon Christian, the Networking and Advocacy Co-ordinator, from February 2002, as our newest member of staff. We also report that after a process of restructuring overseen by the Board of Directors, Thomas Smit, the previous Treatment and Vaccines Co-ordinator, has now been appointed as the National Co-ordinator and Vaccines Project Co-ordinator.

Lastly, we must thank our funders for their continued support. They are the Swedish International Development Co-operation

Agency (SIDA), the Joint Oxfam HIV/AIDS Programme (Johap), the National Development Agency (NDA), the European Union (EU) and the South African AIDS Vaccine Initiative (SAAVI).

Project Update

Provincial networking and advocacy

Brendon concentrated on a drive to broaden our network into new provinces. Provincial networking meetings were held in the Limpopo and the North West provinces, and one is planned for the Northern Cape. He held a networking meeting of the Eastern Cape provincial network and attended a meeting of the AIDS Consortium in Gauteng.

International networking

Ncumisa attended a SIDA meeting in Tanzania, Brendon held a speaking tour of Australia, and Thomas attended a meeting of the Canadian HIV AIDS Legal Network in Canada and an International Policymakers' Conference in India, where he also met with the Lawyers' Collective, and a meeting on community involvement in vaccine development in Kenya.

General training and education

Ncumisa facilitated a series of training workshops for the Solidarity Centre on workplace issues in a number of provinces, conducted a gender training workshop in the Eastern Cape, and has been training paralegals in the Northern Cape and Limpopo provinces.

Gender

We are at the end of the present funding cycle for the Gender Project, which has recently still included the above gender training workshop. We are presently working on a proposal for renewed funding for this project.

Vaccines

Thomas has participated in events of SAAVI and the African AIDS Vaccine Initiative (AAVI), made several media and community presentations for SA HIVAC and ALN networks, attended the vaccine forum (in KZN), provided a preliminary research input on a legal and constitutional analysis of the Subtype issue in vaccine development and done work on a legal audit of laws and policies affecting vaccine development, participated in the development of the Canadian HIV AIDS Legal Network paper on access issues, and done preparatory work for participation in the HIV/AIDS Clinical Trials Working Group of the Medicines Control Council.

Legal advice

We all continue to provide legal advice services at all our offices. In this regard, and for any other queries or advice kindly visit our website at www.redribbon.co.za or contact us at:

Cape Town office:

Tel.: +27 21 419 8882 or +27 21 419 8866

Fax: +27 21 419 8884

Email: aln@kingsley.co.za or

alnrcpt@mweb.co.za

East London office:

Tel.: +27 43 722 1711

Fax: +27 43 722 1712

Email: alnrcpt@mweb.co.za or

zethura@hotmail.com

Durban office:

Tel.: +27 31 301 0477

Fax: +27 31 301 0688

Cell: +27 84 7455 730

Email: Brendon_Christian@hotmail.com

APN and GNP

HIV Living Policy Analyst, **John Rule**, brings readers up-to-date on the action of positive people's networks in the Asia Pacific region

These networks of positive people have begun to talk about Capacity Development for GIPA. Those initials stand for the Greater Involvement of People Living with HIV/AIDS. It is a principle expressed in the Paris AIDS summit declaration and the international guidelines on HIV/AIDS and human rights. Australia's take on this is referred to as 'the centrality of positive people' and is found in the current National Strategy documents and many hiv sector organisational statements.

There is a low level of involvement of plwha in hiv/aids responses throughout, for example, South Asia. The reasons are not difficult to understand. Fear, stigma, discrimination, and lack of care and support mean that plwha do not disclose their status. In turn, this means there are weak or non-existent plwha organisations. This has implications for the development of national responses. It is a vicious circle. Those who are able to 'come out' in these countries are exceptional people. However, despite these exceptions, the consequence is that the epidemic continues to be invisible and responses are formulated with little input from those infected and affected by the epidemic.

The GIPA capacity model that has been developed includes three elements:

1. organisational development
2. learning, awareness building and sensitisation
3. provision for basic care and support.

The Asian Pacific Network of positive people is one area of focus for implementing this model and there is currently a proposal for a three-year training program comprised of a series of regional training workshops and follow-up training in each country. Implementing the program depends on establishing a coalition involving UNDP country offices, UNAIDS Country Teams, NGOs working with plwha and govern-

ment. Judging from the meeting (or rather non-meeting) of APN+, getting the program up and running will be hard work. There is some hard work ahead for a number of plwha from Australia who are presently committed to seeing this happen in the Asian Pacific region.

The conclusion reached at the GNP+ Satellite meeting at Barcelona in July was that GNP+ continue to support the Global Access Alliance; that the regional organisational development initiative should be

Those who are able to 'come out' in these countries are exceptional people. However, despite these exceptions, the consequence is that the epidemic continues to be invisible and responses are formulated with little input from those infected and affected by the epidemic.

pursued as a key goal; and that a series of indicators around stigma and discrimination be developed for application on a national basis.

As for how Australia contributes to all of this, everyone is aware of the effort it takes to maintain organisations on a national basis. For Australian plwha who have the energy, it is important to be part of these networks – at least at the level of being able to give some respectful witness to the experiences of plwha from other countries.

hiv doesn't discriminate ... do you?

Health Promotion, **Kathy Triffitt**, describes PLWH/A (NSW)'s hiv visibility campaign

Stigma and discrimination are two of the most critical issues inhibiting changes in perception, attitudes and behaviour. Hiv remains a highly stigmatised condition and hiv related discrimination is widespread.

Issues of discrimination remain central to the lives of many plwha. Futures 31 identified that 1 in 3 people have experienced discrimination in relation to medical treatment; 1 in 5 people have experienced harassment and lived with fear of violence; 1 in 5 have experienced discrimination at work and more than 1 in 10 have been discriminated against in relation to accommodation.

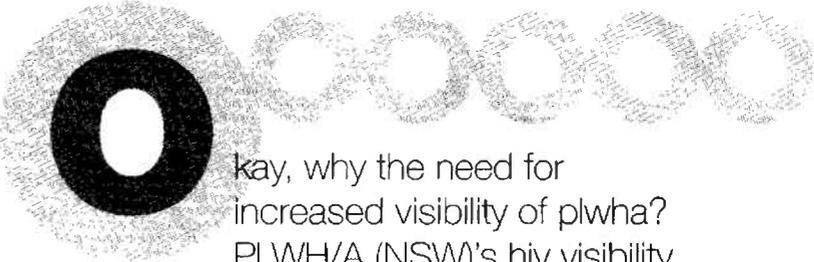
In their manifesto of 1989, and in more recent times, PLWH/A (NSW) call for the promotion of 'a positive image of people living with and affected by hiv/aids, with the aim of eliminating prejudice, isolation, stigmatisation and discrimination arising from hiv/aids'.

Many in the community sector would stress the fragility of human rights and the extent to which hiv remains stigmatised. It has been argued that the current lived experience, knowledge and 'visibility of people diagnosed in the last six years' is often described as very limited. This invisibility has resulted in a number of misconceptions concerning the realities of living with hiv within the broader community and of the place of hiv in the lives of different plwha – that is, the personal, social, political and everyday details. Discrimination affects the quality of life of people living with hiv/aids and is a major obstacle to effective hiv/aids care, prevention and education. Until recently there has been an absence of any acknowledgment of stigma and discrimination in education campaigns.

Both at a local and international level there have been calls for increased visibility of plwha. I would like to acknowledge that there may be many good reasons for being open and public about a hiv diagnosis, but

there are also equally good reasons against. Not everyone has a safe and supportive environment. Not everyone wants to be reduced to a diagnostic identity.² As many people have commented in workshops I have facilitated since 1990, 'I am much more than my diagnosis'. In other words, it remains as important as it ever was to respect the decision of individuals to do what they feel is best for them, in their circumstances, recognizing that these are likely to change over time in unpredictable ways. It is for these and other reasons that I would like to thank those people who have become involved in the first phase of PLWH/A (NSW)'s hiv visibility campaign.

Okay, why the need for increased visibility of plwha? PLWH/A (NSW)'s hiv visibility campaign aims to challenge prejudice, isolation and discriminatory attitudes by presenting a public face of the realities and diversities of living with hiv. The campaign also aims to raise awareness of the changing issues of hiv within gay and lesbian communities, positive communities and broader



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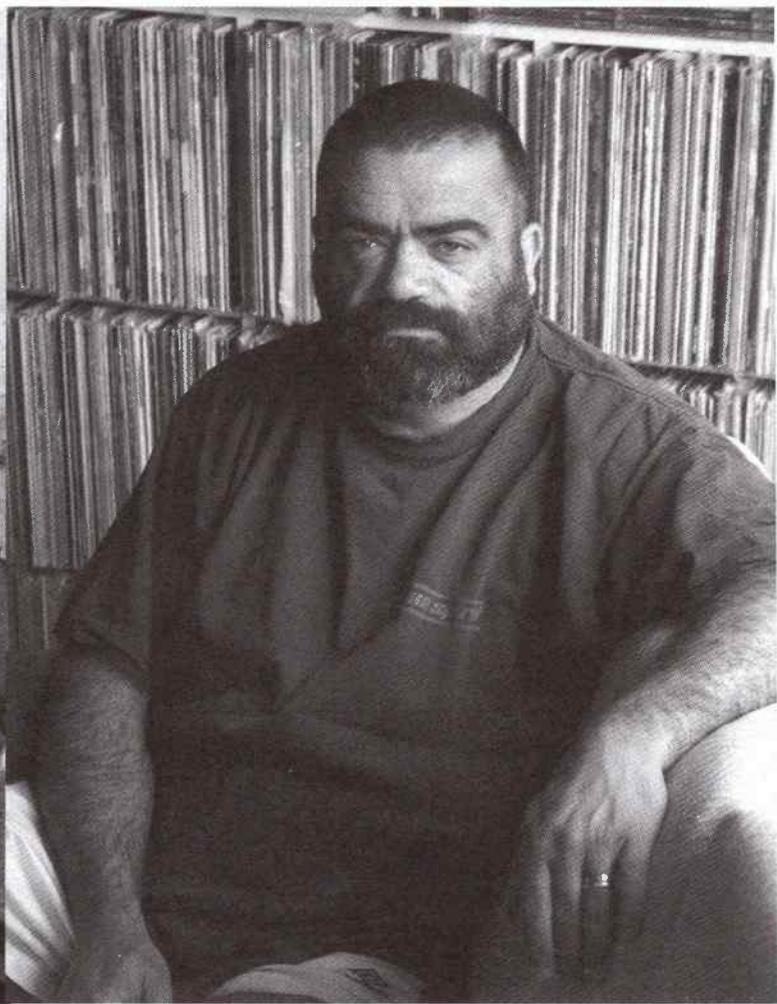
communities. Challenging stigma and discriminatory attitudes is also recognised as a vital part of hiv prevention efforts and as education strategies for people with hiv with objectives relating to health maintenance and coping.

The first phase of this campaign will run from November 1 until December 14 during the Gay Games and World AIDS Day. A billboard will be installed at Town Hall Station on Platform 6 and the production of a series of postcards. Themes include Wett Ones (Swim Team) with a focus on their philosophy of inclusiveness, and positive women and their everyday lives.

Seemingly 'ordinary and everyday' images in the campaign place the viewer in a position where she or he, finding none of the determining signs of hiv and aids, is asked to regard the individual in an ethical sense. It asks us to take responsibility and care, to regard each person represented as we would regard ourselves. The images of plwha invite the viewer to recognise themselves as a member of the community and, as such,



Elaine and her son. Photo: Jamie Dunbar



Tony. Photo: Jamie Dunbar

acknowledge their part in the social conditions that constitute the experience of living with hiv and aids.

Because stigma and discrimination affect the quality of life of plwha and are major obstacles to effective hiv/aids care, prevention and education, this campaign will provide the platform on which to develop PLWH/A (NSW)'s Health Promotion Program and its projects.

Briefly, through the Health Promotion Program, we aim to develop resources and facilitate workshops and forums to provide information on the realities of living with hiv and of the place of hiv in different plwha's lives. Value is placed on community ownership of health and on lived experiences: experiences that make sense of local activities, personal situations, social understandings and cultural meanings.

We recognise that educational approaches that have worked in the past will not continue to do so. During the next eighteen months we will also facilitate activities that will support debate and discussion on the realignment of health promotion and educa-

tion programs and the development of new strategies to respond to the ever changing experiences of hiv.³

What has changed for you? What are the inventive means that you have used to respond to and manage a positive diagnosis?

If you are interested in participating in forums, workshops, focus groups please contact healthpromotion@plwha.org.au or phone 02 9361 6011 for more information. Themes include negotiated safety/peer processes; 'desire' in health, sexuality and hiv/aids; reimag (in) ing the body - changing treatments and body image; and, sex and relationships, to name a few.

References:

- 1 Grierson, J., et al., HIV Futures 3: Positive Australians on Services, Health and well-being. Monograph series Number 37. The Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, Australia.
- 2 See Simon Watney, *Imagine Hope. AIDS and gay identity*. London and New York, 2000.
- 3 See Rosengarten M, Race K, Kippax S. *Touch wood, everything will be OK: gay men's understandings of clinical markers in sexual practice*. Monograph 7/2000, NCHSR, Sydney 2000; Smith G, Van de Ven P. *Reflecting On Practice: Current challenges in gay and other homosexually active men's HIV education*. Monograph 9/2001, NCHSR, Sydney, 2002 and Duffin R, *A discussion document on Positive Education*, ANET team of the Australian Federation of AIDS Organisations National Association of People Living With AIDS, March 2002.

Seemingly 'ordinary and everyday' images in the campaign place the viewer in a position where she or he, finding none of the determining signs of hiv and aids, is asked to regard the individual in an ethical sense

Irreplaceable campaigner for people with hiv

'It's not the label - it's how you wear it.' In 1995, when Suzana Murni was told at the age of 23 that she had aids, the label represented shame. Like most in that situation, she knew little about the disease and didn't know where to look for more information. 'OK, I'll just wait to die,' was her initial response.

But after six months, she didn't get sick. She just became angry: angry at the way her partner had been treated after he died of aids; angry at the way the label was worn; angry that she knew so little about the disease. So she started to look for information.

Suzana found she was not alone. She met with others with hiv, and found that these meetings broke their feelings of isolation. So she formed the first peer support group for hiv positive people, which she called Spiritia. As she put it, 'in the absence of treatment, spirit is what you need to go on.'

Early on, Suzana recognized the role of advocacy to counter the shame. And because of her excellent English - she was educated in the USA - it was natural that she should go international with her advocacy.

In October 1995, she attended the Third International Congress on AIDS in Asia and the Pacific in Chiang Mai, Thailand. There she met Susan Paxton, a founder of the Asia Pacific Network of People living with HIV (APN+), and a leading aids activist in the region.

Paxton persuaded Suzana to join the board of APN+ as Indonesia's representative and shortly following this she became a regional representative for GNP+, the Global Network of People Living with HIV. She also attended a regional aids meeting in Pakistan, and came back extremely concerned about the way people with hiv were stigmatized throughout the region.



From the start, Suzana emphasized the need for advocacy to increase access to treatment. But unlike many other activists, she recognised that treatment was not just a matter of pills.

In 1996, she attended the International AIDS Conference in Vancouver, Canada, where she gave a moving speech at the closing ceremony. Part of this was broadcast on TV in Indonesia, although few here made the connection.

But her greatest concern was for people living with the virus at home.

'Suzana worked tirelessly to advocate for and build a strong network of hiv positive people in Indonesia,' recalls Paxton. 'She wanted to ensure that they had the skills to respond appropriately to the epidemic and that they be given a voice at all levels of government.'

Suzana used Spiritia as a means to press for the greater involvement of people with aids, a principle first outlined at the Paris AIDS Summit in 1994, and one that she wholeheartedly supported.

Spiritia organised the first national meeting of people with aids in 1998. This meeting provided the first opportunity for most of the

participants to meet others with aids, and to share feelings and experiences.

From the start, Suzana emphasized the need for advocacy to increase access to treatment. But unlike many other activists, she recognised that treatment was not just a matter of pills. Because at the time of her diagnosis she had felt so unempowered by her lack of knowledge of the disease, she strongly encouraged me to start WartaAIDS, a newsletter to provide information on all aspects of treatment for people living with the virus. She also put great value upon other complementary therapies, not just herbal remedies, but including music and spiritual therapy.

Underlying all was her total belief in the value of peer support. Those who have not witnessed it can perhaps not imagine the effect of one first meeting with her by people recently diagnosed. You could almost see the burden being lifted from their shoulders; the first smile perhaps in weeks; the understanding that they are still people of worth, with



Suzana found she was not alone. She met with others with hiv, and found that these meetings broke their feelings of isolation. So she formed the first peer support group for hiv positive people, which she called Spiritia. As she put it, 'in the absence of treatment, spirit is what you need to go on.'



Suzana was of course well aware of the drugs that could extend the life of people with aids. But it was not until the middle of 2001 that their prices became affordable. Even then, it was a struggle to get her to start – she felt that it would be unfair for her to get treatment that was still out of reach of most of her peers.

a role to play in helping others to protect themselves.

Those who heard her talk in public recognized her quiet charisma. But it was her peers who felt immediately touched by her presence.

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Sadly, it was too late. Despite starting the therapy in August 2001, Suzana was diagnosed with lymphoma in October. This was shortly after her poignant and moving address at the opening ceremony of the Sixth International Congress on AIDS in Asia and the Pacific in Melbourne, Australia. A commitment she insisted on fulfilling despite her weakness. She started chemotherapy, but the

cancer spread, and Suzana slowly became weaker. She finally passed away in her home in the early hours of July 6, surrounded by her family, including her adopted son who had just had his second birthday.

Suzana was perhaps better known in global forums than she was here at home. Messages of grief and support have poured in from around the world.

Peter Piot, Executive Director of the Joint United Nations Program on AIDS (UNAIDS), noted the 'tremendous loss for all those who stood to benefit from her courage and tireless efforts.' Many remember her calmness: as one friend from New Zealand put it, '... never was there a more gentle soul that gave so much and was so dedicated to helping others.'

Shaun Mellors from South Africa, one of her greatest supporters since her early days with GNP+, put it: 'She was indeed an inspiration to so many, she spoke out when no one else could, she inspired when others were

fatigued, and she will continue to inspire as we fondly remember her. Her light and inspiration will never fade, and her passing reminds us that the fight is far from over.'

And from the USA, another friend notes that 'Suzana's gentle spirit and quiet strength inspired many of us, and will continue to do so each time we remember her.'

But those who will miss her most are the nameless 'little people' who were always her first concern. Among these were the sex workers and transvestites who are Spiritia's 'neighbors', to whom she dedicated an outreach program called Blok M After Dark.

She was always most at home meeting with others with hiv, encouraging them, supporting them, empowering them, and comforting them. For these, Suzana is irreplaceable.

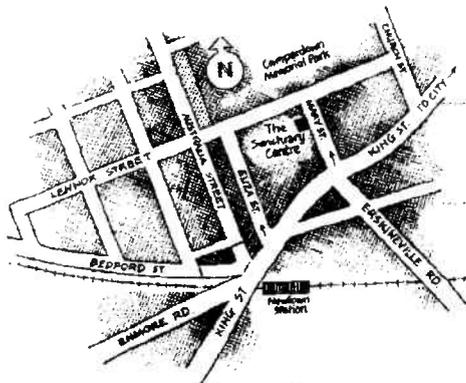
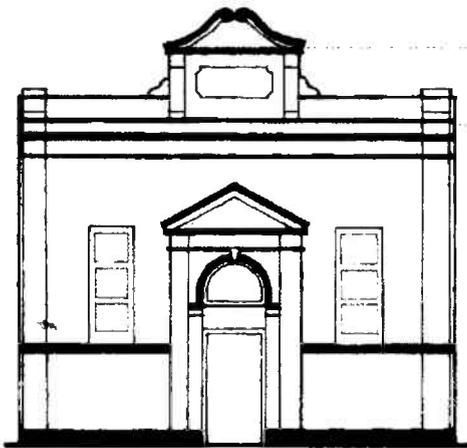
She wore her label, not with shame, but with confidence and humility.

Chris W Green, The Jakarta Post, 23/08/02

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THE SANCTUARY SEXUAL HEALTH CLINIC

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FREE AND CONFIDENTIAL SERVICE.
NO MEDICARE CARD REQUIRED.

The Sanctuary Men's Sexual Health Clinic is available for both locals and overseas visitors with extended hours during the 2002 Sydney Gay Games.

For an STD check, hepatitis A & B vaccination, HIV testing and counselling, HIV treatments....

Drop in to The Sanctuary at
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(opposite Newtown Post Office)
or make a booking on
9560 3057

30 October – 15 November Hours of
Opening: Wed, Thurs, Fri 10am-6pm.

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Inside front cover \$565

Inside back cover \$565

Black & white

Full page (297 x 210mm) \$450

Half page (135 x 190mm) \$290

Third page (70 x 190mm) \$215

Quarter page (135 x 90mm) \$170

Ninth page (90 x 57mm) \$90

Trade and services directory (45 x 100mm) \$80

Discounted rates for multiple bookings. Advertising also available in *Contacts 2002: A directory of services for people living with hiv and aids.*

Contact Danny on 02 9361 6750.

OPTIONS



employment services

For over four years, we have been supporting and assisting people living with hiv and/or hepatitis to make important and often life changing choices and decisions around work and/or study.

As a not for profit community based organisation, we especially welcome gay, lesbian and transgender clients to access our service.

We now offer a range of non-vocational and employment related programs and assistance from a number of metropolitan and regional locations. Our services include career counseling, assistance with resume writing and interview techniques, providing access to computers, phone, fax and photocopier.

For more information about Options Employment Service

FREECALL 1800 784 667

or ring your nearest office:

PLWHA and HEP+ SERVICES

Darlinghurst: (02) 9380 9555

South Yarra: (03) 9824 2330

Chatswood: (02) 9412 3122

Newcastle: (02) 4940 8431

Parramatta: (02) 9633 9644

Brisbane: (07) 3252 8021

DEAF and HEARING IMPAIRED SERVICES

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

or email : employment@options.com.au

It's time again to say Thank You.



DAY AWARDS 2002

During AIDS Awareness Week we will again acknowledge the efforts of those in the community who work tirelessly and often anonymously in the battle against HIV/AIDS. Award nomination brochures explaining criteria and categories are available from Aussie Boys, The Toolsheds, The Bookshop, Darlinghurst and most HIV/AIDS services. For more information contact the NSW World AIDS Day Project Office at knoxd@sesahs.nsw.gov.au or ph: 9382 7642 or fax: 9382 7645.

The NSW World AIDS Day Project is funded by NSW Health. www.worldAIDSday.org.au



T raining options for plwha

BGF's **Rob Hardy** gives plwha a summary of some of the training opportunities available

Training has become an important issue for many plwha considering a return to the workforce. For some, training may simply mean brushing up their computer skills but for others it can involve learning a whole new set of skills to completely change direction. Or you may choose to do a course just for the fun of it!

While the cost of training is obviously a major barrier for plwha living on the DSP, there are still a number of options and support services available for you to consider.

TAFE offers a wide variety of courses and support services. TAFE waives the enrolment fee for people on DSP, making it an affordable option. TAFE Plus courses are the exception. Courses are offered at different levels, from a basic Statement of Attainment through to various Certificate levels and Diplomas. The TAFE careers counsellors can help you decide which course and level would suit you best. If you feel that your disability might affect your ability to study, then you should contact a TAFE Disability Consultant before you enrol. They can assist with tutorial support, adaptive technology and other reasonable adjustments to the learning environment. Both these services are free and are offered at most TAFE colleges in NSW. Contact the TAFE Information Centre or website for more details.

If travelling to a college or the contact hours involved are a problem, TAFE's OTEN-DE (Open Training Education Network - Distance Education) may be a good option. You can complete your TAFE course from home at your own pace by correspondence, for example printed lesson notes, audio tapes, or online. This may be particularly useful for people with mobility problems or those in rural areas. Contact the OTEN Information Line or TAFE website for course details.

Finally, TAFE has an Outreach section which offers specific course modules to groups in the community who face barriers accessing training. TAFE has run courses in the past specifically for plwha, mature age

men and unemployed women. Contact Positive Employment Support (PES) at BGF for the latest courses on offer.

Most TAFE courses will be filled by enrolment in early February 2003. For some high demand courses, you will need to submit an application form before January 2003. Check your course details carefully to avoid disappointment.

University may be another option but this is much more expensive than TAFE. If you cannot pay your fees up front, you will accumulate a Higher Education Contributions Scheme (HECS) debt of between \$3,000 and \$6,000 per year for fulltime study. This debt is interest free if you pay by the due date but grows according to inflation. You are required to pay this back through the taxation system when your annual income is greater than \$23,242. There are other fees associated with university, such as student union fees and enrolment fees, which are usually not waived for people on the DSP. You will really need to do your homework before deciding on university.

Contact the Universities Admissions Centre (UAC) about enrolment details and check out the HECS website. Most universities have welfare sections that can also provide advice.

Private colleges often offer a shorter study duration than TAFE and university but are very expensive. They rarely offer discounts to people on DSP. Community Colleges offer a wide range of short courses at reasonable prices and some have disability discounts. Many of the courses offered are accredited by the NSW Vocational Education and Training Accreditation Board (VETAB) which give you a nationally recognised qualification. Courses offered include computing, dance, languages, photography/video and business. Contact the NSW Board of Adult and Community Education (BACE) for your local Community College.

The Rattan Fund, administered by BGF, assists with the cost of projects or activities that develop skills or wellbeing. This may

include training courses, training expenses and equipment purchases. To be eligible you must be hiv positive, on a low income or the DSP, have low resources and live in NSW. One-off grants of between \$50 and \$5,000 are offered with the next round of applications, which must be submitted by 1st November 2002 and then every 6 months. Contact BGF for more details.

CentreLink has an additional payment for people on DSP who are studying at an approved institution. It's called the Pensioner Education Supplement and pays up to \$62.40 per fortnight depending on the number of contact hours. Contact the CentreLink Pensioner Education Supplement Information Line for more details.

These are some of your options in relation to training. If you have any further queries please contact Rob Hardy, Positive Employment Support at the Bobby Goldsmith Foundation.

Useful phone contacts:

TAFE Information Centre
131 601

OTEN-DE Information Line
1300 362 346

Bobby Goldsmith Foundation
(02) 9283 8666

CentreLink - Pensioner Education Supplement
13 2490

Board of Adult and Community Education
(02) 9266 8004

Useful websites:

TAFE
www.tafensw.edu.au

Higher Education Contributions Scheme
www.hecs.gov.au

Board of Adult and Community Education
www.bace.nsw.gov.au

Universities Admission Centre
www.uac.edu.au

R Reflections

Victor Shepherd sends greetings from the Northern Rivers and reflections of a very busy couple of months

The resignation of the Gay Mens Educator at ACON Northern Rivers effective 16 August 2002 took everyone by surprise. A key position and a vital link between the hiv positive community and ACON has been lost. Most meetings that he was involved with have either been cancelled or postponed, including the positive support group. A quick ring around and the positive support group decided they wanted to continue meeting with or without the support of ACON.

Friday 13 September was the next scheduled meeting, and coincidentally Stevie Clayton (CEO ACON) and Darryl Williams (Regional Director ACON) were both planning to be in Lismore not only that day but for the weekend.

A formal request was made asking if they could attend the meeting and also meet 3 plwha privately. They agreed to both meetings. The private meeting was also attended by Kevin Orrell (Manager of the local branch of ACON) and Sue Rodda, the Care and Support Officer.

Many issues were discussed, some were personal and others more reflective of the community's concerns. In particular, the advertisement to replace the Gay Mens Educator. It was agreed that it could have been handled better, and if the applications do not meet a required standard the position will be re-advertised. Unfortunately that means the position will not be filled for some time, and in the interim Sue and a dedicated person from the support group will liaise to keep communication flowing.

Also the abandoning of ACON's Quality Steering Committee.

Owing to time restrictions, the meeting had to close, with the 3 local plwha agreeing to meet with Kevin later in the month.

Fourteen positive people then met with Stevie, Darryl and Kevin. Darryl gave an overview of his position and his background prior to joining ACON. A range of issues, as diverse as ACON's role with Mardi Gras,

to the lack of local facilities, S100 prescribing GPs, and mental health were discussed. Everyone participated in good faith and although there are no magic wands and some issues left unresolved, everyone felt that something had been achieved.

14 September - local Bake-off

Guesstimate of 70 attended, crowding into the Blue Tongue Emporium - the newest gay venue in Lismore. The atmosphere very colourful (after all this is the Northern Rivers), vibrant and friendly. A good mix of gay men, lesbians, transgender, straight, and even some children.

Timed to coincide with the launch of a recently conducted and very extensive survey by the local gay, lesbian, plwha and transgender community. This had been an initiative of the Gay Mens Educator and in his absence it was officially launched by Adrian Lovney the President of ACON.

Also launched was a local service directory, a very extensive guide for almost everything. Copies of these reports are available from ACON Northern Rivers.

MC/auctioneer for the day was Punita Boardman, the Lesbian Project Officer at ACON Northern Rivers. Judges for the cakes were Stevie Clayton, Nora Vidler-Blanksby, and Tobin (aka Vanessa Wagner.)

With encouragement from many quarters, frantic bidding pushed the proceeds over \$500, all money raised going to the local hiv crisis fund.

World Aids Day and AIDS awareness week

A very enthusiastic committee has met to plan what to do locally. Apart from the usual red ribbon selling, many other options were discussed. Four panels of the quilt will be available and it is hoped to hang one in the foyer of Lismore Base Hospital for the week prior to World Aids Day.

Local plwha are to be encouraged to tell their story on local radio. Either live on-air with listeners invited to ring in questions or

a pre-recorded story. The same stories could also be used in local newspapers. Managers of local cinemas are to be approached to screen movies with hiv or gay issues. Restaurant owners and local community invited to host candlelight suppers asking guests to make a gold coin (at least) donation.

Other plans include an owner and pets picnic, and confirmed charity of the day at the local market on World Aids Day December 1 2002.

All monies raised are to be split 50/50 with the local hiv crisis fund and AWOFS (aids widows orphans family support) project at Kampala Uganda.

Committee meets again on 24 September and possibly then more frequently til AIDS awareness week.

Looks like a very busy week!!

A committee has been formed with the positive community and Northern Rivers Area Health Service. Once again another initiative of the Gay Mens Educator. The group has representatives from Northern Rivers Area Health, ACON Northern Rivers and local plwha, and has agreed to meet monthly until at least World Aids Day. Terms of reference have been established along with the following Mission statement:

A partnership of PLWHA, NRAHS, and ACON, committed to communicating with our community and working towards improving HIV services based on identified community needs.

The group has met four times now, discussing a wide range of local issues. Dental, mental health, lack of S100 prescribing GPs, treatment trials, AIDS Awareness week, a sexual health planning day, the pros and cons of a positive living centre and not one but three projects to be conducted locally. Side effects; PEP awareness; enhanced care.

Plwha wishing to participate in any of these projects, or to become involved with the committee should contact Wendi Evans at Northern Rivers Area Health or ACON Northern Rivers.

O

lga's personals

Hiv+ 45yo gay guy, 16 years survivor, NS, SD, enjoying good health would like to meet and see a guy younger or up to early 50s on a regular basis for drink, coffee, etc. Nationalities open. Reply: 061002

Seek boyfriend! Young guy, 18-22, uninhibited, spunky, passionate lover. Hiv+, I'm easy on the eye, fun, gay guy. Interested holistic wellness, healthy life. Art, artistic male nudity. I can afford best but DTE, warm, affectionate. Particularly ex-sex worker. I care little about status in life seeking monogamous r/ship. Write soon. Reply: 051002

Hiv+ Gay man, early 50s, still in good health and shape, enjoys home life, reading, theatre and travel, excellent cook, has own business, looking for a companion, or more, with similar interests. Reply: 041002

Hiv+ 38yo, good looking, GSOH, living western suburbs, seeking fun & fair dinkum bloke for friendship & maybe more. Love horseriding, breed dogs & cats, love the bush and love a drink. My first advert. Genuine guys only please. Reply: 031002

Hiv+ 36yo male, ok looking and DTE, I have good friends and a GSOH but need that someone special to share my life with, to love and spoil you 18-40yo. Reply: 021002

Mid 40s hiv+ gay male with good looks, in fulltime work and so healthy I could bust. Seeks like spirited guy to join me in a new beginning. Reply: 011002

Mars seeking to align with his Venus, Heterosexual Male, 42 years, hiv+ Searching for a soul mate forever to support and grow in love. Respecting differences, nurturing vulnerabilities and valuing each others friendship. Reply: 020802

39yo +ve, fit, good looking, 5'11, honest, genuine, live in Eastern Suburbs, dog owner, seek guy, late 30-50 sincere, intelligent, warm, articulate, fit. Reply: 010802

Shy sincere loyal and hardworking 35 yr old hiv + divorced and honest straight guy living in Sydney, seeks friendship with hiv+ lady in similar situation who wants to meet a true, loyal and DTE friend. All letters answered. Reply: 020602

Central Coast, cute, slim & hiv+ (18yrs) 42yo passive bumboy. Seeks slim hung dickman, 35-50, for fun, sex and compassion. Reply: 010602

Good looking 30 yo straight +ve male, recently diagnosed, good health, NS, SD, seeking honest, straight, single female aged 22-32 for serious relationship and love, please respond if you are genuinely interested, I am looking to hear from you. You will not be disappointed. Reply: 070402

Long Bay, 28yo hiv+, good looking, intelligent, kind hearted, country lad and straight acting. Like a drink, don't do gay scene very often, looking for good friends, pen pals, a real man is hard to find. 'Are you my knight in shining armour?' Reply: 060402

Guy 50s, Ryde area, active and in good health. Hiv+ 6'1, 85kg, blonde likes home TV movies, going out GOSH no ties seeks person for companionship, relationship all replies answered so please write. Reply: 050402

24 yo gay guy, hiv+ for 5 years, DTE, GOSH, comes from country. I am currently in gaol and looking for pen pals with other hiv+ gay guys with the same interests, all letters answered. Reply: 040402

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.

Sydney

StraightTalk Daytime support program by Pozhet. Straight Talk's objective is about getting people out where they can make new contacts, socialise and share information or insights. Barmuda Coffee Bar, opposite Newtown Railway station. More info, tollfree 1800 812 404.

Positive Living Centre, 703 Bourke Street, Surry Hills. The centre is a one-stop access point for a range of hiv and community based services. Programs for pos people to help develop new skills, interests and work opportunities.

Luncheon Club and Larder, Positive Living Centre, 703 Bourke St, Surry Hills.

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

Yoga for plwha Special weekly classes at Acharya's Yoga Centre Mon-Fri. 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 on 02 9519 6142. Also holds cooking programs. To find out more contact Sidney Leung (dietician) on 02 9395 0444.

Community Garden Learn how to grow your own vegies. Great opportunities at Newtown and Waterloo. Call Street Jungle on 02 9206 2000.

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. More information or bookings, call Jane or Robbie on 02 9319 4439.

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

Dementia Support for Family, Partners and Friends. Telephone/group support for significant others of people with hiv associated 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.

Myrtle Place at Crows Nest offers massage services for plwha. For appointments and info about other services, call Dennis or Mark on 02 9929 4288.

Western Sydney

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

Blue Mountains

Drop in to the **Blue Mountains PLWHA Centre** at 2 Station St, Katoomba for informal peer support. Open Wed and Fri 11am-3.30pm. Lunch Wed 1pm, \$3conc/\$5waged. Ph/fax 02 4782 2119 email: bmplwha@bigpond.com

Hunter

Karumah A meeting place for positive people and their friends in Newcastle and the Hunter. Activities held each week. Pos-only space and open groups. Contact Karumah Inc, 47 Hudson St, Hamilton. Ph: 02 4940 8393. Email: karumah@kooee.com.au

Northern Rivers

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

Gay Games Cultural Festival

ACON is operating a health and safety information line during the Gay Games, 25 October-18 November, from 9am-10pm weekdays and 10-10 on weekends. The infoline will provide information and referral to regional and overseas visitors about Sydney health care services. Callers will also be able to call the infoline number to access the Anti-Violence Project after hours. Infoline: 1800 647 750.

Foreign Aids

Few people could show the South African Parliament what to do with a banana and a condom – and get a standing ovation. Political satirist and provocateur, Pieter-Dirk Uys, did just that. Highly acclaimed for his most visible creation, Mrs Evita Bezuidenhout – South Africa's Dame Edna equivalent – Pieter-Dirk Uys's one-man show Foreign Aids opens at the Sydney Opera House on 30 October 2002 after selling out in London, New York and The Netherlands. Uys transforms himself into a handful of characters to expose the hypocrisy and ignorance surrounding hiv/aids. As well as Mrs Evita Bezuidenhout, Uys's comical caricatures include President Mbeki, Nelson Mandela and other South African icons. Uys was recently awarded the prestigious 2001 Reconciliation Award by South Africa's Institute for Justice and Reconciliation for his contribution to reconciliation and in the fight against hiv/aids. Foreign Aids takes you on an extraordinary journey of laughter and revolution.

Sydney Opera House, Playhouse, Wednesday 30 October – Saturday 16 November 2002. Tickets: \$39, Conc: \$32, Group bookings available. Booking: (02) 9250 7777 or Online: www.sydneyoperahouse.com.



Elegies for Angels, Punks & Raging Queens

His Spirit Flies

Elegies for Angels, Punks & Raging Queens is a music theatre piece composed of poems and songs reflecting the lives of people who have lived with and died from aids. Written by Bill Russell, Elegies was inspired by the enormous Quilt Project, which memorialises those we have lost to hiv/aids. Over the years Elegies has become a potent symbol for aids awareness and education across the world.

'Elegies for Angels, Punks & Raging Queens represents the tapestry of the lives of people affected by hiv/aids,' said Tom Cullen, Program Director of Sydney 2002's Cultural Festival. 'A cross-section of characters, including lesbians, gay men, heterosexuals, drag queens and straights, all offer their own very personal and provocative perspective on the crisis. The songs tie together the relationships of the characters, creating an extraordinarily moving piece of theatre.'

With a stunning cast of stellar Australian theatrical talent including Ian Roberts, Robert Alexander, Paula Arundel, Linda Cropper, Nick Enright, Andrew McFarlane, Tony Phelan, Gary Scales, Toni Scanlan and Felix Williamson, this one-night only gala performance will raise funds for Oz Showbiz Cares – Equity Fights AIDS.

3 November at 5pm
Parade Theatre, NIDA
Full \$40 / Conc. \$20 +bf
Ticketek 02 9266 4020 or
www.sydney2002.org.au

His Spirit Flies is a theatre work by Tim Bishop in song and story, performed with sensational indigenous vocal duo Soul Wun, and a four piece band. Tim is a remarkable storyteller as he draws on personal experience in this tale of love between two young men. The show brings together gay and straight, indigenous and non-indigenous performers in the universal experience of death, life and love. This is a strong, generous and intimate performance, comprising original songs and stories written from a time of aids. It is musically beautiful and uniquely Australian.

The show title is from the song 'His Spirit Flies High' that pays tribute to the Aboriginal and Torres Strait Islander gay men and their families who live with and have died from aids – just one of the compelling stories told in this exceptional show.

Tim returns home to Sydney 2002 from his recent success performing at the Barcelona XIV International AIDS Conference. He is originally from Albury, where he worked with The Murray River Performing Group, and the Riverina Theatre Company of Wagga Wagga.

1 November 8.30pm
Rafferty's Room, Parramatta Riverside Theatre, Church St
PARRAMATTA
4 – 6 November 10.30pm
New Theatre, 542 King St – NEWTOWN
\$25 (\$15) + bf
Ticketek: 02 9266 4020 or
www.sydney2002.org.au





POZHET

Living Heterosexually with HIV/AIDS Annual Workshop

Big Picture

for positive men, positive women, their partners and family members

Sat 16 Nov 2002

9.45am – 4.30pm

Surry Hills, Sydney

On the grapevine

Things you hear about treatments

Glorious food

Put the EAT back in your grEAT body

Sleep easy

Wake up refreshed!

HIV and the law

Access to justice

Life choices

Kick yourself a goal!

We've got rhythm, we've got music

Dave Jensen and his Good Intentions

Heterosexual HIV/AIDS Service

Our annual free one-day workshop is on soon! Interesting speakers and activities
fabulous food • lots of fun-old and new friends • free car parking
...lots of reasons to come along!

Book now! Ring freecall (NSW) 1 800 812 404



International Memorial Quilt Display

First time in Australia!

International Panels!

3-5 November

Sydney Convention & Exhibition Centre,
Hall 1 Darling Harbour. Sunday 12:30

Unfolding, presentation of new panels, reading of
names. *Keynote Speech :*

The Hon Justice Michael Kirby AC CMG

Monday/Tuesday 10:00am-6:00pm

*Join us to remember the
World's names and celebrate
the lives.*

World's biggest community Art Project