

talkabout

Where we speak for ourselves

#135 | October – November 2004

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



 PEOPLE LIVING WITH HIV/AIDS

Positive women:
you are not alone

POSITIVE CENTRAL

Positive Artist Exhibition 2004

An Exhibition of Works by Positive People
leading up to World AIDS Awareness Week

Launch: Thursday 11 November
6pm-8pm

Exhibition: 12-16 November
10am-5pm

Where: Pine Street gallery
64 Pine Street Chippendale

CITY
OF SYDNEY



Contact: Robert Ball or Kylie Tobler
for details on
9395 0444 M-F 9am-5pm

Women and HIV

ACON is looking for women who would like to share their stories with the media and help promote the 2004 World AIDS Day theme of Women, Girls and HIV. If you are living with HIV/AIDS or caring for someone who is positive you could be involved in a media campaign during November for AIDS Awareness Week. ACON's campaign for World AIDS Day aims to raise awareness of the impact HIV has had on women in the Australian epidemic. Media stories promoting World AIDS Day and this year's theme need the voices of HIV positive women and we would like to hear from women with stories to share – you can remain 'just a voice' if you want and don't have to be identified to journalists. We also want to acknowledge the role that many women have played as carers and would like to hear from female carers to be interviewed or photographed with Sydney metropolitan and suburban newspapers. If you think this might be you please email Cindy at ACON on media@acon.org.au or call 9206 2001.

acon
community, health and action

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

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

Myrtle Place
NorthAIDS Inc

PositiveWomen

Abbott Virology
From Research to Reality

gsk
GlaxoSmithKline

GILEAD



P

ositive women: you are not alone

The World AIDS Day theme for this year is women, girls and HIV/AIDS. Globally women make up about half the of the estimated 40 million people living with HIV/AIDS, but in Australia women make up about 6% of the population of people living with HIV/AIDS. This stark fact of epidemiology has often meant that HIV positive women in Australia have experienced a high degree of isolation and invisibility. This is why it is even more important than ever that *Talkabout* publishes stories by and about positive women in Australia, and supports women living with HIV/AIDS so they know they are not alone.



photo/source UNAIDS - from UNAIDS website www.unaids.org

In this issue, Gabe McCarthy's thought provoking article looks at the degree of misfit experienced by women using some services in Australia, and contains suggestions on how to address the invisibility of positive women. In 'What a Shame – It's Women's Fault' Susan Paxton details the discrimination and blame suffered by HIV positive women in the Asia Pacific, and in 'Women on the Margins' we read about the experiences of a woman from Thailand and her struggle to find meaningful support in Australia. In 'Women's worlds, two voices' Anna manages identity, relationships and a double life as the negative partner of an HIV positive man, and Lisa discusses re-evaluating her life and resisting pressures since her positive diagnosis. Children are an important part of the lives of many positive women and we have some tips on children's nutrition for positive mothers, as well as ideas on how to involve children in their own nutrition.

We also have a look at the new resource *Unravelling the Law* which is intended as a starting point for HIV positive women who are seeking legal advice or would like to know more about their legal right and responsibilities.

As well as our focus on women, our regular columns, and a lively discussion of issues in our ever growing Letters to the Editor section, we have a rich field of experience for everyone in this *Talkabout* including:

growing older with HIV

meeting other newly diagnosed gay men

a journey through diagnosis, a hospital stay, and putting life back together.

becoming President of a local Golf Club

and coming out in a rural area

Thank you to everyone for your contributions. We hope you enjoy this *Talkabout*, sharing the experience that you are not alone.



W

World AIDS Day 2004

A focus on Women and Children

The theme for the World AIDS Day Campaign 2004 is Women, Girls, HIV and AIDS. The year-long campaign, culminating in World AIDS Day on 1 December, seeks to accelerate the global response to HIV and AIDS through a focus on women and girls - preventing new infections, promoting equal access to treatment and mitigating the impact of AIDS. The Australian context is very different from other places in the World and this theme has not been focussed on since 1990. In 1997 children were the focus, so this year they have combined both women and children into the theme for World AIDS Day.

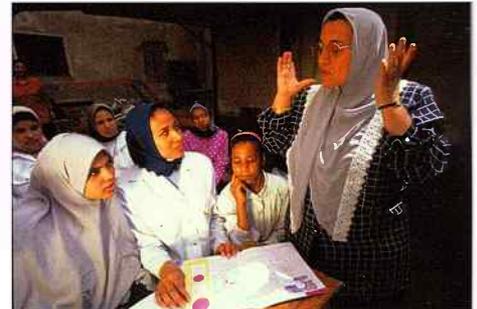


Women are now nearly half of all people infected with HIV in the world and according to the United Nations this statistic highlights the ways discrimination, poverty and gender-based violence help fuel the epidemic affecting women and girls.

Statistical data from NSW Health reported a 15% increase in HIV notifications from 2001-2002. In early 2004 further data was released to confirm this increase, with a reported further 6% increase in HIV notifications from 2002-2003. In 2003 the Australian Study of Health and Relationships reported that only 44.6% of heterosexual men and 35.6% of heterosexual women in Australia always used condoms with casual partners.

Women are biologically, socially and economically vulnerable to HIV and AIDS. Root causes such as violence or economic dependence disproportionately increase their chances of contracting the virus. Discrimination or stigma then decreases their chances of obtaining adequate care.

Women are particularly vulnerable to HIV because of inadequate knowledge about AIDS, insufficient access to sexual and reproductive health and educational services, inability to negotiate safer sex due to gender discrimination and imbalances of power and lack of female-controlled HIV prevention methods such as the female condom and microbicides.



The Key Messages of this years campaign are:

- To promote the role of women and girls in tackling the epidemic
- Encourage women and girls living with HIV to tell their story
- Highlight the impact HIV and AIDS has on women and girls globally, regionally and nationally
- Challenge gender differences that make women and girls more vulnerable to HIV
- Ensure national policies and responses focus on the impact of AIDS on women and girls
- Increase the self esteem of women, especially those vulnerable to/or infected with HIV

Along with the key messages, the primary objective of this year's campaign is the empowerment of



This experience has served to reinforce the invisibility positive women continue to experience in Australia. I remember at the time of my diagnosis desperately searching for information only to find numerous materials on women's role as carers but nothing about women with HIV. While this has improved over the years with some specific services established in higher population areas and more resources that include specific information for women being produced, positive women do not seem to be much more visible in 2004 than they were 15 years ago when I was diagnosed.

I know for myself that I have always felt some degree of misfit with the services available to me as a positive woman. While I am quite comfortable to utilise services for positive people generally it often means I find myself the only woman in a fairly male environment. This sense of not quite fitting is often inadvertently reinforced by the frequent assumption that because I'm female I must be a volunteer rather than a client.

When I access women specific spaces I more often than not choose not to disclose my HIV status. This is primarily due to the stigma of living with HIV. Sadly it is a common experience for me to hear judgmental statements about women who engage in risk behaviours; it seems that our society still wants to stereotype women as good or bad. Women's services generally have a limited

understanding of HIV so unless I feel like doing education on the spot I generally don't disclose my status.

I believe that increasing the visibility of positive women in Australian society would have many good outcomes. On a personal level it may help to make accessing services a little easier if I didn't have to deal with people's surprise that I'm positive. Women with HIV could feel more supported and less isolated regardless of their geographic and social circumstances. Living with HIV is tough enough so anything that helps to reduce stigma and isolation has to be a good thing.

With HIV prevention education funding focussed on those who engage in risk behaviours, increasing the visibility of positive women could act as a de facto general community prevention education strategy. I also think that positive women are often uniquely placed to challenge the stigma of HIV.

So how do we increase the visibility of positive women? It would seem obvious that encouraging more positive women to be more visible by being open about their status is one way to achieve this. However, aside from the fact that disclosure is a highly personal decision and not one that any of us should feel pressured to make 'for the greater good', I'm not convinced that this would make any difference.

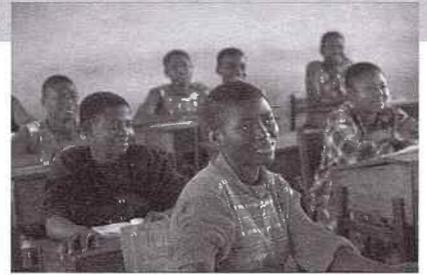
Positive women have been actively

involved in the community response, we are involved in our local PLWHA groups and are strongly represented as positive speakers and have regularly done media. In addition to these formal roles, positive women (like other plwha) continue to stand up for their rights on an individual basis when they need to. All of this activity hasn't lead to positive women's visibility increasing in any noticeable way.

What might work? Leadership is certainly a hot topic at the moment with calls for global and national leadership emerging from the Bangkok conference. Like much of Australia's current response to HIV, lack of leadership on issues for positive women is notable. When was the last time a female politician raised issues of concern for positive women? Where are the feminists, where are the community leaders? It seems that for positive women some leadership in this area could go a long way. Perhaps we should be looking at forming our own leadership mechanisms like the Global Coalition on Women and AIDS which was launched this year. It is comprised of women leaders from all elements of society (political, social, entertainment, academic etc) and acts as a steering committee to provide leadership on issues related to women and HIV. Perhaps the answer is for positive women to provide some leadership to the 'leaders' and plan a more strategic approach to the issue of raising visibility. ★



W hat a Shame – It's Women's Fault



Susan Paxton

Post-doctoral Research Fellow, La Trobe University

Member, Positive Women (Vic)

Advisor, APN+ (Asia Pacific Network of People Living With HIV/AIDS)

In a meeting I recently attended, a social researcher commented on a recurrent theme in live dramas aimed at increasing awareness of HIV in Papua New Guinea, our nearest neighbour and a country with a growing HIV epidemic - all of them blamed women for HIV infection. The Asia Pacific Network of people living with HIV (APN+) also found that women with HIV face disproportionate blame – HIV-positive women experience significantly more AIDS-related discrimination than men do.

Throughout the Asia Pacific region, positive women have often spoken out about the difficulties they face from family and the community after their HIV status becomes known – public breaches of privacy in the media, hounded out of villages, refusal of medical treatment and care during critical periods such as delivery of a baby.

APN+ carried out an extensive study (www.gnpplus.net/regions/asiapac.html), interviewing over 760 HIV-positive people in India, Indonesia, Thailand and the Philippines. The study measured levels of discrimination faced by positive people in each country. Findings indicate that throughout the region, women are much more likely than men to be harassed, ridiculed or insulted because of their HIV status (31% versus 20%), refused admission into a public place such as a shop, restaurant, temple (9% versus 3%) or thrown out of their home (12% versus

6%). Women are almost three times more likely to be physically attacked as a result of their HIV status. Often the abuse comes from family or in-laws.

Women now comprise almost 50% of HIV infections in the world. Young, poor women are becoming infected with HIV at higher rates than any other age/sex group, and because of physical, social and economic factors, are more vulnerable to infection from their spouse or regular partner than men or single women are. It is therefore paradoxical that women experience greater discrimination once they test HIV-positive and face more shame and blame for bringing HIV into a family than do men. Many women have little power to protect themselves from HIV and often have more immediate and pressing issues they must deal with, such as feeding and caring for their children.

In constant desperation to develop AIDS awareness programs that reach “vulnerable groups” and “people at high risk” of infection, most women, particularly wives, drop out of the equation. Besides, there is little point in talking about condoms to women who are monogamous (even if they know their partner is not), if the society does not encourage women to negotiate condom use, and if female condoms are almost unobtainable.

Sex workers may be prime targets of HIV prevention campaigns, but how often are the clients of sex workers targeted? In harm reduction campaigns, do we address the fact that females are more likely to share injecting equipment

than men are, usually after their male partner, and become infected with HIV earlier in their injecting history than men do? In countries with high levels of HIV infection such as Cambodia and Papua New Guinea, high levels of gang rape are recorded. This indicates critically dysfunctional relationships between men and women.

To turn the HIV epidemic around, societies across the world have to approach HIV/AIDS in a radically different way. We have to talk about HIV in terms of power, poverty, patriarchy and the behaviour of men. To reduce HIV infections and eradicate AIDS-related discrimination, we have to address issues of violence against women. And we must do so at the community level. We need to get young men and older men and young women and older women discussing the issues facing their communities together, in age/sex specific groups, in order to come up with sustainable solutions.

As long as women are unable to inherit property, as is the case in so many countries in our region, widows will continue to be thrown onto the streets by in-laws; as long as women's contribution to society is undervalued, young women will be pulled out of school during family economic hardship, and sold as sex slaves to older men. Two thirds of the world's poor are women. HIV is a gender issue, and unless gender inequity is addressed, women will continue to be hardest hit by HIV and AIDS. ★



Women's Words, Two Voices

Nandini Ray, Pozhet's Womens Officer, has been running events for positive women and women partners on the Pozhet calendar this year. Recently she took time off to sit down with two women over coffee and hear their own stories.

Lisa's story

For women like Lisa, confronting death and her own mortality was just one of the issues she had to deal with when diagnosed five years ago. Similar to 'living in limbo' – somewhere between the spirit and physical world, Lisa recalls the time of her diagnosis as one where she had to call on every one of her own personal resources to deal with the major change and subsequent re-evaluation of her life. Lisa lost most of her original group of friends through that initial period which only served to compound her fears of rejection and discrimination by people close to her.

Lisa's story is not dissimilar to many positive women's stories. Feelings of isolation, lack of support and discrimination often exacerbate the overwhelming shock of a positive diagnosis.

Australian National Surveillance data show that a total of 1511 HIV diagnoses were recorded amongst women in Australia from 1982 until December 2003, accounting for 6.5% of the total diagnoses recorded. 723 of all female diagnoses were recorded in NSW. 217 women in the state have progressed to an AIDS diagnosis and 127 have died. There are currently estimated to be around 550 women living with HIV in NSW with 32 new diagnoses recorded amongst NSW

women in 2003. 25 of these women reported heterosexual contact as the most likely source of transmission with 5 reporting IDU.

In the early days of her diagnosis, Lisa felt that the main thing she needed at that point was a place where she could go and 'completely fall apart.' She states that generally HIV services are not designed to meet the needs of positive women, however she feels that this is improving and that she can access more support now than in previous times. For Lisa as with many other positive women, her gender and heterosexuality are important aspects to her identity but she feels that there is still so much fear and stigma in the heterosexual world around HIV that it is difficult to find places and people where she can be honest and open about her diagnosis without fear of judgment. She has found peer support services such as Pozhet one of the places in which she can meet other positive women and men in a safe and supportive environment. Whilst she doesn't utilize this service all the time, knowing it is there and knowing she can access it at any time goes a long way.

Whether it is HIV related or not, Lisa feels frustrated that anything medical will 'always be an issue.' Lisa has found that her decision not to take medications at this point has caused some controversy. She feels that there is a lot of pressure for her

to conform to what her doctors feel would be the best option for her. Likewise on a past visit to the dentist, once disclosing her status, she had to endure the uninformed wrath of the dentist about her responsibilities to him and his risk of infection!

Despite the difficulties, having an HIV diagnosis has forced Lisa to re-evaluate her life and work out what is important to her. "It is hard to justify why you need a break from working if you don't want to disclose. The options are to not take a break to look after yourself or to disclose and suffer the consequences...I am now enjoying and embracing opportunities as I haven't done previously and realizing that I too am worthy of all that life has to offer. One of the most valuable lessons for me has been to live life to the fullest and make every moment count."

Anna's story

When Anna's partner disclosed his HIV status to her, it was the time before treatments. Time together became imperative and they lived with a constant feeling of dread.

Stigma, isolation, loneliness, fear and discrimination are just some of the issues that Anna mentions when talking about her life as a negative partner of her positive husband. Anna has been with her husband for the last 15 years and went into the

relationship knowing that he was HIV positive. "I knew instantly that I wanted to stay. Despite the difficulties, I knew that if I didn't spend my time with this person, then I wouldn't be living the life I wanted to live" Anna describes this starting point as fundamental to their journey ahead and states that upon learning of her husband's diagnosis, she realized that life would never be the same and that she now had to re-invent herself.

Anna started living two separate lives, one with the virus and one without. "I had to learn new skills and manage my emotions. There was no information that would help you". One example of leading her 'double life' is that she utilizes the services of two doctors, one that is proficient in HIV issues and another for any other health issues. "Both are excellent, but there is only one that I can really talk about what is happening in my life in terms of my husband's diagnosis and the effect it has on me". "No one would recommend that you live your life as two separate people...the challenge is to find ways to keep that healthy. It's a slog as you have to make it up for yourself."

Fifteen years later, the stigma and misinformation or rather lack of information for partners hasn't changed. The issues for partners are significantly different to those of positive people and there is no consciousness or language that supports or understands the difficulties that partners are living with. As a women partner of a positive male, the lack of community and kinship within the heterosexual community are all too real. Anna states that she doesn't make friends anymore, even though she would like to. "I have to weigh up all the consequences of disclosing

my husband's status to any potential friendships I may make...and I find myself in situations where a friendship is forming and we are getting along really well. But then I have to stop it as I know that I can't go any further without disclosing....it's not the disclosure that is the problem, it's what happens after that. People don't know how to respond or react and you can see that they are uncomfortable with the information you have given them." "All I want to do at the end of the day is to go home to my husband. Once home, I can drop the pretence and be myself. It's exhausting playing out the different characters of my life."

Anna feels that services need to recognize the issues of partners and develop a language and understanding around their issues. The stigma is not articulated and the subsequent isolation can only be changed if the issues are recognized and talked about. "What can you do on your own to look after yourself when your identity is fragmented into so many different aspects? How do we manage our relationships when we are not skilled in talking about this?"

The Heterosexual HIV/AIDS Service currently holds partner specific groups on its annual calendar of events. This attracts predominantly women partners, and on some occasions, male partners. "There is no where else I can go and connect with other people who are in the same situation apart from service providers and this (Pozhets) group...I don't have any friends I can talk to and I would dearly love a friend."

If you would like any further information on services for women and partners, please contact The Heterosexual HIV/AIDS Service on Freecall 1800 212 404. ★



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TALKABOUT

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W

omen on the margins

Maria and Jeffrey from the Multicultural HIV and Hep C Service talk about the experiences of women from different cultures who need to adapt to living a positive life in Australia. The MHIV/HEPC Service provides information in a number of languages and the **Thai translation** on the opposite page is an example of this.

'Anne' is a Thai woman in her 20's who came to Sydney two years ago on a 'contract for sex work.' In telling her story 'Anne' reveals, 'I need to work. I am supporting my family; six lives who can't survive on the little they earn back home. I want to make their life better'.

Not long after her arrival 'Anne' began a relationship and, with the support of her partner applied for permanent residence. During this process 'Anne' tested positive for HIV. She went into shock. The information she had about HIV/AIDS was based on the knowledge she had from Thailand. *'I know people in Thailand died because of AIDS. Do I have AIDS? Am I going to die?'*

In Australia, increasing numbers of women living with HIV are from CALD (culturally and linguistically diverse) backgrounds. Since 1997 the most common exposure category for women diagnosed with HIV has been being born in a high prevalence country. In some ways 'Anne's' experience is similar to other women living with HIV in Australia but in many other ways it is very different.

Talking to other people was not possible for 'Anne' because her fear of gossip was so strong particularly as the Thai community is relatively small in N.S.W. Issues of shame and stigma remain strong in her community. *'Everyone will find out. People in the temple will know. People in the Thai shops will know. They will be scared of me and won't want to be with me.'*

'Anne' disclosed to her partner (who tested negative) who still wanted to proceed in supporting her with her application for permanent residence. This process was long and emotionally grueling. The uncertainty of her future meant that she could not make plans or decisions even about fundamental issues such as treatment. As 'Anne' was unable to speak or read English she found it difficult to get information and communicate with mainstream services. Her understanding of health systems was based on the knowledge of the health systems in Thailand. Social workers and counselling were unfamiliar concepts to her. Asking for support and assistance was also difficult. *'I bring shame to my family and my community ...I am not crazy to see a counsellor and what can a social worker do for me? I am young. I should be able to take care of my family.'*

A further barrier for 'Anne' was that she was a sex worker. 'Anne' had a contract on arrival and had to work to pay off her debt as well as to support her family. 'Anne' felt she could not disclose to her work peers as they would pressure her not to work and she was worried they might 'dob on her'. On the other hand she had no other employment options or means of income. This was further compounded by her feelings of shame. *'This is my punishment. I don't want to work in this job anymore because I don't want more health problems but I need the money to support my family.'*

A belief in Thai culture is that being born female is bad karma. In order to

achieve her good karma a woman has to gain merits by taking care of her family—her parents, siblings and extended family—and often by providing financial support. 'Anne's' self identity is based on who she is in relation to her family. This is a collective view of the self and is different from the Western view where the individual's autonomy and rights are of paramount importance.

The cultural and linguistic issues facing 'Anne' contributed to her isolation and marginalisation. She was not able to access mainstream services for information and support and she was not able to access traditional community supports either.

The story of 'Anne' is similar to many stories of women from culturally diverse backgrounds. For positive women of CALD background the experience of living with HIV/AIDS is compounded by their migration experience, the experience of having lived in another country, as well as language and cultural barriers. The impact is isolation. The Multicultural HIV/AIDS and Hepatitis C Service provides bilingual and bicultural health workers referred to as co-workers. It is in this way that support from someone who speaks their language and understands their culture (like a co-worker) becomes so meaningful.

Co-workers are available from over twenty language groups.

For further information please contact Effie or Maria on 95153098 ★

ผู้หญิงที่ริมขอบ

(Women on the margins)

มาเรีย เพโตรฮิลอส (Maria Petrohilos)
เจฟฟรี ทัพพะทัต (Jeffrey Dabhadatta)

"แอน" เป็นผู้หญิงไทยในวัยยี่สิบกลาง ๆ ที่มาซิดนีย์เมื่อสองปีที่แล้วเพื่อทำงานบริการทางเพศ เธอมาภายใต้สัญญาทำงานที่ต้องผ่อนชำระเงินคืน ที่เรียกว่า "แท็ค" แอนบอกเล่าชีวิตของเธอว่า

"ฉันจำเป็นต้องทำงาน เพราะต้องส่งเสียครอบครัวในไทยตั้งหกชีวิตที่รายได้แทบไม่พอจะประทังชีวิต ฉันอยากจะให้พวกเขามีชีวิตที่ดีขึ้น"

ไม่นานหลังจากที่เธอมาถึง แอนได้พบคนที่อยากจะใช้ชีวิตร่วมกับเธอและได้จัดการให้เธอสมัครเป็นผู้อยู่อาศัยถาวรที่นี่ ในช่วงดำเนินเรื่องนั่นเอง แอนได้ตรวจพบว่าเธอมีเชื้อเอชไอวี เธอตกใจเป็นที่สุด สิ่งที่เราคุ้นเคยเกี่ยวกับเชื้อเอชไอวี/โรคเอดส์ก็เป็นข้อมูลที่ได้จากเมืองไทย

"ฉันรู้ว่าคนในไทยตายเพราะโรคเอดส์ ฉันเป็นโรคเอดส์หรือไม่ ฉันกำลังจะตายใช่ไหม"

ในออสเตรเลีย จำนวนของผู้หญิงที่ติดเชื้อเอชไอวีที่เพิ่มขึ้นนั้นมาจากผู้หญิงที่มีพื้นเพวัฒนธรรมและภาษาที่ไม่ได้มาจากที่นี่ ตั้งแต่ปี 1997 ผู้หญิงที่ติดเชื้อเอชไอวีมักจะเกิดในประเทศที่มีการแพร่หลายมากของเชื้อนี้ ประสบการณ์ของแอนในบางด้านก็คล้ายคลึงกับผู้หญิงคนอื่น ๆ ที่ติดเชื้อเอชไอวีในออสเตรเลีย แต่ในหลาย ๆ ด้านก็มีความแตกต่างกันอย่างมาก

จะบอกใครก็ได้ เพราะแอนกลัวว่าคนจะเอาไปพูดขบขิบกันเนื่องจากสังคมไทยเป็นสิ่งคมที่เล็ก ๆ ในรัฐนิวเซาท์เวลส์ สิ่งนี้ยังคงเป็นเรื่องน่าอายและน่าประหลาดในชุมชนของเธอ

"ทุกคนจะรู้ว่าฉันเป็นคนที่ยากจน คนที่ร้านไทยก็จะรู้ พวกเขาจะกลั่นแกล้งและไม่มาใกล้ฉัน"

แอนบอกฝ่ายชายเรื่องผลตรวจของเธอ (ผลตรวจของเธอไม่เจอเชื้อเอชไอวี) ซึ่งเขาก็กังขาอยากช่วยเธอเรื่องการสมัครเป็นผู้อยู่อาศัยถาวรอยู่ดี การดำเนินเรื่องนี้ใช้เวลานานและต้องต่อสู้ด้านจิตใจอย่างมาก ความไม่แน่นอนในอนาคตของเธอทำให้เธอไม่สามารถวางแผนหรือตัดสินใจอะไรได้ แม้กระทั่งเรื่องสำคัญ ๆ เช่น การรับการรักษา แอนพูดและอ่านภาษาอังกฤษไม่ได้ซึ่งทำให้เธอมีอุปสรรคในการได้รับข้อมูลและติดต่อกับบริการต่าง ๆ สำหรับผู้ใช้ภาษาอังกฤษ ความเข้าใจในการใช้บริการด้านสุขภาพของเธอก็เป็นความเข้าใจของระบบในเมืองไทย เจ้าหน้าที่สังคมสงเคราะห์กับเจ้าหน้าที่แนะแนวก็เป็นอะไรที่เธอไม่คุ้นเคยมาก่อน และก็เป็นการลำบากที่จะหาความช่วยเหลือ

"ฉันทำให้ครอบครัวและชุมชนของฉันอับอาย ฉันไม่ได้เป็นคนบ้าที่จะต้องพบเจ้าหน้าที่แนะแนว และฉันก็ไม่รู้ว่าเจ้าหน้าที่สังคมสงเคราะห์จะช่วยอะไรฉันได้บ้าง"

แอนมีอุปสรรคอีกอันหนึ่งคือ เธอทำงานบริการทางเพศ เธอต้องทำงานเพื่อจ่ายหนี้สัญญาทำงานให้หมดและเพื่อส่งเงินให้ครอบครัวที่บ้าน แอนไม่อาจที่จะให้เพื่อนที่ทำงานรู้เกี่ยวกับผลตรวจเลือดของเธอได้ เพราะพวกเขาจะกีดกันไม่ให้เธอทำงานและกังวลว่าอาจแจ้งให้เธอโดนจับ แต่ในขณะที่เดียวกัน เธอไม่มีงานอื่นให้ทำ การที่เธอไม่มีงานทำมีผลกระทบมากกับความอยู่รอดของเธอ และยังบวกกับความรู้สึกอาย

"ฉันเหมือนถูกลงโทษ ฉันไม่อยากทำงานนี้อีกต่อไปเพราะสุขภาพของฉันมีปัญหา แต่ฉันก็ต้องการเงินเพื่อส่งเสียครอบครัว"

ความเชื่อในวัฒนธรรมไทยคือเกิดเป็นผู้หญิงถือว่ามีการไม่ดี ต้องทำบุญให้มีกรรมดีเช่น ต้องดูแลครอบครัว พ่อแม่และญาติพี่น้อง ซึ่งรวมถึงส่งเสียด้วยเงินทอง แอนมองตัวเองว่าเป็นส่วนหนึ่งของครอบครัว นี่คือนมมมองที่แตกต่างจากโลกตะวันตกที่มองว่าตัวเองควรจะได้รับผิดชอบตัวเอง

อุปสรรคด้านภาษาและวัฒนธรรมของแอน ทำให้เธอมีความรู้สึกตัดขาดจากสังคมและอยู่ในภาวะลำบาก เธอไม่สามารถที่จะรับข้อมูลและบริการจากหน่วยบริการสำหรับผู้ใช้ภาษาอังกฤษและเธอก็ยังไม่สามารถรับบริการจากหน่วยบริการในชุมชนของเธอได้เช่นกัน

เรื่องราวของแอน มีความคล้ายคลึงกับของผู้หญิงคนอื่น ๆ ที่มีพื้นเพวัฒนธรรมและภาษาที่ไม่ได้มาจากที่นี่ ประสบการณ์ของผู้หญิงที่ติดเชื้อเอชไอวีเหล่านี้ประกอบไปด้วยประสบการณ์ในขั้นตอนการอพยพ ประสบการณ์ในการใช้ชีวิตในต่างแดนด้วยอุปสรรคด้านภาษาและวัฒนธรรม ผลกระทบที่สำคัญมากคือ การถูกตัดขาดจากสังคม ศูนย์บริการหลากหลายวัฒนธรรมด้านเชื้อเอชไอวี/โรคเอดส์และโรคตับอักเสบซีมีเจ้าหน้าที่ด้านสุขภาพที่เข้าใจทั้งสองภาษาและวัฒนธรรมที่เรียกว่า โค-เร็คเตอร์ ซึ่งทำให้การบริการมีความเข้าอกเข้าใจมากขึ้นจากการที่มีเจ้าหน้าที่ที่พูดภาษาและเข้าใจวัฒนธรรมของผู้มาใช้บริการ

สำหรับข้อมูลเพิ่มเติมเกี่ยวกับการบริการกรุณาติดต่อเอฟฟี (Effie) หรือมาเรีย (Maria) 02 9515 3098



Taking a day for myself

The most important relationship of all

One of the things I love to do is have a day all to myself. A day of rest and relaxation, a day to recharge my batteries and forget about everyone else; a day when I let go of the world of responsibilities and just wallow like a happy piglet in her own pen. After all, cultivating a relationship with myself is supposed to be one of the most important things -right? So here's how I do it.

I sleep really well the night before because I know I have no one to answer to and nothing I have to do the next day. It's going to be a day of pure indulgence and if that means sleeping in or watching videos and eating chocolate all day then so be it. I make up my mind to just see how I feel in the morning – I've given myself full permission to do what I want and that feels great. Any 'shoulds' I may have get thrown in the bin – things like 'I should do some exercise, I should write my essay, I should clean the house, tidy up, blah blah'. If I feel like doing any of those things in the morning then fine, but I have my own permission to just do what nourishes me, what feels good. This step is very important because it allows me to let go completely of feeling obligated, and getting that old nag off my back lifts my spirits like nothing else. It's amazing how much lighter I feel as I snuggle into bed, a sense of excitement and freedom filling me up just like a child.

The next morning I sleep in a bit



and if I feel like it I'll get up and do a few yoga stretches. If not I have breakfast and take my pills and then I might go back to bed for a couple of hours. No matter what, I make sure the answering machine is on and it's going to stay like that all day. It's a great feeling to know that I am free – I don't have to talk to anyone, and if someone comes to the door I might just pretend I'm not home. If my husband is at home I'll sometimes tell him I'm having a day of silence – he can talk to me but I won't be talking back. He usually greets this with enthu-

siasm and says something like "you beaut". I might spend some time lying in the sun, or giving myself a pedicure. I may file my fingernails and paint them a bright colour. Or I might get out my make-up and experiment with a new look. The day is about following my own bliss and not doing anything that feels like a drag, so next I might have a long hot bath with lavender oil, bubbles and some beautiful music. I allow myself to drift off into day-dreams and pretend I have all the time in the world. Sometimes I put on a face mask or a hair condition-

ing treatment and splash away like an Egyptian princess. I emerge feeling refreshed and luxuriant. It's about time for lunch and I treat myself to a fresh salad with lettuce, tomato, cucumber, tuna, avocado and maybe some sour cream and chilli chips crunched up and sprinkled in. I might sit down in my dressing gown to watch the midday movie and perhaps enjoy a cup of tea and a fresh Aero bar.

Sometimes I put on a load of washing or tidy my room, but only if I feel like it, and if I do it usually feels good to get things in order. Sort of like a cleansing ritual.

In the afternoon I may lie down and listen to a relaxation tape – one with lots of water and sparkly sounds and dolphins and healing light. If I let myself go into it I usually emerge feeling wonderful. I can sense my body responding and feeling simply gorgeous. Next I'll read a book I haven't had time for lately, something wonderfully impractical that takes me into another world. 'Memoirs of a Geisha' will do fine. A soothing peppermint tea and some peace and quiet and I am really feeling good now. That night I sleep deeply, feeling pampered and special, and the next day I am ready to get back to work and into the world of other people and their demands. The fact that I have rested gives me extra energy and I usually enjoy my day.

Maxine ★

ENVELOPE MANTRA

The envelope sits on my bed
its contents, play on my mind
like a mantra.

I feel wrong.

That something has gone wrong
with the programming
Some wire, somewhere
has come loose
And its trail of spark – singed
devastation
Wreaks a havoc all of its own.

Except it's me.

And,

I felt no spark, no singe or sign.

Just a happen-chance moment of
bedroom acrobatics
has led me to this envelope-mantra place.

And I am scared.

Emily

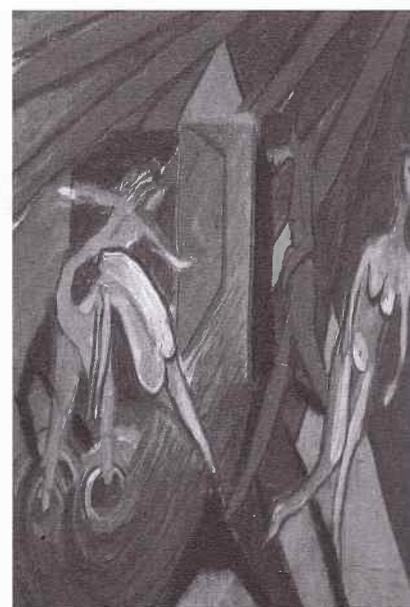
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Talkshop

Increased Risk of Sudden Cardiac Death if Erythromycin and Protease Inhibitors Taken at Same Time

AIDSmap.org (9/10/04) Carter M

The widely used antibiotic erythromycin increases the risk of sudden cardiac death, particularly when taken at the same time as medicines, including protease inhibitors, antifungals and antidepressants, that are metabolised using the cytochrome P-450 3A pathway, according to a US study published in the September 9 edition of the *New England Journal of Medicine* (351: 11, p. 1089, 2004). Erythromycin is a broad-based antibiotic and oral doses of the drug are used to treat a wide range of bacterial infections. The drug is considered to have a good safety profile, the most widely reported side-effect being stomach cramps, nausea and diarrhoea. Drug interactions may increase the risk of sudden cardiac death amongst individuals taking erythromycin. Erythromycin is metabolised using the P 450 3A (CYP3A) pathway which is also used by protease inhibitors, antifungal agents including fluconazole, ketoconazole, and intraconaole (all of which are widely used in HIV-positive individuals), and some antidepressants. Neither past use of the drug, nor use of amoxicillin, another broad-based antibiotic were associated with an increased risk of sudden cardiac death. The investigators conclude that the concurrent use of erythromycin and inhibitors of CYP3A should be avoided.

HIV positive and worried about migrating to Australia?

You can join an email newsgroup which provides support for HIV positive going through this process. Email Glenn at glennf@plwha.org.au for an invitation to the group.

Planet Positive

The next Planet Positive will be happening on Friday 22nd October 2004 between 6-10pm. Come along to the Positive Living Centre and spend some time with friends, free food, drinks and entertainment provided by the wonderful Ruby.

The Positive Living Centre is at 703 Bourke Street, Surry Hills.

PLWHA (NSW) AGM & Positive Sexuality Resource Launch

This year's AGM will be held on October 31, 2004 at 3pm, upstairs at the Colombian Hotel on Oxford Street Darlinghurst (directly opposite the PLWH/A office). Following the AGM (from 4.30pm) we will be launching *Let's Talk About It (me, you & sex) a facilitator's resource & workshop guide on positive sexuality* produced by our Health Promotions Unit. Invitations and a Notice of the AGM will be sent out to all members by the beginning of October.

FROM SOMETHING MISUNDERSTOOD TO BEAUTIFUL - Reflections of the Positive Central Ceramics Course.

Once again it is that time of year where the Pine street Centre and their helpers open their door and hearts, to a handful of men suffering all different disorders. But having one common link - HIV+, something misunderstood by the majority of the community.

In the eight week period which this ceramics course has run, the skills we have received through our inspiring art instructor Vanessa, some of these

skills or techniques were from making a coil-made vase, structural joining, to reproductions through moulds. As well as learning about different techniques we learn about different tools of the trade and also the different types of clays and what they are used for. This part of the ceramics course took about four to five weeks to do, then came the beautiful part allowing your mind to go inside yourself and to find that feeling you must have respected.

Just to finish I'm sure my fellow students would agree with me, if you get the opportunity to experience ceramics the way we did you will find your beauty inside if not you will always be beautiful inside...

Boy

Volunteering in the Sector

The Ankali Project will be conducting their 65th volunteer training over two weekends in November (the 13th & 14th and 20th & 21st). If you have the time and emotional availability to support a person living with HIV/AIDS, who might not be managing so well, please give the Project a call and we can discuss whether volunteering with them is the right thing for you. Ph 9332 9742

The Community Support Network of NSW will be running its final training group for the year at the end of October. If you are interested in providing practical home-based support for a couple of hours a week, a fortnight or a month, then get in touch with Colin Dent at the CSN Office to register your interest. 02 9206 2038

Monday Meditation Group

Just a reminder that a small meditation group for HIV positive people continues to meet on Monday evenings at ACON.

Meditation is one of those things which everyone agrees can be good for us, yet few seem to actually do it!

Contact Graham ★

Treatment briefs

Four days of Combivir lowers risk of nevirapine resistance in HIV-positive mothers

Mothers receiving single dose nevirapine during labour can significantly reduce the risk of resistance if they take Combivir for four days after the birth. TOPS (Treatment Options Preservation Study) involved 300 HIV-positive mothers and their babies. There were three treatment arms; mothers receiving single dose nevirapine, single dose nevirapine and four days Combivir, single dose nevirapine and seven days Combivir. The nevirapine was given to mothers during labour and babies within the first three days. Mother to child transmission was determined by HIV DNA tests a fortnight and six weeks after birth. Half of the women that received only nevirapine showed resistance to it, compared with 13% receiving single dose nevirapine and seven days Combivir. However, only 5% of the women receiving single dose nevirapine and four days Combivir developed resistance.

Source: *aidsmap.com*

Weekend Drug Holidays May Be Effective

A pilot study looking at the use of antiretrovirals in a five day on, two day off strategy has had initial promising results. The Five days on, Two days off (FOTO) study included 30 participants who were taking a variety of antiretrovirals. All of the participants had undetectable viral loads for at least 3 months before starting the trial. Participants using either nevirapine or efavirenz as a backbone for their treatment regime

were able to maintain viral suppression through 24 weeks. Two participants using a protease inhibitor (PI) as a base for their treatment showed some viral rebound after 24 weeks, but after starting back on a seven day PI based treatment viral suppression was again achieved. There were no serious adverse events noted. A 10 point quality-of-life questionnaire was given to the participants with 10 corresponding to the best quality of life. The median score was 10. Investigators stated "Everyone preferred the five days on, two days off schedule." and "It relieved the burden of taking pills everyday on the very days that Westerners are used to taking off." There will be follow up through 48 weeks with plans for a larger study.

Source: *Medscape*

Tenofovir Effective as d4T but Less Toxic

Results of a 3-year double blind study of 602 treatment naive individuals who were started on either tenofovir or d4T in combination with 3TC and efavirenz found that both combinations were potent and durable. 80% of participants taking tenofovir and 84% using d4T maintained viral loads under 400 for up to 144 weeks. In terms of toxicities, researchers noted "progressive worsening in the d4T arm for lipid elevations, which included both triglycerides and cholesterol, peripheral neuropathy and lipodystrophy." The tenofovir regime appeared to be associated with a better lipid profile, less lipodystrophy and lower levels of peripheral neuropathy.

Source: *Medscape* ★



Letters to the editor

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

Talkabout Feedback

I love the larger colour insert especially the page of social photos on what's happening for positive people. Keep up this section PLEASE.

Name supplied

Congratulations on covering the complex issue that is body image. Whilst no one will dispute that the anti-retrovirals are working well for most, it is often sometimes at a cost with lipodystrophy and lipoatrophy a consequence of being well. These are not trivial issues especially when we have other realities to deal with (ie side effects), this can definitely affect our sense of self and identity. I particularly liked the practical tips offered by Ingrid. Thanks for keeping *Talkabout* relevant, keep up the good work.

Robert



Letters to the editor

Dear Ed,

The last issue of *Talkabout* was fantastic!

I particularly noticed the articles on the Women in HIV Network, the Straight Poz Study being done by Pozhets and NCHSR, the Women's Discussion Forum (Words To Say It) being run by Kathy Triffit – and Maxine's excellent short story that was a finalist in PozHets 10th Anniversary writing competition.

Congratulations to *Talkabout* for promoting the needs and visibility of positive women.

The fact sheet on Clinical Trials was also very informative and easy to understand. You are doing a great job, guys.

Sera Pinwill

Woolloomooloo

Congratulations on another eminently readable magazine. I found the highlights from Bangkok particularly good, and enjoyed them more because they seemed more personal (and somehow therefore more real) than some of the other reports I read.

And can I also congratulate you as you try to balance the needs of the longer term positive, with the information needs of the more recently diagnosed. Perhaps, recognising the differing nature of the information required, you might consider trying to do a magazine every 6 - 12 months, that deliberately focusses on those more recently diagnosed and trying to make sense of the information that is being thrown at them, especially given the current situation with other HIV organisations where

they might normally be expected to go to gain help as they come to terms with the changes in their lives.

Stu

Dear *Talkabout*,

Re: Body Changes with HIV and HIV Medications

I was fortunate to recently attend the World AIDS Conference held in Bangkok, July 04. It was such a humbling experience for me to realise so many HIV positive people in so many countries don't have access to anti-retrovirals. I know our health system here in Australia is not perfect, but I feel fortunate that at least I live in a country where I have a choice to use the drugs or not. As I enter the 4th year of continuous therapy on my antiretrovirals I have started to notice slight changes to body fat distribution in my body, and my veins on my arms and legs are a lot more prominent. I know that eventually I may have more changes to my body which may 'out' my HIV status to the people in the know so to speak, and my self esteem may be challenged as I cope with these changes. But all in all, I feel 'lucky' that I'm still here and enjoying my life. I don't want to sound like I'm minimising the psychological or emotional impact of these body changes for some people, I just see it as a fact of life, for PLWHA's and something I'll have to deal with.

Name supplied

I am writing in response to Anthony's article in *Talkabout* # 134. I totally sympathise with him and the whole issue of lipodystrophy. I am in the same situation myself. The article raises one huge problem however. I don't have \$1400 to spend on correcting the effects of medication on my face and I think it's outrageous that in this country which is sup-

posed to have a reasonable and fair health care system that you have to spend that kind of money to treat what is an obvious effect of the treatments. It is not a trivial matter. It is a real need and people on low incomes should not have to live needlessly with crippling side effects.

Name supplied

Dear Editor,

There are mixed messages in the current welfare system that are distressing, downright dangerous, and possibly life threatening.

I think that the ALP might have a good idea with fortnightly checking of centrelink payments to avoid massive overpayments. I have been caught out various times with overpayment problems not because I have deliberately not declared earned income, but because the system Centrelink uses linking Centrelink databases with the ATO includes all total annual gross taxable income, compared to that disclosed to Centrelink. If there is any income like travel allowances, isolation/isothermic allowances, or anything that is an anomaly: that is, not the usual fortnightly income, Centrelink does not take this into consideration at all. Money we spend on transport: from our own pockets, for example, is calculated as income. They automatically assume overpayment and refuse argument. Centrelink is never wrong and we are obviously criminals to question their calculations.

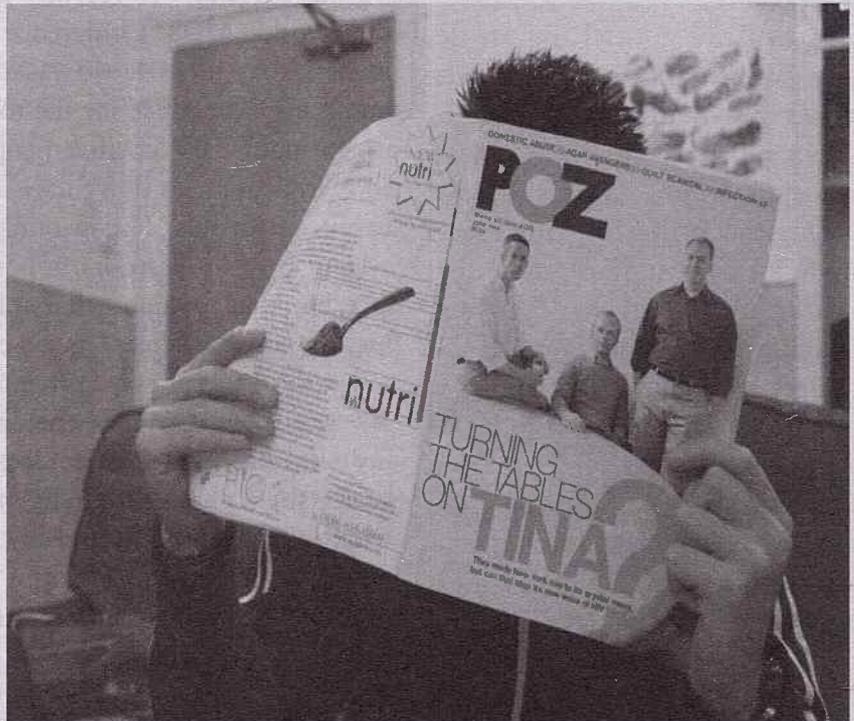
The *Talkabout* team is currently looking at Centrelink issues - if you would like to share your experiences then please get in touch with Glenn or Bec at PLWHA. To read the full text of this letter, please goto www.plwha.org.au. ★

Next Issue

Your next issue of *Talkabout* Magazine is shaping up to be **HOT!** We are looking at the very diverse and popular topic of **Sex!** And not just any sex – positive sex – poz/neg sex – girl on girl sex – boy on boy sex – boys and girls doing it together – **beat sex!**

It also sees the launch of the next in our series of Factsheets called “A Night With Tina” which looks at the usage and impacts of Crystal Meth.

So – we would like to hear from you – your stories and articles – your pictures (Yes – we do want to publish them!) – your thoughts and your experiences. Get in touch with Glenn or Bec at PLWH/A on Freecall 1800 245 677. ★



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Type CADT Photography into Google!

Beat Sex? Are we past it....?

Once upon a time, in the gay world, the beat used to be one of the major places where gay men would go, not only for sex but often simply to meet others ‘like themselves’. Now, however, beats seem to be dying out. Or is this not so?

We are interested in talking to anyone for whom a beat is still a major way of contacting other men for sexual purposes.

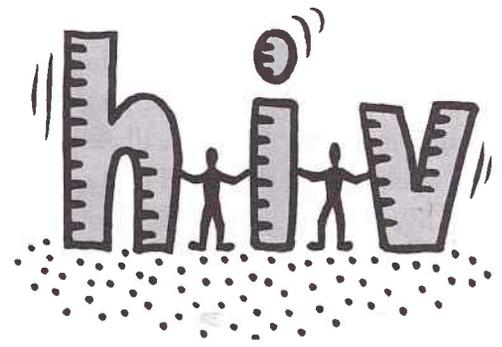
Would you be willing to talk to us, anonymously and briefly, about your beat experiences? If so, phone Glenn or Bec on Freecall 1800 245 677.

What we are interested in are such things as:

• Do you prefer beats to other places for sexual adventures?

- How often might you go?
- Do you also go to other places for sexual adventures?
- What are they?
- Do you have any (other) contacts/connections with the gay communities?
- What ethnicities are represented at your local beat?
- What age ranges are represented at your local beat?
- How do you identify? (G,L,B,T,I) ★

A Different Reality



Bill's recent HIV diagnosis threw more physical challenges at him than he had ever expected....

So what happens when, over a very few months, you fall from normally healthy and reasonably sorted out to so sick with an incurable disease that your life grinds to a pretty complete halt? I mean, even where walking across a road becomes an issue and having to climb the stairs from your kitchen to your bedroom is bad news?

Which is, you guessed it, what happened to me.

I suppose I had been aware of the HIV risks, but hell, walking drunk across a six lane highway is risky too. Besides (I almost convinced myself with the gossip I'd heard going around the town's promiscuous bedrooms), HIV isn't that bad these days. You get a bit of a flu, probably for a fortnight, then you get better, and for years it's business as usual. Eventually, you might have to go on a few pills, but hey, by then, things will be better, won't they?

But hey, the reality was different, wasn't it, the day I was sitting in some strange doctor's surgery, shivering, sick as a half dead dog, hardly able to think clearly, disoriented, insecure as hell, desperate for some comfort, for relief. Dreading the truth, even though a million other tests had come back negative and HIV was the last one...

"I'm sorry," says this stranger, this doctor, looking over his glasses as blandly as is humanly possible, "but

the test for the HIV antibodies has come back, it appears that..."

Yeah, fuck...

It had all started a month earlier. I was working as happily as most, scheduled up for the Big Holiday of the last year or two, a trip to Europe. A week before going, I'd been to a dinner party and the person sitting opposite me happened to have the flu. I chanced to get a chill on the way home, and a couple of days later the aching muscles feeling tired thing started happening. Of course the holiday had been long planned, so of course I assumed I'd throw it off in a few days, and I went.

Problem was that I didn't get over it though. I spent half a month trying to wander around galleries and bistros, and another half in fevers, coughing, nauseous, irritable and, the weird one, numb feet. At the insistence of the friend I was staying with I went to doctors. They prescribed Panadol. When I got back home to Australia I tried going back to work, but almost collapsed a couple of times, literally. If this was the flu, it was the worst I'd ever had, by far.

So here I was in the doctor's surgery, in some medical clinic I'd never even heard of a week before, looking at a stranger who was quietly reading a piece of paper as if he was reading a teacher's report and deciding whether I was going to be suspended

from school...

Hey, isn't that one of those moments in life we never forget? The sudden sinking feeling, the bizarre unreality of it: a life verdict held in a little sheet of paper? The million thoughts blurring through your mind all of a sudden, but none of them adding up to much. The wanting to be anywhere else but here.

We get over shocks though, I guess because we have to. The human system just isn't designed to be horrified for that long. So I started to cope. I got assigned to a doctor that specialised in HIV, who actually smiled, and looked like he had seen it all before, but still cared. I started getting educated and determined to educate myself. Learned to look pretty nonchalant as they took yet another vial of blood out of my arm for another test. Learned about some of the support networks out there, support services, peer networks. Told my boss I needed to take a couple of weeks off, but would be back soon after: getting back into life was going to be important to me. After all, I knew more than one pos guy who was working and living normal routines. Why should I be different? Healthy mind, active attitude stuff, yeah.

Days passed and then: I still felt like shit, big time, and that makes a healthy attitude hard. Some of the

nausea and the awful racking cough went, but I felt increasing attacks of a weakness and lethargy: just no energy, mentally or physically. The two weeks off work passed into several. My feet felt numb and painful, and walking started to feel like I was doing it through waist deep water. It felt like I had sand bags tied all over me. Little things in life: checking emails, reading, putting on music in the background became too much mental effort. Sitting in the park for an hour in the sun became a trial. I made another attempt at returning to work; it lasted two days.

More tests. The HIV tests were indicating my viral load was somewhere off the end of the scale. But that didn't explain what was happening to me, so off to a specialist. More tests, more shocks. Turns out that the HIV had broken through a normally effective barrier in my body and was rampantly infecting my spinal system and brain... Great. Can things be done? These days, yes. I'm fortunate that there is a range of pretty powerful anti-HIV drugs available. The circumstances were pressing.

Which I didn't like; I'd always been the sort who takes a Panadol perhaps twice a year and lets my body get on with its own business, looking after itself as long as I was reasonably sensible. Not so now, it was choice time. To "med" or not? If I said yes, I'd be taking home big paper bags full of pill bottles. Religiously, I'd have to swallow these: no missing out, no forgetting, no not feeling like it. I'd looked up the internet too for some of the side effects that could happen to me. Nasty stuff, anything from disturbed sleep to diabetes: risks I'd have to take in pursuit of that crucial reduction in viral load. But the alternatives things that could happen if I had no treatment? Well, I had plenty

of chances to see some of the victims of them while waiting in the specialist's waiting room; and that was pretty scary.

So I agreed to going on the meds. The symptoms were supposed to start receding.

They didn't: they got worse. I started getting tremor attacks, not too bad at first, even a bit amusing, but one morning I felt off, got up, and my whole body was shaking so badly that my breakfast spread itself off the plates and over the table. I'd always wondered what opening a milk bottle was like when you were spastic... The fatigue got worse too, walking at all became really arduous. My body was collapsing, there was a war going on inside me. I felt like a bystander helplessly observing strange things. But the force of what was happening was stopping my life. Thinking into the future had become an absurdity. Getting through the mornings, then the afternoons and then the nights was more than enough to handle.

Of course I had help, real help. Apart from my doctor, I started seeing a psychologist regularly; something else I had never done before. But it helped; just having someone to listen gave me some emotional solidity. Voicing out what had been rolling around in my head didn't help much physically, but it did help putting things in order. Friends were getting pretty concerned too, which was good and bad. Had I told them my real diagnosis? No, just vague mutterings about having a "brain infection." Most were people who have little to do with the gay culture and their knowledge of HIV was about where most of the population's is: dim memories of the Grim Reaper, and something that happens as an unpleasant statistic in Africa, as seen on the TV news. I wanted to tell my

friends about the HIV, but I reasoned that I'd get over the initial illness first, defer until I was in better shape. But things were getting so bad that they'd even have to sleep over, "just in case." I found I had no choice but to tell them, which I did. Which led to reliving my experiences in their own varying degrees of shock. Now I was not only the patient, I was the consoler and educator...

Friends are still more than worthwhile though, and I remain in their debt. But friends can only do so much. My physical condition was still declining, and I ended up in hospital. I thought I'd be there a week; I was in for a month, one of the most tedious and uncomfortable of my life. But it worked. Having the burden of organising my life was lifted. Calm professionals who had a good idea of what to do with me had it on their rosters to do. The food was bland, but I ate a lot of it. I got bored. I wanted to go home. Various symptoms started abating. I started putting on my best cheery smile when doctors came around to see how I was progressing. And one day they let me go.

Back home to some semblance of life.

This is where I am now I guess, a couple of months later, in a semblance of life, a bit of an anti-climax. Certainly not back to where I started. How could I ever go back there? My experiences have been too strong for that to be on the cards. Starting to rebuild life with a new slant? I suppose so, though it isn't easy it seems to happen.

One huge difference though: when I look back a few months, looking ahead wasn't something to do, but I find now that I am, perhaps despite myself. Human survival instinct? Perhaps, but if that's all we have, then so it is... ★

In the beginning was GENESIS

Garry reflects on the benefits of meeting and sharing information with other newly diagnosed men



There certainly were some bizarre moments.

One was standing in the middle of a circle, with a sign pinned to my back, spelling out the name of a common infection associated with HIV. I couldn't read the sign, but everyone else knew what it said, and I had to guess what I had. Any questions I asked the others could only be answered by either a 'yes' or a 'no'.

Well, my sign said scabies, and this was a hard one for me to get, particularly since I didn't even know what questions to ask, because I knew very little about some of these infections. But chlamydia and syphilis got a good run for their money, while gonorrhoea was over in a moment.

This was one of the ice-breakers in a weekend-long program, known as the Genesis program, which is run several times a year by ACON, for men recently diagnosed as HIV+.

This free program is designed to help such people make sense of the range of issues confronting them after diagnosis. It also provides an opportunity to meet other guys in

the same situation in a totally safe, confidential and supportive environment.

And it is appropriate, in terms of time and context.

No matter how long the infection has been around, no matter how many of our friends we know who have it, no matter that HIV/AIDS is now no longer a life-threatening 'disease', but a manageable illness like diabetes, diagnosis is still a moment of great trauma. And it is also a critical time for most people, because they have to make so many decisions, often without adequate knowledge. So part of the purpose of the program is to bring people 'up to scratch' as soon as possible.

And there is so much to learn – about treatments, drugs, health, fitness, diet, emotional state, reactions from friends, and support.

Probably the majority of gay men who have recently been diagnosed with HIV feel somewhat alone, or that other people do not understand what they are going through. And there are some pressing decisions to make, decisions that will impact on their life - How do I get

reliable information? When I have questions, who can answer them? Who do I tell about my HIV status? How do I meet other guys who are going through the same thing? And where do I get the chance to say what I really think and feel about being HIV+?

The Genesis workshop gives the perfect opportunity to have one's questions answered and to explore such issues as HIV and its impact on your life expectations; your identity living with HIV; how HIV and your immune system works; an overview of current and future treatments, including how they might fit into your lifestyle; HIV and its impact on your health, sex life and relationships; caring for yourself; who to tell about your status and when to tell them; planning for the future; and ways of accessing services in the community.

Well, back to that ice-breaker... how could it not work? And it did – soon we were all discussing different aspects of these previously unspeakable diseases, and in front of comparative strangers.

It was an interesting experience, and many of my presumptions and

preconceptions fell away.

Of the ten participants in the group, all were HIV positive, although not all had been recently infected. But looking around the room at these ten men, one idea about what HIV+ men should look like was soon dissipated. All looking healthy – obesity had obviously passed us by – and most were leading comparatively full and active lives.

It was also quite a diverse group in terms of age range, although it was not particularly ethnically mixed. And there was one couple.

Only two out of ten were actually on medication, both on the PULSE program (hitting it hard and early, not waiting for the immune system to be activated – the idea being to get in first and let the drugs do all the work). This initially surprised me, but it was pointed out that, for many of us, our bodies had already done some of the work of dealing with the illness, and so drugs were not an appropriate response at that point in time.

Some of the issues raised would be relevant to all recently-diagnosed people – treatments, who to tell and when, the role of diet and keeping fit in helping deal with our condition, the impact of one's emotional state on one's general well-being, and the importance of friends and support.

Other discussions perhaps reflected the interests of a smaller group, but an issue that was none-the-less relevant to many gay men – what about party drugs, how do they affect my health, what can

I take with my different medications?

There were also some more contentious issues – like, now that one is HIV+, need one do safe sex with someone else who was also HIV+? Was 'bare-backing' now acceptable in certain situations? So there was some discussion of how there were different strands of HIV and what this might mean in the infections context.

Several men spoke of having a strange sense of relief when they were diagnosed – it was almost as if they didn't have to worry about getting HIV any more, now that they had it. This might seem perverse, but it is an understandable reaction.

We learned a lot, not least of which was what we didn't know, and so therefore should take some time to find out about.

If part of the purpose of the Genesis program was to make men feel more at ease with their illness, then it worked. It was also interesting to see the bonding process that took place amongst a group of people that, at first glance, might not seem to have that much in common. But by the end of the weekend, we were joking with each other, even taking what might be seen as liberties – but in such a context, it was all good-natured.

So it all seemed to go well, so well in fact that the group were keen to go on meeting, outside the Genesis context. At the end of the weekend, most of us went off to a friendly pub for a drink – or three. And less than a month later, we all

caught up for dinner and a gossip at a local bistro. And we'll probably go on meeting from time to time into the future. And after that, who knows?

In such ways are friendships made and maintained in Sydney's gay male community.

If you think that you would benefit from attending a Genesis workshop, all you need to do is give us a call. We will require a short face-to-face interview with you prior to attending, so that we can modify workshops to suit your needs. We will ask you about your medical history, your current knowledge around HIV and what you expect to get out of the workshop. Simply phone the HIV+ Men's Health Promotion Unit on 9206 2000 or freephone 1800 063 060 to find out when the next Genesis is running and to make an appointment for your interview. ★

Health Promotion evaluation

The Health Promotion Project of People Living With HIV/AIDS (NSW) is currently reviewing *the words to say it* resources on HIV positive sex, relationships and sexual health, and our fact sheets, which are produced as inserts in Talkabout. We would like your opinion to help us provide relevant and helpful resources. Your comments will help us to evaluate the usefulness of current campaigns and resources and inform the directions we take over the next twelve months in Health Promotion.

The information gathered is confidential to People Living With HIV/AIDS (NSW) Inc. No information will be kept that allows for the identification of any person doing the survey.

It will take you approximately 15-20 minutes to complete. Thank you for taking the time to participate in this survey.

Please return the survey by 19 November 2004

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

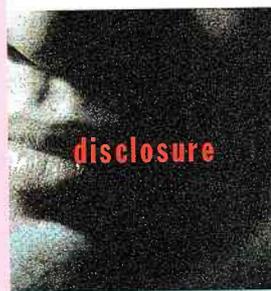
**Reply Paid
PO Box 831
Darlinghurst NSW 1300**

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

the words to say it evaluation

(a series of 3 brochures and 2 fact sheets)

THE WORDS TO SAY IT

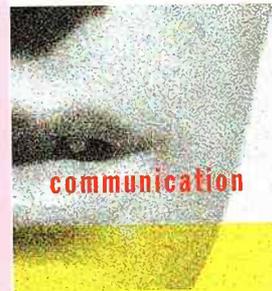


disclosure

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

People Living With HIV/AIDS (NSW) health promotion
www.plhba.org.au (02) 9361 6001 freecall 1800 245 677

THE WORDS TO SAY IT

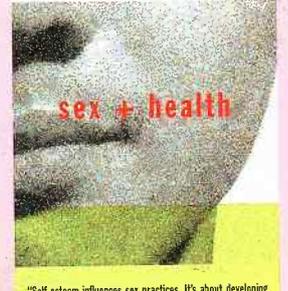


communication

"It's about self-esteem and negotiating relationships and HIV positive sex with reliable and meaningful information."

People Living With HIV/AIDS (NSW) health promotion
www.plhba.org.au (02) 9361 6001 freecall 1800 245 677

THE WORDS TO SAY IT



sex + health

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

People Living With HIV/AIDS (NSW) health promotion
www.plhba.org.au (02) 9361 6001 freecall 1800 245 677

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

THE WORDS TO SAY IT



communication disclosure discrimination sex + health

People Living With HIV/AIDS (NSW) health promotion
www.plhba.org.au (02) 9361 6001 freecall 1800 245 677

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

sexually transmitted infections: a guide for people with hiv.



"I need to be able to live as well as I can - that's what's most important to me and with the information to make decisions that are appropriate to me."

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

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

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

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

Managing your sexual health

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

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

People Living With HIV/AIDS (NSW) health promotion
www.plhba.org.au (02) 9361 6001 freecall 1800 245 677

1

(a) Have you read any of *the words to say it* brochures and fact sheets (see previous page)?

Yes No

(b) Where did you get copies of the resources? Please tick the following:

Talkabout Community Organisation Doctor/health care provider
 Sexual Health Clinic PLWH/A (NSW) Mailout PLWH/A (NSW) Website
 Other (please specify) _____

On a scale 1 to 5 where one is poor and 5 is excellent, how would you rate these resources?

1 2 3 4 5
poor good excellent

Why? _____

3

What were the key issues covered in the resources that were most relevant to you?

Why? _____

4

What issues would you like to see more information about?

5

Any other comments



Which of the following describes you?

Male Female HIV positive HIV negative Community Organisation
 Doctor/health care provider Other (please specify) _____

Health Promotion Fact Sheets evaluation

(a series of 7 fact sheets)

health promotion factsheet
people living with HIV/AIDS (NSW)

1

It's easier to deal with the side effects of HIV drugs if you are...
 How these side effects work?
 Do you want to boost your energy?
 Follow caused by HIV
 Follow caused by other
 Consider

managing side effects

health promotion factsheet
people living with HIV/AIDS (NSW)

2

Do you want to boost your energy?
 Follow caused by HIV
 Follow caused by other
 Consider

boosting your energy

health promotion factsheet
people living with HIV/AIDS (NSW)

3

If your doctor has suggested that you consider starting combination therapy this fact sheet is for you.
 1. The best combination for you
 2. How to take your medicine
 3. What to expect from combination therapy
 4. How to deal with side effects
 5. How to deal with drug resistance
 6. How to deal with opportunistic infections
 7. How to deal with HIV-related complications

getting started on combination therapy

health promotion factsheet
people living with HIV/AIDS (NSW)

4

Are you thinking about getting a job and returning to work again?
 Why do I want to get a job?
 How do I find a job?
 What do I need to get a job?
 How do I get a job?
 How do I stay in a job?

i want to return to work

health promotion factsheet
people living with HIV/AIDS (NSW)

5

Body shape change (bodyweight) can be a challenging experience. It is important to support yourself well during and celebrate a sense of control over the situation by moving on a range of self-respect and wellbeing. Losing weight may or may not be a concern for you personally. Either way, you might like to find out more about how some people experience and deal with body shape change. The reasons presented here highlight important themes and issues, but should not be seen as representing all the diverse experiences of people with HIV and lipodystrophy.

change living with body shape

health promotion factsheet
people living with HIV/AIDS (NSW)

6

Thinking of having a baby? Every woman has the right to have a baby and bring her babies to no exception. If you are HIV positive and pregnant or plan to consider having a baby, it is important that the choice you make is an informed one, based on choice experts, knowing and understanding all of the options available to you and knowing what these options involve.

positive pregnancy

health promotion factsheet
people living with HIV/AIDS (NSW)

7

This fact sheet provides you with information and some questions to ask if you are considering participating in a clinical trial.
 What is an HIV/AIDS clinical trial?
 Who conducts clinical trials?
 What is a sponsor?
 What are the risks?
 What are the benefits?

clinical trials

1

(a) Have you read any of the health promotion fact sheets (see above)?

Yes No

(b) Where did you get copies of the fact sheets? Please tick the following:

Talkabout Community Organisation
 Doctor/health care provider Sexual Health Clinic
 PLWH/A (NSW) Mailing PLWH/A (NSW) Website
 Other (please specify) _____

2

On a scale 1 to 5 where one is poor and 5 is excellent, how would you rate these fact sheets?

| | | | | |
|------|---|------|---|-----------|
| 1 | 2 | 3 | 4 | 5 |
| poor | | good | | excellent |

Why? _____

3

What were the key issues covered in the fact sheets that were most relevant to you?

Why? _____

4

What issues would you like to see more information about?

5

Any other comments

→

Please return the survey by 12 November 2004

Reply Paid

PO Box 831

Darlinghurst NSW 1300

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

If you are interested in receiving copies of these resources please contact Health Promotion
Tel (02) 9361 6011; email healthpromotion@plwha.org.au or see www.plwha.org.au

C

oming out in the country



“Faggot, Poofter” recently shouted at myself and a friend as we walked down the street of a regional country city. It unnerved and shocked us both as to why we attracted vilification of this nature. We both laughed, a nervous reaction and then both felt violated and in danger. We did not proceed with our walk down the main street. It stayed in my mind as I came to put my story to paper. Was this what it was all about. Maybe defining the words would help? Faggot according to the Macquarie Dictionary: “a bundle of sticks”. I do not think so. Let’s refer to the word fag. “Colloquial (derogatory) a homosexual. Now to poofter. “Colloquial a male homosexual”. So, all this time and I have become nothing more than a colloquialism.

But there is more to my life than derogatory terms. A long term marriage, (happy for the most part) three children and two grand children later and I then decided to come out of the closet. Mind you, I wasn’t aware that I was in the closet. A reasonably normal upbringing-Baby Boomer vintage, I sailed through life being inspired by the typical role models presented to me. I had no reason to believe I had an issue with my sexuality until there had been a number of epi-

sodes either relating to approaches made by other males and episodes of inquisitiveness on my part.

As my inquisitiveness grew my relationship with my wife became more tenuous and we became more distanced. We had shared many happy years, filled with challenging experiences and love. Irrespective of the rights and wrongs involved I ventured into an affair, heterosexual. I was able to be very truthful with her about my doubts. She was very accepting and made me wish that I was incorrect in my assessment of my orientation. How could I make any real assessment if I had not really explored that side of myself or was I heterogeneous. After I had been separated for eighteen months and several trips into clinics for depression, I decided to experiment. Initially, I felt I did not belong anywhere. I was somewhat fatuous in my behaviour, but I did not feel comfortable pursuing a gay life. Many aspects of the life style were abhorrent to my moral sensibilities. Then I decided to stop fighting the feelings and just allow things to happen. There was a reasonably happy time followed with some casual encounters of deep friendship which filled me with excitement and fear at the same time.

Then in a moment of thoughtless passion I found myself presented with the dilemma of unprotected sex. Given all that I knew about safe sex, I proceeded. The end result, I am now HIV positive. My seroconversion was dramatic, I thought I had the flue, then as things became worse in hospital I realised that something was very wrong. How could this be, first time unprotected and not through penetrative sex, I was the top. I could not believe the odds involved. I went into a new form of depression. The Grim Reaper had enveloped me. What followed was a life masking the truth. All the things in my life I had suppressed, felt guilt about, the lives I had ruined including my own. Why wait for the inevitable? I then contracted CMV and thought I had reached the beginning of the end. Ten months on and back in hospital. Four spinal taps later and two weeks on and finally a diagnosis. Where was this going to lead, what was the next step? An angel of mercy has come to my aid, that is understating the situation. Though I had access to counsellors in Sydney, 4 hours away from Sydney, I seemed to be more negative after sessions. Unresolved issues haunted me, opening doors and then having to finish a session without closure

or resolution. I like things tidy, no bits. All the while I was ignoring someone who was supporting me. A good deal younger than myself, someone I found comfort in speaking with but conscious I was doing that in a dishonest way. I had not disclosed my status. There had been enough deception. It was time to risk the friendship. I disclosed my status to the surprise statement "You don't expect to be treated differently by me, do you?" The real answer was yes, I felt I deserved to be deserted, punished, feel the weight of my actions. Into my life came someone who really cared and who understood, someone I didn't have to apologise to. Someone who made me feel whole, loved and desirable. All those aspects that should remain unmentioned by the male, the silent female side of the male persona. I guess the derogatory terms apply in this respect. I am still fearful of my future, I have moments when I feel I have been possessed by this insidious virus. It not only rules my body but it possess my mind. Thank God for my guardian angel. He gives a new vision to my eyes, changes the outlook of the world, even amidst the yelled abuse of homophobic youths. I also have a bevy of beautiful friends and family who support me in many varied ways. I will not enumerate them here. They constitute my real medication in the face of such overwhelming doubt. I thank them all from the bottom of my heart. My next major task is to make sure they all know, every last one of them.

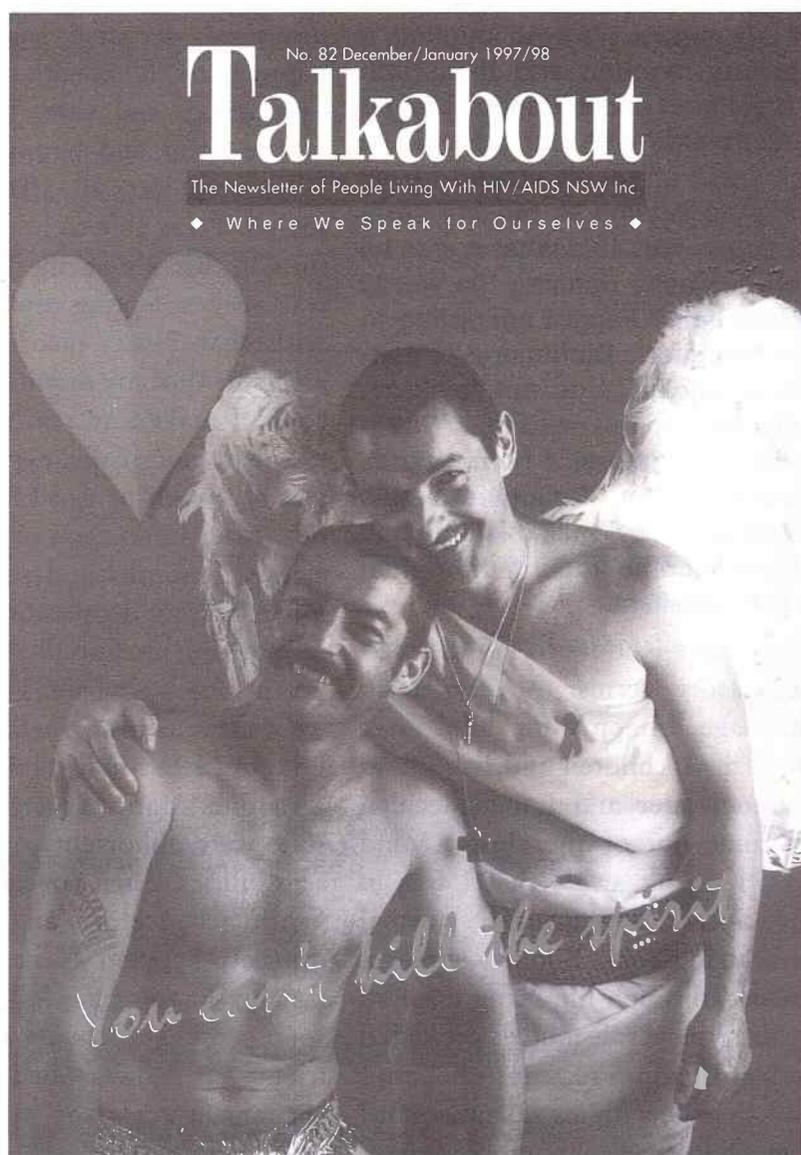
I hope this story has not become too intemperate. There is little I can offer the world, just this small token of my life. It is only worth something to someone else if it speaks to them in a positive way. Listen, it may just speak to you! ★

P

ositive and President

My name is Jonathan Vincent. Back in 1997 I received 5 and a half million stem cells from my identical twin brother for the treatment of my AIDS related Non Hodgkins lymphoma. *Talkabout* and other magazines very kindly helped us resonate this story to the positive and general communities through a cover story and several follow up articles.

This world first medical protocol has prolonged my life for another seven years so far, so now as I look forward to a quarter century as a positive person I wanted to share some of my recent experiences.



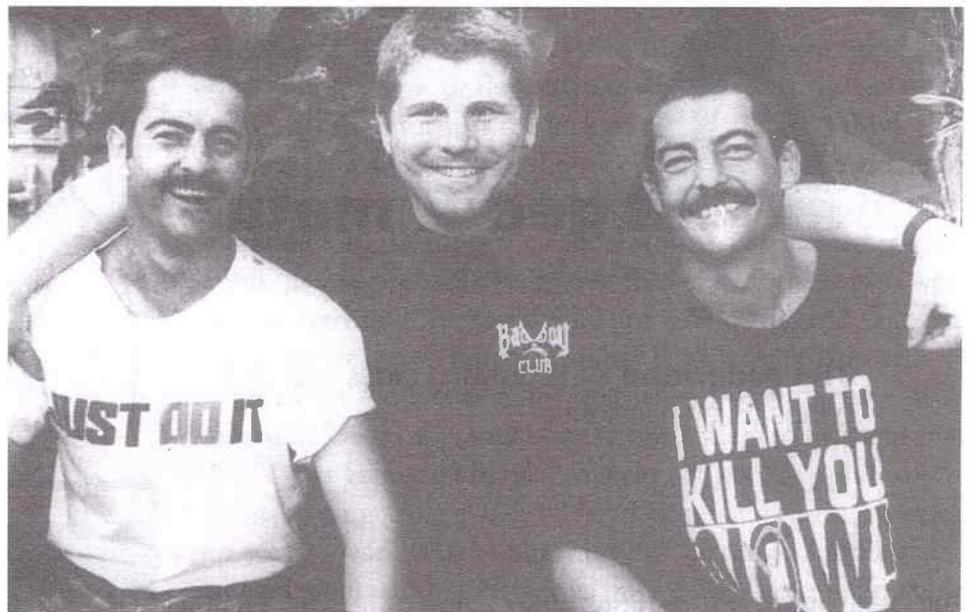
Having lived around RPA after the 1997 transplant, my partner John and I gradually moved away from the inner city area in a steady westerly direction. Three years ago we found ourselves in the Blue Mountains having settled on a bush block in north Katoomba. The adjustment took some time. The pace was slower, the air more rarified – (Katoomba train station is 3,300 ft above sea level) and there were four distinct seasons in a year. This year for the first time we have enjoyed significant snowfalls – enough to close the Great Western Highway.

John and I joined the Katoomba Golf Club. I have always enjoyed golf (past Mardi Gras Champion) and after initial reservations, some of them attributable to mountains mannerisms, we began to fit in.

The golf course had signed a development agreement in 1991, which was to result in the building of a new club house, redesign of the golf course, and finally the construction of 120 villas and terrace style houses and a 128 room hotel. Yet after 14 years there was nothing to show the members for the passage of time. John and I decided to put our hands up to help. Initially it was through volunteering our time and co-ordinating fund raising activities, such as auctions. Members began to respect our input. Our good results were achieved through unconventional methods in the eyes of the locals. We slowly gained their trust.

Through 2002 and mid 2003 there was still no club house in sight and morale was not good. I saw the symptoms of a membership atrophying in their apathy.

Nominations opened in September and John and I were encouraged to stand for the Board of the golf club. Within a month, John



had become a Director and I had ousted the incumbent President for the top job. The fact that I might have been one of the world's first HIV positive Presidents was not something I dwelt on. A mountain town like Katoomba is no different to a country town like Mudgee, where tradition and overt homosexuality don't mix all that well. The members held their breath but when a friend Ian agreed to join the Board, the club had three openly gay directors in its ranks.

Mindful how stress can impact health, and with some diplomacy experience from my time with the Ministry of Foreign Affairs in Wellington, I needed to hit the ground running. The first month I immersed myself in 15 years of legal documents, development agreements, contracts and official minutes. The Board on the whole was as new at this as me, and in the world of political intrigue there was no smooth hand-over period. The position was unpaid except for expenses and an 80 hour week was common.

Before I had stood for the President's job I had made a promise to

the club's oldest member George to try to have the new club house open during his lifetime. To help me achieve this necessitated a close alignment with the Blue Mountains City Council, in particular the mayor Jim Angel who happened to be a neighbour of mine.

May 14th 2004 saw the opening of the new club house, and 91 year old George and his wife cut the ribbon. The balance of the redevelopment project is ahead of schedule. George unfortunately died a week ago, and I gave the eulogy at his service. I had kept my promise while managing my HIV, through T 20 trials and monthly visits to Dr. Workman. Just as the impact of the World First Medical Protocol continues to resonate for the benefit of all humanity, so my 12 months as a positive President has cast the stone in the pond that is the future prosperity of the Katoomba Golf Club. In both cases the problem looked difficult, the application was simple enough though – Live or Die.

I will not be standing for office again at this month's AGM. One year was enough for me this time.★

Aged & mature

Tim Alderman finds growing older with HIV brings its own insights



Full realisation of getting older really hit home when I started to do yoga. Though now 50, I was a mere 48 when I found myself wanting to keep fit without stressing my body, or subjecting it to undue impact. I didn't really want to develop muscle – I sort of like my lean body – so yoga seemed the way to go.

My partner and I turned up at a yoga studio in Bondi one Tuesday night, and within two hours we felt defeated. Faced with a room full of young, nubile bodies, I think we were both very intimidated. I didn't think I had become as rigid as I was until I tried to do some of the yoga stances. I just wasn't up to it. My body doesn't bend the way it used to, I can't do a full sit-up without grabbing my thighs to help myself up, and anything that involves twisting this part of the body through that part is definitely out of the question. Though I don't have many problems with neuropathy these days, it has affected my balance, so doing anything on one leg is also out. All in all, it is probably of immense credit to me and my partner that we went through the entire 9 weeks of the program. I didn't re-register for financial reasons – I'm on a pension and it's expensive – and then finding that

the 'Lifestyle' channel on Foxtel has a ½ hour yoga program on at 10.00am every week day. They do Ki yoga – a bit more physical than the standard forms, but the time suits me, and not having to watch young 20-something men bending like willows next to me is good for my ego. I can also laugh out loud when they tell me they are going to be doing any bendy poses that I can't do, and I can yell at the screen "No. You're going to do that! I'm going to do something more within my limits instead". That is true empowerment for you. Despite their continued promises over the last 2 years that I would find it easier, and I would bend more as time went on, I never have. I don't really fit, and stops my stomach heading off in directions I don't want it to go in.

I don't generally like to brag, but I think I look pretty good for my age. Thanks to good genetics, I've reached 50 still fairly lean. I don't have any unnecessary wrinkles apart from those achieved from natural expression, and I still have a full head of black hair. Despite often being questioned by hairdressers curious to know if I dye it, I never have. I think the fact that my

facial hair is grey generally leads to the question – but no, it's all natural. HIV – much to my surprise – has also been kind to me. Despite seroconversion in 1982 and having had AIDS in 1996 which almost killed me – and which has left me with some visual impairment – I don't actually look as though I have been ill a day in my life. Despite being on drug therapy of one kind or another continuously since about 1990, I have not developed the horrific symptoms of lipodystrophy or lipoatrophy, nor does my current drug regime give me any side effects to speak of.

I had my last serious illness in 1999, which consisted of a viral invasion on my brain – again it was thought I wouldn't recover from it but did – and a kidney stent to alleviate the symptoms of Indinavir related kidney sludge. I changed doctors, changed combinations and everything has been fine since. I've been undetectable for years and have had stable CD4 cells since 1997. Not high at just under 300 but constant. The doctors are happy, the neurologist is happy, the eye specialist and the kidney specialist are happy, and in return so am I, as I have to visit them very rarely these days.

Personals: Guy 50s, inner city area, active and in good health, hiv +, 5' 7", grey/blonde, likes the gym, swimming, movies and food, seeks person for companionship, relationship.



Sat 16 October 11.00am

NorthAIDS, 41 Alfred St Sth, Milson's Pt

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

Limited places available. **Please RSVP by Fri 15 Oct 2004**

(for catering purposes)

Call 9929 4288 or email healthpromotion@plwha.org.au

Little is known about the health and social needs of hiv positive people over 50 (a growing section of the *plwha* community). This discussion forum wants to provide some insight into how hiv positive people experience ageing. Come along and hear panel members discuss ageing, and its potential personal and social implications (e.g. self esteem, social participation and decisions related to ageing). This will be followed by facilitated small group discussions.

WORDS TO SAY IT



PEOPLE LIVING WITH HIV/AIDS

www.plwha.org.au

Myrtle Place
NorthAIDS Inc

As a member of the Positive Speakers Bureau, I am often asked at talks what I put this turn of events down to. I really don't know, anymore than anyone else seems to, and my usual answer is that it is just the luck of the draw, that I think that because I was infected in the very early days of the epidemic that I ended up with a weak strain of the virus, before it mutated into the more virulent strains that appeared shortly after. It can probably be argued that many others who were infected around the same time are now dead, and that is a good argument, so maybe it comes back to luck after all.

However, the fact remains that when I was officially diagnosed in 1985, I was told I had about 2 years to live, and that "HIV was going to kill me" was part of my life's philosophy right up to getting AIDS in '96. I genuinely never expected to see the year 2000, let alone my 50th birthday. I think that I always assumed that HIV was, in one way or another, going to spare me an old age and all the problems inherent with ageing. It looks as though this is not to be so. Certainly nobody seems to know exactly what I can expect, and certainly I have formed my own strategies regarding ageing. My honest answer to anyone who asks exactly where I think the journey goes from here will be told that I seriously doubt that HIV will eventually kill me.

I have entered into ageing territory now – the realm of heart attacks, strokes, late onset diabetes, Parkinsons', dementia, Alzheimers, loss of hearing, loss of sight – at least one thing I'm already used to – and rheumatism are just some of the obstacles that seem far more formidable to me now than HIV. It's not as if one can just ignore HIV. I realise that. It's just that now a plethora of other problems also have to be taken into account.

Since my AIDS scare, my lifestyle as a whole has undergone an enormous change. What just used to be arm exercise lifting a beer glass is now total exercise. My daily over-drinking habits – and they were – are now restricted to only drinking when with friends for dinner. My 2 to 3-packs-of-cigarettes-a-day habit is long gone, and good riddance to what is essentially a mug's game. My meals on the run, and quick take aways are now replaced with healthy meals, with take away an occasional luxury. I'd like to think that I missed any of my old habits, but I don't. I feel great, and I can say without modesty that I look great. I have been with my partner for 7 years now, and despite a sex drive that is all over the shop, it is going to last as long as both of us are around to sustain it. We have moved from the Eastern Suburbs to the Inner West, and life is a lot more relaxed and stress-free as a result of the move.

Do I miss Darlinghurst? You have got to be kidding!

However, there has been an unexpected drawback. I've now been on the pension since 1993, never expecting to outlive it. It has become almost like a trap. What I never thought about

when I went on it – apart from the fact that I really had to go on it at one stage – was that for every year I stayed on it, I was ageing a year. I want to go back to casual or part time work in the retail sector. My partner and I have a business, but we don't have the money to sink into it at this stage, and with him working full time, and me on the pension, no one will lend us the funds we need to establish the business.

And I'm bored with being a househusband. I need the freedom that comes from having a job, and the extra money it brings in. I'm sick of constantly having to nag to get the money to keep the house going, and sick of having nothing to spend on myself. But, no amount of resumé jiggling and positive approaches to getting a job can hide the fact that I'm not a spring chicken, and perhaps more than any other single thing this has driven home to me just how old I am.

It's demeaning and soul destroying to feel that all the skills you took a lot of your life developing, that all the respect you have earned in jobs over the years, that all the experience you have in the sector you work in all becomes nil because you are getting older. This is my one obstacle, and come hell or high water I'm determined to overcome it.

I guess that along with everything else, the other thing I hate about ageing is that, as a HIV man, it can get very lonely. It's not that I don't have friends, or my partner and his family. It is more the knowledge that the people I thought I would grow old with are all gone. In some respects, I lived my old age in my 20's, losing the friends and acquaintances then that I thought I would have been losing in my 70's or 80's. The world turns!

HIV and I are old friends now. We've lived together for a long time. It's had several goes at getting rid of me, all without success. I don't know that it has given up, but I'd like to think my stubbornness may have discouraged it. The future as an ageing HIV man is going to be interesting, not just for me but for many others. Another area of medicine that no one ever thought that they were going to have to worry about? We'll see! ★

A sk Ingrid

Q: I've heard that it's good for HIV positive people to do aerobic exercise. But I've also heard that we shouldn't loose too much weight. How much is a good amount to do? Are some types of aerobic exercise better than others?

A: Aerobic exercise is only good if you have energy and muscle mass to spare.

For most HIV positive people aerobic exercise is something you would add to your exercise program after you had everything else working well. (I talk about this more in my article on the next page.)

So first get your muscle mass, strength and core stability back on track.

This should take 3-6 months depending on where you are with your general health.

If you are putting 2-4 good solid exercise sessions in at home or in the gym you will be getting aerobic exercise and gaining lean muscle mass anyway.

The advantage of the additional muscle mass from improved core stability and larger muscles is an increase in your body's metabolism.

This more efficient body will now synthesise protein better, insulin sensitivity will increase, energy levels will be higher and appetite and sleep patterns will stabilise.

Swimming and bike riding are less likely to make you lose your hard earned muscles, while walking and running will burn fat a little faster if you are cutting up for a special occasion.

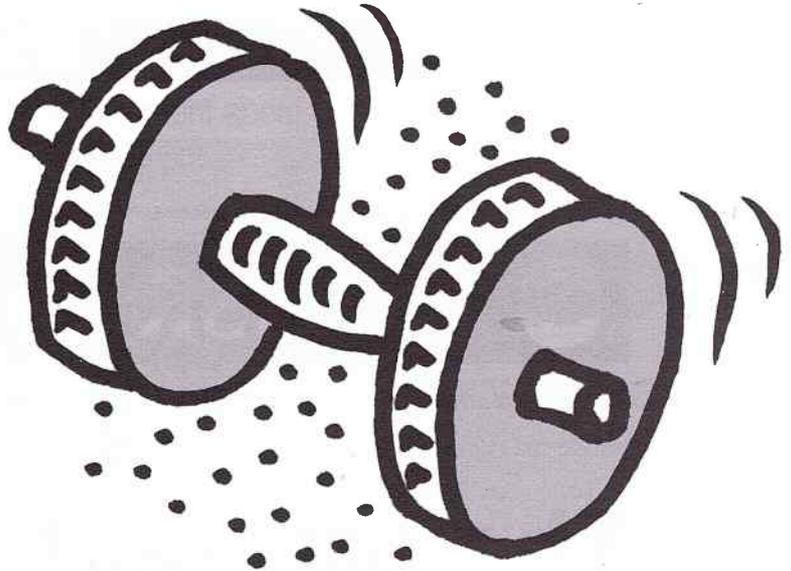
The right amount of aerobic exercise depends on what other activities you have in your life.

For most people who don't want to lose weight, put your energy into making your training at home or in the gym harder.

For others who are relatively well between 20-45 mins once or twice a week with-out sacrificing strength gains should be plenty.

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 or PO Box 831, Darlinghurst NSW 1300. ★

The next step in getting the most from working out at home.



In many HIV positive individuals, various levels of deconditioning are present. Examples of this are chronic low levels of energy, disturbed sleep patterns, muscle wasting or weakness, slower metabolic rate, etc, etc. It is vital to set up a program where recovery can be monitored easily to avoid overloading the body's ability to recuperate.

In the beginning, loss of muscle mass and core stability are usually the most important things to address. (I say usually because I am a great believer in individuality and of course, each person will require something a bit different even if the starting point and goals are similar).

Core stability muscles are the abs, gluts, pelvic controllers and upper and lower back. These muscles control posture and unlike the other muscles of the body i.e. chest, arms, and legs, can shut down if not used regularly.

If you have someone who has been bed ridden, in-active for long periods, has had some type of chronic fatigue or neuropathy, these muscles will be very weak. The ramifications can be quite serious if not worked on. For example

if your abs and upper back are not holding you upright your breathing will become compromised and lack of oxygen will effect the body's energy levels. You also do not recover from any type of exertion as quickly and you begin to get a paunch, even if you do not have any additional fat in this area.

The consequence of these muscles being weak is that it looks like you have a gut and the round shoulders make this appear ever worse because this makes it look like you have no chest. To go on from here your pelvis is tilted forward tucking your bum under making it look like you have no bum.

If you strengthen these muscle groups, you will improve your appearance. If the muscles of the trunk are switched back on and strengthened they will act like a girdle and guy-wire holding the gut in, pulling the shoulders back and increasing the curve in the lower back thus pushing the bum out. It is a physiological fact that muscles can only pull not push so these muscles act like an anchor allowing the other muscles to do their job.

To incorporate core stability into your home workout acquire

an exercise ball. (\$50 from Rebel Sport or \$25 from K-Mart).

Change the crunches on the floor to crunches on the ball.

Start with your bum lower than your shoulders and gradually lean further back over the ball to make the exercise harder.

Change the superman on the floor to on the ball.

Stomach on the ball get your balance, the higher you lift the limbs the harder the exercise will be.

To finish your work-out, add ball balances.

Sitting on the ball gets your weight sitting evenly then without transferring your weight to one side lift one leg and balance for as long as you can.

Next issue I will have photos again and a new program to take your work-outs to the next level! Stay fit and keep the questions coming! ★



National Centre in HIV Social Research



HIV+ HETEROSEXUALS

The straight poz study

heterosexual men and women living with hiv

The Straight Poz Study is the first Australian major 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 (NCHSR) at the University of New South Wales and Pozhet (Heterosexual HIV/AIDS Service NSW). 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. The study is an ongoing project and 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. The study commenced this year, and the first round of interviews focuses on identity, relationships, disclosure and social connectedness. Interviews with positive straight men have been completed for 2004 and we are currently recruiting positive women as well as male and female partners 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

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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 

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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.

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Signature _____

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

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

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

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

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

Name _____

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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 \$ _____

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-massage-yoga-reiki-lomi lomi - appts essential - contact the plc on 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 John 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, Carlington 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 John on 02 9206 2080 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.

PozConnections hiv/hepC peer support call Steve Meyer (hiv) or Paul Underhill (hepC) via ACON

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

Canberra

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



HIV+ HETEROSEXUALS

THE MAIN EVENT

**Living heterosexually
with HIV/AIDS Workshop**

For positive men, positive women, their partners and family members
Saturday 13 November 2004 9.45am – 4.30pm Surry Hills, Sydney

Will there be a Cure?

Cutting edge news from the front line
Special Guest: Dr Virginia Furner, (Albion Street Clinic)

It's your life – what are you going to do with it?

Setting and achieving your goals • Leighan Kerr (Coach to the Stars)

Jazz on a plate

Fabulous food and jazz • Rebekah Jensen Duo

Accentuate the positive

Harmonizing mind and body
Achim Schenk (Clinical Hypnotherapist)

Lights, Make-up, Wardrobe, Action!

Mandy Blacklock & associates • Vogue, Dolly, Cleo make-up & hair stylist

Best foot forward

Four o'clock dancers • Ditzzy dancing divas

**The main event - go the distance in style with old friends and new.
Fabulous food. Free car parking**

Plus: Positive Scholarships for country visitors including hotel accommodation

Book now! Ring Freecall (Aust) 1800 812 404

O

Iga's personals

Richard - We met in the bleachers at Sleaze, shared confidences and joints but lost each other about 5:30am. If still interested please ring Garry - 0415 191 776.

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, Dark, Handsome, loving 34yo aussie guy, positive (4yrs), not on medication, into healthy balanced lifestyle, fun, laughs, keeping fit in mind body and spirit. Mostly non-scene, fit, passionate, sensual, looking for similar likeminded DTE masc guys with depth and substance for friendship and more if compatible. Enjoy yoga, travel, music, food, swimming, meditation, massage and good sex. **Reply: 190704**

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**

Newtown 45yo, 5ft 11, 90 kg poz guy looking for LTR with an honest genuine and very active guy. Hairy guys with facial hair a big plus. Enjoy entertaining, travel, AFL and new to the gym. Non smoker and not into drugs. **Reply: 060904**

35 yo poz bloke Sydney hey I am 5ft 7, 86 kg solid bear (bottom) shaved head, goatee, beard, tats, pierced and hairy GSOH into outdoors, camping, music, movies, gym, leather iso (top) muscle body-builder with some interests who is into ruff sex view to LTR age 35 - 45 No timewasters **Reply: C070904**

Surry Hills HIV+ Good looking straight acting 36 yo GWM DTE guy with GSOH seeking special guy 30 - 45 for friendship, good times, possiblereationship without drugs. **Reply: C130904**

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+ divor-

cee. 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, die, 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

A Guide to Olga's Personals

ALA All Letters Answered

LTR Long Term Relationship

GSOH Good Sense Of Humour

NS Non Smoker

ISO Looking For

DTE Down To Earth

WLTM Would Like To Meet

GAM Gay Asian Male

TLC Tender Loving Care

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 Hot-mail 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.

halc

HIV/AIDS Legal Centre Incorporated

FREE LEGAL ADVICE

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

To make an appointment please call us on
02 9206 2060

All information is kept strictly confidential.

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

 **SHARPE'S**
TRADITIONAL & HERBAL PHARMACY

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

Open 7 Days 9.00am till midnight

Lise Benjamin Chris Ireland Greg Johnston

Wanted - Gay men who have partners with the opposite HIV status to themselves.

We are conducting research into how gay men live in relationships where one person is HIV positive and the other is HIV negative.

We would like to recruit individuals to complete a questionnaire, which will assist us in the study.

If you are HIV positive, or negative, and your partner has the opposite HIV status, and would be prepared to assist, please contact: Michael Buggy at the Albion Street Centre on 9332 9742.

It is not necessary for both partners to participate, though both can if they wish.

All participants are guaranteed confidentiality regarding their initial inquiry, and anonymity regarding their questionnaire.

S

o can you cook 8



Tim Alderman suggests
some brunch ideas

In this spring column, I am taking you on a journey with two of my all-time favourite things – desserts and blood oranges. Anyone who knows me can tell you that I am a dedicated deservent (the dessert version of a foodie – of which I'm also one), and will forgo entrees and main courses in restaurants if it means I can have a kick arse dessert. It is the ultimate ending to a meal as far as I'm concerned. I have hundreds of recipes for them, and even though I know beyond any shadow of a doubt that I will never get through them all, not even in several lifetimes, I continue to collect and drool over them. When I have friends over for dinner, dessert is decided before the meal plan even begins. If this sounds a bit obsessive to you, you're right. It is, and I have no feelings of guilt connected to this obsession. I excelled in them at TAFE, and if I were young enough to get an apprenticeship in the hospitality industry, it would be with patisserie. As for blood oranges, I wait

anxiously for the first of them to appear at the beginning of spring. Their glorious colour, and sweet tartness make them perfect for salads and desserts. If you visit Europe, especially France, and order orange juice for breakfast, it is more than likely to be blood orange juice you get.

I am approaching the recipes in this column differently than usual. I am going to give you one basic dessert recipe – a blood orange jelly. This is incredibly simple to make, and will impress your guests a lot more than any packet jelly will. I am going to give you a range of accompaniments to go with it to make it a contemporary summer dessert. Don't forget your presentation. I hope you have fun with it.

If any readers would like recipes for any occasion, help with cooking, information on ingredients or assistance with planning function, please feel free to email me at tjalderman@ihug.com.au. I am only too pleased to help.

Blood Orange Jelly

- 500ml (2 cups) strained blood orange juice – about 5-6 blood oranges
- 250ml sugar syrup (½ cup sugar to ½ cup water, then boil 5 minutes)
- 2 tablespoons grated blood orange zest (Grate before squeezing)
- 4-5 leaves gelatine (these set better than powder gelatine, and are available from places like 'Essential Ingredient', 'Jones the Grocer' and 'Simon Johnson Providore'. If it is too difficult to obtain, use 1-1½ sachets of powdered gelatine)

Juice oranges and strain. Mix zest with warm sugar syrup, leave aside. Alternatively, boil zest with sugar syrup with a more intense orange flavour. Soak gelatine in one cup of the juice (or soak powder in 3-4 tablespoons cold water for 5 minutes. Heat juice to dissolve gelatine, or mix powdered gelatine with one cup of juice and slowly heat till dissolved. Mix all liquids together, strain, then pour into 6 dariole moulds or other moulds you wish to use. If you lightly oil them with vegetable oil (this has no flavour), they will slip out easily when set. Chill for 4-5 hours to set, or overnight. If moulds are unoiled, or jellies do not slip out of moulds when inverted on a plate, dip the mould in hot water for 20-30 seconds to release jelly. If you need to slide them into position on a plate, rub a small amount of orange juice under the jelly, and slide it CAREFULLY into position. Otherwise be creative and work around it.

Blood oranges are seasonal, so don't feel restricted to just using them for jelly. If you have a food processor or juice extractor, try this recipe with apples, lemons, oranges, limes, pineapple, berries, mango or grapes. Just remember to strain the pulp out of the mix.

Accompaniments

TUILES:

These are delicious, brittle wafers. Sift 50g plain flour, 65g caster sugar, 35g icing sugar into a bowl and make a well. Slowly add 125g eggwhites (2-3 whites. Weigh them), and incorporate with your hands, making sure there are no lumps. Add 65g melted butter, and chill mix for 1 hour. Place a sheet of baking paper on a tray, then lightly spray with cooking spray. Spread mix onto paper in round or square shapes. Allow 1 per person, and don't be anal about shape. Bake in 150°C oven until a light golden brown all over. Peel off, cool slightly, then shape. Until they are cold, these are quite malleable. You can shape them into cups by draping over the outside of a cup or glass, fold into loose envelopes to insert chocolate wafers into, scrunch them, twist them, or do free-form designs.

ROASTED STRAWBERRIES:

How delicious are these! Preheat oven to 160°C. Arrange 2 punnets of washed and hulled strawberries in an ovenproof dish. Sprinkle with 2 teaspoons vanilla essence and 2 tablespoons caster sugar. Place in oven for 8-10 minutes, until berries are soft and juicy. Cool in dish.

ORANGE MASCARPONE:

Beat 2 eggwhites until they are stiff, then set aside. Beat the two yolks with 2 tablespoons caster sugar and 1 tablespoon grated orange rind. When light and creamy, gently whisk in 250g mascarpone cheese (from dairy section in supermarket) and 1 tablespoon Grand Marnier or a teaspoon of orange blossom water (from health food stores, specialty stores, or 'Herbies' at Rozelle). Fold the eggwhites through the mascarpone mix and chill for 1 hour.

POMEGRANATE & FIG

SALAD:

Finely slice 3 green figs and 1 guava and place in a bowl with segments from 1 orange (use a blood orange for effect). Slice a pomegranate in half and scoop out the seeds into the bowl. Squeeze remaining juice from pomegranate over fruit and serve.

CANDIED ORANGE

WEDGES:

You can eat the skin and all on these delicious morsels. These are for genuine sweet-tooths. They will keep in their syrup for about a month. Cut 3 blood oranges and 1 naval orange into eighths. Heat 4 cups caster sugar and 2 cups water over low heat, stirring until sugar dissolves. Increase the heat, add the wedges, then simmer, stirring regularly, for 30 minutes or until transparent. Remove from heat, then stand the wedges in the strup for 4-6 hours, or overnight. If you wish, add a cinnamon quill and 2 star anise to the syrup when cooking.

Garnish with a chiffonnade (very fine julienne) of basil leaves.

RASPBERRY SAUCE:

Place 300g fresh raspberries (use frozen if out of season or expensive), 50ml orange juice, 3 tablespoons icing sugar and 2 tablespoons orange liqueur (buy miniatures from a bottle shop – they are relatively inexpensive) into a blender and blitz until smooth. Put through a sieve and refrigerate. Spoon around the jelly and garnish with fresh raspberries and a sprig of mint.

SPUN SUGAR:

This is for the more advanced, or more adventurous chefs. People will tell you this is difficult to do, but it just requires good timing and

patience. Be prepared to waste or burn 2-3 sugar mixes before you get it right. This is the one thing where a sugar thermometer is a must. The effect of spun sugar is fantastic, and will make you look like a real pro. To do it properly, buy a cheap whisk from a \$2 shop, and cut the curved bottoms out of the whisk blades to leave you with a bunch of metal sticks. This is easier to use than forks.

Bring 250g caster sugar and 225g water to a simmer in a heavy-based saucepan. If you want a kitsch effect, put some food colouring into it. Brush down the sides of the pan with a wet pastry brush during simmering, to prevent sugar crystals forming. **DO NOT STIR THE SUGAR**, as it will crystallise and become hard. Place your sugar thermometer in the syrup, and cook until it shows 155°C (known as the hard crack stage). **IMMEDIATELY** remove the saucepan from the heat and plunge the pan into cold water to halt the cooking. If you don't do this, it will continue to cook after you remove it from the heat, and probably burn. Place pan on a board, and wait until it starts to form a thick toffee. Dip the whisk into the syrup and flick the whisk back and forth over a broom handle, rolling pin or an upturned, lightly vegetable oiled cup (to form a toffee cage). For the fork method, place 2 forks back to back, dip them in the syrup then lift and pull coated forks apart, then twist. Continue until you have enough. **WORK QUICKLY**. If you are using strands, gather them in your hand and mould them to shape. If using the cage, place it over the jelly.

Use all these in any combination to make your jelly a real success. ★



P

ositive Nutrition for Mothers-To-Be

Nutrition plays a crucial role in the growth and development of all children – whether the prospective mum is HIV positive or not. Even before deciding to have a baby, paying special consideration about what you are eating will help ensure your baby has all the nutrients they need to grow and develop (not to mention mum's recovery from child birth!).

If you are thinking about having a child you should consider looking at your diet at least 3 months prior to ensure that you and your baby will have adequate nutrient stores, particularly of folate. Folate deficiency can cause neural tube defects. A dietitian can assist you in planning your eating habits prior to and during pregnancy.

Nutritional requirements during pregnancy are increased. For women with HIV who may already have higher requirements for certain vitamins and minerals, pregnancy is a time that requires extra special attention to diet.

The following nutrients may need to be increased during pregnancy:

- Zinc: vital in the development of the immune and reproductive systems
- Folate: important for healthy cell and nerve development, especially in the early stages of pregnancy.
- Iron: for preventing anaemia and helping build new blood cells
- Calcium: not only for your needs but to help the baby growth strong bones and healthy nerve cells
- Protein: building block for growth of nearly every cell in yours and your baby's bodies.

Foods to avoid in pregnancy

Food borne bugs such as listeria are even more important to avoid during pregnancy. Listeria lives at refrigerator temperatures so salads prepared outside the home may even be a risk depending on the venue's food handling practices. In general pregnant women should avoid:

- raw fish or raw seafood, including sushi,
- unpasteurised dairy and soft cheeses such as brie and camembert
- processed meats eg salami
- salads or sandwiches with salad from takeaway food shops
- undercooked meat (especially mince) or poultry

Nutrition and HIV-Positive Kids

Adequate nutrition is especially important for young children to ensure they grow properly and have enough nutrients to optimise their immune systems and fight off infections. An undernourished child is more susceptible to various infections and may develop problems with their ability to learn.

HIV positive children are at a higher risk of malnutrition and growth failure than other children. Growth failure which is common in developing countries is seen less frequently in Australia.

Nutritional problems experienced by children with HIV include inadequate food intake resulting from:

- Poor appetite and eating little
- Very selective food choices

- Stomach pain
- Feeding difficulties: poor suckling or swallowing difficulties
- Nausea, vomiting and diarrhoea

Nutrition recommendations for children with HIV and infants of HIV positive mothers

Infants 0-6 months

Formula feed only if mother is HIV positive. Breastfeeding should be avoided in this case to avoid transmission of HIV.

Infants 6-12 months

Continue formula feed as main source of nutrition and begin to introduce solids.

Types of food to introduce: Mashed, semi solid foods such as rice cereal, mashed pumpkin, mashed banana. Foods should be introduced one at a time, an example may be one new food per week.

Infants 12-24 months

Formula feed as required and offer same food as family. Offer protein rich foods such as eggs, chicken, beef or fish at least twice daily.

Fluids

Water is the best fluids for all infants. Avoid use of juices and offer fresh fruits instead.

Children 2 -7 years

Children should eat a wide variety of foods from all food groups (see table).

| Food | Serves per day | |
|---------------------------------------------|----------------|--------------------------------------------------------------------------|
| Breads, cereals, rice, pasta noodles | 2-3 | 2 slices bread, bread roll, one cup rice |
| Vegetables | 2 | ½ cup cooked vegetables, 1 cup of salad vegetables, 1 small potato |
| Fruit | 1-2 | 1 medium piece of fruit 2 smaller pieces 1 cup diced canned |
| Milk, yoghurt, cheese | 2 | 1 cup milk 200g yoghurt 1 cup soy milk |
| Meat, fish, eggs, nuts, legumes | 1-2 | 65-100g lean meat 80-120g cooked fish ½ cup dried beans or lentils |

Try to involve children in food preparation. This recipe is a fun easy way to include fruit in a child's diet.

Fruit Kebabs

¼ of a rockmelon
1 punnet of strawberries
2 kiwi fruit
2 banana's
bunch of grapes
500 g of vanilla yoghurt

Method

1. Remove the skin from watermelon and rockmelon and cut into cubes
2. Wash strawberries and grapes. Cut large strawberries in half.

3. Remove skin from kiwi fruit and cut into cubes
4. Peel bananas and cut slice 2-3cm thick.
5. Wearing disposable gloves, thread the fruit onto the kebab sticks.
6. Serve kebabs with a few spoonfuls of yoghurt

How can children be involved?

- Reading out recipe
- Peeling bananas
- Cutting up soft fruit with a bread and butter knife
- Threading fruit onto skewers
- Serving out yoghurt
- Helping to clean up.

Good food sources of vitamins and minerals for pregnancy

Zinc – cooked seafood, lean meats, wholegrains, legumes and nuts

Folate – dark green leafy vegetables, wholegrains, salmon and milk. Folate supplements are usually required in addition to food to meet requirements of pregnancy.

Iron – lean meats, fish, poultry, fortified cereals and iron enriched juices.

Calcium – milk, yoghurt, cheese, calcium fortified soy products

Protein – meat, fish, chicken, eggs, lentils, chick peas, kidney beans; tofu, nuts and milk products.

Louise Houtzager

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Dietitian

Nutrition Development Division

Albion Street Centre

150-154 Albion St

Surry Hills NSW 2010

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HALC resource

The HIV / AIDS Legal Centre (HALC) is attempting to address the legal issues often unique to women with HIV with the release of a new resource '*Unravelling the law: A resource for women living with HIV/AIDS*'. HALC Volunteer **Sian Aldis**.

Unravelling the law is significant because it is the first time, as far as we are aware, that a resource focussing exclusively on the specific legal issues that are of concern to women has been published in Australia. It provides answers to legal questions that women and their service providers have identified as being of common concern. It is a plain english guide to the law in the areas of sex and relationships, family violence, pregnancy and childbirth, and raising children. The resource is intended to be used as a starting point for women with HIV living in New South Wales who are seeking legal advice or assistance or who want to know about their legal rights and responsibilities.

Women face multiple challenges. A socially and geographically diverse minority group, women with HIV are more likely to experience isolation. For many, finding answers to questions and concerns about legal issues and family is difficult and confusing. Service providers at ACON, increasingly being made aware of this, approached us with the idea of developing a form of legal information that was easy to comprehend and readily available. Utilising the

experience of staff working in the area, we constructed a list of the legal questions most often posed by women with HIV and formed focus groups to reflect the diversity of this demographic.

Overwhelmingly, women in the focus groups responded that they needed access to legal information and with their input our list of questions was extended. *Unravelling the law* provides answers to questions such as; 'I am having unprotected sex and my sexual partner does not know I have HIV. If I tell my doctor/nurse/social worker are they required to take it further?', 'I would like to be inseminated at a clinic. Is this possible?', 'What are my rights in regards to making decisions for my unborn child?', 'Do I need to disclose my own or my child's status to their kindergarten or school?', 'If I am unable to care for my children what legal care arrangements can I make?', 'If I need to go to court is there a way I can protect my privacy?'

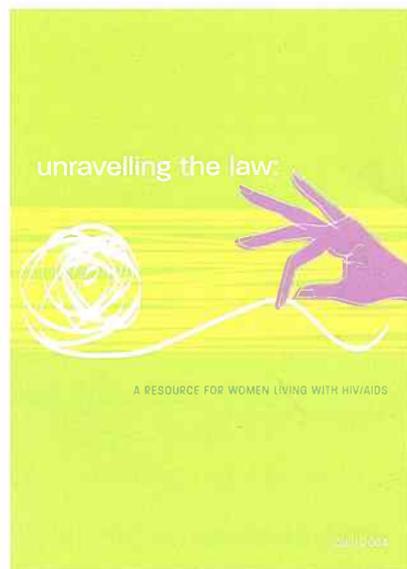
We drafted answers to these most commonly asked questions and distributed them to specialist community groups, organisations and departments. Our participation in ACON's 'Activate' forums made evident that to provide this resource

to women living in NSW, especially those in rural areas, we needed to be able to distribute *Unravelling the law* to as many health, welfare, and legal service providers as possible.

We thank the NSW Department for Women and those service providers (there are many of you) who provided us with valuable encouragement and support. We are grateful to those women who provided the inspiration, and participated in the development of *Unravelling the Law*.

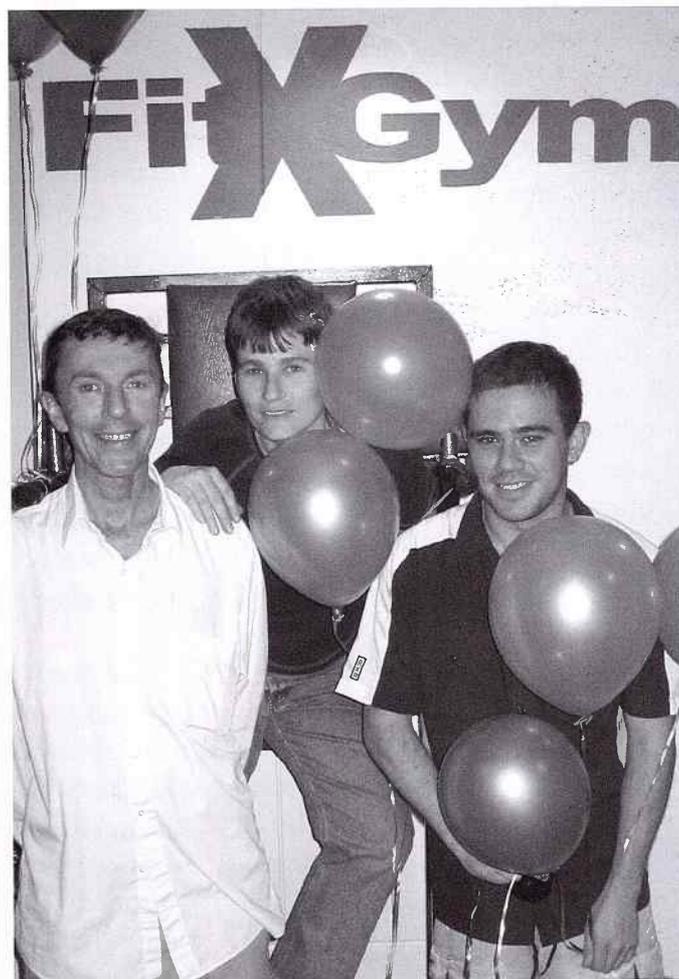
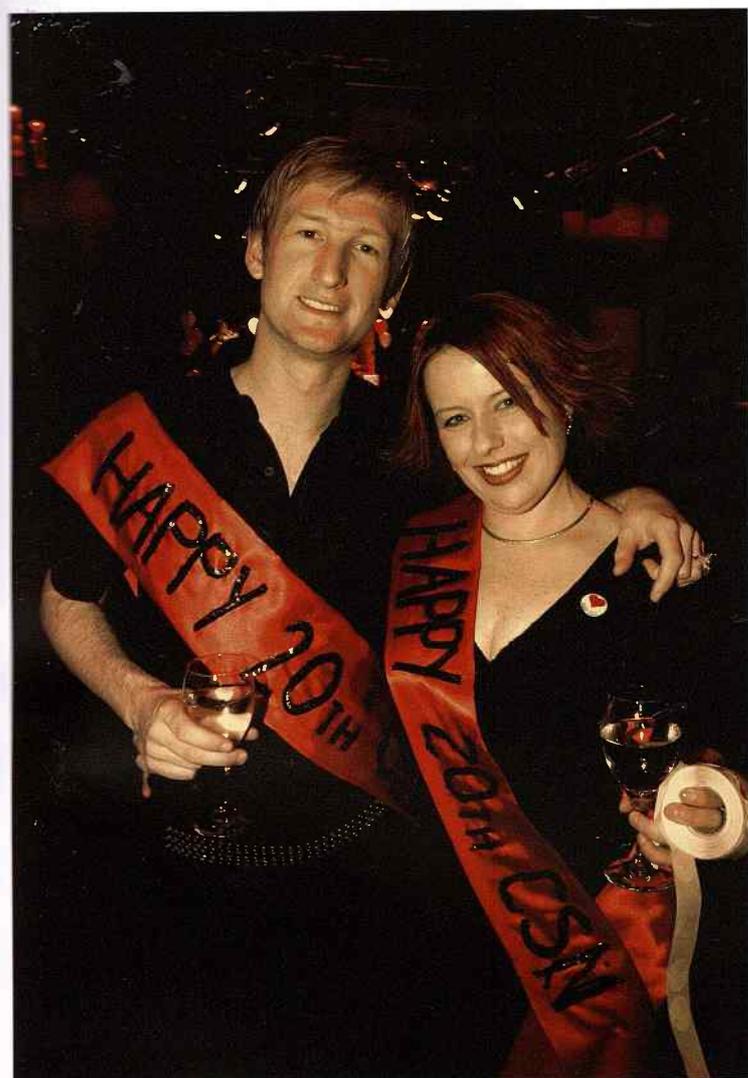
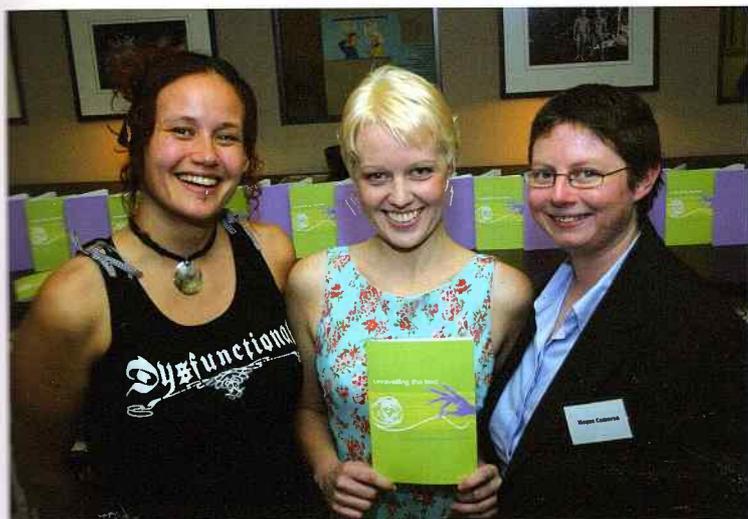
The nature of the HIV epidemic in Australia has meant that often the needs and concerns of women have been overlooked or misunderstood. We hope that with this resource, legal issues of concern to women with HIV will enjoy greater recognition and increased prominence. Most of all, we hope that users of this resource find it relevant and useful.

If you or your organisation would like to receive a copy / copies of '*Unravelling the law: A resource for women living with HIV/AIDS*' please contact HALC on (02) 9206 2060 or email halc@halc.org.au.★



H appenings

Clockwise from top left:
HALC Resource Launch - photo: Donna Campbell
CSN Recruitment Crew and the Spring Fair - photo: Bec Reynolds
Fit-X Gym AGM - photo: John Douglas
CSN 20th Birthday Party - photo: Jamie Dunbar



J ohn Sullivan



I have been producing written observations and gathering notes about John since he died last October.

Attempting to capture him on paper – (someone I loved very much) has proven to be a difficult task.

Memories rush my head and heart when I picture John; just now tears are streaming down my face.

I worry that I can't validate him with words – but then, I don't have to – John did his own life enormous justice with the way he lived it – love, passion, joy, integrity, humour and beauty all defined him.

I initially met John when he was part of a panel that interviewed me for a job.

I was allocated the position, and one of the best aspects of the job turned out to be John.

John and I were both employed by SWOP – Sex Workers Outreach Project.

John showed me support and knowledge, and a defining characteristic – compassion.

My partner had died five months previously of AIDS, John understood what that was about; he knew about loss, grief, memories that invade and evoke – he knew about loneliness, despair, hurt and pain.

John was enormously gifted as an outreach worker. As a communicator and educator, he really was uniquely talented in both his skills and how he delivered. He was always curious, which ensured that as a client – or as a co-worker - you always received the most current information available.

Johnny was romantic, sexy, gorgeous, handsome – dapper, creative in everything he approached - a sensualist, an optimist – and so, so loving and giving.

He valued, supported and respected all those that he worked with.

He shared his skills and knowledge with me – not only on a professional basis, but also as a friend.

Johnny displayed integrity in all areas of the work he undertook – I loved working with him, and I knew his clients were always receiving the very best service.

He was rare in his ability to understand – and to set aside judgement.

He was also able to deliver the most divine 'hissy fits' – conveyed - and gone in a moment – great drama!

Joy and humour was also an integral part of his being – I, amongst many others – experienced great moments of pleasure when we “pissed ourselves” as a reaction to comedy that he created – he could be very, very funny.

There was so much to Johnny that I didn't know, so much I was looking forward to getting to know as our friendship grew; I wanted him – and the friendship I had with him - to go on forever.

To be honest - I think I am only now just coming out of shock in relation to his death – I still long for – and still hear! – his voice.

I have kept all his text messages to me on the mobile; I can't bear to let them go yet.

Johnny was romantic, sexy, gorgeous, handsome – dapper, creative in everything he approached - a sensualist, an optimist – and so, so loving and giving.

As a friend - he was forever true.

Thank you, Johnny, for your friendship – I will always love you. ★

POZHET

PozWomen's Program

The Pozhet PozWomen's Program brings together positive straight women from city and country areas for support, fun and information.

Pozhet PozWomen offers you

- positive women's health maintenance and treatments workshops
- rural and country positive women's outreach events
 - freecall phone line counselling
- positive women scholarships to attend events
 - retreats and peer support groups
 - positive women social outings
 - mixed family events
- positive women's health promotion

The Pozhet PozWomen's Program also trains HIV/AIDS workers in issues facing positive women, provides a website of resources and information and contributes to research into positive women's well-being.

Pozhet PozWomen's Program works in partnership with other women's groups throughout NSW.

The Pozhet PozWomen's Program is managed by Pozhet's fulltime Women's Officer, Nandini Ray and supported by our wonderful group of women facilitators and volunteers.

Watch out for our exciting calendar of Pozhet PozWomen's events for 2005!

Pozhet PozWomen
helping each other, helping ourselves

Want to know more? Ring 1800 812 404 (national) www.pozhet.org.au





WORLD AIDS DAY EVENTS

There are a number of events happening
on and leading up to World AIDS Day
– **Wednesday December 1** –
throughout NSW.

- Red Ribbon Sales at Rail Stations
- Youth Events – BBQ & Games
- Youth training workshops
- School awareness sessions
- Harbour Cruise with ACON
- Quilt displays in Albury/Griffith/Leeton/
Narrandera/Wagga Wagga
- Candle Light Vigil Albury/Griffith/
Wagga Wagga
- Negara Festival Albury
- Trivia Nights
- Community Social Events
- Displays of the Memorial Quilts
- Luna Park Event November 28
- Tree Plantings
- Council displays
- Memorial Services
- Morning Teas
- Professional Breakfast Forum with
Dorothy McRae-McMahon

And many more events...

**You should contact the person listed to the left
in your area to find out more details or contact:**

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