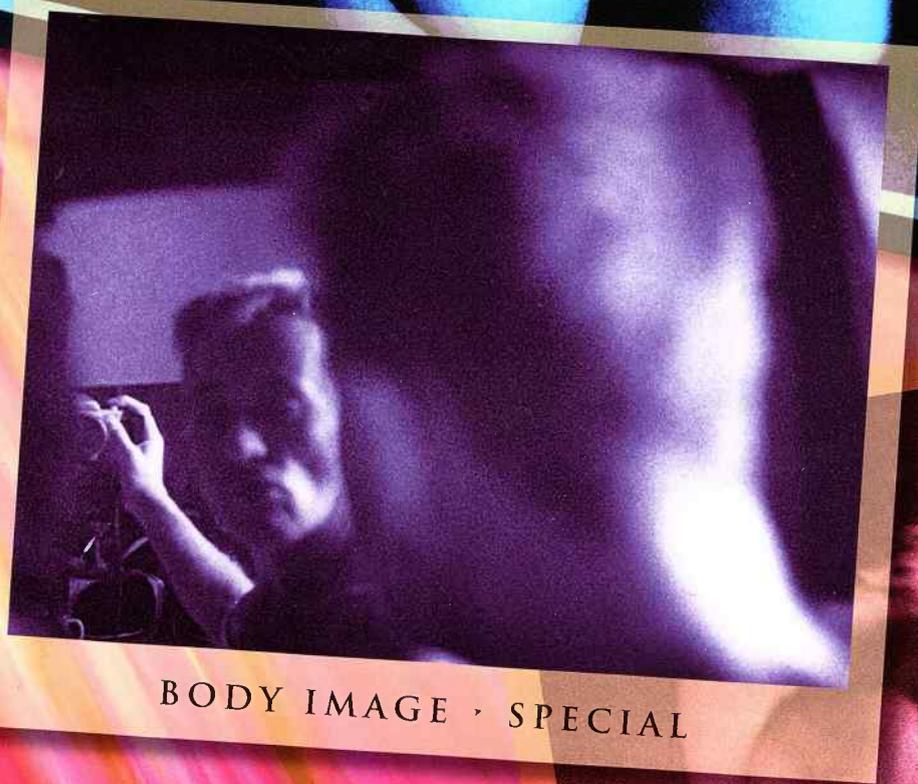
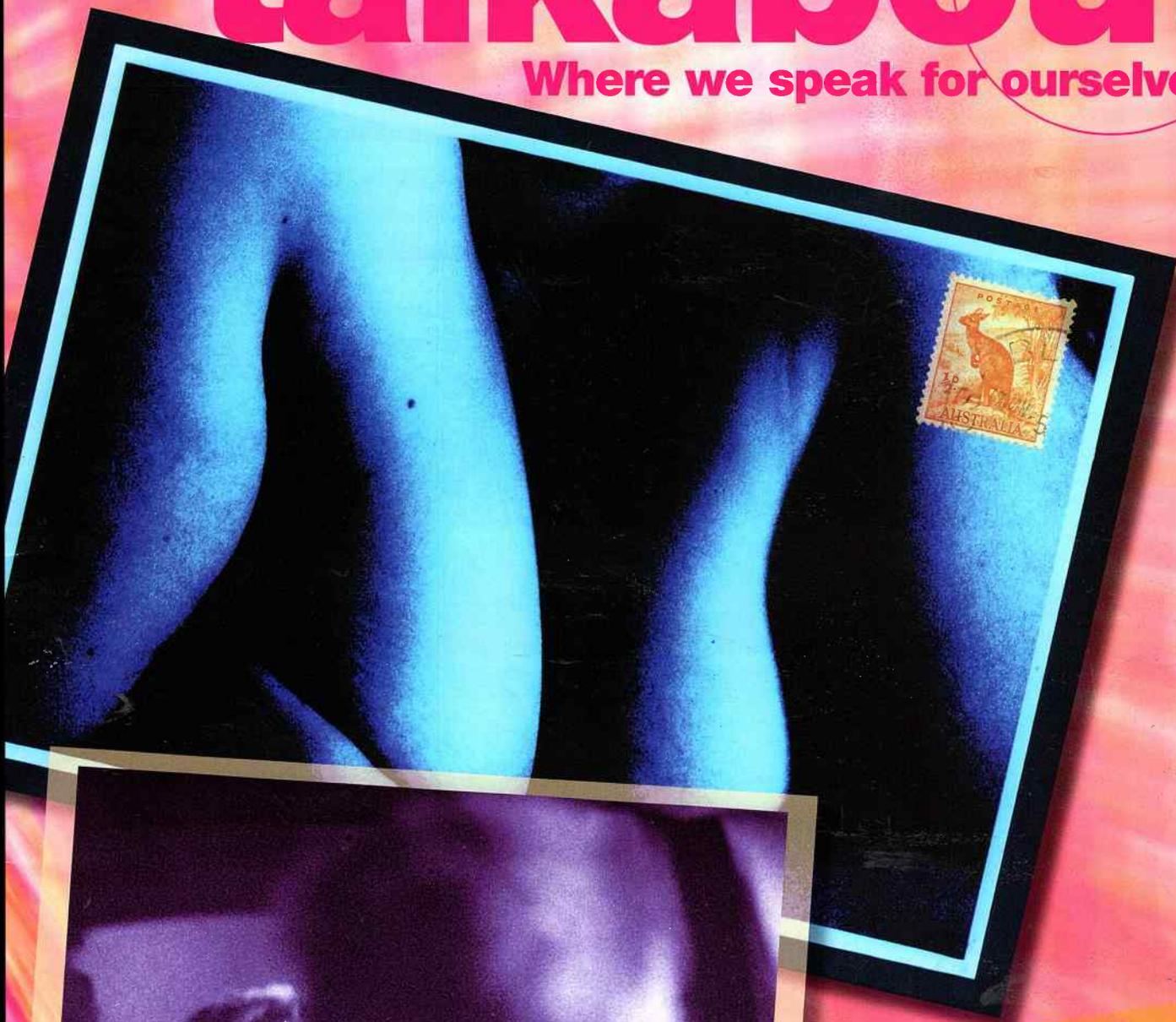


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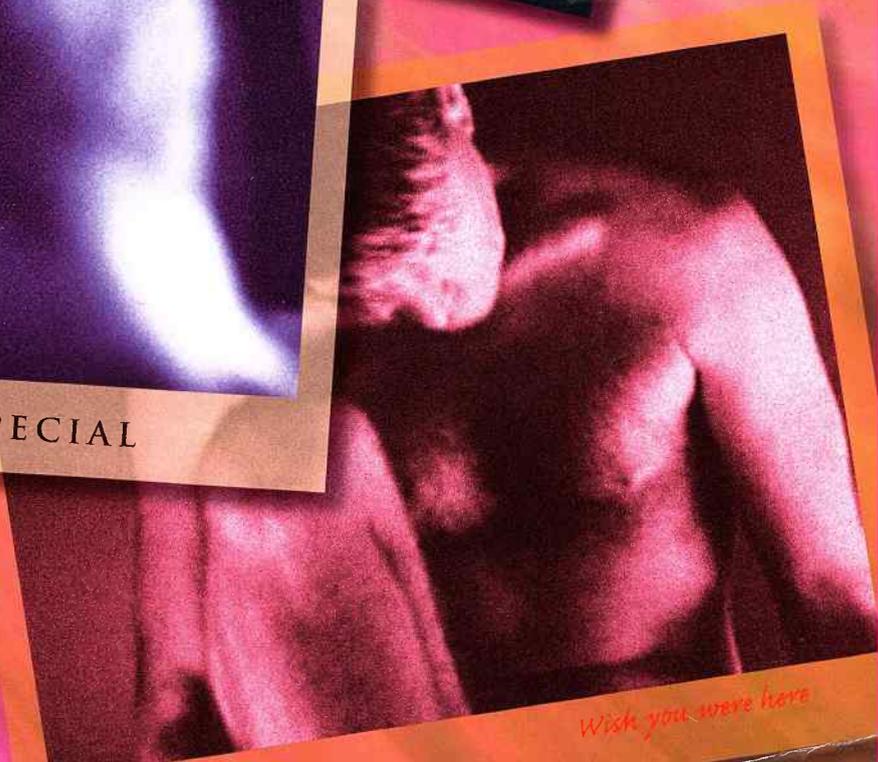
Where we speak for ourselves

#134 | August - September 2004

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



BODY IMAGE • SPECIAL

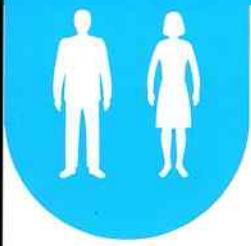


*Wish you were here*



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





# Body Image special edition

In the editorial (p.7) of this issue, we call the relationship with our bodies 'a complicated one.'

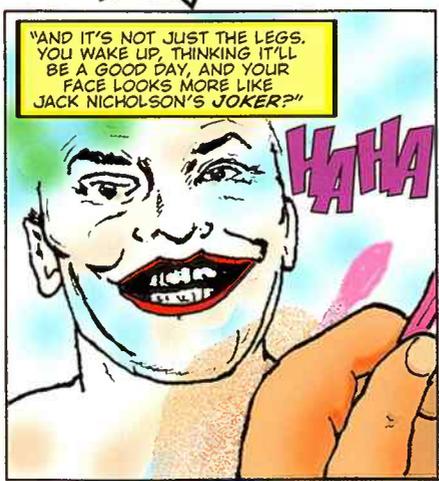
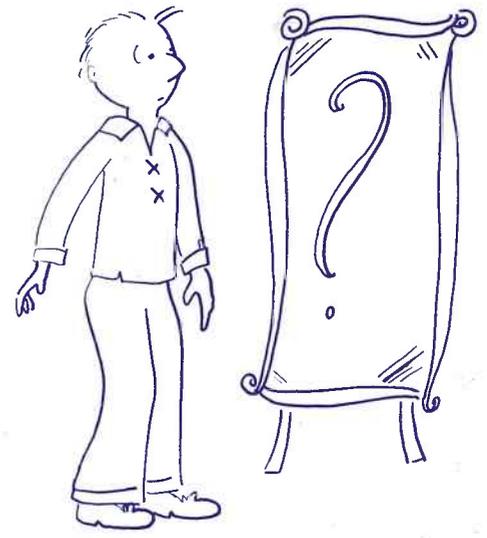
It's a relationship subject to the pressures and prejudices of society, and of our various communities at this point in history. Communities which can invest a great deal of value on certain kinds of appearance.

Of course, it's a challenging relationship for anyone, and hiv (both its effects and its treatments) marks our bodies and our feelings about them. This intensifies the challenges we face on a day-to-day basis and is a constant reminder of our fragility but also, our resilience.

Mark Doty, who has written poems on hiv, writes about this 'flesh, which goads with desire, and terrifies with frailty.'

Nevertheless, while often a difficult relationship to navigate, the body we see in the mirror is still very much a cause for celebration.

The following personal stories, photos and information, capture something of our bodies: their fragility, resilience, and desires.



chris@hivnme.com

www.HIVnMe.com

# WORDS TO SAY IT



## women's discussion forum

Sat 9 October 12.30 - 4.30pm

**Myrtle Place, 41 Alfred St Sth, Milson's Pt**

(In the old bowling club next to Milson's Pt Train Station)

Please RSVP by 6 October for catering purposes.

Call Kathy 9361 6011 or email [healthpromotion@plwha.org.au](mailto:healthpromotion@plwha.org.au)

People Living With HIV/AIDS (NSW) and Positive Women (Victoria) Inc would like to invite you to a lunch and facilitated discussion forum. The aim of this day is to look at support services and how to cater to the specific needs of NSW HIV positive women. By attending you will have direct input into deciding what support services are needed. We also want to create the opportunity for women to meet.

Some women may need support and personal encouragement to come along to this forum. With this in mind, we are also asking women GPs, nurses, social workers and others working with positive women to invite and accompany them to this information sharing, and social occasion.

**Lucky door prizes!**



PEOPLE LIVING WITH HIV/AIDS



PositiveWomen



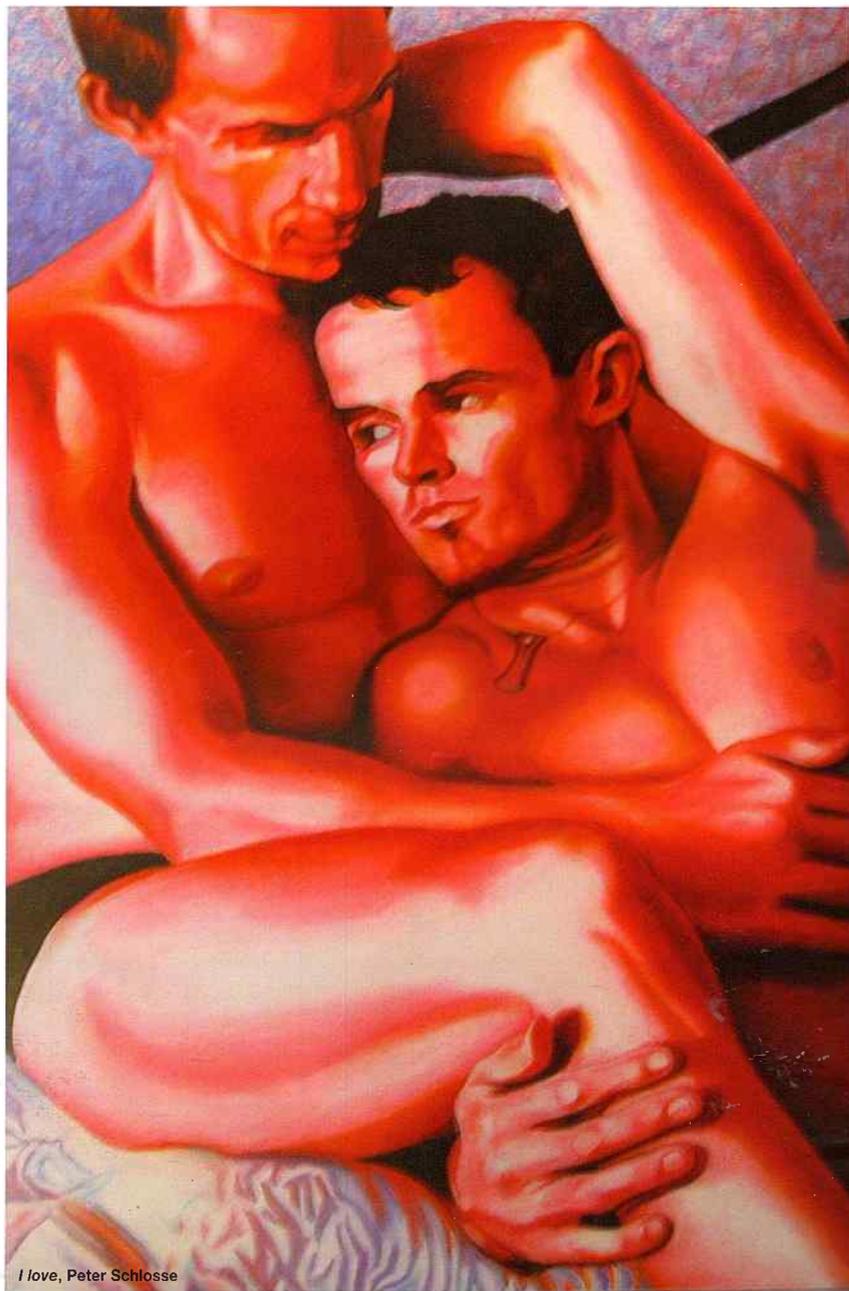
Abbott Virology  
From Research to Reality



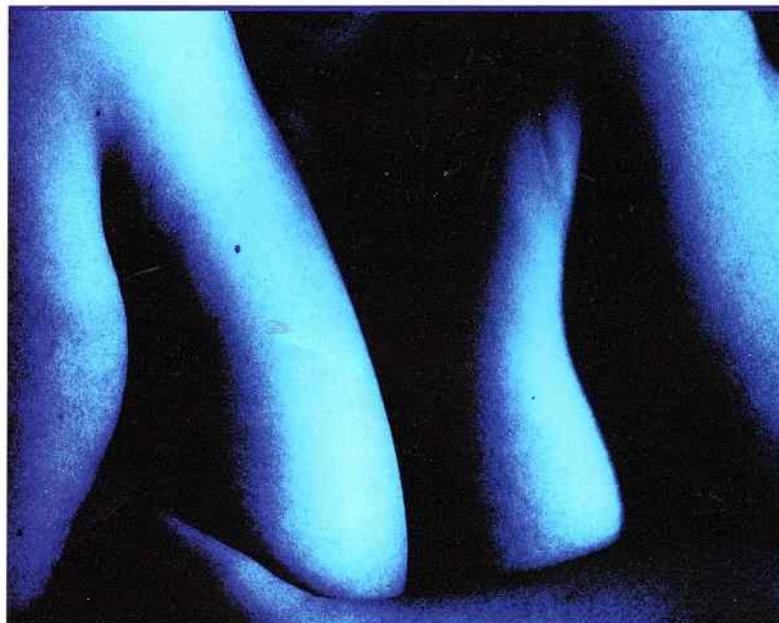
GlaxoSmithKline



GILEAD



*I love, Peter Schlosse*



## In brief... Body Shape Change and hiv in Women

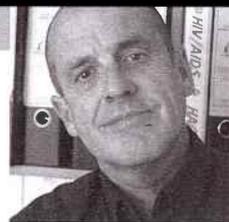
Women tend to think things through to the nth degree. Not just the most likely scenario, but a million different options and their impacts. When hiv enters a woman's life it begins this thinking process in earnest because of the ways it could affect a life. Women will think about loss. Women will think about dreams that they fear will never come true. 'Will I have children? Will anyone love me? Will I grow old? How will this virus affect my body?'

It has been proven by many women that many of these dreams are possible to achieve.

But answering the question of 'how will this virus affect my body?' is not so easy. But chances are it will change...

# Where are we up to with lipodystrophy?

An update from **Geoff Honnor** Executive Officer of PLWH/A (NSW)



Since the initial reports of the syndrome in the mid 1990s – Australian researchers were among the first to identify it – it's become clear that some degree of lipodystrophy may be experienced in up to 50% of people using antiretroviral therapy. We still aren't sure what exactly causes it. The effects of protease inhibitors have been targeted in many studies but there's also data that points to the involvement of other classes of drugs. While some researchers have hypothesised that lipo might be part of an immune-restorative response; others have pondered the linkage between viral progression and lipodystrophy. Men tend to exhibit more lipoatrophy than women - who tend to accumulate fat deposits - but both syndromes can present to greater or lesser effect across the body positive. Older people are more at risk and the longer you are on treatment, the greater the likelihood of developing some degree of lipo.

Changing regimens in pursuit of a less lipodystrophic effect has had limited success for some people but, as with so many other aspects of hiv, it's all about an individual response and this can obviously vary widely.

We do know that diet, exercise, and smoking cessation can have something of a prophylactic effect in many people – plus, it's good for you anyway. We also know that surgical interventions – cheek implants, liposuction can provide some cosmetic correction though this can't be considered a permanent fix.

The research continues. **Watch this space.**

## Lipoatrophy

Fat wasting, particularly in the extremities

## Lipodystrophy

A group of conditions due to defective metabolism of fat, resulting in the absence of subcutaneous (under the skin) fat, which may be congenital or acquired and partial or total.

## Liposuction

A surgical procedure that involves the removal of body fat from the contours of the body via a suction device.

## Prophylactic

Acting to defend against or prevent something, especially disease.

## Protease Inhibitors

Protease Inhibitors (PIs) are a class of anti-hiv drugs. When one PI is used in combination with other anti-hiv drugs – usually a total of 3 drugs – then this combination therapy can block the replication of hiv in a person's blood.

Protease inhibitors prevent T-cells that have been infected with hiv from producing new copies of the virus.

For more information on hiv and the body have a look at [www.thebody.com](http://www.thebody.com)

*'.. Within a few months, (after starting treatment) I started noticing body changes. My breasts were getting larger (I thought alright ... finally!), but my abdomen was also getting rounder and my legs and arms were becoming thinner. Enter HIV and The Beach Ball On Sticks ... otherwise know as my version of lipodystrophy syndrome.'*<sup>1</sup>

Lipodystrophy can cause fat loss, fatty deposits and metabolic changes.

Fat loss occurs in the face, buttocks (loss of shape), arms and legs (prominent veins).

Fat gain or increase occurs around the abdomen, breasts (in both men and women), on the back of the neck (the buffalo hump) or lipomas (fatty growths in different parts of the body).

Metabolic changes can be defined as an increase in lipids (fats) in the blood, which include cholesterol and triglyceride. These changes can lead to increased risk of heart disease. Insulin resist-

ance may also develop which prevents the body from efficiently metabolising the sugar. Insulin resistance can lead to diabetes.

The debate is ongoing as to whether women are at more risk for lipodystrophy syndrome than men. We do know that women are more likely to experience increases in breast size and overall weight gain than men. We also know that fat loss in the face is more common for men than women.

Women who experience increase in breast size rarely find this trait to be a good one. It is not like getting some rounded, perfect implants. The gain in the breasts are usually as unpleasant as the gain in the abdomen. The fat forms behind the muscles around the organs and is not soft but rather hard and very uncomfortable deposits.

<sup>1</sup> Information for this article has been sourced from [www.thebody.com](http://www.thebody.com).

Marcotte, B. *Lipodystrophy and Women: A Beach Ball on Sticks* May/June 2004

## Anthony's story



**As a gay guy with all the usual insecurities about my appearance, amply fed by endless images of youth and sexual energy (not that I'm complaining about them) I drifted through my mid thirties. Diagnosed in 1995, I started combination therapy in late 1996 and again, drifted.**

I must have noticed some physical side effects (lipodystrophy) from the treatments in 1997, (and of course we're all getting older and we can all get a little thicker around the middle.) so I decided I was definitely going to extend my shelf life as a gay man and took myself off to the gym. My boyfriend laughed knowing how 'unsporty' I was. 'This won't last.'

There was much joking about my mid life crisis and perhaps it's easier just to joke about something that is actually very personal and makes you feel vulnerable.

But it did last, and that was because I felt that there was no other choice.

During this period, he saw I was determined to make changes in my life and to his credit, within six months he had started going to the gym as well.

On one level concentrating a lot on fitness and going to the gym seems trivial, but then so much of life is made up of the 'trivial'.

Maybe it's partly in the act of committing to getting the trivial right so that then you start to see a bit more clearly to deal with the bigger life issues- whatever they may be.

So going to the gym helped. In fact the up side of my increasing lipodystrophy meant I could get pretty good muscle definition on arms that have no fat. A lot of good can come out of these challenges life (and hiv) throws up.

So ironically Lipodystrophy has had a positive impact on my health: I exercise regularly and have a healthy diet.

But going to the gym has no effect on your face. Enough people had said they noticed the effects on my face for me to feel self conscious. Here I felt that I was losing the battle again. I felt all the struggles with going to the gym so often and being so careful about my diet was pointless. I was marked or scored by this thing. Some people who should know better would tell me they knew I was hiv positive from my appearance. I think they even meant well. One other person who was also positive said he knew I was on treatments by looking at my face. Thanks a lot.

Another person in a bar came up to me and asked if I was hiv positive. Just an attempt at conversation? I'm not particularly bothered who knows but it still took the wind out of me, and I knew where it was coming from. I asked him why he wanted to know. He said a guy he was chatting to had looked at me and said I was positive by the way I looked. My new found acquaintance wanted to know how his friend could tell, and badg-

ered me about it. I was a bit angry and pissed off but knew this guy was naïve and didn't really mean any harm so I went into my calm educating manner.

How often do we, as hiv positive gay men have to be the community educators?

'Well why do you need to know anyway?' We talked for a little while and I don't think he ever really got it. I was determined I was not going to be the one to tell him how to 'spot' an hiv positive guy. And is there really any way to tell when lipodystrophy is a side effect of other conditions?

**One of the treatments which were saving my life was changing it as well - and for the worse, emotionally.**

At first the doctor thought it could be Indinovir. I eventually changed combinations, but then more and more suspicion seemed to be on D4t which I had been taking for about five years. I had had undetectable viral load for over four years, and it had been a part of my return from what seemed like the brink. It's true that if your life is in danger you might resort to and be prepared to accept treatments that are going to have a major impact on your appearance. You tell yourself that at least you've got your life. But after a while, the everyday reality takes over and the seemingly trivial, such as concerns about appearance and the social interactions which are a part of that

in the gay world, become increasingly important.

I had undetectable viral load, good t-cell count, a big combination therapy success story. This all seemed like a good reason for my doctor to suggest I take a treatment break. My first reaction was a quiet freak out. Give up the life raft? Swim out into the ocean? You mean I've got to make this big decision? It's too hard. Like the prison door creaking open but you're too scared to go outside. I thought about it for a few weeks, and talked about it with my boyfriend. He was dead against it. 'Why fool around with something that's keeping you well.' But looking in the mirror I was sick of what these treatments were doing to me and the idea grew more and more appealing. And although there's all the stuff about long term toxicity of the treatments and we don't know what that will mean etc, **it was because of what was happening to my face that I decided to take a break from treatments.**

I ended up having about ten months off medications. No one could tell me if I continued taking D4t whether the lipodystrophy would keep getting worse, but I hoped that at least if I was on a treatment break least things wouldn't deteriorate any more.

Holidays don't last forever however, especially treatment ones.

I gradually started to feel more tired off treatments and the numbers were all slowly going in the wrong direction. So I started a slightly different combination with no D4t in it in the hope that my face would improve. But each time I looked in the mirror (especially with bad lighting) I felt self conscious. And there were always those helpful people who would point it out to me in case I forgot about it.

I never thought about the cosmetic option being a realistic one because

I perceived the process as being an incredibly invasive and unnatural one. But it was actually talking to a friend about his Botox injections that finally convinced me to do something about it cosmetically. His matter of fact attitude and lack of self consciousness about it was in its own way inspiring. I'd associated cosmetic surgery with the covers of *New Idea* and the 'Dannii Minogue addicted to plastic surgery' headlines.

It was an amazing thing for my sanity after I had decided to take the step. It was something of a psychological breakthrough.

Having made the decision (and the decision to part with the money) I could hardly wait to get in there. I couldn't see why I waited so long. I had a consultation and then the earliest appointment was for the very next day to have my first injections of Newfill.

The whole procedure didn't take very long. Just 15 minutes of injections and holding an ice pack up to my cheeks. I felt clammy and sickly when he was doing it (I'm the kind of person who has to look away when I get my blood taken). Afterwards it didn't feel too bad – just a little tender and I looked a little puffy (but not

wildly grotesque). It did improve my cheeks without being too dramatic. And it didn't completely take away all the effects of lipoatrophy, but it certainly made things better.

Two months later I went back for a second lot of injections. This time I didn't feel so clammy because I knew what to expect. Another fifteen minutes and another \$700 later and I felt it was a bit more improved. I think it has made a difference.

I'm thinking of one more visit but might let my credit card recover first from the first two times. It's not an instant fix but I think in my case it's a step in the right direction.

Once I decided to do it, I hardly thought again about the pros and cons of the decision. It must have been the exasperation of living with this for years now. I can see that cosmetic treatments might not be on the same level as life saving treatments that can bring you back from the brink, but once you have been given your life back, you still want to live it with some kind of normality, some kind of ordinary existence.

This body is all that we've got; and feeling vulnerable in it and wanting to invest something of our desires and ourselves in it, is pretty natural.

Photos by CADT Photography James Rendell [www.bekkers.com.au/~caer-awen](http://www.bekkers.com.au/~caer-awen)



# The Tyranny of Body Image

**It's interesting when I look back over the years and realise it wasn't till I came out as a gay man that I started to be more aware of my own body and the bodies of other men. Accordingly I became more obsessed with having a 'good' body. Being slim in build myself, that was always going to be a problem if I wanted to fit into the classical gay stereotype of what it was to have a good body. You know the images that bombard us each time we open a gay paper, the sculptured Adonis, muscled, toned, young and beautiful. It struck me that I had a greater sense of freedom and less attachment to how I looked before I came out.**

When I started going to Mardi Gras, I felt intimidated by all the amazing bodies parading before me. I felt depressed, seeing all those 'real men' out there, feeling their perfection was something that I could never reach. Here I was at a parade and party about celebrating all it was to be gay, and instead I was intimidated and overcome by my own inadequacy and self image. It's been an issue I've explored ever since.

John Ballew a psychotherapist in his article on *Body Image Pressure on Gay Men*, says that research indicates 'that straight men like their bodies most, followed by gay women; straight women like their bodies less than these two. The group that likes their physical appearance the least is gay men.' I realised that I'd joined the club!

In cities gay men spend a lot of time where body image is placed at a premium: bars, gyms and sex

clubs. We tend to judge each other first by our physical appearance not by who we are as a human being. How many times have you been having sex and the guy you're with says 'I think you've got a great cock!' It immediately causes a reaction in me, I want to say to them, 'what about who I am, I'm more than my cock and balls.' Mind you I've also been guilty of saying the same thing and have regretted it.

Being attracted physically to someone helps us get over our relationship edges. That attraction enables us to take a leap into ask-

Noticing how both mainstream and gay culture is oppressed by body image is the first step in finding freedom.

ing someone out for that date, or striking up an initial conversation. The issue arises when we stay stuck on the physical and continue to relate from that place with others, struggling to go beyond the surface appearances. The extreme is when we can't accept how we look, even those with the 'perfect' body.

Mainstream culture is obsessed with the youth image and even more so in gay culture. To be old can mean being ostracised and isolated. I believe we need to create our own networks and communities where we can be accepted and

praised for who we are and not how we look. Having true friends who do this is a real gift. Doing workshops that give us the opportunity to value ourselves and be appreciated for who we are can be life changing. Noticing how both mainstream and gay culture is oppressed by body image is the first step in finding freedom.

It is important that we work toward developing the ability to learn to accept ourselves for who we truly are. Seek out others who not only accept us for who we are but also affirm us. Notice how we project our low self image onto the Muscle men, in wishing we were somehow better than we are.

When I go to Sydney on a visit now, I make a point of celebrating the beauty around me and if the quality in a man or women catches my eye, I enjoy the moment of going up to that person and complimenting them on their appearance. This enables me to let go of my projection, to honour my own uniqueness and recognise the beauty in others without feeling 'lesser than' in myself. That has been my real journey to freedom.



*Rob Anderson lives in a Radical Faerie community in Northern NSW, and facilitates workshops with the Body Electric School exploring the healing power of erotic energy. His next workshop, Celebrating the Body Electric will be held on 10-12 September in Katoomba.*

# Treatment briefs

## Access to T-20 is widened

Roche, the makers of T-20 (Fuzeon), have expanded the access to this drug prior to its approval here in Australia. Until now T-20 has been available on a limited clinical trial basis. The drug is the first in a new class of drugs called fusion inhibitors and is used along side two or more of the current drugs used in the management of hiv. The drawback for T-20 is that the drug has to be self injected twice a day. The main side effect from T-20 is inflammation and tenderness at the injection site. T-20 is to be used by those people who have limited drug choices in the management of their hiv. To find out more contact your doctor or speak to a Treatments Officer at you local AIDS Council for more information.

*Source: Roche 'Letter to the Doctor'*

## New Initiative to Speed Vaccine Research

The Bush administration has proposed spending \$15 million next year to start a new global consortium to collaborate and share

research information on the development of an hiv/aids vaccine. The endorsement of the initiative at this year's Group of Eight (G-8) summit will provide global support for the initiative. Dr. Anthony Fauci of the National Institute of Health said the plan calls for several steps including the establishment of hiv vaccine development centers around the world that would coordinate their efforts, urging the development of greater vaccine manufacturing capacity. Also, the creating of standardisation among laboratories' measurement systems around the world so that advances in one lab are useable in other labs as well as building a network of clinics for trials. Dr Fauci also stated 'that there are a lot of scientific problems that we need to solve before we get a vaccine.' and 'the only way we are going to do that is if everybody globally who's working on this works on it in a synergistic way'.

*Source: kaisernetwork.org*

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

## New-Fill study

A proposed NCHECR (National Centre in Epidemiology and Clinical Research) sponsored study into New-Fill (polylactic acid) for the treatment of New-Fill is likely to experience delays, due to a change in ownership of the treatment.

The sole Australian license holder of New-Fill, a small Adelaide-based company, has recently sold its license to import New-Fill to a major international drug company.

NAPWA and the NCHECR have held meetings with the seven pharmaceutical companies who manufacture hiv antiviral treatments, seeking some financial support for the study.

However, the change in ownership of New-Fill itself is a very recent development, and will require a further round of negotiations with the new owner to source support for the study and supply of product.



Photos 1, 2 and 4: CADT Photography

# talkabout

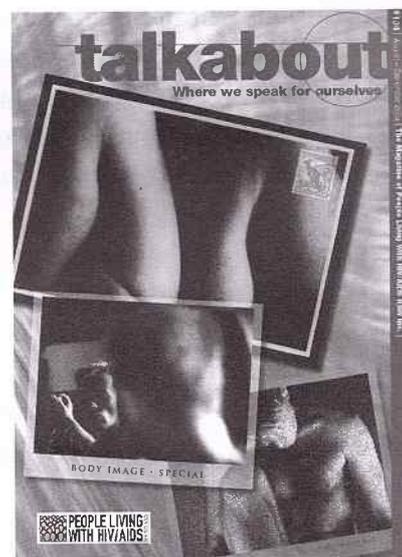
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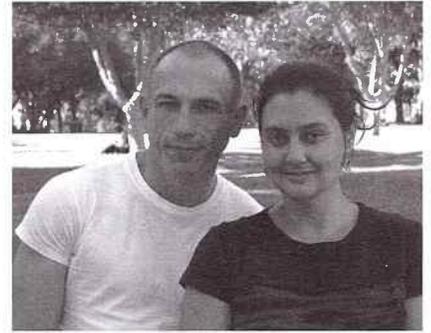


COVER - Photo 1: Blue Jorja, Photo 2: Paul Young, April 1988 Dear Diary (Self-documentation, self-imaging, people living with HIV/AIDS 1987 - Archive), Photo 3: Chest Head Down CADT Photography James Rendell

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# A complicated relationship with our bodies



Welcome to another edition of *Talkabout*. The world's attention has very much been on Bangkok over the past few weeks with the holding of the XV International AIDS Conference – and even more so – on the lives of positive people. It brought attention to the vast diversity of poz lives being lived around the world and we bring you some of this information and these stories in this issue.

One thing that appears to hold common across all countries – are the issues which come with body image as a result of being positive. Whether on treatments or not – body change and body image are issues that effect us all. In the last Futures survey of people with hiv in Australia, 55.5% of respondents either agreed or strongly agreed that changes in their body due to hiv had made them feel unattractive. 51% either disagreed or strongly disagreed with the statement 'I am happy with the way my body looks.' Whether dealing with the effects of hiv itself, treatments, ageing or just the images that constantly surround us, it's no surprise we have a complicated relationship with our bodies. Hopefully our cover captures something of the tenderness and strength of this relationship with photos from Jorja, James and Paul Young's archive. The personal stories in this issue also give us another insight into some of the contradictions we live with everyday. And let's appreciate the resilience and beauty of our bodies in some of the several photographs of the body in

this edition. On body change we have an update on lipodystrophy, and latest news on the progress of the New-fill trial. We also hear from Ingrid Cullen and Tim Alderman who provide us with some tips on exercise and diet to try out at home. Don't forget to check out the fact sheets in the centre of this issue for useful information if you are thinking of participating in clinical trials.

We have lots more in this issue as well: innovative approaches to time management for people on a pension, the experience of a Centrelink review, a beautiful personal story from a reader ('A few nights ago I dreamed..'), and feedback from the last *Talkabout* survey.

The contributions that we have received from you (photos, letters, stories, articles, poems, emails) are starting to shape *Talkabout* magazine. Keep it up! It helps us to give you the information that you need and want to read.

Glenn and Bec



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#### CONTACTS

Office Suite 5, Level 1, 94 Oxford Street, Darlinghurst

PO Box 831, Darlinghurst 1300

Phone (02) 9361 6011

Fax (02) 9360 3504

Freecall 1800 245 677

editor@plwha.org.au

www.plwha.org.au

#### TALKABOUT

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#### DISCLAIMER

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

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

# Letters to the Editor & contributions



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](mailto:editor@plwha.org.au)

## Let's call a spade a spade

I was surprised to read the story about the Northern Rivers' Retreat on page 26 of the last issue of *Talkabout* #133. I have been a resident of the Northern Rivers for some years now and it has been made abundantly clear by ACON that the retreat referred to in the article is open only to positive gay men. Yet your article never mentions this. Instead it talks about the Northern Rivers as a 'melting pot for positive people' and the retreat as being for 'positive people,' and a way to 'meet other positive people in the area'. It even talks about people with hiv experiencing isolation and alienation. The retreat does indeed sound wonderful, featuring drumming, cookery, mental health, education, sport, canoeing, wildlife, massage and reiki. What beneficial activities - sounds like they could even be enjoyed by positive women, or straight positive men, both of whom exist in the Northern Rivers. Your article made it sound as if the retreat was inclusive. Why not call a spade a spade? It is not an inclusive retreat at all, and ACON has no equivalent for people who do not identify as male and gay. Was the article perhaps trying to sound non-discriminatory? The unfortunate mixing up of hiv with sexuality and gender leaves a lot of us excluded - ironic coming from the same community that has cried discrimination for decades.

Name Supplied

[Ed Note: More retreats are certainly needed. The statewide Pozbet service does wonderful annual retreats. Freecall 1800 812 404]

## Planet Positive - Social and healthy.....

It was a good idea to have the recent Planet Positive at a different venue - probably gave the good folks at the Positive Living Centre a bit of a break too, although they still obviously contributed quite a lot to the evening - but in the future could the comfort (not to mention health..) of non-smokers be considered by providing a smoke-free area?

Always thankful for small mercies,  
John (regular attendee)

[Ed Note: Thanks for the feedback. Good point about a non smoking area. We'll work on it.]

## Talkabout - from your perspective

The *Talkabout* new look is great. To me it looks like a real magazine filled with photos in a defined style and layout. Very professional.

Well done.

Sylvain Roy

The *Talkabout* mag - it looks really great now - glad you have made the font larger for going blind old bois like me. Layout also appears much clearer and a hell of a lot easier to read.

Matt

I was infected with hiv about 8 months ago. I started to read *Talkabout* for the last couple of issues. Overall, the magazine provides some useful info for me as an hiv+ person.

Here is my comment on Olga's Personals: Would it be better to have separate sub-sections for straight, bi, gay, male and female?

AN

[Ed Note: We thought your suggestions about Olga's was great! Tell us what you think of the new layout. Does it work?]

The new *Talkabout* has a better energy about it, more thought about, more organisation of articles. The articles are more closure to needed conversations.

Nat

## People Living With HIV/AIDS (NSW) Health Promotion

'hiv discrimination'  
'dental health'  
'body image' 'sex'  
'ageing & hiv'  
'nutrition'  
'pos-neg relationships'

### are you interested?

The Health Promotion Unit of People Living With HIV/AIDS (NSW) is producing a series of fact sheets and resources. We are inviting HIV + people to focus test them. You will be asked to answer questions about the messages in these brochures. It will take one hour and you will be remunerated for your time and expenses.

If you are interested please call Kathy, Health Promotion on 9361 6011 or email: [healthpromotion@plwha.org.au](mailto:healthpromotion@plwha.org.au)



## Women in HIV Network

The Heterosexual HIV/AIDS Service (Pozhet) together with People Living with HIV/AIDS (PLWH/A) would like to invite you to a forum to discuss issues relating to positive women and women partners of positive men.

This forum is the restructuring and revitalizing of the original Women in HIV Policy Network (WiHPS), that was established several years ago by the Women and hiv Projects at FPA Health and ACON. At that time, the aim of WiHPS was to advocate for the inclusion of women specific issues in both state and national hiv Policy. The network has historically responded to specific opportunities such as the development of the National HIV/AIDS Strategy and the NSW Statement of Strategic Directions. It has included organisations such as FPA Health, The Heterosexual HIV/AIDS Service, The Multicultural HIV/AIDS and Hepatitis C Service, Women Partners of bi sexual Men, ACON and other hiv/aids workers among its membership.

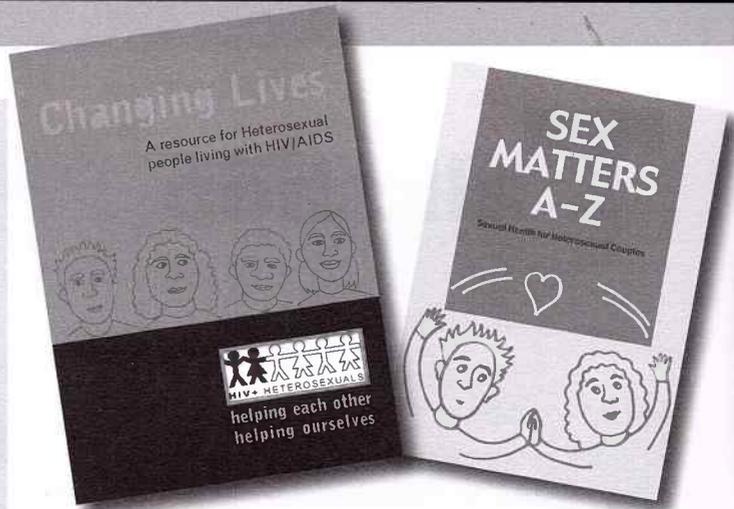
More recently, this group was reconvened by NSW Health to provide comment to inform the evaluation of the NSW Health Promotion Plan.

We feel there is an important role for this group and would like it to continue in a revised format. We would like to open it up to include opportunities to talk about research, current projects, emerging issues and opportunities to work collaboratively. There is at present no sector wide group for the co ordination of Women and hiv related activities and the sharing of information.

It is anticipated that the forum will be the beginning of a 'Women in hiv network' that will meet on a regular basis to share ideas and new initiatives and contribute to policy issues. It will also feed into the *Words to say it* positive women's lunch/discussion forum being held at NorthAIDS on October 9. The aim of this day is to look at Support Services and how to cater to the specific needs of NSW positive women. Positive women will have direct input into determining what support services are needed.

We would like to begin this process with a forum that will include a panel of speakers who will discuss current issues for positive women from medical, multicultural and psychosocial perspectives. This will be followed by facilitated group discussion. There will be plenty of opportunity for discussion and sharing of ideas. It will be held at NorthAIDS, Milsons Point, on TUESDAY AUGUST 24TH FROM 1.00 pm to 4.00pm.

Further information and RSVPs can be made to Nandini Ray, Women's Health Promotion Officer, The Heterosexual HIV/AIDS Service 02 9515 3145 and Kathy Triffitt, Senior Project Officer, Health Promotion, People Living with HIV/AIDS (NSW) Inc, 02 9361 6011.



## PozHet launches new resource

In June, Lisa Ryan from the Department of Health NSW launched two new resources written by PozHet's staff and clients.

PozHet (Positive Heterosexuals) is a state wide peer support and education program for men and women living heterosexually with hiv/aids, and their partners, families and friends.

There is very little information on hiv available for straight men and women in relationships. These resources aim to fill the gaps by giving you more information on negotiating safe and satisfying sex in a relationship, dealing with disclosure and keeping yourself sexually healthy.

### **Sex Matters A-Z – Sexual health for heterosexual couples living with HIV/AIDS**

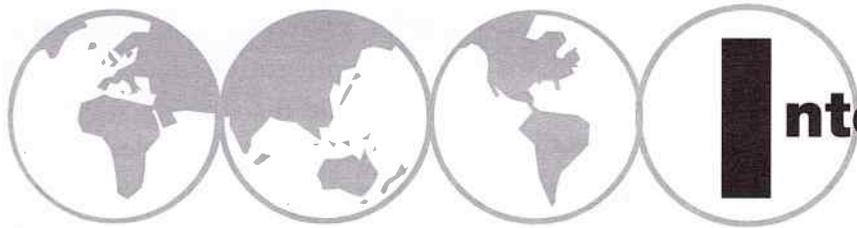
In the past you may have seen information on how to avoid getting hiv and sexually transmitted infections. Sex Matters A-Z has been written for heterosexual men and women who have hiv and their hiv negative partners.

It tries to answer as many questions as possible on sexual health and what's safe when you are having relationships. You'll also find a list of useful contacts, services and resources at the end of the booklet.

### **Changing Lives – A resource for heterosexual people living with HIV/AIDS**

*Changing Lives* provides a comprehensive overview of the issues that positive heterosexuals deal with every day. It looks at life with hiv/aids from the perspective of a positive man, a positive woman and a partner or family member. Different views and different lives, but sharing the one thing in common – living with hiv/aids.

For further information about either of these resources or to order a copy, contact 1800 812 404 or go to <http://www.pozhet.org.au>



## International Update

**The face of the Australian epidemic can seem vastly different to the rest of the world, but in what ways is it different from our situation? Here is some information on some issues confronting the daily lives of other positive people, living in other communities in their own corners of the world.**

### **In summary**

Aids is increasing exponentially into a global health catastrophe. As many as 38 million people worldwide are hiv-infected, with 25 million of those in Sub-Saharan Africa and more than 7 million in Asia. (Al-Jazeera) The pandemic has already claimed more than 28 million lives since aids was identified in 1981.

People can expect to live, on average, less than 40 years if they are born today in one of seven African countries with a high rate of hiv infection, including Swaziland, Lesotho, Zambia, Malawi, the Central African Republic and Mozambique.

In Zimbabwe, life expectancy has dropped more than 40 percent since 1990, to 33.9 years. In South Africa, the continent's economic powerhouse, the average is 48.8 years. (UN Development Program Report, 2004)

Hiv infection is growing at record rates in women and young people under 25, who represent over one-third of people living with hiv and aids

worldwide. Women are currently 48 percent of hiv cases. In the Asia Pacific region, a large increase is occurring in women aged 15 to 29 whose husbands have become infected. (*Gay City News*, July 15, 04)

### **Some snapshots from around the globe:**

#### **Central Asia (Uzbekistan, Kyrgyzstan and Tajikistan)**

Hiv/aids is emerging as a significant problem in the densely populated Ferghana Valley, shared by Uzbekistan, Kyrgyzstan and Tajikistan and home to some 10 million people. There are more than 700 HIV-infected people in the region, according to health officials.

According to the Uzbek National HIV/AIDS Centre, there were 24 officially registered new cases of the infection in 2001 in the three eastern provinces of Andijan, Ferghana and Namangan, located in the Uzbek part of the Ferghana Valley. In 2002 that figure rose to 65 and in 2003 it almost tripled, reaching 184.

The main mode of hiv/aids transmission in the region is through injecting drug usage fuelled by the narcotics trade from neighbouring Afghanistan, the world's top opium producer, health officials agreed.

In the Kyrgyz part of the valley it accounts for more than 85 percent of hiv infections. Osh city is one of

the main drug transit hubs in the region. One injecting dose of heroin in the area is equal to the cost of a beer.

The situation is no different in the Tajik part of the region. 'Around 70 percent of hiv/aids cases in the area have been transmitted through injecting drug use,' said Azamjon Mirzoev, head of the Tajik hiv/aids control centre.

One of the most problematic issues in the Tajik part of the valley is a low level of hiv/aids awareness among the local population. 'The awareness level is very low, especially in rural areas. But there are a lot of labour migrants going to Russia and there has been a case in which a migrant infected his wife with hiv/aids after returning from there,' Mirzoev said.

#### **Africa (Malawi)**

Every morning, residents of Malawi's sprawling commercial hub, Blantyre wake up to deafening noises as hundreds of thousands of people pour into the city to try to make a living.

During peak hours, roads from townships leading to the city's main streets become clogged with traffic that range from minibuses, trucks, bicycles and a sea of pedestrians.

A study, which was released this month, says Malawi, a tiny, landlocked and impoverished southern African nation of about 13 million has emerged as the fastest urban-

ising country in the world with an urban population growth of 6.3 percent, compared to 0.5 percent in rural areas.

The stakeholders, meeting under the theme 'Malawi is World Champion in Urban Population Growth', admitted that urbanisation was the main contributing factor to land and housing shortages, congestion, squatter settlements, crime, hiv/aids infection and unemployment.

Apart from food insecurity, hiv/aids infection has emerged as the most appalling crisis to hit the urban areas. Malawi's hiv infection prevalence hovers at 14.7 percent, according to the latest UN Joint Programme on HIV/AIDS (UNAIDS) report.

Of the one million people infected, the Malawi National AIDS Commission (NAC) estimates that 25 percent, or 250,000, are in urban areas compared to 13 percent in the rural areas. The commission also estimates that aids has created about 600,000 orphans. As a result, orphanages are now overwhelmed.

### **Central America (Honduras)**

Aids-related diseases are now the second leading cause of death in Honduras, according to a UNICEF report issued last week, the AP/CNN.com reports. Although the country's population accounts for only 17% of the population of Central America, it accounts for 60% of all aids cases, UNICEF local representative Fernando Lazcano said on Wednesday.

### **Asia Pacific (Papua New Guinea)**

Papua New Guinea faces the threat of an aids pandemic of Sub-Saharan Africa proportions unless enormous efforts were taken to stem the virus spread, a leading

Australian aids expert has warned.

Dr David Cooper from Sydney's St Vincent's Hospital and a co-chair of the scientific meetings during the recently held International AIDS conference in Bangkok described the trend in the virus spread in Papua New Guinea as alarming.

'Most people feel that of all the countries in the region, Papua New Guinea has the greatest chance of having a Sub Saharan African style type epidemic,' Dr Cooper said in an interview with AAP.

In Papua New Guinea the rate of new infections is growing by 50 percent a year, the highest in the region – with 16,000 cases according to estimates reported in the United Nations 2004 Report on the Global AIDS pandemic. In 2001 the number of cases stood at 10,000. Some regional aids experts have described Papua New Guinea as having lost control of the problem.

There are more than seven million people in the Asia Pacific with the aids virus, five million of those in India alone. China, with as many as 1.5 million people with aids, has been warned that without sufficient measures to curb the virus spread, 10 million people could be infected by 2010.

'My take on the outcome of the debate is that it won't be an African style epidemic,' he said. 'But nevertheless there will be explosive outbreaks affecting hundreds of thousands or millions of people related to specific risk transmission. These groups included injecting drug users especially in China, Vietnam and parts of India and Indonesia, as well as transmission from sex workers. Unless there was active and dynamic prevention efforts put in place we would see a lot of tragedy and a lot of infected people,' he said.

Australia recently announced an extra \$350 million to boost the \$250 million program of international hiv/aids prevention and care. Dr Cooper said the strategy was 'controversial' after the Federal Government had resisted giving large amounts of money to the Global Fund – the main outlet for the UN international assistance efforts in the fight against hiv, tuberculosis and malaria.

### **Africa (Zimbabwe)**

THE number of children orphaned by hiv/aids in Zimbabwe is set to increase by 53.5 percent from 761 000, as of last year, to 1.4 million in 2010, as many hiv positive parents become ill and die of aids, according to projections in the 2004 Children on the Brink report.

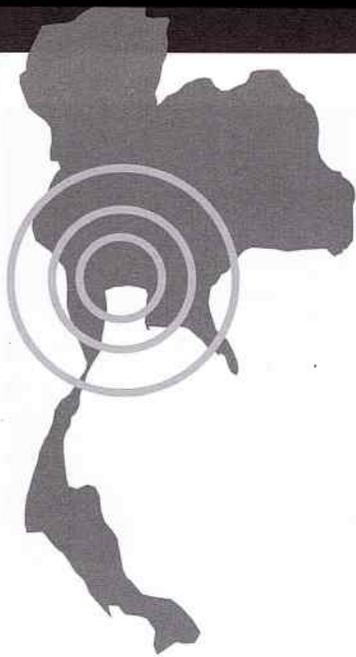
Children on the Brink is a joint report published each year by UNICEF, the United States Agency for International Development (USAID) and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

The report estimates that the orphan population in sub-Saharan Africa will increase from 12 million last year to 18 million in the next decade, presenting a percentage increase of about 49.6.

There were an estimated 1 820 000 Zimbabweans living with hiv last year and 135 000 Aids deaths among adults in same year while in sub-Saharan Africa they were about 23 million adults infected by hiv in the same year.

This year's report, says Southern Africa is the most affected region in the world where an estimated 12.3 million children have been orphaned by aids.

Source(s): allAfrica.com / aidsmap.com / Google news.com



# Bangkok

**Glenn Flanagan**  
reports from the 15th  
International AIDS  
Conference in Bangkok

Arriving at the venue with Kathy Triffitt for the 15th International AIDS Conference in Bangkok was an experience in itself: huge venue, huge number of people (nearly 20,000 participants, which made it, as one person said 'the largest discussion of hiv/aids in the world yet', and people from a huge range of countries, with dozens of simultaneous sessions and workshops and hundreds of poster presentations. Regular demonstrations called for equal access to treatments for all, and protested against discrimination, particularly amongst drug users.

We live in a part of the world where the majority of positive people are gay men, but in many other parts of the world the majority of infected people are heterosexual. While combination therapy has made hiv a chronic manageable condition for most people in Australia, in the world as a whole **there are more than 8,000 deaths from aids every day.** The issues of poverty, inequality and discrimination are inextricably linked in the worldwide hiv/aids epidemic wherever you choose to look.

## The numbers - 40 million and rising

The numbers often quoted are overwhelming. UNAIDS estimates that approximately 40 million people are living with hiv and aids in the world. The World Health Organisation plan (and it is still far from certain this goal will be met) is to get three million people living with hiv in developing countries on antiretrovirals by the end of 2005, and this figure still does not meet the actual need. Add to this the challenge of effectively delivering complicated treatment regimes in many places which lack the most basic of health care.

## The rhetoric - Is it really as easy as ABC?

One big controversy which we miss out on in our part of the world, and which continued to be played out in the conference is the contentious ABC philosophy of hiv/aids prevention. ABC stands for **A**bstinence before marriage, **B**e faithful in marriage, and as a last resort use **C**ondoms, and is promoted by the Bush administration and USAID in its hiv programs. The reality is however that abstinence and monogamy within marriage are very often not in a woman's power to control (particularly in many developing countries).

The Ugandan President Yoweri Museveni attributed Uganda's success in reducing infections (from 30% in the early 90s to 6% in 2003) to implementing the ABC philosophy. However, other conference participants like, Canon Gideon B Byamugisha, also of Uganda (the first hiv+ priest to declare his status in Africa), criticised simplistic notions like ABC. He said it wasn't ABC that has been pivotal in reducing hiv infections in Uganda. It has been the partnerships - between religious leaders, communities, government and affected people. And Gideon Byamugisha also promotes condom use as a necessary part of any hiv/aids prevention strategy.



## The Challenges - The most common opportunistic infection

When we're talking about overwhelming numbers of people and the challenges that face this global epidemic, Tuberculosis is the most common opportunistic infection in people with hiv in the world.

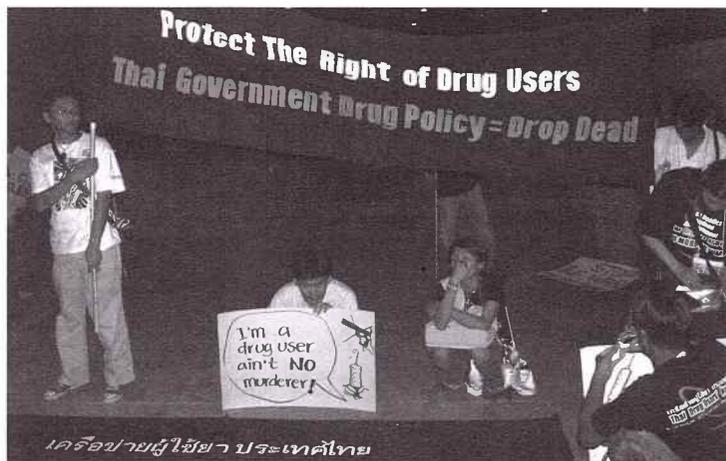
TB is caused by bacteria spread through the air when a person who has the disease coughs, sneezes or breathes, and TB symptoms include prolonged cough that will not go away, fever, night sweats, weight loss and tiredness.

There are lots of factors which contribute to this level of TB infection including demographic changes, poverty, malnutrition, poor performance of TB control programs, and insufficient technology for diagnosis as well as hiv infection itself.

Several studies concerning hiv/aids and TB in Australia show that while the risk of TB is high for people infected with hiv, the absolute numbers here remain small.

Papa Salif from Senegal, spoke about how worldwide, one third of people living with hiv are co-infected with TB. Indeed, up to 50% of people with hiv or aids develop TB and TB causes up to 40% of aids deaths.

In Sub Saharan Africa up to 70% of patients with pulmonary TB are hiv+.



## The lesson that can be easily forgotten: listen to people with hiv

In his opening address the Thai Prime Minister Thaksin Shinawatra promised that Thailand would follow harm reduction principles, continue to provide free antiretrovirals to the Thai people who need them, and meet the health needs of injecting drug users. All good promises. However, at what we thought was the end of the Opening Ceremony, which included speeches from celebrities both serious (UN Secretary General) and glamorous (Miss Universe), performances and candle lighting, something was definitely missing. A positive voice.

By the time the one positive voice of the opening ceremony reached the podium, Thaksin and Secretary General Kofi Annan, had already left the ceremony hall.

While Thailand has had many real successes in the hiv/aids field in recent years, the Prime Minister has instigated a dubious morals campaign and police have even killed drug users in the government's recent 'war on drugs'. It's not hard to imagine that some people might have thought that the Prime Minister did not want to hear Paisan's views.

In fact, Paisan Suwannong,

chairman of the Thai Treatment Action Group and leader of the Thai Drug Users Network, was designated very last speaker.

Irene Khan (Secretary General of Amnesty International) said later at the Conference: 'Thailand, despite being recognised as a leader in the hiv/aids field, risks being compromised by its attitude towards drug users.'

There seemed to be little encouraging news on the treatments front, and a much reduced treatments presence from the US. Many people have been anticipating the arriving of microbicides: a substance which kills bacteria and viruses and could reduce the transmission of hiv when applied to the vagina or rectum. However, news about the possibilities of microbicides was mixed at best with the news that no effective ones would be available for five years at least.

The big question for most of the people living with hiv is whether the Bangkok Conference will be, in the words of one speaker, 'the end of promises made and promises broken' and whether 'Access for all', the theme of this conference, becomes a reality rather than an unachievable dream.

Thanks to Pfizer Australia, Gilead and Boehringer Ingleheim for their assistance in covering the costs to attend the conference.

## Older people living with hiv

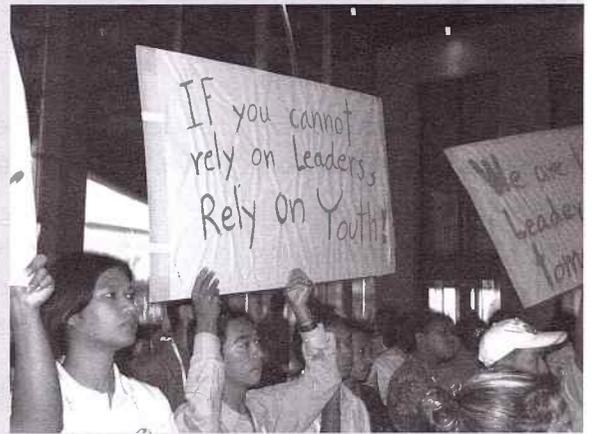
It is surprising that there has been very little work done on the health needs of hiv positive people over the age of 50 (a growing section of our community with very specific & unmet needs). Marion Pitts, from Latrobe University in Melbourne presented a paper which drew on some of the research from the last Futures Survey. Some of her observations contain significant pointers to areas of future need and Health Promotion work.

People living with hiv/aids who are over 50 are much less likely to be accessing services than other hiv positive people in younger age groups. They are more often dealing with the issue of social isolation, and experience a more limited range of social and emotional support, and are less likely to be in a relationship or having sex. A large number of the group surveyed (23%) have been diagnosed with a mental health condition (and 86% of those have been diagnosed with depression). Almost half (47.2%) reported a major health condition other than hiv/aids (including cardiovascular conditions, diabetes, arthritis and back pain), and also reported higher rates (48%) of hepatitis B than positive people under 50 (but lower rates of hepatitis C co-infection). Health Promotion at PLWH/A(NSW) is planning to do more work in this area. We'll keep you posted.

## No war on drug users - Conference demonstration

**'Youth are not just a target but a resource'**

Raoul Franssen from Young Positives in the Netherlands



**What is the point of providing free Antiretrovirals if people don't have money for food?**

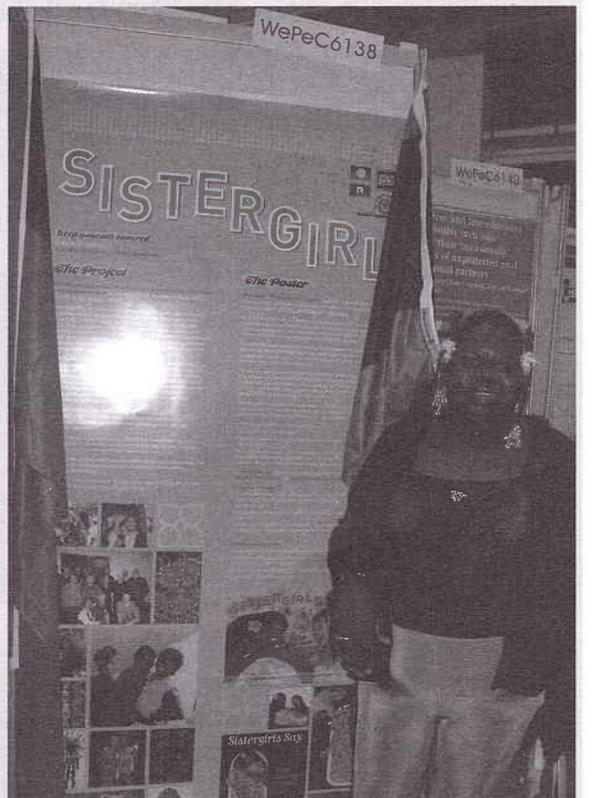
Ricky Tonbing India



**Sixty percent of people living with hiv in Sub Saharan Africa are women and girls.**

**'We must fight HIV/AIDS and not just by education and information on how to avoid it, but by defending the dignity of every person living with HIV/AIDS.'**

Irene Khan, Secretary General of Amnesty International



**Photos:** The organisers of the protest said Thai drug users do not have access to methadone and what has been officially reported about Thailand's work with drug users is not true at the grassroots level. (p.14)

# Ask Ingrid

**Q: What is the easiest way I can get a better behind? Are there any exercises I can do at home? Can I eat anything that will help?**

**A:** All good questions. The easiest way is to go to a gym that has a good instructor on hand and ask for an individualised program that will concentrate on achieving this fabulous rear end. Unfortunately gyms that provide this service at a reasonable price are few and far between.

Assuming that you have been working out 2-4 times a week, I would divide my gym routine into 2 days.

- Day 1 Legs Shoulders and Arms
- Day 2 Chest and Back

**Day 1** Smith Machine squats -4 sets of 12, 10, 8, and 6 repetitions of the exercise, increasing the weight by 10% each set. (see photo 1 of Jason demonstrating exercise)

Lower you bum down until you thigh is almost parallel to the floor

Push through the heels squeezing slightly with the bum as you stand up in one smooth motion.

Next exercise: Smith Machine lunge same sets as the Smith squat. (see photo 2)

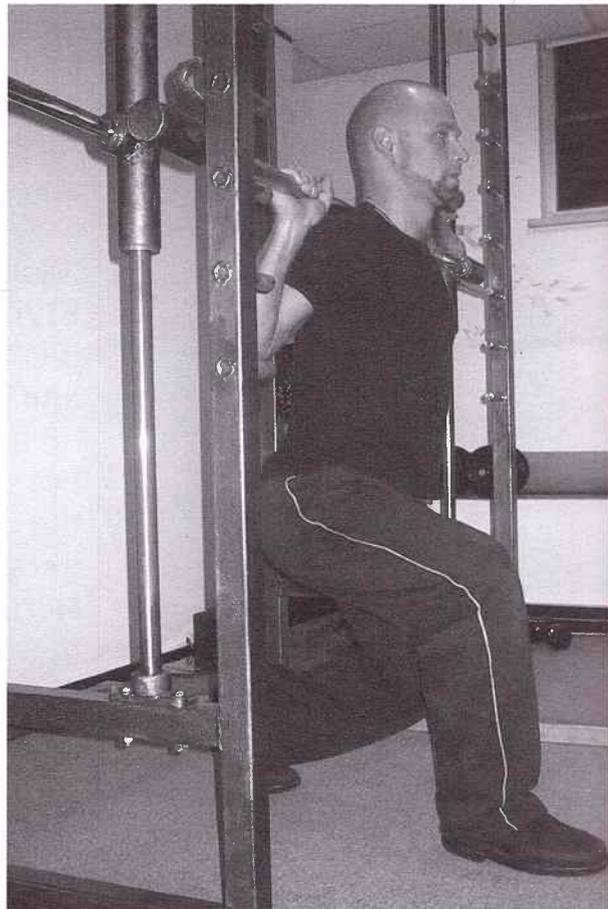
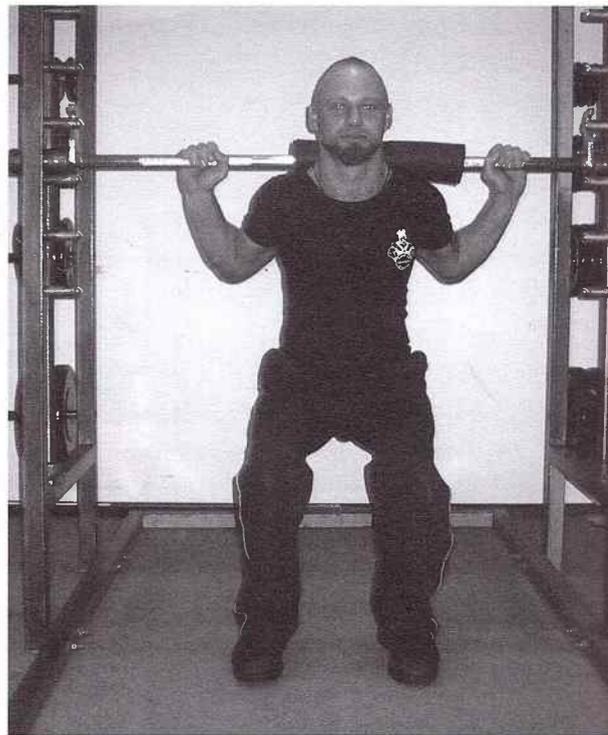
Then move on to 2 exercises for your shoulders and 1 exercise for triceps and biceps plus a stomach exercise.

**Day 2:** Chest and Back routine would be 3 exercises for each body part then another stomach exercise.

Then alternate Day 1 and Day 2 either 2, 3 or 4 times a week.

If you want to build muscle it is the ratio of food to recovery to exercise that you must manipulate to suit your individual metabolism. Train fewer exercises with heavier weights. Get at least 48hrs rest between exercising each muscle group and supplement with vitamins, protein, antioxidants, herbs, meal replacement drinks (what ever you have worked out with your health care practitioner works for you). A cheap and healthy way to increase protein and energy within your eating plan is to use skim milk powder. Add it to mashed potatoes, to any milk you drink, to cereal, to smoothies.

You can do lunges, squats etc at home (see starting out at home photos on p. 17) but it will only be beneficial as a starting point. Sooner or later you will need a gym or exercise equipment at home to make the workout hard enough to get results.



Jason works out at Fit-X Gym

Ingrid Cullen is the Fitness Instructor at Fit-X Gym which is based out of the AIDS Council of NSW. Each issue, 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](mailto:editor@plwha.org.au) or PO Box 831, Darlinghurst NSW 1300.

This factsheet provides you with information and some questions to ask if you are considering participating in a clinical trial.

“I read a lot and ask questions – information is important. You know that old cliché: ‘forewarned is forearmed’.” **Mark**

# clinical trials

## What is an HIV/AIDS clinical trial?

Clinical trials are experiments in which new therapies for HIV or new approaches to treatment are tested in people. There are many different types of trials and not all trials are designed to find out the same kinds of information. Whether you're considering entering a trial or trying to make sense of the results of a trial, it's important to understand the way that trials operate.

## Who conducts clinical trials?

Clinical trials are conducted, or 'sponsored', by a wide range of organisations. They include:

- Pharmaceutical companies, either solely or jointly with other research institutions;
- Private research organisations under a grant from the government's National Health and Medical Research Council or from public donations; and
- Publicly funded research organisations.

Regardless of the type of organisation sponsoring the trial, it must be approved and monitored under the ethical and good clinical practice guidelines set down by the Australian Government<sup>1</sup>.

## What is a protocol?

All trials are based on a set of rules called a protocol. A protocol describes who may participate in the trial; the schedule of tests, procedures, medications, and dosages; and the length of the study. While in a trial, participants are seen regularly by the research staff to monitor their health and to determine the safety and effectiveness of their treatment.

## What are trial phases?<sup>2</sup>

Clinical trials are conducted in a series of steps, called phases. There are four different types of trials, each one associated with a different phase in the development of a new treatment. It would be uncommon to find a trial that satisfied specific categories. It is nonetheless a helpful guide.

**Phase 1** trials are designed to determine whether a treatment is safe for people to take. Researchers test a new treatment in a small group of people for the first time to evaluate its safety, determine a safe dosage range, and identify side effects.

**Phase 2** trials are usually the first time the treatment is given to people experiencing the condition (e.g. HIV, cancer) for which it is intended. The treatment is given to a larger group of people to see if it is effective and to further evaluate its safety.

**Phase 3** trials aim to double check the effectiveness of the treatment demonstrated in Phase 2 trials. Phase 3 trials monitor side effects, compare it to commonly used treatments and collect information that will allow the treatment to be used safely. The end result is getting the treatment approved by the government.

**Phase 4** trials are done after the treatment has been marketed to gather information on its effect in various populations and any side effects associated with long-term use. Phase 4 trials also study the use of the treatment in a clinical setting, as this may differ from the conditions under which the other trials were run.

## Who can participate?

All trials have inclusion criteria and exclusion criteria, based on such factors as age, type of disease, medical history and current medical condition. These criteria are not used to reject people personally. Instead, they are used to identify appropriate participants and keep them safe. The criteria help ensure that researchers will be able to answer the questions they plan to study.

## What happens during a trial?

The trial process depends on the kind of trial you participate in. Each trial team is led by a doctor and includes nurses as well as pharmacists and other healthcare professionals who are responsible for checking the health of the participants at the beginning of the trial, monitoring them during the trial, and staying in touch with them for a period of time after the trial has been completed. Some trials involve more tests and doctor visits than you would normally have. Your participation will be most successful if you follow the **protocol** carefully and stay in contact with the trial team.

Your experience of taking trial medications may be very different to that of your friends. Some people experience treatment side-effects and others do not. Trials, by definition, set out to show that something is different from something else (ie. compare things). In order to compare things fairly and rigorously scientists use **randomisation, blinding and controls (sometimes placebos)**.

## What is a randomised trial?

In a randomised trial, people who join are randomly assigned to one of these. However, the process is not as random as you may think. Most trials adjust the randomisation so that the participants in each arm have more or less the same characteristics (ie. a similar range of ages). Participants in each arm receive a different treatment regimen. In some cases, people in one arm may receive a **placebo**.

## What is a placebo or control?

A placebo is an inactive pill, liquid, or powder that has no treatment value. In trials, experimental treatments are often compared with placebos to assess the treatment's effectiveness. In some studies, the participants in the control group will receive a placebo instead of an active drug or treatment. The control group is there to answer an important scientific question: "If the people we gave this treatment to respond in this way, how does that compare with people we did not give this treatment to?"<sup>3</sup>

Because of the placebo effect, some people experience real physical changes when they take a placebo. People on the placebo arms of trials occasionally have CD4 increases, viral load reductions, and side-effects just like the people taking the real drug.

Some trials do not have a placebo arm. These trials are designed to compare one treatment with another treatment (rather than one treatment with no treatment) and so these trials may have **all active treatment arms**.<sup>4</sup>

## What is a blinded study?

A blinded study is one in which participants do not know whether they are in the experimental or control group in a research study. Those in the experimental group get the medications or treatments being tested, while those in the control group get a standard treatment or a placebo.

## What is a double-blind study?

A double-blind study is one in which neither the participants nor the study staff know which participants are receiving the experimental treatment and which ones are getting either a standard treatment or a placebo.

These studies are performed so neither the patients' nor the doctors' expectations about the experimental drug can influence the outcome.

## What happens if there are side-effects?

By the time a treatment reaches the trial stage it has been extensively tested for likely side-effects. However, part of the purpose of the trials is to see what unexpected side-effects emerge, and how severe or common they are. So as well as experiencing the benefits of new treatment, there may also be side-effects for some people. Problems or side-effects will be carefully recorded and relayed to the principal researcher to ensure that you are kept as safe as possible. Compensation is available for participants who suffer personal injury as a result of their participation in all trials.

## What are the benefits and risks?

There are benefits and risks associated with trials. By participating you can:

- Take an active role in your health care.
- Gain access to new treatments.
- Obtain expert medical care.
- Help others by contributing to research.

### Clinical trials have risks:

- There may be side-effects or adverse reactions to medications or treatments.
- The treatment may not be effective for you.
- You may be placed in the control group and may not receive the trial treatment until after the trial has finished; and
- The protocol may require a lot of your time for trips to the study site, treatments, hospital stays, or complex dosage requirements.

## How am I protected?

The government has strict guidelines and safeguards to protect people who choose to participate in trials. In Australia, trials must conform to the *Ethical Principles of the Declaration of Helsinki* and to *International Good Clinical Practice* guidelines. Before a trial can go ahead, it needs to be approved by independent ethics committees that operate according to the guidelines issued by the National Health & Medical Research Council (NHMRC Guidelines).

## What is informed consent?

Informed consent is the process of learning the risks and benefits of a trial before you decide whether to participate. These include:

- Why the research is being done and what the researchers want to accomplish.
- What will be done during the trial and for how long.
- What benefits can be expected and what other treatments are available.
- You have the right to leave the trial at any time.

If you are considering joining a trial, the research staff will give you a patient information statement that includes details about the study and a consent form.

Joining a trial is an important decision. You should ask the research team any questions you have about the study and the consent forms before you make a decision. It is also a good idea to take the consent documents home and discuss them with your partner, friends or family members.

**Informed consent is more than signing a form. It is a process that continues through the study. You should feel free to ask the research team questions at any time.**

## What happens with the results?

As well as being reviewed by the government authorities such as the Therapeutic Goods Administration, the results of the trials may be reported in the medical press and are made available to doctors. The publication of results is done so that doctors can make scientifically valid assessments of the benefits and risks of a new medicine for their patients.

Although the results of the study may be published, nothing that identifies individual patients will be released. All details of a clinical trial participant's treatment are kept confidential and patient anonymity is assured. In addition, your doctor will be notified of the results of the study.

## What should I know before I join?<sup>5</sup>

You should know as much as possible about the research study. It is important for you to feel comfortable asking questions and the clinical staff should answer them in a way you can understand. Some questions you might ask about the clinical trial include:

### 1. What is the trial about?

- Have you or others done this type of trial before? If so, what did you learn?

### 2. Who put this trial together?

- Who are the researchers? Who do they work for?
- Have they done a trial like this before?
- Is the government part of this trial? Who else is part of this trial?
- Who is paying for the trial?
- Is my doctor accepting a fee for recruiting me into this trial?
- Who will make money from the results?
- Who can I go to with questions or complaints?

### 3. Who is going to be in this trial?

- What kinds of people are you looking for? Why?
- How are you finding people for this trial?
- Can I quit the study after signing a consent form?
- Is there a support group for trial participants that I can join?

## 4. What will I get out of the trial?

- What are the benefits? The risks?
- Will I get treated the same as everyone else?
- What kinds of different treatments are offered in this trial?
- Is there a trial and a control treatment?
- Will I continue to get the clinical trial medicine after the study is complete?
- Is payment involved?
- Do I get reimbursed for my fares to and from the clinical trial centre?

## 5. What do I have to do?

- How much of my time will be needed?
- Will I need to take extra time off work?
- What extra tests or procedures will I be subjected to?

## 6. How will I be protected?

- Do I stand a chance of being harmed in the trial? In the future?
- Does the trial protect me from all types of harm? If I get harmed in any way, will I get all needed treatment and compensation?
- Who pays for the treatment or tests?

## 7. How will my privacy be protected?

- Who is going to see the information?
- Will my name be used?
- What are you going to do with the results of the trial?
- What happens to the information I give if I quit the trial?
- Is there a written guarantee of privacy?

## 8. What progress has been made?

- When did you start this clinical trial? How long will it last?
- How much of the clinical trial have you already done?
- Have there been any problems so far?

**You can leave a trial at any time. If you plan to stop participating, let the research team know why. If you decide not to participate in the trial it will not affect the services provided to you by any health services.**

### Getting information and support:

- Talk to your doctor.
- **Albion Street Centre** ☎ (02) 9332 9600. HIV/AIDS, Hep C clinical treatment and research centre. Trials, nutrition, counselling, antibody and viral load testing. NSP and pharmacy. Counsellor and doctor on call 24hrs (hours vary).
- **ACON's Treatment Information Officers** ☎ (02) 9206 2013 or 9206 2036 or outside Sydney Freecall 1800 816 518. Call for up-to-date information about treatments for HIV.
- **ACON's Women's HIV Support** ☎ (02) 9206 2012. Information, education, support and referral services to women living with HIV/AIDS.
- **People Living with HIV/AIDS (NSW) Inc.** ☎ (02) 9361 6011; Freecall 1800 245 667. A non-profit community organisation representing the interests of people living with HIV/AIDS in New South Wales.
- **Multicultural HIV/AIDS Service** ☎ (02) 9515 3098 or outside Sydney Freecall 1800 108 098. Mon-Fri 9am-5pm. Bilingual/bicultural co-workers providing emotional support, advocacy and information to people living with HIV/AIDS from non-English speaking backgrounds.
- **Heterosexual HIV/AIDS Service (Pozhet)** ☎ (02) 9361 6011 Freecall 1800 812 404 (national) or visit [www.pozhet.org.au](http://www.pozhet.org.au) Men and women living heterosexually with HIV/AIDS.
- **Consumers' Health Forum of Australia** ☎ (02) 6273 5444 or visit [www.chf.org.au](http://www.chf.org.au)
- **Medicines Australia** ☎ (02) 6622 4453 or visit [www.medicineau.net.au](http://www.medicineau.net.au)
- **Health Care Complaints Commission (HCCC)** ☎ (02) 9219 7444 or outside Sydney Freecall 1800 043 159 or visit [www.hccc.nsw.gov.au](http://www.hccc.nsw.gov.au) Monitors, resolves and investigates complaints about health care providers and health care services in NSW.

### 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 245 667 or visit [www.plwha.org.au](http://www.plwha.org.au)

### References

- 1 These are: *Access to Unapproved Therapeutic Goods – Clinical Trials in Australia*, Therapeutic Goods Administration, 2000; *The National Statement on Ethical Conduct in Research Involving Humans*, National Health and Medical Research Council, 1999; *Guidelines for the Ethical Review of Research Proposals for Human Somatic Cell Gene Therapy and Related Therapies*, National Health and Medical Research Council, 1999.
- 2 See: *Access To Unapproved Therapeutic Goods – Clinical Trials In Australia*, Therapeutic Goods Administration May 2001 at: <http://www.health.gov.au/tga/docs/pdf/unapproved/clintrials.pdf> & Medicines Australia [www.medicineau.net.au](http://www.medicineau.net.au)
- 3 Medicines Australia [www.medicineau.net.au](http://www.medicineau.net.au)
- 4 See: *Access To Unapproved Therapeutic Goods – Clinical Trials In Australia*, Therapeutic Goods Administration May 2001 at: <http://www.health.gov.au/tga/docs/pdf/unapproved/clintrials.pdf> and Medicines Australia [www.medicineau.net.au](http://www.medicineau.net.au)
- 5 See Medicines Australia [www.medicineau.net.au](http://www.medicineau.net.au)

Produced by the Health Promotion Unit of



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# Starting Out At Home

with Ingrid Cullen

## WARM UP EXERCISES

Always start with a couple of warm up exercise to get the blood moving

Begin with 15 repetitions of each exercise on each side and gradually increase over time.

1 March on the spot, punching your arms straight up into the air above your head.

2 Change to heel taps on the floor, raise both elbows and squeeze backwards pulling your shoulder blades together.

## WORKING OUT

You will need:

- 2 bottles or containers that you can fill to different levels to change the intensity of your work out. (500mL - 1L)
- A secure table or bench
- A step or low bench that is secured against a wall

With all of these exercises, start with a few repetitions and gradually increase the weights that you are using until you can comfortably complete 15 repetitions. You can do this by increasing the weight of the containers you are using by filling them up more or by wearing a backpack and slowly increasing the weight that it contains.

### Push ups on table / back of lounge

Keep your body as straight as possible. Keep your bum slightly raised. The lower you go and the slower you go, the harder the exercise will be.



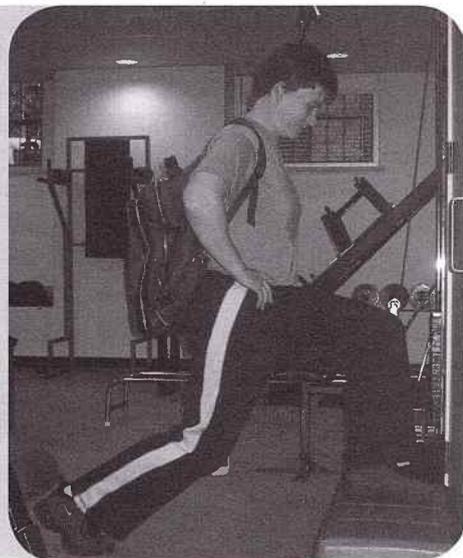
### Reverse Flys on Chair

Sit on the edge of your chair. Lean forward, holding a 500ml water bottle in each hand at the side of each ankle. Pull arms out to sides feeling shoulder blades squeeze in towards each other.



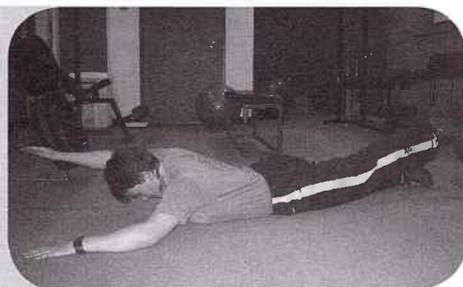
### Lunge Onto Step

Step onto low bench / stair. Lower your back knee towards the floor staying on the ball of your foot. At the same time, place your front foot on the step and bend your front knee, keeping your back straight and head up.



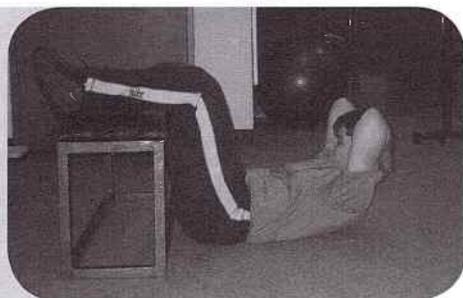
### Superman On the Floor

Lie on the floor face down with arms stretched forward. Keeping your head low, alternately raise opposite arm and leg. Right arm + Left leg, Left leg + Right arm



### Crunches on the Floor

Lie on the floor with the lower half of your legs on the chair. Keep your hands crossed behind your head, raise your shoulders off the floor, hold for one second, then lower.



# So, Can You Cook?



**Tim Alderman** suggests some brunch ideas

About 18-months ago, a group of our friends started what has come to be known as 'The Brunch Club'. Every couple of months somebody in the group volunteers their yard – the hope is always for good weather – on a Saturday or Sunday. The rest of us put together a plate of something and turn up at around 11.00am for brunch. It is always a great time, and brunch often extends to the early evening. These brunches are that important time where everyone relaxes, and catches up on what everyone else has been doing. It is important for our group, because with some of them living a distance away, and others having the responsibility of children, we tend not to spend a lot of time together. Our friends always manage to surprise me with the creativity they display in their choice of food for these occasions. I include below some recipes that you may find useful should you choose to do the same thing with a group of your friends. I can't recommend it highly enough. Don't forget to gather together a varied selection of fruit, fresh, sweet and savoury dishes. Start with a champagne cocktail, and then if everyone turns up with a couple of bottles of wine, a long day is guaranteed.

## Carrot and Apple Cider Cocktail

(an appetite stimulant)

- 2 medium carrots, chilled and chopped
- $\frac{3}{4}$  cup sparkling apple cider, chilled
- 1 teaspoon apple cider vinegar
- 2 teaspoons finely chopped fresh mint
- Ice cubes

Process carrots through juice extractor then combine with other ingredients. Pour over ice.



## Lebanese Pancakes

stuffed with ricotta

- 20g fresh or 7g dried yeast
- 1 teaspoon caster sugar
- 125ml + extra 500ml lukewarm water
- 250g plain flour, sifted

**FILLING:** 300g ricotta mixed with 250g walnuts finely chopped and mixed with 2 tablespoons caster sugar and 1 teaspoon cinnamon or, alternatively, 1-2 teaspoons rosewater or orange blossom water, or 1 tablespoon honey.

Preheat oven to 200°C. Dissolve yeast with sugar in 125ml water and stand for 10 minutes until bubbles form. Add mixture to flour in a large bowl, and then gradually add extra 500ml warm water. Cover with plastic wrap and leave in a warm place for about 1 hour. The batter should bubble and rise. Heat a

heavy-based frypan, and when hot smear with oil (vegetable is best, as it doesn't flavour). Reduce heat to medium and add a small ladleful of batter to about 8cm (4") diameter. Fill the uncooked side with a spoonful of the ricotta mixture, then fold into a semi-circle and press edges to seal. Brush with a little vegetable oil or ghee (from butter section of supermarket), then bake in oven until golden. Dip in attar syrup (500g caster sugar, 300g water & 2 tablespoons lemon juice boiled for 7-10 minutes until syrupy, then cool and add 2 tablespoons rosewater or orange blossom water). Serve with your favourite preserve and some slivered or flaked almonds, and dust with icing sugar.

Approx cost \$5.00 for the batch. Makes 20-24

## Stuffed and Pickled Baby Aubergines

(make 4-5 days ahead)

- 350ml white balsamic vinegar (from supermarket)
- 125ml extra-virgin olive oil
- 4 whole cloves
- 1teaspoon salt
- 1 star anise
- Pinch cayenne pepper
- 1 garlic clove, crushed
- 1 cup walnuts, finely chopped
- 2 large cloves garlic, finely chopped
- 12-18 baby aubergines (eggplants), between 5-8cm long (3'-4')

Trim stalks from aubergines and simmer in boiling water for 4 minutes. Drain overnight so water leeches out.

Make brine by mixing vinegar, oil, cloves, salt, cayenne, star anise and single garlic clove. Set aside. Make stuffing by mixing walnuts and 2 cloves garlic.

Split one side of each aubergine almost through to the skin on the other side. Press open and fill with walnut stuffing. Layer in a plastic or glass container and pour over brine. Seal and refrigerate for 4-5 days.

To serve, remove from oil and drain. Serve as an appetiser or as part of a mezze platter.

Makes 12-18

Approx cost \$5

## Carrot and Orange Salad with Craisins

Craisins are dried cranberries, which are available from the dried fruit section at the super market

- 4 medium carrots
- 4 oranges
- 3-4 tablespoons Craisins, soaked overnight in your favourite fruit juice
- Good pinch salt
- Pinch pepper
- 2 tablespoons extra-virgin olive oil

Peel thin slices of carrot using your vegetable peeler. Remove skin and pith from oranges and slice into rounds. Mix and refrigerate ingredients to develop flavours.

Arrange orange rounds into a neat mound on the plate, reserving 1-2 rounds. Arrange carrot strips on top, reserving 1-2. Place reserve orange slices, then reserved carrot slices, and then sprinkle over Craisins and oil remaining in dish.

Serves 4-6

Approx cost \$6



## Positive

It hits you full frontal & rips out your heart

It guts you to the core

It gave me a definite date my relationship fell apart

And away from Nathen's world to be confronted by war

So many people have linked me to their home address

And some have called upon my life balancing up fate

Take back a day when life wasn't just one fucked up mess

Baby you could dance but I was your floor, you know that kinda date

Picture big red but just turn him blonde, a bounce & a cheer

Attitude to acquire, & words for the deal

But big red hasn't been home for now over a year

My numbers been diagnosed, A positive stumble toward a life that's surreal

I awake to be walking away from my boy

with words like 'I'm sorry it's over,' 'I'm gone we fell apart'

only one word was all it took to take sail ahoy

It's the only survival, your too young your tears tear out my heart

We sat quiet in the car until I made up a lie

Telling my boy times a blessing, that we'd make it through

But He knew this was the end tears welling his eyes, I now want to die

As boy, you made me feel perfection with my life being spent with you.

A turn of a corner and my life was erased

Nathen had defiantly evolved, to whom even he wasn't aware

Friends say I've changed then drop off into the days

Hands feel tied as of this I can't fix, its fate if I'm here or if I was there

Nat

# Time is of the essence.

An innovative approach to time management for people on a pension.

**Kim Gotlieb** shares his experience of scheduling his daily activities as a way to bring structure and satisfaction back into his daily life.



## From where I am sitting, it is obvious that everybody works FULL TIME.

Whether you are employed, earn a wage, or not....

We are all intent on utilising the time and energy available to us, in the best way we can.

If you are on a pension, and not feeling particularly perky, it can be hard to see the relevance of a concept like 'time management'.

It can certainly be difficult to 'value' our time, when we are neither paid, nor validated, for the activities we engage in - AND most of what we may do is related to health strategies (exercise, juices, taking supplements and medication, exercise, meditation, affirmations) and what might be called 'basic maintenance' (preparing food, eating, cleanliness - shit/shave/shower, washing clothes, doing dishes, tidying). All these tasks fall OUTSIDE the realms of 'work' for the person with a 'job'....but many of you will agree with me that, for us, these responsibilities have all the characteristics of a regular job.

Certain tasks must be done at certain times and there are consequences for tasks not achieved. The need to apply ourselves to get the job done is very real. However, it can be hard to congratulate ourselves for achieving our target which may be to make sure we get



up before midday, have a decent breakfast, and take our medication. Further, I can find that when I am at the shopping centre I get quite spaced out, because I have no real focus to achieve my task. Time doesn't really mat-

ter. I believe this can be systemically problematic. Because if how I spend my time doesn't matter, then it seems that my time has no value - and therefore my life lacks value - and perhaps meaning.

I have implemented a process of scheduling which I have found helpful.

I begin by listing the range of activities which I consider meaningful. These could include: health, housework, friends, entertainment, rest, fun, exercise, study, creativity, and reading. Then I get out a sheet of paper and divide up the week - each day and morning, afternoon and evening, and begin to map out what I could do and when. This goes on the fridge. I have found that I sometimes have high expectations of what can be done. Perhaps I did not factor in an afternoon nap which is now needed, because I exercise in the morning. Or that chat with a friend takes longer than I expected.

I also find it useful to spend a few minutes in the evening, writing a more specific list of things

I intend to do the following day. Not only can this act like an affirmation, but also it can help me get out of bed with a positive attitude, because I already know what I want to get out of my day's work. I have a purpose.

The most important thing is to strike a balance between engaging in the challenge of a schedule of activity and not giving yourself a hard time if you do not manage to fulfil all the commitments. This strategy is intended to help us experience SUCCESS. We simply want to have the experience of setting tasks and achieving them.

When I first started it, I had a great moment in the shopping mall, when I noticed that I was running late for the allocated shopping time. This did not mean that I had mucked up - but rather that what I was doing had value and mattered. While it can



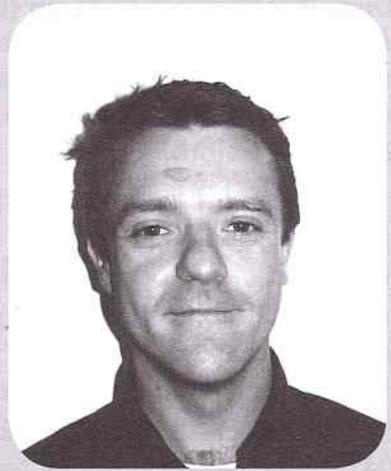
be very nice to be free to window shop or take a walk, I can easily find that my headspace seems to go to jelly - which can affect my ability to concentrate - so that I can no longer focus on ANY task.

The question is which came first: the chicken or the egg....Does the lack of focus lead to poor concentration or is the poor concentration yet another feature of this potpourri of vague and indescribable side effects of either the hiv itself or the medication!

The only way to find out is to give it a go, and see if it makes a difference. And remember that this has been my way. You may need to adjust and experiment to find strategies that work for you. For example, music makes a big difference for me. I put on inspirational music first thing in the morning - but some serious dance music when it is time for some exercise.

At the end of the week - or perhaps the day, you may want to reflect on how it went - and what you want to change or adapt. Whatever you do, you 'oughta be congratulated'.

I find myself thinking that this article sounds like I am teaching people to suck eggs....and certainly these ideas will not suit everyone. However, I seem to have moved from being a mildly depressed couch potato to a person who goes to FitX gym three times a week (hiv sessions in the morning), volunteer with various organisations, and when asked 'What have you been up to?', can rattle off a very respectable array of activities, which not only satisfy the person I am talking to, but also and perhaps more importantly, ME. I increasingly feel that I am living a worthwhile life and have a sense that I am 'gainfully employed', despite the lack of job description and pay cheque.



## Farewell to Will

In the last issue of *Talkabout*, we forgot to say farewell to another staff member who has left us.

Will Klaasen had been working with People Living with HIV/AIDS (NSW) since 2000.

Will worked in a number of different roles including Administration and Community Development. Will has worked on many different projects with us, including further developing the Positive Decisions work experience program, coordinating Volunteers, as well as organising the last HIV Rural Forum in Nelson's Bay. Thanks Will for all your hard work and commitment.

We wish him well and hope that we all get a chance to catch up with him at future events.

# Norman Vs Centrelink (David Vs Goliath)

**A Disability Support Pension (DSP) review, now referred to by Centrelink as a 'Medical Service Update', can be a confusing and unsettling process. Although individual experiences can be quite different, Norman Last believes that as a result of his most recent DSP review there are some common key points that people should bear in mind to help them through the process especially if they have not experienced a DSP review before.**

He discusses his most recent experience of a DSP review with David Wallace, from BGF's Positive Employment Support project and offers some practical tips on how to navigate the system of DSP reviews.

In March 2003, Norman received a letter telling him a recent medical review had showed that he still met the criteria for Disability Support Pension. Whilst he had no knowledge of such a review having happened, the letter stated that his eligibility may be reviewed again in five years. However, less than a year later, in February 2004, Norman received another letter saying that his DSP was due now for a 'Medical Service Update' and the relevant forms were enclosed for him and his treating doctor to complete and return within 13 weeks. On April 20th 2004, he then received another letter, sent express post, stating that Centrelink had tried to contact him by phone without success and that his 'Medical Service Update' would be held two days later on 22nd April.

Norman has been receiving a DSP since 1992. Until then he had been working full time. However, a low T cell count and declining energy levels meant that his doctor recommended he gave up work and accessed the DSP. Since 1992, he has worked part time for 6 months in 1998, for nine months in 2000 and completed a TAFE course in 2002. His initial reaction was that the DSP review was just part of a bureaucratic process and was not overly concerned. He was nonetheless confused as to why he was being reviewed again after only a year. He then became worried that he would be assessed as well enough to return to work because he had stopped his HIV treatments in 2003 and that Centrelink would interpret that as an indication that his health was stable, even though his doctor had stated in her report that it wasn't.

He also worried that the reason he gave on the review form for stopping treatments was different to the one his doctor had given. He said he had stopped because he felt he had developed resistance to the drugs. His doctor had stated that he had stopped taking his treatments because of side effects and he was worried that Centrelink may use this potential discrepancy against him. The bottom line though was that he was worried his income support payment would be affected.

## **What did he do to prepare for the review?**

Norman certainly would have liked more time to prepare and was unable to establish why he had only been given two days' notice. He spoke to Peter Canavan at NAPWA, (as he knew NAPWA were asking for people to contact them if they were up for a review), and then to David Wallace at BGF. As a result of these conversations, he made notes before his interview about: his daily routines, his energy levels, his previous treatment regimes and the associated side effects, any other medications he may have had prescribed by his GP and details of all his health issues over the previous 12 months. Norman then took these notes to the interview with him along with his treating doctor's report so that he could refer to them if necessary during the interview. He tried to relax as much as possible before the interview knowing that he had prepared for it as best he could but he found the whole process quite daunting and between receiving the letter advising him of the interview date and time and the actual day of the interview he had sleepless nights.

## **At the interview:**

It was clear that the woman conducting the interview from Advanced Personnel Management (APM) had no knowledge of HIV. Indeed she said that she was not interested in HIV itself, but rather its impact on Norman's ability or capacity to work and/or undergo training. She also explained that the main aim of the interview was to explore ways of enabling Norman to go back to work and/or study. However Norman felt that she could have done more to make him feel comfortable and found it a quite an intrusive process. He felt he had to continually emphasise the negative aspects and elements of his life and eliminate any positive aspects in order to convince her that he was unable to work and that he also had no desire to study with a view to returning to the workforce.

# A few nights ago I dreamed....

## Maxine's Story

A Pozhet's 10th Anniversary Writing Competition entrant & finalist

**A few nights ago I dreamed I was in a beautiful glass room underwater. Through the clear walls I could see brightly coloured sea plants and corals. Small whales and tropical fish swam in the green water and it was full of life. There was an old man with a beard in the room doing some vacuum cleaning. He was dressed in white and stopped his cleaning to ask me a question, 'What have you learnt from aids?'**

I replied that I had learnt heaps. He nodded slowly and said, 'Yes, it aids you'. This dream felt very significant to me. On the one hand it was confronting because I feared

Life is an adventure and it doesn't last forever so why not play a little.

the word aids, but on the other hand it reassured me as I believe our dreams speak great mysterious truths to us. The old man represents a wiser part of me confirming that everything is alright and that having this virus is, whether I understand it or not, part of The Great Plan.

I've always been a believer in The Great Plan. When I was a teenager I would often mutter to myself 'there's more to this world than meets the eye'. I didn't really know what I meant and it is still a mystery to me, but I do love being part of a Great Mystery don't you? Life is an adventure and it doesn't last forever

so why not play a little.

Being diagnosed with hiv in 1997 after a routine test ('Oh I think I'll just get an hiv test') wasn't really what I had planned for my life. I don't really know what I'd planned except that it involved some degree of fame and fortune at least, and plenty of luxury and adventure. A perfect life really, although it had been rather challenging for most of my twenties (God I'm glad they're over). So, I was 28, (perfect timing, Saturn return), working as a Nursing Assistant in a terrible place called a Nursing Home and living at home with my parents again. Hmm. My dreams of a blissful life just about evaporated altogether after the diagnosis, they'd had enough of a hiding as it was from all my various adventures in America and Asia and Africa and different jobs and men. Now this, God my life is a drama. Must be something to do with having Pluto in the first house. (For those of you who haven't had your astrology chart done yet, what are you waiting for?)

Sex and death had always been fascinating themes for me but they now seemed to take on a whole new dimension. I mean logically I always knew that I would die one day, but hiv certainly grounded me in the present. When would I die? Maybe this year? Oh God how would I look? I wasn't planning this yet. I'm too young. Its not fair. What song should I play at my funeral? Oh shit I won't even be there anyway, who cares? Why? Why? Why ..... And what about my sex life????!! In

fact initially I was more concerned about not ever having sex again than about dying. I would probably die of frustration let alone hiv. I consider sex to be one of the most delicious and beautiful things in life and it all seemed like a cruel joke.

But now, 6 years later and 8 years positive, I can see how much it has given me. I have explored the subject of life after death. I have explored the subject of life itself, and my life in particular. And the quest is ongoing. I have concluded that, in truth, death as we think of it is a myth. Nothing ever really dies. Science will tell you this - matter simply changes form. And this doesn't mean that I will just become a maggot or 500, I actually believe that the real me will go on to more adventures in spirit form. And my conclusions are based on my actual experience... but that's another story.



Guadaluha Sue, David Haag



**HIV+ HETEROSEXUALS**

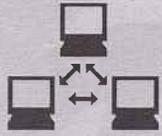
## **The straight poz study heterosexual men and women living with hiv**

The Straight Poz Study is the first major Australian study exploring the lives of heterosexual women and men living with HIV. It aims to identify issues that are significant to this group, as well as issues that are specific to straight men and straight women respectively. The study also includes partners of positive heterosexuals in order to explore the realities of serodiscordant (pozneg) relationships. Findings derived from this study will assist service providers in planning better health care and support for heterosexuals with HIV and will increase understanding of the intersections of sexuality, gender and illness.

The Straight Poz Study is a collaboration between the National Centre in HIV Social Research at the University of New South Wales and Pozhet (Heterosexual HIV/AIDS Service NSW). The study is an ongo-

ing project and provides a qualitative counterpart to the annual survey Positive Health (NCHSR). In-depth, open-ended interviews are conducted in a conversational style that allows participants to thoroughly explore issues and tell their story in their own way. Interviews will take place every second year with a different set of themes and questions each time, from health to kids to services and much more. Commencing this year, the first round of interviews focuses on identity, relationships, disclosure and social connectedness. Recruitment is currently under way in Sydney, Wollongong and Newcastle.

If you would like more information about this study, please contact Asha Persson (NCHSR) on (02) 9385 6414 or email [a.persson@unsw.edu.au](mailto:a.persson@unsw.edu.au), or contact David Barton (Pozhet) on (02) 9395 0444 or email [dbart@email.cs.nsw.gov.au](mailto:dbart@email.cs.nsw.gov.au)



## Interactive

### The wonderful world of the World Wide Web

We are all coming to rely on the internet and computers in our daily lives in one way or the other. Whether it is chatting to or finding friends, writing letters, seeking information or paying our bills, the internet has become a much valued resource.

It hasn't always been this way and many organisations are still working out the best way to use the internet for the benefit of website users. More and more people are signing up to the internet in the hope of making their lives easier. Of connecting in a safe space - on a number of levels with other members of our communities - whatever we see them as...

There is a huge amount of information on the web about living with hiv. You can search for treatment information, find some strategies for dealing with side-effects or chat to others online about their experiences.

But the challenge is, with so much information out there - how do you search for what you want so that your computer doesn't end up in the rubbish as a result of your frustration...

Below are some sites that provide some reliable information on hiv as a starting point - if you follow the links within the sites - who knows where you will end up!

#### **AEGIS - <http://www.aegis.com/>**

The most extensive collection of links on aids, with searchable electronic versions of many newsletters and a vast catalogue of news stories, plus discussion forums.

#### **AIDSMAP - <http://www.aidsmap.com>**

On this site you can find more original, daily news on developments in the world of hiv than any other hiv website. The site also includes completely searchable databases of hiv treatment and care, worldwide hiv organisation listings, and one of the most comprehensive ranges of patient information available on the web.

#### **HIVandhepatitis.com - <http://www.hivandhepatitis.com>**

A site which concentrates on news and conference reports, produced by former staff from the San Francisco AIDS Foundation. Some senior UK hiv and hepatitis clinicians are on the editorial board.

#### **HIVinSite - <http://hivinsite.ucsf.edu/InSite>**

The electronic version of the AIDS Knowledge Base, a textbook developed by physicians at San Francisco General Hospital. The site also contains databases on trials, drug interactions and side effects, as well as exclusive news stories and a library of reports on prevention issues.

#### **International AIDS Society - <http://www.ias.se/>**

Comprehensive information about the activities of the International AIDS Society, daily news and a member's area for IAS members.

#### **The Body - <http://www.thebody.com>**

An extensive collection of articles from hiv newsletters and other publications around the world, and an exclusive Ask the Experts forum for you to put questions to the leading doctors.

#### **UNAIDS - <http://www.unaids.org>**

United Nations AIDS Programme - information about the activities of the programme, access to policy documents and records of UNAIDS-sponsored interventions; statistics on the global epidemic.

Source: Aidsmap.com

## Remember the *Talkabout* survey earlier this year?

We've only had 35 responses so far, and we're keen to hear from you.

### Who reads *Talkabout*?

29 men and 5 women, of these 24 identify as gay men, 1 lesbian, 5 heterosexuals, 2 bisexuals, 1 person who identifies as homosexual, and 1 as queer.

11 are in the over 50 age range.

The largest group (13) is in the 40 to 50 age range, while 9 are in the 31 to 40 group. Only one is in the 20 to 30 age group.

28 of the 35 identified as hiv positive (and 18 of those tested over ten years ago).

15 are from inner city Sydney, 8 from outer metropolitan Sydney and 12 from regional New South Wales.

Knowing this gives us some food for thought when we are putting *Talkabout* together.

Some highlights from the responses so far:

### Why do you read *Talkabout*?

The most common response so far is to keep up to date with the latest information, whether its treatment developments, events, or important issues for positive people. The second most common response is about connection ('to connect with other pos people', 'a real opportunity to feel a part of the pos community', and maybe this is particularly important in rural areas: 'I live in the country and enjoy the contact with other PLWHAs').

### Which of the regular items in *Talkabout* do you find most interesting?

So far the three most popular regular items are:

Letters to the Editor (32 said these were either very interesting or moderately interesting. These have recently been revived in *Talkabout*, so now you can feel encouraged to write those letters and emails to us knowing lots of people are very interested in reading them),

Treatments Briefs (29 found this column very or moderately interesting),

Health Promotion fact sheets (which have included topics like boosting your energy, returning to work, positive pregnancy, living with body shape change, sexual health) in the centre of *Talkabout* (28 found these interesting).

So it looks like hearing each others' opinions about what's happening and (again) information is really important.

Helpfully, one reader in response to poems wrote 'I beg you - no poems' and 'more photos - if poz beefcake models.'

We promise we won't overdo the poems (although 9 people did say they would be very interested or moderately interested in seeing more poems in *Talkabout*), and we'll see what we can do about the beefcake factor.

### What about future stories?

Thanks for the ideas for future stories. There have been lots of fantastic ones including (and this is just some of them): serodiscordant relationships, dental services, more information for PLWHA in regional areas, pets, living with hiv and getting old, positive young peoples' stories, positive trans peoples' stories, positive people having babies, competitions (with give away prizes), managing middle life and hiv, stories from people recently diagnosed, interviews with politicians, hiv/Hep B co-infection, returning to work or traveling after a long illness, handling a 'normal' working life and coping with medications, doctors' visits, different combinations of treatments, responsible use of crystal, sexual addictions, superinfection (facts, not guesses), legal implications for positive people having sex, body image, the movement away from 'hiv as lifestyle', safe sex for heterosexuals, late coming out (kids, divorce) and issues dealing with gay identity, life coaching (positives and negatives), readers' health tips, sex on premises venues, falling in love and lots more...  
.....

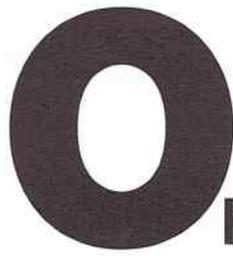
And thanks for the encouragement:

Many of our respondents described *Talkabout* as an excellent, important and enlightening publication, and urged us to keep pushing the envelope.

We will certainly keep trying to do that, and if you haven't got a survey back to us yet please send us one. We really want to hear from as many of our readers as possible.

### Where can you get your copy of the *Talkabout* survey?

- in the February/March issue of *Talkabout* # 133
- online at our website [www.plwha.org.au](http://www.plwha.org.au)
- in our office at 94 Oxford Street Darlinghurst
- or phone us on 9361 6011 (or if you live in regional New South Wales 1800 245 677) and we will send you a copy.



# Oiga's personals

## Men Seeking Men

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

**34yo**, hiv+, 5'9, 74kg, hazel eyes, mouse blonde hair. Gym fit, Good looking (or so I am told). NS, masculine, affectionate, good listener/good communicator. Not oversexed but still know how to work it between the sheets. Quality not quantity. Romantic not mushy/ Homebody yet adventurous. Bio hazard but fun. Seeking similar. ALA. **Reply: 0290604**

**35 yo** Aussie male. Live inner city Sydney. Work full time with good outlook on life. Gym, swim and cycle. More non-scene homebody than party guy. LTR with the right guy. ISO young guy who wants to make a go of it and is willing to work for it. Hope to hear from you. **Reply: 0280604**

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

**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**

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

**Darlinghurst.** Black gay guy late 30's, dte, gsoh, healthy poz, active/versatile, non scene, welcome gays, bi's and straights of all walks of life. Friendship/LTR. Genuine & Peace. **Reply: 100005**

**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**

**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**

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

**Hiv+ gay** 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**

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

**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**

**Hiv+, 38 yo** guy, lives in 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**

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

**Hiv+, 43yo**, fit, nice looking, boyish bod, Capricorn, Eastern suburbs, not into drugs, social drinker, chef so entertain a lot, love traveling, out activities, animals. Loving family and friends. Seeks masculine outgoing guy for possible LTR. **Reply: 180704**

**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**

**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**

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

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

**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**

**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**

**PLAYBIRD!** Cleanliness and discretion assured. Sexy princess seeks lonely and horny man, HIV status no problem. Hung, active, for very serious fuck session, 1 hour or longer, instant gratification. No mobile numbers please. **Reply: 100011**

**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**

**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**

**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**

**Very good-looking** 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**

**Young country guys**, are you coming to Sydney? Good-looking, 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, horse riding, cuddling. **Reply: 100009**

**Young guy**, 34, 19y+, no partner for 10 years. Looking for sincere and genuine friends with GR8 sense of humour. Must love animals, surf, sun and beach. I am honestly positive, not ashamed and am an advocate for positive people. **Reply: 0210604**

**Young** looking 43yo hiv+ GAM seeks friendship or LTR. WLTM sincere, stocky, clean-shaven hairy guys up to 50yo. I am healthy, caring, romantic and in need of some TLC. **Reply: 210704**

## Men Seeking Women

**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 pen pal with view to whatever. **Reply: 010402**

**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**

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

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

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

**Attractive**, Sydney, 35yo +ve male. Seeking attractive lady 20-45 yrs for f/ship, r/ship, and 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**

**Straight guy**, 42 yo, hiv+, in Sydney, moving to mid North Coast. Seeks hiv+ girl for long-term 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**

**Darlinghurst.** Black gay guy late 30's, dte, gsoh, healthy poz, active/versatile, non scene, welcome gays, bi's and straights of all walks of life. Friendship/LTR. Genuine & Peace. **Reply: 100005**

### Women Seeking Men

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

### When placing and answering personals

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

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

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

### When meeting someone:

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

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

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

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

### How to respond to a personal

Write your response letter and seal it in an envelope with a 50c stamp on it – Write the reply number in pencil on the outside – Place this envelope in a separate envelope and send it to Olga's Personals, PO Box 831, Darlinghurst 1300.

### How to place a personal

Write an ad of up to 40 words – Claims that you are hiv negative 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

### Colour (full page only)

Inside front cover \$565

Inside Back Cover \$565

### 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

Discounted rates available for multiple bookings

**Phone Bec or Glenn on 9361 6011**

## halc

HIV/AIDS Legal Centre Incorporated

### FREE LEGAL ADVICE

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

To make an appointment please call us on

**02 9206 2060**

All information is kept strictly confidential.

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

## Interested in assisting the Medication Adherence Project

The HIV/AIDS & Related Diseases (HARD) Unit are currently developing an hiv treatment and care, Medication Adherence Project.

The HARD Unit are interested in having hiv positive members of the community involved in assisting in the development of the Adherence project.

They are seeking people who:

- have used hiv health services in South East Health (St Vincent's Hospital, Prince of Wales Hospital, St Vincent's community Health, IBAC.)
- have an interest in Medication Adherence issues
- are committed to improving health services.

You will be remunerated for your time. For more information about your role. Please contact:

Carolyn Murray, Health Education Officer, South Eastern Sydney Area Health Service

Tel: 9382 7634, Email: [murrayc@sesahs.nsw.gov.au](mailto:murrayc@sesahs.nsw.gov.au)

Closing date for enquiries: 17th September 2004

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 & Health 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. Your information will not be passed on to any other organisation or individual. You can access and correct your personal & health information by contacting our Manager, phone 02 9361 6011 or freecall 1800 245 677, email [jodiel@plwha.org.au](mailto:jodiel@plwha.org.au)

I acknowledge the Personal/ Health Information Statement and consent to my information being collected and stored

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](http://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 \$ \_\_\_\_\_



## SERVICE UPDATE

**ANKALI**



*Name of Organisation/ Service*

Ankali Project

*Tell us what you do?*

Provide emotional and social support to people living with and affected by HIV/AIDS, through the use of trained and supported volunteers.

*Who is the service for?*

PLWHA, their carers, partners, families and friends.

*How and when can people talk to you about it?*

Office hours: 9.00am – 5.00pm Monday to Friday.  
Phone number 9332 9742

*Does it cost anything?*

No

**CSN**



*Name of Organisation/ Service*

Community Support Network (CSN)

*Tell us what you do?*

Community Support Network Inc (CSN) is a volunteer-based community organisation affiliated with the AIDS Council of New South Wales (ACON).

We assist people living at home with HIV/AIDS to lead independent lives by providing trained volunteers to help with housework, shopping and cooking. We also provide transport to medical and allied health appointments.

*Who is the service for?*

CSN supports people with a diagnosis of physical or cognitive impairment as a result of, or in the presence of, HIV infection resulting in impaired capacity for independent living.

*How and when can people talk to you about it?*

You can call us on 9206 2031, 8am to 4pm, Monday to Friday to discuss how CSN can help.

*Does it cost anything?*

All CSN services are free.

## PES – BGF



*Name of Organisation/ Service*

POSITIVE EMPLOYMENT SUPPORT (PES)

*Tell us what you do?*

PES provides support and assistance for people living with HIV who are considering either a return to work and/or study - or they may already be working or studying - and want to be able to explore the options available. PES provides a range of help and support so that people make informed decisions about their future. This help includes: vocational guidance and career counselling, setting achievable goals, advice and information on disclosure and discrimination issues, how best to explain gaps in employment history, information and advice on courses available through local community colleges as well as TAFE and university courses, help with preparing job applications or resumes and information about specialist disability employment services.

*Who is the service for?*

It is for anyone who is HIV positive, who lives in New South Wales who is either considering getting a full time, part-time or voluntary job or who wants to undertake a course of study or effect some other major change in their life to do with work or study.

*How and when can people talk to you about it?*

It is simply a matter of making an appointment to see David Wallace, the PES Project Officer at BGF, by ringing 9283 8666 or Freecall 1 800 651 011. BGF is open Monday to Friday 9.30am - 5.30pm.

*Does it cost anything?*

No it is a completely free service.

Are you Articulate? Inspired to tell your story to others? hiv+?

## Positive Speakers Bureau

### Is it time to tell your story?

The Positive Speakers Bureau are looking for new recruits to join our ongoing campaign of education in the community.

We are holding an information evening on **Thursday 19th August 2004** between 5pm and 7pm.  
For information contact  
Gleam or Bec on  
02 9361 6011

### Interested?

*Speakers are recompensed for their time.*



A project of

**PEOPLE LIVING WITH HIV/AIDS**

# C ommunity Information

## 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/ ACON/ PLWHA NSW

**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.

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

**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.

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

**Luncheon Club & Larder** - 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.

**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.

**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 August 20 at Annie's Bar, Carrington Hotel, 503 Bourke St Surry Hills) Ph 9361 6011 or 9699 8756 for more details

**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

**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.

**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.

**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.

**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.

**Yoga** for plwha Special weekly classes at Acharya's Yoga Centre Mon - Fri. Call 02 9264 3765 for more information.

## WESTERN SYDNEY

**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. Ph Pat on 02 9672 3600.

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

## REGIONAL NEW SOUTH WALES

### 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.

# Hydrotherapy

**Exercise!!  
It's more fun  
when you're wet**

**Join the fun @ QEII building, RPA Campus, Camperdown  
Tuesdays at 10:30am & Thursdays at 3:30pm  
To enroll please call Belinda or Andrew on 93950444**





# Happenings



## Poz Het resource launch:

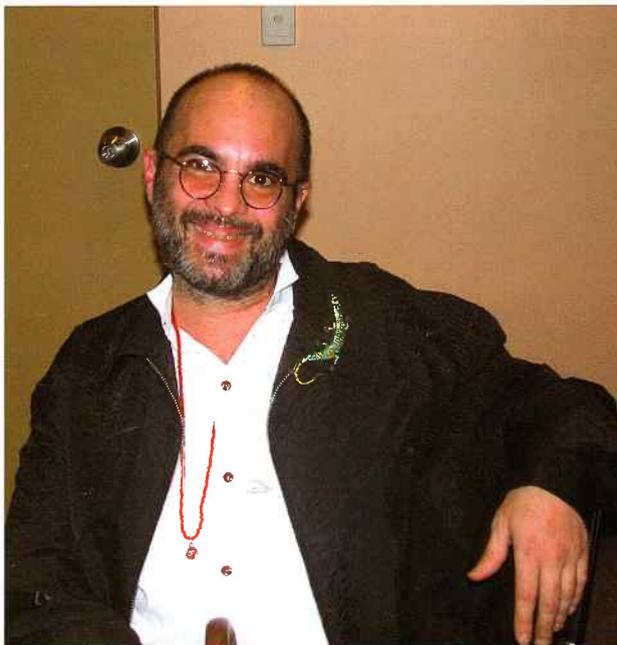
Photo 1 The team Photo 2: Lisa Ryan from NSW Health Photo 3: The Launch

Ian Bennet Copy Right

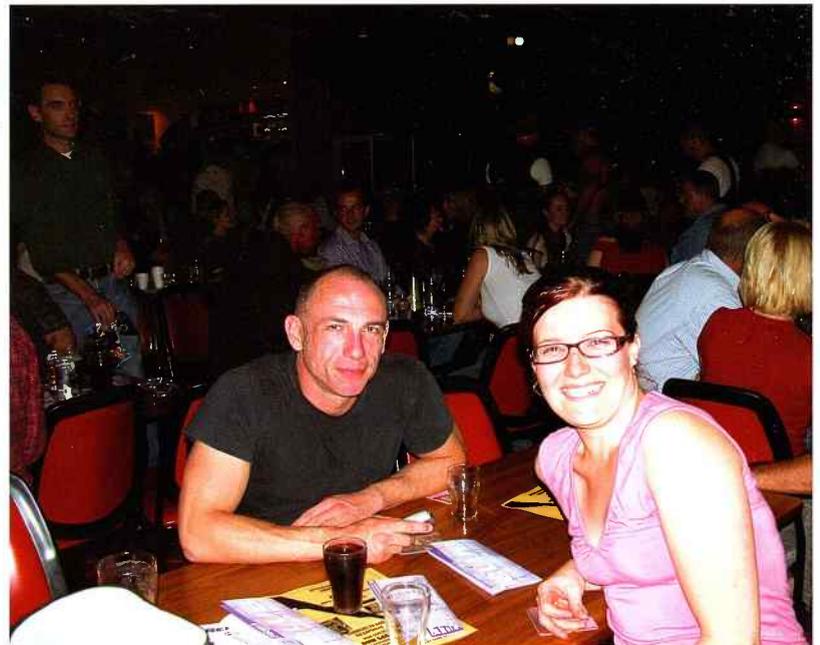


## Some glamorous PLWH/A (NSW) volunteers on the way to Polly's 40th Birthday celebration:

Photo 1: Bernard and Tarassa, Photo 2: Lily and Latrine da Douche, Photo 3: Latrine and Tarassa



Claude at FitX Gym Launch



Glenn and Jodie at Love Muscle

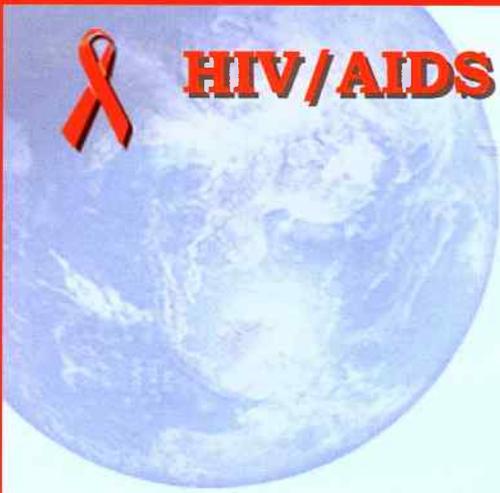
**Have you been to a happening? Call us to take photos or email us your pics**

**get it straight**

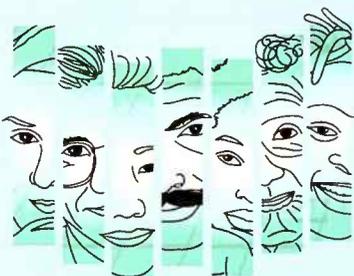
**[www.pozhet.org.au](http://www.pozhet.org.au)**



# 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



Multicultural  
HIV/AIDS and  
Hepatitis C  
Service

Tel: (02) 9515 3098 (Sydney)  
1800 108 098 (NSW)

[www.multiculturalhivhepc.net](http://www.multiculturalhivhepc.net)

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