

talkabout

Where we speak for ourselves

#133

June - July 2004

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



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

**Every woman has the
right to have a baby**



POSITIVE CENTRAL

"I met some new people."

Andy

Positive Central
invites HIV+ people to join in

Ceramics for beginners

8 weekly sessions
Mondays 1-4pm
21 June - 9 August

Creative Arts Centre
Chippendale

"It got me away from my computer."

Peter

**Enquiries & Enrolments:
Kylie Tobler 9395 0444**

talkabout

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Life: Piecing it together

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DISCLAIMER

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

Welcome to another issue of *Talkabout* Magazine – but not just another issue! We are making history (first time we've had a photo of a baby on the cover. Yes, we're surprised it hasn't happened before too) ...and talking about making babies.... It serves as a reminder to all of us that there are many aspects to living a positive life. And as we try and piece together these different parts of life, we could easily forget some really simple but very true things – like, positive women have babies too and need information and support.... Check out the fact sheet in the centre of *Talkabout*.

As we said in our last issue, we meet the needs of very different communities in *Talkabout*, and this issue brings together a collection of those experiences in many forms.

We begin piecing together the kaleidoscope of positive life with the Letters to the Editor, and incidentally it's great to hear different views about your magazine. Be sure to read the winning entries in the PozHer's 10th Anniversary Writing Competition. We hope that you enjoy these very different personal stories, and appreciate the honesty and creativity with which they were written. Ankali's recent "Ambiguity" exhibition is also featured throughout this issue, powerfully illuminating the everyday experience of positive people.

On page 14, Stephen Scott talks about the work that he has done here and overseas (bringing to our attention the global community of positive people), and from a different, musical

perspective, a review of the "46664" concert in South Africa.

Piecing together a bit more of life we look at physical well being and are thrilled to announce the introduction of a regular fitness column hosted by Ingrid from the newly invigorated Fit X gym out of ACON. In addition to this, we hear about the benefits of Tai-Chi, a good diet (some great recipes) and see the end results of a number of years of hard work for Shane Hurley, recently the recipient of Sydney Leather Pride's Physique contest 'Encouragement Award'.

The last issue of *Talkabout* said goodbye to Antony, John, Paul and Susan, while this one welcomes Geoff, Jodie and Bec to the ranks of PLWH/A NSW. Each of them brings their own experiences to their roles and to a newly restructured organisation. Get to know them a little better on page 8.

Bec Reynolds and Glenn Flanagan



Letters to the Editor

We welcome your letters, comments, or artwork. Letters should be less than 300 words in length. Please include contact details for verification. Email *Talkabout* at editor@plwha.org.au

St Vincent's Experience

I refer to Mr. Ian Thompson's inpatient experience after admission to St. Vincent's for cardiac surgery, *Talkabout* #131. I recently underwent planned surgery at St. Vincent's followed by an inpatient stay in a surgical ward and had an experience similar to Mr. Thompson's.

Before the surgery I provided my surgical consultant and the surgical registrar with a list of my 15 medications, their dose and dosing times. During the pre-admission clinic I provided the anaesthetist with the same list and was assured by all that it would be passed on to a hospital pharmacist. At the time I was on a protease inhibitor regimen boosted with Ritonavir, a combination that has many drug interactions, and while my surgical team was aware of anti-retroviral therapy for hiv none had knowledge of my specific hiv medications. Concerned, I raised this with each of them, and given they were unacquainted with my medicines, found their response to be untroubled and casual.

While I was recovering from the operation on the surgical ward, nursing staff commented on the number and dosing complexity of my medications. On several occasions my medications were hours late or not provided. I brought this to the attention of the nurse on duty who was apologetic once they were alerted. Nevertheless, frustrated with the carelessness of some nursing staff I decided to medicate myself. As a person with hiv I am acutely aware

of the need to be compliant with taking my medications and their dosing times. Missing doses allows hiv to reproduce damaging my already compromised immune system, potentially giving rise to drug resistant variants of the virus and other possibly life threatening complications. People with hiv do have special needs in this regard and particular attention needs to be paid by health professionals when people with hiv are in their care.

Since the widespread use of anti-retroviral therapy in Australia people with hiv have been living longer, healthier lives. Concomitant to this we can expect to experience the ills of the general population. There will be an increasing need for cardiac, orthopaedic, transplant and geriatric services, just to name a few. The people caring for us will need to know about our special needs.

St. Vincent's Hospital, Sydney, is a world leader in the clinical care and research activities of people with hiv. The St. Vincent's Immunology B team (not forgetting dietetics, pharmacy, and the other allied health professionals I've forgotten to mention) through their inpatient and outpatient services provides unmatched treatment that is greatly appreciated by those of us that attend this centre. However, I would urge St. Vincent's to utilise this unrivalled expertise to educate other staff working in the hospital about the needs of people with hiv.

Name Supplied ★

St Vincent's replies

Thank you for providing St Vincent's Hospital with the opportunity to respond to the letter by a former patient concerning medication access.

Not knowing who the patient is in this case prevents us from specifically investigating these claims.

That being said, I agree that given the significance of our hiv/aids work at St Vincent's, it is important that clinical staff working in non-hiv areas are familiar with the needs of positive patients particularly in relation to their medication regimes.

We would encourage the patient to make contact with the Hospital to discuss the issues raised not only to enable us to investigate his own experience, but also to examine whether this case might be reflective of a broader issue.

Furthermore, I take this opportunity to encourage patients who may have any clinical issues with their treatment at St Vincent's to utilise the various complaint mechanisms both within the Hospital or externally, through independent review panels.

The Hospital regards patient complaints and suggestions as an important aspect of providing evidence-based medicine and ensuring that we continuously improve on our outcomes.

Kerry Stubbs

Executive Director ★

Letters to the Editor

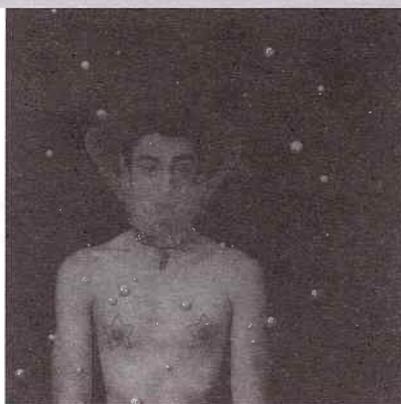
A bit of harmless Darlinghurst titillation

I really look forward to receiving *Talkabout* each time the postman calls. But imagine my surprise when I opened the envelope this time to discover splashed across the front cover of your last issue a picture of a man's head in a goldfish bowl, wearing a metal collar suitable for 'man's best friend' with stars drawn around his nipples and being showered with champagne bubbles!

Probably not having visited Oxford Street in years I've missed out on this challenging fashion development in hiv/aids dress code. Thankfully in your editorial on page two you mentioned *Talkabout* is a magazine which has to meet the needs of different communities and inhabits a cultural fault line and then later, page eleven, I discovered this front cover photo was all about a man, not necessarily hiv+ who acted out fantasies in front of a camera for a positive reader who then goes on to write these manly image-are granddads to the stuff we call porn today.

Now as a regular *Talkabout* reader I have to ask myself is this suitable cover page material for a much highly respected publication for those 50% of hiv positive people living in country areas, with families, fearing stigma and prejudice and still having their hiv status vilified by the general public. However I reassure myself it's all a bit of harmless Darlinghurst titillation – but please, please keep it between the front covers!

George from the Riverina. ★



WORDS TO SAY IT

www.plwha.org.au



GETTING BACK MY BUTT...

Sat 31 July 2.00pm

Positive Living Centre, 703 Bourke Street, Surry Hills

Limited places available. Please RSVP by Fri 30 July 2004

Call 9699 8756 or email healthpromotion@plwha.org.au

Light refreshments will be provided

Body shape change (lipodystrophy) can be a challenging experience. It is important to support personal well-being by drawing on a range of useful resources and strategies. Come along and hear panel members discuss strategies such as diet, exercise, the cosmetic option and issues like body-image. This will be followed by facilitated small group discussions.



Positive Speakers have been telling their stories for 10 years - Is it time for you to tell yours?

It's been ten years this year since People Living with HIV/AIDS (NSW) started the Positive Speakers' Bureau (PSB). 1994 seems like a long time ago and a very different world: the year when the number of deaths from aids reached its peak. There was, nevertheless, a group of positive people who wanted to tell others about their lives so they weren't just statistics. They were people, from all walks of life, with hopes, dreams and ambitions.

The original purpose of the Positive Speakers' Bureau was to present the world with the human face of hiv/aids, and by doing this we can more effectively challenge stigmatisation and discrimination. It is a core part of People Living with HIV/AIDS (NSW), which was founded on the principal that we can and should speak for and represent ourselves, and projects like the Positive Speakers' Bureau break down socially constructed barriers by building people's skills in self representation.

Now in 2004 we are living longer and more hopefully, but we still need people who are willing and able to articulate their experiences and aspirations. In many ways it is even more important now, when there is a greater silence around issues of hiv, and positive people are more invisible than ever before, that there are people who willing to tell their story.

The PSB acts also as a voice of awareness and acceptance for a

younger generation who are feeling a heightened sense of invisibility and finding it harder to find and connect with peers on a personal level.

PSB speakers give (and have always given) a great deal to a great many, purely by a willingness to stand up and have their voices heard.

We're planning a celebration in October of the PSB's tenth birthday. It will be an opportunity to remember some great people and thank them for what they've achieved for all of us over the years. We'll keep you posted on dates and venues.

As hiv changes, we need to develop and adapt to different needs, and the Bureau is no exception to development and change as we ensure we remain relevant. We're meeting together more regularly, to give speakers the chance to get to know each other and keep updated on new developments in policies and in hiv. We will also be brainstorming ideas for the future of the project.

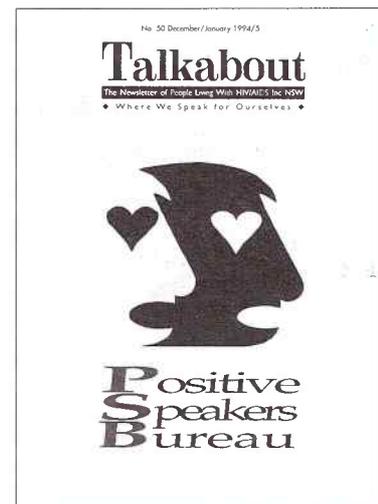
We always need more people who are willing to talk about their experience.

Would you like to be a speaker? We're planning to have a training session in November. We would encourage people who are interested in telling their story to ring up and let us know. We also value the work of the Positive Speakers and remunerate them for their time and for transport costs.

If you are interested in learning

new skills, telling your story and breaking down barriers, give Bec or Glenn a ring on 9361 6011 or 1800 245 677

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"The Positive Speakers Bureau (PSB) was officially launched on World AIDS Day, December 1, with much fanfare. And rightly so!"

[Talkabout December/January 1994/5]

Talkshop and News Round Up

PLWH/A (NSW) Community Development Workers **Bec Reynolds** and **Glenn Flanagan** profile what's happening in New South Wales



Photo: Colin Dent

Agreement on Newfill trial moving closer

NAPWA (the National Association of People Living with HIV/AIDS) and the NCHECR (National Centre in Epidemiology and Clinical Research) are working towards finalising agreements for an Australian study of Newfill. Negotiations are going well and they are moving towards final stages in the agreements. Watch this space and we will inform you of more details.

Lipodystrophy forum coming up in June

Body shape change (lipodystrophy) can be a challenging experience. Come along and hear panel members (including Simon Sadler, Nutrition Manager at the Albion Street Centre, Chris Tzar, an exercise physiologist, Tony Gardner, a Treatments Officer at ACON, as well as a guest speaker with a personal perspective) discuss a range of useful resources and strategies. Getting Back my butt.. is coordinated by People Living With HIV/AIDS (NSW) and the Positive Living Centre and takes place on Saturday July 31 at 2pm at the PLC (703 Bourke Street Surry Hills). Limited places are available so please RSVP by Friday July 30 by calling 9699 8756 or email healthpromotion@plwha.org.au. Light refreshments will be provided.

Friendship and discussion for newly diagnosed gay men in July and August

The After Hours group (for newly diagnosed gay men) is run in partnership between ACON and People Living With HIV/AIDS (NSW) and continues to meet once a month for snacks and a chat. It's a relaxed and friendly atmosphere to meet with other people in the same situation. For information call Glenn on 9361 6011 or email glennf@plwha.org.au

Update on migration for positive people and their partners

Negotiating the maze of the migration process to Australia for hiv positive people or their partners can be daunting, bringing a lot of stress and anxiety. If you would like to be connected with other people going through this process and get support and information, contact PLWH/A (NSW) on 9361 6011. We are also planning a forum on the subject in September, and if you would like to have any input into planning for this forum give us a call.

Planet Positive is moving to Annie's Bar (just for June)

Planet Positive (the regular social night for hiv positive people and their friends) is moving (just for June) to Annie's Bar at the Carrington Hotel. The move is in

response to the February Planet Positive Survey where we asked the question "Would you like Planet Positive to travel occasionally to another venue?" Out of 67 responses 52 said yes, 14 said no (one was undecided). So the next Planet Positive is on Friday June 18 from 6pm to 10pm at Annie's Bar (Carrington Hotel) at 563 Bourke Street Surry Hills. There will be finger food and refreshments as usual. Music will be by Ruby.

Gay Men, Sex and Decision-Making - Action-Research Project

PLWH/A (NSW) is participating in an ANET (AFAO/NAPWA Education Team) project aimed at investigating gay men's decision-making in relation to sex and which will inform hiv education work conducted by AFAO and its members.

Kane Race (researcher at the National Centre in HIV Social Research) recently proposed an hiv education campaign partly based on encouraging gay men to build on their capacity to invent and refine pleasurable ways of having sex that 'don't boil down to the unprotected fuck as the definitive act'¹. Race believes it is timely to ask gay men about what they value about sex and relationships, and how these intersect with values around preventing hiv transmission.

Pos action

with **Rob Lake**



Photo: Antony Nicholas

As many of you will know, Geoff Honnor has recently started work as Executive Officer at People Living With HIV/AIDS (NSW). The Board and Staff are looking forward to working with Geoff as we start to work on the projects highlighted in the Strategic Planning process last year. This year is an important one for us. In NSW we see a rise in new hiv diagnoses and infections and many of us are talking and thinking about what is the right role for hiv positive people in the response to this.

In late May, the New Technologies, New Responses Conference was held in Sydney. This Conference looked at current Social Research about hiv and was also a chance for people working in hiv education to get together to talk about the sort of education needed. It was significant that people weren't just talking about the sort of education people need to avoid becoming hiv positive. There is a very strong discussion about the partnerships, between hiv positive and negative people and with organisations working in this field. The work PLWH/A (NSW) is doing, to promote the emotional and physical health and well being of hiv positive people, is also important in helping to build a shared commitment to looking after ourselves and looking after our friends and partners. Part of that "looking after" involves talking and taking action about safe sex, disclosure and the different ways positive and negative gay men can do this.

In some of the Words to Say It workshops that Kathy Triffit has been running, many participants have taken the chance to sit down and talk with other positive people about important issues such as disclosure, being part of a positive / negative relationship, sex and some of the other things we want to talk about. We've had great feedback from people who have taken part, and look forward to being able to build on this work and develop it further and make it available to people in other parts of NSW.

The NSW Health HIV Health Promotion Plan 2001-2003 has now been evaluated. PLWH/A (NSW) was involved in this review, and highlighted the need for all areas of work; treatment, education, care and support and health promotion to actively include the voice of hiv positive people.

Bec and Glenn in the Community Development Team have been working on both the Positive Decisions Employment project and to look at ways to better support members of the Positive Speakers Bureau (PSB). PSB speakers are holding a get together in early June.

Ian Thompson, elected as a Director at last years AGM, has been working with Bec and Glenn on a planned membership drive for PLWH/A. If you're interested in helping out, get in touch with Ian or Bec at the PLWH/A office on 9361 6011. ★

This action-research project is a component of the forthcoming AFAO Rises in New hiv Infections Campaign. Through this project, the ANET team are aiming to improve understandings about sex and the enjoyment gay men derive from a variety of sexual activities. Through this discussion with gay men, we can critically reflect upon what values gay men attach to particular activities, and how these values impact upon sexual decision-making. From here we may be able to offer gay men insights into what they value and how they might seek to enhance their sex lives safely.

Sound Interesting?

If you would like the opportunity to be interviewed for the project, please contact Bec at PLWH/A on 02 9361 6011 or at rebeccar@plwha.org.au.

It is anticipated that interviews will happen during June/ July 2004 and interview participants will be remunerated for their time.

Press the buzzer and come on up!

Unfortunately for security reasons Sydney Council has installed a new door buzzer system on the front door of our office building at 94 Oxford Street. You are still very welcome to come up and see us. Just press 005 and the bell symbol and we will let you in. ★

1 Kane Race: Better Sex? Campaign Proposal 2003.

A Warm Welcome

Geoff Honor, Jodie Little & Bec Reynolds are recent new recruits to the ranks of PLWH/A. Find out more below...

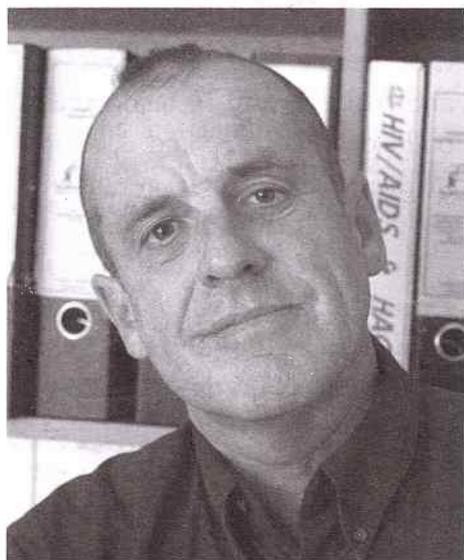


Photo: Jamie Dunbar

Introducing Geoff Honor - Executive Officer

Geoff has been involved in hiv activism and advocacy in NSW and nationally, since 1997. In that time he has held policy roles with ACON, AFAO and NAPWA. He was also the Director of Organisational Support at ACON in 1999-2001. Geoff was one of the founder members of the ATPA (AIDS Treatment Project Australia) which began as a project of PLWH/A(NSW) before moving to NAPWA. He was also ATPA Convenor for two years.



Photo: Bec Reynolds

Introducing Jodie Little - Manager - Organisation and Team Development

Jodie comes to PLWH/A from NCOSS - the Council of Social Service of New South Wales where she most recently worked on the Better Service Delivery Program - an Information Technology Change Management role for the non government sector in New South Wales.

Prior to that, Jodie has worked as coordinator and case manger in the drug and alcohol and youth work fields and has had a long term desire to work within an organisation that supports positive people.

"I am thrilled to be working within a fantastic and dynamic team of staff and volunteers. It is an exciting time for PLWH/A, as we strive to successfully implement the strategic plan", says Jodie.



Photo: Colin Dent

Introducing Rebecca Reynolds - Community Development Worker

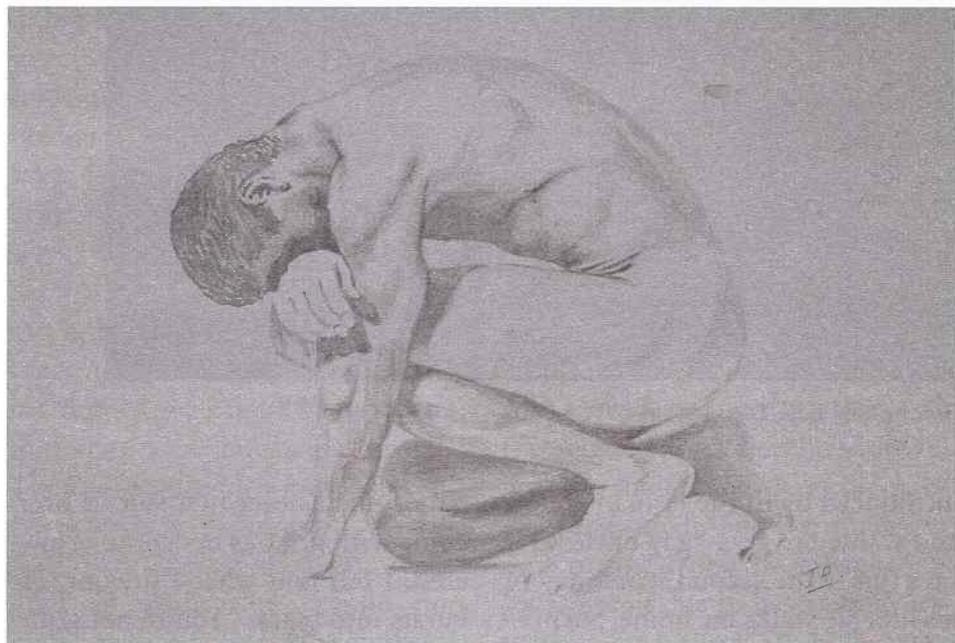
In the six or so weeks since starting here, I have wondered many times how Glenn and our previous staff members have managed to get so much work done... Jodie, Geoff and I have added new bodies to the team and still the pace is hectic... However, there is one obvious answer to this question. Volunteers. Almost every day, we have volunteers come into the office and give their time and energy to making PLWH/A an organisation steered and run, on a very practical level, by its members.

For me as a worker, that is one of the most rewarding things to experience. It adds for me an unexpected element of value to my work and it's not something I have experienced outside of this community. And so I hope, that I can give the same commitment, energy and enthusiasm back to the organisation and its community of members in some very practical and worthwhile ways.

I look forward to meeting you all.

Pozhet's 10th Anniversary Writing Competition

Crouching Male, John Pheeneey



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

Earlier in the year, positive writers were given the opportunity to put pen to paper and share their thoughts and experiences of positive living.

The following four stories were chosen as winners by our panel of community judges for their insight and thought provoking story telling.

We hope that you enjoy them as well.

***Ambiguity* (when something can be understood in more than one way) was coordinated by the Anakali project and was inspired by unseen artwork from people who are living with hiv and aids. Some of the pictures from *Ambiguity* can be found on the following pages....**

1st Prize

D DAY DIARY

by KT

We go in early together before work to get our results. It's our last test ahead of "total monogamy" for three months before we start making babies with a lesbian couple. It's a rainy morning, which I usually take as a good sign.

The doctor says my boyfriend's tests are fine. Then he looks grim. I've been diagnosed HIV+. We sit in shock. It's a new infection – four to five weeks. It must have been that hunk at the sex club who fucked me really hard. I thought he was wearing a condom. I told him to. I remember he didn't want to kiss, just fuck. Perhaps he wanted to infect me.

My boyfriend has to leave me to go to work. I manage to keep it together. I feel a duty to tell the lesbian couple, who live nearby, immediately. There are tears from

them both, but not many words. What can you say? I walk off into the rain. I call my two fuck buddies telling them to get checked immediately. They're both ridiculously sympathetic. Suddenly they become friends.

I get the bus to work, but realise too late it's actually the wrong one. How did that happen? A father and his toddler son sit at the back, so I can't sit where I always do. They get off near a park. As they leave, I experience a piercing pain somewhere deep inside I can't ever remember feeling before. I stay on the bus as we pass a church holding a funeral in the rain. I wonder if all this symbolism is already trying to kill me. The bus takes me somewhere near where I need to be. I get to work late, but manage to switch off for most of the day.

I leave early, buy some cake, and visit my best friend, who's also my ex. I tell him after we've eaten. He



Fancy Dress Ball, David Wain

introduced us to the lesbian couple and wanted to be a "gay uncle". He says this is the second worst day of his life. He walks me home. Surprisingly I feel a need to watch some porn. Afterwards I stare out from the balcony at the grey clouds everywhere. I cook dinner and my boyfriend and I eat in virtual silence.

I go for a pee and peer at myself in the mirror. I already seem thinner, my throat appears swollen, my face looks like shit and I sense the virus in me. I know I let everybody down, including myself. My eyes water up again, but I hold it back. I don't want to upset my boyfriend. I can only think of his ex who died of AIDS eight years ago, before there were good drugs. We wash-up, still not saying much. It's as if it's not true, not really real.

Why and why now? I feel like I can't feel anything anymore. "It's not a death sentence," my boyfriend blurts out, "but this disease keeps following me." We go to bed early and I can't write anything in my diary as I always do.

I wake up with a start at 2am - I'd just witnessed my own funeral. It was sunny and my boyfriend, as

handsome as ever in a suit, is overcome with grief as my coffin is lowered. I tell him what I dreamt. He bursts into tears. "You're not going to die, I won't let you," he sobs. "You have to be strong for me now, as well as yourself." I realise again why I love him so much.

Later, though, waves of grief wash over me. At 5am I go and cry on the sofa in the living room until my boyfriend stumbles out, hauling me back to bed. He needs me too.

In the morning we attend a brunch. I try my hardest to be brave, but greeting our cheery friend all I see is a big "+" sign branded on her forehead. We don't tell her.

We clean the apartment that afternoon, keeping ourselves busy. In the evening we go see a movie and I forget for a while. Afterwards we meet friends for dessert and even giggle a little. In the car my boyfriend tells me I was like my own self, but, of course, I can never be that again. At home we light candles on the balcony and listen to melancholy music. It's almost romantic.

Before going to bed tonight I write in my diary "today the rest of my life started". ★

2nd Prize

BUSTED

by R Slicker

It was around the midnineties that I went to New Zealand to visit my family. My mother had died the previous year and my old dad was now living on his own, on this particular visit was traveling with lots of medication that I had meticulously calculated and packed before leaving Sydney. I was to be away 4 weeks and had to get it right, After reaching my final destination, I discovered that I had somehow managed to stuff it up, miscalculating the Ritonovir, by two weeks, I couldn't believe it, I had never taken a drug holiday and was concerned, What the hell was I to do?

Fortunately I had discovered the problem, when there was still enough time to have some sent from home, I would have to trust the postal system. The drug required, needed to be stored at a low temperature, so it meant relying on luck, as to how it would travel. I phoned my partner and explained what to do, suggesting a method of packaging to insure easy transit, an audiocassette case with thin polystyrene sheets each side of the capsules would give some protection and they were thus, dispatched. They would take about four days to reach me.

Five days passed then six and I began to wonder. I phoned the local Central post office, inquiring about the procedure, to follow up the lost packages. I was directed to their enquiry branch. After a tedious search, I was then referred to the Main Office of New Zealand Customs, asking if they had any knowledge of my Package. At this stage, I explained that I was awaiting important medication;

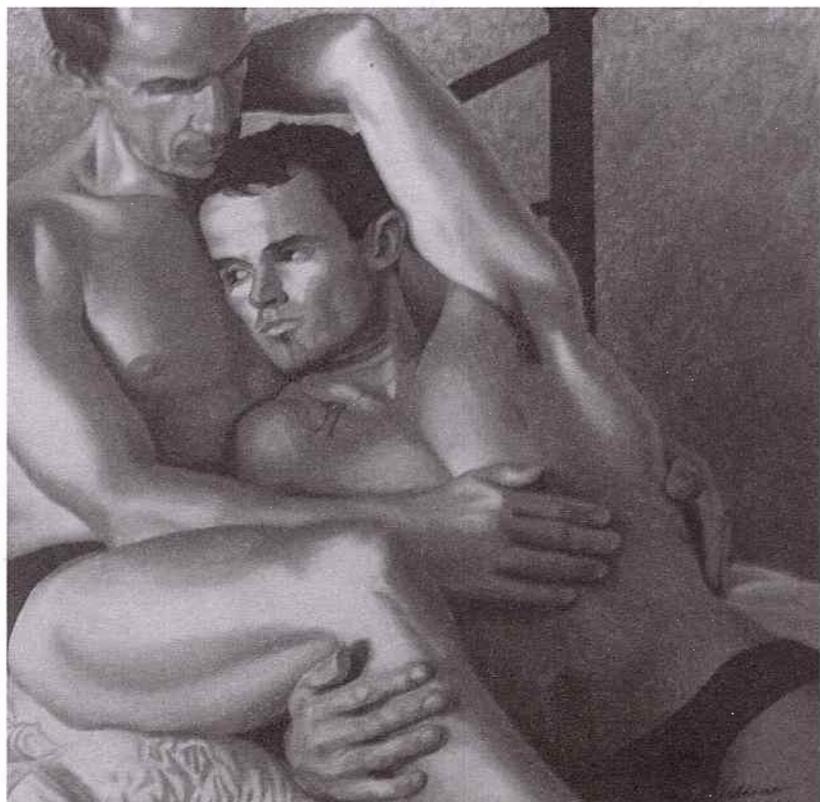
The Officer denied any knowledge of it and would get back to me if something showed up, the parcel department at the Post Office had said the same. Two more days went by and now I was out of Ritonovir altogether. I began to stress out about the possibility of developing resistance and I contacted The NZ Customs Dept again. The phone calls I made were done so without the knowledge of my father, so he would not know what was going on and consequently I had to answer all the calls as well I am not clearly out about being gay, let alone being HIV+. Hiding medication in his fridge is an art in itself, all of this of course created more stress. It was getting difficult to hide the fact something was going on.

In a state of elevated anxiety, I got through to a man at Customs, whose voice had now become familiar. I dramatized that it was a life and death situation. Finally he

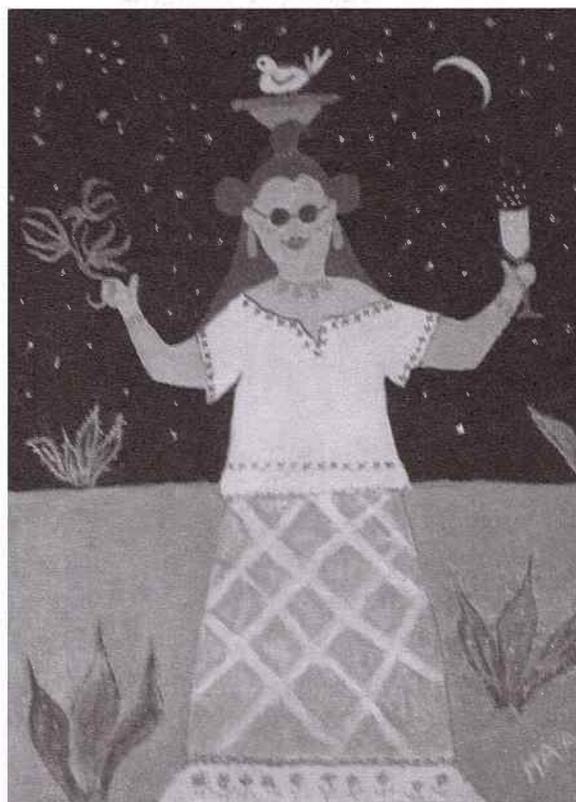
admitted that my capsules had been intercepted and were at present undergoing analysis. I explained that there was no way of identifying them in New Zealand as they were still on trail in Australia. He didn't believe me, adding that they were testing as amphetamines. I screamed, only making it look so obvious what they were. I knew what they were. He said that was organizing a trip to visit me, to ask a few more questions 'but you can't' I screamed on 'I staying with my father and he's 90.' Of course that made no impression. Feeling desperate, I finally blurted out that they were antivirals for HIV. Then a penny dropped. He was all at once enlightened as to why they had looked secreted, rather than as medication, would normally be dispatched. He simultaneously understood my fears of being exposed. I now felt that not only the NZ Customs knew of my HIV

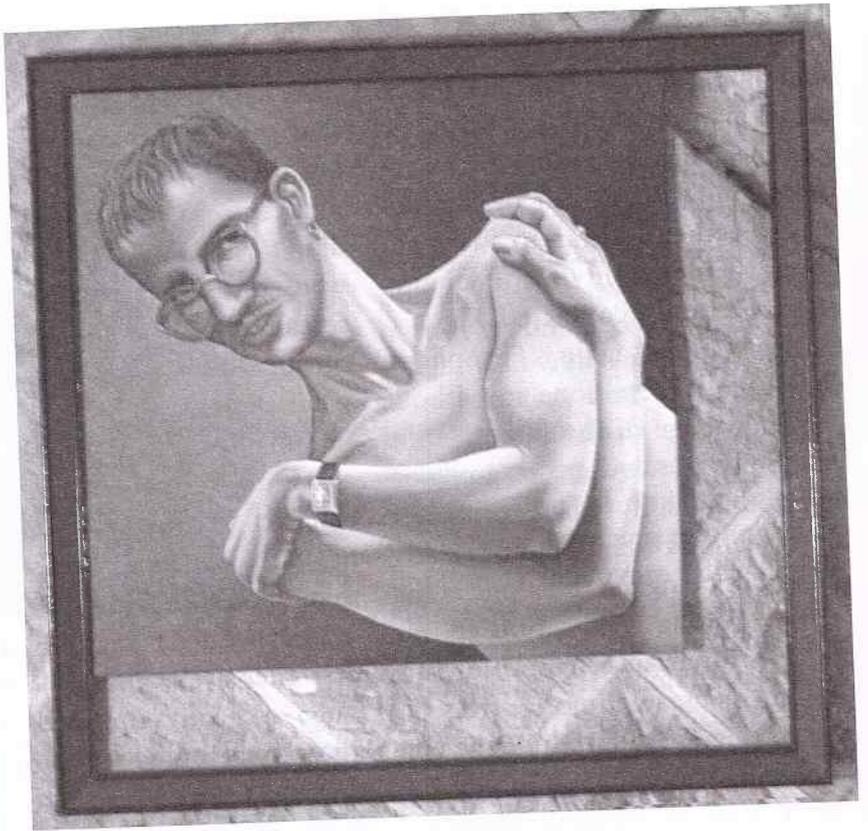
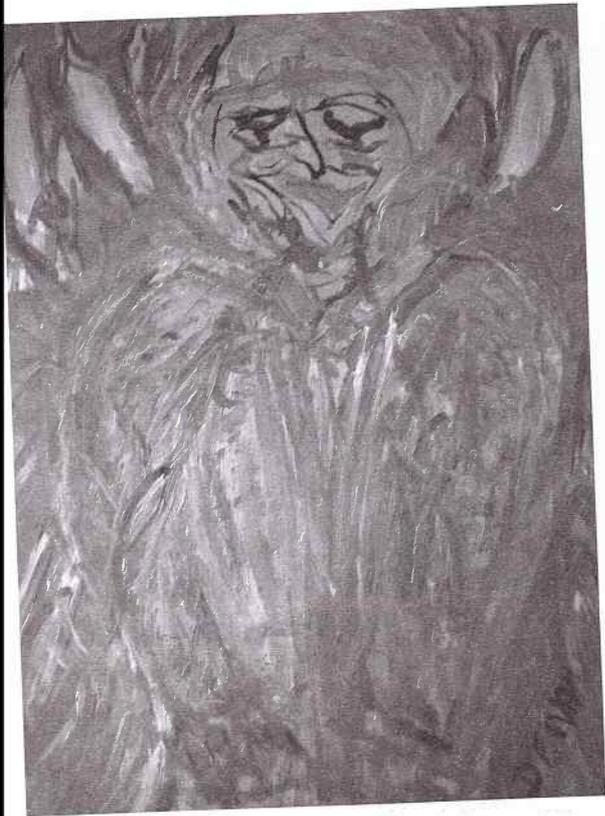
status, but the entire country. They all know each other over there. He assured me that the information would go no further than him and I actually I believed it. There was just something a little bit different about the way something a little different about the way he finished things off. He sounded surprisingly warm and caring as he wished me the utmost success with my treatment. He apologized for any of the negative effects that Customs might have caused me. I had a very strong feeling he might have been gay, whatever, very friendly and respectful/ I expressed my gratitude for the consideration that he showed. I rejected the offer to have the package forwarded. The Ritonovir was now oozing from the capsules and I was about due to head home anyway. On my return I found the pause in treatment had had no apparent ill effects, though of course the Professor was horrified. ★

I Love, Peter Schlosser



Guadalajara Sue, David Haag





Alone, Peter Schlosser

3rd Prize

By Chris

There's something about doctor's waiting rooms...a kind of uniformity – clean, tidy, and functional. Often some naf pictures on the walls, piles of old mags. Chairs for waiting...not too comfortable...but not too uncomfortable. The walls painted a tasteful clean white, off white or soft yellows, espousing clinical professionalism...but sometimes with just a touch of individual colour.

I've always noticed the walls are spotless – carpets clean. My eyes have searched for scuff marks on walls or peeling paint...never any. Containers with pamphlets on the common or most obscure medical conditions...nuh! Not gonna check out those, too much to think about – let's stay on track...just the HIV-related stuff.

You sit and ponder, check it all out...the doctor may well be running late. I try and relax, pick up a book...always a plus...if there are some. Don't need the mags, can see some latest celebrity's divorce on the TV...nothing changes, just the faces of the celebrities. I sometimes wonder if they are HIV+. Bet that's a well kept secret...not good for the old celebrity career path. How would they manage it? Clandestine visits to highly expensive specialists in private clinics in Paris or Switzerland, I suppose...Aha! There is always some disgruntled health worker who needs some extra cash!

Am bored now...no, don't want to engage with other patients waiting. I'm here to see the doctor, not socialize...occasionally wonder what their medical condition / problem is. Mmmm, concentrate – stay with yourself Brett. Boredom sets in...Really check out the décor now.

Finer details...the ceiling, patterned or not? The light fittings...mostly not cool. The more obscure that mostly you never take in.

Different waiting rooms the last three years...the buzz of docs in Darlington. Hope I don't meet someone here I know. Better décor than Newcastle, but not better medicine. The soothing music at Charlestown surgery – the wide open spaces of Broadmeadow surgery.

Hope, in the future, don't become too used to medical waiting rooms – they or their function, at least, don't make for the most pleasant of places.

I want to keep well away from that kind of stuff...need what they call a normal life.

Give me the familiar, the comfortable spaces of home – scruffy cats – dirty ashtrays – good books and comfy sofa. ★

3rd Prize

ANDREWS STORY

28 November 2003

I've hated being HIV+ ever since my long and painful sero-conversion. This virus has ruled my life and persistently impacts on the choices I make. I fall into a trap of 'Why should I bother? Death is around the corner waiting for me.' This negative attitude may crinkle some noses but it's how I feel and sometimes it's hard to shake the pain that I cause myself.

To look at me you wouldn't think that I was full of so much anger and despair. I try to come across as if I am in control and happy about life but it's a tough act to keep up. Not even my closest friends truly know that everyday I dwell on being HIV+ and what's going to happen. I'm petrified of a HIV death; hopefully it won't be the reason for my passing.

I honestly do try to have a positive

outlook so please don't think that I'm a total misery guts. It's when the lights are off and I'm trying to go to sleep that it hits me, a slap across the face that forces me to awaken and contemplate my day of reckoning. These thoughts take advantage of the dark, and my loneliness and are hard to calm down once they've started. Changing this pattern of misery and self-degradation is something I do hope to change. Finding the coping mechanism to combat these thoughts will come with hard work and a lot of help.

Maybe my honesty in this piece of writing is the first step on a path that will lead me to be naturally happy. I have so much more to learn in this life that if I totally give up, I'll miss out on something and I don't like missing out on anything. This curious nature I have, has been my saviour so far, and will stay with me to the end. ★

The Editors of *Talkabout* would like to thank the panel of judges who took time out to read the stories received for the competition.

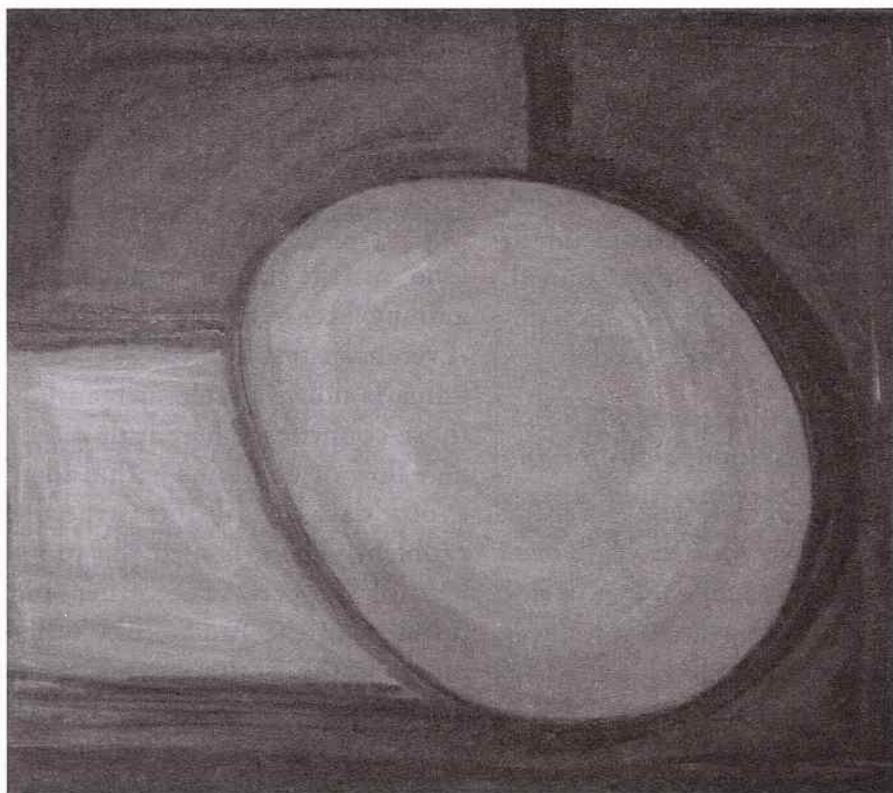
Thanks to Jodie, Kim, Carolyn, James & Bernard.

Over the coming months, we will publish a number of other stories that were considered to be Highly Commended and the writers of those stories will each receive 1 year's subscription to *Talkabout*.

Congratulations to the writers of:

For All We Know
Maxine's Story
Kristen's Story

The Beginning, Alex Zehnter



The Garden, David Haag



Conversation Piece

Stephen Scott

Stephen Scott, Youth Project Worker at ACON, talks about the challenges and rewards of working in a poz/neg world here and overseas.

You're a born and bred Brisbane boy, Stephen

(smiling)yes, the western suburbs, a place called Raceview, near the Amberley RAAF Base. A place you want to get out of as soon as possible. (with a broad smile)....not much to do there.

You left the hometown?

Yes, I moved to Brisbane to attend Queensland University. That was the place I really first made contact with a gay and lesbian community. I was seventeen when I started uni. There was a campus group. This really helped me to understand myself better, and I also made lots of new friends.

How did you then get involved in the hiv/aids area?

I studied journalism and I was pretty disappointed that they seemed to be pushing students towards writing for *the Courier Mail*, and I really wanted more than that. I took up a job as a journalist at one of the gay and lesbian newspapers. Within a year of being at *Brother Sister*, I was offered the editor's job, so I just left uni.

This was your initial contact with hiv/aids?

Yes! -Through the media. One of my first articles was on the arrival of combination therapies. There was quite a political element at the time (around '98), because a lot of the work of the Aids Council in Queensland was being censored by the then Health Minister. There was a decree from the Minister that Queensland health funds were not to be used for the promotion of a 'lifestyle'.

To what end did this journey lead?

I was eventually offered a job at the Queensland Aids Council. They were looking for a campaigns planner. And I loved it.

You have been involved with hiv/aids awareness campaigns for and with the Aboriginal and Torres Strait Islander community?

The first time I had contact in this area was in a very direct way. I was reporting on the development of the Aboriginal and Torres Strait Islander Project at the Queensland Arts Council. It was the first

such project in the country. They were holding elders' forums, and there was a lot of ground breaking work being initiated. They were very courageous at the time, and it was also a very culturally appropriate way to deal with hiv in their communities.

Why so?

Because it was using the social structures and cultural norms that exist in their localities, to make each community aware of hiv.

You are working in the Pacific Islands. What are the major hiv/aids issues in the region?

One of the major problems is gaining access to the technology. -Even basic testing. Access to condoms is not available in many of those countries. There isn't a reliable flow of condoms within their expiry date. It's an infrastructure problem. There is also the problem of poverty. The other big problem in the Pacific, like other places in the world, is stigma and discrimination. And there is also very little concept of confidentiality. People presenting them-

You cannot deal with prevention without addressing stigma

selves for hiv testing often have the results shared with other people against their will, which can result in a lot of social rejection. There are also so few people willing to stand up and be identified as hiv positive. You can count the number of hiv positive activists on one hand! The social conditions don't exist for people to be able to be open about their hiv status.

Is this due to the cultural factor? Or fear or.....

Yes. There's a fear which is often based on ignorance about transmission. Even questions about basic knowledge have not been effectively addressed. For example people think they can contract hiv through mosquitoes. They also think you can contract it through casual contact with people in their household.

I just have to ask this question. Answer as you wish. Are you hiv positive?

Hiv negative.

There are a few organisations (publically funded) that only allow hiv positive people to be on their boards. How do you feel about this?

I don't feel in any way excluded from that. I think that it is essential that hiv positive people be at the centre of this work. You can't address people's quality of life

if you don't have a sense of self determination going on for people themselves. And you also cannot deal with prevention without addressing stigma. But negative people have to have a part in it. You cannot have people central to something, if they're the only ones actually in it. I think one of the great challenges, or one of the things hiv challenges us to do, is to set aside all these barriers. -These ways we have of separating ourselves between positive and negative, gay and straight, black and white, developed world and developing world, man and woman. While it's important that people have their own space to address their own issues, I feel that it's important that we work together. -That we address this collectively.

What satisfies you at present?

(big smile and laughter breaks out) ahh...in terms....

(acknowledging the humour) In work, what are you finding satisfying?

I'm actually finding the interconnections in the work I'm doing very satisfying. Discovering the fact that I can do work with young gay men here in Sydney, and also with people in one of the least developed countries in the world simultaneously. The fact that it is all under this same umbrella really inspires me, and it's very fulfilling.

To finish off this beautiful conversation. I give you a wish for yourself in life.

What would you wish for?

(whispers to himself) Wish for myself.....geeze ummm....

My wish for the rest of my life would be to continue finding I have a sense of usefulness, and that there is a purpose for me in what I'm doing. -To continue waking up each day, feeling as though my reason for living is about bettering the world around me, and having a sense of conviction and happiness about that! (long smile) That would be my wish! (with a contented smile)

I'd like to thank Stephen Scott for a most fascinating conversation.

I certainly have been enlightened. In particular what is happening with our friends in the Pacific region. -Comforting to know that the lad is but twenty seven years old. Affirming for the continuing journey.....

Roch

Visit *Talkabout* online to read more of the interview with Stephen Scott www.plwha.org.au/talkabout ★

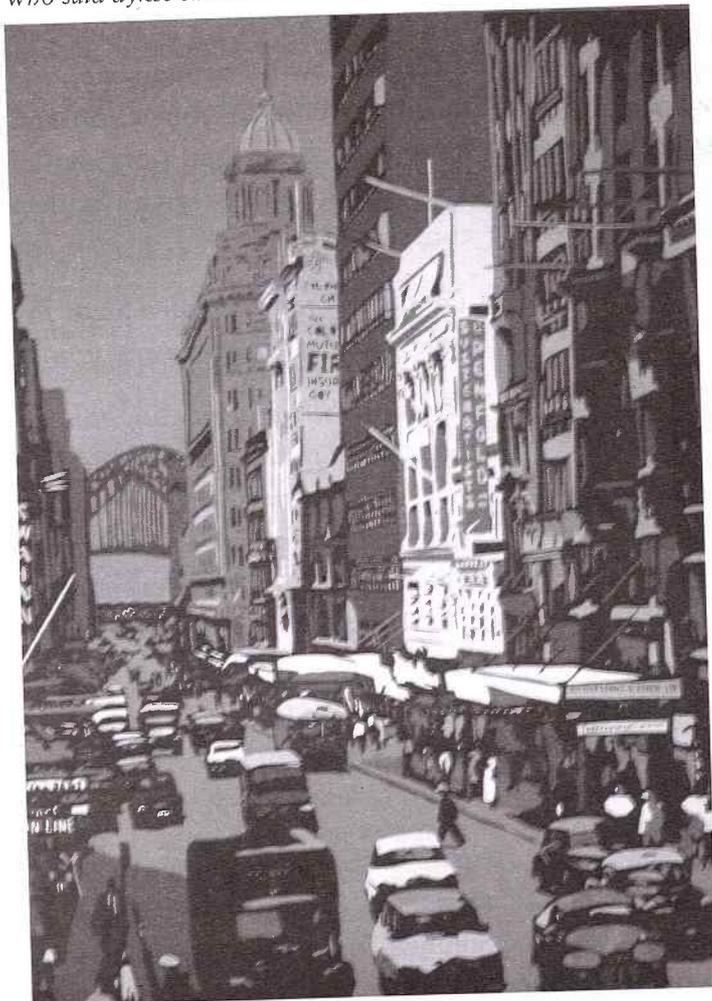
Ambiguity



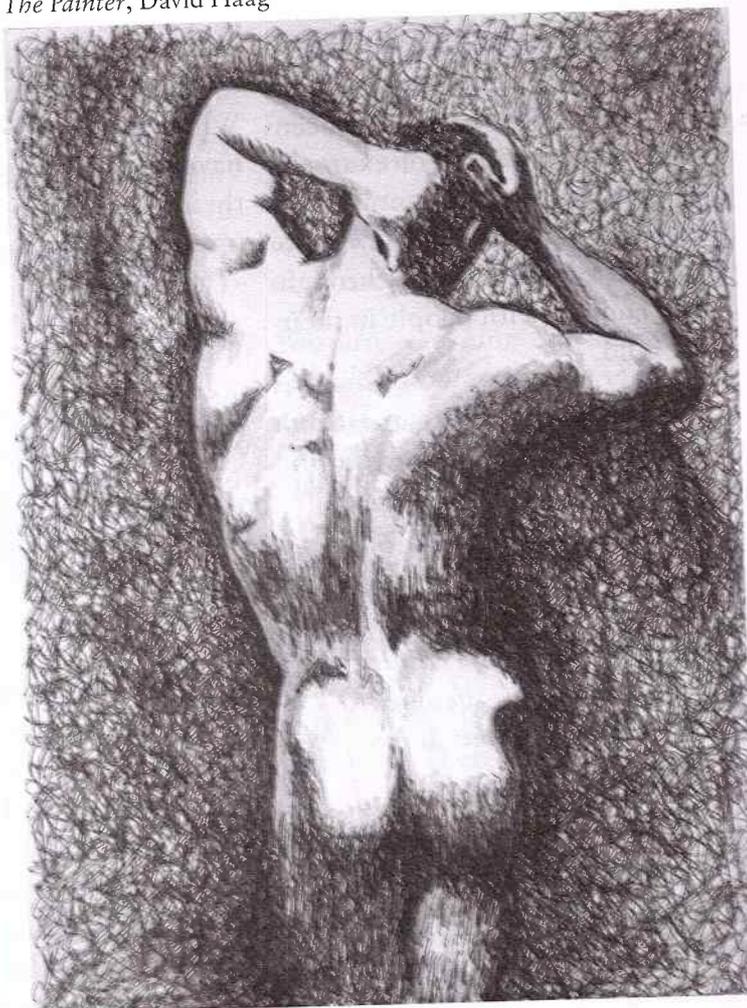
Who said dykes can't have babies, Blue Flamingo



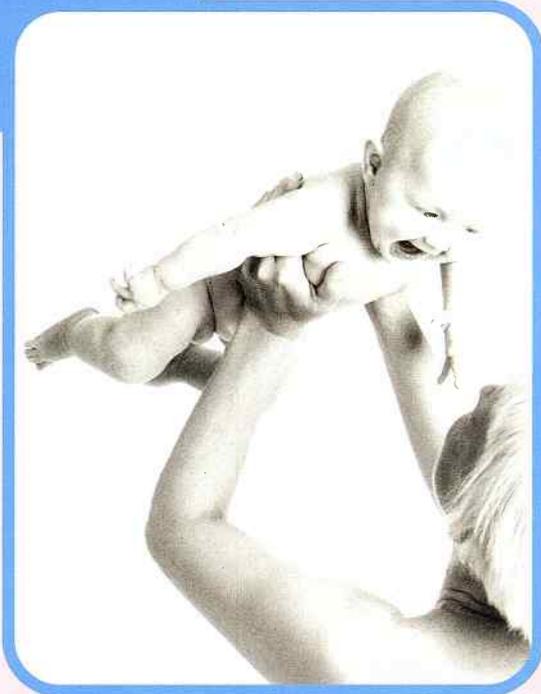
The Painter, David Haag



Pitt Street, Alan Brown



Hands on Head Standing Male Back, John Pheneey



Thinking of having a baby?

Every woman has the right to have a baby and being HIV positive is no exception. If you are HIV positive and pregnant or you are considering having a baby, it is important that the choice you make is an informed one. Informed choice means knowing and understanding all of the options available to you and knowing what these options involve.

6

1 Information for HIV positive women who are pregnant or considering pregnancy

When is the best time to get pregnant?

If you are thinking of getting pregnant talk to your HIV doctor. It is better to become pregnant when your viral load (the amount of virus in your blood) is low, your T cell count (CD4 count) is high and you are feeling well. There are many other people you can speak to, such as other HIV positive women and others outlined under "supports" later on in this factsheet.

Will pregnancy affect my health?

Being pregnant should not make your HIV worse, unless you are ill with an AIDS related condition. When you are pregnant your immune system is a bit weaker; this is true for all pregnant women. After you have had your baby, your immune system should return to the level that it was before you became pregnant.

Due to advances in HIV treatments and our knowledge of HIV, there are many strategies that can be used to minimise the risk of passing on HIV to your baby.

The chance of passing on HIV to your baby can be reduced to less than 2 per cent by using a number of strategies. This factsheet is for you if you are HIV positive and have questions about having a baby.

pregnancy
positive

If you are thinking of getting pregnant talk to your HIV doctor. It is better to become pregnant when your viral load (the amount of virus in your blood) is low, your T cell count (CD4 count) is high and you are feeling well.

Will HIV affect my pregnancy?

If you are unwell with advanced HIV infection, there may be an increased risk of going into early labour. There is also an increased risk of passing on HIV to your baby.

I'm not sure that I want to continue with the pregnancy.

For some women, continuing with an unplanned pregnancy may not be an option. You might not be ready to become a mother for a whole lot of reasons.

Some women feel that even a small risk of passing on HIV to their baby is too high, while some HIV positive women feel more comfortable about a pregnancy.

Whatever your feelings, the choice to continue or terminate a pregnancy is yours, but for some women the choice is a painful one. You can speak to your doctor and seek expert advice on HIV and pregnancy to help you decide. FPA Health (NSW), sexual health services and the Paediatric HIV Service at Sydney Children's Hospital, Randwick, can also provide you with counselling.

If you decide that you cannot continue with a pregnancy, you will need to speak to a doctor as soon as possible. Most terminations are performed within the first 12 weeks of pregnancy and your doctor will refer you to an appropriate place.

What is known about HIV transmission from mother to baby?

Vertical transmission is the transmission of HIV from an HIV positive pregnant woman to her baby. Most transmissions happen around the time of the birth. HIV has also been found in breast milk and babies have become infected with the virus through breast-feeding. The chance of passing on the virus to your baby is about 20 per cent, but the good news is this risk can be reduced to less than 2 per cent by using a number of strategies.

Strategies to reduce the risk of transmission from mother to baby include:

- ❖ Taking antiviral treatment during pregnancy to reduce your viral load
- ❖ Giving your baby antiviral treatment for six weeks after birth
- ❖ Bottle feeding your baby with formula milk
- ❖ In some instances a caesarean section is recommended

Who can help me now that I am pregnant?

It is really important that you start to get specialist care. This specialist care usually includes:

HIV specialist team

This team specialises in the care of people with HIV. They will talk to you about your treatment choices and monitor your health before, during and after your pregnancy.

Obstetric team

This team specialises in the care of pregnant women. They will care for you during your pregnancy and for a short time afterwards. Your HIV specialist doctor can make a referral to an obstetrician.

Paediatric team

This team specialises in the care of your baby. Even though your baby is not yet born, you can ask to see this team during your pregnancy. The team can counsel you on the risks of transmission from mother to baby and tell you what to expect once your baby is born.

These three teams can work closely together to provide you and your baby with the best care available. If you live in the country, don't worry; these specialist teams are available to talk to your local doctors, nurses and counsellors so that you can still be provided with the best care available to you.

Tell me about the treatments that are available to me?

If you require treatment for HIV infection it should be the best treatment for you, regardless of the pregnancy. A combination of three drugs is usually recommended and this is called triple combination therapy. It has been found that using a combination of three drugs is more effective in treating HIV than one drug alone or a combination of two drugs. Tablets are taken by mouth, up to three times a day.

To reduce the risk of passing on the virus to your baby, you can also receive AZT in a drip when you go into labour. Your baby will take AZT medicine by mouth in syrup form for six weeks after birth.

The benefits of using a combination of drugs for you and your baby are:

- ❖ The drugs working together will be more effective than working on their own
- ❖ The viral load is much more likely to decrease significantly
- ❖ The likelihood of passing on HIV to your baby becomes extremely small (less than 2 per cent)

The goals of anti-HIV treatment are:

- ❖ To maintain a healthy immune system
- ❖ To prevent complicating infections and cancers
- ❖ To improve your quality of life
- ❖ To prolong survival
- ❖ And for a pregnant woman, to protect the baby from HIV

Will I experience any side-effects?

The most common side-effects of anti-viral treatment are nausea (feeling sick), diarrhoea, headaches and feeling tired. However they vary from person to person. The side-effects can appear shortly after the medication has been started and they usually disappear after a few weeks. In almost every case the side-effects are not dangerous but sometimes do require that the doses of the drugs be reduced, or drugs be stopped or changed. Rarely some of the side-effects are dangerous and this will be explained to you.

What if I am already pregnant and I'm on triple combination therapy?

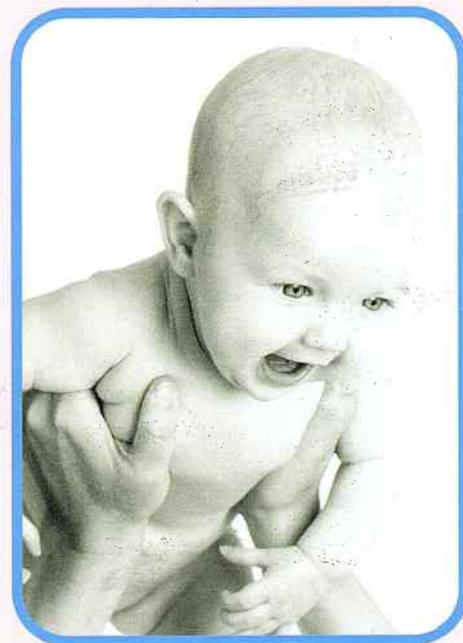
Do not stop taking your medication. The most important thing for you and your baby is to keep your viral load as low as possible. If you stop taking the medication your viral load might start to rise. Many women have now been through their entire pregnancies on triple combination therapy and have produced healthy babies. See your doctor to make sure that the tablets you are taking are safe for you and your baby.

What happens if I don't want to take treatment?

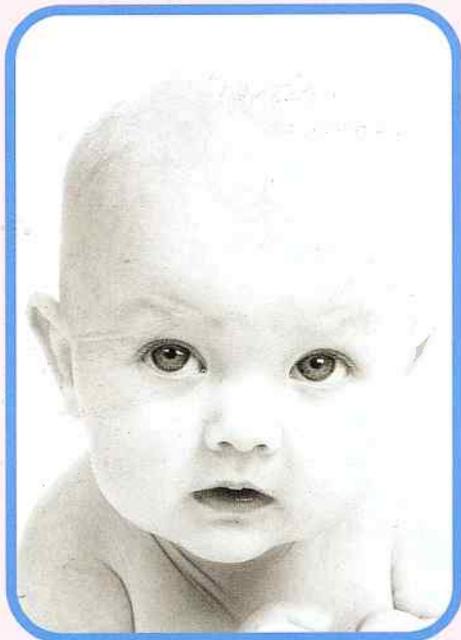
The choice to take or not take treatment for yourself is your decision, as is the decision on how to care for your child. Preventative treatment for your baby for six weeks and avoiding breast-feeding is strongly recommended.

What if I don't want my baby to have treatment after he/she is born?

If you choose not to treat your baby there is legislation that can intervene. Talk to your paediatrician and get advice from the HIV/AIDS Legal Centre (HALC).



The most important thing for you and your baby is to keep your viral load as low as possible.



Be guided by your obstetrician when decisions are being made about proceeding to a caesarean section and don't be afraid to ask questions.

You have the right to be treated the same as anyone would expect to be treated when having your baby.

Tell me about Caesarean Section delivery

There are important reasons why caesarean section may be recommended for women with HIV infection. When there is a high risk of your baby getting infected with HIV (that is, when you have a high viral load) elective caesarean section is important in reducing the risk of your baby getting HIV during the birth process. Overall it is thought that the risk of passing on HIV can be halved by caesarean section before the waters break.

Of course HIV infection is not the only reason why women require a caesarean section. Other reasons include a mother's high blood pressure or a distressed baby. Be guided by your obstetrician when decisions are being made about proceeding to a caesarean section and don't be afraid to ask questions.

Is a vaginal delivery safe for my baby?

If you are taking triple combination therapy and your viral load is undetectable, it is not clear that a caesarean section will provide your baby with any additional protection against HIV. However if your waters have been broken for more than four hours the risk of your baby getting infected with HIV start to increase.

If I have a caesarean section, what should I expect?

You will either have a general anaesthetic or an epidural anaesthetic for the caesarean section. A general anaesthetic will put you to sleep and your partner or support person cannot be in the operating theatre.

An epidural anaesthetic involves an injection into your back, near your spine. It numbs you from the waist to your feet but you can be awake for the operation. Your partner or support person can stay with you for this. Speak with your obstetrician about your options.

2 Some information on the baby

Are the treatments that I take, safe for my baby?

Anti-viral medications are fairly new and long-term effects on your baby are unknown. However many women living in Australia and elsewhere have been through pregnancy on triple combination therapy and have produced healthy babies.

There are some drugs that could be harmful to your baby such as efavirenz (Stocrin), Ribavirin (used for treating Hepatitis C). In addition a combination of d4T and DDI used together could be harmful to you if you are pregnant. It is strongly recommended that these drugs not be used during pregnancy. Speak to your doctor if you are on this drug and you are pregnant or thinking of getting pregnant.

If you are not on anti-viral medication and you are already pregnant and worried about the effects of the treatments on your baby you can discuss your options with your doctor, obstetrician or social worker. **Remember that it is important to start anti-viral treatment as soon as possible if your viral load is high.**

What happens once my baby is born?

Your baby is dried off with a towel and given to you for a cuddle. Any blood on your baby is washed off as soon as possible by giving your baby a bath. Then your baby stays with you in your room. An exception to this is if you have been taking narcotics during pregnancy, or you are on methadone. Your baby may experience withdrawal symptoms and may be nursed in the special care baby unit where he/she is kept under close observation. Sometimes newborn babies experience unexpected problems that are not related to HIV and these babies may also require a period of nursing in the special care baby unit.

Your baby will start on anti-HIV medicine as soon as possible. If your viral load is undetectable, then AZT syrup is usually enough to protect your baby (sometimes 3TC syrup is given as well). If your viral load is high around the time of delivery then an additional anti-HIV medication may be recommended and a paediatrician will discuss this with you. You will be taught how to give your baby the medicine before you go home.

Is there other treatment that my baby requires?

Babies who are HIV positive are prone to pneumonia called PCP. PCP pneumonia can be life threatening in babies. Because it is difficult at first to tell if your baby has HIV, your paediatrician will recommend an antibiotic. This starts at six weeks of age and is given once a day. It helps to protect your baby from PCP pneumonia. Treatment with the antibiotic can stop at three months of age if the PCR test for HIV infection in your baby is negative.

How do I know if my baby is HIV positive or negative?

All HIV positive mothers pass HIV antibodies on to their baby. This does not mean that your baby has the virus. It can take up to eighteen months for your baby to clear your antibodies. A more detailed test called a PCR test is used to test babies from birth. This test can tell the difference between antibodies and the virus.

Your baby is tested regularly in the first three to six months. Babies are considered uninfected at three months of age if all of the PCR tests have been negative and your baby has been exclusively bottle-fed. Testing becomes less frequent after the first three months, but it is important to continue testing until your baby is 18 months old, or until your baby has cleared all of your antibodies.

Testing your baby for HIV can be an emotional roller coaster ride. Becoming acquainted with the testing procedure while you are pregnant and talking through an experience with another HIV positive woman or health professional, can alleviate your concerns.

Can you tell me a little more about how these tests are done?

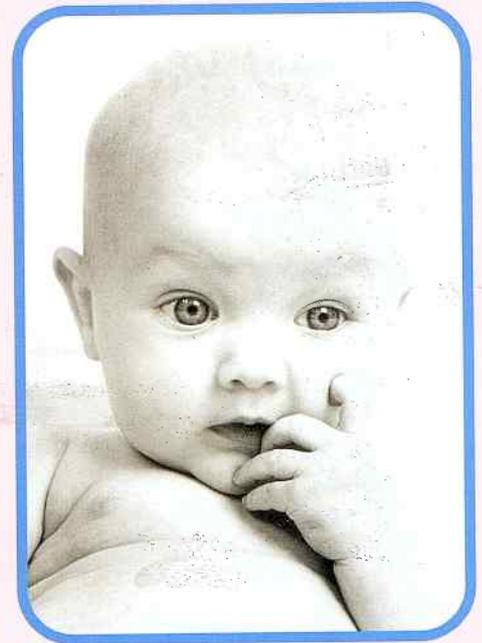
The PCR test is a blood test and is usually taken from a vein in your baby's arm. The frequency of the tests may be a little different from hospital to hospital, but the first tests are usually done when your baby is one day old and again when your baby is one week old.

Before you leave hospital, you will be given an appointment to come back and see the paediatrician when your baby is six weeks old. The doctor will examine your baby, the anti-viral medicine will be stopped and another blood test will be taken. Your baby will be given an antibiotic to take until the next visit to the doctor at three months of age. This is the medicine that protects your baby from getting PCP pneumonia.

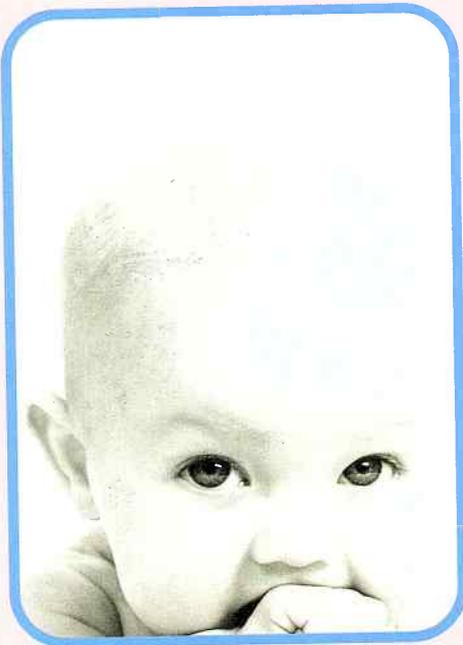
If the 3-month test on your baby is PCR negative (ie. HIV is not found) you will be asked to stop all the medicines being given to your baby.

Ongoing testing of your baby is required to make sure that all of the mother's antibodies have cleared and this can take up to 18 months.

If the result is PCR positive (ie. HIV is found) your doctor will need to advise you on the next step.



The frequency of the tests may be a little different from hospital to hospital, but the first tests are usually done when your baby is one day old and again when your baby is one week old.



Your baby's health will be monitored regularly and you can expect to be provided with lots of support.

Immunisations

There is no reason why your baby cannot follow the routine immunisation schedule for newborns. Speak to your doctor or nurse about getting your baby immunised during the visits for blood tests. It will save another trip to the doctor.

If my baby is HIV positive, what should I expect?

If your baby is HIV positive then he/she will be seen by a paediatrician. Your baby's health will be monitored regularly and you can expect to be provided with lots of support. We suggest you read the booklet called *Your Child and HIV* for a really good idea on what happens next.

My baby is HIV negative. What happens if I get sick?

It is really important to think about this, painful though it may be. If you have a support partner and/or family, then they can help out. If you don't, you will probably want to tell a close friend or relative, so that they can help out when you are sick. If you have not already disclosed to friends and family, you might want to make arrangements in advance for someone to look after your child if you are no longer able to do it yourself.

These are really difficult things to think about, but you can talk to your social worker or to the family support worker at the AIDS Council of NSW (ACON) for assistance. The social worker in the Paediatric HIV Service at Sydney Children's Hospital, Randwick can also help.

3 What support is available to me?

All women experience times in their pregnancy where they worry about whether their baby will be all right. It is normal to worry about your unborn child during pregnancy.

It is well recognised that having a baby is one of life's major milestones and stresses. Don't do it alone. There are many supports out there and many positive women who have pioneered the way.

Speak to another positive woman

Positive women's support networks provide you with the opportunity to meet and develop a circle of friends who not only live with HIV, but may be pregnant or have had a child since becoming HIV positive. This support is invaluable and allows you the opportunity to air your fears and concerns in a safe and confidential way with someone who has been in a similar situation.

Speak to health care workers

Any established relationships with your doctor, nurse, social worker or counsellor will help you with your concerns.

Speak to the Family Support Worker

After having a baby you need some recovery time, particularly if your baby was delivered by caesarean section. It is important that you have people around you who are able to support you in your new role as a parent. If there is no support within your network of family and friends, speak to the Family Support Project at the AIDS Council of NSW (ACON) for assistance or your social worker about a referral to a family support agency in your area.

Speak to the Family Assistance Office

It is worthwhile making an appointment with the Family Assistance Office at your nearest Centrelink or Medicare Centre. Talk to them about financial benefits that you may be eligible for, such as, the one-off Maternity Allowance, Maternity Immunisation Allowance, Family Tax Benefit and Childcare Benefit.

Bottle feeding your baby can be expensive but some states in Australia can provide you with financial assistance, so speak to your social worker or nurse about this and they will make the referral.

Speak to people who deal with childhood problems

The Tresillian and Karitane hotlines provide valuable 24-hour advice on issues such as feeding, settling and routines. They offer day and overnight stay programs if you are having problems settling or feeding your baby.

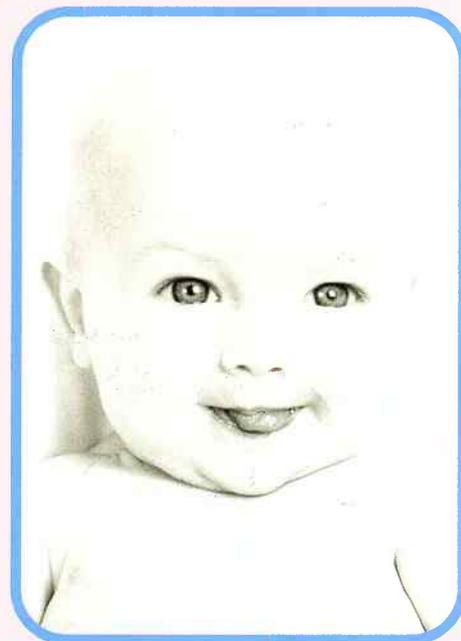
A specialist paediatrician will monitor your baby and all of the testing for HIV will be performed at the hospital. However, your local early childhood centre can monitor your baby's general health and we would recommend that you go there regularly. They will weigh your baby, assess your baby's development and provide really good advice on looking after your baby. Most baby health centres run education and support groups for new mothers. **It is important to remember that you are not obliged to disclose your HIV status to your early childhood nurse and this information does not need to be recorded in your baby's blue book.** If you would like to disclose, you could do this with the assistance of the specialist doctor or nurse caring for you and your child.

Camp Goodtime

Camp Goodtime is a national camp for families living with HIV. It is coordinated by the social worker from the Paediatric HIV Service at Sydney Children's Hospital, Randwick. Speak to your social worker or nurse about the possibility of your family being included in this exciting annual event.

Support groups

Support groups are run throughout the year for families living in NSW living with HIV. Contact the Paediatric HIV Service at Sydney Children's Hospital, Randwick for more information. Assistance can be provided to families living in NSW to attend the groups.



It is important to remember that you are not obliged to disclose your HIV status to your early childhood nurse and this information does not need to be recorded in your baby's blue book.

Further reading

- **Women and HIV – Pregnancy** This factsheet (No.5) is produced by FPA Health (NSW) and the AIDS Council of NSW. ☎ (02) 9716 6099 or 9206 2079
- **Women and HIV – Parenting** This factsheet (No.6) is produced by FPA Health (NSW) and the AIDS Council of NSW. ☎ (02) 9716 6099 or 9206 2079
- **Your Child and HIV – Be Positive About Being Positive** Written by M. Goode, L. Maurice, Sarah and David, C. Romberg and A Stewart. Published in 1999. Available from GlaxoSmith Kline.

Websites

- www.pedhivaid.org
- www.babycentre.com
- www.epregnancy.com

Other services that can help

- **Paediatric HIV Service, Sydney Children's Hospital, Randwick, NSW** Clinical Nurse Consultant ☎ (02) 9382 1654; Social Worker ☎ (02) 9382 1580
- **National Association of People Living With HIV/AIDS (NAPWA)** Level 1/222 King Street, Newtown, NSW 2043. ☎ (02) 9557 8825 Freecall 1800 259 666
- **Women's HIV Support ACON** ☎ (02) 9206 2012 Information, education, support and referral services for women living with HIV/AIDS.
- **Heterosexual HIV/AIDS Service (Pozhet)** ☎ (02) 9515 3095 Freecall 1800 812 404 (national). Men and women living heterosexually with HIV/AIDS.
- **Sexual Health Information Line** (Mon–Fri 9–5) ☎ (02) 9382 7440 Freecall 1800 451 624.
- **Sexual Health Centre** ☎ (02) 9382 7440
- **Multicultural HIV/AIDS Service** ☎ (02) 9515 3098 Freecall 1800 108 098 (Mon–Fri 9–5). Bilingual/bicultural co-workers providing emotional support, advocacy and information to people living with HIV/AIDS from non-English speaking backgrounds.

Family planning

- **FPA Healthline** (NSW) ☎ 1300 658 886
- **FPA Health (NSW)** ☎ Health Promotion Officers (02) 8752 4300 www.fpahealth.org.au Full range of sexual health services – clinics in seven locations – HIV specific projects for women, men and people with intellectual disabilities.

Legal assistance

- **HV/AIDS Legal Centre (HALC)** Principal Solicitor ☎ (02) 9206 2060/1800 063 060 (Freecall outside Sydney area) www.halc.org.au Free legal advice for legal problems relating to HIV/AIDS.

For Regional NSW HIV/AIDS and related services

- **Contacts. A Directory of Services for People Living With HIV/AIDS.** Available from People Living With HIV/AIDS (NSW) Inc. ☎ (02) 9361 6011 Freecall 1800 245 677 (outside Sydney area) or www.plwha.org.au

Acknowledgments

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This factsheet is based on a booklet developed by Michele Goode Clinical Nurse Consultant, Sydney Children's Hospital, Randwick and funded by GlaxoSmithKline, Australia.

Writers include: Amelia Parent; Michele Goode Clinical Nurse Consultant, Sydney Children's Hospital, Randwick; Angela Stewart Social Worker, Family Support Project, ACON, Sydney; A/Prof. J Ziegler Head of Paediatric HIV Service, Sydney Children's Hospital, Randwick; Dr Pam Palasanthiran Infections Diseases Specialist, Sydney Children's Hospital, Randwick; and Cassie Romberg Social Worker, Sydney Children's Hospital, Randwick
Other contributions by: Dr Col Fisher Obstetrician, Royal Hospital for Women, Randwick, Sydney; Dr Christine Hughes Paediatrician, Sydney Children's Hospital, Randwick, Sydney; and Dr Virginia Furner HIV Physician, Albion Street Centre, Surry Hills, Sydney

Pictures of Amelia and her baby were taken by the Medical Illustrations Unit, Prince of Wales Hospital, Randwick

Produced by the Health Promotion Unit of



PEOPLE LIVING
WITH HIV/AIDS
NEW SOUTH WALES

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NSW HEALTH
Working as a Team

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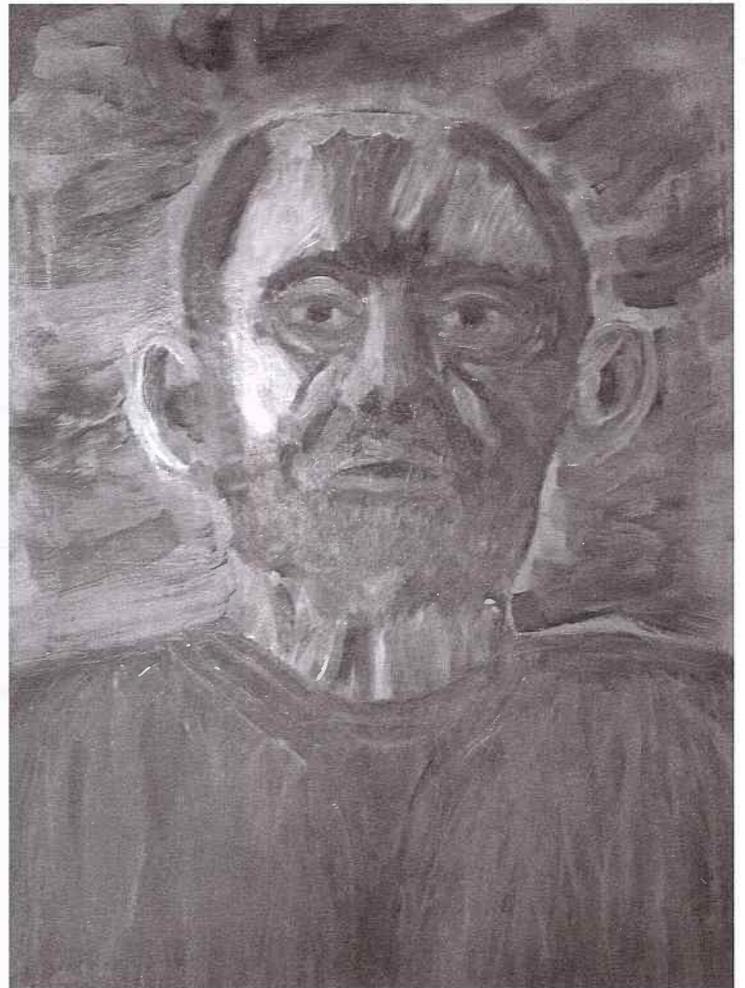
Design Geoffrey Williams + Associates, Sydney



The Brothel, Blue Flamingo



Half a Man, Peter Schlosser



Lost in Space – Self-Portrait, David Wain

46664

MORE THAN JUST ANOTHER NUMBER!

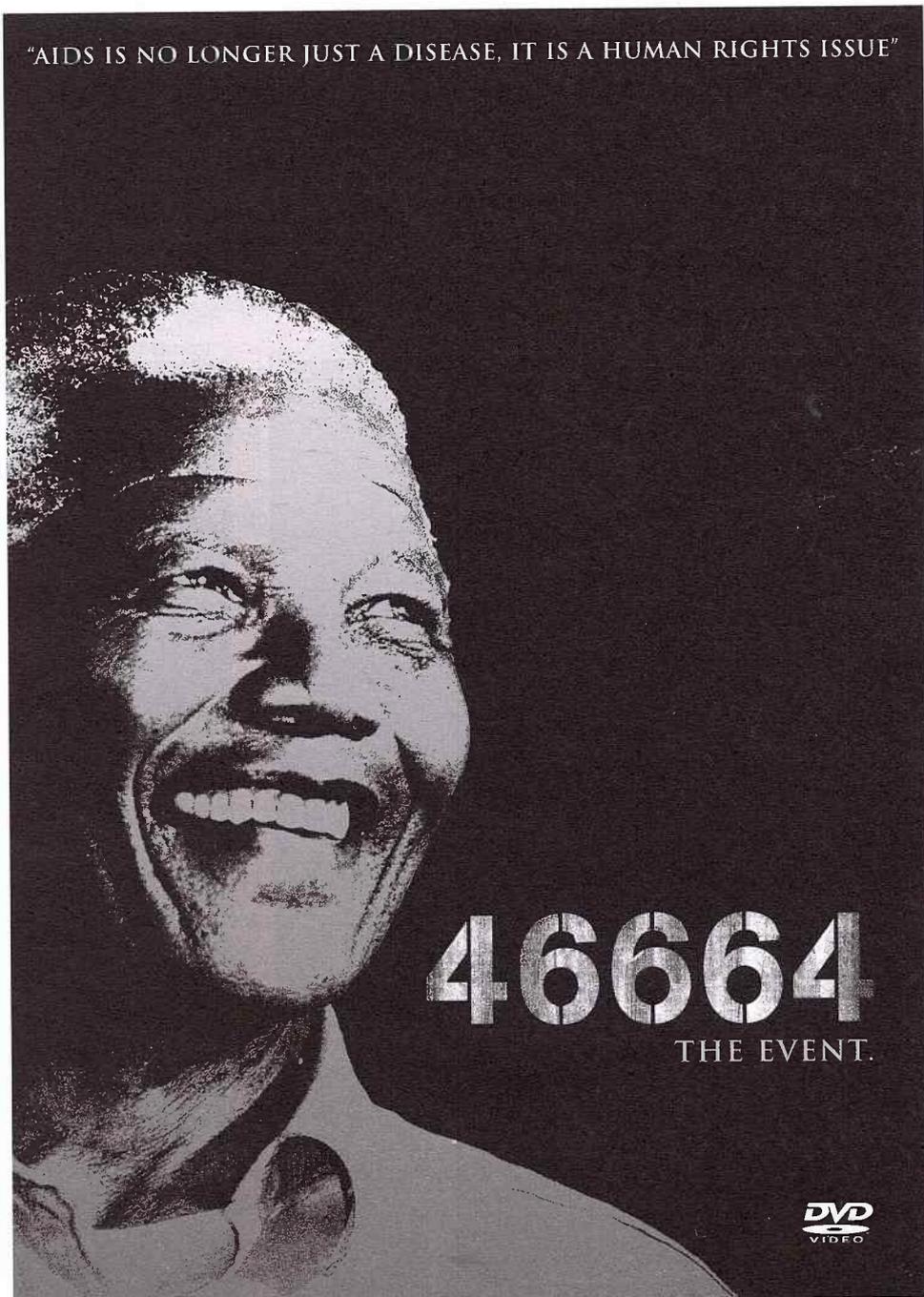
World's biggest ever hiv/aids concert now on DVD & CD

By **Greg Page**

On November 29 last year, a special concert hosted by Nelson Mandela was held in Cape Town to raise global hiv/aids awareness. The event was of particular relevance to South Africa where an estimated 25% of the population is hiv+. Titled "46664", the concert's name is directly derived from the prison number issued to Mandela when he was incarcerated for 18 years by the then South African government for his anti-apartheid activism. The aim of "46664", according to the organisers, was to be "the biggest call ever to action for hiv/aids in history". At the same time they wanted to raise much needed funds for those in Africa in need.

Eurythmics co-founder, and now in-demand music producer, Dave Stewart was the instigator behind the concert. He conceived the idea after initially being asked by Mandela to write lyrics for a song that included the "46664" number. Stewart wrote the song, "46664 (Long Walk To Freedom)", together with the late Joe Strummer of The Clash, then came up with the idea of getting the number to work as both a phone number and a website in order to create a way of donating and bringing awareness to Mandela's ongoing hiv/aids appeal. From this, Stewart had the inspiration to

"AIDS IS NO LONGER JUST A DISEASE, IT IS A HUMAN RIGHTS ISSUE"



enlist a veritable "who's who" of the international music community for a one-off concert in South Africa.

Stars participating in the five-and-a-half hour event, before some 40,000 concertgoers, included major international names including Eurythmics, U2, Queen, Peter Gabriel, Beyoncé, Bob Geldof, Anastacia, Jimmy Cliff, Yusuf Islam (aka Cat Stevens), Jimmy Cliff, DJ Paul Oakenfold, The Corrs and Jimmy Cliff. Some of the better known African artists taking part were Youssou N'Dour, Angelique Kidjo, Johnny Clegg and Ladysmith Black Mambazo.

In addition to the artists involved, numerous other celebrities, visual artists, members of the music industry, media, businesses and BGOs (i.e. background IT operations) lent their support. Global media partners were MTV (who aired the show on World AIDS Day as a 90 minute special) and Tiscali (who organised the www.46664.com website). Global event partners were Coca-Cola, BBC World Service, FedEx, Virgin Atlantic, SABC, (music marketing agency) The Music Matrix and (finance organisation) The Fleming Media Group. In Australia, the event partners were BMW, Nissan and Sheraton Hotels.

Celebrities who also participated with messages of support included Bill Clinton, the Reverend Jesse Jackson, David Bowie, Oprah Winfrey, Richard Branson, Robert De Niro, P!nk, Shakira and Britney Spears.

On April 23, a double DVD and three separate CD's from the event were released in Australia by Warner Music. The three CD's are entitled "46664 Part 1: African Prayer", "46664 Part 2: Long Walk To Freedom" and "46664 Part 3: Amandla".

Visual artists, whose work can be found on the DVD, are Norway's A K Dolven, Chile's Alfredo Jaar, Thailand's Apichatpong "Joe" Weerasethakul, South Africa's Berni Searle and William Kentridge, Germany's David Kripendorff, France's Matali Crasset, the USA's Matthew Barney and Bill Viola, Finland's Santeri Tuori, Mali's Seydou Keita and Spain's Tere Recarens.

'All worldwide proceeds from the "46664" campaign', say the organisers, 'will be used to initiate, develop and support practical programmes for the prevention, testing, care and support for those infected and affected by hiv/aids. Profits from the sales of the DVD and CDs locally will go not only to African AIDS agencies, but also to the AIDS Trust of Australia, as well as a smaller portion of the monies collected being used for hiv/aids-related projects for Central Australia's indigenous community, Women Living with hiv/aids and the Food Distribution Project.' ★

REVIEW: "46664"

If you have a fondness for African-flavoured pop, or a taste for eighties pop-rock, then "46664" will be a fairly essential addition to your collection. The biggest problem, however, might be deciding whether to purchase the double DVD or any of the three individual CD's bearing the "46664" name (that is, if you don't purchase them all!).

Musical highlights from the concert are spread fairly evenly over the three CD's. Beyonce's breathless version of her 2003 hit "Crazy In Love" kicks off the first CD, which also features a number of energetic club efforts from

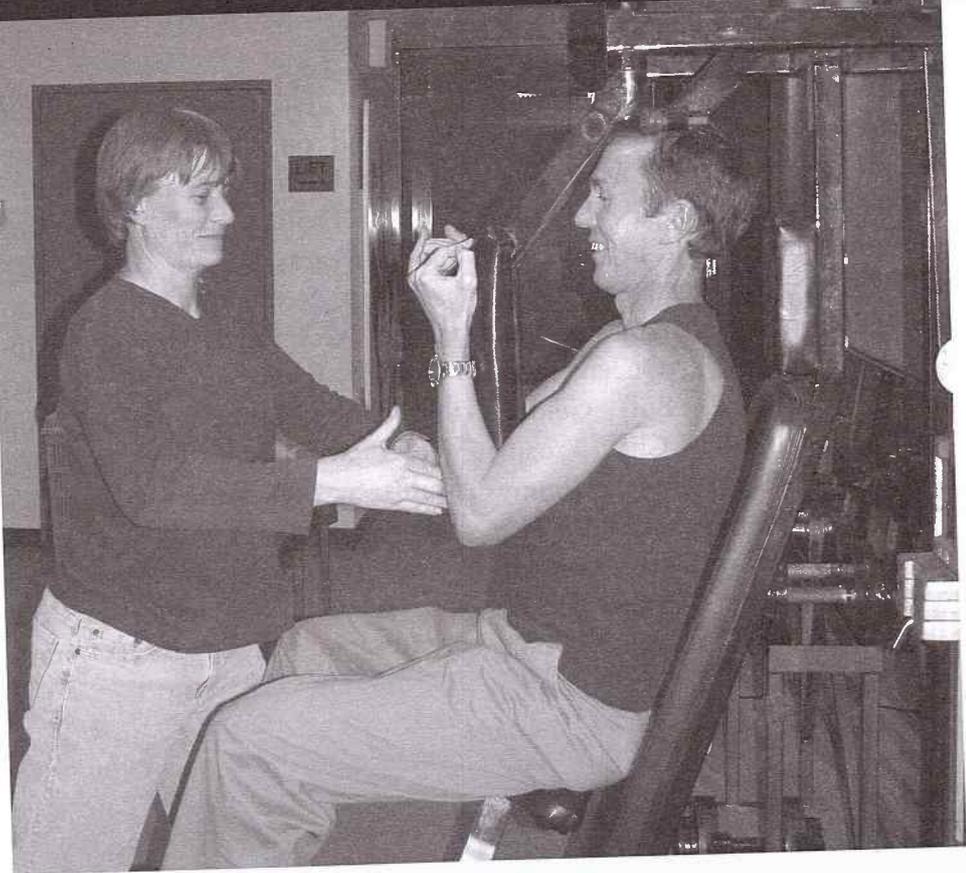
renowned UK DJ Paul Oakenfold. The second CD is more focused on African artists like Angelique Kidjo, Ladysmith Black Mambazo and Yvonne Chaka Chaka. Pick of the discs is perhaps the final one though, which features three superb songs by Annie Lennox out front of Eurythmics – including a duet on the nineties classic "7 Seconds" with Youssou N'Dour. Hunky South African pop star Danny K also appears, (for those who enjoy some eyecandy), and to finish Anastacia almost manages to fill the (platform) shoes of the sadly departed Freddie Mercury on a number of Queen classics.

If you prefer visuals with your audio, then the DVD is a true revelation, especially with the multitude of extras included alongside the performances featured on the three CDs. The 12 short films from noted international visual artists, however, are avowedly avant-garde though. Also included is footage from the "46664" press conference, backstage interviews, a "making of" special, and a moving half-hour documentary, "Spirit of Africa", hosted by a teenage Ugandan orphan whose parents both died from AIDS but who continues to have hope for the future. The DVD also contains a special booklet with information on all of the featured artists – musical and audiovisual – plus a transcript of Nelson Mandela's speech at the "46664" concert.

For those of us living with hiv/aids, the "46664" CDs and DVD make for a double-edged purchase - not only are they a record of a historically important musical event, but all profits go to hiv/aids charities both here and abroad as well.

May the number be with you!

FIT X THE STORY



Ingrid works out with James @ Fit-X. Photos: Bec Reynolds.

One of the Sydney positive community's longest running services has returned. Fit X Gym's, Positive Access Project has re-opened @ ACON. It's been noticeably absent for some months since the Pride Centre relocated to Erskenville, but the ACON building at 9 Commonwealth St, Darlinghurst is much closer to public transport, which is always a plus. The Positive Access Project, when the gym is reserved for hiv+ people is open Monday, Wednesday and Friday mornings from 10am to 1pm. Best of all the price hasn't changed. For health care card holders it's only \$2.50 per visit or \$20 for a 10 visit card!

Fit X Gym, Australia's only non-profit GLBTQ community gym recently celebrated its 25th birthday. In fact, the Positive Access Project has been running for seven years. Fit X Gym secretary James Rainier said "Being here in the ACON building, it makes it so much easier for our folk to do other business at the same time; you can even use the

learning centre to check your emails for free".

The gym is on the lower ground floor @ ACON. It's a warm, intimate space and Ingrid the program's originator adds relaxed friendly welcomeness. Over the years the priorities for the Positive Access Project have changed, improving treatments mean that often we are dealing with body shape change.

"Our clients are taking proactive control of their health and lives. Often as their health improves they volunteer with us and some of our past alumni have returned to full time work." said Ingrid.

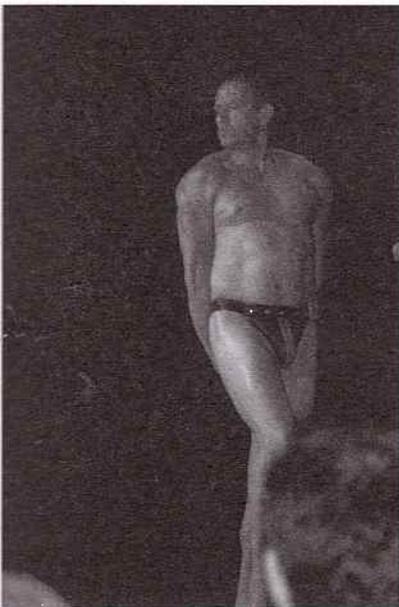
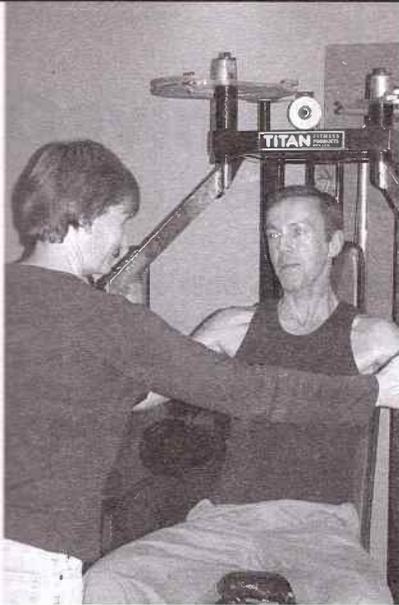
So for the Positive Access Project a new chapter begins. If you happen to be in the building, pop down say hello. The first visit is free, which gives you a chance to have Ingrid tailor a program to meet your individual needs. Open: Monday, Wednesday and Friday 10am to 1pm @ ACON, 9 Commonwealth St, Darlinghurst ph 9206 2000.



ASK INGRID

Talkabout is also delighted to be able to announce that Ingrid from Fit-X is going to become a regular contributor to *Talkabout*.

She will work through a series of exercises that you can do at home or at the gym and is more than happy to answer any questions that you might wish to ask her about your personal fitness regime. So, if you would like to "Ask Ingrid" a question, send an email or a letter to "Ask Ingrid" - editor@plwha.org.au or PO Box 831, Darlinghurst NSW 1300.



Shane at Love Muscle.

SHANE HURLEY

Winner – 2004 Encouragement Award – Leather Pride Love Muscle Physique Contest.

Shane Hurley is one of Fit-X Gym's members and has been working with Ingrid for a couple of years.

Recently during Leather Pride Week, Shane entered the Love Muscle Physique competition which was held at the Peter-sham RSL and was awarded an Encouragement Award.

Congratulations to Shane (who is also a regular PLWHA NSW volunteer) on this fantastic achievement. ★

Long term use of Kaletra

Combination antiretroviral therapy containing Kaletra has been highly effective in clinical trials. Results of long-term therapy with Kaletra regimens have not been previously reported. Results of a 4-year study described the safety and antiretroviral activity of Kaletra based treatment in antiretroviral-naive individuals. 100 treatment naive people were randomised to one of three blinded doses of Kaletra [200/100mg (n = 16), 400/100mg (n = 51), or 400/200mg (n = 33)] with d4T and 3TC every 12 hours. After 48 weeks, Kaletra was dosed open-label at 400/100mg every 12 hours with d4T and 3TC.

At week 204, 72 patients remained in the study, 70 of who had viral loads < 50. 28 discontinued therapy prior to week 204 because of adverse events, lost to follow-up or other reasons. Of 15 people, who met protocol-defined criteria for virological failure, seven remained on the study regimen and their viral load was re-suppressed to < 50 at week 204. Genotype analysis was available from 10 patients, including all eight patients who discontinued the study prematurely and no demonstrated primary or active resistance was seen. The most common adverse events were gastrointestinal symptoms and lipid elevations. The study concluded that Kaletra based therapy provides durable antiretroviral response and is generally well tolerated through 204 weeks of therapy. ★

Source www.aidsmap.com

Treatment briefs

Tenofvir no more likely to cause kidney problems than other antiretrovirals

People taking tenofovir, are no more likely to experience kidney problems than individuals taking other antiretrovirals, according to a poster presented at Conference of the British HIV Association last week. Data from a cohort of 4,183 participants on HAART were analysed. 1,175 of the 4,183 participants had been prescribed tenofovir as part of their regime. Participants who had creatinine values above 120mmol/L at any time whilst taking HAART were classified as having renal dysfunction. The investigators found that the participants taking tenofovir actually had a lower probability of developing creatinine above 120mmol/l than individuals who were treatment naive. There was no statistical difference in probability between people taking tenofovir-containing regimens and individuals prescribed a regimen, which did not contain the drug. The investigators conclude, "tenofovir is not associated with renal dysfunction more frequently than other antiretrovirals and the occurrence of renal dysfunction is a rare and idiosyncratic event." ★

Source www.aidsmap.com

Tai Chi - A Spontaneous Way to Inner Balance

Contributed by M.M.

“Tai Chi” Chu’an had consciousness raising and spiritual evolution as its primary purpose. A secondary purpose was for man to not only connect with Nature, but to be in harmony with Nature, to awaken Nature within himself, to become Nature.

The original text of Yang Lu-chan - one of the great nineteenth century masters - says that Tai Chi was the work of Chang San-feng, a Taoist priest of Wu Tang Mountain in the thirteenth century. It was Chang San-feng’s hope that heroes all over the world would enjoy good health and longevity by practicing Tai Chi, and that the art be practiced as more than just a martial skill.

The Taoists believe that all phenomena conform to and abide by the law of Tao. The Tao being the principle of all existence or life itself. The dynamic of this existence is constant change and variation, created by the continuous interaction of two opposing forces called yin and yang. Being healthy, in Chinese medical theory, means that the forces of yin and yang within the body are in a well balanced state. Disturb the balance and illness occurs. From a health perspective, the aim of tai chi is to restore and maintain this balance.

Tai Chi is many, many wonderful things, but ultimately (and most importantly) it is the physical manifestation of the Way – the Tao. Tai Chi awakens within us spontaneously the flow of the All-Pervad-

ing Energy, the Chi. This simple technique is based on a natural approach to the forms of Tai Chi.

The purpose of art is to create beauty, and in the case of Tai Chi beauty in and of movement.

The health benefits of Tai Chi are many. Tai Chi:-

- Promotes well being by integrating our emotions, physique and intellect;
- Elevates our sense of being;
- Is an avenue for graceful expression... you learn to dance!;
- Improves your circulation and you breathe more deeply. You can expect to enjoy increased energy levels, be less susceptible to illness and to improve your posture. You become supple, confident and empowered;
- Improves your physical abilities – balance, coordination, speed, ambidexterity, control, strength and reflexes. These benefits can spill over into your emotions and your mental wellbeing. This may become apparent in your sporting activities or simply in the way that you walk;

Together with patience and harmony, you attain a better sense of timing, gain a more acute sense of perception and become more effective at “going with the flow”.

Through Tai Chi, your abilities will rise beyond that possible for ordinary mortals! You will enjoy a long and happy life.

Tai Chi Master, Ric Lum, has studied several forms of martial arts for more than 30 years - boxing, karate, tae kwon do, judo, lama kung-fu, Hung fist, Hung family fist, Yuet family, wing chun, and most recently, Yang family Tai-Chi. In his youth, he twice passed up opportunities to study under well known Tai-Chi masters, being under the illusion that speed and power were what martial arts were all about! His third chance to study and fully understand Tai Chi came through a family friend. Ng Kon-Kuan sifu graciously came out of retirement to give of his vast wisdom and knowledge.

Today, Ric’s Tai Chi is the culmination of 3 major influences: Tai-Chi Chuan, pure meditation and previous martial art experience.

Ric is always on the lookout for students who are serious about enjoying themselves and their Art (though not necessarily serious about themselves!).

To find out more about how Tai Chi can benefit you, contact Ric on the details below...

Homepage: www.constantbalance.com.au

mob: 0407 108 447

Email: enquiries@constantbalance.com.au

tel: 02 9571 8754 ★

Gavin Dufty

18/9/51 – 18/5/04

Gavin Dufty died on Tuesday 18 May 2004. Some of you will be asking who Gavin Dufty was, while others will be shocked at his sudden death. Gavin had aids, however it was a liver related illness that killed him. Surprising his family and caregivers at the hospital, he deteriorated and died within a four hour period. Quite suddenly and unexpectedly.

As some of you may be aware, apart from living with aids over the last few months, Gavin experienced lots of difficulties with his liver. His doctors at one point suggested that he might need a liver transplant.

While we didn't see each other often, we would spend time having long chats on the phone. From my perspective Gavin was one person with whom I knew I would have a good laugh. We shared a similar sense of humor and way of looking at the world.

I first met Gavin a few years ago when he attended a Positive Retreat, which he attended with his good friend Campbell. Gavin could be challenging, in your face, blunt but always with a sense of humor and a sprinkle of healthy irony. Qualities that some people found difficult to deal with because Gavin wasn't shy in coming forward – and telling you how he viewed a situation – not always in the most tactful of manners!

Gavin was a man who worked behind the scenes, and people like him are the kinds of people who get little recognition, but without their involvement many things would not have happened.

In 2002 when David got ill it was Gavin who drove all over town, col-

lecting the goods people donated to the Luncheon Club. In 2003, on Sunday night, Gavin would drive out to Baker's Delight at Balmain whilst the majority of us (myself included) sat in front of the television, comfortable in the knowledge that the following morning there would be buns for the sausages, chicken and steak. Some of us knew who was responsible for making this happen. Most of us didn't. These activities depend on silent achievers like Gavin ...

Someone else who brought much love and happiness was Gavin's dog Elizabeth: a friendly and adorable dog which always heralded Gavin's arrival at an event.

Gavin did what he did, not because it was going to look good on his CV, or because he was going to get paid, or for some public recognition, but rather because that was his nature.

I know that I will not be the only person who will miss Gavin, his sense of humor, his acidic tongue, his willingness to put himself out for others. How many of us have enjoyed trips on the Harbour with him or had him make some repairs, been helped to move or transport things from one place to another? I will not mention names here. We know who we are: the ones who Gavin took under his wing and provided emotional, practical and often financial support.

For now farewell Gavin – I know we will meet again at some point and thank you for all you have done for me and so many others. ★

Claude Fabian (on behalf of members of his chosen family)



Disclose.

to disarm
in revelation

positive nature
speaks out

drawing away the veil
unseal the lip

my family my choice
let me uncover

truth is my status
How I Voice
positive

by RGF

So, Can You Cook?

With cooler weather upon us **Tim Alderman** shares some memories and some luxurious recipes with readers



When I was growing up through the 50s and 60s, the one thing that was always ritualised was tea drinking. Despite not having the enormous varieties of teas available today, my mother was always very fussy about what brand of tea she used. The rituals involved how the tea was made, and how you went about drinking it. There was an everyday tea-set, and then there was a tea-set that was only brought out when guests were expected. There was also very specific items cooked to go with it, and it was always served at a particular time of the morning and afternoon.

I was wandering through the new Myers at Bondi Junction recently, and in their homewares department, noticed that a whole section had been devoted to coffee – machines of all descriptions and prices, espresso, latte and cappuccino cups and mugs, and blends of coffee. It reminded me of the tea rituals of my youth, and I was pleased to think that in some way, these rituals had been passed down. Coffee is still a very expensive luxury, and indeed worthy of ritualising. I very stupidly stopped drinking it a number of years ago, thinking it bad for my health. It is something I am glad I had a rethink on, and now enjoy one or two cups a day, made using my machine, or my caffetteria. I include my chocolate truffle recipe in this issue, for those who enjoy the indulgence of chocolate (and port) with their coffee.

PROVENCALE VEGETABLE TART with MARINATED FETTA

For Tomato relish:

- 1 tablespoon olive oil
- 1 onion, finely chopped
- 2 cloves crushed garlic
- 4-6 roma tomatoes, skinned and deseeded
- Pinch chilli flakes
- 1 tablespoon tomato paste
- 1 bay leaf
- 2 sprigs fresh thyme
- Salt & pepper

Heat oil in heavy pan and sauté onion and garlic till pale gold. Add chopped tomatoes, chilli, paste, bay, thyme and salt & pepper. Cook over low heat till thick, about 20 minutes. Remove bay and thyme. Cool.

For Vegetables:

- 2 medium zucchini, finely sliced
- 2 baby aubergine, finely sliced
- 1 red capsicum, deseeded and cut into strips
- 1 Spanish onion, cut into 8 wedges
- 2 tablespoons olive oil
- Salt & pepper

Brush vegetables with oil, season, then grill or barbeque until just tender. To make sure onion retains its shape; DO NOT cut off base,

or alternatively secure each wedge with a toothpick. Remove toothpick before adding to tarts.

For Tarts:

- 4 x 12cm discs of puff pastry, kept chilled (buy puff pastry from supermarket)
- 1 egg yolk
- 200g soft fetta eg Persian
- 4 sprigs fresh continental parsley (also called flat-leaf)

Make an incision 1cm in from edge of pastry disc. Prick inner circle with fork. Brush with egg yolk. Spread 1-2 tablespoon relish over the inner circle of each disc, ensuring the border is left free. Divide the vegetables amongst the cases, again leaving edge free. Bake at 220°C for 15 minutes, or until pastry is risen and golden. Remove from oven, place 2 tablespoons fetta on top of each tart and garnish with a sprig of parsley. Transfer to serving plates, and if you have it, drizzle with some herb or garlic oil. Serve with Citrus, Avocado and Potato Salad.

Serves 4

Approx cost \$4.20 per serve

CITRUS, AVOCADO & POTATO SALAD

450g Kipfler potatoes (or substitute for whatever is available)
Sea salt & cracked black pepper
1 clove garlic, crushed
Drizzle of olive oil
1 ruby or yellow grapefruit
1 ripe avocado
2 handfuls baby rocket, or salad blend, washed

Scrub and halve potatoes, sprinkle with salt and steam until tender. Remove from saucepan and toss in a bowl with garlic, pepper and oil. Set aside. Remove skin and white pith from grapefruit. Cut segments from between membranes with a sharp knife, and keep juice that you can squeeze from remains. Peel and quarter avocado then cut into chunks. Either combine ingredients and pile onto plate, or layer potato, then rocket, and avocado and grapefruit. Mix remaining juice with an equal quantity of olive oil, season, and then drizzle over salad.

Serves 4

Approx cost - \$6.00

CHOCOLATE TRUFFLES

200ml pouring cream
350g bitter chocolate broken into small pieces
2 tablespoons brandy, other liqueur or essence (use 1-2 teaspoons if using essence)
150g dark chocolate for dipping
1 cup cocoa powder, sifted

Place cream in a heavy-based pot and bring slowly to the boil. Remove from heat, and stir in chocolate. Stir until smooth (the heat from the cream will melt the chocolate). Stir in brandy, liqueur or essence. Scrape into bowl and cool. Cover and refrigerate, until cold and set firm. Work VERY quickly to form into balls using either cool hands (keep rinsing them under cold water and drying), or a teaspoon or melon baller. You should get 50-60 small balls. Don't be anal about the shape. Refrigerate again until firm. Melt the dipping chocolate either over hot water, or at 50% in your microwave in 30-second bursts. Dip the balls quickly into melted chocolate (use a fork or long skewer to dip), then toss in cocoa to coat. Chill again, then serve with freshly brewed espresso, latte, long black or macchiato, or as part of a cheese platter with muscatels and candied orange peel.

To vary the truffles, dip some in white chocolate, chocolate sprinkles, coconut or crushed nuts. Strange as it may sound, these are also nice if rolled in finely chopped basil.

Makes 50-60

Approx cost - \$9.00 ★

HER* Retreat for positive women

ACON, the Positive Living Centre (PLC) and PLWH/A (NSW) have collaborated to facilitate a retreat for women living with hiv. The HER Retreat will be held at Mangrove Mountain on the Central Coast. We will be traveling by charter bus, leaving early on Saturday 3rd and coming back the evening of Sunday 4th July. All women living with hiv are encouraged to apply for a place at the HER Retreat, but we have a limit on the number of women we can take, so please ring, email or write as soon as possible and request an information pack and application form. You will need to get your application form back to us by 18th June, so ring ASAP to ensure your place! Phone Sera Pinwell at ACON on 9206 2000 or Kathy at PLWH/A (NSW) on 9361 6011

Preference will be given to women who have not attended an ACON / PLWH/A retreat previously. There will be a token cost of \$10

* Health, energy relaxation



10th Annual **Positive Retreat** in Northern NSW

The 10th Annual Positive Retreat in Northern NSW was held March 19 - 2, 2004 at the rather pleasant Midginbil Hill Resort, behind the Border Ranges at Uki. **Kim Gotlieb** was there to check it out and chat with some of the locals.

The Northern Rivers (Lismore & Byron Bay) has become a bit of a melting pot for positive people who have made those "lifestyle choices" to leave the big city and seek something of an alternative lifestyle. I have a foot in both camps - regularly commuting from Sydney to enjoy the bush, the friendship and the laid-back lifestyle. My last visit co-incided with this retreat, so I decided I would go along. Barrie Harrison is the Treatments Officer in HIV Health Promotions at ACON in Lismore, who organised the retreat. He sees it as "an opportunity for positive people to get together and participate in workshops and meet other positive people in the area."

Catering was excellently provided by a local gay couple, who made the move from Sydney some years ago. There was a full programme of events, without any pressure for people to attend sessions - knowing that shmoozing on the verandah or outside your tent, having a game of tennis or going for bushwalks were all valuable activities which supported the intention of the weekend.

There were formal presentations on issues of mental health and personal development as well as an outrageous gourmet cooking class with legendary drag artistes. This led into a cocktail party, with prawns and champagne laid on - as well as an array of canapes prepared by the cooking class which had to be seen to be believed! Australiana at its most tacky!!! Saturday afternoon gave us the opportunity to go tribal with a wonderful drumming workshop. It was great to see such a diverse bunch of guys - each with a huge drum between their legs, slapping them with gusto, and sounding pretty damn good.

On Sunday, some of us took the opportunity to go canoeing at a nearby dam. It was exquisite, resplendent with lotus blossom, native birds, and a breathtaking landscape.

Everyone had the chance to have massage and Reiki, which provided a perfect end to an excellent retreat.

The first retreat was held in 1994 at Lennox Head. It was interesting to hear some of the regular partici-

pants contrast this retreat with the one they attended ten years prior:

Graeme was the Administration Officer for ACON back then and so had a big role organising everything. It was held at the Lake Ainsworth Christian Holiday camp and they had to go around and cover up the "God Saves" signs. There were a lot of walking skeletons, since there were few treatment options. It felt like they'd come for "the last hurra". A few died the following year. There was more care and support. Someone had brought a big bag of drag, which led to a dress up night and there were workshops on treatments and nutrition. It was also a bit of a "fuck fest!" You could walk to the beach and it was close to the shops, which was not so good, as people would go off and wander down to the shops. I realised I had a pretty good chance of living, compared to others. "I had good blood profile and no symptoms. I was newly diagnosed and spent money like it grew on trees. Over the years there has been a core of the same people turning up and of course

some who came and went.”

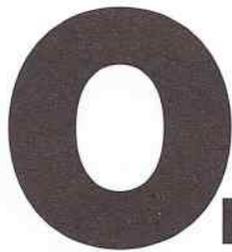
Bradley thought he was going to die, ten years ago. “But now I feel like I’ve got more hope that there’s a future. There are big changes in the challenges. Now I find myself dealing with general wellness and depression, with some periods of unwellness

I like living in the area, which is less stressful than Sydney - though it is hard to connect with positive people.”

Alan said it was more exciting back then, because everything was innovative and new. Peter de Ruyter ran a workshop on complementary therapies. “The retreats have lost their spark – not as stimulating. Personally, I am now more optimistic that I will have a good health outcome. Back then, I had to deal with a lot more people being unwell, with less treatments options (You hardly see anyone with KS now). Many have died in the ten years since the first retreat.”

It made me wonder what had happened to the Sydney retreats? I remember a couple which were held at Petrea King’s retreat centre, with both meaningful discussion, glorious massage and complementary therapies, as well as horse-riding and other fun stuff. I remember the enthusiastic people who got it together, and then I think funding cuts put an end to them. I notice that the people with hiv seem to experience more and more isolation and alienation. Who do you get to talk to about the complex issues and lifestyle choices we face? Maybe it is time we found a way to resurrect the positive retreat. Send your feedback or comments to: glennf@plwha.org.au ★

In asking people why they came and what they enjoyed, Troy spoke of the “peace and tranquillity, while Patrick appreciated the non-judgmental acceptance from people - both peers and volunteers “I’m an artist and find the setting and surrounding really inspiring”. Barry said it was “wonderful having everything done for us” - “very relaxing”. Ivan had “come last year and had a good time, so thought he would come back for more.” Wayne liked the “chilled out ambience” and the “opportunity to meet other positive guys in the area, and make new friends”. Graeme attended the first retreat ten years ago at Lennox Head and sees it as a “good weekend away” which he “always enjoyed”. Paul came down from Brisbane to “check out the Northern NSW scene”, and found it “very relaxing” and “a wonderful setting” It was “fantastic canoeing “ and “the sessions from academics from SCU were informative”. Michael, also came from Brisbane and has “come every year for the past four years to catch up with old friends, relax , and get away from city”. He found the “workshops excellent” with both “good information” and the “way that everyone participates”. Bradley enjoyed the “beautiful trees and grass” and the chance to “meet up with positive men in the area and catch up” he especially “liked canoeing and the food”. For Alan, it was “nice to hear the running water, from the creek. Stuart was there to “have a relaxing weekend and meet new people”. While David, came because his “friend suggested it.” He enjoyed the “scenery” and being in “nature”, as well as the “massage”.



Oiga's personals

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

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

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

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

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

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

South Sydney, 41yo, black, gay, HIV hepC man. Hi, I've been HIV, hep C for 11 yrs. I'm 5'4" tall, 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 diag-

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

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

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

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

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

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

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

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

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

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

Nthn NSW male. 27yo, hetero pos, single Dad of 1, seeks female to write to, and/or meet. Any nationality, age. **Reply: 100010**

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

Attractive, Sydney, 35yo +ve male. Seeking attractive lady 20-45 yrs for f/ship, r/ship, love. I'm sincere, excellent health, athletic build, olive skinned, and a

hopeless romantic. Enjoy theatre, music, fine dining, deserted beaches, GSOH, live bands. Discretion assured. ALA. **Reply: 100013**

Attractive Asian HIV+ 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**

May 2004 - "Correspondence recieved with thanks but most recent contacts have not been able to get in touch via email addresses provided. Please get in touch again."

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

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**

Mid 40s, HIV+ gay male with good looks, in full time work and so healthy I could bust, seeks like spirited guy to join me in a new beginning. **Reply: 011002**

Early 40s guy would like to meet with a genuine guy 35+. Preferring sincerity and understanding is a must, so (please) don't waste our time; genitals are fun but I really need some heart. Heritage is no barrier. **Reply: 020402**

WLTM young guys or students, to 20yrs, reactivate new r/ship. HIV+ ok. Join friends, similar age, interests, instructional material, sexuality, good health, bedroom fun. I'm girly, in beauty business. Your mail gets mine, discreetly. **Reply: 100011**

MARS seeking to align with his Venus. Heterosexual Male, 43 yo, youthful appearance, caucasian, green eyes, tall, hiv+. Desiring a female soulmate, forever to support and grow in Love. Respecting differences, nurturing vulnerability's and valuing each others friendship. **Reply: 270504**

Young guy, 34, 19y HIV+, no partner for 10 years. Looking for sincere and genuine friends with a gr8 sense of humour. Must love animals, surf sun and beaches. I am honestly positive, not ashamed and am an advocate for positive people. **Reply: 280504**

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 or claims about blood test results 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.

As of the June/July issue of *Talkabout*, there will be some changes to the way that Olga's Personals operates in *Talkabout* Magazine, namely, that all advertisements will only be run for three (3) issues of the magazine before they are removed.

It will then be up to you to renew or re-submit your personal advertisement for publication.

We are making this change so that we can ensure that all advertisements and advertisers are current and so that there is no disappointment to respondents if an advertiser moves on without letting us know.

Advertise in *Talkabout*

Black and White

Full page (297 x 210cm)	\$450
Half page (135 x 190cm)	\$290
Third page (70 x 190cm)	\$215
Quarter page (135 x 90cm)	\$170
Ninth page (90 x 57cm)	\$ 90

Colour (full page only)

Inside front cover	\$565
Inside Back Cover	\$565

Discounted rates available for multiple bookings
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halc

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

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02 9206 2060

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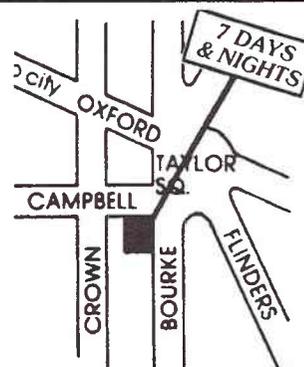
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You can use this form to apply for membership and/or subscribe to *Talkabout*. Please remember to sign the form. A statement about our privacy policy is below. Please read it. Our contact details are below.

Membership costs nothing!

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

Please tick

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

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

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

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

Sign below



Subscriptions

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

Subscriptions only

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

Organisations:

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

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

Personal Information Statement

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

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

Signature _____

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

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

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

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

**A membership form is available online at: www.plwha.org.au.
Please use the 'text only' version if you need to use a text reader.**

Name _____

Address _____

Phone _____

Email _____

I would like to make a donation of \$ _____

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

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

Please charge my Bankcard VISA MasterCard AMEX Diners

Expiry Date _____ Signature _____

Name on card _____

Cash payments can be made at our office.

Total payment \$ _____

It's important to become a member of People Living with HIV/AIDS (NSW)

The work of People living with HIV/AIDS (NSW) is based on hiv positive people speaking out, standing up, finding strength together and doing it for ourselves.

As an organisation, we amplify the voice of positive people and ensure our active participation in response to the aids epidemic through

- lobbying and advocacy
- challenging discrimination against people with hiv

We produce a range of resources and information to improve the health and lives of hiv positive people including:

- *Talkabout* magazine 6 times a year (where we speak for ourselves)
- Health Promotion Fact sheets (starting on treatments, returning to work, positive pregnancy, boosting your energy, dealing with body shape change)
- Contacts directory of services for people with hiv/aids
- Social discussion nights for newly diagnosed
- Forums and discussion groups (disclosure, Pos neg relationships, body shape etc)

We also build awareness and under-

standing of the rights and experiences of hiv positive people in the wider communities through:

- campaigns challenging discrimination
- Positive Speakers' Bureau (presenting the human face of the epidemic)

If you believe in the work of People Living with HIV/AIDS (NSW) you can demonstrate your support in a very simple way...

Become a member

It's important that we continue to have a strong membership base and there are many benefits... including

- Members receive regular updates (email and newsletters)
- Social nights for members
- Opportunities to participate in community events

And... membership is free

CONTACTS DIRECTORY 2004

The new look Contacts Directory is about to hit the streets and is full of useful contacts on services in New South Wales for positive people, their friends and families.

If you would like to order a copy, please fax or email the below information to us and we will add you to our distribution list.

Contact Name

Organisation Name
(if applicable)

Mailing address

Contact Phone Number

Number of Copies Required

If you would like more information, contact PLWH/A on 02 9361 6011

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.

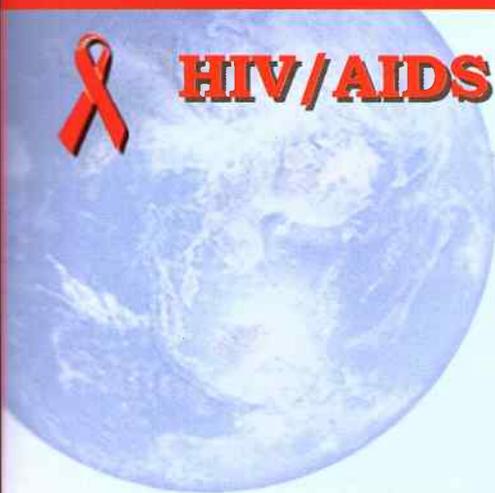
Shopping Bus Service Door to Lismore Square or Lismore Central and return, Tu/Th \$6 return. Individual transport to medical appointments, \$9 within local area, M-F. Ph Northern Rivers Community Transport on 02 6624 7070..

Canberra

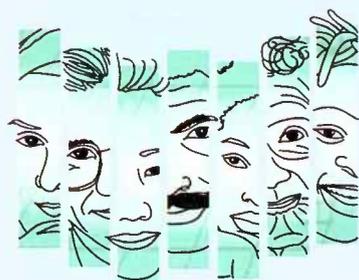
PLWHA - dinner Tu @ 6pm. Massage Wed (woman masseur for women) \$10 (some discounts). Ph Marcus 02 6257 4985.



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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HIV/AIDS and
Hepatitis C
Service

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1800 108 098 (NSW)

www.multiculturalhivhepc.net

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"I felt capable of doing more than I was currently doing."

"I felt I made a positive contribution to the office while developing my skills."

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RETRAIN
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