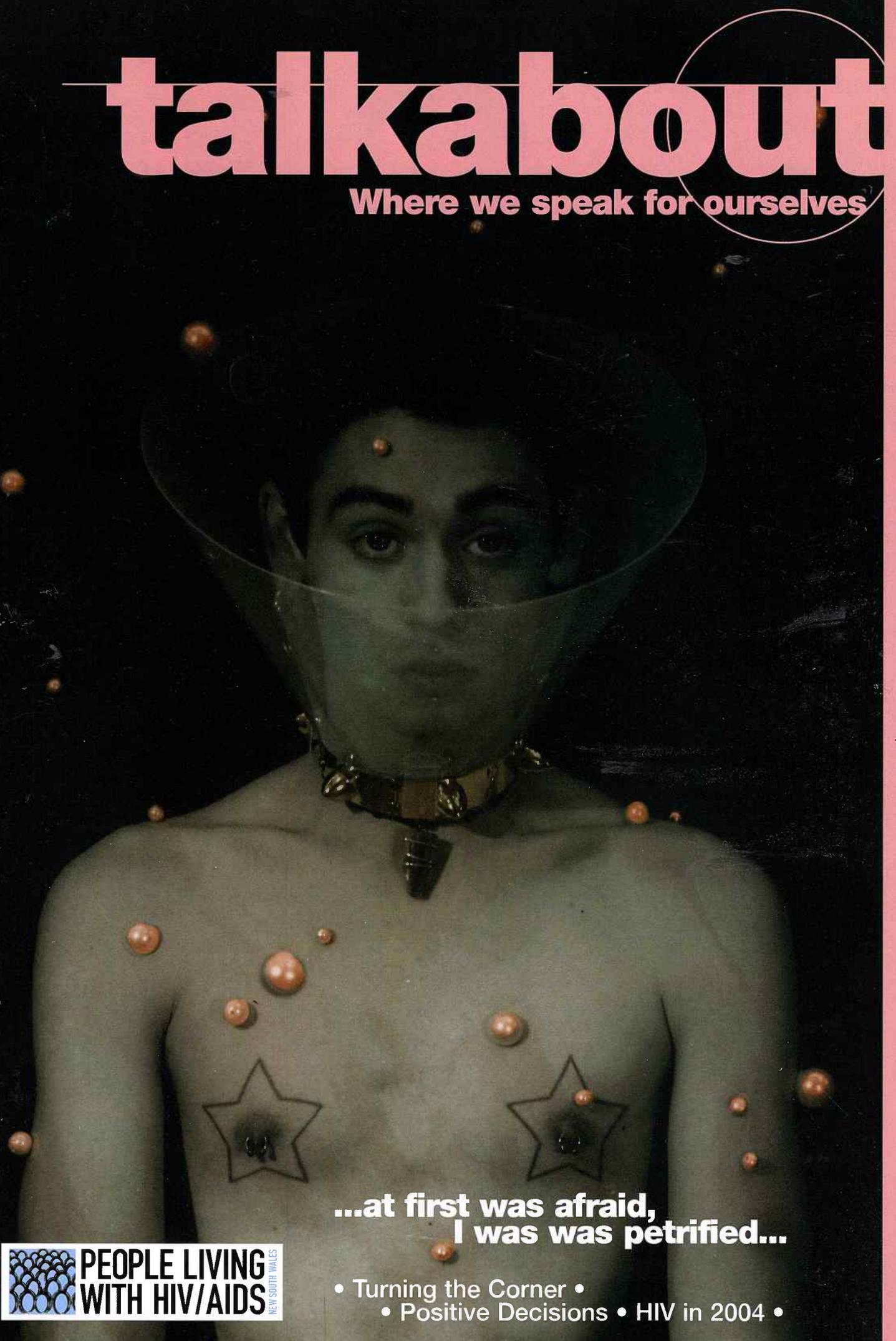


talkabout

Where we speak for ourselves

#132 | April - May 2004

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



...at first was afraid,
I was petrified...

 **PEOPLE LIVING
WITH HIV/AIDS**
NEW SOUTH WALES

- Turning the Corner •
- Positive Decisions • HIV in 2004 •



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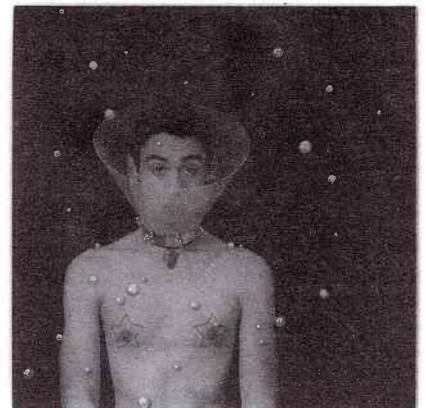
talkabout

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Turning the corner

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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.

From the Publications Working Group

'At first I was afraid, I was petrified..' Ray Cook's title for his story on page 11 (which is also the name of his exhibition) has a lot of resonance for people living with hiv. His story about turning a major corner in life is inspiring to read. Ray's article and photos capture something of the vulnerability (and the strength) we feel when we make a commitment to change.

I would like to take the opportunity to make readers (particularly those with children) aware of the more adult content of one of the photos in this story on p. 11. *Talkabout* is a magazine which has to meet the needs of different communities of positive people and inhabits something of a cultural faultline. The challenge for us is to reflect those experiences without offending others, and of course cultural faultlines are always more interesting places to live.



graphic: Phillip Mc Grath

Most of the articles in this issue of *Talkabout* explore transformations, taking steps, and turning points. Darren Wright, in 'My Positive Decisions Experience,' reflects on his journey returning to work. There were some

set backs on the way but it was worth it in the end. Heather Ellis writes about the value of self improvement, called appropriately enough, the Turning Point.

On p. 26 Kathy Triffitt reviews the recently published history of the Australian response to the hiv/aids epidemic *Learning to Trust*. Paul Sendziuk's book sets out a major turning point in the history of hiv/aids in this country. Partnership strategies we now take for granted in combating the epidemic had to be fought for. And often we find we still need to fight for them.

There are also lots of photos and memories of Mardi Gras (a turning point for many people) in this *Talkabout*, along with the views of Fair Day-goers about where we're at with hiv in 2004.

And we have turned the corner with our new President who talks in this issue about the challenges for People Living with HIV/AIDS (NSW) and the important issues for positive people.

While turning a corner can bring change and possibility, it can also mean saying goodbye. In this issue on p. 31 we say goodbye to three of our staff members, John, Paul and Susan, and wish them all the best for the future.

And finally we are also saying goodbye to our energetic and imaginative Executive Officer, Antony Nicholas. (see Pos Action) Antony has been an amazing driving force in our organisation and we will certainly miss him. Turning points – life is full of them.

Glenn Flanagan

P os action



with **Antony Nicholas** Executive Officer People Living with HIV/AIDS (NSW)

After 5 years at People Living with HIV/AIDS (NSW), 2 as Community Development and 3 as Executive Officer (and almost exactly 10 years after my initial engagement with the hiv sector through CSN), I am moving on. I believe that I will be leaving People Living with HIV/AIDS (NSW) a more modern, forward thinking and stable organisation, from my start 3 years ago. Although they have had their moments, the recent strategic plan and restructure have been essential for the future success, direction and growth of People Living with HIV/AIDS (NSW).

Some of the key highlights for me in the past five years have been:

- The initial creation and funding of Positive Decisions as a trial, funded with seeding money from South East Health, and continuing to grow, change and be funded under the past directorship of Will Klaasen and currently Glenn Flanagan.
- Undertaking the governance review, with the irrepressible Douglas Barry and with the guidance of John Robinson, and changing the governance structure from a Management Committee to the current Board structure.
- Building our fundraising capacity under the fine leadership of John Robinson to secure in the past, the Harbour Party [thanks Phillip Diment] and Malcolm Stewart party sponsorship of PLWHA (NSW). Over my term they have added around \$40,000 in fundraised dollars that enable us to carry out work that does not attract funding.
- Reinvigorating and growing the organisation's respect as a representative body,

building strong links to the AIDS Infectious Diseases Branch, and once again getting NSW Health to see us as an essential body at the table of any hiv discussion, sitting on average, around 20 various board or committees each year myself.

- Ensuring the NSW state organisation continues to be seen as a guiding light and leading partner to other state PLWHA organisations.

People Living with HIV/AIDS (NSW) is a vital component of the much spoken about partnership, ensuring the positive voice stays loud and clear in New South Wales

- Working with many others, especially Wendy Evans and Marilyn Bliss, to see that the Ballina and Nelson's Bay Rural HIV forums existed and continued.
- Creating and seeking funding to maintain initial one-off programs for People Living with HIV/AIDS (NSW)'s Health Promotion Projects, close to \$200,000 over two years, and seen to best practice fruition under the watch of indestructible, Kathy Triffitt. Now the position is a core project, ensuring its long-term stability and success.

- Working to modernise and better promote the Positive Speakers Bureau with the addition of the 'Enjoying Sex Safely' booklets for high school students, completed with quirky characters by Paul Maudlin and Geoffrey Williams.

- Working on the consultation and planning process that resulted in our excellent strategic planning for the future, especially with the support and hard work of Scott Berry and John Robinson.

- The incredibly demanding but essential 'restructure we had to have' that will set People Living with HIV/AIDS (NSW) on its way into a healthier and dynamic future, and finally..

- Having the opportunity to work with a range of absolutely marvellous volunteers, board members and especially the staff, who have always been for the past decade, the backbone of the organisation.

People Living with HIV/AIDS (NSW) is a vital component, *of the much spoken about partnership*, ensuring the positive voice stays loud and clear in NSW. As I have always said, I am proud of my work here, and of the organisation, as it continues to strive on into the future, amplifying your voices, telling your stories and ensuring hiv positive people's rights and dignity are maintained.

L etters to the editor

T reatment briefs

HIV Positive and applying for residency

I read with interest your article in *Talkabout* number 131, regarding other people's experience with Australian residency and hiv. My partner and I have been going through this process for some time now and are at our wits' end with the whole procedure. Given the nature of the subject, I was sure that others would be going through, or have been through, the same thing.

We are currently waiting on a decision from Amanda Vanstone, who is the only person who can overrule the Medical office to the Commonwealth decision that due to hiv I will cost over \$240,000 in my lifetime. No amount of evidence to the contrary from my regular doctor, or indeed specialists, can challenge that figure. This is clearly an outdated opinion to which the current government is openly ignorant.

I have lost my work permit, home and car, all materialistic things, but it does leave a nasty taste in your mouth, and I hope that with numbers we can lobby for a change in current policy. The Gay and Lesbian Immigration task force was a great place to start, but it does not specialise in hiv immigration. This issue can be rather sensitive so a specific group would be a great idea if one does not already exist.

Paul

We welcome your letters, which should be less than 300 words in length.

Please include contact details for verification only. Email *Talkabout* at editor@plwha.org.au

Thanks for the article in *Talkabout* regarding hiv and permanent residency in Australia. I'm glad that you brought up an issue that affects many positive people and there has not been discussion about this in the media.

Apart from the costs involved in this application process there is also a sort of emotional/political aspect - why should we spend so much time money and energy in trying to live in a country that does not want me here? Especially when my partner and I can easily go to my country and live and work there as a gay couple and even marry if we'd like to. As a matter of interest: it is illegal to refuse immigrants permanent residence there based on health issues including hiv. Australia really has a long way to go.

Yes it is horrible that Australia discriminates in this way in terms of immigrants, but it is even more horrible that the government refuses my partner, an Australian citizen, to have his partner live here with him in his own country. I agree with Danny in that this is the factor that we should focus on, in terms of getting support and understanding from the broader Australian community.

Name Supplied

If you are interested in being part of an email support and information network on this issue email Glenn Flanagan at glennf@plwha.org.au

One of our readers found this website useful and recommended it for other *Talkabout* readers. Have a look at www.aidsmeds.com

Serono says Serostim improves hiv-related lipodystrophy

Swiss biotechnology firm Serono says a study showed that use of its drug Serostim prompted a decrease in visceral [internal abdominal] fat in hiv patients with lipodystrophy. The study included 239 patients and evaluated the effect of 4 mg Serostim (recombinant somatropin) injected daily or every other day for 12 weeks. The decrease in visceral fatty tissue was significantly greater with daily administration compared with placebo treatment. 'While further study is needed, Serostim has promise as a potential treatment for visceral fat accumulation in patients with HIV-associated adipose redistribution syndrome,' said Dr. Donald Kotler of St. Luke's Roosevelt Hospital in New York, a lead investigator in the study.

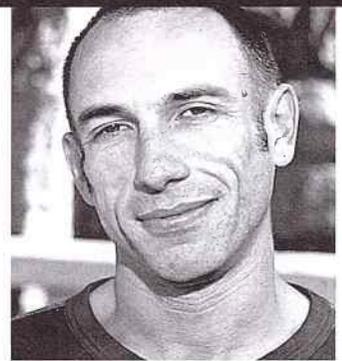
Source: www.aidsmeds.com

Long-term HAART fails to quash hiv

Despite initial success, long term highly active antiretroviral therapy (HAART) suppresses but does not appear to diminish the reservoir of hiv, French researchers report in the January 2nd issue of *AIDS*. Lead investigator Dr. Jean-Paul Viard told Reuters Health, 'HAART does not allow eradication of the virus even in the patients with the longest follow up' and 'with the best virologic results-undetectable viral load--since the beginning.' Dr. Viard of Hopital Necker, Paris and colleagues came to this conclusion after studying 41 patients who had a constant undetectable HIV-1 RNA load from within 6 months of HAART initiation. They were followed retrospectively for a median of about 5 years. In essence, said Dr. Viard, 'viral stock stops decreasing after two years on HAART, which indicates that there is a 'rock' of virus that can hardly be attacked by treatments.' The researchers conclude that the findings 'question the benefit of very long-term maintenance of HAART in terms of CD4 gain and HIV-1 DNA reduction.'

Source: www.aidsmeds.com

T alkshop



Mortality low in HIV patients when HAART begun before severe immune loss

Although mortality rates of hiv-infected patients on highly active antiretroviral therapy (HAART) may be considerably higher than those of the general population, among those beginning HAART with CD4 counts above 200 the rates appear to be in line with those found in other chronic ailments, according to Danish researchers. Dr. Jensen-Fangel of Aarhus University Hospital and colleagues followed 647 hiv patients starting HAART and 64,700 population controls for a median of 3.5 years. During follow-up, there were 53 deaths in the hiv group and 815 in the control group. This yielded an overall mortality rate of 26.9 per 1000 person-years in the hiv group and 3.8 in the control group. However, mortality rates in hiv patients ranged from 70 per 1000 person-years in those with the lowest CD4 cell counts (less than 50) to 3.2 in those with the highest (200 or greater). The mortality in the latter group, say the investigators, is akin to that reported in patients with insulin-treated diabetes. Thus, the researchers conclude that hiv patients starting HAART with a CD4 count above 200 had 'low mortality rates that were comparable with the rates found in other chronic medical diseases.' As lead investigator Dr. Soren Jensen-Fangel told Reuters Health, 'Our findings are encouraging for the overall prognosis of hiv infection in the HAART-era...when starting HAART before the level of severe immunosuppression.'

Source: www.aidsmeds.com

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

Launch of a The HIV/AIDS Legal Centre Women's Resource: 'Unravelling the law'

The HIV/AIDS Legal Centre invites you to celebrate the launch of *Unravelling the law: A resource for women living with HIV/AIDS*. This unique resource provides easy access to plain legal information on questions that positive women themselves have identified as being of common concern. A guide to the law in the areas of sex and relationships, family violence, pregnancy and childbirth, and raising children, *Unravelling the law* clearly states the legal responsibilities and rights of women living with HIV in NSW. The launch will be held in the Theatre of NSW Parliament on May 17. For information contact Sian at the HIV/AIDS Legal Centre on (02) 9206 2060 or email halc@halc.org.au.

Advocacy in Action project for people with disability

Are you interested in getting involved in your community? The Advocacy in Action project assists people with disability to do just that. Many people with disability who live in rural and regional areas like to know more about their rights and responsibilities, learn more about self-advocacy and how to set up self-help groups, support groups and advocacy groups. The Advocacy in Action project can assist people with disability to do this, and this includes people living with hiv/aids.

The Multicultural Disability Advocacy Association (MDAA), together with the Physical Disability Council of NSW and the NSW Intellectual Disability Council is taking this project to a number of regional areas. The next community consultation will be held at the Marie McCormick Community Centre Hall, 133 Main St, Young Tuesday April 27 1pm-3pm.

If you are a person with a disability, family member or service provider and would like more information about the community consultation or Advocacy in Action project call Ruth Jacka or Uma Raj on 1800 629 072

Put Planet Positive in your diary

The next Planet Positive (a social night for hiv positive people and their friends) will be happening at the Positive living Centre at 703 Bourke St Surry Hills on Friday April 16 from 6pm. Planet Positive is organised by People Living with HIV/AIDS (NSW), ACON and the Positive Living Centre, with music provided by Ruby. For those who mark these events ahead of time in their diaries the June Planet Positive is scheduled for June 18.

Recently diagnosed nights have been very successful

After Hours, the monthly drop in night for newly diagnosed gay men organised by People Living with HIV/AIDS (NSW) and ACON has been very popular. Come along and meet with other recently diagnosed guys for a session of snacks, chat and chilling out. Ring me on 9361 6011 for more information.

A Big Thank you to our volunteers

We want to send a big thank you to all our wonderful hardworking volunteers. We made over \$6,000 in fundraising at the Mardi Gras Launch (congratulations everyone involved!) and we had a great time at the Fair Day stall, with many new members signing up to support us. Thanks also to the volunteers in the Chill Out Room at the Mardi Gras Party. And this is also the perfect opportunity to also thank all the people who sit on committees for us, answer the phones, and assist in the office and with mail-outs right through the year.

N ews roundup

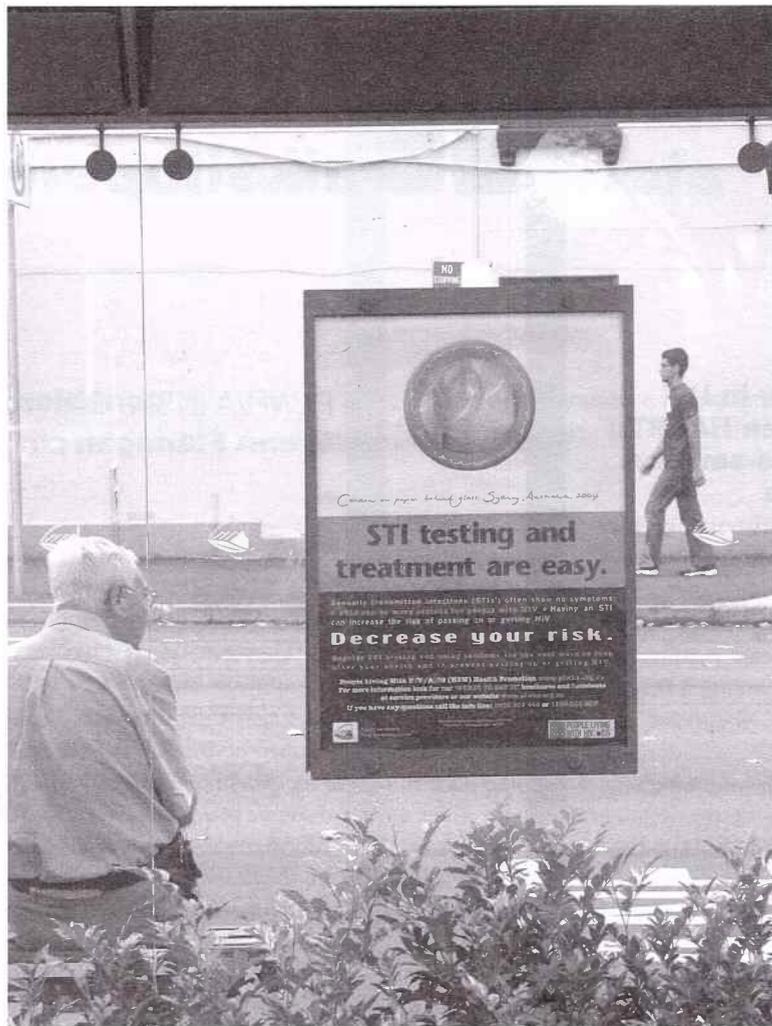


Photo: Antony Nicholas



Blue Mountains PLWHA is open for lunches and other services

While the Blue Mountains PLWHA Centre recently cancelled its incorporated status it is currently being auspiced by Katoomba Neighbourhood Centre. The Centre is still offering the full range of its services including massage, drop in and Wednesday lunch. Phone 4782 2119 for more details.

Condom on paper behind glass Sydney, Australia 2004

The Health Promotion Unit of People Living with HIV/AIDS (NSW) launched a bus poster campaign in February 2004. The campaign established links between our recently launched 'words to say it' campaign and the Inter-agency response to increases in hiv in NSW. The Inter-agency was a collaboration between hiv community organisations, Area Health Services and NSW Health. The campaign was made possible through an agreement between South Sydney Council and JC Decaux to give community groups access to bus shelter poster panels. 4 bus stops in Surry Hills, 2 in Redfern and 1 in Paddington were chosen as locations for the campaign. It reinforced the message that STI testing and treatment are easy (also see advertisement on the back cover of this issue of *Talkabout*).

Fit X Gym has a new home at ACON

Fit X gym has relocated to the ACON building (9 Commonwealth St Surry Hills) and is now open for training sessions. The Positive Access Times are Monday, Wednesday and Friday from 10am to 1pm, when sessions are cheaper for positive people. You can also access the general times which are Monday to Friday 4.30 to 7.30. The days for programs and assessments are Mondays and Wednesdays. Ring Ingrid Cullen on 0400 712 964 or ACON on 92062000 for more details.

Phillip Medcalf honoured with posthumous OAM

Phillip Medcalf has been honoured a year after his death with the Medal of the Order of Australia. Phillip was the President of the National Association of People Living with HIV/AIDS (NAPWA), and also had a long-standing involvement with People Living with HIV/AIDS (NSW), serving as our President from 1996 until May 2000 (making Phillip our longest serving President). This was a period when both the organisation and the Australian hiv epidemic were undergoing extraordinary change. He was awarded an OAM on Australia Day this year. Phillip's partner, Paul Beckman, will receive the award on his behalf.

NAPWA President, David Menadue, said the award was 'an important and significant one, recognising the importance of his leadership among people living with hiv/aids, and acknowledging the effectiveness of the gentle, compassionate style of advocacy which was one of his legacies'.

'Phillip was known among those he worked with, and advocated on behalf of, as a generous-spirited, communicative, and warm-hearted man, who believed passionately in social justice for all Australians living with hiv/aids, and whose advocacy style and successes were marked by his gentleness, and his deep-felt concern with and empathy for the everyday lives of positive people', said David Menadue, President of NAPWA.

Phillip Medcalf died on February 22, 2003.



The DSP Pilot - help for people on the DSP who want to return to work

In December 2003 Federal Employment Services Minister Mal Brough announced a new plan to help Disability Support Pension (DSP) recipients who were trying to re-enter the workforce. The plan provides funding to Job Network providers, a national network of employment service providers to provide DSP recipients with assistance returning to work. As well as helping DSP recipients establish long term career goals, the Pilot will also help with training funds, transport and other costs related to getting and keeping a job.

Senator Kay Patterson, Minister for Family and Community Services issued a statement on 14 January 2004 reassuring DSP recipients that their payments were not under threat by the DSP pilot. 'The pilot, which is completely voluntary, would simply provide the opportunity for those people on the pension who have the capacity to work to get into the workforce,' she said. 'People will continue to receive their DSP while they are being assisted to find employment. I also want to reassure people who take up the opportunity to work that if their pension is suspended and they have to leave work, or reduce their hours because of their disability, they can easily return to the DSP if this happens within two years from when their payments stopped.' DSP recipients in NSW can access the DSP pilot through the following Job Network sites:

Surry Hills: Job Futures/Work Ventures
Level 10, 418A Elizabeth Street,
ph: 02 9282 6465

Parramatta: JobFutures/Work Ventures,
Level 4, 169 Macquarie Street,
ph: 02 9633 9644

Chatswood: JobFutures/Work Ventures
61 Archer St,
ph: 02 9412 3122

Newcastle: JobFutures/Life Activities
Level 4, 50 Hunter Street,
ph: 02 4929 5858

Phillip Medcalf. Photo: C. Moore Hardy

Patients co-infected with Hepatitis C and hiv now have a higher chance of a Hepatitis C cure

Results from a groundbreaking new study presented at a scientific meeting in San Francisco show that patients co-infected with hepatitis C and hiv now have the highest ever chance of a hepatitis C cure with a new generation combination therapy.

The study APRICOT (AIDS PEGASYS Ribavirin International Co-infection Trial) is the largest and only multinational study evaluating the efficacy and safety of pegylated interferon combination therapy in people co-infected with hiv-hcv. APRICOT found that the combination of PEGASYS and Ribavirin (RBV) achieved a record 40% cure rate compared to 12% with conventional therapy – the highest ever reported in a trial of co-infected patients.

Hiv co-infection is known to accelerate the progression of liver disease in patients with hcv. This study provides new information about the management of patients with both diseases.

Importantly, for over 10 per cent of hiv infected people in Australia co-infected with hcv, the study confirmed that hcv can be treated effectively and safely, without compromising a patient's hiv therapy.

Commenting on the results of the study, Jack Wallace from the Australian Hepatitis C Council, said 'the results confirm that the new combination treatment should significantly help curb the long-term effects of hiv and hepatitis C – both serious public health issues'.

Commenting further on the significance of the results, Levenia Crooks from the Australian Society for HIV Medicine said, 'The results from the APRICOT study enable people with hiv to undertake treatment for their hepatitis C with the confidence that it won't affect their hiv treatment and that they have a 40 per cent chance of cure of their Hepatitis C'.

Sigma and discrimination is still an ongoing issue

Rob Lake was elected President of People Living with HIV/AIDS (NSW) in November 2003. He spoke to Glenn Flanagan about his background as well as priorities and challenges for the organisation.

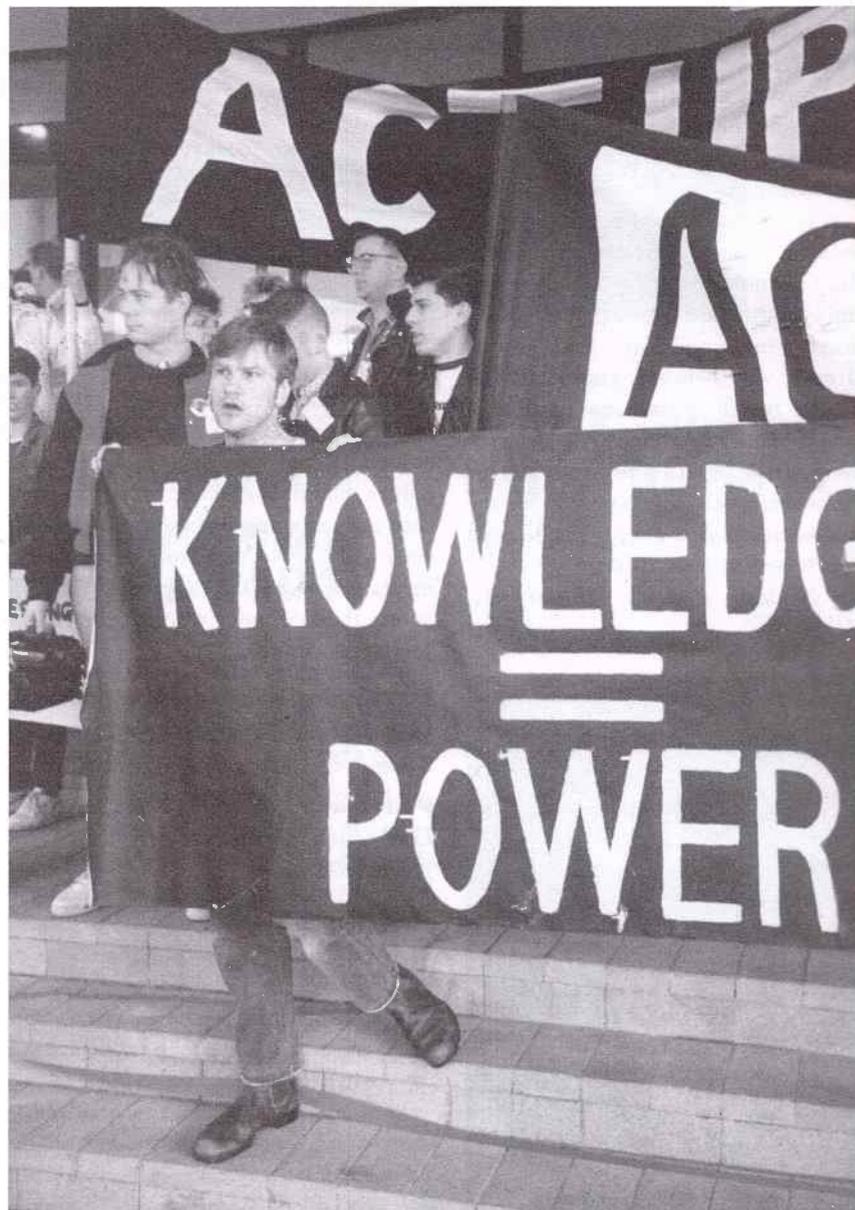
What has been your background in hiv advocacy/activism?

In terms of long history, I was involved in Act Up until the mid 90s. I arrived from New Zealand in 1987. In Wellington, we set up an organization in 1984 which worked a bit like CSN and Ankali, and started to raise the issue of hiv and aids in the gay community and with government.

In the last few years, I've worked with NAPWA (National Association of People with HIV/AIDS), in two major areas – in working on NAPWA's response to the draft employment standards for the Disability Discrimination Act and as the Convener of NAPWA's Care and Support Portfolio since 2002. In the portfolio we've been looking at the impacts of welfare reform for people who are recipients of the Disability Support Pension and how people have to deal with Centrelink, as well as discrimination, in particular by insurance companies.

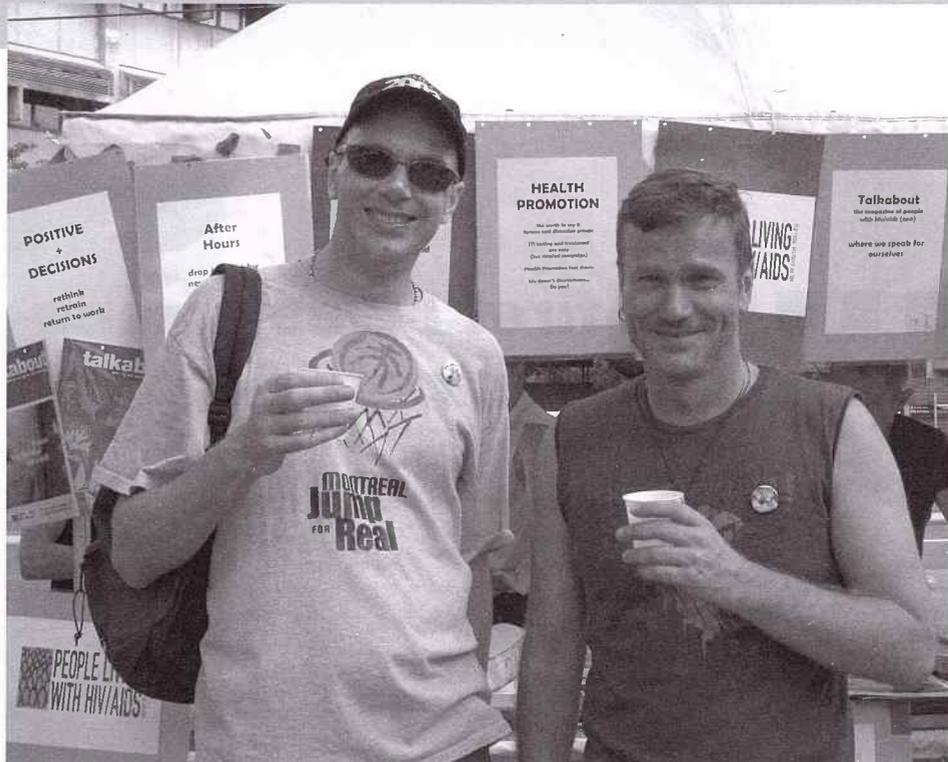
You've also had a background in broader disability issues?

At People with Disability Australia, where I work, people with hiv and aids are seen as part of the disability picture. I've worked on projects about access to home care and to mainstream community care services. We are also working on the development of a UN convention on the rights of people with a disability and we've been lobbying for the inclusion of a broad definition of disability, which includes (and protects/promotes) the rights of people living with hiv/aids and people with psychiatric disability.



Right: Stuart and Rob (right) working the Fairday Stall 2004. Photo: Antony Nicholas
Below opposite: Rob at ACT UP demo Canberra 1990. Photo: Ed Aspinall

I have always had a very strong belief that people need to represent themselves, and this is just as important now as it ever was.



Why do you think there is a need for an organisation like People Living with HIV/AIDS (NSW)?

I have always had a very strong belief that people need to represent themselves, and this is just as important as it ever was. The best way to have an understanding of the different people who make up the positive community and the different kinds of experience people have is to hear from the people directly. In New South Wales, where most of the people with hiv live, it's important for organisations such as ours to lobby for places at the table. This is particularly crucial at a time when there's a lot of discussion from government about changing the way the system works and changes to services themselves.

I think last year's World AIDS Day campaign, which we supported, was important because it was about stigma and discrimination and this is still an ongoing issue. There is no way that the problems of discrimination have gone away, and in some ways, with the lack of profile for hiv, they've become more entrenched.

This leads us to some of the challenges for an organisation such as ours.

Yes. I think keeping the focus on hiv and on people with hiv is important because prevention strategies and treatment and care have to be developed jointly - that of course means with the community, but especially with people living with hiv/aids.

Another significant issue at the moment is the notion of moral responsibility of people with hiv around transmission and prevention. We need to be a part of the discussions about

how we want this played out by government and education providers. I think in the past there has been an idea of shared responsibility, which is less strongly stated now. This issue was highlighted in the recent campaign about how many people expect a positive person to disclose before sex, compared with the number of people who wouldn't have sex with a positive person. I think we need to help build the kind of environment that encourages disclosure and encourages honesty, or else encourages people not to assume their partner is negative if they are.

There is also the need for information for services, stronger action around attitudes of health care workers, protection of privacy, and ensuring services are flexible and responsive to the differing needs of positive people.

Another thing I'm interested in is cultural representation - film, writing. One of the things people want to do and hear is how it is for people now. I'd like People Living with HIV/AIDS (NSW) to look at ways we could help to do that.

What do you think are some of the important issues for positive people in 2004.

I think an important question is -where does being positive fit in people's lives. This is especially so if you're more recently diagnosed or haven't been ill. Anybody who has to take pills every morning is always reminded of it. And maybe that's an ok reminder for some people, not like being rejected because you're positive or not getting a job because you're positive. It's more about being part of a community that is there when you need it. I think also for people who

aren't working or who aren't well or have had hiv for along time, it's about where do people fit in -in terms of participation in the community, and in People Living with HIV/AIDS (NSW). We're a movement that grew from very strong activism, but I wonder whether at this time we're being perceived more as service users first rather than as people first. This notion of charity is a different one to activism and advocacy (which is what I hope PLWHA (NSW) is and does

What would you like to achieve as President of People Living with HIV/AIDS (NSW)? What are some of your priorities?

What I would really like to see us achieve are some of those things that people have asked us to do in our community consultations for the Strategic Plan. I'd like to see the Strategic Plan being implemented and giving people a sense of why we're doing what we're doing fairly quickly. Part of that will be a better way of working in the regions, making and keeping contact with different groups of positive people.

I also want us to have a strong voice in the debate about the rise in new infections and for people to feel that People Living with HIV/AIDS (NSW) is an organisation that they want to get involved with. We have the respect of a lot of people but we want to keep that and we want to build on it.

■ ■ ■ **a**t first I was afraid, I was petrified.

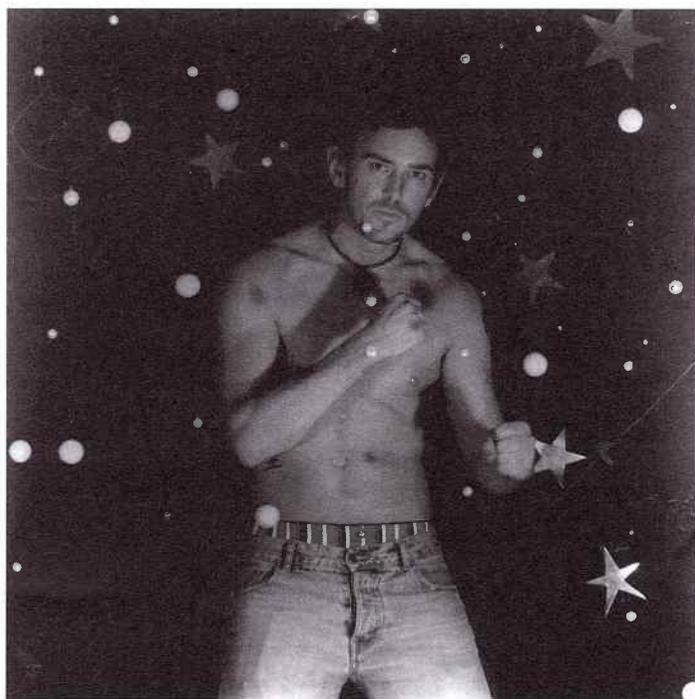
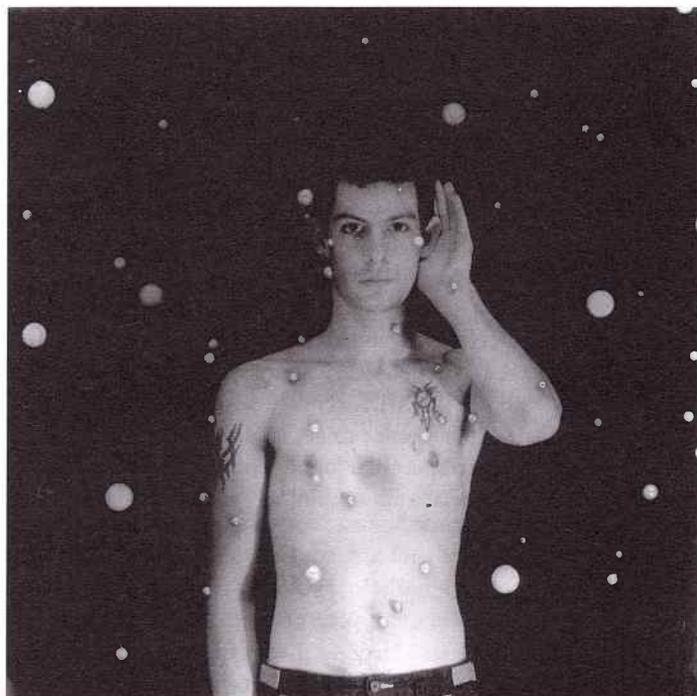
Ray Cook has the rug of resignation pulled from under him and now faces a future fertile with opportunity.

I was diagnosed with hiv in 1989 and coming from good, stoic, middle Australian stock, where a real man never lets his emotions show, I found it difficult to process the experience. I felt guilt, fear, self-doubt, anger, resentment, grief; all the usual cocktail of intense, unpleasant emotions associated with a new diagnosis. But they weren't the sorts of things I felt comfortable discussing.

I had the unfailing support of wonderful friends and family, but I needed to speak to more people. I saw friends and acquaintances become ill and die, and it seemed to me that no one much cared. I was amazed that buses ran on time, shops stayed open, people laughed openly in the street; it all seemed sort of disrespectful. I was certain this could only be because they were unaware of what was happening. The media reinforced ugly stereotypes with hysterical representations of plwha. People seemed quite content to believe the medieval notion that the disease was some sort of punishment for our lifestyle choices.

This is how my compulsion to translate my experience into pictures began. Taking photographs and exhibiting them publicly gave me a

Andy



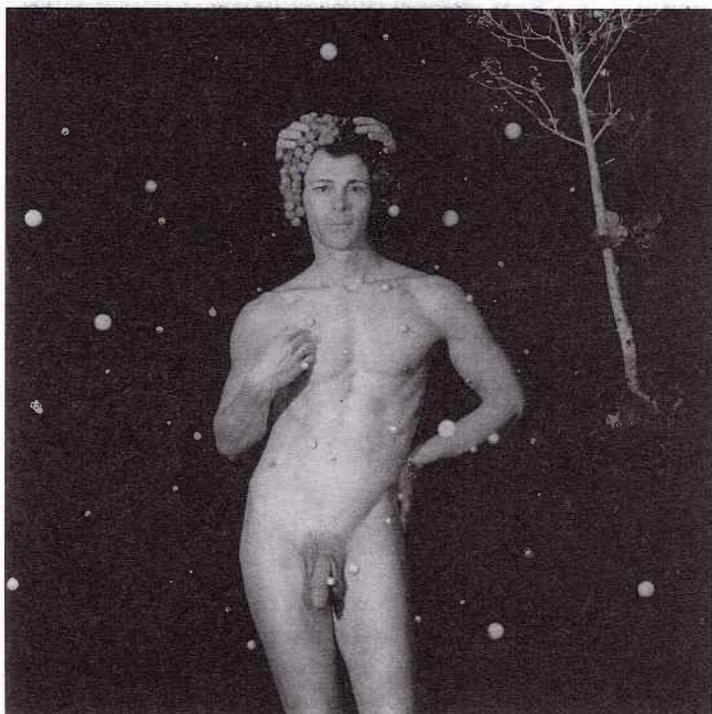
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voice: I could say things in pictures that I couldn't say any other way.

There were the Aids Councils and community groups to make the education posters. This is why I found myself trying to tell my own personal stories, free from anyone else's dogma or agenda. I was distrustful of most representations of hiv positive people; most of the mainstream portrayals were ill informed and discriminatory. The ones produced by community organisations seemed overly optimistic, with palliative platitudes aimed at keeping us compliant. Like everyone else, I didn't want to be portrayed as a victim, but I had to ask myself, with no cure or effective treatment, what else was I? I suppose I was bitter and angry and wanted to wallow in misery for a while. I didn't think I would be around for too long so I didn't mind too much who I might offend.

Anyway, other people in my situation must have found my experience fairly representative, as one exhibition led to two, which led to more than twenty five as the years went by.

When new therapies became available I joined the queue of pill poppers; both my CD4s and my lust for life soared, my viral load and dread of the future plummeted. Here I was, 39 years of age, few skills,



Karl

not much work, no security and not a lot of confidence. It seemed like a cop out to sit around waiting for my life to come to its unhappy climax like some 19th century tubercular dandy.

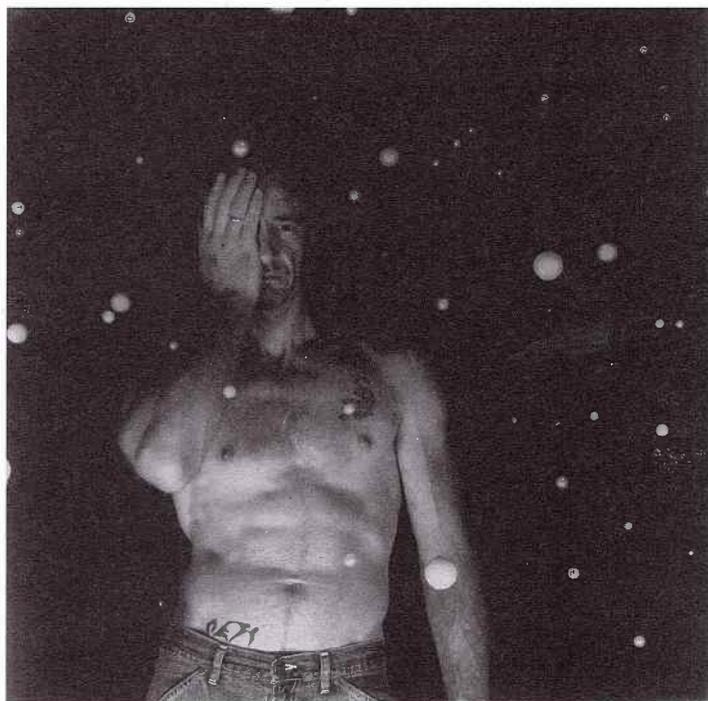
I figured I had to capitalise on the years I'd invested in making art. I knew I had determination and no shortage of passion for the photographic image. So, in 2002, with my eyes bright and my tail bushy, I packed myself off to Queensland College of Art to begin work on my Masters, a body of work titled '...at first I was afraid, I was petrified'. These photographs are meant to convey something of what it is like to live with hiv now. Now that new therapies have changed the playing field. How it feels to have been tricked by fate. Many of us had quit our careers, cashed in our super, sold assets and spent our life savings in preparation for our demise. Hell, you can't take it with you! Now with new, effective strategies to manage the virus, some of us find ourselves having to start all over again.

It takes a lot of time and energy to become resigned to illness and an early death, and it can be profoundly disorienting to have this rug of resignation pulled out from under your feet. This is a story I'm sure you're all too familiar with. Although it seems to me to be something that could be more widely discussed.

Sure, these drugs present us with issues: their long-term efficacy and side effects, but it seems most of us can certainly anticipate a significantly extended period of wellness.

I have goals,
ambitions and plans.

These pictures owe a great debt to the beefcake magazines of the mid 20th century.



Mark

The photographs in this body of work are mostly pictures of men who responded to my advertisement on an internet personals site. They act out my fantasies in front of the camera. I write the stories and they play their part. They aren't necessarily hiv+. This is my act of disclosure, not theirs. These pictures owe a great debt to the beefcake magazines of the mid 20th century. Those charming and gentlemanly images that are granddads to the stuff we call porn today.

The whole experience of researching and producing this work has been wonderfully motivating for me. The future I once saw as bleak and futile is now fertile with opportunity. I have goals, ambitions and plans. I'm beginning a doctorate this year, something I wouldn't have dreamed of a few years ago.

Plwaha have a lot to say and not just to each other. Everyone, regardless of hiv status or sexuality, lives their life against the backdrop of their own mortality, and we have unique insights into what it means to be mortal. So please, don't be afraid of dusting off that old beret and sending the painter's smock to the cleaners. Have a go and let your voice be heard. There are others waiting eagerly to hear what you have to say.

My Positive Decisions experience

Darren Wright believed in his abilities: his return to work was a process that proved to be worth it in the end.



Darren and the team from the HIV/AIDS and Related Diseases Unit at South East Health

After retiring to the Blue Mountains for 5 years and just surviving on the Disability Support Pension, I realised that I wasn't going to die in the near future. I had to do something to get back into life, and earn more money than I could than by just being on the Pension.

I contacted my Centrelink office in the Blue Mountains and they referred me to a Job Network provider who specialised in disabilities. The problem there was they had never dealt with anybody with hiv, and had no idea what my special requirements were. Every interview they sent me to was accompanied with paperwork emblazoned with the words 'helping people with disabilities get back to work'. The first thing I would get asked by any potential employer was: 'What's your disability?' After I disclosed my status to one employer, they rang my Network Provider and asked 'what if he cuts himself and aids gets in our food?' After this little incident I still couldn't believe people's ignorance in this day and age and I decided never to disclose my status to any employer ever again.

This experience caused me much self-doubt and stripped away any motivation I previously had to find work. I resigned myself to volunteering and not worrying about getting paid work. At the same time I thought I would benefit from further education, and I started an introductory course in computing and the net. I didn't have a computer at home, so I started using the Blue Mountains PLWHA Centre as a base to practise my homework and new skills. I used to cook for the Centre, but now I could do more and was elected onto the Board as Deputy Secretary. I was volunteering in this capacity for quite some time, when I read about a pro-

gram run by People Living with HIV/AIDS (NSW) called Positive Decisions.

I called the office of PLWHA (NSW) and made an appointment to see Will Klaasen who was running the program. We met and talked about my short and long-term goals and what it was that I wanted to achieve. I had always been in cooking, but the stress of cooking wasn't conducive to my health. I wanted to learn and expand on the skills I had already acquired in the office environment. I had never worked in an office before, and all I knew from my time volunteering was that I wanted to work in the hiv sector to help as many people as I could: I found out that you could help people as well as get a wage for doing it.

PLWHA (NSW) had a range of jobs/training on their books and I decided to do work experience at Options Employment Service. Options had a specialist client contract to service people with hiv and Hep C. I submitted my resume for Options to have a look at and I did my homework on what Options was about so I could prepare myself to attend an interview process, just like you would for any job.

On the morning of my interview Will met with me and we went over some sample interview questions. He was there to lend support, and was also on the interview panel. The interview was a bit scary but my nerves disappeared and I explained my situation and what it was I was trying to achieve from joining the workforce again. I must have come across ok because they gave me a chance at work experience for 12 weeks at 2 days a week. I started the very next week.

My first week at Options was one of meeting and finding out what different people did and how the company operated. I was

teamed up with an Administrative Manager and given tasks to work on. I started on the phones, answering, directing calls and emailing messages to the relevant people. My role at Options was very people oriented and I had lots of face to face contact with clients who had appointments for different services etc. I kept working there for 2 days a week for the next 8 weeks. When a member of staff was going on annual leave they asked me to become a member of staff fulltime. I couldn't believe it. I was only there for work experience and they gave me a job. This gave me an incredible boost of confidence and a sense of self worth. I was even given keys to let myself in! I guess what I'm trying to say is that it blew me away that I had earned respect and trust and was valued by Options, when only months ago I was questioning my self worth and where I was heading in life. Because of Options specialist contract to service people from the hiv positive community, I felt at ease disclosing my health status to my Manager and the staff at the office. I was embraced around this issue, instead of being vilified because of ignorance in the everyday community.

I worked at Options for the next 18 months as an Administrative Assistant and considerably increased my skills in office procedures. I was able to make my resume look amazing with the recent experience I had gained. This led me into my dream job at the HIV/AIDS and Related Diseases Unit at Sydney Hospital: an administration role dealing with State and Federal aids funding, and their distribution. I have just recently applied and been accepted to do a 2 year traineeship in Government Administration through my new job.

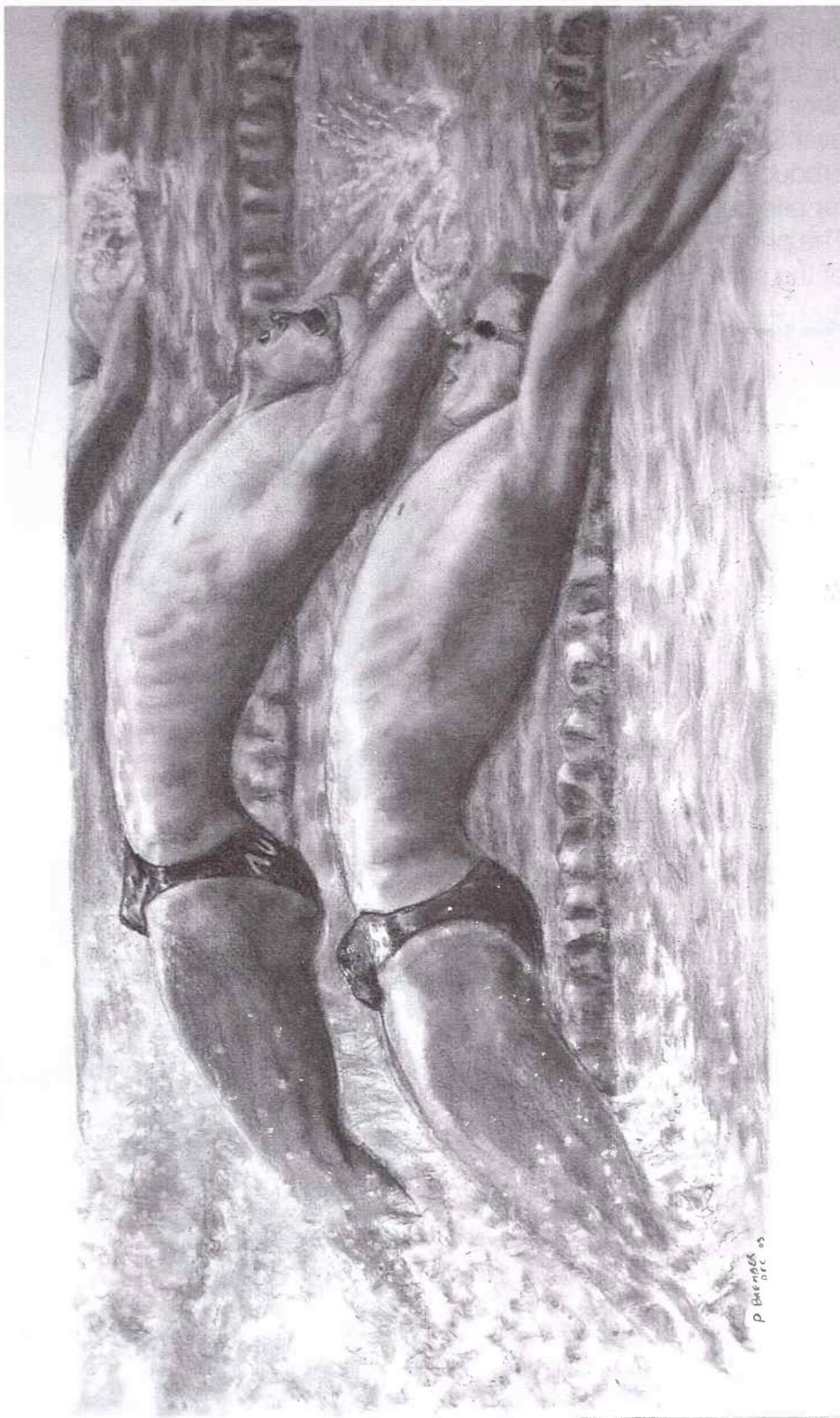
It's quite ironic actually that I went through the Positive Decisions Program

Ambiguity coming up in the next issue

In the next issue of *Talkabout* we will be highlighting the recent Ambiguity Exhibition which took place in Sydney in February.

Ambiguity (when something can be understood in more than one way) was coordinated by the Ankali project and was inspired by unseen artwork from people who are living with hiv and aids.

'Frozen Wet dream' by Peter Brember



and have ended up working for one of the Departments that actually help fund this program. My main point of this story for other positive people is: explore your options, arm yourself with as much information as you can, and realise that if you want to achieve anything, believe me, it can happen. You don't have to live a marginalised lifestyle on the pension. You can retrain yourself and take advantage of all the amazing resources we have at our fingertips. You just have to know where to access them.

Whether you want to work full time, part time, or volunteer – always remember, whatever you do, you have skills from everyday life that are relevant to society and can be utilized and support is only a phone call away. I hope this story will inspire someone who is hesitant about returning to work. Always remember that however much you earn it is always more than the pension.

I have encouraged my current workplace to take on other people who would like to train themselves and get back into the workforce. I look forward to being able to empower others.

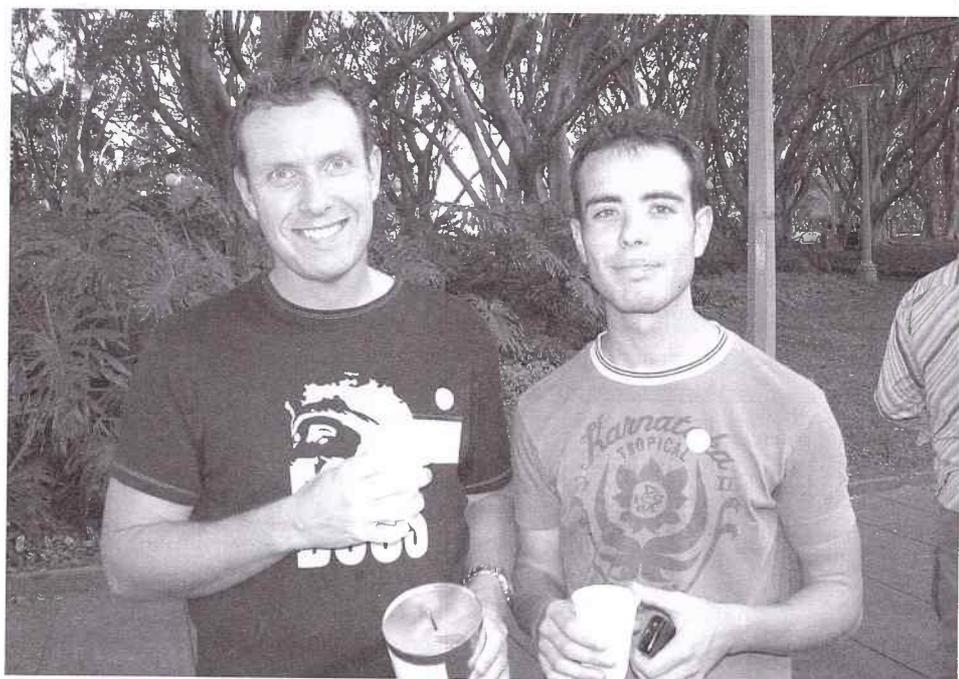
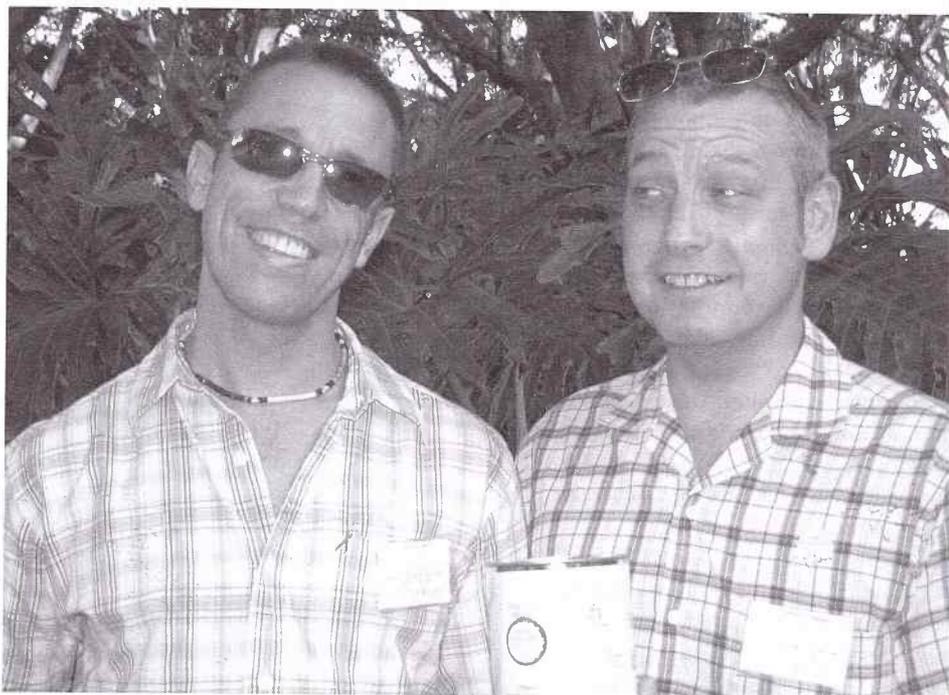
Live well and be good to others.

If you are interested in finding out more about the Positive Decisions work experience program ring Glenn on 9361 6011 or email glennf@plwha.org.au

Mardi Gras launched at Hyde Park

A very big **thank you** to all the people who helped us fundraise at the Mardi Gras launch. We made over \$6,000 which will help produce more resources for people living with hiv. The photos give us a taste of the night.

Photos: Antony Nicholas



People Living with HIV/AIDS (NSW) Talkabout Survey April/May 2004

Thanks for taking the time to complete this survey.

To save you money put the completed survey into an envelope and address to

Reply Paid PO Box 831
Darlinghurst NSW 1300

Note no stamp is necessary if you address the envelope exactly in this way.

The information gathered is confidential to People living with HIV/AIDS (NSW) staff and volunteers. Your response will help us to evaluate the content and style of *Talkabout* and inform our decision in the coming 24 months. Many thanks again for your time.

Regards
Glenn Flanagan
Senior Project Officer
Community Development
People Living with HIV/AIDS (NSW)

1 My age (please circle one)

Under 20 **20-30** **31-40** **40 - 50** **Over 50**

2 I identify primarily as (sexuality) (please circle one)

Gay man **Lesbian** **Heterosexual** **Bisexual** **Other**

3 I identify primarily as (gender) (please circle one)

Female **Male** **Transgender** **Other**

4 My hiv status (please circle one)

Positive **Negative** **Haven't tested**

5 If you are hiv positive when were you diagnosed?

Within the last two years **2-5 years ago** **5-10 years ago** **Over 10 years ago**

6 I live in:

Inner City Sydney **Outer Metropolitan Sydney** **Regional NSW**

7 My postcode is _____

8 I read please (please circle)

Every issue **Most issues** **Occasional issues** **This is the first issue I've read**

9 I have read *Talkabout* for (please circle one)

Less than 1 year **1-3years** **4-6 years** **7-10 years** **over 10 years**

10 I am a member of People Living with HIV/AIDS (NSW)

yes **no**

11 My first language is (please circle one)

English **Other** **please state** _____

12 I get *Talkabout* through (please circle one)

Subscription **Street outlet** **Read a friend's copy** **Hiv/aids provider** **Doctors surgery/Clinic,**

13 Please circle one:

Talkabout is **easy** / **difficult** to pick up

14 Any comment about how easy or difficult it is to pick up:

15 I share my copy of *Talkabout* with (please circle one)

1 **2** **3** **4** **more than 4 people**

16 please circle:

I work full time / **part time /** **receive a social security payment**

17 Why do you read *Talkabout*?

18 Do you use *Talkabout* in your work?

Yes **No**

19 If yes -In what way is it useful? _____

20 How easy is it to understand *Talkabout* Stories?

Very easy **Moderately easy** **Moderately difficult** **Very difficult**

This fact sheet discusses some of the issues that have an impact on HIV positive sex, relationships and sexual health.

THE WORDS TO SAY IT



communication

disclosure

discrimination

sex + health

People Living With HIV/AIDS (NSW) health promotion

www.plwha.org.au

(02) 9361 6011

freecall 1800 245 677

“It’s tempting to assume that someone you have unprotected sex with has the same status as you. You are not always going to be right. Even if you are both HIV positive there are risks.” James

Many of us want more open communication about HIV positive sex and relationships.

We form opinions and have anxieties about sex, which affect how we feel about our sexual lives and relationships. Some of these aren’t based on facts, but on rumour or hearsay. It’s about discussing relationships and sex with reliable information.

“I’ve been HIV positive for a while, but now with combination therapy my viral load is down to undetectable levels. Do I still need to worry about giving HIV to my partner?” Peter

Undetectable doesn’t mean non-existent. It is likely that a low viral load in your semen or vaginal fluid may mean some kind of reduction (**but not elimination**) in the risk of HIV transmission to a sexual partner during unprotected sex. But, of course, it’s not as simple as that.

The viral load or CD4 test is a useful and reliable tool for making decisions about anti-viral treatment as it helps to show the general trend of what HIV is doing in your body.

Using your viral load test results to make decisions about the kind of sex you have is an unreliable way of avoiding HIV transmission. There may be a lower risk of HIV transmission if your viral load is undetectable, **but** a lower risk is not zero risk.

“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?” Michael

Having a sexually transmitted infection (STI) increases the viral load in your semen or vaginal fluids. This may well mean that

“Passing on HIV becomes a thing to think about whenever you have sex and even if you try to put it out of your mind it still returns. It makes having sex and a relationship a little more complex than it might otherwise be. My partner is willing to talk and to listen. That makes a big difference.” Maree

you are more likely to pass on HIV during this time as there will be a greater amount of the virus present in these fluids.

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. It’s true to say that most STIs are treatable but these may be more difficult to treat if you are HIV positive. How long they take to clear and their effect on your immune system may be different if HIV has already damaged your immune system.

Talk to your doctor or local Sexual Health Clinic. Ask about STI risk factors and how to minimise them.

“I have an active sex life with a few partners – how am I to know if I have an STI?” John

Because many STIs don’t show any symptoms it is possible to be infected and not realise it until the effects become more serious and more difficult to treat. Regular screening every six to twelve months can detect at a very early stage most STIs and make treatment easier and, in some cases, more effective.

“I looked into the risks of super-infection and decided that there wasn’t enough evidence yet. Do I need to worry?” Nigel

Super-infection is sometimes called re-infection. There are different opinions about how much this is a real health risk for people with HIV. There is a growing amount of evidence that super-infection is possible. Five cases have been reported over the past two years where there has been a negative impact on health.

“I have my rules and I stick to them. I know my limits and I am prepared to discuss them. I always tell people my status, if they can’t deal with it then that’s their problem. There’s no way I want to pass on HIV.” Terry

“I read a lot – information is important. I meet regularly with a group of positive guys. We share information, laughs and tears. We talk about sex, relationships and day to day living. Between us we work through some of our anxieties.” Ian

“Respect and nurturing would build responsibility and issues of disclosure would be less challenging. We all need to challenge discrimination about HIV status.” Karen

“Disclosure would be less challenging if we all face up to discrimination about HIV.” Tim

“Telling the other person you’re positive makes it a joint responsibility.” Greg

HIV discrimination makes disclosure more difficult, particularly in the negotiation of sex. It is sometimes difficult to find *the words to say it*.

We need to feel safe enough to tell others and talking about sex is often a lot more difficult than doing it. Someone once said disclosing their HIV status “was like coming out of the closet, again and again and again”.

“When is the right time to tell someone I’m HIV positive?” James

Many people worry about telling new or potential partners, and in particular how long they should wait before telling them. Some people choose to let the person know before the relationship begins. That way, if the outcome is unfavourable it’s easier to leave the relationship. Others choose to wait until the relationship has developed, when there is a certain level of comfort and trust.

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. Some people stop using condoms in a new relationship based on love and trust, not necessarily facts, and things can happen that are difficult to talk about right away and can get harder to talk about as time goes by.

There is no easy way to tell, especially if the sex you’re having has been unprotected and you simply don’t know your partner’s HIV status.

“Love and respect comes from honest and open communication.” Nigel

While disclosure is rarely easy, there are things you can do to make it safer. Everyone makes their own decisions about how and when to tell. It’s good to think about what goes into your own decision (personal integrity, safety & protection, respect & honesty).

“Be confident and keep things simple.” Peter

- There are better times than others to discuss the topic. Choose a place where you feel comfortable and safe. Some people like to choose a more public place such as a quiet restaurant or park so the person can feel free to go and think about things alone.
- Talking about HIV is easier when you are not in the throes of passion. It is important that you have the discussion when both of you are able to give the subject plenty of time and attention.
- Communicate your desire to be honest, because you care about the other person.
- Emphasise that you are telling because you see a future between you and your partner (this can mean anything from “you’re really hot and I’d love to spend the night with you” to “I think we’re getting really serious”.)

■ When you decide to tell someone that you are HIV positive, they are likely to ask you questions. It is important that you are able to answer these questions yourself and have up-to-date and reliable information available. This will make it easier for both of you. Don’t be afraid to have a copy of *Contacts*, A Directory of Services for People Living With HIV/AIDS (available from People Living With HIV/AIDS (NSW)), pamphlets or telephone numbers of service providers.

To prevent any confusion use the language used by your service providers or GP.

“As a positive guy it was really important for me to know that my negative partner was aware of support services that are available to him.” Robert

- Talk to other positive people about how they have disclosed.
- Think through some possible questions and your responses.
- Communicate your expectations, such as keeping confidential the information you have shared.

Some people may not have the same sensitivity to confidentiality as you. You may have to tell them directly not to discuss your disclosure with anyone else.

On the other hand, they may find this knowledge stressful. Some people give permission to the person they have disclosed to tell a friend so they can have support. A strategy like this also takes the pressure off you.

“Gossip is harmful to everyone.” John

- Did you know that the NSW Public Health Act says if you have a sexually transmissible medical condition you must tell your partner before sex?

Remember there are some risks

- Once you have told someone – you can’t take that information back. Be sure that you want them to know, and think about how they may possibly deal with your information.
- People may disclose your status to others.
- Discrimination issues may arise (see our fact sheet on discrimination & HIV).

It may take some people a little time to take in the information you have shared with them. You can do everything “right” and still be rejected.

There are a number of strategies to deal with disclosure. How you decide to tell another person, what you say, and when you tell them, will depend on your own personality and style.

It’s important to develop a method that works for you.

"I feel it's up to me to look out for myself. I don't want to worry about other strains of HIV, other infections, drug resistance ... it's not worth the worry." Marcus

"Self-esteem influences sex practice. It's about developing self-confidence in communicating my needs to sexual partners, whether casual, anonymous or other. There's also the risk of STIs. So it's also about looking after my health." Peter

"Sex is desire. It's physical, skin against skin." Ann

Part of staying healthy is having a good idea of what is going on with your body and health. This is not always as straightforward as "do I feel ill or not?"

Some infections, including sexually transmitted ones, do not always cause you to have any symptoms, or if they do they may be so slight that you may not even notice them. It's a good idea to have regular health checks.

Tips for a fulfilling and healthy sex life

Regular health checks

The viral load or CD4 test is a useful and reliable tool for making decisions about anti-viral treatment as it helps to show the general trend of what HIV is doing in your body.

It is important to understand the role anti-viral treatments have on your health. They work by reducing the amount of HIV in your body and so prevent further damage to your immune system.

Using your viral load test results to make decisions about the kind of sex you have is an unreliable way of avoiding HIV transmission. There may be a lower risk of HIV transmission if your viral load is undetectable, **but** a lower risk is not zero risk.

People responding well to treatment can still have sudden viral surges caused by stress, the flu or being run-down both physically and mentally. The reality is that treatments for HIV neither cure HIV infection nor stop it from being passed on.

Testing for sexually transmitted infections (STIs) like gonorrhoea, chlamydia and syphilis

STI testing every six to twelve months should be considered in HIV management. If you have a number of sexual partners more frequent testing for STIs whether or not you used condoms is a good idea.

In addition to checks on your viral load, ask your doctor or Sexual Health Clinic about how to get screened for STIs.

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

There are extra health risks from having an STI when you are HIV positive. The symptoms of some STIs can be more serious and unpleasant if your immune system is already damaged or suppressed. See our fact sheet on STIs: A Guide for People with HIV.

Access to information

Make sure your knowledge is up-to-date and accurate. Information is available through community organisations, community papers, clinics and your doctor. Most community organisations also have websites with links to other services and resources such as www.aidsmap.com and www.thebody.com.

Peer support

There are services that offer peer support such as the AIDS Council of NSW (HIV Living), People Living With HIV/AIDS (NSW) and Heterosexual HIV/AIDS Service (Pozhet).

Communicate openly

Think about how you communicate with people in different situations (parties, home, sex-on-premises venues). Are you prepared to discuss your sex practices and your limits? Do different settings influence how you do this? Decide what you're willing to get involved in sexually, and what you don't want to get involved in.

If accidents happen Post Exposure Prophylaxis (PEP) is available in NSW. PEP is a 4-week course of HIV pills available to people who think they've been at risk of exposure to HIV. Information is available on the 24hr PEP Hotline on 1800 737 669.

Good relationships with your doctor and clinic staff

Talking openly about your situation will often result in your receiving more suitable treatments and advice from medical staff. They will be able to answer your questions or at least refer you to someone who can.

You have a right to expect your confidentiality and privacy to be respected and to be treated fairly.

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/albionstreetcentre
- PEP Hotline 1800 737 669 24hr
- AIDS Council of NSW (ACON) 9206 2000 / 1800 063 060 (Freecall outside Sydney area) www.acon.org.au
- Multicultural HIV/AIDS & Hepatitis C Service 9515 3098
- FPA Healthline 1300 658 886
- 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)

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

1800 009 HIV

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

21 If it is difficult or very difficult to understand *Talkabout* stories please tell us why.

22 Should the font (size of the letters) in *Talkabout* be bigger, smaller or stay the same size?

Bigger **Smaller** **Stay the same**

23 How interesting do you find the following regular items in *Talkabout*?

1 Very interesting	2 Moderately interesting	3 Not sure	4 Not interesting	5 No opinion	
<input type="checkbox"/>	From the Publications Working Group				
<input type="checkbox"/>	Pos Action				
<input type="checkbox"/>	Talkshop				
<input type="checkbox"/>	Agony Aunt				
<input type="checkbox"/>	News Round Up				
<input type="checkbox"/>	Miss Bitch				
<input type="checkbox"/>	So Can you cook?				
<input type="checkbox"/>	The Essence of Life (wholefoods column)				
<input type="checkbox"/>	Treatments Briefs				
<input type="checkbox"/>	Diary				
<input type="checkbox"/>	Olga's Personals				
<input type="checkbox"/>	Letters to the Editor				
<input type="checkbox"/>	Health Promotion Fact sheets (in the centre of <i>Talkabout</i>)				

24 Do you have any extra comment to make about any of these regular items?

25 Are you interested in seeing more or less of the following in *Talkabout*?

1 Very interesting	2 Moderately interesting	3 Not sure	4 Not interesting	5 No opinion	
<input type="checkbox"/>	Photos				
<input type="checkbox"/>	Sex and relationships				
<input type="checkbox"/>	Personal stories and experiences of positive people				
<input type="checkbox"/>	Information about services				
<input type="checkbox"/>	Information about events				

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | Humour |
| <input type="checkbox"/> | Cartoons |
| <input type="checkbox"/> | Analysis and comment on political decisions relevant to PLWHA. |
| <input type="checkbox"/> | Cooking and Food |
| <input type="checkbox"/> | Nutrition |
| <input type="checkbox"/> | Health and Fitness |
| <input type="checkbox"/> | Treatment Information |
| <input type="checkbox"/> | Book / Film/ Art reviews |
| <input type="checkbox"/> | Interviews with positive people |
| <input type="checkbox"/> | Stories about positive people form other countries |
| <input type="checkbox"/> | Stories from positive people in rural and regional areas |
| <input type="checkbox"/> | Financial advice |
| <input type="checkbox"/> | News on treatment trials |
| <input type="checkbox"/> | Information about complimentary therapies |
| <input type="checkbox"/> | Fiction/creative writing from positive people |
| <input type="checkbox"/> | Interviews with service providers |
| <input type="checkbox"/> | Letters from readers |
| <input type="checkbox"/> | Poems |
| <input type="checkbox"/> | Information about free events for PLWHA |
| <input type="checkbox"/> | Information about websites for PLWHA |

26 Is there anything else you strongly feel you would like to see more of?

27 Is there anything else you strongly feel you would like to see less of?

28 Please offer 3 story ideas that you would like to see covered.

1 _____

2 _____

3 _____

29 Any other comments about *Talkabout*? _____

Thanks for taking the time to complete this survey.

To save you money put the completed survey into an envelope and address it to;

Reply paid PO Box 831

Darlinghurst NSW 1300

Note no stamp is necessary if you address the envelope EXACTLY in this way.

S_o, Can You Cook?



Tim Alderman shares some thoughts for autumn

By the time this issue of *Talkabout* hits the streets, it will well and truly be autumn. The problem for many of us over autumn and winter – besides just hating cold weather – is that we tend to eat heavier foods, and so stack on quite a bit of weight. In an attempt to counteract this, try to add more salads into your diet over winter. Sure, there isn't the same selection of salad vegetables, but you only need to be a bit inventive. Substitute some of the vegetables usually used in salads with seasonal fruits, or bake vegetables and serve them cold with salad greens and a dressing. Why give up the good diet practices of summer just because it gets a bit cool? Then spoil yourself with some comfort foods – occasionally.

HALOUMI & EGGPLANT SKEWERS

Haloumi is one of those strange cheeses that tastes totally bland when just cut from the piece, yet develops delicious flavours when barbecued, grilled or fried.

2 red capsicums
1 large eggplant
175g haloumi cheese
1 tablespoon olive oil
freshly ground black pepper
½ bunch basil, leaves picked
8 large bamboo skewers soaked in water for 15 minutes (if you would like to add some subtle exotic flavours to this dish, use sharpened lemongrass stalks, or long lengths of stripped rosemary (keep leaves at top end for decoration) as the skewers.)

Wash capsicums and remove seeds and membrane. Cut into 24 pieces. Wash and trim eggplant, cut in half lengthways, then into 16 semi-circles. Sprinkle with salt in a colander and leave for 30 minutes to remove bitterness. Dry with paper towel. Cut haloumi into 16 pieces. Toss vegetables and cheese in olive oil seasoned with pepper and sea salt. Skewer

a piece of capsicum, followed by eggplant, a few rolled basil leaves, and then haloumi. Repeat process until you have 8 large skewers. Finish each with a piece of capsicum. Char-grill or barbeque until tender – about 15-20 minutes. Blend remaining basil with oil to serve with skewers, or use purchased olive tapenade.

Serves 4

Approx \$1.50 per skewer

ROCKET & BLOOD ORANGE SALAD

This is my own salad, and can be served as a main course or an accompaniment. Rocket and watercress are two of my favourite salad greens. The peppery flavours are a perfect contrast for fruits, especially stone and citrus fruit.

200g baby rocket
small knob fennel, thinly sliced
2 blood oranges, segmented (if blood oranges are not in season, use ordinary, or ruby grapefruit)
¼ cup toasted pine nuts
punnet yellow teardrop tomatoes
shaved parmesan, to taste
10-15 whole mint leaves

Dressing – combine 30ml verjuice (unfermented grape juice) with 120ml macadamia oil (use olive or peanut if macadamia not available).

Place tomatoes on a baking tray and sprinkle with sea salt, cracked black pepper and olive oil. Bake in a 200°C oven for 20 minutes. Cool. Combine all ingredients except parmesan in salad bowl, sprinkle dressing and mix. Shave parmesan over the top.

Approx \$6.00 to make

FABULOUSLY DECADENT CHOCOLATE TART

Pastry; (if you are not successful with pastry making, buy shortcrust from the supermarket)

200g plain flour
pinch salt
100g butter, cold and cubed
2-3 tablespoons cold water

Filling;

250g bitter chocolate (if you can afford it, Lindt 80% cocoa)
2 eggs
4 yolks (freeze whites for meringues or omelettes)
25g sugar
2 tablespoons rum, or 2 teaspoons rum essence (from supermarket)
100g butter, softened
2 tablespoons ground almonds (almond meal)

Method;

For pastry, sift flour and salt into bowl. Add butter, and rub in with fingertips until mixture resembles breadcrumbs (don't over-fuss). Add water until mixture comes together when pressed. Wrap in plastic and refrigerate for 30 minutes. Roll out thinly on a floured surface and line a 22cm loose-base flan tin. DO NOT STRETCH. Prick all over with a fork, and freeze for 10 minutes. Line with baking paper and pastry weights (if you don't have pastry weights, use rice or dried beans) and bake at 180°C for 10-15 minutes, until pastry is cooked and starts to colour. Remove and fill with chocolate filling.

For filling; Melt chocolate in microwave (50%), or over a double boiler of simmering water. In a separate bowl, whisk eggs, yolks, sugar and rum or essence. Fold chocolate into egg mix. Beat in soft butter and fold in almonds. Pour into tart shell and bake at 175°C for 20 minutes. Remove from oven and cool completely.

Serve with fresh orange slices.

Serves 8-12

Approx cost \$9.00, depending on quality of chocolate.

A turning point for self-improvement

Personal development brings powerful changes as **Heather Ellis** found.

It has been said that the two things in life you should never change are your dentist and your hairdresser.

So when Lyndall Robilliard's hairdresser announced he would no longer take her excuses on why she had not enrolled in The Turning Point – a personal development course, the self-confessed sceptic found herself in a room with 30 people about to discover a different way of being.

'Every time, I had my hair done, my hair-

Being so open and honest and not afraid of the consequences had been an empowering experience, which I doubt I would have had the courage to do before this course.

dresser would tell me about The Turning Point and how it had changed his life and how I must do it,' says Lyndall, who was then a lawyer living in Sydney.

That was eight years ago and now Lyndall with partner David Russell manages and facilitates 10 Turning Point courses a year through their Melbourne-based company Transformational Learning Australia.

Like Lyndall, I too was a sceptic when it came to personal development that was not academically quantifiable. So when a place

on The Turning Point was offered, it was with some trepidation that I began the 40-hour course held over three evenings and one weekend.

And to honour this offer, I made a commitment to be open-minded and totally honest with myself for the duration of the course.

As Lyndall explained, 'you only get out of The Turning Point what you put in.'

As an hiv positive woman diagnosed in 1995, I have pretty much come to terms with all the issues involved with being hiv positive. I was healthy and considered I had balance in my life, but what really interested me was gaining more self-confidence and self-esteem, especially as I was one step from landing a dream job with an international not-for-profit organisation.

While my self-confidence has never been one of my strongest points, being hiv positive had admittedly taken me a few notches down on the confidence scale.

In The Turning Point all 26 participants had the opportunity, if they desired, to stand in front of the group, which included three skilled facilitators and 12 service team leaders, to speak about their inner most hopes, dreams and fears.

Up until this point in my life, I had revealed my status to few people outside the hiv sector. But after the third person had told their story, there I was, standing in front of a room full of strangers telling them about my status and how this had affected my self-confidence due to fear of rejection. The experience was one of the most empowering of my life.

Lyndall explained to me that each Turning Point attracts between 20 and 30 people who mostly learn about the course by word of mouth. On the first evening, most of my fellow participants appeared as equally reserved as myself. They were a mixed bunch ranging in age from about 20 to 55. The ratio

of men to women was about equal, which surprised me, as generally more women are attracted to personal development than men. Many were professionals with occupations as diverse as a business analyst, teacher and engineer. Others included students, housewives, the recently unemployed, and a dairy farmer in his mid 40s. It was a microcosm of an Australian public, searching for meaning, balance and equanimity in our lives.

While most of us want to be happier,

The course provided skills for living and a means of understanding our emotions.

healthier and more successful, The Turning Point is not a one-stop quick fix solution. The course provides skills for living and a means to understanding our emotions, Lyndall told me.

One of these skills was meditation, and it was encouraging to learn, that just by going through the motions, some benefit would still be gained.

Over time, if I could establish a routine for 10 to 20 minutes twice a day, I was told the urge to engage inconsequential thoughts

would be replaced by a quieting and focusing of the mind. And in the calmness I would ultimately benefit from increased creativity, mental clarity, emotional and physical health along with greater self-awareness in my day-to-day life.

Another of these skills for living was centring, taken from the martial art Aikido. Most of the group had never heard of centring, let alone Aikido, but the simple method of focusing attention on the lower

While my self-confidence has never been one of my strongest points, being hiv positive had admittedly taken me a few notches down on the confidence scale.

belly region opens access to an untapped strength. A strength that comes in handy when confronted with everything from life's most simple problems such as opening the stuck lids of jars to the more difficult complexities like asking for a pay rise and getting it.

Also covered was the self-management of pain - both physical and emotional. Instead of resisting or submitting to pain, we were taught to accept it - to embrace it, to give our pain form, shape and colour and in doing so

it would disappear. At about this point, my attention drifted to the rain outside and what takeaway I would buy on the way back to the backpackers that evening. As I lived about a two-hour drive from the course venue, I opted to stay in Melbourne for the Friday evening and weekend sessions.

At the backpackers, I had a dorm bed in a room shared with two other women and in the early hours of the morning an opportunity to use the pain management technique presented itself. It was a good thing I had paid at least some attention during the session. When both my calf muscles cramped in the early hours of morning, instead of crying out from the searing pain, I focused on the two contorted lumps that were my calves. I imagined red patches of colour. Instead of resisting, I looked into the colour and embraced the pain and almost instantly it subsided. The Turning Point now had my attention.

The remaining sessions of the course dealt with our awareness of who we were as emotional beings and how our bodies were just as much a part of us as our minds. One session touched on bioenergetics - a little known method of psychotherapy designed to restore the body to its natural state of vitality through a regimen of simple vibrational floor exercises performed for no more than 5 to 10 minutes a day.

But mostly, The Turning Point, as Lyndall explained on our first evening, was designed to give us a glimpse of how we could live our lives in a state of balance and heightened awareness of ourselves.

At the time of writing this article, it had been six weeks since I had completed The Turning Point. My three or four attempts each week at meditation were still along way from what could be called a routine. No overly tight jam jars had presented themselves from my pantry and I had not yet been game



to practice bioenergetics - the vibrational floor exercises. Nor had I made the effort to join any of the social gatherings organised by my fellow Turning Point participants.

But there was a new sense of awareness and confidence about me - friends had also commented. And just recently, I had been offered that dream job, which came about immediately after I revealed my hiv status to my prospective employer. Being so open and honest and not afraid of the consequences had been an empowering experience, which I doubt I would have had the courage to do before this course.

Lyndall had mentioned that we might be concerned we would fall back into our old habits - our old ways of being - once The Turning Point was over.

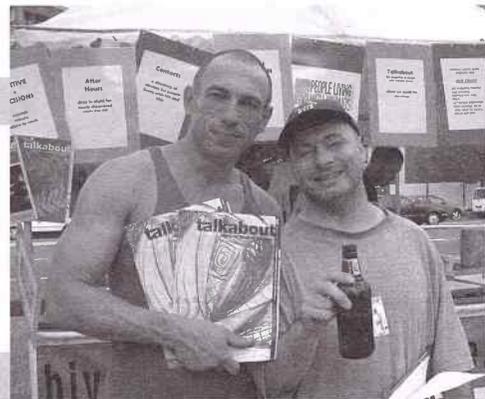
'But once you have been through this process, you have gained a new awareness of yourself, and that will always be with you.'

The Turning Point in Australia:

The 40-hour course is offered in Sydney by People Know How (www.peopleknowhow.com.au) Check the web for details.

Mardi Gras Fair Day

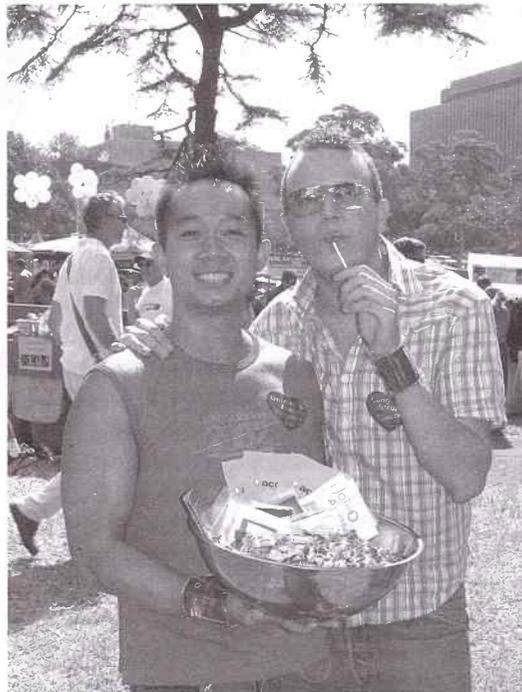
photos: Antony Nicholas



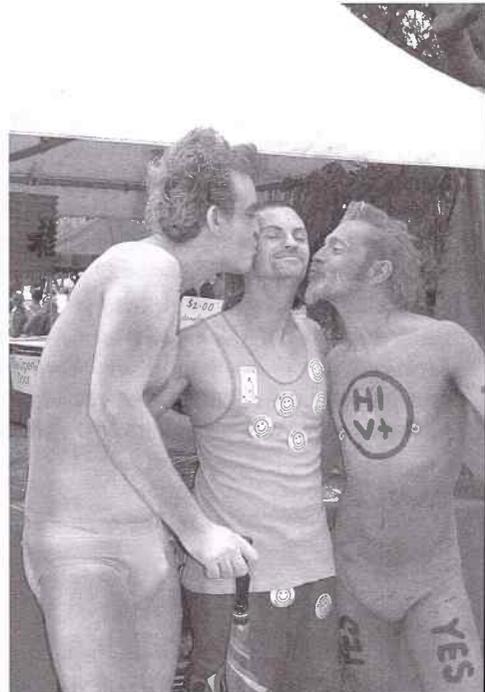
Glenn and Rowan



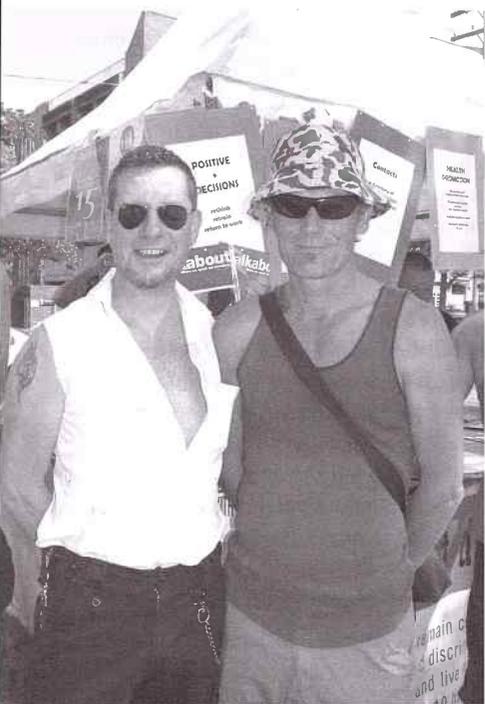
Pat from the Western Suburbs Haven



Matthew and Will



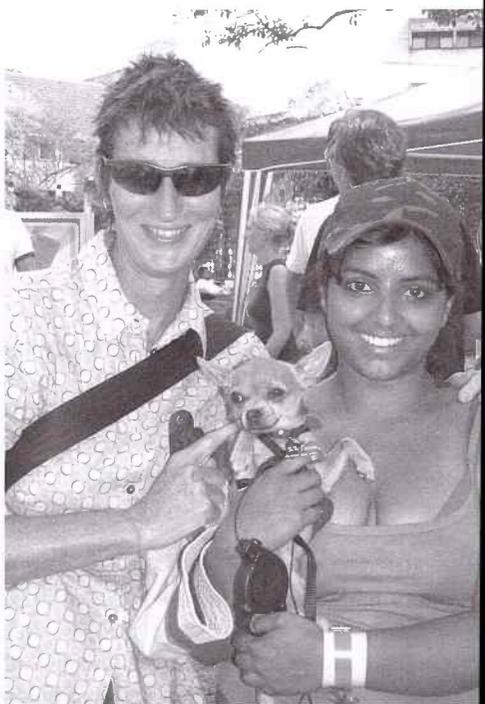
Bill and Ben the Positive Men make friends at SWOP



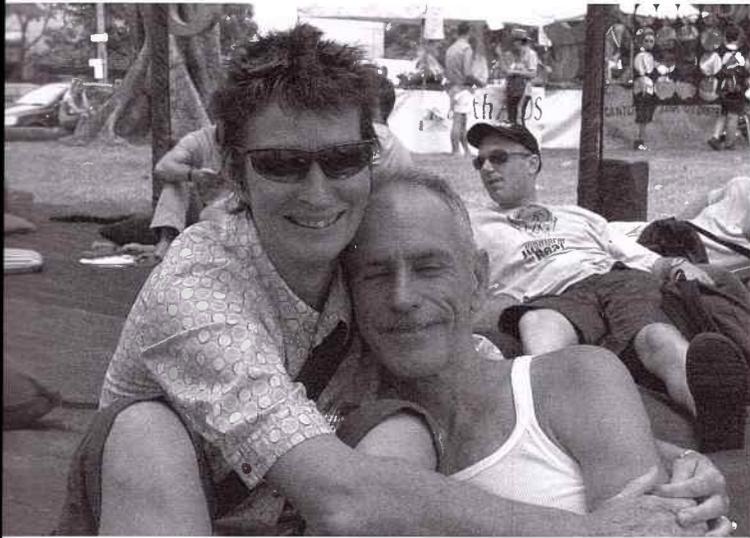
Terry and Bernard



Norman



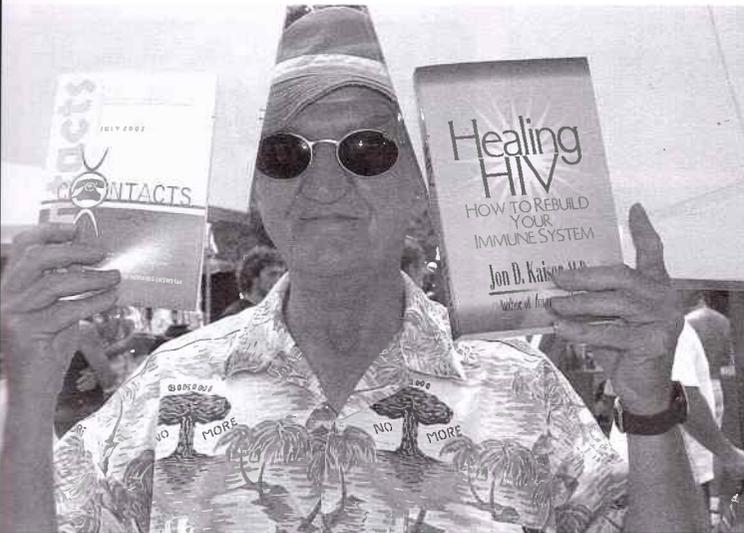
Ronnie and Somali



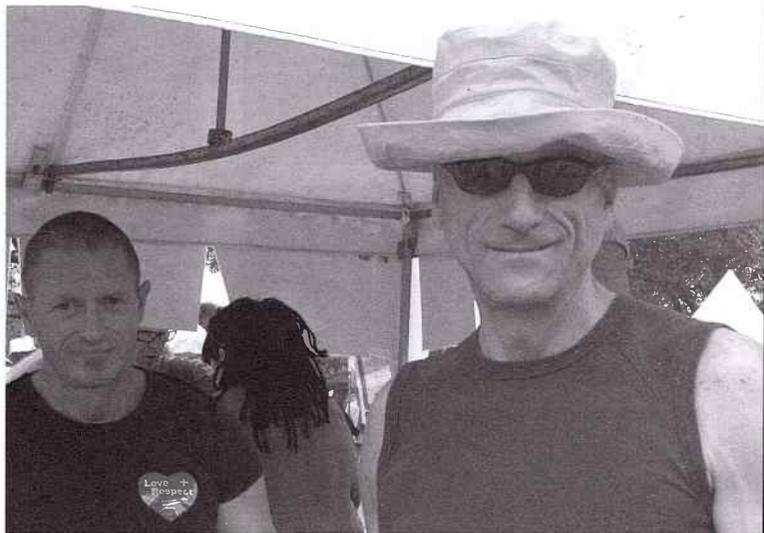
Ronnie and Lance



Fair day Stall



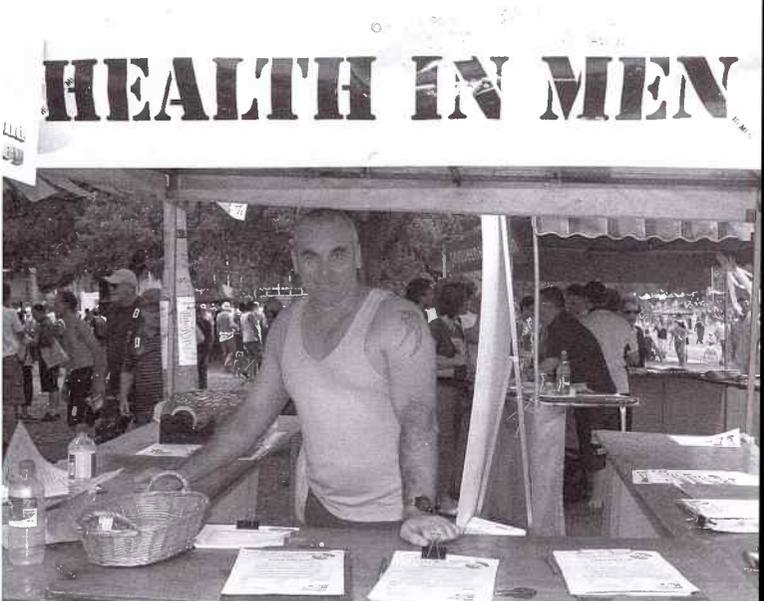
David



Shane and Mark



Multicultural HIV/AIDS and Hepatitis C Service stall



Garett and the Health in Men stall

What do you think about hiv in 2004?

At the Mardi Gras Fair Day in February we asked people who passed by the People living with HIV/AIDS (NSW) stall what their views were on hiv in the year 2004. Here are some of the interesting results...

(And thank you to our dedicated interviewer Jay Ramanathan)

It changed my life. It made me realize life is a lot more, the value of it.

Craig

I still think generally people today have little understanding and knowledge regarding hiv/aids and of the effects it has on us all in this – our global village.

Adam

You still have to live your life.

Angelus

We need free medication in developing countries and continued pressure.

It is a weapon used by the heterosexist community to further vilify those who are implicated.

Keith

A lot of needless suffering could be avoided by more tolerance in society. If only people were more tolerant of difference.

Richard

Keep well both mentally and physically. Look after yourself.

Peter

These days it is another way of living. People don't identify as being HIV+. People have a more holistic identity.

Lynn

It would be wonderful if we could find a cure.

John

You can still have a life despite hiv.

Mel

Educate people. Globally people are in denial. People don't talk.

Merriam

People are complacent. How do you change that complacency?

Danny

Hiv sucks. The general public is complacent. The Health Department wastes too much money at the top at the bureaucratic level and is out of touch at the grassroots level. Funding cuts are disgraceful.

Rachael

It poses a danger to the community. More education! Educate in other languages as well.

Aubrey

Hiv has been put on the back burner. -Back to lobbying at government level.

Annette

We need to find a cure ASAP. We need more education and awareness globally

Derrick

It's a global disease. A cure would be good. More spending on research both in developed and undeveloped counties.

Greg

I lost a number of my friends early on. I am worried about the recent rise. Scare tactics would work with some people.

Jane

What about the Third World and Africa?

Neil

Hiv was the reason half my friends died. Governments aren't doing enough -funding, support services or even finding a cure /vaccine

Mark

- More government support. - More funding for treatments, subsidizing medications. - Access to services outside of the gay community

Peter

It is a manageable disease, but people are becoming complacent, and forgetting the early days.

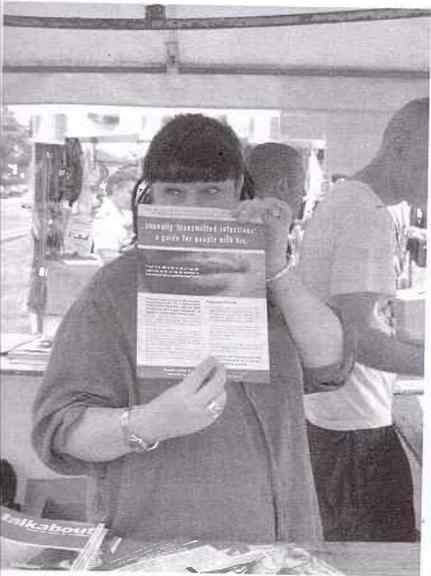
Lucy

It looks like people's guard is slipping because of combination therapy. It isn't a death sentence anymore. People should publicize the stats to help to reacquaint others.

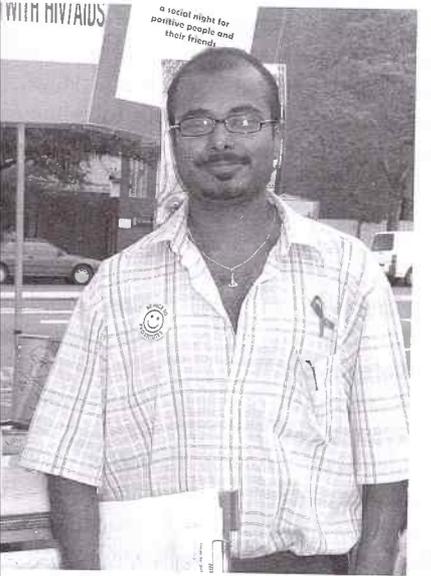
Chris



The Stall. Photo: Antony Nicholas



The Information. Photo: Antony Nicholas



Interviewer. Photo: Antony Nicholas

It is a world wide serious problem.
Denis

Two words: common sense and safety.
David

It's a pandemic that cuts across borders so let's make treatments accessible right through out the world
Robert

Hiv is an international disaster. We are treating the symptoms, not the cause. Whoever discovers the cure will win millions in profits, although it is a human tragedy.
Michael

There is a lack of education, and a lack of testing. I went to school in the U.S and it was a 'dirty' disease.
Laura

People underestimate the spread of hiv in the transgender community. There should be a lot more research into transgender specific issues.
Jai

You can allow it to control you and your feelings and feel sorry for yourself or you can control it and make every minute count.
Heather

The focus should be in developing counties. Aussies need to focus in Africa, Asia and the Third World.
James

Hiv needs to be controlled though social programs not though drugs. Basically there is still not a lot of advertising except in the gay scene.
Jean Paul

It is a world wide disease afflicting all populations. We must not ignore it. Lobby the government for more education.
Cathy

It is a danger for many people and numbers are increasing in my country (Thailand).
Pauline

It affects everyone, including the children of infected parents. Money needs to be spent on education.
Margaret

More education. More understanding and acceptance.
Daniel

People think that they are not going to die from it like they used too.
Warren

There is a great deal of bigotry and misunderstanding. People need to understand and to accept.
Michael

Subsidize medications in Third World countries
Russell

Complacency. There is a lack of education and limited resources, particularly out west
Larry

Disclosing is important for negotiated safely
Sally

I live in the Blue Mountains. We need more education, resources.
Martin

People are taking hiv for granted. Too much unsafe sex. They think the problem is solved. Awareness raising is important.
Frank

Younger people need to be educated. Education is slipping back.
John

It makes me feel sad. People don't understand all the crap around it.
Sharon

South African government needs to give its population the antiretroviral drugs
Deborah

Learning to trust **People living with AIDS take centre stage**

Book review by **Kathy Triffitt**

Learning to trust offers a chronicle of the changing course of the hiv/aids epidemic in Australia in its first decade and the shifting responses to it. Paul Sendziuk succeeds in bringing together major debates about policy and its implementation, and the development of the principles of community empowerment, activism, peer-based education and 'harm minimisation' that underpinned Australia's responses. This early emphasis on collective political action provided the impetus to negotiate the cultural and political regulations on hiv/aids including discrimination, treatment policies and community attitudes.

Sendziuk points out that the journey was not easy and a very different response to hiv/aids prevention may have emerged. In an attempt to limit the spread of aids, some community groups and politicians called for mandatory testing of high-risk groups such as gay men, injecting drug users and sex-workers, the quarantining of 'infected' individuals and abstinence as a safe sex solution.

Pressured by aids activists, the state and federal governments took a different approach, bringing together politicians, medical experts and representatives of the communities most affected by aids. Community media also played a vital role in mobilising its readers, and communicating information and ideas to a large and diverse constituency. The result was an approach to aids prevention that, at the time, was unlike any other country – it relied on community participation and education. For example, rather than a return to Christian and family

values, of monogamy or abstinence, a health prescription advocated by government agencies and officials, there is the sex-positive solution that emerged from within the Gay and Lesbian community that made use of condoms, dental dams and toys as a safe sex practice.¹

Australia's response to aids prevention and education during the first decade of the epidemic is characterised by a philosophy that revolved around a set of understandings of ethical responsibility and political obligation, bound together by community (ies) participation and solidarity.

Certainly aids treatment activism of the early 90s emerged as a response to government neglect with no specific medical agenda or priorities, and a lack of confidence in the capacity or willingness of medical and pharmaceutical industries to act in the interest of plwha. Aids activism resulted in the availability of experimental drugs as early as possible, through compassionate clinical trial designs and expanded access schemes. It sought to

provide options for people with aids, and assist individuals to make up their own minds about those options through access to information.

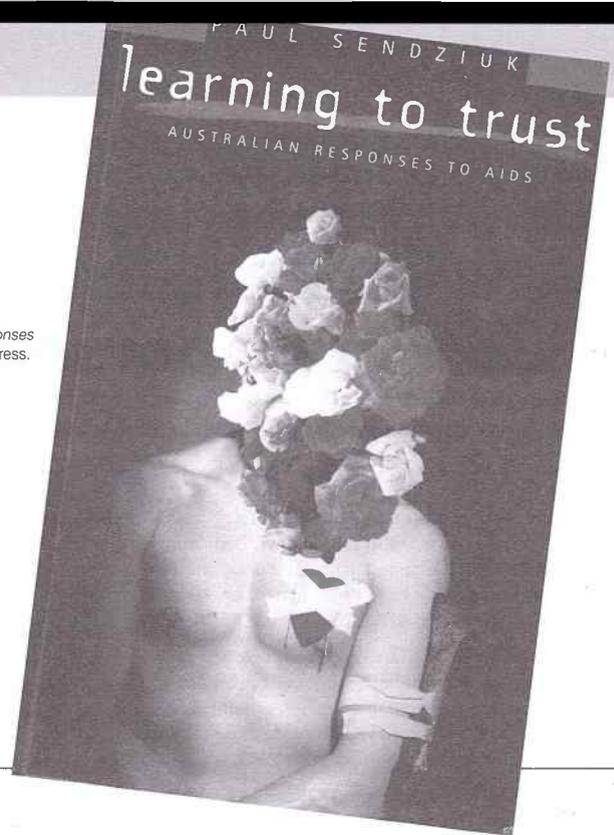
Looking back, we can all doubtless remember different stages in the history of the epidemic, relating mainly to particular people we knew, the availability of effective treatments, and the changing political climate. A defining moment for me was the 3rd National Conference on AIDS (1988), held in my home-town, Hobart. I recall sitting with Chris Carter, Keith Harbour, Michael Callen (American activist), Paul Young and others while they talked about taking centre stage during the closing plenary of the conference. Throughout the conference Paul Young handed out his NSW 'Alive & Thrive' tour badges with the slogan 'Alive & visible' inscribed on bits of paper covered with glitter. The slogan soon became the catch-cry of the conference. On its final day plwha [and their supporters] claimed centre stage, 'a position they were unwilling to relinquish during the next decade and a half'.²

Claiming centre stage, plwha demanded to be heard and that policy makers 'Talk to us, not about us'. Survival and living were encountered as a series of actions and/or reaction to the medical, cultural, social and political restrictions placed on the experience of living with aids.

Plwha demanded to be seen as people who were not guilty for their own diagnosis, as people who were to be identified with, not shunned, pitied, abused, or judged, and as people living well with, not dying from, aids.

To reiterate, *Learning to trust* recalls

Learning to trust: Australian responses to AIDS. Paul Sendziuk, UNSW Press.



a period in the epidemic where effective responses relied on the principles of community empowerment, activism, peer-based education and 'harm minimisation'. It justifies a community empowerment approach as a response to public policy. What has changed? Why did plwha leave centre stage

Claiming centre stage at the 3rd National Conference on AIDS (1988) contributed to plwha wellness and a much needed sense of urgency.

[or move from visibility to invisibility]? Sendziuk attributes this to the 'reports of a possible vaccine, the development of effective (if toxic) anti-retroviral treatments, and the success of the PLWA movement in largely achieving its aims, fulfilled most of the hopes of the men and women who took the stage at the Third National Conference on AIDS in 1988.' P220.3 He also writes '[...] that while the HIV- positive conference del-

egates asserted the possibility of living with the virus, they also sought the right to die-to effectively leave the stage-with dignity when the time came.' 4

The answer is not a simple one and requires more attention than space permits here. HIV has become increasingly invisible and individualised. The success of treatments for some has meant returning to work and 'Getting on with life ...a life not solely defined by hiv. Not everyone wants to be reduced to a diagnostic identity- a person with hiv.'5 Issues of discrimination remain central to the life of many people with hiv.6 Community media, which played a vital role in mobilising opinion during the first decade of the epidemic, is not as involved in reporting on the many types of discussions about HIV. Is it responsible for widespread disengagement?

The moment of classic aids activism has now long passed, and the value of 'diverse voices heard side by side' forgotten by some government officials and politicians. This has been demonstrated by Tony Abbott's failure to appoint any community representatives to the new Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis (MACASHH).

If one of the aims of *Learning to trust* is to mobilise a deeper appreciation of our history, as well as provide new impetus and ideas for moving forward by sharing political, governmental and community experiences, it has been successful. Sendziuk reminds us that early responses to the epidemic were characterised by a philosophy that revolved around a set of understandings of ethical responsibility and political obli-

gation, bound together by community (ies) participation, empowerment and solidarity. We all need to be reminded of these principles and their importance in the work we do today and find ways to support plwha in reclaiming centre stage again. However, this is not one-sided. We would like to know what community participation and empowerment mean for you in 2004. Email: healthpromotion@plwha.org.au or write a few words for the next issue of *Talkabout*.

End notes:

1. See also Robert M. Ariss. *Against Death: The Practice of Living with Aids*, published in the series *Theory and Practice in Medical Anthropology and International Health*, Vol.5, Overseas Publishers Association, Amsterdam, 1997. Ariss, in *Against Death: The Practice of Living with Aids* documents the inventive means that plwha have employed in order to respond to and manage a positive diagnosis, to reclaim and celebrate experiences of death and dying and to survive within a hostile social environment.
2. Sendziuk, P. *Learning to trust: Australian Responses to AIDS*, UNSW Press, Sydney, 2003. P200
3. Ibid. P220
4. Ibid.
5. Mark Personal Interview: August 2003 'What has changed for you?'
6. Issues of discrimination remain central to the lives of many plwha. Futures 3 identified that 1 in 3 people have experienced discrimination in relation to medical treatment; 1 in 5 people have experienced harassment and lived with fear of violence; 1 in 5 have experienced discrimination at work and more than 1 in 10 have been discriminated against in relation to accommodation. See Grierson, J., et al., *HIV Futures 3: Positive Australians on Services, Health and well-being*. Monograph series Number 37. The Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, Australia.

O lga's personals

Hiv+ man seeking pos or neg man for LTR. Age 30-40 yrs. Looking for me? I'm into leather, bodybuilding, movies, handholding, nights at home, motorbikes, pos community. Love dogs. Hate cats. **Reply: 100023**

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, tight 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**

Please Note: Olga's is starting a new policy. If you submit a personal, it will appear for two issues only. If you want your personal ad to appear again, you must resubmit it.

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**

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**

Hiv+ manseeking pos or neg man for LTR. Age 30-40yrs. Looking for me? I'm into leather, bodybuilding, movies, handholding, nights at home, motorbikes, pos community. Love dogs. Hate cats. **Reply: 100023**

Venus! Male, closeted, playmate. Not worker. Seeks unattached, non-scene guys for intimate f/ship or r/ship. Don't have problem about being laid, no strings casual sex, especially, those living with hiv+ & extra big tool, naturally. Tired of trying to meet perfect match in all the wrong places. **Reply: 100024**

Entrepreneurial hiv+ goodlooking 55 yo (looks 45) fit Sydney based Australian male NS SD seeks attractive lady 35 to 55 for serious relationship and love. Kids fine. **Reply: 100025**

Very cute 38 yo eager to meet Poz guys between 25 - 40. I'm 6ft, 83 kg, in shape. Keen to hook up with cute and fit guys view to LTR with the right guy.
Reply: 100026

Straight guy 43 hiv pos with a good sense of humour and genuine seeks hiv pos lady who like myself won't let hiv stop them achieving the normal things in life, relationship/companionship, mortgage and possibly even a family. Mid North Coast **Reply: 10027**

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.

Meeting the Employment Needs of People living with HIV/Hepatitis

WorkVentures/JobFutures employment services provide specialist services at Newcastle, Surry Hills, Chatswood and Parramatta to assist people living with HIV/AIDS or Hepatitis find suitable employment.

We are participating in a pilot program aimed at giving people on Disability Support Pensions better access to services to help them gain employment.

If you are on the Disability Support Pension, interested in going back to work or job oriented study and are not receiving government funded employment assistance, you can sign on to the pilot at any of our participating offices.

To take advantage of this opportunity, contact your nearest WorkVentures/JobFutures office:

Surry Hills: Level 10, 418A Elizabeth Street Surry Hills NSW 2010
ph 02 9282 6465

Chatswood: 61 Archer St Chatswood NSW 2067 ph 02 9412 3122

Newcastle: JOB futures/Life Activities Level 4, 50 Hunter Street
Newcastle NSW 2300 ph 02 4929 5858

Parramatta: Level 4, 169 Macquarie Street Parramatta NSW 2150
ph 02 8836 1311



WORKVENTURES

SHARPE'S

TRADITIONAL & HERBAL PHARMACY

12-14 Flinders Street Darlinghurst Phone 9360 4446 Fax 9360 4603

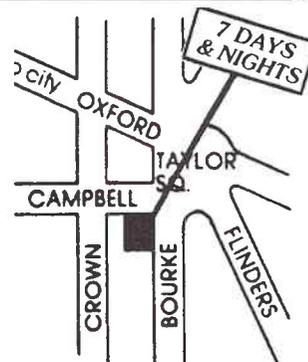
Open 7 Days 9.00am till midnight

Lise Benjamin Chris Ireland Greg Johnston

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dispensed
HERE!

SERAFIM'S
BOURKE ST. PHARMACY

389 BOURKE STREET, (CNR. CAMPBELL ST.)
PHONE 9360 4959 DARLINGHURST



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

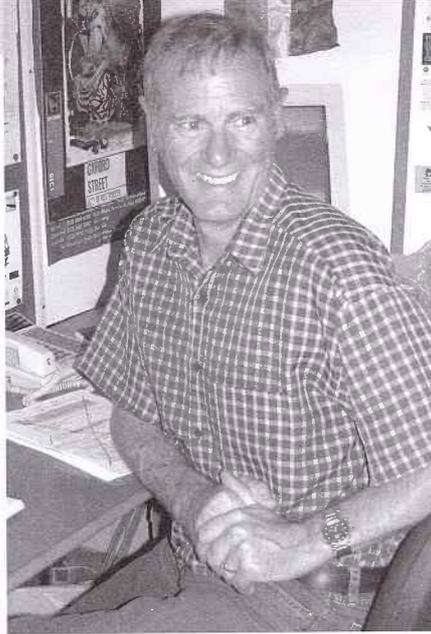
Expiry Date _____ Signature _____

Name on card _____

Cash payments can be made at our office.

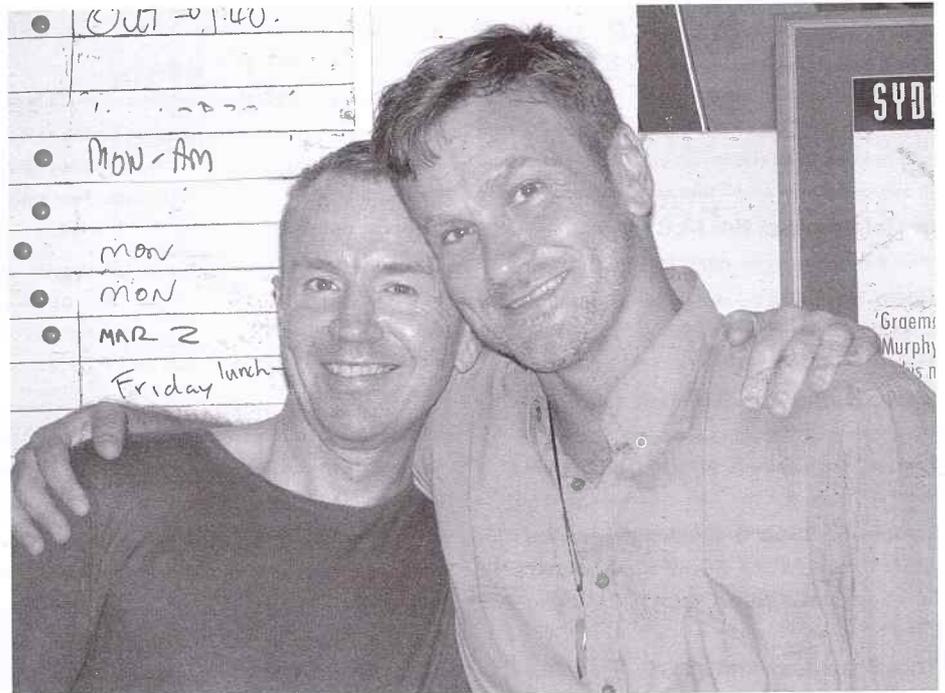
Total payment \$

Top: Paul
 Centre: John and Rob
 Bottom: Rob and Susan
 Photos: Antony Nicholas



Saying goodbye

People Living with HIV/AIDS (NSW) said farewell to three of our staff members in February. Paul (Positive Speakers' Bureau), Susan (Publications – *Talkabout* and *Contacts*) and John (Research and Policy) have left for greener pastures. We wish them well in their future ventures. Here are some photos from their farewell party.



HOLDSWORTH HOUSE GENERAL PRACTICE

- Dr Mark BLOCH
- Dr Dick QUAN
- Dr David AUSTIN
- Dr Andrew GOWERS
- Dr Kate BESSEY
- Dr Ercel OZSER
- Dr Gail LYNEHAM
- Dr Damien MERGARD

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

halc

HIV/AIDS Legal Centre Incorporated

FREE LEGAL ADVICE

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

To make an appointment please call us on

02 9206 2060

All information is kept strictly confidential.

9 Commonwealth Street,
 SURRY HILLS NSW 2010
 Freecall 1800 063 060
 Fax (02) 9206 2053
 Email halc@halc.org.au
 10am to 6pm Mon to Fri



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.

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 – Fr, 10am – 4pm. Lomi Lomi (Hawaiian massage) – 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 – Fri 11am – 4pm (no booking required). Sculpture – Th 6 – 8pm, Art Classes W 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. 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.

Planet Positive A social night for positive people and their friends – Free refreshments and entertainment (organized by PLWHA, ACON and PLC) – Fri April 16 6 – 10pm at the Positive Living Centre (703 Bourke St Surry Hills) Ph 9361 6011 or 9699 8756 for more details

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 M-F. 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.

Queer Spirituality Group A group is being formed for gay guys to explore aspects of spirituality. An opportunity to share our ideas and our humanity. For more info, phone Kim on 9310 0931 or email: kimgot@ozemail.com.au

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 9204 2400.

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, and social activities. Retreat to the Beach, 6-8 Feb. Ph 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. W/F 11.30 – 3.30. Lunch: W 1 – 3. 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 pension Thursdays 12.30-3pm for support, discussions, outings and lunches. Please call Leslie @ PSN on 02 4323 2905 for upcoming dates and more info or Sean @ ACON Hunter on 02 4927 6808.

Port Macquarie

ACON Mid North Coast 4 Hayward Street, Port Macquarie. Ph 02 6584 0943.

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.

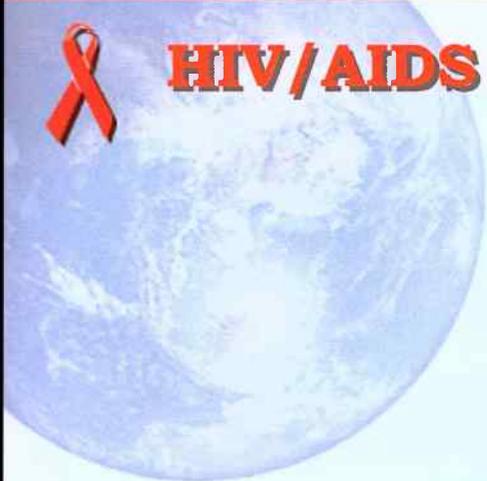
Shopping Bus Service Door to Lismore Square or Lismore Central and return, Tu/Th \$6 return. Individual transport to medical appointments, \$9 within local area, M-F. Ph Northern Rivers Community Transport on 02 6624 7070..

Canberra

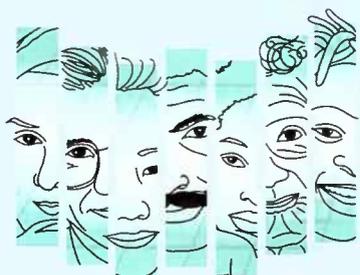
PLWHA - dinner Tu @ 6pm. Massage Wed (woman masseur for women) \$10 (some discounts). Ph Marcus 02 6257 4985.



HIV/AIDS Multilingual Recorded Lines



LANGUAGE	NUMBER
Amharic	(02) 9391 9959
Arabic	(02) 9391 9971
Bosnian	(02) 9391 9981
Burmese	(02) 9391 9979
Cantonese	(02) 9391 9972
Croatian	(02) 9391 9973
Greek	(02) 9391 9974
Indonesian	(02) 9391 9975
Italian	(02) 9391 9976
Khmer	(02) 9391 9977
Korean	(02) 9391 9978
Macedonian	(02) 9391 9980
Mandarin	(02) 9391 9904
Portuguese	(02) 9391 9982
Serbian	(02) 9391 9983
Somali	(02) 9391 9989
Spanish	(02) 9391 9984
Thai	(02) 9391 9985
Turkish	(02) 9391 9986
Vietnamese	(02) 9391 9987
English	(02) 9391 9970



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Hepatitis C
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1800 108 098 (NSW)

www.multiculturalhivhepc.net



Condom on paper. Sydney, Australia, 2004

STI testing and treatment are easy.

Sexually transmitted infections (STIs[†]) often show no symptoms
⊙ **STIs can be more serious for people with HIV** ⊙ Having an STI can increase the risk of passing on or getting HIV

Decrease your risk.

Regular STI testing and using condoms are the best ways to look after your health and to prevent passing on or getting HIV.

If you are sexually active STI testing every six to twelve months is a good idea. Talk to your doctor or call your local Sexual Health Clinic for confidential assistance.

For more information look for our WORDS TO SAY IT brochures and factsheets www.plwha.org.au

If you have any questions call the info line: 1800 009 448 or 1800 009 HIV

† Sexually transmitted infections (STIs) like gonorrhoea, Chlamydia and syphilis. Remember HIV is also an STI.