

talkabout

Where we speak for ourselves

#130 | December - January 2003/4

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

'disclosure'
'communication'
'sex + health'



PEOPLE LIVING
WITH HIV/AIDS
NEW SOUTH WALES

'Disclosure would be less challenging if we all face up to discrimination about HIV.'



The Art of Living

grand opening monday 1 december 2003 6 pm

PINE STREET GALLERY

Positive Central warmly invites you to attend the launch of

The Art of Living

An Exhibition of Works by Positive People for World AIDS Awareness Week 2003



Opening night: 6 - 8.30pm Monday 1 December 2003
Pine Street Gallery
64 Pine Street, Chippendale

Exhibition runs: 1 - 8 December 2003

Contact: Kylie Tobler 9395 0444 for details

a project supported by Positive Central in conjunction with
City of Sydney Council and the Pine Street Creative Arts Centre

POSITIVE CENTRAL

Positive Central would like to extend its
**best wishes for a happy
and safe holiday season**

to all our clients, colleagues, volunteers,
and friends.

Your support and involvement throughout
the past year has been wonderful.
We look forward to another exciting &
innovative year in 2004...

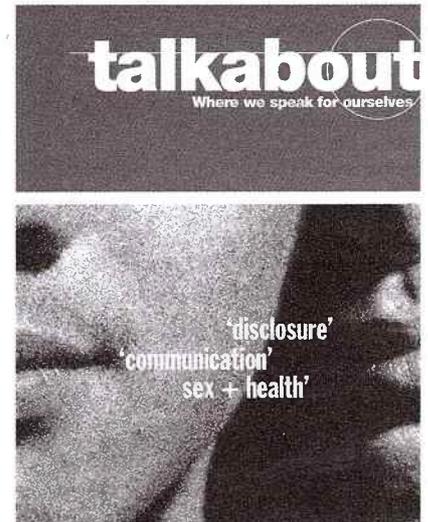
talkabout

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DISCLAIMER

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

If a person discloses their hiv status in *Talkabout*, either in a submitted article or in an interview for publication, that personal information is in the public arena on publication. Future use of information about such a person's status by readers of *Talkabout* cannot be controlled by PLWH/A (NSW) Inc.

It was great to arrive in the glorious holiday destination of Cairns to attend the 9th NAPWA Conference with the theme, **The Art of Living**. It was curious to notice others in the street who looked like they were here for the conference – and notice I was too shy to ask – in case they were not! ... stigma ... marginalization ... disturbance.

I stayed in a hotel with several other positive people – enjoying reminding one another to take pills, and sharing stories of successes and challenges – particularly with some of the women.

There were a couple of very successful social events – a bbq on the Esplanade and drinkies at the Hilton to launch a resource called, 'Having a Life'. Judging by the hubbub of conversation during meals and breaks, the conference provided great opportunities for shmoozing.

Creativity was well represented, with an excellent collection of exhibitions on the first day – as well as workshops exploring photography and writing. We worked in groups to create photographs to express our relationship with hiv. The conversations which ensued were really interesting ... especially at one stage when a condom broke over my hand ... There was like a shock in the atmosphere, and someone said, 'Yeah, that happens.' A good moment.

The program addressed a wide range of subject areas and interests but seemed to focus on members of Aids Inc telling us what they do. Useful for some but not always relevant for this old timer. However, they always gave me a chance to explore my relationship with the subject, and sometimes engage with others about those aspects which seemed more relevant. I would have preferred more facilitation, community building and smaller group activity – but I spoke with others who hate that approach too!

The Gay Mens' Sex forum provided a great opportunity to be honest and open about our various challenges – and then the Gay Mens' Satellite group went further, addressing a range of issues: ageing, drugs, identity,

prevention and others. In our general discussion, the tension between Aids Inc and plwha emerged but it seemed there was no way to facilitate a useful dialogue between these polarities – 'same old, same old'.

I was fortunate to have a couple of extra days up there, when I managed to get severely sunburnt while snorkelling the Great Barrier Reef. However, as that health issue settles down (responding to several coatings of aloe vera) I have time to distil the benefits of attending the Conference. I realise that I am doing pretty damn well, compared to others I met – both in Australia, and of course those from Asia and Papua New Guinea where services and positive cultures are so limited.

By the end of the conference, I was more relaxed and engaged with the 'community' and felt freer to speak out, though I felt uncertain as to whether my views were either valued or had a useful impact on others ... (frustrating, confusing, debilitating ... uncertain).

The Conference gave me the opportunity to reflect on where I am at, and what options I might want to explore in the future. And I had some fun, and felt the comfort of being in a world where most people are hiv+, which was a big relief from my day-to-day life.

On behalf of the Publications Working Group, all the best for the festive season. See you in 2004.

Kim Gottlieb

Retraction

In the 15th anniversary edition [#129] it was reported that Ray Hansen worked illegally in America. This was a typographical error. In fact, he worked legally during his time in the US.

P os action



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

Another holiday season is upon us again and another year rolls on past. And what a year it has been for People Living with HIV/AIDS (NSW). All our work is completed by a highly talented and dedicated staff team; supported and encouraged by a group of equally dedicated Board members, who volunteer their time and energy, and the continued commitment of a range of volunteers that come and share our work, assist in the office and in so many other ways, every week. To one and all, thanks for another year's fabulous effort and hoping every one of you has the happy and restful holiday break you deserve.

But we are also losing a very dedicated and longstanding member of our team, as he gets a long deserved break in retirement. John Robinson was recently awarded an Outstand-

ing Commitment award at the World AIDS Day Awards. John has been President of People Living With HIV/AIDS (NSW) since October 2001, Vice President 2000-01, Board 1999-2000, Secretary 1991-92 and a member of the organisation since 1991. He has been a Member, Ministerial Advisory Committee on AIDS Strategy, appointed November 2001 to present; PLWH/A Representative, Dental Services for People Living with HIV/AIDS Statewide Committee, NSW Health Department; PLWH/A Representative, HIV/AIDS & Sexual Health Advisory Committee, South Eastern Sydney Area Health Service (appointed November 1999 to present).

John was also Secretary /Treasurer 2001-02 of National Association of People Living with HIV/AIDS and the NSW Representative 2000-03 with the odd break, and more recently a Bobby Goldsmith Foundation Board member, appointed April 2003 to present.

Despite the outstanding list of volunteer achievements listed above, John has also

been a keen player in many other endeavours within the hiv sector for over a decade. Just the longevity and standard of his representational roles are an amazing achievement for one person alone. John was instrumental in recreating and revitalising PLWH/A (NSW) through its Governance changes and its recent Strategic Plan, leading the organisation to be structurally sound and planned for the future.

He has volunteered on numerous working groups across many organisations, the three listed above being the major ones, but has also participated in workshops and seminars with ACON, Positive Living Centre, and World AIDS Day, as well as travelling around NSW to meet and talk with positive people. I believe in John's final year as the President of PLWH/A (NSW), and over ten years volunteer services, it is a fitting time to award and acknowledge his work and dedication to numerous organisations in the sector and positive people in NSW. Truly an outstanding achievement as a volunteer.

In this issue

Letters to the editor return to *Talkabout* on **page 4**.

'The words to say it' – Kathy Triffitt reports on the launch of a new campaign by People Living with HIV/AIDS (NSW) assisting positive people develop strategies to discuss issues relating to sex and sexual health. **See page 10**.

Personal stories and reports from the NAPWA Conference in Cairns

– Scholarship recipients, first timers and others describe their experiences and the insights gained at the 9th National Association of People with HIV/AIDS Conference on **pages 21-24**.

Positive – John Cumming talks to David Menadue about memory, life, hiv and his new

book *Positive* on **pages 25-26**.

HIV Prevention Action Plan from NSW Health is a response to the rise in hiv infections. See the report by Antony Nicholas on **page 10**.

Tributes in this issue are on **pages 11-13**.

People Living With HIV/AIDS (NSW) celebrated 15 years in October. Kathy Triffitt's AGM speech is on **page 14**.

Letters to the editor

We are beginning a new Letters to the Editor column. We welcome your letters, which should be less than 300 words and may be edited for length. Please include contact details for verification only. Email *Talkabout* at editor@plwha.org.au

Fit X Gym and ACON are pleased to be pursuing a mutually beneficial alliance. As *Talkabout* goes to press, negotiations are in the final stages. Keep your eye on the weekly press, if you have been considering going to our Positive Access Project (PAP).

Fit X Gym is thankful for the overwhelming support that ACON has given us. I have been deeply moved by the many stories that people have shared with me throughout the organisation. After 7 years of wellness restoration, so many positive people have had their lives touched by PAP.

Do you ever wonder what 'events beyond our control means'? The broader issues that confronted our organisation are not unique - the availability of affordable inner city community space, insurance reform, plus others.

Commercial rents in Sydney are very high. In addition, the State Government charges commercial rents to other government bodies. The pressure on local governments for subsidised space becomes fiercer.

I would like to see greater leadership. Tell those developers, for every 100 or 1,000 apartments you build, an office or space for nonprofit, NGO has to be included.

Or, are the factory conversions and huge redevelopments of former industrial sites the new slums in 20 years? The affluent will have moved on. As these apartments age, will they be filled with the disconnected who no longer know their neighbor's name?

It's not for nothing that community gardens are never empty for long.

I have read yet another community event will no longer be held, due to a blow out in insurance costs. When the events that break social isolation are gone, will our communities be better off?

When non-profit organisations are sent to the wall, the people helped by the service don't just vanish. They become the homeless, the disengaged.

The insurance and bureaucratic red tape could be solved. The social assets our nonprofits and NGOs bring don't appear on the bottom of a balance sheet.

The Positive Access Project at Fit X Gym, Sydney's only nonprofit, community GLBTQ gym has a happy new beginning with ACON, finding new ways to help positive people.

James Rainier, Secretary, Fit X Gym

16 November, 2003

I had great pleasure in reading the current *Talkabout* [Oct/Nov] and the amazing personal stories of the people who have helped and contributed to the life time of PLWH/A (NSW). It was amazing to retrack some of the more defining moments (both the ups and downs) of the last two decades. I wish to offer my congratulations and thanks to the highly committed staff and volunteers both past and present of PLWH/A. Once again a great piece of history.

Thank you

Neville Fazulla

Having worked in gay men's health for a few years and having a partner with hiv, I have heard many horror stories of people needlessly suffering due to prejudice and fear. Recently, my world was rocked when hiv was used by the Australian Immigration Dept to refuse residency to a dear friend of mine. The facts are so sad and the government decision so lacking in compassion or good judgment, that they are worth bringing to the attention of the community.

Our friends Paul and Tim have been together for nearly six years and have established a loving network of friends and family as a couple. Tim, an Aussie, met Paul in England, fell in love and, after a few years, brought Paul home to continue their lives here. Both are successful career oriented guys in perfect health. Tim has hiv and agreed to go on a drug trial when he returned to Australia (on the recommendation of his doctor here). Basically, he came off all meds and became highly infectious - a risk they did not know about. While Paul was applying for residency, he seroconverted.

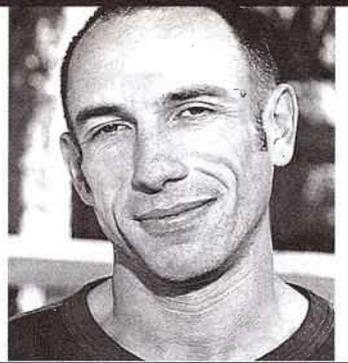
Despite the fact that he has been identified as a longterm non-progressor - he is one of the lucky ones who won't need meds for yonks, if ever, earns heaps and has years of probable health and prosperity ahead - he was denied residency. This decision has severely affected the lives of those who are Paul and Tim's 'family' in Australia.

The Immigration official who decided their fate was on his first day at his job. He consistently misread medical information, calling CD4 counts CBs even when corrected, and displayed no interest in the medical facts on which the application is based. We have been told there is no possibility for appeal. He must leave within 28 days and he will have difficulty ever visiting again.

We are utterly gutted. Be warned everyone, anti hiv sentiment is making its way back in Government Immigration Policy. Forget compassion and common sense. The bad old days are returning.

Paul

Talkshop



PLWH/A (NSW) Community Development Officer **Glenn Flanagan** profiles what's happening in NSW

training to all new volunteers, and ongoing support takes the form of weekly peer support groups, where volunteers can share difficulties and triumphs that their work might bring up. If you feel you have got what it takes to become an Ankali volunteer, contact the Project on 02 9332 9742 for more information.

Time Out Room at Sleaze - Thank you!

Thank you to New Mardi Gras for supporting us again to run a Time Out Room at Sleaze. They provided a great space in the Horden as well as bottled water. Thanks also to our volunteers who staffed the room during the night and made everyone feel comfortable and relaxed. And finally a very special thank you to Tony Creighton who worked hard in a totally voluntary capacity and helped shop for and set up the room as well as dismantle it after the party was over.

Talkabout exhibition

Many of our members would have seen the exhibition of fifteen years of *Talkabout* covers at the National Art School. The covers of your favourite magazine have reflected every major issue for positive people over the years, and have done so with a great deal of creativity and imagination. ACON Western Sydney in partnership with People Living with HIV/AIDS (NSW) is planning to put the *Talkabout* exhibition on at a venue in the Western Sydney area. We'll keep you informed as we have more details.

If you feel like a day out

If you feel like having a day out with other positive people, Outings coordinates monthly trips to places of interest. The next trip is to Shelley Beach, near Manly, on Saturday, 20 December. They will be having a BBQ with food provided. It's a good idea to book early. Ring Jane on 02 9319 4439 for more details.

After Hours - A chance to meet other newly diagnosed positive people

Are you a gay man recently diagnosed with hiv? You don't have to deal with this big change in life on your own. Many people would like to meet other newly diagnosed gay men going through the same experiences as themselves. People Living with HIV/AIDS (NSW) and ACON are running a new social drop in night once a month for people who have been recently diagnosed hiv positive. And what's recently diagnosed? That's up to you. One month, a year, two years, three years - you're as newly diagnosed as you feel. The first of our monthly nights for chat, snacks and chilling out is at 7pm on Thursday, 11 December. Ring Glenn on 02 9361 6011 or 1800 245 677 or Graham on 02 9206 2011 or 1800 063 060 for more details.

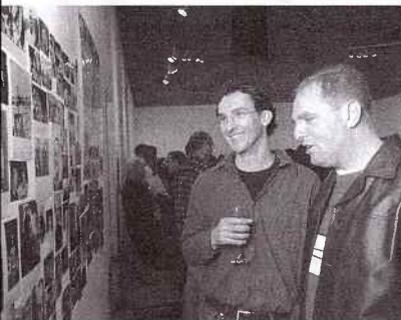
Want to do something worthwhile in your spare time?

Are you looking for something worthwhile to do with spare time? The Ankali Project is always looking for new volunteers. Volunteers provide emotional and social support to people living with hiv who might be having difficulties dealing with their hiv, or with other issues that might be exacerbated by their diagnosis. Ankali provides full



Bill Rigney and Julie Bates looking at the exhibition of photos and *Talkabout* covers. A tribute to Bill who passed away a few weeks after this event appears on p12.
photo: Jamie Dunbar

Guests at our 15th Birthday enjoying the exhibition of *Talkabout* covers and photos at the National Art School. The exhibition will soon be travelling to Western Sydney.
Photo: Jamie Dunbar



N_{ews} roundup

Luncheon Club: New home to celebrate 10 years

The Luncheon Club has provided over 100,000 meals through the Monday Lunchcons. The Larder has provided 96,000 food items and 6,400 essential items to plwha struggling to survive on the Disability Support Pension.

As well as providing lunch on Monday and Wednesday every week, the Luncheon Club provides a warm, fun place for positive people to get together. There's always free tea and coffee and a friendly ear. It's a great place to get together, warm and welcoming.

'I've made a number of close friends here,' said M.

The Luncheon Club has helped people over life's bumps. You can always lend a hand, if you like. With the episodic nature of hiv/aids, some clients reappear for a while then return to work.

'I started as a client, became a volunteer, then returned to part-time work. Volunteering gave me confidence to do that ... I'm having a rest from work, due to a change in my treatments, though I'll return to work soon,' said Efreem.

Christmas hampers will again bring a little bit of cheer to clients. Have a look through the clothes racks and baskets; you never know what you will find.

Eileen, (in her 70s) found a lot of support at the Luncheon Club, from both volunteers and clients, after a family tragedy.

'I love the social side. I can have a joke and feel like one of the boys.'

This year is extra special. The Luncheon Club welcomes all to their new home at Gordon Ibbett Community Centre, 77 Kellick St, Waterloo for their Christmas Luncheon on 22 December.

'The new place is such an improvement. The kitchen is stainless steel, gigantic ... much better,' said Eileen.

The Club would like to see as many faces of their family as possible, past and present.

Accommodation for plwha with complex needs

ADAHPT and the South West Inner City Housing Cooperative (SWISH), with support from the Bobby Goldsmith Foundation, have collaborated to establish a specialised longterm housing project in Sydney's inner west. An open day is planned for 1 - 3pm, 27 November. Accommodation is in a spacious, open plan house, situated close to transport, shops and other local facilities. Residents have their own bedroom and share communal areas, including an enclosed sunny courtyard.

Plwha with complex needs, who have increasing support needs, are often unable to live independently in the community. ADAHPT staff assists case managers throughout NSW with increasing numbers of clients with psychosocial and nursing needs.

The Intensive HIV Supported Accommodation Project (ISHAP) aims to:

- Assist clients to maintain tenancy despite high care needs
- Reduce inappropriate placement of complex hiv positive clients with high care needs
- Establish an additional level of care in the continuum of hiv supported accommodation options for complex hiv positive clients
- Increase overall hiv supported accommodation capacity

The aim is to support residents to maximise their independence and realise their full potential. The project has a primary support worker, who works with local services to develop an individual case management plan for each resident, rather than services for the house as a whole. Applications are currently being accepted for longterm residents. A selection committee reviews all applications against the eligibility criteria,



and then informs the referring person of agency of the outcome.

To be suitable, residents must:

- be hiv positive with complex and high care needs
- have at least one nursing need
- have mild to moderate cognitive deficits
- be on a low income
- be eligible for public and/or community housing
- be homeless, at risk of being homeless, or inappropriately located or housed
- be able to maintain a tenancy (with appropriate supports)
- require more support than can be provided by other hiv supported accommodation services but less than The Bridge
- be prepared to participate in a support contract
- agree to become a client of ADAHPT

All referrals and enquiries can be made to Jenny Thompson, ADAHPT on 02 8382 1810.

This article adapted from original article published in *The South Easterly*

Syphilis in hiv+ inner Sydney gay men

Syphilis infection in people with hiv can boost their viral load, increasing the chance of hiv being passed on to sex partners. In an ongoing survey of inner Sydney gay men who were recently diagnosed with syphilis, the National Centre in HIV Epidemiology and Clinical Research has found that just over half (56.5%) reported that they were hiv positive. The men also reported they were more likely to look for sex partners at sex-on-premises venues and to use the recreational drug crystal meth.

Source: National Centre in HIV Epidemiology and Clinical Research

On a benefit? New rules

Legislation introduced as part of the 2001 Budget will change the way Centrelink assesses earnings for working-age people. From 20 September 2003, Centrelink will need to take into account what people earn each fortnight to work out their Centrelink payment for that fortnight – rather than calculating their average earnings. Some people need to tell Centrelink about their earnings on the same day each fortnight before they will receive their payments. This rule is already used for working out allowance payments – it is being extended to working-age pension and parent payments to make things fairer and simpler. The new rules have been introduced in an effort to avoid people being overpaid or underpaid by Centrelink.

People need to report in order for Centrelink to pay them. If they forget, their payments will be stopped. If this happens, contact Centrelink as soon as possible.

Working-age parents and pensioners have access to Working Credit, which allows people to keep more of their Centrelink payment when they start work. It also makes it easier for people to get their payments restarted if they get a short-term job.

People whose income varies will have to contact Centrelink on a specific day each fortnight. People with ongoing stable earnings will only need to contact Centrelink if their income changes (within 14 days of the change). In many cases, if both members of a couple get a Centrelink payment, one member can report for both people.

To report earnings, there is no need to hand in a form. People can report their earnings by using:

- A priority phone number to talk to a Centrelink Customer Service Officer
- An automated phone service (using speech recognition technology)
- The Internet
- People can still visit a Customer Service Centre, or mail if they wish

An Information Pack already sent to people with variable earnings includes 'earnings worksheets' for people to keep track of their hours and how much they earned. These worksheets do not have to be handed in to Centrelink.

Each Centrelink office has been given a list of people on benefits who are working in Business Services and Open Employment who need to report fortnightly. Alternative arrangements can be made if fortnightly reporting is

not appropriate for an individual. Centrelink is also working with Business Services to introduce a new process called Employer Reporting. This allows employees to get their Business Service to provide earnings information to Centrelink. It is voluntary for both the Business Service and their employees.

Everyone needs to tell Centrelink if their circumstances change. If someone stops work, they will need to tell Centrelink and they will no longer need to report each fortnight.

In cases when someone knows they won't be working or won't be able to report they need to contact Centrelink so that their reporting arrangements can be changed.

HIV Health Promotion Officer, ACON

ACON Northern Rivers in Lismore now has an HIV Health Promotion Officer. Barrie Harrison, who also works as Treatments Officer at the Lismore branch, is employed one day a week in the new HIV Health Promotion position. Barrie is currently organising a treatments workshop for positive people which will be held at the Byron Bay Beach Resort on Saturday 6 December. The aim of the workshop, which is free and sponsored by Boehringer-Ingelheim, is to provide positive people with an opportunity to discuss hiv treatments. Speakers at the workshop include Dr Dick Quan from the Holdsworth House General Practice in Sydney and Jim Arachne, Complementary Therapies Treatment Officer from the Victorian AIDS Council. Plans are also underway for the annual HIV Positive Gay Men's Retreat at Midginbil Hill near Uki in March next year. Another health promotion initiative is the PLWHA Consultative Committee consisting of representatives of the hiv positive community in the Northern Rivers and from Area Health. The committee meets bimonthly to discuss and address service issues for positive people living on the North Coast. Plwha in the area are encouraged to get in contact with their local representative with their concerns about service provision.

For further information please contact Barrie at ACON Northern Rivers on 02 6622 1555.

pH Study results

How do positive people in Australia decide about treatments? How do these treatments affect their lifestyles? What are their experiences with natural/complementary therapies? How do they find out about what health services are available?

These are some of the questions the Positive Health (pH) study has been trying to answer. Since 1998, the study run by the National Centre in HIV Social Research has been interviewing participants about their health management strategies and the impact of hiv on their lives. A report from the study titled 'Then and now: following positive people's lives over time' released on 26 October has found that most study participants rate their health as good, and increasing numbers rate their health as excellent. However a minority are experiencing worse health outcomes, reporting symptoms such as worsening mood disorders and lipodystrophy. Of further concern is that during the study, 20% of participants reported a clinical diagnosis of depression and nearly a third indicated higher levels of cholesterol and triglycerides. Other key findings in the report are:

- In defining a sense of identity, over half of participants rated gender and sexuality as 'very important'. Hiv status was regarded as less important.
- More people preferred the internet as a source of hiv and treatment-related information, rather than hiv-related print materials.
- Participants are monitoring CD4 and viral load more frequently than in the past.
- Around one-quarter of study participants experienced some problem accessing services, most likely at hospital pharmacies.

The pH study has the potential to help shed light on any issues affecting people with hiv and assist the community, hiv/aids organisations, and governments respond appropriately. To find out how to join the study, phone Hédimo Santana at the pH Study office on 02 9385 0969, toll-free 1800 445 569, email phstudy@nchec.r.unsw.edu.au. Information about joining the study is also available on a link from www.plwha.org.au, the website of People Living With HIV/AIDS (NSW).

John Cumming, Research & Policy Officer

New Ministerial Advisory Committee

On 24 September, Senator Kay Patterson, the Federal Minister of Health and Ageing, announced the appointment of Associate Professor Michael Wooldridge as the head of a new national advisory council to the Australian Government on transmissible and blood borne diseases.

Although the current national strategies for hiv and hepatitis C run until June 2004, the term of the current Australian National Council on AIDS, Hepatitis C and Related Diseases (ANCAHRD), chaired by Mr Chris Puplick, had expired.

Professor Wooldridge, an Associate Professor in the Department of Neuroscience at Melbourne University, will head a new, overarching committee called the Australian National Council on HIV, AIDS, Hepatitis C (Hepatides) and Sexual Health (ANCHAHS).

'Professor Wooldridge was chair of the Coordinating Board of the Global UNAIDS Program in Geneva during 1998-99, chair of the World Health Organisation East Asia and Western Pacific Region during 1997-98 and he led the Australian Delegation to the United Nations General Assembly's Special Session on HIV/AIDS in New York in 2001,' said Senator Patterson.

The new Advisory Committee will be supported by:

- an HIV/AIDS and Sexually Transmissible Infections (STIs) Committee chaired by Professor Frank Bowden, Professor of Medicine at the Australian National University in Canberra. Professor Bowden is an experienced sexual health and infectious diseases physician.
- a Hepatitis C and Other Hepatides Committee, chaired by Professor Robert Batey, Cojoint Professor in Gastroenterology at the University of Newcastle and a specialist in hepatitis C.
- an Indigenous Australians' Sexual Health Committee (IASHC), to be chaired by Professor Cindy Shannon, an Associate Professor and Head of the Division of Indigenous Health at the School of Population Health, the University of Queensland.

Senator Patterson thanked Mr Chris Puplick for his many years of valuable service as head of successive national advisory councils on transmissible and blood borne diseases.

Outlining the Australian Government's

response to independent reviews of the national strategies to fight HIV/AIDS and hepatitis C - commissioned by her - Senator Patterson said although much success has been achieved during the current strategies to control and respond to these diseases there is no room for complacency.

'As before, the new strategies will focus on prevention and cooperation between all sectors including governments, health professionals, researchers and people infected or affected by these diseases.'

Senator Patterson was concerned at the re-emergence of other sexually transmitted infections, such as chlamydia and gonorrhoea. The Government would aim to increase awareness of young people about the risks of STIs.

'GPs can play an important part in the prevention and management of hepatitis C and I would like to see a greater focus on educating GPs about management of this insidious disease,' Senator Patterson said.

Senator Patterson said the Australian Government had accepted the majority of the reviews' recommendations and it was fully committed to reducing drug use and the harm it causes. The Government's Tough on Drugs policy does not include heroin injecting rooms or heroin trials.

Community pharmacies pilot evaluated

People Living With HIV/AIDS (NSW) welcomed the public release by NSW Health of an evaluation of a pilot scheme that allowed people to access hiv medication through community pharmacies rather than hospital pharmacies. The first of its kind in Australia, the pilot ran from February 2002 to March 2003 under the direction of NSW Health, the Albion St Centre and with major input from community and clinical organisations. It provided a unique opportunity to trial the feasibility, safety, effectiveness and benefits of community pharmacy dispensing of hiv medication.

'People can spend over \$700 each year on their hiv medication, but being forced back

to hospital for medication limits their basic consumer rights, such as choice and convenience. It also conflicts with the improved health and increased rates of work participation that many people with hiv are experiencing. Unlike community pharmacies, very few hospital pharmacies offer afterhours services and they are closed on weekends, which means people have to juggle work commitments to get their medication,' said Mr Robinson, president of People Living With HIV/AIDS (NSW) Inc.

'This evaluation confirms the feedback we got from people in the pilot, who told us they were thrilled by the convenience of the scheme. The evaluation surveyed pilot participants and reported that 97% found the opening hours of community pharmacies much better, 76% found them much easier to access, and 68% found the waitin times at community pharmacies much better than at hospitals. It's therefore not surprising that around one third of those surveyed reported improved compliance with medication,' said Mr John Robinson.

Mr Robinson said that the pilot would not have been possible without the cooperation of the Prince of Wales Hospital, the Albion St Centre and the goodwill of the five inner city pharmacists who dispensed the hiv medication. 'The pharmacists took time out from running their businesses to undergo special training in hiv medication. The paperwork associated with the pilot increased their workload.'

'In the meantime we will continue to work with the Commonwealth and State for a solution that enables the dispensing of hiv drugs in community pharmacies on a permanent basis,' said Mr Robinson.

The NSW Health evaluation is available online at http://www.health.nsw.gov.au/pubs/dl/pdf/dispense_hivdrugs.pdf

Submit your art work now!

A new and exciting art exhibition is being held during the Mardi Gras 2004 festival. If you want your work displayed, contact Maddie on 9332 9747.

Tenant blacklists under scrutiny

The Tenants' Union of NSW has welcomed the announcement on International Tenants' Day (7 October) by the Minister for Fair Trading, Reba Meagher, that the NSW government will regulate real estates' use of tenant databases.

'For too long, tenant databases have been entirely unregulated. The Minister's announcement, on International Tenants' Day, is a welcome first step to dealing with the massive problems caused by tenant databases', said Michelle Jones, Executive Officer of the Tenants' Union.

'Where governments allow agents to list people on databases – and there are plenty of reasons why they should not – they must at least limit the circumstances in which a person can be listed, and give people quick, accessible means of getting a listing removed', Ms Jones said.

'The test now is how rigorous the Government's proposed regulation will be. On their current form, tenant databases deserve to be banned outright. We encourage the Minister to take the approach that if agents cannot make regulation sort out the problems that tenants currently have with database listings, then the use of tenant databases should be banned.'

'Tenant databases have a doubly bad effect', said Chris Martin, Policy Officer for the Tenants' Union. 'First, they have a devastating effect on people who are listed. Being listed can exclude you from the rental market and make you homeless. Second, they discourage all tenants from asserting their legal rights. For any tenant who is thinking of raising an issue with their landlord, the threat of being listed hangs over you.'

'What's more, tenant databases are not even a good product for landlords. There is so much out-of-date, irrelevant and just plain wrong information listed on them that they are not a credible basis for assessing tenancy applications. The only thing databases do well is threaten tenants.'

Also on International Tenants' Day, the Tenants' Union and the Boarders and Lodgers Action Group launched the 'Rights for Boarders' campaign, calling on the State Government to honour a longstanding promise to make laws giving basic rights to residents of boarding houses and other boarders and lodgers.

'The Minister has done the right thing by tenants in announcing the regulation of database listings. The Tenants' Union asks her to do the right thing by boarders and lodgers in providing some basic housing rights for this disadvantaged and exploited section of the community', Ms Jones said.

Launch of the Words to Say it Campaign

People Living with HIV/AIDS (NSW) launched the *Words to Say it* Campaign at the Colombian Hotel on November 11



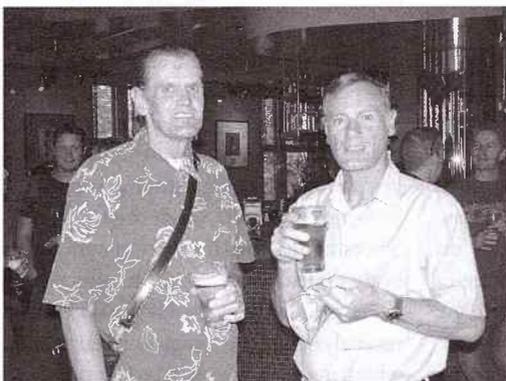
Barry and Lisa



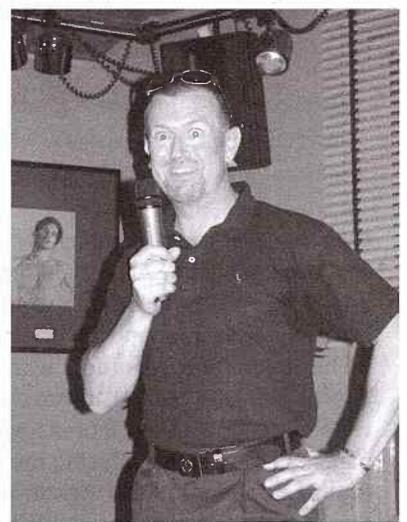
Danny and Denis



David, Stephen and Ronny



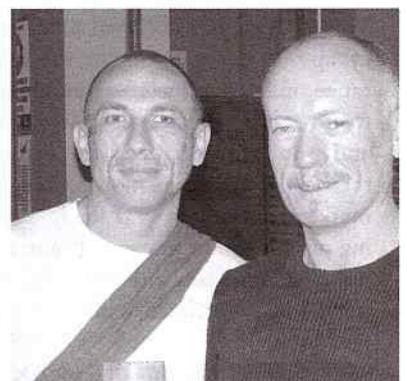
Ian and Paul



Warren launching the campaign



Lisa from NSW Health alunching the campaign



Glenn and Danny

H

iv Action Plan aims to stop dramatic hiv increases

Antony Nicholas, Executive Officer of People Living with HIV/AIDS (NSW) reports on the recent response to the rise in hiv infections.

Over the last months many hiv community organisations, Area Health Services and NSW Health have been working collaboratively to respond to the increases in hiv infections recorded within NSW. The aim of this plan is to have a sector wide approach to an increasingly complex matrix of issues causing the increasing hiv infections. NSW Health launched the new HIV Prevention Action Plan in response to the disturbing increases in hiv notifications in NSW with 224 people diagnosed in the first six months of 2003. This represents a 38% increase on new cases since January 2001.

Hiv notifications rose from 341 in 2001 to 389 in 2002. This represented a 15 percent increase, and was the first increase in hiv notifications in NSW since 1995. This most recent increase appears to be concentrated among gay men and is consistent with increases in hiv notifications in Queensland and Victoria. AFAO is also holding a meeting with all state AIDS Councils to discuss these developments, which have been noted in other states over the past few years.

From research data there have been increases in the number of occasions of risk among gay men over the period 1996-2002. This increase has occurred amongst diverse groups of gay men and is the result of a range of factors, including condom fatigue, treatments optimism, negotiated risk taking, and sophisticated decision-making about the risk of hiv acquisition based on clinical markers (including viral load). An increasing proportion of gay men began to rely on non-condom based risk reduction strategies (including negotiated safety and strategic positioning).

The uptake of non-condom based strategies was a response to a belief that the chance

of hiv infection was less than it had been previously. The same patterns and levels of risk taking behaviour are now associated with significantly higher risk of hiv infection. The increased prevalence of hiv, the higher proportion of people with new hiv infection (and higher viral load), and the concurrent epidemics of sexually transmitted infections among inner Sydney gay men mean that a gay man practising unsafe sex has a greater chance of acquiring or passing on hiv infection in 2003.

John Robinson, President of People Living with HIV/AIDS (NSW) said 'People seem to

Having hiv may now not be a death sentence, but it is not a walk in the park either.

have this fairy tale idea that living with hiv is a breeze and you just pop a pill and all will be ok. That is just not the case and any hiv positive person would tell you that.'

'Having hiv now may not be a death sentence, but it is not a walk in the park either. People have issues with treatments compliance, side effects and organ dysfunction. There is also the impact on self esteem and body appearance,' Mr Robinson continued.

People Living with HIV/AIDS (NSW) has recently released sexual health resources which focus on communication, disclosure and discrimination and an understanding of

sexually transmitted infections and hiv. 'The words to say it' campaign will also have a range of discussion forums and community events to engage people in discussion about positive sexuality, myths about infectivity, looking after your sexual health and dealing with disclosure, discrimination and communication skills.

'We believe people need information to make safe choices about sexual health to protect themselves and others. This campaign goes a long way to starting that process and could not be more vital than at this time in NSW,' said Mr Robinson.

NSW Health, Director of Communicable Diseases, Dr Jeremy McAnulty said 'Many gay men have maintained a strong commitment to hiv prevention and condom use over the past twenty years. However, there has been a decline in the proportion of gay men who consistently practise safe sex.'

The Action Plan includes a targeted campaign with three messages:

- Reports of new hiv infections increased by 15 percent among gay men in NSW in 2002. The risk of contracting hiv from unprotected sex is now higher than it was 12 months ago.
- Sexually transmitted infections such as chlamydia and syphilis infections are also increasing. Having an STI could make it up to 10 times easier to transmit or acquire hiv.
- The most effective way to protect yourself and your partners is to consistently use condoms.

The Action Plan is supported by a new hiv telephone information line (1800 009 448), along with information for general practitioners and sexual health clinics, as well as web-based strategies.

F

ounding member of VIVAIDS

Susan Paxton recalls **Sonja Ristov**, who passed away on 8 October 2003

The only thing that women have in common is that they are women and they are hiv positive.

Sonja Ristov, *Talkabout* #123 (2002)

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. ... Menopause is now becoming an issue for hiv positive women. They never thought it would be.

Sonja Ristov, *Talkabout* #123 (2002)

Sonja Ristov was a woman of many parts, and each of us who knew her saw her in a different light. As a founding member of VIVAIDS (Victorian Drug User Group), she was already a veteran within the aids world before I met her in 1991. Although we were like chalk and cheese, we immediately bonded, being the only queer folk on the Positive Women Vic block.

Sonja was a party girl who relished in shocking people. She spent some memorable and outrageous times in Sydney, including occasional appearances at Mardi Gras with her bleached hair, pierced brow and nose, and dressed in her leather and studs. Her black sense of humour was infectious and she enabled many to see the hard-to-find funny side of hiv infection. I remember the heading on the cover of an early edition of *Talkabout*, 'Sex and the Single T-cell', that had Sonja and I rolling with belly laughter in the courtyard of the Positive Living Centre in St Kilda, much to the disdain of some volunteers who felt we were being totally irreverent. We were – that's how Sonja taught me to cope with hiv.

Sonja was always quick to tell anybody that she was a 'wog', a Melbourne girl from hard-working, immigrant parents, of whom Sonja often took advantage. Every time she smashed up her car, which was more often than I dare to attempt to recall, her soft-hearted dad would buy her a new one.

Sonja was a moody, prone-to-hibernation sort of woman. Trying to rouse her from her bed if things were not alright was well-near impossible. One had to wait for her body or her mind to come around. But when it did, she was an utter delight with her quick wit and sharp, cheeky tongue. She dazzled her audiences, who listened to her, rivetted, as she demolished their belief systems. Sonja held nothing in reverence.

Sonja was also a partly-political being who left a lasting impression. We were both on the board of the Victorian AIDS Coun-

cil during the turbulent mid-90s and, along with Shelly Wesley and Michelle Humphries, made up the largest ever women's contingent on the Program Management Committee of PLWHA (Vic). Sonja not only attended the International AIDS Conference in Vancouver but flirted with every dyke there and broke her wrist whilst on her roller blades. In 1999, Sonja became the second chairperson of Positive Women (Vic). She led the organisation into a new era and she thrived in the position, wowing the media with her brazen demeanour on several occasions.

For several years, Sonja was also a very loving surrogate parent to Zowie (her lover's daughter) and Tsari (my son), who to some extent replaced the child she had to give away when she was just fifteen. This was Sonja's most liberating role; she took to it with great gusto and spoiled Zowie and Tsari unreservedly. As Tsari said at Sonja's funeral: 'Sonja was an amazingly unique woman. She could relate to almost anyone and she'd tell the most hilarious (though not always tasteful) jokes. Sonja always had an interesting perspective or an overt opinion about any matter. She was certainly never dull. There is no one like Sonja. But the most endearing and utterly beautiful quality was one that I was lucky to feel very strongly. This was Sonja's love and her caring protection. Sonja's love was enveloping and unconditional and I could feel that it was coming from a completely good place in Sonja's heart ... It's strange, it's almost as though Sonja was never meant for this place, destined to go somewhere completely different and special. So, whenever I get sad or teary about Sonja's passing I believe that she's in that place. And she's smiling because she's at peace.'

Ken Irvine

passed away 19 September 2003



Remember Ken

Mirror balls reflect a spinning man,
Dusk glints off a twirling fan
Easy laughter sounds again
And I remember Ken

Marchers pass and a dancer twirls
A leather harness, a flag unfurls
A close-knit family of special men
And I remember Ken

Base notes thump and glass vibrates
A midnight shift to find new mates
Retreating to a darkened den
And I remember Ken

A battle fought that can't be won
Yet somehow when the war is done
The loser wins and once again
I remember Ken

Final days of dignity with pride
Conversations with a spirit guide
A rainbow follows a storm and then
I remember Ken again

Jenny Hill

John Rule spoke at Ken's service

During the aids conference in Durban, the only article written about that conference in major Australian papers contained quotes from, you guessed it, one Ken Irvine. While all the other delegates were off doing whatever, there was Ken, doing the practical straightforward thing, sitting at the stall listening and talking to people, and clearly quite ready to have his say in an interview with the media.

Ken was working at NAPWA (National Association of People Living with HIV/AIDS) when he went to that conference in South Africa. So, in that instance, I guess we can say he represented hiv positive people quite well.

Ken also spoke at the NAPWA conference held in Melbourne two years ago. In his own words he described his work as 'holding things together when nobody else was there to do that'. At NAPWA, he pulled together the first ever substantial annual report; he helped design the first lot of job descriptions. He moved the office from Bligh Street to Wentworth Avenue and prepared the office for the arrival of the Aids Treatment Project of Australia in 1999 – I'm told by Jo Watson, who worked for the project, that he wanted to make everyone welcome and comfortable. He worked really well across organisations – Ken and Andy Sabjen were an important administration link in the offices at Wentworth Avenue.

Those were the things that Ken did well. He did them for all of us. Made others comfortable where he could. Certainly his role at NAPWA was focused on making delegates from other cities comfortable when they were in town and we have had notes coming into the office in the last week from those who remember him with affection.

It's fair to say that it wasn't always easy going for Ken. He struggled at times to fit in and many people struggled with Ken to find that place of fitting in. But that's what Ken taught us I think – he taught us something about that struggle. Personally, he reminded me that it's not people who should have to fit into organisations or systems – rather those organisations or systems should operate in ways that fit with people in all their differences.

Terry pointed out the other day that Ken learnt everything on the job. Because Ken had learnt by learning himself, it meant that he had a broader appreciation of other peo-

ple's worlds. He was quite proud of his position as a representative on the National HIV Multicultural Project. He revelled in difference and supported other people's right to be different. He worked closely with Corey to help organise the Health in Difference conference in Sydney. He always supported Michael Costello and Neville and the Indigenous project. He had a broad and sound idea of health and working with disabilities.

All the things I have mentioned so far are in the realm of the professional life. But there are also the kinds of things he taught us as his peers.

His personal journey as a young fellow of 23 who was hiv+, who cared for his former partner who died, who was angry for some time, who went on his spiritual journey and achieved a strength to continue despite having a life threatening illness is an amazing story. He used what he had learnt to try and help others. On his talks with the Positive Speakers Bureau, one of his main points was about his spiritual journey. Ken described that journey in his own, and to others perhaps a seemingly strange way, but he wasn't saying that others needed to see things the way he did, what he did was remind everyone that it is a journey of the spirit.

The other day Terry used the words 'surfing the wave of hiv'. What strikes me is that Ken rode the wave with all of us here and particularly Terry. And boy what a hard ride it is. What a tribute to Terry and Ken that, even though hiv was damaging, it didn't prevent their determination to be together. Despite hiv, they lived a life together. And that says something to all of us. Certainly it says that, despite all the barriers, there can be intimacy and there can be love.

Some of us might not be aware of other parts of that difficult wave that Ken had to ride out. The changed life from having side effects like the painful pins and needles which prevented Ken from being on his feet for long periods of time. Even though that was debilitating for Ken, at times he still stood on his feet – supporting others in the time out room at parties, for example, or by standing on street corners collecting money for the Bobby Goldsmith Foundation. Ken's favorite line whilst rattling the tin can, wearing some mad outfit with who knows what colored hair that day was 'over here, donations please, feed this hungry slot' – and apparently he was the best collector!

So I guess to finish off, there are all the hard times but we're here to see Ken off, to stand with his friends, support Terry and acknowledge Ken's families because he lived through those hard times with good doses of humor and care for others.

David Buchanan spoke at Ken's memorial service

I knew Ken as a friend. However, my insight into Ken was the product of an hiv negative gay man's exposure to an aids activist – Ken.

It might seem a clichéd label, 'aids activist' – a combatant in this wretched epidemic that's been with us now for more than 20 years. But I have a particular view. I can't claim it as original because it was, to my knowledge, first enunciated in this country by an eminent Australian health researcher back around 1990.

My view is that, in this country, gay men are the 'frontline warriors in the fight against hiv/aids'. It is a particular irony that Ken did not die from aids.

To think of Ken's life is to think of the incredible amount of energy he devoted to making our world work better. Ken Irvine was a person who couldn't sit still and watch things go on around him when he knew that they could be made better. Ken had energy and drive. Ken had a hiv+ person's insight into how the epidemic worked: its greatest impact is on people who are disempowered and stigmatised. Ken threw himself into developing and empowering the sub-population most affected by hiv in this country – his community – the gay men's community.

Ken could see how things could be made to work well and inspired others to work together as a team, and in partnership with others. He wasn't diverted by trivialities or irrelevancies. He focused on the better place we could be and then devised ways of getting there.

Ken was a member of the ACON board in the late 90s when the organisation was at risk. With the advent of treatments, which seemed to work for many people with hiv, we (I can say this as a fellow ACON board member) were fixated on a pretty one dimensional model for the prevention of hiv transmission and the care and support of people with hiv. But the advent of treatments in this country meant that having hiv was no longer the defining characteristic for people with the infection. Nor was hiv any longer the focus of the concerns of gay men. So we had this vicious paradox – the number of people living with hiv increasing every year as a result of treatments, yet, at the same time, an epidemic devolving to the margins of the lives of many affected by it.

Ken Irvine saw that, if we wanted to be successful and effective, the hiv/aids commu-

nity sector had to change focus. We had to broaden our focus to better align our work to the lived lives of people with hiv and gay men generally.

Ken did this in a number of ways, for example, by throwing himself into the development of the Positive Living Centre in Sydney into a more wholistic, user-friendly, better managed place with a wealth of support and resources and life improvement skills and – dare I say it – fun, to offer its users.

Ken was a superb ACON board member. He was great on ideas, strategy, policy development and strategic direction. As an openly hiv+ member of the board, Ken was a strong supporter of what was regarded, at the time, as a controversial and risky broadening of our focus to the overall health of our constituencies.

This is the sense in which Ken was one of this country's frontline warriors in the fight against hiv/aids. Ken was one of the men who put so much of his life into work which contributed to stabilising the epidemic in this country, to equip all of us affected by the disease to combat it effectively, but also recognising the frailties and complexities of the human condition.

As members of the MEN group and as other Gaydar users will especially know, Ken Irvine was no wowser. He knew that the knee-jerk nay-sayers are the enemies of a better public health. Ken, on the other hand, was the enemy of ignorance and bigotry. He didn't believe in harbouring fear of ourselves as human beings.

Ken understood the importance of sexual expression to us as fully-functioning human beings. He understood the importance of artistic expression to our sense of self-worth and to our development as cultural communities. And Ken understood the importance of having fun!

And that's the picture of Ken that I'd like to leave you with. Ken Irvine was a pleasure to work with – and to have as a friend – not just because he had ideas and saw the big picture – not just because he wasn't interested in bullshit and wanted to get things done. Ken was great to be around because of his great sense of humour and because of his enjoyment of life – and in that, he was perfectly partnered by Terry.

Ken Irvine made the world a better place.

Bill Rigney

3.4.1946 - 14.11.2003

Bill was a former Committee member at People Living with HIV/AIDS (NSW) from 1994 to 1995, and was also a member of our Care and Support Working Group. He was the co-author of the 'Us and Them Report' on access to HACC services. Bill also worked with People with Disability Australia, Access Plus – Spanning Identities, disability and sexuality initiatives and efforts to promote HACC services to people with hiv. Barbara Delcasse recently recalled Bill's unique contribution: 'For all of you who remember the Us and Them Report, Bill was our Project Worker for 6 months, housed at Botany Neighbourhood Centre (now SENC). Bill was irrepressible, disarming, enthusiastic, often manic, witty, infuriating and determined to document issues for people with hiv/aids and to ensure that HACC services became more sensitive to their needs. Bill was able to get people to open up to him in ways they never dreamt they would and the Us and Them Report certainly attests to this talent. I have read it again this morning and it is (as it was at the time) a moving account of people's lives in a particular time and place. It is a great epitaph. There are a thousand 'Bill stories' out there and they are all true – Bill was well travelled and travelled well! May his travels continue.'

Bill will be sadly missed by everyone at People Living with HIV/AIDS (NSW)

F rom 1989 to 2003 – In some ways we've come full circle

Kathy Triffitt was returning officer at our Annual General Meeting in October. Her speech recalls the first Annual General Meeting of People Living with AIDS (NSW) in 1989.

I would like to thank John and the rest of the Board for inviting me to participate at this AGM as the returning officer from 1989. This invitation is also an acknowledgment of the other founding members of PLWA who are no longer with us. I would also like to acknowledge the other surviving associate member Julie Bates.

We were individuals with hope, passion, determination and commitment who represented the voices of positive gay men, positive youth (Geoffrey was only 18), positive heterosexual men, positive prisoners, positive users, sex workers and affected communities. We were people living with aids determined to make changes against the odds.

The first AGM ... I remember standing in front of approximately 200 people ... a nervous, youngish woman moving through what Paul Young referred to as my crucifixion years. I talked about presenting the human face of hiv/aids, positive representations of people living with aids, discrimination and stigma. What has changed? My first task in Health Promotion last year was to develop a discrimination campaign.

My other focus was positive women. By that stage, I was meeting with a group of four women at Parramatta Hospital to document their stories, one of which was published in *Talkabout*. This story provided peer support for two women living in isolated areas of NSW (they were farmers and, in one case, the husband was also hiv positive). For me, this confirmed *Talkabout's* capacity to take personal stories to the far corners of NSW and beyond.

It was 1989.

There are a number of things I remember about the first 12 months, but mostly the people living with hiv/aids that came to us for help ... to have their voices heard and, in turn, became involved in the organisation's development. Our membership grew to nearly 400 in

the first twelve months. This had a lot to do with Paul Young's 'Alive & Thrive' tour, sometimes known as the 'Alive & Visible' tour.

It's 2003, the number of people at this AGM has dropped significantly compared to those early years, and so has the membership, although there has been a growing interest recently. And yes, these are different times.

People Living with HIV/AIDS (NSW) is entering a period of change and from where I stand as the returning officer we have in some ways come full circle. By this I mean that the organisation, in its strategic plan [launched later the same evening], has returned to some of the earlier values and philosophies of PLWA 1989 for example, we will walk with you. We did a lot of walking during those early years.

Some of the other directions cited in the Strategic Plan are reflected in Robert Ariss's convenor's report published in the first Annual Report 1989.

He writes in the section, Future Directions for PLWA (NSW): 'We need to expand our membership base beyond the inner city, and the gay community, to include many others affected by the epidemic. [...] We need to contact more women, heterosexual men, break the barriers that deny us access to prisoners, and other affected groups that perceive us as a threat instead of as allies.'

'In doing so we can and will enhance our compassion and understanding for the plight of others affected by AIDS. [...] There is an apparent emerging need for PLWA to provide information [...] to people in crisis. People are coming to us at a rate of several per week, in search of peer support, advice and company.'

These prophetic words written by Robert in 1989 now have resonance.

Much has been achieved over the past 15 years and the past year has witnessed a significant growth of the organisation. Thank you to the outgoing Board and welcome to the new Board.

15 Years

People Living with HIV/AIDS (NSW) celebrated 15 years of work, play, friendship, love, happiness, change, pills, blood, sweat, tears, survival and hope at the National Art School in Darlinghurst on 12 October 2003.



Green and gold fireworks decorated the cake to celebrate our 15th birthday.

(from left) AFAO's Jill Sergeant and Claude Fabian.





(from left) PLWH/A (NSW) Executive Officer Antony Nicholas, Member for Sydney Tanya Pibersek, PLWH/A (NSW) President John Robinson, Alan Brotherton, and PLWH/A (NSW) Vice President Scott Berry.

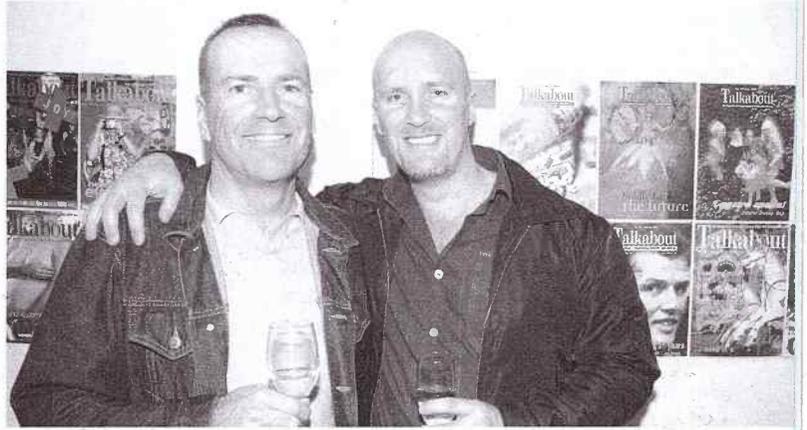


Talkabout contributor Rik Gebaiski (aka Mother Helen Highwater)

(from left) Former Board Member Kevin Pyle, PLWH/A (NSW) Finance & Administration Officer Will Klaasen & his partner, Adam.



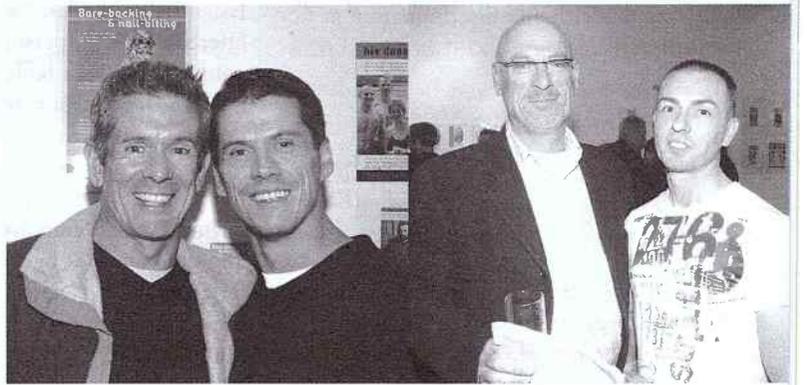
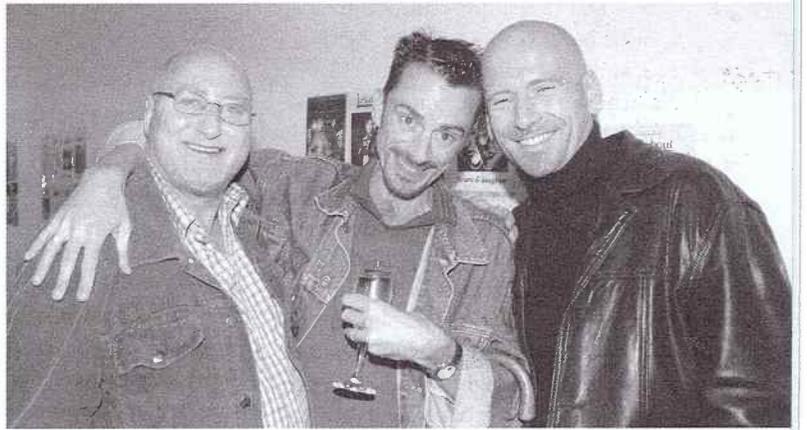
(from left) Founding members of PLWA Julie Bates and Kathy Triffitt, Tree of Hope's Sister Margaret Mines, and Member for Bligh Clover Moore.



Partygoers enjoy champers in front of the Talkabout display.



Friends and volunteers



Above: (from left) Ray Hansen and Sylvain with PLWH/A (NSW) Health Promotion campaign posters.

Above: (from left) PLWH/A (NSW) President John Robinson and Former PLWH/A (NSW) Board Member Michael Willis.

Left: Ron Quilter and photo display. Photos: Jamie Dunbar

The words to say it

Kathy Triffitt, Health Promotion, on the health promotion campaign launched recently by People Living With HIV/AIDS (NSW)

People Living With HIV/AIDS (NSW) launched 'the words to say it' on 11 November at the Colombian on Oxford Street. Funded by NSW Health, this campaign asks us to start talking about hiv positive sex, relationships and sexual health. Campaign messages target the importance of regular health checks (viral load tests) and regular sti testing for all sexually active people, especially people who have changed sexual partners, as part of hiv management.

Effective health promotion depends on campaigns and the resources produced being seen as relevant and motivating by the target audience. Since peer education is an effective tool for achieving change, innovative practices have been developed to place plwha in a central role in campaign/resource development, implementation and evaluation. There is an emphasis on 'lived' experiences, community knowledges and participation.

Community consultations including confidential interviews, workshops and forums provided spaces for discussions on personal understandings of sexual fulfillment and safe behaviours and of the place of hiv in plwha's lives. Participants identified communication strategies, disclosure of hiv, negotiating sex and sexual health and discrimination as key campaign themes.

'positive, pro-active approach to looking after yourself.' Liz

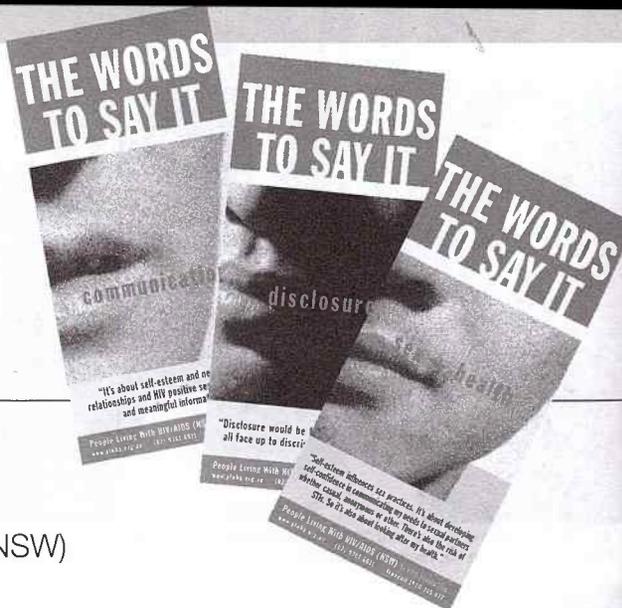
Campaign activities support a holistic approach to prevention and acknowledge the contexts in which plwha operate as well as social and health needs, for example relationship dynamics and discrimination. Personal stories and 'real' questions are included in the learning experience. These offer images

of plwha that speak to individual experiences and in turn reinforce the accessibility of the campaign.

'It asks you to take that step back. Assess what the issue is for you. Look at individual strategies to look after yourself. It opens you to discuss issues about sex, sexual health and what it means to take steps to do so.' Simon

Someone said to me recently that a campaign is not health promotion. I would argue that the campaign strategies employed place plwha at the heart of health promotion. Plwha experiences and opinions are heard in a safe and supportive environment. It's a chance to discuss relevant topics with peers, to meet new people and to educate on the issues that affect us. This in turn provides an effective path for personal growth, enhanced confidence, skills-building and opportunities, which contribute to social connection by developing networks.

Strengthening community action, developing personal skills and creative supportive environments 'empower' both individuals and communities by increasing their capacity to make decisions and determine interventions that are relevant and sustainable in the longterm. A priority is therefore to support plwha to determine not just what concerns might be of significance, but also how you might perceive of those issues, and how you choose to 'voice' them.



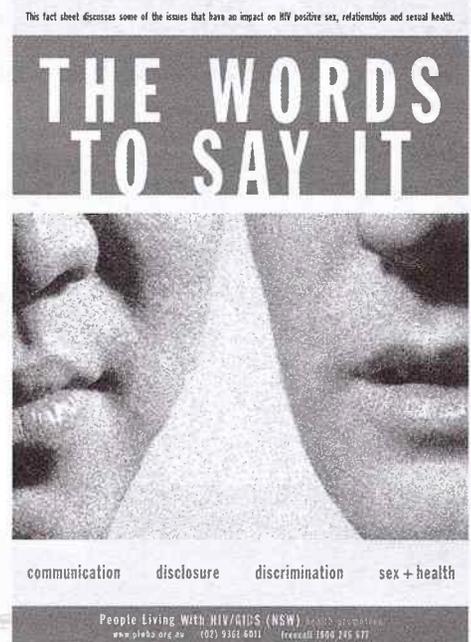
Campaign themes are the focus of a series of community forums and discussion groups. This is a collaborative project with ACON (HIV Living), Central, South Eastern and Northern Area Health Services.

If you are interested in participating, contact Kathy on 02 9361 6011 or 1800 245 677 or email healthpromotion@plwha.org.au

Look for our brochures and factsheets on 'disclosure', 'communication' and 'sex + health' at service providers or our website www.plwha.org.au. Call 02 9361 6011 or 1800 245 677 and we will send copies to you.

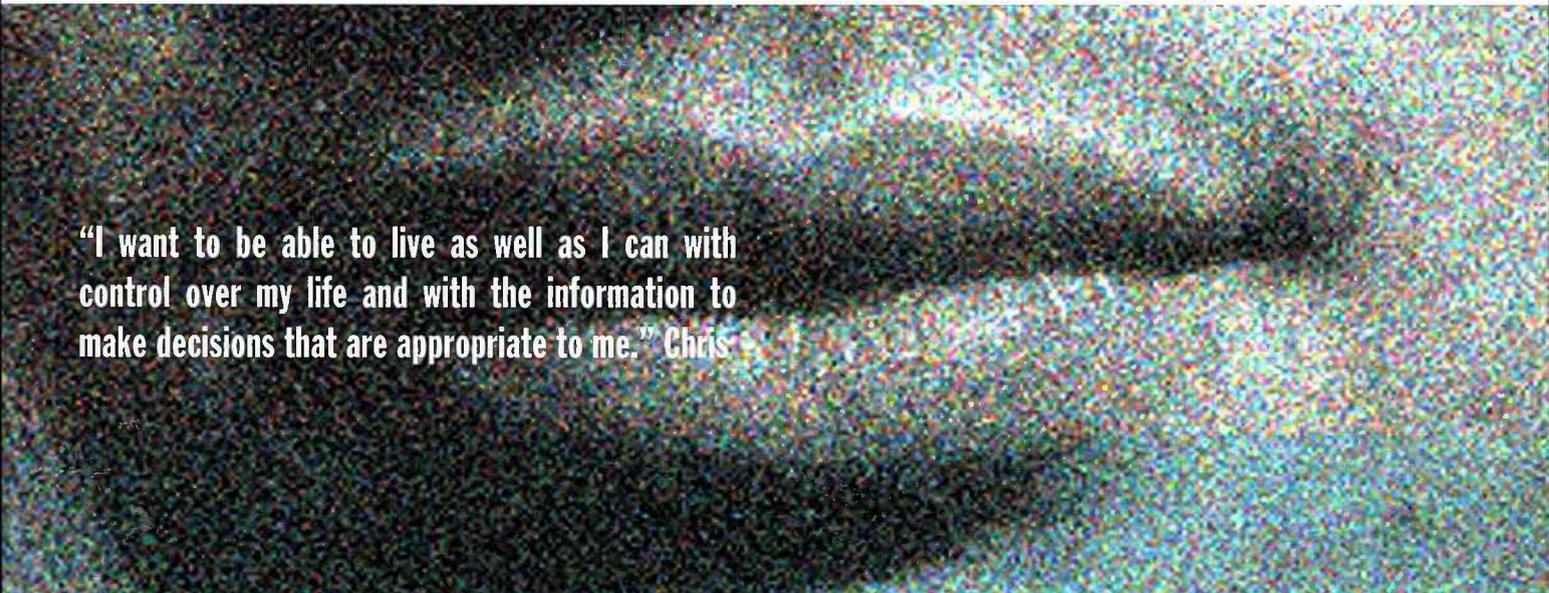
And see our campaign factsheet 'Sexually transmitted infections: a guide for people with hiv' in this issue of *Talkabout*. Our second campaign factsheet 'the words to say it' will appear in the February/March issue.

People Living With HIV/AIDS (NSW) would like to acknowledge the support of ACON, Central, South Eastern and Northern Area Health Services.



There are extra health risks in having an STI when you are HIV positive. The symptoms of some STIs can be more serious if your immune system is already damaged.

sexually transmitted infections: a guide for people with hiv.



"I want to be able to live as well as I can with control over my life and with the information to make decisions that are appropriate to me." Chris

This fact sheet is a guide for people with HIV about sexually transmitted infections (STIs). STIs are sometimes known as sexually transmitted diseases (STDs). Looking after yourself and talking to your doctor or sexual health counsellor is an essential part of keeping informed about these issues.

There are a number of different infections that can be caught or passed on through sex, including syphilis, chlamydia, gonorrhoea, herpes, genital warts, and some forms of hepatitis.

STI symptoms differ from one infection to another. For some infections you may not notice any symptoms while others may cause more obvious signs. If you are experiencing any itching, soreness, ulcers, change of colour or unusual discharges from your genitals then you should have a check-up ASAP.

Because many STIs don't show any symptoms it is possible to have an infection and not realise it until the effects become more serious and more difficult to treat. Even if you are asymptomatic STIs can still be passed on.

Managing your sexual health

- No matter how much you love and trust your partner, there's a limit to how much you can know about somebody else's choices, past and present. Using condoms when you have sex is the best way of ensuring sex is safe for you and your partner.
- If you are sexually active and have changed sexual partners, STI testing every six to twelve months at a GP or Sexual Health Clinic is recommended. Regular screening can detect STIs at a very early stage and make treatment easier.
- Have you had shots for Hep A & B? Current guidelines recommend that people with HIV be vaccinated for Hep A & B.

Concerns about STIs should not discourage you from having a healthy and satisfying sex life, but it is important to remember to look after your sexual health.

Annual STI testing should be considered in HIV management. If you have a number of sexual partners more frequent testing for STIs is a good idea.

I'm HIV positive. Are there any health risks from having an STI?

Some STIs, and some other infections, can cause more serious longer-term problems if you are HIV positive.

When you get any infection, your immune system responds to fight it off. Your immune system is already dealing with the HIV in your body. When it has to respond to another infection as well, HIV gets the opportunity to reproduce at a greater rate than your body can fight.

An increase in viral load (that is, more HIV in your body) means HIV could cause more damage to your immune system.

If HIV has damaged your immune system you may find that STIs take longer to clear or they may need different treatments. How long they take to clear and their effect on your immune system may be different if HIV has already damaged it.

Having an STI may also increase the risk of passing on HIV to your partner.

Without treatment STIs may not go away, although the symptoms may disappear.

If you have any reason to suspect that you or a partner have an STI, or have been exposed to one you should both go to your doctor or local Sexual Health Clinic for a check-up and treatment.

I've heard that if you are HIV positive and you have an STI your viral load increases. Does this mean it's more likely that HIV will be passed on to my partner if we have unprotected sex?

Having an STI increases your viral load in your semen or vaginal fluids. This may well mean that you are more likely to pass on HIV during this time as there will be a greater amount of the virus.

If your partner has an STI, he or she is more susceptible to HIV infection. This can mean that people you have sex with are at greater risk of being infected.

Even if you are both HIV positive, there are still risks linked to unprotected sex such as exposure to STIs.

What does regular screening mean?

You may have heard about regular screening. All this means is that you may choose to go to your doctor or Sexual Health Clinic and be regularly checked for any signs of STIs if you are sexually active.

Some people may be more comfortable separating their general sexual health care from their HIV care by seeing more than one doctor. However, there are good reasons why medical staff need to know your HIV status when treating you for STIs.

You may require different or more treatment as you may respond differently to the infection. Treatment may affect anti-virals you are on or vice versa.

Talking about your situation will often result in you receiving more suitable treatments and advice from medical staff.

Chlamydia syphilis gonorrhoea herpes hepatitis A, B & C

This is not a list of all STIs, but rather an overview of the ones where there have been reported increases in diagnoses Australia wide. While not considered an STI, Hep C has been included.

Chlamydia is Australia's most common STI. An infection caused by bacteria, it can be passed on during anal, oral and vaginal sex if no condom is used, and can affect the anus, penis, cervix, throat and eyes.

Most people infected with chlamydia have no symptoms.

Men with untreated chlamydia can develop an infection of their urine passage and testicles which can cause chronic irritation (swollen & sore testicles). If a person has been infected anally, there may be soreness around the anus and a discharge.

Women with untreated chlamydia can develop pelvic inflammatory disease (PID), which can cause chronic pelvic pain, tubal pregnancies and infertility. There may also be vaginal bleeding and some pain during sex.

Babies born from a mother infected with chlamydia can become infected during birth and may develop conjunctivitis and pneumonia.

In both men and women chlamydia can decrease fertility levels and cause arthritis.

Testing is easy and if infected, treatment is as simple as one dose of antibiotics (two tablets).

Until the chlamydia is treated you can still pass it on to anyone you have sex with.

Syphilis is a complex infection caused by bacteria.

There are three stages to the disease: primary syphilis; secondary syphilis; and tertiary syphilis. During the primary and secondary stages the disease is highly contagious.

Syphilis can cause a range of symptoms or none at all. In the early stage of the STI, symptoms may be easily missed. Syphilis in people with HIV may present slightly different symptoms.

Syphilis can be easily passed on from contact with syphilitic sores during unprotected anal, oral or vaginal sex. It can be passed on by close physical contact with syphilitic rashes and lesions, which can be anywhere on the body, and from contact with blood.

Syphilis can also be passed from mother to baby.

Using a condom or femidon (female condom) for oral, anal or vaginal sex offers protection from infection with syphilis or from passing on the bacteria to somebody else. However, protection is not complete because lesions and rashes may not necessarily be in the genital area.

Syphilis can remain dormant in the body for years and if undiagnosed can cause serious complications. It can be detected by having a blood test.

Treatment of syphilis is with a course of penicillin injections. People who are allergic to penicillin can be given different medication, or may be offered penicillin desensitization where doses are built up gradually over a short period.

All prescribed treatment must be completed to achieve an effective cure.



Most cases of STIs go unnoticed, as you may have no symptoms or they can be slight or only last for a short time.

Gonorrhoea can be passed on during unprotected anal, vaginal, oral and mouth-to-anus (rimming) sex. It can affect the anus, penis, cervix and throat.

Gonorrhoea can also be passed from mother to baby during childbirth, and can cause infection in the baby's eyes, resulting in blindness if left untreated.

Symptoms of gonorrhoea usually appear between two to ten days after infection. However, some people may not realise they have the infection as symptoms may not always be present, or may be mild.

In men, symptoms usually consist of a yellowish or greenish discharge from the penis and a burning sensation when passing urine.

In women, symptoms can include a burning sensation when passing urine and a discoloured or bloody discharge from the vagina.

If the infection is rectal, both men and women may notice mucous or a bloody discharge from the anus, pain in the anus, or pain when having anal sex. However most people don't realise they have symptoms.

If left untreated, gonorrhoea can cause more serious health problems, including pelvic infections in women resulting in pain, infertility, and ectopic pregnancy, and testicular problems in men.

Gonorrhoea can also spread to the bloodstream leading to fevers, and can affect the joints, causing arthritic-like pain and swelling.

Gonorrhoea is treated with antibiotics.

Until the gonorrhoea is treated you can still pass it on to anyone you have sex with.

Herpes (herpes simplex virus/HSV) lesions often start as numbness, tingling and itching. The virus can be passed from person-to-person by contact between lesions and mucous membranes, kissing and sexual contact.

Herpes may also be transmitted when sores are not present, if HSV is replicating and infectious HSV particles are being shed from the skin or, more likely, from mucous membranes.

Once you are infected, the virus stays in skin and nerve cells for life. However, you may not know that you are infected with HSV. Most of the time it is dormant and causes no symptoms. From time to time flare-ups do occur, especially if you have a weakened immune system.

In people with HIV, herpes recurrences tend to be more frequent, more severe and longer lasting. Sometimes the lesions can become infected with other bacteria or fungi. As well as causing oral and genital lesions, herpes can occasionally affect the throat, colon and other organs including the liver, eyes and lungs.

Herpes infections can be managed with a number of medications.

Hepatitis A is passed on when tiny particles of an infected person's faeces gets in your mouth through rimming, or on your fingers, penis and vagina. You can also get it from contaminated food or by using utensils previously used by a person with Hep A.

The common symptoms of Hep A are fatigue, fever, nausea and jaundice (yellowing of the eyes and skin). Symptoms usually last 1-3 weeks, but do not become chronic (long-term).

If you think you might have been recently exposed to Hep A and have not been vaccinated or had Hep A before, you should see your doctor as soon as possible, who can give you immunoglobulin to prevent or reduce illness.

There is no effective treatment for Hep A; however eating well, resting

and avoiding alcohol may help you recover from symptoms. Current guidelines recommend that people with HIV be vaccinated for Hep A.

Hep A can be prevented by vaccination.

Hepatitis B is passed on through unprotected anal and vaginal sex or sharing infected needles and other injecting equipment, such as those used for tattooing and/or piercing.

When people first become infected with Hep B, they may develop jaundice, loss of appetite, pain in the abdomen, malaise, nausea, vomiting, muscle and joint aches or fever. These symptoms can be very serious or even fatal. However, most people do not notice any symptoms on infection.

Most people will develop protective immunity; however in a minority, Hep B continues to reproduce in the body long after infection. Around 5% of adults may become chronic carriers of Hep B, meaning that they are infectious for life, although they may not experience any symptoms themselves.

Chronic Hep B infection can be treated with alpha interferon injections. The anti-viral drugs 3TC, tenofovir and adefovir are also active against Hep B.

3TC has been shown to reduce levels of detectable Hep B in people co-infected with HIV and Hep B.

If you are co-infected with Hep B and HIV, talk to your doctor about how this might affect your anti-viral treatment options.

Hep B can be prevented by vaccination.

Hepatitis C is passed on through blood-to-blood contact. In Australia, this primarily involves sharing of drug injecting equipment, unsterile tattooing or skin piercing, needle stick injuries or receiving blood transfusions prior to February 1990. (NB Since February 1990, Australian blood banks have screened donated blood for Hep C and are now considered among the safest in the world.)

While not considered an STI, recent evidence suggests that there is a risk of passing on Hep C during sex where there is a risk of blood-to-blood contact, eg, sex when you have cuts or lesions, during unprotected anal sex, during menstruation, and sexual practices that may involve bleeding or broken skin.

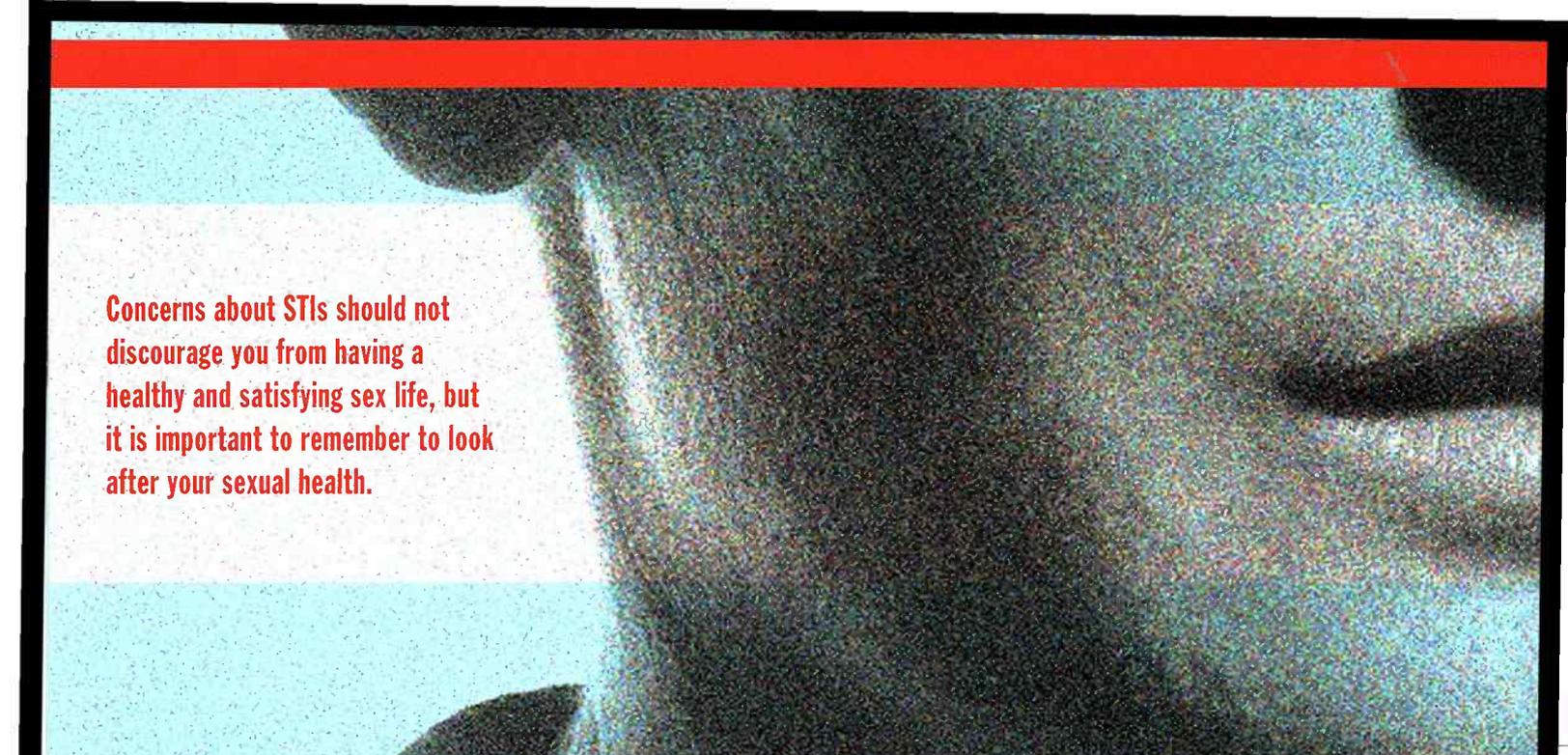
The effects of infection with Hep C vary. Less than 5% of people who contract the virus develop acute hepatitis symptoms such as jaundice, diarrhoea and nausea at the time of infection, and a significant minority may experience no symptoms at any stage. For those who do, common symptoms include extreme tiredness.

Patterns of disease progression vary from person to person. Out of all people who are exposed to the Hep C virus 25% are likely to clear the infection, but will continue to carry the antibodies. For more information contact the Hepatitis C Helpline.

Treatment for Hep C is recommended if liver function is consistently abnormal. The goals of treatment are cure or to normalise liver enzymes (a marker of liver function); to lower Hep C viral load; to improve liver inflammation; and to prevent progression to cirrhosis or liver cancer.

Recent studies suggest that HIV may hasten liver damage in co-infected people; however at present, there is a lack of evidence of greater risk of HIV disease in people with co-infection.

The best approach to treating people co-infected with HIV and Hep C is unclear. Most specialists advise treating the infection, which is more immediately life-threatening, and in the majority of cases that will be HIV.



Concerns about STIs should not discourage you from having a healthy and satisfying sex life, but it is important to remember to look after your sexual health.

Consider

- STIs can be more serious for people with HIV.
- Having an STI can increase the risk of HIV transmission.
- STIs are not always obvious and frequently there are no noticeable symptoms.
- Unusual discharges, itching and pain during sex or urination can all be signs that you have an STI.
- Avoid sex if you suspect you have an STI and seek diagnosis and treatment as soon as possible. Encourage your sex partners to see their doctor for treatment as well.
- Regular STI testing every six to twelve months at a GPs or Sexual Health Clinic is essential for all sexually active people, especially people who have changed sexual partners.
- Contact your doctor or local Sexual Health Clinic and ask about STI risk factors and how to minimise them.
- Current guidelines recommend that people with HIV be vaccinated for Hep A & B.
- Safer using is important for all people who inject drugs, whether or not you are Hep B, C or HIV positive.
- It's not only the number of sex partners, but the types of sex you are having that influence your risk of getting an STI.
- HIV is also an STI.
- Sexual Health Services are free of charge and a Medicare Card is not required.

Getting information and support

- Find a doctor you feel comfortable with
- Sexual Health Information Line (Mon-Fri 9-5) 9382 7440 / 1800 451 624 (Freecall outside Sydney area)
- Sydney Sexual Health Centre 9382 7440
- Albion Street Centre 9332 9600
HIV/AIDS Information Line 9332 4000
www.sesahs.nsw.gov.au/albionstcentre
- AIDS Council of NSW (ACON) 9206 2000 / 1800 063 060 (Freecall outside Sydney area)
www.acon.org.au
- Alcohol & Drug Information Service (including injecting drug use information) 9361 8000
- Multicultural HIV/AIDS & Hepatitis C Service 9515 3098
- People Living With HIV/AIDS (NSW) 9361 6011 / 1800 245 677 (Freecall outside Sydney area)
www.plwha.org.au
- Heterosexual HIV/AIDS Service (Pozhet) 9515 3095 / Freecall 1800 812 404 (national)
- Aboriginal Medical Service 9319 5823
- FPA Healthline 1300 658 886 (Freecall outside Sydney area)
- NSW Users and AIDS Association (NUAA) 8354 7300 / 1800 644 413 (Freecall outside Sydney area)
- Hepatitis C Helpline 9332 1599 / 1800 803 990 (Freecall outside Sydney area)
www.hepatitisc.org.au

If you have any questions about the campaign messages call 1800 009 448

1800 009 448

Regular testing for STIs and using condoms are the best ways to look after your sexual health and to prevent passing on HIV.

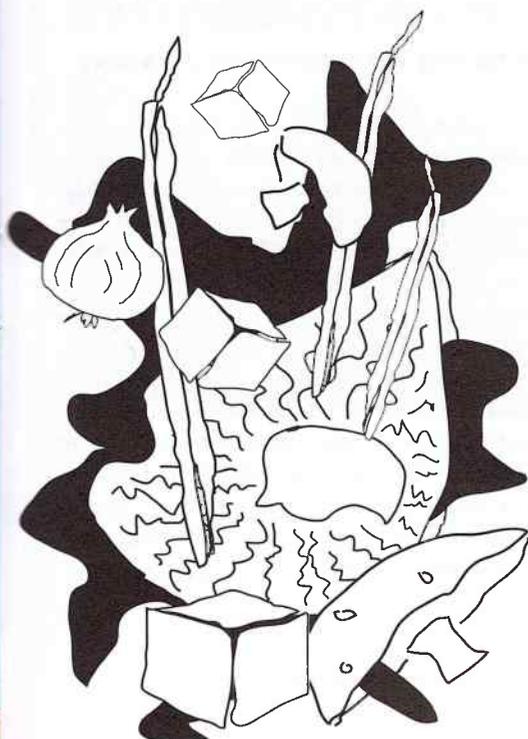
People who inject drugs can avoid passing on or getting HIV and other STIs present in the blood by using new fits every time or by cleaning fits between users. Reusing fits should be a last option only.

S

o can you cook?

The multi-talented **Tim Alderman** shares some expertise with readers

If you were to ask me to name my favourite chefs, I wouldn't have to spend too long thinking of an answer: Jamie Oliver (I'm slowly becoming a convert, though more for the food style than the man himself) and Sydney's own Bill Granger would definitely head my list – and it wouldn't extend much further. Both chefs have a common bond – simple recipes using great combinations of ingredients, with fresh flavours and clever use of readily available ingredients. This is always the secret to success in cooking – keep it simple, and fresh. I think the following recipes will appeal to people who have this in mind whether cooking for themselves, or entertaining. The featured citrus fruit dessert is almost fat free (0.4g fat), and is a taste treat for the tongue with its subtle ginger flavour.



T

empeh, mushroom and green bean salad

- 8 dried Chinese mushrooms (available from general or Asian supermarkets) soaked in a small amount of water for 30 minutes, then thinly sliced
- 1 Spanish (red) onion, diced
- 1 small red capsicum, sliced thinly
- 1 small green capsicum, sliced thinly
- 8 medium button mushrooms
- 1 bunch (approx 15) green beans, sliced lengthways
- 1 bunch bok choy, washed and sliced thinly
- 1 spring onion, diced
- 1 cup wild rice (available most supermarkets, or health food stores)
- 2 cups water
- pinch sea salt
- 3 tblspn safflower oil
- 1 block tempeh (available freezer section most supermarkets)
- ½ cup sauce consisting of equal parts soy sauce, squeezed grated ginger and rice vinegar

Add Chinese mushrooms to other vegetables. Wash wild rice and strain in a colander. In a small pot, add rice and water, bring to a boil, add salt and turn down the heat to very low, placing a lid over the top. Cook for 40 minutes, then turn off the heat and allow to sit. In a heavy skillet or wok, heat 1 tablespoon of the oil. Cut tempeh into very thin slivers and when the oil is hot, toss the tempeh in

and cook until crisp. Drizzle some of the sauce over the tempeh as it will absorb the flavour. Set aside. Wash the wok and repeat the procedure with the rest of the vegetables, adding them in this order: onion, red and green capsicum, mushrooms, green beans, bok choy and spring onions. Allow a minute or so between each vegetable, stirring constantly before adding the next one. Add the rest of the sauce, and toss the vegetables to absorb the flavour. Combine wild rice, tempeh and vegetables.

Serves 4-6. Approx cost: \$2.50 per serve

G

ingered citrus fruit salad

- 3 mandarins
- 2 ruby (pink) grapefruit
- 2 naval oranges
- 2 tangelos
- 2 blood oranges
- 2 tblspn castor sugar
- 1-2 tspn finely grated fresh ginger

Peel and segment mandarins, removing as much pith as possible. Using a sharp knife, peel grapefruit, oranges and tangelos, removing skin and pith. Segment fruit between membranes over a bowl, reserving juice. Place fruit segments into bowl.

Sprinkle fruit with sugar and ginger. Gently toss to combine. Cover and refrigerate until chilled. Spoon into glasses, and pour reserved juice over. Serve.

Serves 4. Approx cost: \$3.20 per serve

Xmas Calendar

Northaids

Hot Xmas Dinner: 12.30pm, Monday, 8 Dec. By donation (suggested \$3)

BBQ: 12.30pm, Friday, 19 Dec
By donation (suggested \$3)
Ph 9929 4288 to book.

Pozhet

Moulin Rouge Xmas Party:
Friday, 12 Dec.
Contact Positive Heterosexuals
on 02 9515 3095/1800 812 404

Luncheon Club

Hampers: noon – 4pm, 17 Dec.
Xmas Lunch: noon – 4pm,
22 Dec.
Gordon Ibbet Community
Centre, 77 Kellick St, Waterloo
(near Elizabeth St)

Pollys

Xmas Dance and Show:
Marrickville Town Hall,
7pm, 6 Dec. \$20/ \$15 conc,
ph Bill or Tony 02 9750 7035

Metropolitan Community Church

Xmas Eve Mass: Sydney Town
Hall, 8pm,
24 Dec Gay & Lesbian Choir
and other performers

The Samaritans - Newcastle

Xmas Lunch: 10 – 11am, Lunch
12.30pm, 25 Dec. Newcastle
Foreshore in the Old Railway
Carriage.
Free Lunch, Cordial, Entertainment,
Present from Santa.
A non-alcohol event.
Ph Harry on 02 4951 6025

Uniting Church, Ashfield

Hot Xmas lunch & present from
Santa, 11.30am – 3pm, 25 Dec.
Free.
180 Liverpool Rd, Ashfield
(short walk from Ashfield train
station, 480 or 483 from Central)

Wayside Chapel, Kings Cross

Xmas lunch: midday onwards,
25 Dec.
29 Hughes St, Potts Point

Chaps Outback – Coffs Harbour

End of year Luncheon: Final
Luncheon 8 Dec.
Ph 02 6651 2664 or
email; jlennon1@bigpond.com

The Power House Museum Exhibitions

*Contemporary Neckpieces,
Australian Design Awards*

*Sport: more than heroes and
legends*

Treasures of Palestine

*Childhood memories of
migration*

Fruits: Tokyo Street Style

Admission most exhibitions:
\$10 adult, \$3 child/conc
Infoline 9217 0444
www.powerhousemuseum.com

The Sydney Observatory

Celebrate New Year's Eve \$130
adult, \$90 child, \$110 concession

3D Space Theatre

Day Sessions \$6 adults \$4 child/
concession
Night Sessions \$12 adults \$8
child/conc Bookings 9217 0485
www.phm.gov.au/obse

South Sydney Christmas Carols

Joyton Park, Grandstand Parade
Zetland
7 – 8.30pm, Sunday 7 Dec.
Sydney Gay & Lesbian Choir,
Coralation and Indigenous
group Bless'd.

Treatment briefs

HAART and viral rebound

A study was conducted between 1994 and 2002 to determine the rate of viral rebound and factors associated with rebound among plwha on highly active antiretroviral therapy (HAART) with previously undetectable viral loads. 42% of the 2,444 participants experienced viral rebound. The rate of rebound was lower for treatment-naive plwha compared with treatment-experienced plwha. Participants who changed treatment were more likely to rebound, as were those whose higher viral loads were higher when they started HAART. Among treatment-experienced plwha, those who were started on new nucleosides were less likely to rebound. The rate of viral rebound decreased over time, suggesting that the greatest risk of treatment failure is in the months after initial suppression.

Source: aidsmap.com

HIV more resistant to drugs

A study of 1,600 plwha across Europe found one in 10 who had never taken antiretroviral drugs for hiv already had a resistance to at least one of the drugs. Researchers suggest this can only have happened through hiv positive people who are taking the medications infecting others with a drug-resistant strain. This may mean that if these strains continue to spread, it will limit the drugs to be used in antiretroviral therapy. Researchers recommend that resistance testing prior to therapy may be of crucial value for a proportion of hiv positive people.

Source: aidsmap.com

Week on/week off treatment strategy fails

Staccato is an international study with three arms: individuals continue their existing HAART regimen; interrupt treatment in a week on/week off manner (WO WO); or, start/stop according to their CD4 cell count. The study has recruited 433 participants. After 8 weeks, 53% of those in the WOWO arm had experienced virological failure. Failure was defined as two viral load measurements above 500. Three out of four participants taking triple nucleoside regimens have experienced treatment failure. Two thirds of those taking ddI/d4T/saquinavir/ritonavir and two out of three participants taking an unboosted protease inhibitor also experienced failure. The WOWO arm of the study has now been discontinued, and attention is likely to shift to the strategy of treatment interruption guided by CD4 count.

Source: aidsmap.com

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

Sixteen years volunteering

Awarded an Order of Australia Medal this year for her volunteer work with plwha in Western Sydney, **Pat Kennedy** responds to **Glenn Flanagan**



Top: Alan Pendleton Mayor of Blacktown City Council (left) with Pat. Blacktown City Council has been a strong supporter of the Haven's work.

Above: Robyn Cavanagh Chairperson of the Western Suburbs Haven (left) with Pat.

Photos: Antony Nicholas

GF: Congratulations on your award. How did you first become involved with people living with hiv?

PK: It's a long story. After a transfusion of 5 units of blood in the early 80s, I was treated badly when I tried to be tested in 1984. The way I would have been treated if I had in fact tested positive concerned me greatly. It made me want to become involved.

When I started to go to the clinic at Westmead Hospital in 1987, I was saddened by the loneliness and isolation of the mainly young people there. They had lost the ability to get around without assistance and many were facing death. I started to arrange a social day once a month. It quickly became fortnightly, then weekly. When I moved into the ACON office at Charles St, Parramatta as CSN coordinator, ACON decided to make the office available on Fridays for drop-in. The group I had been organising became part of those who accessed that drop-in. In 1997 I found another venue and we became The Western Suburbs Haven Inc – known by most as The Haven.

What are the most important issues for positive people in Western Sydney?

For many years I have heard of how isolated people are in rural areas. I can understand, however, that if you live in the city or suburbs, where everyone thinks hiv is a gay disease and that there are no gays in their area, plwha are really isolated. Without the protection of a few acres between you and your neighbour, if the people next door even think you could be gay or have hiv you are really at risk. Transport is also a big issue. When you change from wage earner to pensioner, most cannot afford to run a car, so you also become a public transport user. For someone feeling frail that is a daunting prospect and you can become socially isolated. Transport to medical appointments, or to a safe place for some

respite and a break from your own four walls, as well as affordable food, are essential to the wellbeing of plwha and I am passionate in my efforts to address these issues.

What's a normal day like at the Western Suburbs Haven?

I don't think there is 'a normal day' at The Haven. I often feel we are like a huge dysfunctional family. Some weeks ago on a Monday, normally one of our quieter days, we ended up having seven different nationalities sitting around chatting and waiting for a massage. I try to avoid being out of my office as I am drowning in paperwork but, the bottom line is, when I arrive in the morning with a clear idea of what I intend to do for the day, events can change the day completely. Sometimes I don't have a free minute in the day but if anyone asked me to show what I had been doing I would be hard pressed to comply.

What inspires you to keep going in your work?

I get so much satisfaction from those I work with, both our consumers and our volunteers. Most of the volunteers have been with me for years, many of them are hiv positive and what they have achieved makes me so proud. Then there is the politics across the sector. It can be so ruthless, I get angry and take up the fight. So what keeps me going, in a nutshell, is a mixture of love and anger. There is always one more battle to fight and one more plwha who needs a little support to see him/her through.

Gaining early access to your superannuation

Aimee Chan, Solicitor at the HIV/AIDS Legal Centre, explains when you can get your super before retirement age

In most circumstances, the law does not allow you access to your superannuation until you reach the age of 55. However, there are three ways plwha can access their superannuation early. These are on the grounds of:

- total and permanent disability
- financial hardship
- compassionate grounds

The HIV/AIDS Legal Centre (HALC) has a lot of experience in this area and can assist plwha with the process of seeking early release of their superannuation. Below is a brief description of the different grounds of early release of superannuation to give you an idea of whether you should consider making an application.

Total and Permanent Disability (TPD)

Most superannuation funds have a TPD insurance component attached. This means that, if you become TPD, you can claim your superannuation early. Usually, a part of your superannuation has been used to pay insurance premiums to compensate you if you become TPD, so you are likely to have additional insurance you may be able to claim if you are TPD.

The definition of TPD is based on the wording in each individual policy. However, a common sense interpretation will give you a good idea of whether you might fit within the TPD definition or not. To fit the definition, you must be both totally and permanently unable to work. If you are only partially unable to work, or if you are likely to work in the future, then you do not fit the definition. A claim is based on medical evidence, so the first step in any claim is to approach your doctor and get their opinion on your work capacity.

Financial Hardship

Some superannuation policies allow you to make a claim for early release of your superannuation on the grounds of financial hardship. You should check with your superannuation provider to find out whether such grounds exist. If you have more than one superannuation policy, and you wish to make a financial hardship claim, you may wish to consider rolling over all your funds into the one that allows financial hardship applications before you make your claim.

To qualify for financial hardship, you must be able to produce a letter from Centrelink stating that you have been on social security benefits for at least 26 weeks.

Superannuation providers are able to make payments of up to \$10,000 per annum for financial hardship claims. Claims are more likely to be successful if you can show that you require specific amounts of money for specific purposes, rather than simply requesting \$10,000. Therefore, it is advisable to collect records of any debts or expenses you may have in order to support your claim.

Compassionate Grounds

The Australian Prudential Regulation Authority (APRA) will allow early release of superannuation on specified compassionate grounds. You must be able to show that you either have expenses related to palliative care, or the care of chronic pain or illness for yourself or your partner that is not readily available in the public health system, or you must be able to show that your mortgagee is threatening to foreclose on your mortgage.

In order for APRA to process your claim, you must be able to produce a letter from Centrelink stating that you have been on social security benefits for at least 26 weeks.

Claims are more likely to be successful

if you can show that you require specific amounts of money for specific purposes. It is advisable to collect records of any of your debts or general expenses, medical expenses (or quotations of expected medical expenses) and letters from your mortgagee in order to support your claim.

About HALC

Early release of superannuation claims can be complex and drawn out. It is advisable to seek legal assistance before you begin the process. HALC is a specialist community legal centre that provides free legal advice to plwha on related legal matters. HALC recognises that people living with and affected by hiv/aids have special legal needs. As well as assisting people with superannuation claims, HALC can also provide assistance in other areas where hiv may impact on legal issues, such as discrimination, immigration, wills and insurance matters.

HALC is a free legal service available to anyone with an hiv/aids related legal matter. HALC observes strict standards of confidentiality and any information that you provide is always kept strictly confidential. HALC holds fortnightly Monday night advice nights. To make an appointment to see a lawyer, contact HALC Monday - Friday, 10am - 6pm:

Phone: (02) 9206 2060
Freecall: 1800 063 060
Email: halc@halc.org.au

A breath of fresh air

Can't win Lotto but getting a scholarship to the *Art of Living* conference in Cairns was almost as good. **Mac Mahon** reports on the conference.

Being in Cairns was like a breath of fresh air, having been used to the multiple aids organisations and services in Sydney, and now living in Nimbin in the Northern Rivers area of NSW since January 2001, where these contacts are as rare as hens' teeth. Flying via Sydney from Lismore was going the long way round but fortunately I was able to have a 3 hour lunch with herbalist Peter de Ruyter and meet other delegates on the same flight to Cairns.

In Cairns, meeting old friends, colleagues, contacts and making a lot more new ones was incredibly stimulating and empowering not to mention informative and fun. Cairns as a backdrop for the conference is surprisingly beautiful, modern and very cosmopolitan. Having last been there in 1988 when it was really quite undeveloped, I saw the changes firsthand that make Cairns a very desirable conference and tourist destination. Our accommodation at the Tradewinds Esplanade Hotel was also a bonus, being close to the conference venue and commanding nice views over the waterfront. Sharing a room with ACON's Policy Adviser Stephen Gallagher was also a surprise as we had worked together 25 years ago before aids was even a blip on the horizon. It proved to be a very valuable association for me as we were able to discuss many aspects of living with hiv and share our long experiences over the ensuing years.

The venue for the conference, the Hilton Hotel, was superbly located by the water and the staff could not have been more caring and considerate. The conference itself was very well organised and congratulations must go to all the NAPWA crew, amongst many others, that made us all feel so welcome and who made sure we were looked after to get the most out of attending the conference.

The Queenslanders from QPP and QuAC welcomed us with a BBQ at the Cairns Lagoon, a wonderful setting on the waters edge.

Workshops at the conference were plentiful and as always choices had to be made as it was impossible to attend them all.

The opening plenary was headed by keynote speaker Justice Marcus Einfeld who told us of our terrible recent history of human rights injustices and how by working on our own attitudes we could make a difference.

Another speaker from Indonesia (Frica) told a very moving story of her recent hiv history and my 'been there done that attitude' changed as she told of her fears and hopes around hiv and brought back my own fears around aids when first diagnosed in the early 80s.

I chose workshops on Treatments, Side Effects, Meditation and a creative workshop on photographing the hands.

'Treat Me Right' was a workshop about current hiv/aids treatments and what we could look forward to in the future. It's possible that attending this workshop may have, in the long run, saved my life as I was able to get a clearer picture on treatment breaks and what it means for an immune compromised person with aids to take a drug holiday. It seems that if you have at some time had no T-cells (CD4s), then a drug holiday may not be considered at this time due to poor outcomes in recent studies. More promising were the new directions in hiv drugs that interfere with the virus before it does damage to the immune system.

'Under Control. Living in harmony with your HIV treatments': The side effects workshop was also enlightening and many complementary therapies were mentioned to deal with some of the more common side effects



Mask by Kim Davis at the NAPWA Conference. 'The mask, a frozen moment, that hides what is there and reveals the unexpected.'
Photo: Antony Nicholas

of hiv medications.

More creative moments were satisfied with Peter Fenoglio's 'In Your Hands' photographic workshop, which allowed participants to examine personal fetishes through the hands. These black and white images proved to be very powerful and revealing.

Another workshop with a difference was a stress reduction technique based on observation called 'Mindfulness Based Stress Reduction'. This involved eating a raisin after observing it at length, feeling its texture, smelling it and finally devouring it. I have to say it was equal to any meditative process that I have experienced in the past, its simplicity being a major attraction.

There were also some wonderful exhibits that greeted us on day one, of note the photographs by Matthew Page titled 'Life Sentence - A Positive Diagnosis' and Kim Davis's 'Golden Warriors' a series of golden masks taken from positive people from around the world.

A very moving speech from the PNG delegation in Pidgin and English help close the conference.

Future conferences might like to look more closely at the role that complementary therapies play in hiv/aids treatments as it was noted that about 50% of participants use some form of complementary therapies.

Apparently I was the sole representative from the Northern Rivers area at Cairns but hopefully will be able to share my experiences with other positive people I come into contact with.

All in all, the Cairns conference was an invaluable experience and I am extremely grateful to have participated. My cup runneth over.

Mac McMahon

G

ot there in one piece

Karen received a scholarship to attend the conference

I took off on my journey, not knowing how I would cope on my own or if I could get to the other end: my destination. Being a very private person, I would never have seen myself doing this in a million years but I had an overwhelming need to be close, near people like myself – hiv+ – as I have felt so alone, an outcast almost, since my diagnosis in November 2002 that when I was sent the scholarship application, the real hurt and aching little Karen inside me came forward. I applied and prayed and I received.

So here I lay on the bed, one day into the conference, got here in one piece. I don't think I will realise what I have made myself do, or prove to myself that I could do, until I return home. Not until then, will it hit me.

Today was such an enriching day. I met the most beautiful people. I had the privilege of spending time with the most warm, compassionate, caring and, most important, understanding people I have ever been blessed to meet. For the first time in a long, long time, since the day I met my special partner, my angel – Warren – I have a true feeling of belonging and self worth. My mind is racing, full of all these feelings deep inside me, slowly surfacing.

I had been feeling so down for so long, I honestly forgot what it felt like to be human, to function as one. To really feel ... I see things so much clearer now.

The stories, every last one I hear, breaks my heart and I can feel my love spreading out over each and every one of these special people. And we are special people. We are fighters and survivors. I feel so privileged to be a part of this special event, and I know it has already dramatically changed my life. I am a richer person because of all this love. Thank you to all who made this possible and for being you.

Well, today was a strange one. I think that my mind has been trying to observe every word, every expression. I had not felt well all

day, having to retire to the toilet on several occasions. Hot, dizzy, nauseous and then my eyesight started playing tricks. It is so hard, so confusing, 'Am I sick because of the heat, or is this virus taking hold?' My nights are spent consumed with this thought. My every breath, thinking, 'How many more do I have to take?' Death has always scared me, as long as I can remember. I don't want to leave my family, friends and pets. What will become of them? How will they cope when I'm gone? I have always felt that living on earth was living in Hell. And just when you think things can't get any worse, it keeps coming. One disaster after another.

I lost my faith some years ago but find the only way to calm myself for rest is to find peace in a prayer (of sorts). Am I being heard? Can anyone or anything help? Make me wake from this terrible nightmare, or is this punishment?

I have always wondered why I was put on this earth, what my calling was. Nearly 40 years on and I am still searching for answers.

Feelings

Applying for the scholarship: I was frightened, overwhelmed, excited and anxious.

Flight: I was scared, nervous, nauseated, excited, desperately wanting knowledge and to be loved and accepted.

Conference: I was drained, anxious, curious, caring, loving, saddened, feeling of fulfillment, belonging, understood, lack of energy, tired, tearful, happy, and a stronger person.

Conclusion of conference

My cloud of doom has lifted, a cloud of hope remains.

H = help

O = other

P = people

E = evolve

My calling in life, a beautiful positive out of a terrible negative.

T

he Art of Living

PLWH/A (NSW) Community Development Officer **Glenn Flanagan** reflects on personal stories heard

The theme of the 9th National Association of People Living with HIV/AIDS (NAPWA) Conference was 'The Art of Living'. I witnessed an example of the art of living in the opening plenary session. A young Indonesian woman told her personal story of living with hiv, her determination to live out her hopes and dreams and to never just accept the discrimination she has faced from family and health care workers. It's always important for us to hear the experiences of other positive people who, despite major obstacles, aim to achieve something with their lives. In the session 'You do have a choice', Heather, from Positive Women Victoria, talked about her approach to the challenge of returning to work. Heather's presentation also underlined the important role voluntary work can play in reskilling and connecting people to the world. Norman Last from People Living with HIV/AIDS (NSW) spoke about the important role voluntary work continues to play in his life, and Kevin Plumb talked about his experience of the Positive Decisions work experience program and how it has assisted him to learn new skills and make important and informed choices about occupation.

The large number of people who attended Paul Maudlin's session on speaking to people (the what, how, when, where and why of telling your story) indicates how important, and maybe also how difficult, this is for many of us. Talking about our experiences is still central to promoting understanding in the wider community, and forms the beginnings of other people

treating us as equals. We need to keep finding the courage and keep learning the skills to tell our stories.

As positive gay men we might have a role or identity as sort of 'wounded healers' and educators. This was a valuable insight from one of the groups in the gay men's satellite meeting. It was an appealing idea, and made me recall the research study which looked at the role of the positive gay man as informal educators within their circle of gay friends. People also spoke of the need to address the kinds of discrimination that have become commonplace in our communities, whether based on serostatus or 'the look' (lipodystrophy of course comes to mind but there are many other kinds of discrimination based on 'the look').

In the international session, one hiv positive man spoke of his experience as a refugee in Australia, and the anxieties and the setbacks he overcame in that process. We also heard about the work of NAPWA in the Asia Pacific region, where there are 7.5 million people living with hiv/aids. The enormous challenges vary: from Vietnam where it's illegal to form an NGO, to India where there are about 20,000 positive groups. Robert Baldwin from the Australian Red Cross posed the important question: What do positive people from the diverse countries in Asia Pacific want? First of all, (apart from treatments of course) they need peer support and encouragement (simply because they are the first steps in building the confidence to achieve anything). Positive people in the Asia Pacific also want to be able to draw on and share experiences (both theirs and ours), and they want a purpose in life (a reason to get up in the morning, to keep on living), income (many positive people are poor and discriminated against) and skills and training (learning how to form and manage a group, learning how to speak in public, training in care and support). Assisting our positive friends in the region to achieve these is one of the coming challenges for NAPWA. There were also a number of delegates from Papua New Guinea at the conference and it was very moving to hear what an important experience it had been for them to come and participate in the conference. I came away from the NAPWA Conference and thought about the art of living, an art of supporting each other in a determination to live with courage and maybe some imagination.

A first timer's perspective

I am a positive woman living in rural South Australia. My association with hiv started 12 years ago when my husband tested positive. I tested positive 12 months later, in the beginning of 1993.

From the moment my husband was diagnosed, my main focus was soaking up any/all information I could find about hiv and aids. I was fortunate to enjoy a relatively problem free diagnosis. My husband was not so lucky, and lost his fight just over 4 years ago. Since then, I have been living not only as a positive woman, but also the sole parent of a child. This in itself has thrown me all sorts of challenges - trying to be both mother and 'father' of sorts, and also keeping healthy and raise a child. When my husband was quite ill, we were living in outer suburban Melbourne, and although he wasn't sick all the time, it allowed me to get involved with projects about hiv/aids. I was a member of Positive Women Victoria and through them got involved with the Speakers Bureau but also with another group of positive women, and together we collated our own stories to publish a book *Blood Ties*.

After the death of my husband, I packed up my son and all my possessions, and moved to South Australia, home, to be closer to my parents. I now live quite a distance from Adelaide, an hour by car, and, as tends to be the norm, any services for positive people. Since moving here 4 years ago, my priorities have been somewhat different. My concern for my own health has been monitored on a regular basis, but again, because of distance to services, I've kept a pretty low profile where hiv services have been concerned. My main purpose and drive has been to guide my son through the sadness of losing his father, and moving to a new school, leaving his friends behind. My son is 12 now, at the

age when I can confidently leave him under the care of my parents if for whatever reason I need to go away.

Early in August, I was asked if I was interested in attending the NAPWA Conference in Cairns. After taking into consideration my son and parents who'd be looking after him, I decided I would go. I had no idea what to expect - the whole experience has been totally thrilling. Not just the fact that the backdrop of the conference was Cairns, a place I'd only ever dreamed of visiting, but just to take it all in. I had attended the Women's Conference in Sydney in 1995, but nothing prepared me to be in the presence of so many brave and courageous people, all willing to learn more about hiv, and to speak so candidly to anyone willing to listen. Over the course of the conference, I spoke and listened to many stories, some with horrendous tales of segregation and ignorance, others of hope and promise. I listened to many people, taking in the emotions and diversities of so many people. No one person's story was any less significant than the next. I felt quite humbled to be in the presence of so many individuals, all meeting for the same cause. The number of people overwhelmed me in attendance. Here in South Australia, the number of infections is a small one - less than a thousand for the entire state, and there would be a great number of those that don't seek support for whatever reason from the official agencies. To be in a room with at least 200 other positive people can be, and was, quite confronting. There was only a comparatively small group of us.

Positive Speakers speak out at Cairns

Pat is a Positive Speaker with PLWH/A (NSW)'s Positive Speakers Bureau. She spoke at the Cairns Conference.

Australian hiv positive women exist. Australian women continue to be infected. However, their story is rarely heard, rarely seen, and even more rarely, understood. Nor are the bodily and emotional changes due to the virus in women documented. Further to this, most Australians still believe hiv is a gay man's disease or that it exists only in other countries. These ideas somehow make the wider public believe that they are immune. Women in Australia are also vulnerable to hiv with over 70% positive women being infected by their longterm partner. It is time to adjust the picture on hiv in Australia.

Positive Speaking to schools or other organisations, hopefully, will empower people/children to ask questions openly and discuss hiv amongst themselves or at home at the dinner table and not behind closed doors.

When I was first diagnosed it was as if I had been given a death sentence.

WHERE do I turn to!

WHO will help me!

WHAT can I do – I felt helpless!

WHEN am I going to die!

HOW can I possibly live with this!

And, the most devastating of all: WHY – WHY ME!

I couldn't understand the complacency of the doctors. They all kept saying, 'You'll be alright.' 'You'll die of old age – not hiv.' I wasn't alright! I was dying and dying alone. Only an overworked STI Health Dept Nurse for help.

Such was my ignorance of the virus. Looking back!

They did me a favour because I went looking for answers and I've met some wonderful, caring people. Positive Women in Melbourne. Pozhet in Sydney and then People Living with HIV/AIDS (NSW). I heard about a course to train Positive Speakers. I grasped this like a drowning rat. I needed desperately to meet someone else (other than my partner who was desperately ill and relying on me to get him through).

Someone else who was positive!

So I must admit I went along for purely selfish reasons. During the course I had to face up to what had happened to me and to the others who attended. Thank goodness I went as it opened up a whole new world.

Because of the ridiculous stigma that exists around our illness, I am unable to speak in my home town so have to travel for my engagements. I have spoken to schools, the first one to 140 kids, others 2 days x 4 per day. Women's refuge workers, palliative care volunteers. Student doctors and a student nurse. Most recent one was in my home town run by NAPWA for People With Disability, who wanted to make policies on what training was needed for the care of plwha who need home

care. I found this extremely interesting.

Recently my partner, who has now been diagnosed with cardiomyopathy, and I had a really bad knee and leg that needed help. There was no-one. My STI nurse told me, 'We pay for your pills, what more do you need – we can't afford you.' Pretty shattering statement.

Only help I could get was 2 hours a month from Age Concern at \$12.50 per hour, unless the health department came to assess us. I felt like a crashed car. I certainly didn't feel like answering personal questions for a stranger. So I told them what to do with their assessment and we battled on.

I get a tremendous satisfaction out of Positive Speaking. Because I am older, I make an impact without having to say anything other than 'I have hiv'.

After one of the speaking engagements, one teacher came up to me and said I had stopped her in her tracks and made her think, 'yes, this could happen to me'. Newly divorced and ready to take on the party scene.

Hopefully, by Positive Speaking, I can break down some of the myths that exist. Stop people from stereotyping people with hiv. To normalise the range/diversity of affected women. Show the reality of living with a virus that attacks the immune system and bring a personal perspective to the reality that all women are potentially exposed to contracting hiv. Positive Speaking to schools or other organisations, hopefully, will empower people/children to ask questions openly and discuss hiv amongst themselves or at home at the dinner table and not behind closed doors.

We have to get out into the community and spread the word.

Take care of your bodies and your mind – they are the only ones you get and can't be replaced at Woolies or Harvey Norman Playstation Counter.

P ositive

David Menadue, on hiv, aids and writing, responds to **John Cumming**

Whose idea was it to write Positive?

I took my idea to write a book about twenty years of aids (incorporating some of my *Positive Living* columns over the years) to a senior publisher at Allen and Unwin, John Iremonger. He thought it wasn't 'mainstream' enough and suggested I write an autobiography instead. He convinced me that readers would be interested in my childhood and early life – I wasn't so sure at first. He said that there were not a lot of stories about people growing up in rural Australia in the 50s and 60s, and certainly not a lot of gay men's stories published in Australia. He also thought the aids experience I went through should be shared.

Was it easy to write the book? How long did it take? How did you fit the writing in with the rest of your activities, for example some writers work at night, or in the early hours of the morning?

The writing poured onto the page. You're the expert on your life after all and I have had a lot of experience writing about living with hiv. It took me two years to write but the editing and publishing process took another year. I worked whenever I could in between my hiv/aids activism.

How easy or difficult was it to sell the manuscript to publishers? Did you get many rejection notices? What were some of the reasons publishers gave for rejecting it?

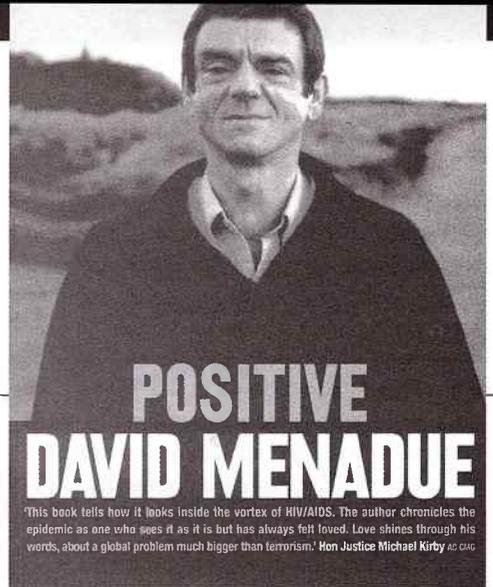
I thought it was easy at first as the publisher was very encouraging. As the months went on and there was still no contract, I started to get concerned that the book would never see the light of day. Then a very sad thing happened – John Iremonger became ill and died from a brain tumour. We had talks on the phone about how he now understood what it was like to really have to confront

your mortality as many hiv positive people have had to do.

Fortunately, another publisher from the same company, Sophie Cunningham, came to my rescue after I was introduced to her by a mutual friend. Before this happened though, I did experience rejection letters from two publishers who both liked the manuscript but said it 'wasn't their thing'. Thank goodness I found a publisher who thought it was very much her thing and was very keen to publish. Sophie had published *Holding the Man* by Timothy Conigrave back in 1992 and is very supportive of hiv/aids issues.

Some people have selective memory loss about some of the worst times of the epidemic, for example when friends were dying and there were no effective treatments, but you have included a lot of personal recollection from that era. Do you have clear memories of those times? Diaries? If not, how were you able to write so vividly about your life and emotions during that time?

Thanks for the compliment. I did have a diary for a couple of years in the early 90s but I guess the events that happened are so indelibly etched on my mind that they came back to me fairly easily. Of course, I have selected the incidents in my life – often around my close friends, including the deaths of three of them – which have had the most profound effects on me. When you are with someone through the last months of their life you don't forget the intense feeling associated with that period. There are also aspects to my own illness – such as the temporary psychotic experience I had when I was diagnosed with aids – which I am amazed I remember so vividly. There are also plenty of things I've blocked out. The feelings of grief and loss about this period are still with me but I try to keep them at a distance, as I know a lot of my friends do as well. It was such a mind-numb-



ing experience, losing that many friends, that I wonder if we can ever really come to terms with it.

Before the age of combination therapy, you lived with less than 20 T-cells for seven years. Why do you think you survived that period?

By living day by day, and trying to find things about my life that I could look forward to and enjoy. Surprisingly, I never completely lost interest in sex and while I didn't look so crash hot, I still socialised and felt it was possible to find a partner, even if only for five minutes, sometimes! I did have a couple of brief relationships during this time when partners would have to put up with me changing the sheets several times a night from the symptoms of MAC, or just the usual side-effect of having such a weakened immune system. My friends were always there for me and never made me feel different, like an invalid or a patient. I went to Mardi Gras with them every year. (In most ways, I was just the same person I'd always been). The fact that all my family finally supported me for who I was, gay and hiv positive, also gave me strength. I know so many people who didn't get this support and it sometimes contributed to their depression about their prognosis.

You describe yourself as an upfront person. Was there anything that was particularly difficult to write about, and why?

Yes, my family life. I was very nervous that I would upset my reconciled relationship with my father when I started to write about my parents' failed marriage and Dad's excessive drinking. My mother had died several years earlier. My father died in 2001 so he never got to see the result. His brother and relatives have read the book and they say I've been fair so I feel good about that. My brothers and

sisters are all happy with it although I do have one aunt who won't talk about the book – I think she finds it all too confronting to have your family's private life spread all over the place! I'll have to live with that.

You write about your relationship with Billy, who was hiv negative and refused to use condoms. Have you had any negative feedback from readers/interviewers about your decision to have unprotected sex?

It wasn't what I'd call an 'informed decision'. It was 1986 and the condom message was not really out there. I certainly am not advocating that others copy our rather crazy decision and I say that in the book. The reason I let Billy get away with it was that he made it clear that he wouldn't use condoms no matter what – it was barebacking with Billy or no Billy at all. Only one journalist in Melbourne has even mentioned it until you raised it here – so I don't think I've shocked the world or anything. There would be few of us who can say that we have never had unprotected sex with someone of opposite status but I realise a year is a long time. We were so lucky that Billy never became positive. If he had I don't know that I could have written about that in my book!

When you've been interviewed by mainstream journalists about the book, have you been surprised or disturbed by any of their questions? What is your sense of mainstream Australian media's attitude towards hiv issues?

I have been pleasantly surprised with the supportive questions and comments from some mainstream papers such as Sydney's *Sunday Telegraph* and Melbourne's *Herald-Sun*. There was an excellent interview from a journalist called Tony Stephens in the *Sydney Morning Herald*. He was an older guy and I don't think he knew much about hiv but he got his facts right and wrote very sensitively about the subject, without that sensationalist media tone which we have so come to dread. Steve Dow did two great pieces, one in the *SMH* and another in *The Bulletin*.

There has been no interest from commercial radio, which is disappointing, but the ABC have been fantastic. I did an interview on 'Life Matters' with Geraldine Doogue (who was insightful), with Barry Cassidy on Radio 774 in Melbourne (where he picked out humorous parts of the book) and with ABC stations in Newcastle and Canberra.

None of the journalists asked me embarrassing or inappropriate questions and most had read the book. The most trying interview was with a TV station in Newcastle when the interviewer, in between takes, was trying to tell me how I could control aids by taking zinc and other supplements!

You say your life has been relatively normal for the last five or six years and your T-cells are close to the normal level, yet you also describe your uncertainty about your future. Is this based on a fear that your treatments will fail?

Those of us who have had hiv and aids for a long time find it hard to be 'relaxed and comfortable' about our prognosis, even if we've got reasonably good clinical markers. I'm still seeing friends who are getting sick, often as much from treatment side-effects as from hiv. I still don't feel terrific and often have problems with energy levels – so I know that my body is being challenged by the treatments and the virus every day.

What plans do you have for the future?

To be honest, I'd like to find a partner (even at this ripe old age) and do something interesting and adventurous together. If that doesn't happen I guess I'll continue doing some of the hiv activism I'm involved with (only less of it!) and keep up my writing, which I enjoy. I might write another book but it won't be a sequel – unless I reach 70 and people still want to read about hiv/aids!

You're one of Australia's longest standing hiv advocates. What have been the most difficult issues you have had to deal with over the last 20 years?

The most difficult thing to cope with was the grief and loss and confronting your own mortality but on issues, I guess it has been dealing with some of the fractious politics in some of the hiv organisations I've been involved with over the years. There was a lot of anger and frustration about the lack of treatments in the early 90s and the number of deaths, and it's not surprising that there were quite a few spats and some ugly scenes at meetings and conferences. There was that very difficult time at the Victorian AIDS Council in the mid-90s when a group of well-intentioned positive people took over the Board of the Council and proceeded to tell everybody 'if you disagree with us, you don't support people with the virus'. I was torn by this, wanting to support positive people's

empowerment but not believing that these people were beyond criticism at the time. For instance, I didn't support their views after Fairfield Hospital's closure, which was probably the biggest issue we've had to deal with in Victoria in the last ten years.

In the media, I found a big change occurred in most of the journalists I dealt with – from the sensational in the 80s to the more considered and compassionate in the 90s. I did have a drama with a journalist writing an article about euthanasia who wanted to imply that I was dying. Euthanasia is still the hottest topic I've had to deal with in the media: when they ask if you would take your own life or expect a friendly doctor to do it for you, you can't win. If you say you will, you implicate yourself and others in illegal behaviour, if you say you won't, you might not sound credible. Fortunately it's not an issue for me at the moment.

The current hiv transmissions debate involves difficulties for AIDS Councils and positive people. How do we promote a rational discussion in the media about rising infections without having the media point the finger at 'irresponsible gay men', and particularly at positive men. The intricacies around sexual negotiation and disclosure can never really be explained in a newspaper article. Even so, I think it is important that the media still want to write about hiv. We need to keep our concerns out there if society and governments are to continue to tackle our issues.

If you could change one thing about hiv community organisations (sometimes called the hiv 'sector'), what would it be?

Take away their reason to exist, that is find a cure for hiv! I'd like to think they are valued more by both the gay and positive sections of the community. Maybe it's just an Australian cynicism about organisations or maybe we need to work harder to get more engagement. I sometimes feel that in some of the organisations I'm involved with there is not much interest in the work we do, even though I think that a lot of it is very valuable. I know that you can't expect much involvement at a time when hiv is not the critical issue it used to be in some people's lives but it is still problematic for a lot of us and there is still discrimination and injustice occurring.

David Menadue's Positive is published by Allen and Unwin



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When we reflect on our lives ... dealing with hiv ... there are often ... particular moments ... a certain place ... a special person ... an unfortunate incident ... an object ... feeling fantastic or terrible ... a difficult conversation ... something unexpected ... something mundane ... any of which might take on a powerful significance, in relation to our sense of ourselves and our hiv+ status.

Entries a maximum 750 words. Closing date: Monday, 9 February 2004
Prizegetters' contributions will be published in *Talkabout* (includes e-zine).
Other entries may be published at a later stage, at the editor's discretion.

Judged by panel from the hiv community

Entries should be posted to: *Talkabout* Writing Competition, Reply
Paid 831, Darlinghurst 1300. Or email Microsoft Word file to
editor@plwha.org.au

Oiga's personals

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

HIV+ guy, 53, 5ft 7, brown eyes, OK looks and physique. Prudent, compassionate, monogamous, I have learned not to try and understand women but simply adore them. Gold Coast resident. Seeks similar female penpal with view to whatever. Reply: 010402

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

39yo, +ve, fit, goodlooking, 5'11, honest genuine, live in Eastern Suburbs, dog owner, seek guy, late 30-50, sincere, intelligent, warm, articulate, fit. Reply: 010801

Shy, sincere, loyal, hardworking 35yo hiv+ divorcee. I'm a straight, honest male living in Sydney. Seeks friendship with hiv+ lady in similar situation who wants to meet a true loyal and down to earth true friend. ALA. Reply: 020602

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

South Sydney, 41yo, black, gay, hiv hepC man. Hi, I've been hiv, hep C for 11 yrs. I'm 5'4" tall, right body. Good health. OK looks, you similar 36-43yrs wanting same. Reply: 030402

HIV+, 38yo, goodlooking, GSOH, living Western Suburbs. Seeking fun and fair dinkum bloke for friendship and maybe more. Love horseriding, breed dogs and cats, love the bush and love a drink. My first advert. Genuine guys only please. Reply: 031002

24yo, gay guy, hiv+ for five year, DTE, GSOH, come from the country. I am currently in goal and looking for penpals with other gay, hiv+ people with the same interest. ALA. Reply: 040402

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

Guy, 50s, Ryde area, active and in good health, hiv+, 6'1", 85kg, blonde, likes home, tv & videos, going out, GSOH, no ties, seeks person for companionship, relationship. ALA, so please write. Reply: 050402

Long Bay, 28yo, hiv pos, goodlooking, intelligent, kindhearted, country lad, straight acting, like a drink, don't do gay scene, looking for good friends, penpals. A real man is hard to find. Are you my knight in shining armour. Reply: 060402

HIV+, 45yo gay guy, 16 yrs 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 drinks, dinner, coffee ... nationalities open. Reply: 061002

Goodlooking, 30yo, straight + male, recently diagnosed, good health, NS, SD. Seeking honest, straight, single female 22-32 yrs for serious relationship and love. Genuine responses only. Looking forward to hearing from you girls. You will not be disappointed. Reply: 070402

Looking for boyfriend! I enjoy good company, good conversation and good wine. Looks, physique ok. Interests: health, hiv+ & rebuilding immune system. Holistic wellness. WLTm interesting, personable guy, age open, social status unimportant if sincere. Seek monogamous friendship. Reply: 071002

HIV+ gay male 30, GSOH and responsible. With view to LTR for the best in life, love and happiness. Enjoys cosy nights in, seeking fun and healthy relationship without the use of drugs and alcohol. Only genuine replies. Reply: 100000

Active, horny male seeks: totally passive male, 18-40yrs, quiet, gentle, softspoken, caring, non-scene & likes lots of loving & TLC. Good looks not important. Prefer reasonably solid build guy who is unattached & wants a longterm relationship. Reply: 100001

Very goodlooking hiv +ve guy, good body, very healthy. Professional, NS, GSOH, 5'9", olive complexion, brown eyes, 32yo, seeking guy up to 40yo, for fun, sex, companionship. Preferably North Shore area. Reply: 100002

Hiv+, 38 yo guy, lives in the the country. I'm 183cm, slim/average build, hairy chested and DTE. Seeking someone (18-50s) for fun and maybe more if compatible. I like country life, animals, art, food and a good time. Reply: 100004

Surry Hills. Black, gay guy. Late 30s, DTE, hiv+ with a GSOH. Versatile. WLTm Mr TLC. View LTR. Welcome all nationalities. Reply: 100005

Heterosexual male. 42yo, hiv and positive that he will one day find a friend who is heterosexual, female, hiv and positive in complementing each other's life journey in love, health to becoming free. Reply: 100006

HIV+ male, 31yo, tall and muscular, motorcycle enthusiast, seeks female 28-40. I'm hardworking and searching for companionship/relationship, genuine replies. Reply: 100008

Young country guys, are you coming to Sydney? Goodlooking, 34yo, hiv+ guy from the bush ISO DTE country lad looking for LTR. NS but will do the odd party. R U non-attitude? Straight acting? Beach/bush walks, horseriding, cuddling. Reply: 100009

Nthn NSW male. 27yo, hetero pos, single Dad of 1,

seeks female to write to, and/or meet. Any nationality, age. Reply: 100010

Joe, 42yo, poz guy. 6'3", tall, dark hair, blues, seeks 1-1, easygoing, honest, sincere, handsome for fun & better thinking. I'm attracted to stocky, solid guys into wrestling, massage, laughter & life. Will travel, let's chat. Reply: 100012

Attractive, Sydney, 35yo +ve male. Seeking attractive lady 20-45 yrs for f/ship, r/ship, love. I'm sincere, excellent health, athletic build, olive skinned, and a hopeless romantic. Enjoy theatre, music, fine dining, deserted beaches, GSOH, live bands. Discretion assured. ALA. Reply: 100013

Attractive Asian (HIV+ but undetectable viral load) seeks genuine, masculine, hairy-chested, active, well hung men for fun, friendship perhaps LTR. I am smooth, tan, petite and healthy with witty sense of humour. Photo and phone number ensures prompt reply. Reply: 100015

This guy is in need of love. 42yo +ve with good looks, very fit and financially secure. Looking for a high spirited man with me in a new beginning. Reply 100016

Tall, usually 85kg, smooth, uncut, tattoo. Met too many liars and timewasters. Want guy who is manly, like body hair. I'm 30s, cooking, animals, nature, movies, can adapt for right guy round 40. Reply: 100017

Hey! I'm quiet, gentle, softspoken, very easy and adventurous. I adore real man with very big tool, naturally. Seek uninhibited boyfriend, age open, hiv+, active top role, keen get lucky, score, no strings goodtimes, LTR okay. Your mail gets mine. Promise! Reply: 100018

Hiv+ gay guy, 39 yo, fun-loving, who loves life and wants to enjoy it with someone who is easy going and friendly, 18-50 yrs. Enjoy music, video games, fine food and intelligent conversation. Reply: 100019

Straight guy, 42 yo, hiv+, in Sydney, moving to mid North Coast. Seeks hiv+ girl for longterm life and to start a family. Must be genuine about this and have gsoh. I'm easygoing and want to have children (with a little help), so if you're interested, drop me a line. Reply: 100020

Aust hetro male, hiv+, early 40s, very fit and healthy, genuine personality, lots of hobbies, likes outdoors, N/S, lives in Sydney. Looking to start friend/relationship with a female in similar position. Age/nationality open. Kids ok. Reply: 100021

24yo straight + female, recently diagnosed. Looking for love, friends and/or penpals. Enjoy alternative music, live bands, photography and movies. ALA. Reply: 100022

When placing and answering personals

Be clear about who you are and what you are looking for. Too much detail can be boring, and too little may be too vague. Be honest to avoid disappointment for you and your correspondent.

Do not give out your work or home address, telephone number or email address until you think you can trust the person. Use a Hotmail or Yahoo address.

Like you, other people may be anonymous. You can't always believe everything you are told.

When meeting someone

Have reasonable expectations. Don't let your fantasies run away with you – how somebody seems might not be who they are face-to-face.

Meet for the first time in a busy public place, like a bar or club, or with friends. You can go to a private place after you have met the person and think you can trust them. Don't rely on the other person for transport.

Let someone know who you are meeting and where. You can leave a note, keep a diary, email a friend, or ask someone to phone you on your mobile to make sure you are alright.

Apply commonsense and the basic rules of personal safety. Maintain a healthy degree of suspicion: if anything seems odd, be careful.

How to respond to a personal

Write your response letter and seal it in an envelope with a 50c 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 a personal

Write an ad of up to 40 words – Claims that you are hiv negative cannot be made. However, claims that you are hiv positive are welcome and encouraged – Any personal that refers to illegal activity or is racist or sexist will not be published – Send the personal to Olga, including your name and address for replies. Personal details strictly confidential.

After Hours



Have you been diagnosed HIV+ in the last few years?

Want to meet with other newly diagnosed gay men?

After Hours is a drop in night for you.

2nd Thursday of every month from 7pm

Our first night: Thursday December 11

Phone Glenn on 9361 6011 or Graham on 9206 2011 for more information

Chat snax chill



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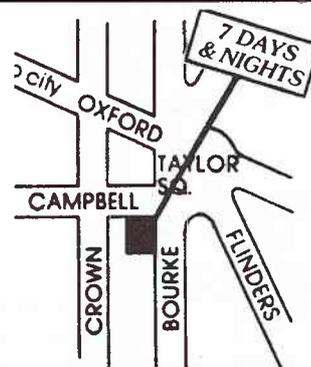
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You can use this form to apply for membership and/or subscribe to *Talkabout*. Please remember to sign the form. A statement about our privacy policy is below. Please read it. Our contact details are below.

Membership costs nothing!

**Yes, I want to be a member of
People Living with HIV/AIDS (NSW) Inc**

Please tick

- Full member (I am a NSW resident with hiv/aids)
 Associate member (I am a NSW resident)

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

Membership entitles you to *Contacts*, the Annual Report and a biannual newsletter.

If you want to receive *Talkabout*, you need to fill out the subscription section of this form (below).

Sign below 

Subscriptions

Yes I want to subscribe to *Talkabout* (annual subscription July 1 to June 30). Please select (tick the circle) the rate that applies to you or your organisation.

Subscriptions only

- I am a New South Wales resident receiving benefits – \$5
(Please enclose a copy of your current health care card)
 I am a New South Wales resident living with hiv/aids who does not receive benefits – \$20
 I am an individual and live in Australia – \$33
 I am an individual and live overseas – \$77

Organisations:

- Full** \$88 (includes all business, government, university, hospital, and schools either for-profit or government-funded)
 Concession \$44 (includes plwha groups and self-funded community owned organisations)
 Overseas \$132

Members of PLWH/A (NSW) Inc who want to subscribe to *Talkabout* but are experiencing hardship are urged to contact PLWH/A (NSW) Inc to discuss their circumstances.

Personal Information Statement

We collect this information to add you to our database and to notify you of information and events relating to PLWH/A (nsw) Inc. We store this information either in hardcopy or electronically or both. Access to your information is strictly limited to staff members who need it to act effectively on your behalf. Your information will not be passed on to any other organisation. You can access and correct your personal information by contacting our Privacy Officer, phone 02 9361 6011 or freecall 1800 245 677, email research@plwha.org.au

I acknowledge the Personal Information Statement and consent to my information being collected and stored for the current financial year.

Signature

How to contact People Living with HIV/AIDS (NSW) Inc

Office: Suite 5, Level 1,94 Oxford Street, Darlinghurst
Mailing address: PLWH/A (NSW), Reply Paid 831, Darlinghurst
NSW 1300

You do not need to put a stamp on the envelope.

Phone: 02 9361 6750
Freecall: 1800 245 677
Fax: 02 9360 3504

A membership form is available online at: www.plwha.org.au.

Please use the 'text only' version if you need to use a text reader.

Name _____

Address _____

Phone _____

Email _____

I would like to make a donation of \$ _____

If you are paying the concession rate for *Talkabout* subscriptions, please enclose a copy of your Health Care Card.

You can pay by cheque/money order/credit card.
There is a \$10 minimum for credit card payments.
Please enclose your cheque or money order or give us your credit card details.

Please charge my Bankcard VISA MasterCard AMEX Diners

Expiry Date _____ Signature _____

Name on card _____

Cash payments can be made at our office.

Total payment \$ _____

Switched on Living is back for **2004!**



This healthy lifestyle group is a St Vincent's Hospital initiative that aims to assist people with HIV live healthier, wealthier and wiser.

Topics demanded for 2004 include stress management and relaxation, quit smoking, nutrition, exercise, spirituality, finance, fatigue management, info around treatment and more.

Centrally located. Great food.
Meet people!

For more information contact:
Julia Kent-Hughes on 8382 2072
or Patrick Dunn on 8382 3296.



St Vincent's Hospital

h e a l t h y l i f e s t y l e

D iary

Sydney

Positive Living Centre, 703 Bourke St, Surry Hills. The centre is a one-stop access point for a range of free hiv and community based services. Programs for pos people to help develop new skills, interests and work opportunities. Calendar of events available from the PLC. Closed 20 Dec - 5 Jan.

Comp therapies at the PLC - Acupuncture - Tu 2 - 4pm. Massage - Tu 6 - 8pm (for employed and volunteers), W 10am - 2pm, Th 6 - 8pm, Sat 10am - 12noon. Yoga - Sat 9.30am. Reiki - Th 7.30 - 8.30pm, Fr, 10am - 4pm. Lomi Lomi (Hawaiian massage) - Tu 6pm, W 6pm, Sat 11am. Bookings essential for all therapies. Ph 02 9699 8756.

Social lunch at the PLC - Fri 1 - 2pm, Soup, main meal, dessert. Breakfast Sat 11.30 - 12.30.

Gone Shopping - weekly shopping trip by bus from PLC to Marrickville Metro, Fri 2.30 - 4.30pm. Bookings advisable. Ph 02 9699 8756.

Basic Computer Skills at the PLC - Sat 2 - 4pm (small class), Wed 2 - 4pm (one-to-one tuition). Learn Italian at the PLC - Tu 6.30-8pm. Cooking classes at the PLC - Wed 10.30am - 1pm. Sculpture - Th 6 - 8pm. Ph 02 9699 8756 to book.

Luncheon Club & Larder relocates - for people living with and affected by hiv/aids, Gordon Ibbet Community Centre, 77 Kellick St, Waterloo (near Elizabeth St). M/W noon - 4pm. Ph 0416 040 074.

The Breakfast Group offers hiv positive gay men who are working a chance to network and support each other through a monthly breakfast meeting. Ph Men's HIV Support at ACON on 02 9206 2000 for more info.

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, social work, social activities and shiatsu services. Call Robert for details and bookings on 02 9519 6142. Closed 17 Dec - 5 Jan. Also holds cooking programs. For more info, ph 02 9395 0444.

Gay Vietnamese Social Support Group meets every last Sat at The Sanctuary in Newtown. Ph John on 02 9515 3138.

Community Garden - Learn how to grow your own vegies. Ph Street Jungle on 02 9206 2000. ACON Western Sydney: Ph 02 9891 2088.

Newtown Neighbourhood Centre runs a shopping service for Marrickville LGA residents Tu,

Th, Fri to Marrickville Metro. They'll pick you up from home, give you two hours to shop, then drop you off again. Price is \$4. Ph Gavin on 02 9516 4755.

'Outings' from South Sydney Community Transport is always offering day trips and excursions. More info or bookings ph Jane on 02 9319 4439.

Shopping service for residents of South Sydney City Council area. Cost is \$4. Trips are to Marrickville Metro, Eastlakes and Eastgardens. Individual service for shopping available after assessment. Also medical transport available. Ph Jane on 02 9319 4439.

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. Ph Margaret 02 9698 3161.

Silk Road, social and support group for Asian men, meets the first Friday of each month. Ph Matthew on 02 9206 2080 for more info.

Asia Plus for hiv+ Asian men, meets the second Friday of each month. Ph Matthew on 02 9206 2080 for more info.

Myrtle Place at Milson's Point offers massage services for plwha. Also lunch M/W/F, 12.30pm. M/W: \$2.50 donation. F: \$3 donation. For appointments and info about other services call Dennis or Mark on 02 9929 4288.

Western Sydney

Western Suburbs Haven - M-F 9.30-4.30. Drop-in, support, food service, respite care. Ph 02 9672 3600, 9671 7110, 8807 4697.

Community Garden - Learn how to grow your own vegies. ACON Western Sydney: Ph 02 9891 2088.

Pozhetwest offers peer support and education for men and women living heterosexually with hiv/aids in Western Sydney. Ph 1800 812 404.

PozWest Women Support group for women living with hiv in Western Sydney. Fun and friendship, social activities and newsletter. Ph Maxine or Pat on 02 9672 3600.

Blue Mountains

Drop in to the **Blue Mountains PLWHA Centre** at rear of 2 Station St, Katoomba for informal peer support. Ph/fax 02 4782 2119.

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.

Illawarra

ACON Illawarra at 47 Kenny Street, Wollongong provides drop-in, care and support, advocacy, and referrals for positive people. Contact Craig on 02 4226 1163.

Central Coast

HUGS (HIV Understanding Group Support) A support and social group for hiv positive people on the Central Coast. We meet at PSN (Positive Support Network) in Gosford every week on alternate Tuesdays and Thursdays 12.30-3pm for support, discussions, outings and lunches. Please call Sean @ ACON Hunter on 02 4927 6808 or Leslie @ PSN on 02 4323 2905 for upcoming dates and further information.

Port Macquarie

Port plwha Support group for plwha. Lunches, social events, fundraising activities, peer support. Ph 0418 207 939 or 1300 658 878, email portplwha@optusnet.com.au. Postal address: Port PLWHA, C/- PO Box 5648, Port Macquarie NSW 2444.

Northern Rivers

Peer support for plwha Ph Sue on 02 6622 1555 or 1800 633 637.

Health Bus Service Nimbin to Lismore and return, W leaves 9am, returns 2pm, \$5 return. Ph Northern Rivers Community Transport on 02 6624 7070.

Nimbin World AIDS Day Fundraiser - Special final dress rehearsal, 'The Auditor', an Australian interpretation of 'A Chorus Line', Nimbin Hall, 3pm, 7 December. \$10 at the door. Please watch local press for other performances.

Tropical Fruits - New Years Eve: 8pm-6am, 31 December, Lismore Showgrounds. Recovery Party: 5pm-1am, 1 January, Lismore Showgrounds. Tickets: www.tropicalfruits.org.au.

Car Rally & Bake Off - Community Car Rally, Lismore to Brunswick Heads, 1 February. Ph ACON on 02 6622 1555 to register.

Canberra

PLWHA - dinner Tu @ 6pm. Massage Wed (woman masseur for women) \$10 (some discounts). Ph Marcus 02 6257 4985

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



HIV & AIDS
VIH/SIDA
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HIV i
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For HIV/AIDS information in ten languages go to www.multiculturalhivhepc.net

YOU ARE NOT ALONE

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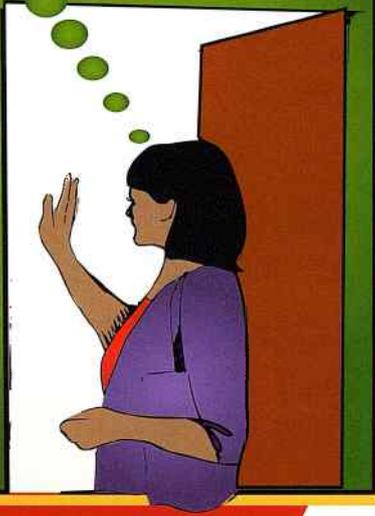
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나는 몰랐었다고 말하지 마십시오.
AIDS는 예방될 수 있습니다.

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



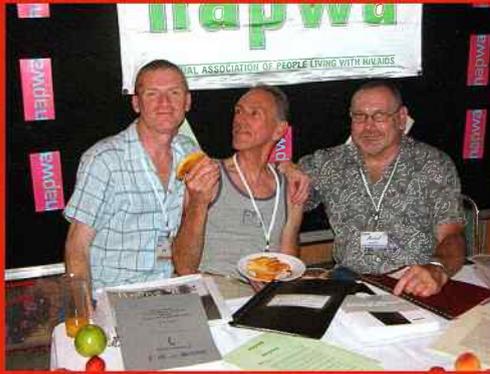
Line illustrations by Annie Kingsbury

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Email
Grose Street Camperdown NSW 2050
Queen Mary Building
Level 5
Fax 02 9550 6815
Multicultural HIV/AIDS and Hepatitis C Service



NAPWA Conference Cocktail party.



NAPWA Stall at the Conference.



NAPWA President David Menadue and Conference delegates from PNG



NAPWA Conference Cocktail party.



NAPWA Conference participants on return to work issues.



HAPAN (HIV/AIDS Peer Advice Network) (from WA) Stall at the Conference. Photos: Antony Nicholas



Barebacking and Nailbiting 3 in Canberra, 13th November 2003 (In conjunction with AIDS Action Council, PLWHA (ACT) and People Living With HIV/AIDS (NSW).
Left to right: Aveline E Rubinshteyn; Chris Lines; Sam Harbecke; Vanessa Wagner; Joey Tabone; Ian Rankin; Phillip Habel. Photo: Joey Tabone