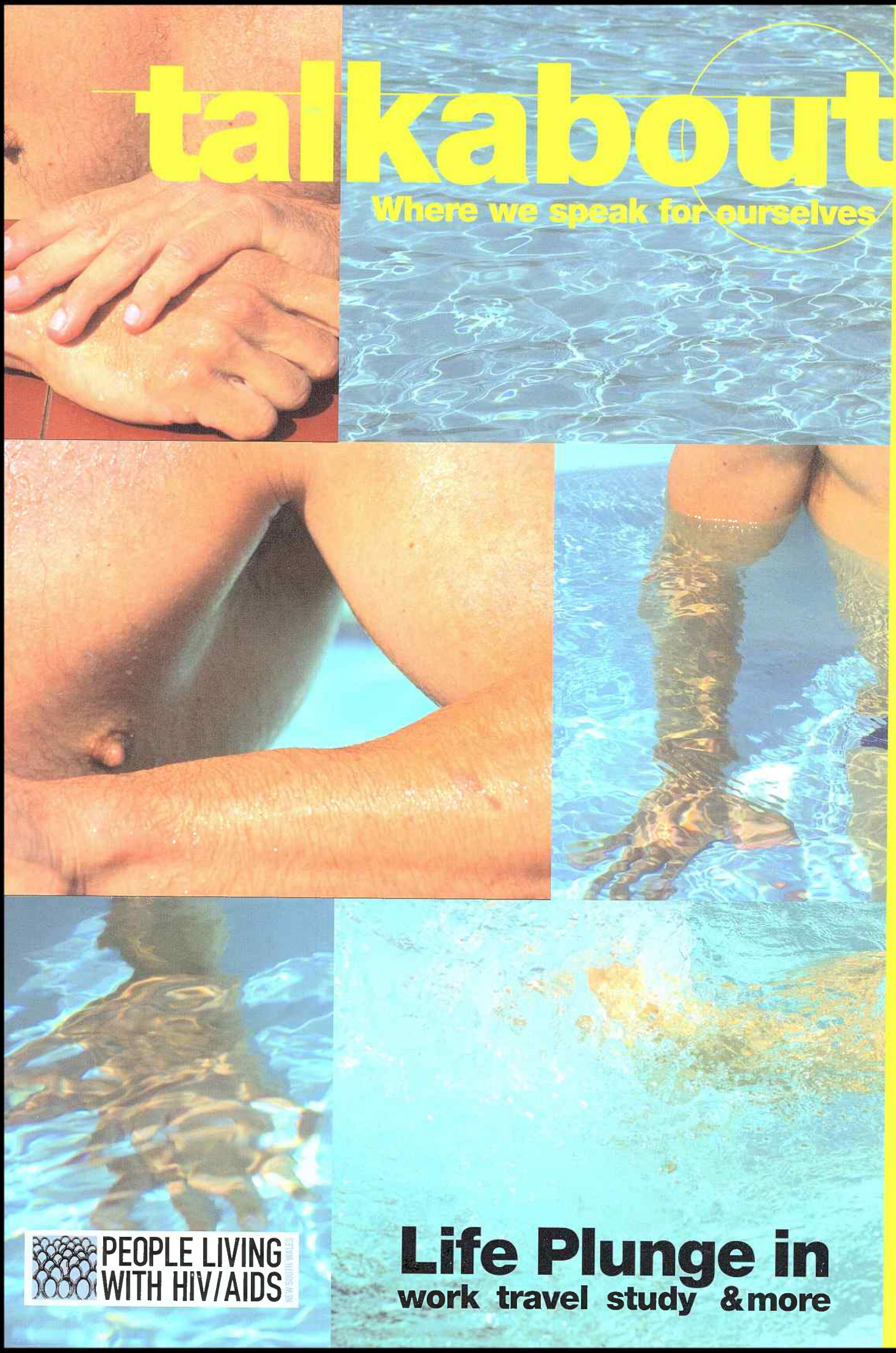

talkabout

Where we speak for ourselves

#137 | February – March 2005 | The Magazine of People Living With HIV/AIDS NSW Inc.

PEOPLE LIVING WITH HIV/AIDS NEW SOUTH WALES

Life Plunge in

work travel study &more

Learning to do something you love

The art of photography and learning new skills

Robert Almond

I'd never studied photography before, although I loved taking photographs. I'd always been told I've got a knack, that I'm able to take unusual photographs. So when I heard about the photography course through the Sanctuary, I thought I'd give it a go.

It was really well organised and didn't cost a cent. The people at the Arts Centre in Pine Street were fabulous. Jamie Dunbar was the instructor, and I learned all kinds of skills. We learned how to focus, use Photoshop, and distort images. People tell you not to take photos when you're looking into the light. Jamie Dunbar told us you can often do the opposite because you get really fantastic results.

They gave us a disposable camera for four weeks, told us to come up with a theme, and go out and take photos of anything we wanted to. I chose water as my theme. I took my camera round Sydney Harbour, Watson's Bay, and took some wonderful photographs of the Harbour. And then we came to the class and downloaded them on to the computer. We worked with Photoshop to distort the image and came up with different ideas.

Learning to take a great photograph with Jamie Dunbar was the best thing about it. I loved having the chance to learn from him. It was a real treat and I felt really honoured. Another very important thing I learned was that you don't need a camera with all the gadgets. You can take the best photograph with the cheapest camera in the world. It's not what you've got. It's the person holding the camera.

At the end of our course we got the chance of displaying our work in an exhibition at the Pine Street Arts Centre, and I sold all my work on the night (over $300) so I was on cloud nine. I had so much positive feedback even from some people who didn't know me

I made quite a few new friends, and we're still in contact with each other. We're going to organise a little camera group ourselves. I think there'll be about six of us who will maintain friendships and our shared interest in photography.

I would definitely recommend doing something like this. You realise there are people just like you, who might be feeling a bit lost the moment, and don't feel like they've got the energy. You might not be working, but you need something else to do.

The next step for me now is to meet David Wallace at Positive Futures and talk with him about doing a TAFE course in photography. I really think I've found my niche in life. This is something that I enjoy, something totally different from what I've done before, and I don't want to miss this opportunity.

Tree Harbour

Tree Curves

Harbour Falls

no.137 February – March 2004

talkabout

features

Cover Photo: Victoria Park Pool 2005
CADT Photography

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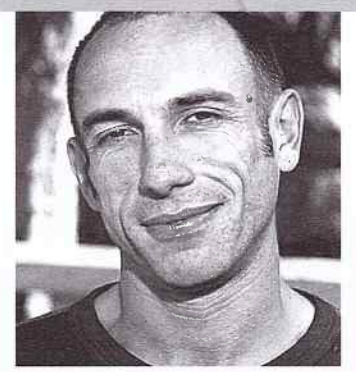
Life: Plunge in



You can think of thousands of reasons to put it off. It might be inconvenient (takes a long time to get there), or you might think you will look foolish (not the most elegant diver). It might be scary (a long way down), or uncomfortable (the water might look chilly at first touch). But you know you did the right thing when you've taken the plunge and you're splashing around in the water, feeling refreshed, and doing what you really wanted to do.

This issue of *Talkabout* focuses on plunging into life. Someone recently said to me: '[An HIV diagnosis] makes you realise that there's bigger things in life. Just small things at the end of the day- you think that's not really that important. I've got to focus on what's really important and quality of life and stuff like that. Small stupid things, you know, at the end of the day, just forget about it and move on.'

Certainly for many of us, an HIV diagnosis or a period of being unwell can take the flavour out of living for a time. But it can also help us focus on what's really important. We're also at the beginning of a new year; a reasonable time to reflect on where we're at and what we want to do. In fact, the challenges we might have experienced can intensify our decision to plunge into life, and make our determination to do so all the sweeter.

For quite a few of us, work takes up most of our waking hours. It's important to feel we can make good decisions about it. In 'Taking the Plunge and going back to work', we read about the experiences of three people who made significant changes in their lives. Being alive is being open to change. Mike, Steve and Peter share strategies for change which worked for them, and they also demonstrate that stress is not always a bad thing.

And there are also life's pleasures, like music. Greg Davis walks us through some soothing sounds, and makes a number of suggestions to match anyone's mood from recovery and relaxation to acceptance and sexual healing.

The Positive Feelings photos on our colour pages feature the creativity of people who have taken the plunge to study and explore their talent. Robert and Keith are just two of the participants in the exhibition, but their beautiful photos are an inspiring example of transforming experience in art.

In this issue, we look at living in rural areas of New South Wales. Asha Persson's article on body shape change in the Northern Rivers records some of the ways attitudes are different (and sometimes the same) in rural settings. Peter Thoms reminds us not to be complacent about the services available in rural and regional areas.

A desire to discover new places isn't such a bad way to plunge into life. In our office at PLWH/A (NSW) we get many enquiries from HIV positive people about travel to different countries. Stephen Gallagher offers lots of useful tips for the HIV positive traveller in his article. It's a good rule of thumb for most things of course, but thoughtful planning can take some of the (bad) stress away and ensure you have a good time.

Claude Fabian and John Rule reflect on ten years of the Positive Speakers' Bureau, and the power of telling personal stories. We can't underestimate the impact of HIV positive people who have been willing to talk about their lives, and thereby challenge misconceptions and stereotypes. The work the Positive Speakers have done over the last ten years has helped to ensure that others realise that we also have dreams, plans and ambitions.

And there is a lot more. It's a very full issue. Hope you enjoy the summer reading and enjoy the plunge!

Glenn Flanagan

Letters

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**

More inspiring and encouraging stories please

I am tired of reading about medications and their interactions, and yet more statistics, as if that is the core of living with HIV these days. I look for positive reference points, guys and girls who get on with life and still achieve and beat the odds while living with HIV. Can I expect to discuss STIs, safe sex practises, disclosure of status, and recreational drugs and the same old same old for the rest of my days? This is not found in my everyday discussions in everyday life in either the heterosexual or gay world. Poz men are more than another statistic for some health official to quote in Canberra for funding distribution.

I certainly do not define myself by HIV, or my sexuality. I'm looking for something I can be proud of and which affirms my life as a Poz man; something that would seek to equip me for today's world and encourage me in my aspirations. More gay poz men need to hear about living and building toward a great future.

I would love to see sections dealing with complimentary therapies (which I have personally found the most helpful), about education, training and employment opportunities for those with HIV/AIDS, and stories about achievers either in business or life. Bring on the good stuff about treatments that boost and support the immune system. And let's not forget travel, sport, country living, developing spirituality, technology and family. There is so much more to life than what I read today. Where is the stuff of entrepreneurs and enterprise that stimulates, encourages and empowers a person to realise their dreams and not allow HIV to hold them back? Bring on the hope and possibilities for tomorrow. What about youth with HIV and exploring ways to develop their futures. I don't think I have ever seen something targeting the youth who are positive and providing them with support and encouragement.

Please bring on the imagination and creativity to create something that has great potential. It is not about people just *surviving* with HIV/AIDS. It is about people who live regular and extraordinary lives.

Name Supplied

Editor: Thanks for the feedback. We agree that stories about achievement and embracing the future are important. Hopefully there'll be some inspiring articles in this edition of *Talkabout*. We're certainly looking at travel and work opportunities among other things and will be following up on some on lots more in future issues.

Talkabout points out the lack of knowledge and understanding

New to the gay and HIV scene, I am very much on a learning curve. The first article in *Talkabout* #136 touches on the lack in Australian Society in ensuring sex education is relevant, broad and most importantly delivered at various levels. It is pointless to have legislation in place if there has not been a change in attitude regarding sex, and the implications that go with it. Puritanical beliefs and approaches to sex, and in particular gay sex, have really not moved very far along. The Fishers and Niles of this world are still very much present. They seem to come out of the closet more frequently than Gays, particularly around election time. There is no shortage of them blaming homosexuality for the breaking down of family and the demise of heterosexual marriages. Are we on the way to another wave of 'Grim Reaper'? Do we need that sort of community response to wake up to ourselves and the changes in society?

The multicultural and mixed cultural relationships indicate a lack of real and truthful knowledge of the risks involved. There is still a belief out there it has something to do with being healthy and clean. I am alarmed at the naive attitudes to unprotected sex and the lack of insistence on protecting yourself and the other person. Much of it is related to the fear of discrimination either on an ethnic or larger community level. As far as Cyber Dating goes, it is hard to put in place a code of practice when it does not exist on any level in this media. Whilst we are adults there is still no more protection in this area than there is with children. As adults there is no less risk if we do not take precautions. The internet seems to be a place where deception and lies run rampant and unchecked.

There is not time or space to talk about all the articles but I would like to say there is the start to a damn good manual, either general reading or reference with some comments from those who respond to your articles. We need a *Talkabout Year Book*. I found so many elements of myself in the articles and good reason to question my beliefs and practices. Change begins with those who desire it! My own cliche....I think?

Peter Thoms

Talkshop

HIV Rural forum in Mudgee

The HIV Rural Forum is being held in Mudgee from 16th to 18th March. The forum provides an opportunity for individuals and services to come together and explore how we respond to HIV in rural areas. The forum is for people working and living with HIV in rural New South Wales. People Living with HIV may be able to get sponsorship to attend the conference by approaching local HIV coordinators. If people have difficulties obtaining sponsorship, contact forum organisers on 6841 2489.

PLWH/A (NSW) scholarships to attend Rural Forum

People Living with HIV/AIDS (NSW) has a limited number of scholarships to offer people to attend the rural forum in Mudgee. If you are living with HIV and would like to obtain a scholarship please write 200 to 300 words telling us about your experience of living with HIV and what benefit the Rural Forum would be for you. Email your letters to Jodie Little at jodiel@plwha.org.au or post them to PO Box 83 Darlinghurst 1300 by Monday February 21st.

Planet Positive is a good way to meet other positive people

The next Planet Positive (a social night for positive people and their friends) is happening at Annie's Bar (563 Bourke St Surry Hills) on Friday February 25th from 6pm to 10pm.

Mardi Gras Fair Day: We need you!

We need volunteers to join us on our stall at the Mardi Gras Fair Day on Sunday February 20th. It can be lots of fun. If you can offer an hour or two, please call Bec or Glenn on 9361 6011.

Been to a Dance Party recently?

PLWHA NSW runs the Time-Out room for HIV positive people and their friends at the Mardi Gras Dance Party following the parade on Saturday 5th of March. If you are interested in donating two hours of your time, you will receive a free ticket to the party.

This is a popular volunteering event and we will accept expressions of interest until Friday 25th February. If you are interested, then contact Rebecca on 9361 6011 or on rebeccar@plwha.org.au.

Writing can be a satisfying experience: join our new workshops

Would you like to write about your experiences in a friendly environment? Feel like you'd like to write but don't know how to start? You've done some writing and would like some supportive feedback? PLWH/A (NSW) and Positive Central will run a six week life writing course for HIV positive people and anyone affected by HIV at the Sanctuary in Newtown starting Monday April 4th. Beginners are welcome.

For more details Phone Glenn on 9361 6011

Upcoming Conferences in Hobart:

August 22 -24 2005 Sexual Health Conference

The conference theme is Fire and Ice: Synergies with STIs. Topics include interaction between STIs, HIV and Hepatitis, National STI strategy, men's sexual health, and adolescent sexual health.

August 24 - 27 17th Annual Conference of the Australasian Society for HIV Medicine (ASHM)

The sexual health and the ASHM conferences will be held back to back in Hobart. Contact the secretariat for each conference on Locked Bag 5057 Darlinghurst NSW 1300 or visit the website http://www.acshp.org.au/conference2005/Default.htm

Positive gay men's retreat in the Northern Rivers

ACON Northern Rivers are holding their annual retreat for positive gay men from April 1st to 3rd. Phone ACON Northern Rivers for more details on 1800 633 637

Interview participants required

Good sex. What makes it good? And what keeps it good? Whether you are a positive or negative gay man, we want to know what works for you. You will need to talk to a researcher for about 45 minutes in a confidential setting, be it your house or somewhere else that makes you feel comfortable. These interviews will inform future education campaigns Australia wide. Interview participants will be remunerated for their time and will have the ongoing option of withdrawing from the project (even post interview), if you feel any discomfort around the process. Contact Rebecca at PLWH/A (NSW) on 9361 6011 or email rebeccar@plwha.org.au for more information.

A name change for BGF's Positive Employment Support project

BGF has recently re-named the Positive Employment Support (PES) project Positive Futures to fully reflect the range of support and assistance that this project provides to clients.

More people living with HIV, who are benefiting from improved treatment combinations, are now able to look forward to exploring new opportunities and possibilities and in the process confronting the many challenges that go with these new opportunities.

Returning to work is usually one of the first things that people consider. But it means vastly different things to different people. It can mean doing voluntary work or getting some casual or temporary work or it can mean getting a full time job. Positive Futures supports and assists clients as they consider their options.

But getting a job is not an option that everyone can consider. Positive Futures therefore also supports and assists those who may be considering one or more of the following:

- undertaking a course of study. For some people this is a huge step especially if they have not studied since they left school and need guidance with finding the most appropriate course for their needs. Through Positive Futures, people can be linked into a range of study options, through local community colleges and TAFE Outreach, which are aimed specifically at people who have not studied for a while.
- reducing their social isolation and participating in some form of regular social activity or developing a new interest or hobby. Positive Futures can offer relevant advice and ongoing support to enable people achieve their own personal goals, so that their quality of life, health and well being improve.
- revaluating their 'life goals' and in the process perhaps deciding to change jobs, reducing the hours they work or if their health is no longer supporting them, stopping work altogether.

For more information on how Positive Futures can assist you, contact David Wallace, the Project Officer for Positive Futures, at BGF on 9283 8666 / Freecall 1800 651 011 or email david.wallace@bgf.org.au or visit the BGF website www.bgf.org.au

Phoenix - a new workshop series

Positive Futures, in collaboration with PLWH/A (NSW), ACON and Positive Central, will be running a series of workshops in Sydney in 2005. The 'Phoenix' workshops will be held monthly and the objective is to present a range of information, over seven or eight months, to people living with HIV who are considering a return to work and/or study or initiating some other 'life change' so that they receive the most up to date and appropriate guidance; are able to make informed decisions; and get the support they need to make these decisions.

The workshops will cover a range of topics that will include:

- personal goal setting
- improving communication skills
- building self confidence and self esteem
- managing disclosure
- financial planning and budgeting
- applying for jobs and writing resumes

The first workshop is planned for February 2005.

For more details, contact David Wallace at BGF on 9283 8666 or Freecall 1800 651 011 or Glenn or Rebecca at PLWH/A on 9361 6011 or Freecall 1800 245 677.

It is hoped that these workshops will also be run in regional locations in 2005, starting in the Northern Rivers. If you would like to be kept informed where and when they are being held you can again register your interest by contacting either David at BGF or Glenn or Rebecca at PLWH/A.

Taking the plunge and going back to work...

More people living with HIV now are not only able to work due to the benefits of treatments, but also *want* to 'take the plunge' into work again. It may be some voluntary work; it may be a casual, part time or even a full time job. The reasons for people wanting to get a job vary greatly depending on who you talk to. They include wanting to have more money; increasing independence; reducing levels of boredom; using existing skills and knowledge; going back to a job they had done before; doing something meaningful and worthwhile; and meeting new people and making new friends.

David Wallace, the Project Officer of BGF's Positive Futures project, talks to three people with three very different experiences of living with HIV who each faced very different challenges in deciding to return to work. All three hope that by sharing their experiences with others considering their options around work, they could offer encouragement and support. Even though each person's experience is different, it is interesting to note the common themes that bind the three journeys together.

Mike's story.

Mike had been on a Disability Support Pension for six years but wanted to go back to work. He did not enjoy living on a low, fixed income and the sense of having his life being 'controlled' by Centrelink decisions. Whilst he felt able to return to work, he was however concerned about the impact on his health and in particular his energy levels. He had been used to being able to rest during the day whenever he needed to. What concerned him perhaps the most though was that facial lipodystrophy had given him what he considered to be the 'look of HIV', which he feared would immediately disclose his HIV status. It had also crippled his self-confidence and self-esteem and that, combined with the fact that he was over 50, made him think that no one would ever be prepared to offer him a job.

> He had to work hard to maintain a positive mental attitude throughout the process of applying for a job

Nevertheless he decided to approach an employment agency near where he lived 'to test the water'. At the same time he began to talk about work possibilities especially with friends and acquaintances. It was as a result of this casual 'networking' that he heard about a full time job that was about to be advertised. Although his previous work experience meant that he met the criteria for the job, he was still concerned about his lipodystrophy and his age. But his self-motivation was strong enough to make him persevere. He applied for the job and to his great surprise was offered it, after a fairly straightforward interview process.

Although he says 'everything fell into place' and that he was in the right place at the right time, he nevertheless had to work hard to maintain a positive mental attitude throughout the process of applying for the job, going for the interview, and even once he had started. It was certainly sometimes more difficult than he would like to admit, but he says that having a 'focus' was important, and 'to keep going and not to give up'.

Ironically, some of the simple things, that others already working perhaps take for granted, proved to be the hardest to deal with – such as getting up in the morning early

enough to get ready, and then getting to work on public transport, as well as having the money to buy appropriate work clothes.

But in the event, it was Centrelink that came to his aid. Although he had to ask them about it, his job offer qualified him for a 'return to work payment'. It was all organised over the phone and this payment helped him to cover the expense of buying clothes for work.

He also felt he was lucky in that he was going to work in a relatively 'liberal', accepting workplace (his job was in the public service), in a low stress job with good conditions of employment where he was encouraged and supported to learn new skills.

So in a relatively short space of time, Mike can now see a future for himself. He feels that he can really start to plan his future and feels that he has the stability and security that he never had on the pension. Most important of all, he feels that he has control over what he considers to be the two most important areas of his life – his health and his finances. He says: 'If you feel you have control over your life, things start to improve.'

Indeed in a short space of time, he came to realise that he didn't even care what people at work thought about his lipodystrophy - even if they noticed it, which he doubted! He feels good about himself and has developed some simple strategies to manage his health and energy levels. Above all he has overcome a lot of his own fears. But he made a simple and clear choice - he wanted a life again and he is just glad that he has had the opportunity 'to turn his life around'.

Peter's story.

Peter had been on been on a Disability Support Pension since 1996. He had completed the Reconstruction programme in 2000 and in the three years since doing Reconstruction, he realised that having had no major setbacks with his health he now had a good opportunity to create a more positive future for himself as he didn't want to continue living on the pension. Whilst getting a job formed part of that future, he decided that he needed to take one step at a time and that he should do a course first to get some new skills. He was offered a place on a TAFE Outreach course (An Introduction to Community Work) aimed at people who wanted to gain skills and eventually work in the Community Services area.

He was not viewed as the odd one out and *that question* was never asked

Apart from what he learnt on the course, he also had to confront and overcome several issues for the first time in years including disclosure of his status and his fear of study. The fear of study was gradually overcome when he realised he was not the only one in the course who was anxious about studying for the first time in nearly 30 years. The fact that the TAFE teachers were very supportive and understanding also helped a lot.

What troubled Peter about disclosure however was how he should approach it if he was asked during the course, either by the teachers or by the other participants, what he had been doing for the last seven years. He was so used to being with friends and family who all knew his status and for whom it was not an issue. At TAFE he felt he would be out of his 'comfort zone' and not have the same control over this important piece of information about himself. His fears proved unfounded as the other participants on the course had also been out of the workforce for a while, so he was not viewed as 'the odd one out' and so 'that question' was never asked. Once he got to know the teachers he was able to have a private conversation with one of them, addressing his concerns. The teacher was totally supportive and understanding and Peter felt that from then on it was not an issue he had to worry about.

He successfully completed the TAFE course in December 2003 and in February 2004 started a 3-month placement, through PLWH/A (NSW) Positive Decisions programme, with Employers Making a Difference (EMAD). After successfully completing that he was then offered a 2 day a week paid traineeship with EMAD. As a participant of Positive Decisions, he felt that he was able to make a meaningful contribution to EMAD, whilst at the same time learning new skills and gaining valuable experience.

Peter has offered the following tips in relation to some of the things he had to deal with in going back to study and then to work:

Take the time to find out what you really want to do. If you have not worked or studied for a while, it may take a while to sort out what you really want to do. Consider all the alternatives and options available.

Ask for support and guidance. It doesn't have to be perfect the first time. Nothing has to be forever! It is OK to leave a position or course of study if it is not the right one. Peter also says that the support and guidance that he received from BGF and PLWH/A was invaluable in helping him make decisions about his next steps.

Be prepared and ensure that if you are going back to work, the organisation you are going to work for is going to support and encourage you. Get to know other employees who have similar values to you. Peter went through some huge changes that were at times overwhelming. He had to re-learn what it was like to be back at work and felt that he was on a steep learning curve for a while. Even though his employer was supportive, he was also able to check in with other colleagues so that he better understood 'the politics of the workplace' and was able to minimise the 'is it me or is it just the organisation' syndrome.

It takes a while to adapt to new daily routines if you are working or studying - getting up in time to get ready for work; travelling to work/college; integrating your work/study life and home life into the week; making time to catch up with friends; being able to keep medical appointments; taking 'home made' lunches to save money and having a fixed time to take a lunchbreak. Peter also suggests that you do a 'dummy run', especially if using public transport to get to work or college, to find out how long the journey takes so that the first day is not a rush.

Have a notebook to write things down – it helps your memory, especially when on a steep learning curve and in a new environment. Peter actually created a folder of information for himself, which proved to be an invaluable reference source and meant that he didn't need to keep asking questions. This boosted his sense of self-confidence and self-reliance.

Remember to notify Centrelink and/or the Department of Housing if you go back to work. He was able communicate the changes to his income over the phone but he warns of the time lag in Department of Housing and SASS adjustments. Although he was initially worried about losing some of his benefits, in the end he was actually financially better off working two days a week – and above all, he held onto the fact that he just didn't want to be stuck in 'endless inertia of being on a pension'.

And importantly, take the time 'to check in with yourself' to see that you are still happy and above all healthy.

graphics: Phillip McGrath

Keep your thoughts positive, because your thoughts become your words.

Keep your words positive, because your words become your behaviours.

Keep your behaviours positive, because your behaviours become your habits.

Keep your habits positive, because your habits become your values.

Keep your values positive, because your values become your destiny.

Mahatma Gandhi

Steve's story.

Steve worked full time until 2000 when he started to get sick. However because he thought he was invincible, he simply would not give into being sick. He kept going until one day he collapsed and woke up in hospital with pneumonia. Once he'd recovered from this he was able to go back to work and his HIV treatments seemed to be working - until he woke up in hospital again after a seizure. He found out later that the HIV had literally been 'eating away at his brain'.

This time the recovery was not so straightforward. Unable to work, he was put onto sickness benefit and was experiencing not only dramatic and sudden weight loss, but also for the first time, deep depression - and poverty. He had not experienced either before and although he knew he had very little money, it took him a while to realise that he was also experiencing depression – and because he didn't accept it, he didn't ask for help. He says that he was 'proud and arrogant enough' to think that he didn't need it. He was brought up to think that if anything went wrong, he had to fix it and this was the approach he tried to use to fix his depression and poverty. He was incredibly hard on himself and became his own worst enemy. It was around this time that his dog, his companion of 16 years, died. He could not cope and started to genuinely believe that suicide was his only option, especially to escape his growing credit card debt.

In desperation, he turned to BGF's Financial Counsellor for help to address the debts. After about six months as he started to get his financial situation sorted, and as his health slowly improved, he then started to look for work. He registered with the Job Network and also sought the help of BGF's Positive Futures project (or as it was then called Positive Employment Support).

He applied for job after job but got turned down time after time. Apart from acknowledging how unwell he had been, he also began to wonder, being over 40, if he was now just too old to get the sort of job he wanted again. His self-confidence and self-esteem was taking a severe battering. His health was still not 100%, but he persevered, kept applying for jobs, and finally ended up of being in the enviable position of being offered two jobs in the same week.

Accepting the one that was closer to home and with more flexible working hours, he then took on the challenges of being in a new job and totally new environment. He slowly started to get a perspective back about how he needed to balance his health with work, as well as needing to better manage his finances, and this is when he really started to look after himself properly again.

Back at work, he realises that he will face an ongoing challenge because of his short-term memory loss and relatively frequent seizures. He has to make seemingly endless notes and lists for himself to ensure he doesn't forget anything - and working for a company that has 13,000 items in their product catalogue means that this is quite a challenge! He never knows when and where he may have a seizure. So now Steve views every day as a new adventure – as he is never quite sure how it was going to turn out!

But he now feels he has the perspective and balance that he didn't have before. Whilst he still experiences depression and fully realises that he may still have to stop working again at some point in the future if his health does not support him, Steve knows that for now he has control back over his life and his finances, he is doing what he enjoys – and he aint giving up.

We would like to thank Mike, Peter and Steve for sharing their experiences with us, for making this article possible and for providing inspiration and hope to others. For more information about PLWHA's Positive Decisions programme contact Rebecca Reynolds on 9361 6011 / 1800 245 677 and for ongoing assistance, advice and support with any of the issues to do with returning to work and/or study contact David Wallace, at BGF on 9283 8666 / 1800 651 011.

The healing power of music

Soothing sounds for the soul – **Greg Page**

'The music in my heart I bore, long after it was heard no more' *Wordsworth*

Walk into any waiting room nowadays and you're likely to hear music playing. Why? Well, though the healing effects of music have long been chronicled – think of the coma victim whose favourite songs induce them back to awareness – it's only recently medical experts have finally begun to understand the true power of music. Not only can it move and groove but, perhaps most importantly, soothe.

Music is, of course, not a replacement for medicine, it's an adjunct. It's also extremely useful for emotional difficulties where conventional Western medicine is often a little wanting. Even better, as Dr. Arthur Harvey, a speaker at the international conference of the 'Music for Healing and Transition Program' at Seattle University, points out: 'music doesn't need a prescription'.

Dr. Harvey has been using music to effectively treat Alzheimer's patients and studying how it can have a positive effect often within the length of time of a single song. He asserts music is 'capable of creating change in almost every system in your body, and about all it takes is one song... music affects cognitive development, it facilitates changes in energy states and consciousness' stimulating 'both physiological and psychological health'.

Additionally, a study from the General Hospital of Salzburg, examining the effects of relaxation imagery and music on pain relief, concluded that patients who listened to music had 'substantially better pain relief, as well as improvements in their sleep'.

HIV+ people have more reason than most to want to reduce negativity in their lives and through something as simple as music this can be achieved. When sitting in that doctor's waiting room, sweating on another big test result, for example, music can be an effective calming influence, helping reduce stress, anxiety and heart rates.

Here we list some musical suggestions that may be of assistance in particular circumstances. Of course, this is by no means a definitive list, but hopefully a good starting point.

RELAXATION

Something soothing to help rejuvenate not only the mind and body but the spirit.

Enya – Watermark (Warner Music)

There's a reason Enya is the world's biggest selling new age artist and an Oscar winner – her music is simply transcendental. This 1988 album is the foundation for her trademark sweeping melodies, intertwined with mystical vocals and Gaelic charm.

Various Artists – Simplicity (Sony BMG)

This double CD contains classical pieces considered some of the most beautiful music ever made. Debussy's 'Clair De Lune', Beethoven's 'Fur Elise', Satie's 'Gymnopedie No. 2' and more provide hours of gorgeous music to calm the soul.

David Sylvian – Gone To Earth (Virgin)

Former 80s pop star Sylvian was a true trailblazer. This double 1986 album, one half with vocals, the other half instrumental, is where Sylvian virtually set the blueprint for esoteric ambient or 'new age' music. It's worth investigating his back catalogue too.

William Orbit – Pieces In A Modern Style (Warner Music)

This producer, remixer and artist tackled the classics in 2000 with this electronic take on well-known pieces. It's innovative, challenging and beautiful at the same time. Quite different to his pop hits with Madonna, it's music to inspire the senses.

RECOVERY

Some aural assistance for the morning after the big night that was.

Bebel Gilberto - Bebel Gilberto (Shock)

Though her name may be new to some, Bebel's been contributing her Brazilian-raised vocals to various projects over the years. The daughter of Brazilian music legend Joao Gilberto, this album is a balmy summery offering in both English and Brazilian.

Sade – The Best Of (Sony BMG)

Though it's almost a cliché to add Sade's name here, it's true that though her band's music has often been copied, it's rarely been bettered. This collection of Sade hits might still be the best all-time soundtrack for a lazy summer afternoon...or morning.

Café Del Mar – The Best Of (Universal Music)

Long considered the leaders in the chill-out area, here's a great place to start if you're looking for a laid-back, groovy album to bring you back down to earth with a gentle, cushioned fall. Good for repeated plays when you need to lower the tempo.

Air – Moon Safari (EMI)

This French duo have still never bettered their 1998 debut, featuring the stunning 'All I Need', as well as hits 'Sexy Boy' and 'Kelly Watch The Stars'. Another album slavishly copied since its release, but perhaps the ultimate in 'morning after' CDs.

ACCEPTANCE

If you're dealing with sexuality, HIV status or other issues, these might resonate.

Annie Lennox – Bare (Sony BMG)

Ex-Eurythmic Annie stripped herself of star-trappings on this recent album to deal with the painful times in her life. Tracks like 'Loneliness', 'The Hurting Time' and 'Bitter Pill' give a voice to the difficulties we all have to face (and beat) at some time.

Pet Shop Boys – Behaviour (EMI)

This is the album where Neil and Chris got serious. Often referred to as their 'AIDS album', much of the content is notably downtempo with the subject matter focusing on the death of friends and lovers from AIDS, as on the poignant 'Being Boring'.

Darren Hayes – The Tension & The Spark (Sony BMG)

This ex-Savage Gardener tackles the demons in his past (an abusive father), as well as his own sexual infidelities and coming out disorientation. At times as raw and open as a pop album dares to be, it manages to reverberate with hope and haunting melodies.

Rufus Wainwright – Want Two

(Universal Music)

Openly gay Rufus's most recent release documents his addiction issues, loneliness, cruising and finding gay messiahs in seventies porn. Though much of it isn't easy listening, who else is writing/singing about modern gay life today as candidly as this?

ANTI-DEPRESSANTS

Raise your spirits, raise a laugh, or just twirl around the kitchen to these.

Various Artists – Disco Inferno (Universal Music)

When the blues come and getcha – who you gonna call? Disco! There's something about this irrepressible music from the 70s that makes you want to get down, not to mention, put a stop to any thoughts of being down. The ultimate musical upper.

Kath & Kim's Party Tape (Universal Music)

The best thing about this CD is not just that it contains some great kitsch classics ('Three Times A Lady', 'Love Will Keep Us Together', 'Macarthur Park') but also lots of (h)umourous musings from our two favourite suburban nightmares themselves.

Kylie Minogue – Ultimate Kylie (FMR)

Though it's an overused cliché that gay men adore Kylie, this double collection spanning her entire career would be hard placed for anyone to resist. All the hits (justabout) are here and there's not a single dull moment. Just try defy its charms!

Deborah Cox – Remixed (Sony BMG)

A longtime club favourite, especially for 'Nobody's Supposed To Be Here', on this set, this Canadian soulstress with the big diva voice gets the remix treatment on a dozen or so of her best floorfillers. Warning: may cause serious disco dizziness!

Delta Goodrem – Mistaken Identity (Sony BMG)

Although Delta's debut album, 'Innocent Eyes', had catchier songs, on this album Delta documents her battle with cancer and her faith in the future. With a pervasive message of hope and determination to beat her illness it's an inspiration to all of us.

SEXUAL HEALING

There's a lot to be said for the healing power of great sex. Here's the perfect fit.

Massive Attack – 100th Window (EMI)

If you're after something to set the mood for a little lovin' then here's the perfect CD. Although any Massive Attack CD ranks as a must-have, this most recent album of the UK (now) duo gradually unleashes a spellbindingly compelling sexual energy.

DJ Seymour Butz – Sauna Sessions (kensatkensington.com.au)

This mix CD was conceived by this legendary Sydney DJ with a view to creating a sleazy sexy setting. He's certainly achieved that with what is the best porn soundtrack that never was. These throbbing dirty electro sounds just growl pure raunch.

Mylo – Destroy Rock'n'Roll (EMI)

Scottish electro wizard Mylo plunders 80s samples and beats, but fashions something inherently new to stop it ever being dull or intrusive. With a deliberate sexual frisson lurking in its grooves, this provides the perfect aural accompaniment to getting busy.

Mary J Blige – Dance For Me (Universal Music)

Put the voice of the queen of hip-hop together with remixers like Thunderpuss, Hector Hex and Junior Vasquez and you've got one steamy, hot album guaranteed to stir things up – especially if it involves some potential sexy company.

COMPLEMENTARY THERAPIES

There's plenty of music that can be used as an accompaniment for reiki, massage, meditation, or other spiritual/energy enhancing techniques that bring about a sense of well-being, contentment and contributing to your general good health. Visit www.oreade.com or www.newworldmusic.com for some suggestions. MP3s are provided to help you choose a title (amongst the hundreds listed) you personally find a connection with.

Northern exposure: HIV and body shape change in the Northern Rivers

Asha Persson

In Sydney, [lipodystrophy]'s more a fashion type thing. Whereas up here, it's more, people know that you're sick or something ... I see it on the same, but on a different level ... Body image more in Sydney and disclosure and the likes of that up here (Ethan).

Northern Exposure **is a new report that explores experiences of HIV and body shape change in the Northern Rivers. It includes findings from the regional arm of the *Side effects and lipodystrophy project*, a qualitative study examining how people negotiate adverse effects of their antiretroviral treatment, particularly lipodystrophy and lipoatrophy.**

The Sydney arm of the study, principally located in inner-city gay community, showed that for many of the research participants, lipodystrophy was a socially and sexually isolating experience. It often had a negative effect on their self-esteem because of ongoing HIV stigma and a highly body-conscious society that shows little tolerance of body types that happen to fall outside the cultural ideal. Considering how important bodies are to most people's identity and to everyday social interactions, it is obvious that unexpected body shape changes can have significant implications.

The impetus for the regional arm of the study emerged out of an interest in understanding how particular contexts may influence the experience of body shape change, rather than simply assume that findings from the urban arm were applicable to Australia's diverse positive population. People's personal and social circumstances may shape everyday realities of living with lipodystrophy in different ways, including their gender, sexual orientation, age, and cultural-linguistic background, but also the environment in which they live.

> People don't look at a person for what they do, what they wear, how they look

Northern Rivers was chosen as a suitable site due to its relatively substantial population of people with HIV, its alternative lifestyle and culture, its regional and rural environments, the absence of easy access to an array of services, and the absence of particular cultural expressions common to inner-city Sydney gay community.

In collaboration with ACON Northern Rivers, fieldwork and in-depth interviews with 17 men were conducted in Lismore, northern NSW, in November 2002. Considerable time was devoted to exploring interview participants' experiences of body shape change in relation to body image, self-esteem, social and sexual interactions, treatment decisions, and everyday negotiation of life in a regional area. Their stories were both similar and different to that of the participants in the urban arm of the project.

Lipodystrophy: Increase in fat (particularly around the belly)

Lipoatrophy: Loss of fat (particularly around arms, face and legs)

Concerns about lipodystrophy being seen as a 'sign' of HIV and sickness were common to both groups. To Sydney participants, this sense of forced disclosure was mostly a concern in relation to gay community because they believed that lipodystrophy is well-known in that social world. Northern Rivers participants also believed that most gay men are familiar with the features and implications of lipodystrophy, a troubling notion to some due to the perceived stigma of HIV in the region, including among local gay men.

However, in the Northern Rivers, this was a significant concern also in relation to the broader community. There was a feeling that parts of the local population were 'really straight' and less accepting or less understanding than in cities. So, many participants felt a need to carefully protect their HIV status. While most did not believe the broader community knew about lipodystrophy, many were concerned that people might think they look 'sick' as a result of lipodystrophy, or that they might think 'there is something wrong with you'.

Sydney participants believed they stood out by virtue of living in a 'know-

ing' community well aware of lipodystrophy. Northern Rivers men also believed they were conspicuous, but for different reasons. Many thought lipodystrophy, or any difference, is likely to be more noticeable in the Northern Rivers than in Sydney because of the higher degree of visibility and 'talk' that comes with living in a smaller community. But they also observed that it is easier 'to hide' in the country than in a city. This can make it easier to have lipodystrophy in the Northern Rivers, but also more difficult. As many pointed out, the negative consequence of 'hiding' is increased isolation, especially in an environment where people often have to work hard at building and maintaining their social networks.

Among Sydney participants, body image and loss of 'looks' and sexual desirability were frequently raised concerns, particularly in relation to what many described as the body-oriented Sydney gay 'scene'. In contrast, body image was seen as less of an issue among the men in Northern Rivers. In fact, many thought that issues around lipodystrophy were different in Sydney precisely along these lines. For this reason, they generally believed it was easier to have lipodystrophy in the Northern Rivers than it would be if they lived in Sydney:

> The whole image stuff is much stronger in Sydney than it is up here. I mean, a lot of the gay men up [here] aren't into going to the gym and looking beautiful. It's, you know, and a lot of the guys who are up here are older guys anyway, so there's – It's just, it's just a very different scene really, compared to Sydney (Stuart).

Many participants felt there was a lack of emphasis on appearance in the local community in general. And the renowned 'alternative' culture in the region was seen by many as more inclusive and accepting of difference. As Alexander put it: 'Nobody gives a stuff what you look like. So, in that regard it's, you know, it's a great place'.

Some men disputed this notion, saying that body image is not much different in Northern Rivers than it is in certain sections of Sydney gay community and that any distinction between Northern Rivers and Sydney is an illusion because the local population of gay men is largely made up of expatriate urbanites.

But most participants felt there was a distinct cultural difference. Many commented that common measures of social status in Sydney such as wealth, occupation, possessions, and appearance were of much less importance in the Northern Rivers. 'People don't look at a person for what they do, what they wear, how they look', Corey said. 'It's about the person generally, which is so much more accepting'. While they did not dispute the obvious urban imprint on specific local expressions of lifestyle and attitude, they insisted that the generally tolerant and 'progressive' mindset which partly defines the region is a result of urban people bringing those kinds of values with them, seeking an alternative life.

Northern Rivers men tended to see lipodystrophy as a sexual rather than a social issue.

Yet, in many of the interviews, there was a tension between this emphasis on the relaxed attitude to body image in Northern Rivers and the participants' own experience of body shape change. Most were clearly troubled by their changing appearance and talked about how it had a negative effect on their self esteem in ways that were similar to their Sydney counterparts. In this regard the Northern Rivers men tended to see lipodystrophy as a sexual rather than a social issue. Anxiety about body image, often compounded by ageing and HIV stigma, came to the fore in sexual situations or in the context of finding a relationship. Some commented that the much talked about 'acceptance' and relaxed attitude to body image in Northern Rivers did not usually extend beyond friendships to include sexual attraction or relationships.

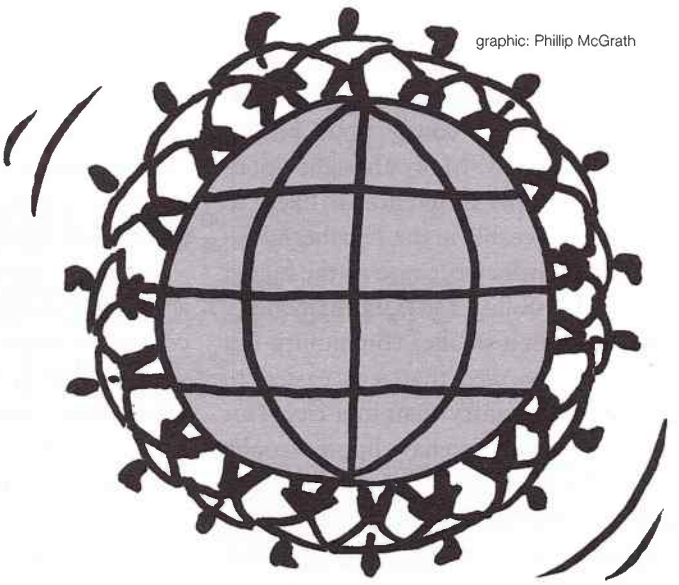
Several participants thought that lipodystrophy was less talked about in the region compared to the major cities. However, a sense of social silence around lipodystrophy was a common theme also among Sydney participants. On the other hand, less access or exposure to information about body shape change might account for the fact that the Northern Rivers participants generally had less knowledge and understanding of lipodystrophy than did the Sydney men and less awareness of ways to manage it physically and emotionally. There was a patent yearning for more information and discussion.

In addition to discussing how gay men in the Northern Rivers experience and negotiate lipodystrophy, the report provides an overview of other issues that were significant to the participants, including sociality, disclosure, and access to services. Interview quotes are used extensively to allow the many issues of living with HIV in Northern Rivers to be expressed by the participants in their own words. The report is a joint publication with a report on Northern Rivers data from the annual Positive Health survey.

For a copy of the joint report, contact Asha Persson at the National Centre in HIV Social Research on (02)9385 6414 or a.persson@unsw.edu.au

People Living with HIV/AIDS (NSW) in partnership with the National Centre in HIV Social Research has produced a fact sheet called *Living with body shape change*. If you would like a copy, phone our office on 9361 6011 or 1800 245 677. Living with body shape change can also be down loaded from our website at www.plwha.org.au

Leaving on a jet plane



graphic: Phillip McGrath

Visas, carrying medication, travel insurance, food and more

Stephen Gallagher

International travel, whether you're a seasoned traveller or first timer, requires careful planning and preparation so that you can concentrate on having fun when you arrive. In these times of uncertainty surrounding international terrorism or trepidation because of recent cataclysmic events in Indian Ocean countries, this is ever more so. Throw HIV into the mix and you'd be crazy not to do some serious investigation and planning before you head off. Those who carefully plan usually seem to have a great time. Those who don't, encounter a range of obstacles which can really put a dampener on their trip. This only became apparent to me about ten years ago when I used to conduct information forums for HIV positive international travellers at ACON. People who attended those sessions happily provided me with feedback about their trip upon their return and many of the tips are still relevant.

I've concentrated on a limited number of destinations, namely Indonesia, Thailand, Malaysia, Singapore, India, China, the EU, Canada, the USA, and Japan. Why? Because they're common destinations for Australian travellers, they're the destinations about which I still field inquiries through work and because with the exception of Japan I've either travelled to all of them, loaded down with my HIV meds or intend to do so soon.

Visas

For the most part visa requirements pose no difficulties for Australian citizens, just because you're HIV positive – that is unless you're travelling to the US.

> Those who plan carefully usually have a great time

Most countries do not require visas for short stays (less than 30 or 90 days), depending on where you're going. Some countries do pose restrictions on HIV positive travellers, subject to your intended length of stay (much like Australia does). So Thailand prevents people with HIV from obtaining a visitors' visa, but then stays of less than 30 days in Thailand don't necessitate a visitor's visa to begin with. From all reports, when you apply for a 90 day non-immigrant visa, they do not require that you undergo an HIV test or ask you about your HIV status. While in theory you're barred from entering the country, in practice they don't police it. Similarly Indonesia requires payment of $60(AUD) for a visa on arrival for stays of 3 to 30 days but doesn't ask any questions about health status. Check visa requirements with the Indonesian Embassy before departure, and don't rely on experience from previous trips. They've changed twice in the space of six months and may do again soon in true Indonesian fashion. As a frequent traveller to Indonesia I can recall at one stage you just used to hold up your passport and smile at customs officials who'd smile back with a with a hearty *Selamat Datang*. Then last year new requirements came into force on February 1st so I had to pay visa on arrival fee of $25US for a 30 day stay and since May '04 they've changed visa requirements again.

Chinese visa requirements are a little more complicated. If you're travelling to Hong Kong, visas aren't required by Australian passport holders for stays of less than 90 days. However, visas are now required for visits to other parts of China for $30 for a single entry on an Australian passport. Visa costs vary depending

on nationality (US passport holders pay $85, other nationalities $50) and no questions about health are asked.

Malaysia doesn't require a visa for Australian travellers for trips of less than 90 days. Similarly Singapore doesn't require visas for short stays but you must nominate whether you intend to stay for less than 14 days or less than 30 days. It's a criminal offence to stay longer than you nominated when you arrived.

Australians do not require a visa for short stays in Canada. However, new legislation does require that all airlines provide your name, age and place of birth to Canadian authorities when you make your travel booking. This is a condition of the 'Advance Passenger Information/ Passenger Name Record' (API/PNR) legislation to expedite entry. If you have a previous record and pose a national security risk you will be prevented from entry.

Japanese entry restrictions are as simple as can be. No visa required for a stay of less than 30 days. Visitors to India require a visa and, in true Indian bureaucratic fashion, this necessitates a mountain of paper work for the myriad of visas on offer. Once again, visitors do not require proof of HIV status.

Most, if not all, European countries do not require a visa for short stays and, like most of the aforementioned Asian destinations, only require an onward or return to destination ticket to enter the country.

Any visas required should be applied for before you enter the country. Generally you can't apply for a visa on-shore, and in some countries you need to leave to apply for an extension.

It pays to check visa requirements when making the travel booking and before departure. Visa requirements are different depending on your nationality. Be sure to ascertain what the requirements are for your particular nationality. Don't assume that just because you're a New Zealander for example that requirements will automatically be the same. If you're booking travel arrangements over the internet it's advisable to telephone the embassy to check that visa information on their web-site is correct and up to date.

If you intend to ask questions about entry restrictions on the basis of HIV, be warned that many embassy staff don't really have a clue. I've been told entry is completely prohibited by some embassy staff when in fact it's not. So, if you're going to ask, start out with a general question about health related restrictions before mentioning HIV. In my experience this elicits an accurate response, rather than a knee jerk assumption. Of course you probably don't want to give them your name and contact details if they need to find out before they can answer you. Get someone to call on your behalf. I'm not suggesting that's there's a big black list somewhere but it pays to be cagey – I'm not about to disclose my status to a foreign government.

Visa requirements for the good ole USA

Australians in possession of a 'machine readable passport' do not require a visa for stays of less than 90 days with an onward ticket and proof of sufficient assets (proof of stay such as hotel bookings and credit cards usually suffice). However, requirements for HIV positive visitors wishing to enter the United States are somewhat different. Section 212(a)(1)(A)(i) of the US Immigration and Nationality Act denies entry to any applicant for a visa - or non-visa - admission who has a communicable disease of public health significance, including HIV infection. In

short if you've got HIV, you're pretty much persona non grata.. You can be granted a waiver (which you'll need to apply for in advance at a US consulate) to enter for 30 days or less to attend conferences, receive medical treatment, visit close family members, or conduct business. You have to demonstrate that you're not currently sick, that you've got sufficient insurance to cover any medical care that might be required and that you won't pose 'a danger to public health' while you're there. Each case is considered on its merits but it would be unusual for an Australian citizen to be rejected if he or she meets the criteria. It's important to remember that once you're listed as HIV positive, with the INS, it's forever. You'll have to apply for a waiver each time you go. Opinions vary as to whether you'll get a waiver if you just want to go and a have a touristy good time. It depends on who you speak to.

There's also the **'Designated Event' Policy**. This policy allows for the entry of HIV-positive persons to attend certain 'designated events,' which are considered to be in the public interest, such as academic and educational conferences and international sports events. The US Attorney-General can 'designate' such an event which means that attendees can enter the US for the duration of the event without being asked about their HIV status.

All arrivals in the US (including those in transit to Canada or other countries) are required to fill out a customs/immigration form. For HIV-positive visitors, the question on the entry form (similar to the Australian immigration/customs form given out on the aircraft) regarding communicable diseases is tricky no matter which way it's answered. If the applicant checks 'no', and the visitor is found in possession of HIV medications, INS officials may deny entry on the grounds that the applicant lied on the entry form. You'll be sent back on the next plane and risk being barred

forever. If the applicant checks 'yes' or if INS officials suspects the person is HIV-positive, entry may be denied unless the applicant has the waiver referred to earlier.

Remember, if you decide to tick the 'no' box – and we know that many HIV positive people do – you're running a significant risk. You could argue that answering 'no' is legit because Australia classifies HIV as a 'transmissible' rather than a 'communicable' condition, but that's a distinction that your average INS officer won't be interested in exploring. Then there's the question of carrying HIV meds with you.

Carrying medication

People safely carry prescription medication with them all the time. The only thing you need to remember is to carry it in your hand luggage in case your suitcases end up in Kalathumpia. A covering letter from your doctor stating that they're prescribed drugs for a medical condition is all that's required. The drugs should be listed by name, dosage information is useful, and medications should be left in their original containers. The medical condition does not have to be named, and don't carry excessive amounts as that can be construed that you intend to stay longer than you've otherwise indicated.

If travelling into the US it's worth knowing that customs officials are trained to recognise HIV medication. Many people choose to send their medications ahead to friends or to their hotel. All that's required is a customs declaration form available from Australia Post filled in with 'for personal use only, not for resale'. Pack your meds into insulated packaging and use a courier. Although it's more expensive, you can be guaranteed of their timely arrival. Call ahead before you leave to ensure that your friends or hotel have received your package.

Many people find it easier to put their meds in vitamin bottles in their hand luggage. I've carried meds with me and I've couriered them in advance. Really its up to you, remembering people with HIV enter the US every day. If you decide to use the vitamin bottle option approach customs with confidence –you'd have to be really unlucky for them to empty the contents out.

Travel insurance & reciprocal health care arrangements

Travel insurance is a must!!!! It won't cover you for anything HIV related but if you break your arm bungy jumping in Colorado it'll off-set the horrendous medical bills. It'll also cover lost luggage or stolen items. Australia has reciprocal health care arrangements for acute or emergency care with a number of countries, namely the UK, Netherlands, Sweden, Malta, Italy, Finland, Republic of Ireland (Eire) and New Zealand.

If you need to obtain medical care while overseas (or think you might) contact details of overseas AIDS organisations can be obtained through ACON or PLWHA NSW, before you depart. Remember health care services especially HIV specialised services may not be what we're accustomed to in Australia. So don't go away expecting you can get the same quality care you'd receive from a GP in Darling it hurts.

Vaccinations

Have a chat to your doctor before you set off overseas about what vaccinations are advisable. About the only vaccine which isn't appropriate for PLWHA is yellow fever – so you might want to rethink your travel plans to the Amazon or deepest, darkest central Africa. You can still go and get a vaccination exemption but space doesn't allow me to outline what steps you must take in order to do so and do you really want to risk it?

Food & beverages

One of the great joys of international travel for me is to eat food I've never tried before. I love pointing at that strange looking dish, smiling, nodding and asking for some. Beware of food from street vendors but use some commonsense. If it looks clean and its been cooked in front of you its better than something that's been languishing in the tropical heat without refrigeration. If it's fried in front of you it'll probably be ok as frying kills just about everything (including any nutritional value in the food but hey). Rule of thumb for fruit is: peel it or leave it. Avoid shellfish, and be sure that water is bottled or ice cubes are safe. Most reputable places in Thailand, Indonesia and Malaysia use sterilised water for ice and in Bali they'll have certificates on the wall to prove it. You may also want to consider using bottled water to brush your teeth. The cardinal sin is assuming that the familiar fast food chain is 'cleaner' than the local café. The only times I've seen friends get sick is from fast food joints because the turnover is not as high and the people working there are not as familiar handling the food as they are with local dishes.

Food in mid range hotels is usually good and safe. Be adventurous but be careful. Those tropical fruit salads in Bali are irresistible and generally safe providing the restaurant/café is clean and busy – quiet food outlets with slow turn over are a breeding ground for bugs.

Plan, enjoy, bon voyage!!!

For all you need to know about safety, visas, and safe eating visit www.smartsafe.gov.au or call PLWH/A (NSW) 9361-6011 or ACON 9206 2000

1 http://www.frommers.com/destinations/california/0215024435.html

health promotion factsheet
people living with HIV/AIDS [NSW]

9

HIV and your mouth

Taking care of your mouth and teeth is a very important, yet often overlooked, part of maintaining general health.

Oral health refers to the condition of your teeth, gums, mouth and throat. Their condition can significantly affect your physical and emotional wellbeing, including comfort, appearance, self-image, self-esteem, interpersonal relationships, diet and speech, and further impact upon other health conditions.[1]

CHANGES TO THE ORAL ENVIRONMENT

People with HIV may experience a number of changes to the oral environment. Discussed below are a number of the more common changes.

Taste Changes can occur as a common side effect from some HIV drugs and other medications, or due to fungal infections such as Candidiasis. Rinsing the mouth clean with a neutral tasting mouthwash (Bicarb Soda mouthwash) before eating may be useful. Moist foods with a strong flavour through the addition of herbs, spices and sauces may assist in masking any altered taste sense. Although strong spicy foods mask taste changes, they may not necessarily be appropriate food choices for maintaining weight or improving gut function. It is advisable to seek advice from an experienced HIV dietician.

Thoroughly brush your teeth, at least twice a day or after meals; use toothpaste or rinses that contain fluoride; floss after meals; drink plenty of water (2 – 3 litres per day); and regularly visit your dentist.

Floss, brush, rinse.

Limit sugar, drink water,

stimulate saliva ...

Try to limit acidic foods such as soya sauce, wine, beer, acidic fruit juices, marinades and refined dietary sugars (confectionery, soft drinks, etc.). These foods can worsen sensations of 'burning mouth syndrome' that sometimes occur from oral opportunistic infections, and may increase the incidence of tooth decay.

Dry Mouth (Xerostomia) is due to lack of saliva. There are a variety of causes, including HIV infection, which can cause swollen salivary glands, some HIV drugs, other medications (eg. diuretics, antihypertensives, antihistamines, antidepressants, bronchodilators, antipsychotic drugs) and recreational drugs (eg. amphetamines and ecstasy).[2] Allergies and infections may also cause dry mouth.

Without enough saliva, food can build up in the mouth, between the teeth and gums and promote tooth decay, periodontal disease and Candidiasis. When the mouth is dry it may be useful to try sucking ice, chewing sugarless gum, and eating moist raw foods such as celery, lettuce, apples, melons, paw paws, mangoes, fresh herbs, etc.

Drinking plenty of liquids at or between meals is a good idea, as is rinsing your mouth often with one (1) teaspoon of bicarbonate soda dissolved in a glass of water or an alcohol-free mouthwash. Avoid sugar since it can make your mouth even drier. If this doesn't work, an artificial salivary substitute may be recommended by your doctor or dentist.

Teeth Clenching & Grinding (Bruxism) can cause teeth and gums to become painful, sore and sensitive, and result in marked wear of the teeth. Emotional factors (eg. stress, anxiety) and physical factors (eg. abnormal bite, crooked teeth and nutritional factors) are thought to be involved. Some HIV drugs which affect sleep, mood or anxiety levels may cause a higher likelihood of Bruxism.

Some antidepressant medications and recreational drugs such as amphetamines and ecstasy may also contribute to teeth grinding.

Relaxing at night before bed and seeking ways to reduce stress levels may be one strategy. Proper dental care for irritating bite abnormalities may be another. Your dentist may also suggest wearing a mouth guard at night to prevent tooth grinding.

Tooth Discolouration is an alteration in the appearance of the teeth, beyond the natural variations in tooth colour, which occur among individuals.

Internal discolouration of teeth from illness and drugs occurs during tooth formation in children. Wear of enamel will cause exposure of the yellow grey interior of the tooth. This is the main cause of colour changes in adults. Dry mouth and some medications can cause extrinsic stain which can be removed by professional cleaning.

Most tooth discolouration can be successfully lightened through proper bleaching procedures provided by a skilled dentist. Some conditions make the discolouration more difficult to remove.

Over-the-counter products are not recommended, as bleaching should only be done under the supervision of a dentist following proper examination and diagnosis of the cause of discoloured teeth.

Oral infections

Oral Candidiasis (Thrush) is a fungal infection of the mouth and/or throat. The infection can take several different forms, but most commonly there are small or large white patches on the roof of the mouth, tongue, inside cheeks, and the mouth may feel furry, sore or itchy. These fungal organisms live in most human mouths, but a weakened immune system can make it easier for this fungus to grow.

All efforts should be made to control Candidiasis early, since protracted Candidiasis will result in significant taste disturbance, loss of appetite and subsequent weight loss and debilitation.

Several antifungal medications are available including the topical treatments (applied directly onto the infection areas) such as, Clotrimazole, Amphotericin B and Miconazole, and systemic (drug) treatment with Fluconazole. However, there is some debate as to the best way to prevent and treat Candida outbreaks, mostly due to the ability of the infection to develop resistance to some anti-fungal medications. Topical drugs can be used for extended periods but their efficacy may be limited. Alternatively, antiseptic Chlorhexidine based mouthwash eg. Savacol) held in the mouth for one minute then spat out, may help. Avoid mouthwashes, which contain alcohol, as the alcohol may cause mouth burning.

Nutritional approaches to prevent and treat Candidiasis are controversial and complicated. In some individual circumstances, too much refined sugar, alcohol, caffeine, and nicotine can make Candida worse. Some vitamin and mineral deficiencies have also been associated with Candida overgrowth (iron, folate, zinc, vitamin B12).

Some nutritionists and dieticians recommend adding *Lactobacilli Acidophilus* (probiotics) to your diet, available in concentrated capsule form or in yoghurts, to promote healthy (good) bacteria in the body's gut, throat and mouth lining. Garlic is believed to have antifungal properties, but some evidence exists which suggests avoiding garlic supplements if taking Saquinavir and other Protease Inhibitors (due to drug interactions).

Before adding or subtracting components to and from your diet, it is important to remember there are many individual factors, which can stimulate Candida overgrowth. This includes certain drugs which can alter the natural organisms in the mouth.

It is important to check with a dietician or your dentist before altering your diet.

Oral infections can be treated with:

- **Medications**
- **Good nutrition**
- **Complimentary therapies**

Take some time, at least once a month, to look inside your mouth for signs of infections and sores. Check you tongue (top and bottom), lips, gums, cheeks and the roof of the mouth. Early treatment can prevent some problems from getting worse.

Angular Chelitis is a mixed fungal and bacterial infection, causing inflamed red patches and cracks in the corners of the mouth. It can be treated with antifungal creams such as Daktarin. Often there is also bacterial infection in the area, which should be cleaned regularly with Betadine. Applying Vaseline or cocoa butter to the area once the infection has been treated may help keep the skin moisturised and prevent further cracking.

Gingivitis and Periodontitis are gum infections characterised by swelling and bleeding of the gums when brushing or flossing. Breakdown of the attachment seal between the teeth and gums occurs, which causes the gums to recede or crevices (pockets) to form. Bad breath may also occur due to the build-up of bacteria between the teeth and in these pockets.

Bleeding gums is the earliest sign of Gingivitis. Without proper dental and health care intervention, more serious problems can occur such as "Necrotising Ulcerative Periodontitis" – a severe infection and ulceration of the gums and mouth lining.

Gingivitis is caused by the build-up of dental plaque, which can be prevented by proper brushing technique using a small-headed, soft toothbrush and fluoride toothpaste.

Chlorhexidine based mouthwashes are very good to guard against infections. Avoid antibacterial mouthwashes that contain alcohol, as the alcohol can sting inflamed areas.

Other conditions

Oral Ulcers (Aphthous Ulcers) occur on the mucous membranes (mouth surfaces) and present as painful, red, inflamed open sores, making eating certain foods uncomfortable. They are most commonly caused by an overzealous immune system following immune reconstitution from HIV therapy, although a declining immune system, HIV medication side effects, and trauma to the area may also lead to oral ulcers. They may also be a symptom of other viruses such as the Herpes Simplex Virus (HSV), Cytomegalovirus (CMV) or the Coxsackie virus.

When symptoms of any ulcer or lesion first occur they should be mentioned to your doctor or dentist, to enable a proper diagnosis of the cause and selection of appropriate treatment, to prevent any further progression.

If you are having difficulty with your food intake and selection of foods speak to a dietician who can help you devise a sustainable food-energy diet that does not irritate your mouth when you eat, and helps prevent against weight loss.

GENERAL GUIDELINES FOR GOOD ORAL HEALTH

- Thoroughly brush your teeth, at least twice a day or after meals.
- Use toothpaste or rinses that contain fluoride.[3]
- Floss after meals.
- Drink plenty of water (2 – 3 litres per day).
- Regularly visit your dentist.

Where dentures or other dental prosthetics are fitted (crowns, bridges, braces, etc.) correct cleaning and maintenance are also important. Dentures that fit poorly can also negatively impact upon your oral health and comfort. Your dentist or oral health professional can provide solutions to these problems.

GETTING THE MOST FROM A VISIT TO YOUR DENTIST

Planning a course of action for dental care and treatment is important for people with HIV. Your dentist is a partner in developing this plan and is there to provide you with information and treatment options. Optimally, any course of treatment should be made with you, your doctor and your dentist working in partnership.

Do I need to disclose my HIV status?

While there is no legal requirement for people with HIV to disclose their status to a health care provider, HIV infection can present some unique oral problems and therefore disclosure to a dentist you can trust may result in improved health care outcomes.

To ensure you get the best possible health care, it is your responsibility to provide as much information as possible about your health. This includes medical history, any medication or complimentary therapies you are taking, and whether you are being treated by another health care provider.

Talk to your peers and doctor. Talking to people in similar circumstances can help you determine whether disclosure of HIV status is an option that might have some benefits.

Whether you disclose or not, you have the right to expect fair and adequate treatment provided in a caring, non-discriminatory manner. Additionally, there is no onus, or legal requirement, to disclose your HIV status for the protection of a health care worker (including dentists). All health care workers providing any clinical service are trained in procedures that reduce their risk of blood to blood exposure. They should treat everyone the same way using clinical health and safety procedures.

Ring and ask if the dental clinic has worked with people with HIV and/or is familiar with HIV oral complications as a way to make the topic of disclosure easier.

Privacy and your personal information

Health information and your medical history are considered to be privileged information disclosed to your health care providers. You have the legal right to expect confidentiality of your health care information and health condition(s) in all aspects when you attend a dental clinic.

While there is no legal requirement for people with HIV to disclose their health status to a health care provider, HIV infection can present some unique oral problems and therefore disclosure to a dentist you can trust may result in improved health care outcomes.

Talk to your peers and doctor. Talking to people in similar circumstances can help you determine whether disclosure of HIV status is an option that might have some benefits.

Where do you go?

Your local dentist can continue to provide for most of your dental needs. Where they have specific concerns they can also consult with or refer you to the specialist HIV dental services at:

Sydney Dental Hospital (SDH) (Chalmers Street, Surry Hills – opposite Central Railway Station)

People with HIV/AIDS receive the same range of services available to all patients of SDH. This includes assessment, treatment and specialist care. As with all patients, there are some limitations to treatment available. To be eligible you must hold a HCC or PCC card. For an appointment phone 02 9293 3316 between 8.30am and 4.00pm Monday – Friday. When you ring for an appointment ask for an assessment under the 2.3 Program.

St Vincent's Hospital Dental Clinic (Victoria Street, Darlinghurst)

The St Vincent's Hospital Clinic provides basic general dental treatment, oral surgery (removal of wisdom teeth), oral biopsy and management of some oral problems arising from HIV infection. For an appointment phone 02 8382 3129.

Northern Rivers Area Health Service

Northern Rivers Area Health Service provides emergency dental treatment to eligible patients. Contact your local Community Health Dental Clinic which is listed in the telephone book. The Area also administers a program to provide dental care for people with HIV/AIDS through private dentists. For information on this program contact the Manager, HIV/AIDS Funded Programs on 02 6620 7505.

Other Non-Metropolitan Areas

If you are from a non-metropolitan area your local HIV/AIDS services can advise you whether there are any specific local dental arrangements in place. For local information discuss this with the HIV/AIDS service co-ordinator in your area. To obtain the co-ordinator's telephone number contact your Area Health Service, which is listed in your local telephone book. The services at these centres are funded by the NSW Health Department.

To be eligible for treatment you must be in possession of a current health care card.

WHEN DID YOU LAST VISIT YOUR DENTIST?

- Dental care and treatment is an important element in the planning of your overall health care.
- Good oral hygiene can assist in minimising your exposure to opportunistic infections.
- Good oral health is conducive to better dietary habits and hence better nutrition.
- Some clinical aspects of HIV infection and the side effects of its treatments, make dental care more problematic but also more necessary.

Ask your doctor, dentist or health care provider to refer you to one of the listed services.

Disclaimer: This information is intended as a guide only, and should not be used as a substitute for health care advice and treatment from an oral health-care professional.

WHAT YOU NEED TO KNOW ABOUT THE NEW MEDICARE ITEMS

- From 1 July, GPs can refer patients enrolled in an Enhanced Primary Care (EPC) plan to eligible allied health professionals and dentists.
- Enrolled patients are eligible for up to five allied health worker services per year on referral from their GP. Patients are also eligible for up to three dental services per year on referral from their GP. Each dental referral attracts a $73.35 rebate.
- Allied health professionals and dentists can continue to charge their own fees, or they can now choose to bulk-bill Medicare. If they charge a private fee, patients can collect the rebate and their out-of-pocket costs will count toward the MedicarePlus safety net.

For further information visit www.health.gov.au/medicareplus or www.hic.gov.au

Footnotes

1 Oral health conditions may increase your risk of heart disease, lung disease, and stroke. In pregnant women, oral health conditions may increase the risk of having a premature baby.

2 The use of recreational drugs can also cause other direct health compromising effects. Additionally, many of these drugs are known to cause drug interactions with HIV medications, which can lead to treatment failure or toxicity and increased side effects. For further information on drug interactions and health effects of recreational drugs, contact the Treatments Officer (ACON), or speak to your doctor.

3 Fluoride helps prevent tooth decay by building up the tooth enamel and resisting any acid breakdown of tooth enamel (the hard mineralised outer white shell of the teeth that gives them strength).

References and further reading

- *HIV Human Immunodeficiency Virus Dental Care.* E Coates, B Scopacasa, R Logan. South Australian Dental Service.
- *Hepatitis C Dental Care.* Bronwyn Scopacasa (BDS FRACDS), Liz Coates (MDS FADI FICD), Richard Logan (BDS MDS), Special Needs Unit, Adelaide Dental Hospital.
- Australian Society for HIV Medicine (ASHM). *Positive Information for Patients* (PIP), Chapter 7.09: Lifestyle and Health Promotion, Oral Care Recommendations; Chapter 5.20: Oral Conditions of HIV Infection (*www.ashm.org.au*)

Dental care and treatment is an important element in the planning of your overall health care.

health promotion factsheet
people living with HIV/AIDS [NSW]

Other services that can help

- **Treatment Information Officer, AIDS Council of NSW (ACON)** Call for up-to-date information about treatments for HIV. ✆ (02) 9206 2036 Freecall 1800 816 518 or visit *www.acon.org.au*
- **Albion Street Centre Nutrition Department** Customised services for health care workers and people affected by HIV/AIDS and Hep C: counselling-education-training-international project development. Dietician ✆ (02) 9332 9600; email sadlersi@sesahs.nsw.gov.au or visit *www.sesahs.nsw.gov.au/albionstcentre/clinical/nutrition*
- **Health Care Complaints Commission (HCCC)** Monitors, investigates and resolves complaints about health care providers and health care services in NSW. ✆ (02) 9219 7444 Freecall 1800 043 159 or visit *www.hccc.nsw.gov.au*
- **Heterosexual HIV/AIDS Service (Pozhet)** Men and women living heterosexually with HIV/AIDS. ✆ (02) 9515 3095 Freecall 1800 812 404 (national) or visit *www.pozhet.org.au*
- **Multicultural HIV/AIDS Service** ✆ (02) 9515 3098 or outside Sydney Freecall 1800 108 098. Mon – Fri 9am – 5pm. Bilingual/bicultural co-workers providing emotional support, advocacy and information to people living with HIV/AIDS from non-English speaking backgrounds.
- **People Living With HIV/AIDS (NSW) Inc.** A non-profit community organisation representing the interests of people living with HIV/AIDS in NSW. ✆ (02) 9361 6011 or Freecall 1800 245 677 or visit *www.plwha.org.au*

For regional NSW HIV/AIDS and related services:

- ***Contacts*** A directory of services for people living with HIV/AIDS. Available from People Living With HIV/AIDS (NSW) Inc. ✆ (02) 9361 6011; Freecall 1800 245 667 or visit *www.plwha.org.au*

HIV & Oral Health Websites

- ***www.hivdent.org*** Extensive information on oral health care.
- ***www.projectinform.org*** Useful oral health information. Search for terms and conditions listed in this resource.
- ***www.aidsmap.com*** Information and factsheets on oral health conditions and treatments.
- ***www.colgate.com/oralcare*** Dental health fact and information sheets.

Acknowledgements

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Produced by the Health Promotion Unit of

PEOPLE LIVING WITH HIV/AIDS NEW SOUTH WALES

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NSW HEALTH

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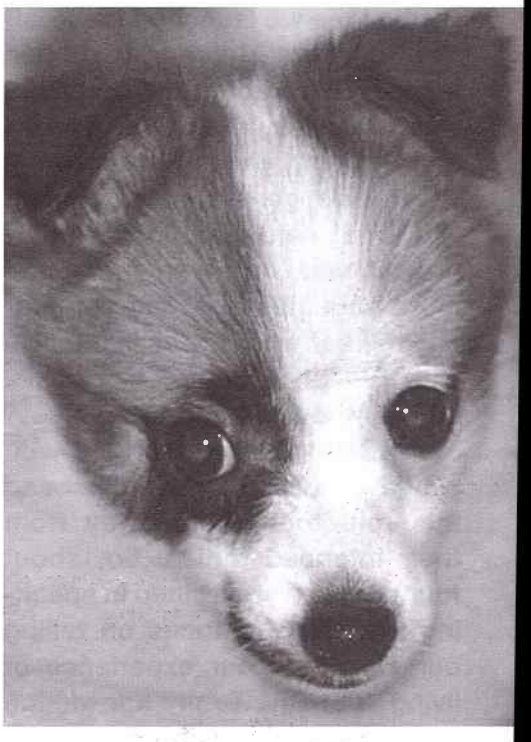
GILEAD

Design Geoffrey Williams + Associates, Sydney

Pets, companion animals and assistance animals – What's In a Name?

Many of us, around 50% according to *Futures 4,* have a companion animal: dogs, cats, fish, birds and even farm animals – though farm animals probably aren't the best choice for an inner city apartment. We might also call them 'pets.'



As HIV is a disability in terms of the *Commonwealth Disability Discrimination Act 1992,* do our relationships with our pets qualify for consideration under the assistance animal provisions of the Act? These are the provisions that allow disabled people who rely on Guide Dogs mainly - but also some other assistance animals - to have their animals with them on public transport and in enclosed spaces where animals wouldn't normally be permitted. The answer from the Human Rights and Equal Opportunity Commission is that HIV in itself normally wouldn't qualify for assistance animal access entitlement - though it's not impossible that the circumstances of a very specific case might do so.

Generally, someone with HIV would also have to have another condition – for instance, vision impairment, some phobias – where the assistance animal has been *trained specially to assist in alleviating the effects of disability.* This is one situation where love, support and companionship just isn't enough, it seems.

The HREOC website reports on a case where a man complained that he had been discriminated against by a country rail service provider's refusal to permit him to be accompanied in the passenger carriage by his companion animal, a chihuahua dog. The President confirmed the Acting Disability Discrimination Commissioner's decision to decline the complaint. She found that the fact that the man had trained the animal to provide him with companionship was not sufficient to establish that it had been trained to alleviate the effects of his disability (2 December 1998).

We'll be focussing on the importance of pets in the lives of HIV positive people in an upcoming issue. In the meantime, the HREOC website is a useful source of information about a wide range of disability and rights-based issues. http://www.hreoc.gov.au/

Speaking up for the benefit of all positive people

Claude Fabian reflects on ten years of the PLWH/A (NSW) Positive Speakers' Bureau

By the time we launched the Positive Speakers' Bureau I had been a speaker for about three years. I was trained by the ACON Speakers' Project, whose purpose was to provide general talks around HIV and safe sex. The ACON project was receiving more and more enquiries from the community to hear what it was like to live with HIV on a day to day basis. Initially the project relied on several ACON positive workers who would go out and give talks, and this role took them away from their intended duties. So, about four people were trained in speaking skills with a focus on telling our story and our experience of living with HIV. To my knowledge I am the only one of those four who is still alive and/or still doing talks.

As already mentioned we knew we had to work out a way of forming a project that would provide a 'voice' for positive people to tell their stories. Whilst we had Talkabout, which continues to be highly respected and widely read within the HIV community and sector, it mostly reached people who already had an interest in the issues.

We felt that providing a face to face encounter for people (and most had never – knowingly – met a person with HIV) would give them an opportunity to ask questions. They could see for themselves what a person with HIV was like and this would also reinforce the safe sex message. Most of the media images at the time were of people at the end stages of AIDS, often accompanied by sensational headlines. There was also the Grim Reaper 'awareness' campaign. We wanted to challenge these misconceptions.

The PSB gives those in the audience a more balanced and accurate picture of HIV positive people, and they can use their knowledge to challenge the extreme opinions of others in their circle of influence. The PSB also provides the speakers with a sense of empowerment and purpose – particularly for those who had been forced to stop work. The policy to pay for speaking engagements not only valued speakers' expert knowledge, but provided some extra pocket money. This can be very welcome when you are living on the pension or reduced income.

> a more balanced and accurate picture of HIV positive people

The Positive Speakers' Bureau also encouraged a dialogue about the important issues of the times: the availability of effective treatments, euthanasia, multiple loss of loved ones, loss of your job/career, dreams and expectations, financial independence, housing, discrimination, quality of life, the nature of the community response and many others. Ten years on from the official launch of this project - those subjects (and some new ones) continue to be as relevant today as they have ever been.

At the time of the project's founding, there were few people willing to openly identify themselves as positive, either to a small group of people or to a mass audience like the media. I knew first hand how beneficial the talks could be for all involved.

I was a member of ACT UP Sydney, and as the T-shirts reads: Silence = Death - Action = Life. Another T-shirt from ACT UP reminds people of a passage written by Pastor Martin Niemoller, who lived through the Nazi era. Unfortunately it is incomplete in those it laments, in particular when it comes to gay men and lesbians; it is still as important today as it was then.

'In Germany they first came for the Communists, and I didn't speak up because I wasn't a Communist.

The Positive Speakers' Bureau also encouraged a dialogue about the important issues of the times

Then they came for the Jews, and I didn't speak up because I wasn't a Jew.

Then they came for the trade unionists, and I didn't speak up because I wasn't a trade unionist.

Then they came for the Catholics, and I didn't speak up because I was a Protestant. Then they came for me – and by that time no one was left to speak up.'

I for one was not going to wait around until a similar scenario happened here. Many may think this unlikely, but I would remind you of the many hysterical headlines in the media and calls from sections of the community to 'quarantine', 'tattoo', 'track', etc that people with HIV had to deal with after the initial discovery of the disease. Largely these more extreme measures were not acted on, at least not in this country.

Consider however that at least in this state, and others in Australia, people with HIV are required to disclose their status prior to a sexual encounter. There can be legal consequences, including imprisonment, and practicing safe sex cannot be used in your defence. Whilst I am not fully aware of the intimate details of the cases there are at least a couple of people who are currently going through the NSW court system facing charges.

It was against this backdrop that drove those of us who participated and supported the formation of this project. Some things have improved, some things have changed and we also face new challenges.

I have learned a lot through my involvement with this project (public speaking skills and increased confidence, giving presentations for our training sessions, providing and assessing feedback, assisting with the project's development and helping to write the various funding submissions).

When I first started speaking I was self employed. I then became a paid worker in the AIDS sector. Then I retired from paid employment, but continued my involvement in the sector. It was after I stopped working that I began to value the project more, as it provided me with an ongoing opportunity to give something valuable to the community I live in. It balances my feelings of guilt around not contributing to the society I live in – in the way I would prefer. Having to rely on government support for my income, housing and healthcare was not how I had viewed my future, at least not at this stage of my life.

The project itself has had many achievements some of them include:

- Encouraging individuals and groups, like schools, to fundraise for AIDS charities.
- Providing education about the AIDS Quilt.
- Creating our own training manual and systems for running the project, which have been adopted by other groups to start similar projects – here and in other countries.
- Producing a video, showing aspects of the lives of three of our speakers.
- Working hard to recruit speakers from diverse backgrounds.
- Many of our clients (such as schools, non government and volunteer organisations, and health care workers) keep coming back for bookings year after year

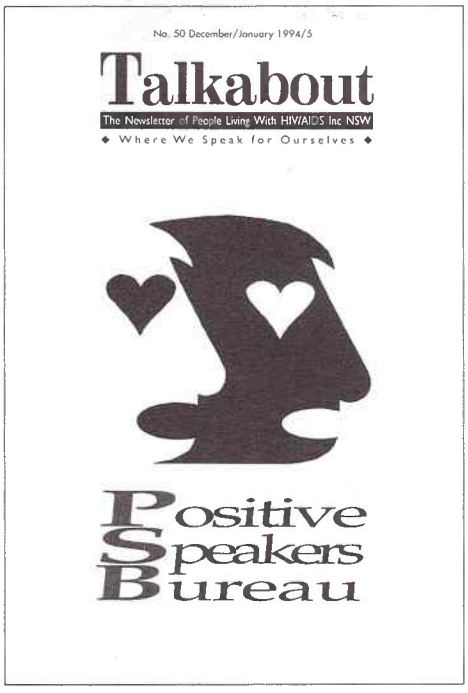
.

Whilst the project is not perfect – I would hope that if it was viewed by a professor as an academic essay it would receive a high distinction for what it has achieved over the years.

Until the AIDS crisis really is over, I hope that projects like this one continue to be around, and what we have learned continues to be used in other locations here and abroad.

Claude Fabian is the volunteer convenor of the Positive Speakers' Bureau. This is an edited version of the talk he gave at the 10th anniversary celebration of the Positive Speakers' Bureau December 2004

Talkabout announces the launch of the Positive Speakers' Bureau in December 1994



Celebrating stories

The importance of stories and how they sustain us

John Rule

The Positive Speakers Bureau are a group of people who range in age from 23 to 70 and that range in age is also reflected by a great diversity around sexuality, gender, and life experiences. I think we all acknowledge and respect those diversities and recognise also that diversity sustains us.

Talkabout Magazine in December 1994 heralded the beginning of the PSB 1994 was a hard time in the epidemic. AIDS deaths were peaking in Australia, and there were still no effective drugs to maintain health. While AIDS hysteria had settled down from the 80s and HIV had been around a while, it was already starting to drop off the media's agenda. But there were people determined to make a difference, to be heard, to not be ashamed of their HIV status because they knew by speaking about their lives they would challenge discrimination.

And here it is 10 years on. Yesterday there were Positive Speakers in Mildura, Dareton, Wollongong and in the Blue Mountains. There were also speakers at Liverpool Hospital, North Shore Hospital and at two different schools, one in Auburn, one on the North Shore...

The story of living with HIV nowadays has some different dynamics. Many have returned to work and many are managing to maintain their health with more treatment options. For many other positive people there is poverty, dealing with side effects, and other issues such as depression. HIV is less visible now and perhaps there is less sense of urgency..

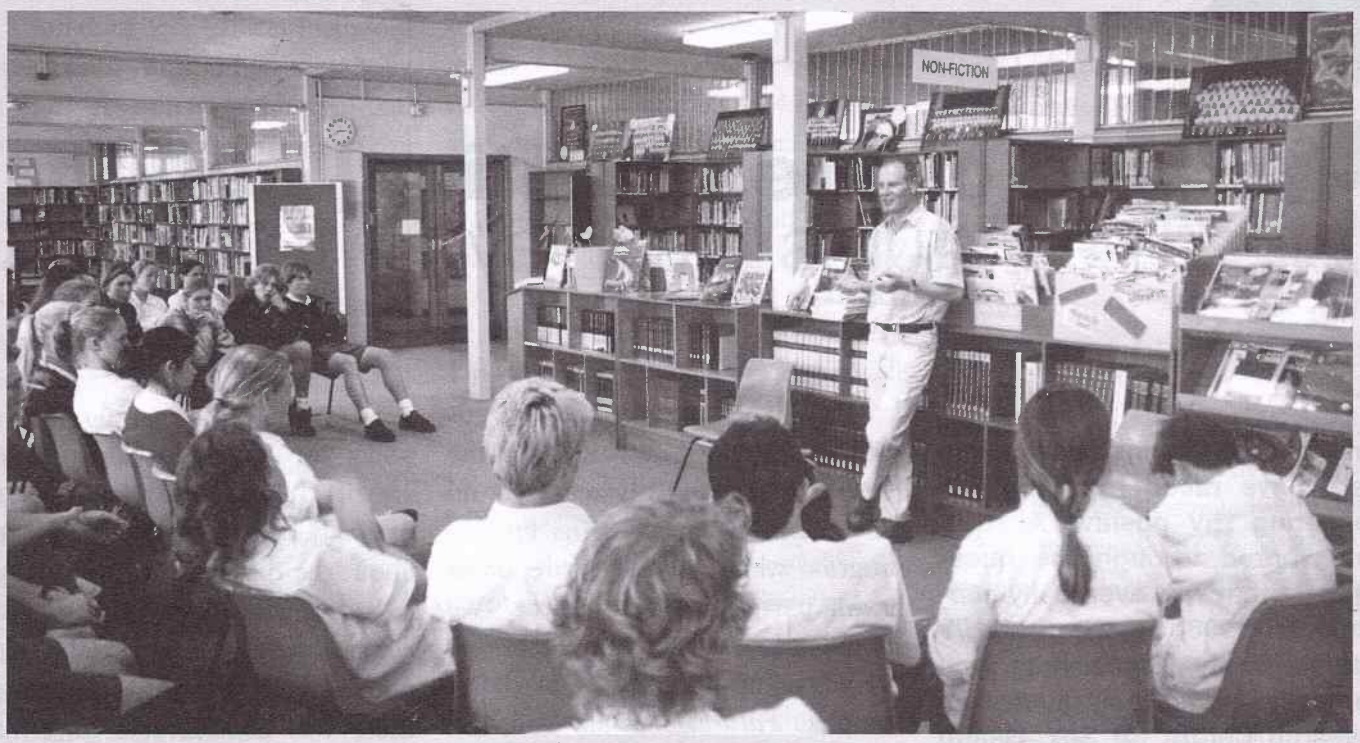
So what stories will we tell in the future? At one level, looking at the past there has been as feeling of achievement in telling the story of our individual experiences. Often it takes the form of: 'when I was diagnosed, what that experience meant to me, how it changed things for me and my place in the world and what hopes there are for the future.' The real story has been told many times and the PSB has helped this and it has been heard.

> By their actions and words we are all in a much stronger place

There is also a sense of achievement in telling the story of our social experiences. Organisations like People Living with HIV/AIDS (NSW) and NAPWA have helped to bring out positive voices and stories that situate people with HIV/AIDS in the social context – how we are situated in relation to bureaucracies, social welfare and health services. How we are situated in relation to 'institutions' like the pharmaceutical industry, the medical professions and so on. And the stories like the ones that the PSB have helped develop have been at the core of these other social stories. Without the individual stories those social stories don't make sense.

I wonder whether there is as much interest as there used to be in these individual and social stories. I honestly believe there is a level at which they are not being heard anymore. But I don't think that means we are in a hopeless situation.

There is another level of story telling beyond the story of 'I' and my experience, beyond the story of 'me' in the social experience. I think that other level of story is a story of reflection – which includes incorporating both of those other stories, the individual and the social. We are doing a bit of that reflective story here and now, because it is really only something that can be done with other people. And perhaps there has only been the space to do it in



Paul Maudlin speaks to students about HIV at the Endeavour Sports High School in 1997. Paul was coordinator of the Positive Speakers' Bureau for most of its ten years and supported and trained many speakers in the project.

the last few years. Michael Hurley, a researcher from the Australian Research Centre in Sex Health and Society talked about this at the last Annual General Meeting of PLWH/A (NSW). He spoke about people living with HIV/AIDS shaping history and shaping cultures. If we continue with the ground work laid by people who started telling stories through the PSB, this will spread out and we will be able to tell a story of how we are part of shaping things, in a way that contributes to a better social experience for everyone. And I think in the long run that story is more than newsworthy and will be heard.

The Positive Speakers Bureau and those individuals who have given it strength and endurance deserve every ounce of our support. By their actions and their words, we are all in a much stronger place. Coming out as an openly HIV positive person still carries the risk of discrimination and stigmatisation. Talking about your life, especially details such as sexuality and relationships, your sense of mortality and your feelings about illness and death to a group of people you haven't met before is never easy. These individuals address discrimination and ignorance on a daily basis, not just in their words, but through action in their lives

John Rule is vice president of PLWH/A (NSW). This is an edited version of his speech at the 10th anniversary of the Positive Speakers Bureau 2nd December 2004

We are part of shaping things

If you're interested in booking a positive speaker for your organisation or school contact Bec on 9361 6011

State of the [positive] nation
The Futures 4 survey

Geoff Honnor

Time flies. In this instance, seven years have raced by since 925 pioneering HIV positive Australians worked through the questionnaire that was eventually published (in 1998) as the first *HIV Futures* Study. Since then, the heroically industrious Australian Research Centre for Sex, Health and Society (ARCSHS) at Latrobe University has also produced *Futures 2, 3* and now *4* - launched in Melbourne in November 2004. Subtitled, 'The State of the [Positive] Nation,' *Futures 4* provides us with an unparalleled insight into the way we're travelling. The 1,049 people who took part in *Futures 4* represent around 8% of the total estimated HIV positive population (interestingly, about the same percentage as *Futures 1*). It's worth pointing out that while no-one is absolutely certain about how many of us there are - Australia keeps no register of HIV positive people, testing is anonymous - the National Centre for HIV Epidemiology and Clinical Research (NCHECR) does produce a very credible estimate based on some pretty good data. In 2003, NCHECR estimated the Australian Body Positive to be 13,630.

I thought it might be interesting to compare some of the findings of *Futures 1* with *Futures 4* to see what changes might have occurred. It's important to note here that it hasn't been the same group of people doing each study. Just over 50% of the *Futures 4* respondents reported no previous involvement in the *Futures* program while only 24.4% reported having participated in all three. We should also bear in mind that the overwhelming majority of us didn't complete *Futures 4* at all. Still, I'm unaware of any similar study, anywhere, that manages to capture aspects of living with HIV from such a sizeable proportion of those who have that experience. Its value is certainly recognised by international researchers and by a host of state and federal bureaucracies, health deliverers and non-government agencies here in Australia. And of course - the data are also a matter of more than passing interest to many of us.

> HIV in Australia is becoming, significantly, a middle-aged experience.

Some scene-setting: *Futures 1* was undertaken in 1997. Combination therapy was only a couple of years old in the experience of most of us and clinical researchers were hotly debating whether or not we should hit hard and hit early with treatments. Lots of people were on a bewildering number of pills taken under an equally bewildering variety of circumstances and, not surprisingly, lots of people were talking about the difficulty in complying or adhering with these regimens. Body changes were beginning to be widely noticed in HIV positive people and there was considerable uncertainty as to whether these were about the effects of treatment or about HIV itself. Still, deaths from AIDS were in steep decline from the peak reached a few years earlier and there was guarded optimism about the future – how long would the treatments last? Some organisations had begun talking about 're-engagement' for HIV positive people which I always thought was a bit strange. Most poz people I knew *were* engaged and were pretty convinced on the merits of remaining so. 'Re-engagement' then morphed into 'return-to-work' with a kind of implicit assumption that a treatments-led recovery of wellness could allow people to resume their pre-diagnosis lives. It's proved to be a bit more complicated than that.

Moving to 2003/04 (when *Futures 4* was underway), the picture changes. 'Hit hard, hit early', is definitely out of fashion. The current consensus is generally to delay treatment until clinical markers indicate that it's essential to start. This has been driven by the understanding that our existing therapies might manage - but can't eradicate - HIV and also by the

realisation that treatments do engender a range of side effects including lipodystrophy and other metabolic changes. Treatment regimens are becoming less complex and.... we're still wondering about how long they will last. Let's look at the journey.

Not surprisingly, we've got older. The ages of those responding to *Futures 1* ranged from 18-77 with a mean age of 39. .For *Futures 4* it was 18-92 with a mean of 44. HIV in Australia is becoming, significantly, a middle-aged experience. Gay men continue to predominate as they have throughout the epidemic with 77% of *Futures 4* respondents identifying as such - which is little changed from *Futures 1*. Around 9% of *Futures 4* respondents were women.

Interestingly, the percentage of people who rated their general health as good or excellent hasn't changed much either: - 72% of respondents in *1*; 68% of respondents in *4*. In 1998, around 78% of respondents reported being currently on antiretroviral therapy compared to 70% in 2004 – and around 87% of all *Futures 4* participants had been on antiretroviral therapy at some point. I wasn't surprised that the percentage on therapy had come down though I was a bit surprised about the relatively small movement. Drug company and government pharmaceutical data suggest that the number of HIV positive people on therapy is now significantly lower than this.

Back in *Futures 1*, most respondents (59%) believed that combination anti-viral drugs meant better prospects for most PLWHA, while 36% thought it was too soon to tell. Here there has been a significant shift. In Futures 4, no fewer than 77% think that ARV mean better prospects and only 6% are convinced that it's too early to draw that conclusion. Over 50% of respondents report using complementary therapy - mostly vitamin and mineral supplements - in both studies. I note also that some 28% of *Futures 4* respondents report using marijuana medicinally while around 47% advise recreational use of same. You have to wonder if they overlap, don't you? Too many of us smoke cigarettes – including me - 48% of the Futures 4 respondents in fact, which is well above twice the national average. I noted also that a significant 33% of *Futures 4* respondents reported being prescribed depression medication in the preceding six months and I wondered, not for the first time, if it mightn't be time to look beyond what seems to be implicit acceptance that depression and HIV kind of go together. Do they have to? ..

One particularly interesting statistic concerns employment. In *Futures 1*, those currently in full or part time employment were 44% of the sample. In *Futures 4*, it's almost identical – on 43.1%. This might challenge the assumption that the epidemic has tracked neatly through a pre-treatment period where PLWHA didn't work, to a post-treatment era where we're all returning to what we were doing. It may be more likely that the split between working and non-working has been roughly 50/50 throughout the epidemic with a host of reasons other than just the post-protease moment impacting on the ability/capacity of people to engage with paid work.

For many positive people, HIV is something that is managed pretty much with their doctor.

Not unrelated perhaps is the fact that the percentage of PLWHA living below the poverty line has proved equally enduring: 32.9% of respondents in *Futures 1* against 26.9% in *Futures 4*.

In 1998, over three-quarters of the respondents reported some involvement with HIV community organisations – either AIDS Councils or PLWHA organisations (though these organisations were also the main means of engaging people in the study and the involvement percentage may be high for that reason) In 2004, 25.8% reported using a PLWHA organisation and 17.1 % an AIDS organisation. This compares with 60% of respondents reporting contact with an HIV GP and 45% with an HIV specialist.

GP's were also the prime source of HIV information for respondents in both surveys followed by HIV publications (*Talkabout* was reportedly read by 43% of the total sample in 2004), HIV positive friends came next. The internet, accessed for HIV information by 18% of respondents in *Futures 4,* came well ahead of reported person-to-person contact with HIV sector workers and peer support. It's clear that for many positive people, HIV is something that is managed pretty much with their doctor. There's a challenge here for organisations like ours around staying in touch with the reality of living with HIV in an era when people are more likely to confine HIV management and information contact to a couple of prime sources.

A few snippets from what is an engrossing update to an invaluable Australian research resource—. For those who'd like to get the full picture, the 2004 report (and all it's predecessors) are available for download online at: http://www.latrobe.edu.au/arcshs/downloads

Growing older with HIV

Garry Wotherspoon reports on the recent PLWHA (NSW) discussion forum on ageing and HIV at the Positive Living Centre.

Well, they say life begins at forty, but for those who are HIV positive, it hasn't always been such a rosy picture.

Up until the mid-1990s, acquiring HIV was seen as a death sentence. Treatment options were very limited. And many people, faced with imminent death, did what one might well do in those circumstances. While some fought all the way to maintain the same pace of life, others decided to focus completely on quality of life issues. So they threw in jobs, cashed in life insurance, sold up assets, and spent up big, packing in as much as they could, in what they thought would be the limited time left.

And then came the antiretrovirals, especially since 1996. It became a whole new ballgame, with the options having changed dramatically. Now they say we are just as likely to die of 'old age' as of anything else.

Little seems to be known about the health and social needs of HIV+ people growing older, apart from an awareness that, for some, their actions had disastrous consequences for options for the remainder of their lives.

But growing older with HIV is now an increasingly important issue. Not only does Australia have an ageing population, some of whom are HIV+, but, increasingly, older people are acquiring HIV. Indeed, while much of society often presumes – clearly mistakenly – that older folk do not have a sex life, the statistics of new infections clearly refute this.

For example, the World Assembly on Ageing, HIV/AIDS and Older People, organised by the UN in March 2002, did give some pointers.

> Keep mind and body active, and one can live a long and fulfilling life

In the USA, 10% of all reported AIDS cases are for people over 50, with a quarter of these (2.5% of the total) over 60.

In Western Europe, nearly 10% of all new infections declared between January 1997 and mid-June 2000 were among the over-fifty group.

In Australia an estimated 13,630 people were living with HIV/AIDS by 2003. Many of these people acquired HIV some years ago and have been growing older with the disease. The median age of the respondents of the recent HIV Futures survey (comprising 8% of the positive Australian population and therefore the most comprehensive survey of the lives of people with HIV in the country) was 43.

So we have both new infections among older people, and older people who were infected in the past, all groups having to come to terms with issues relating to ageing and their health.

According to Centre for Disease Control (CDC) in the United States, 'age accelerates the progress of HIV to AIDS, and blunts CD4 response to anti-retroviral therapy'. As well, 'age-related conditions, such as osteoporosis, increase the risk of severe complications'.

A range of other symptoms, such as fatigue, poor memory, shortness of breath, sleeplessness, and weight loss – are common to both ageing and HIV. And this might mean that people are not diagnosed correctly, and thus be prevented from seeking early medical help.

It is also clear that older people must wrestle with many issues not faced by younger people. They find themselves adjusting to the physical and emotional changes associated with ageing, in the setting of a debilitating illness.

In addition, some research suggests older people are vulnerable to such illnesses as depression, and less likely to join support groups.

So while HIV is now, for most people, a manageable illness (like diabetes), we need to think in new ways about a range of issues. And it is timely that People Living with HIV/AIDS (NSW) have organised discussion forums

looking at issues like ageing and associated concerns. One of these was held in early November 2004.

Of the twenty people present at the forum, thirteen filled in a questionnaire. From those thirteen responses (six in the 41-50 group, and six in the 51+ group), nine identified as gay men, two identified as men who have sex with men, one identified as a lesbian, and one identified as 'sexual'. Similarly, when stating their gender, there were eleven men, one woman, and one 'sexual' person. All were HIV+. So it was, as one would expect, the right target group.

While some were more recently diagnosed (three were in the 'less-than-two-years' group), five respondents were diagnosed more than ten years ago. For some, then, such a forum as this had been a long time coming.

The three speakers at the forum met with somewhat different receptions.

We were all impressed by their sincerity, and undoubtedly people were interested in the issues they talked about (otherwise we wouldn't be there).

But some of the information given to us was disturbing, to say the least.

Cassie Workman, a doctor working in the field, noted, many of the 'facts' we base our decisions on are not hard facts. Thus, what does a T-cell count really mean? Will it vary as we age? What then can we use as a baseline for making such decisions as whether or not to go on medication? As she so succinctly put it, 'if one gets two illnesses, they don't add, they multiply our health concerns'.

And as she went on to point out there has been little research done of the situation of ageing and HIV, and there is no data on long-term effects of the infection, and little push for more research in these areas.

It is little wonder that some of the respondents thought that the picture she painted was too bleak. But others commented favourably, since it highlighted the reality of what we face – how little is really known about the effects of HIV on ageing.

On the other hand, everyone was impressed with one of the speakers, a 74-year-old gay man, who, as his bio told us, 'has been homosexual for 54 years and HIV+ since 1996'. He is living proof of some of the generalisations about how to 'stay alive' - keep mind and body active, and one can live a long and fulfilling life. And of course this also leads us to recall the benefits that come with being older. For many people this is a time of their lives when they feel they know themselves better, and have a developed sense of confidence in their abilities and achievements (not only material achievements but also emotional ones as well). Some older people have also learned through hard won experience what they want to focus their lives, time and energy on and what they don't.

If one gets two illnesses, they don't add, they multiply our health concerns.

Social worker Paul Andrews also confirmed how little is known of the separate effects of HIV on ageing – or, for that matter, of ageing on HIV. Many of the issues he described are those confronting any ageing gay man – discrimination and homophobia, the importance of friendship networks for emotional and social support, and how to manage 'uncertainty' as we grow older.

One attendee made a very valuable point - that there was a difficulty at the very heart of topic. How were we to know what was relevant to ageing, or ageing and gay, or ageing and gay and HIV? It would appear that, at this stage, we still don't know enough to be aware of how to differentiate.

This of course, is not unexpected. Despite the fact that life expectancy has improved dramatically over the last hundred years, the science of ageing is relatively new. It is only in the past quarter-century that the study of gerontology has emerged, with developments in our knowledge of the biology of ageing. And being openly gay is also a relatively new phenomenon, if we take the US Stonewall riots as a starting point, along with the emergence of CAMP Inc in Australia the following year. And HIV/AIDS only emerged from the early 1980s. So – unfortunately – it is early days yet, and our knowledge hasn't yet provided the answers we need.

Well, if life begins at forty, then I am but a teenager again. And so maybe we should rework that saying about old diggers, spelt out every Anzac Day, as it could be applied to us – hopefully:

Age shall not weary us
Nor the years condemn
At the going down of the sun,
and in the morning,
you shall see us,
on Oxford Street,
still partying....

Garry Wotherspoon is a Sydney-based writer and historian, whose books include *Minorities: cultural diversity in Sydney* (with Dr. Shirley Fitzgerald, City of Sydney Historian), and *'City of the Plain', a history of Sydney's gay subcultures*. He was the recipient of a Centenary of Federation Medal for his work as an academic, researcher, and human rights activist.

Life in the Country
Don't let services dwindle away

Peter Thoms

I am constantly amazed at the range of services and specialists available in the Central West of New South Wales, but infuriated by the appalling lack of cohesion between services. There are of course the ongoing difficulties of health services, their limited funds and human resources, and the systematic deterioration of both.

We have one GP who specialises in HIV, and that is not even common knowledge. The public hospital seems devoid of understanding and needs to establish a protocol concerning HIV and confidentiality. A number of stories demonstrate my point.

I was told to ring Westmead hospital for blood test results in regard to HIV on release from the hospital. Then I was told when I rang they could not possibly give those results over the phone.

Staff, unsure what to say in regard to your HIV + status, or blood condition or immune deficiency, and the stuttering that goes on as they try to establish in their own mind what is the best way to express it!

I was asked by the registrar, in front of medical staff, 'So how long have you been HIV+?' ....and when I answer, they ask 'How did you contract it?'....Silence on my part, trying to assess the medical significance of the question...A reluctant reply follows with an immediate feeling of shame and embarrassment.

At no time is there anyone to talk to who could remotely be of assistance in a counselling role. That was either time I spent in hospital. The first occasion was seven days and the second fourteen days.

I was sent to an eye specialist as the hospital did not have facilities to make relevant tests. In the course of the examination I passed out after being left by the transport driver. After the barrage of questions from ambulance men and eye specialist, the specialist shouts to the ambo in the waiting room...'Oh! He's HIV+ too. It's on the referral sheet.'

Off to the pathology department for blood tests. On the referral in large capital letters: HIV SEROLOGY, and my name. What follows is a not a too discrete conversation about having to delay HIV tests as there was an approaching public holiday and the blood would not get to Westmead. Could I come back on the Monday? Again I shrink into a blush of embarrassment in front of staff and a waiting room of patients. I am well known in the town and this makes confidentiality very difficult, which is another reason for accessing assistance outside the area.

If the government wants to encourage HIV+ people to access general services, there needs to be ongoing training to prepare staff sufficiently. We in the country could also see the loss of services because I imagine the statistics on use would be low and difficult to justify in the age of accountability and value for money. The fear of vilification and discrimination is too great to risk disclosure by standing in the public face to access these services.

I have never been one on the receiving end of community health care. I have always been the advocate for others. It is not easy to be dependant on what at times seems to be charity.....a kick in the pants for your pride. Now the shoe is on the other foot, I am more understanding of what my clients went through, and why they sometimes seemed ungrateful. I am humbled by my own experience and determined to make a difference.

Who needs a whinger? No one. So I hope this diatribe does not come across as a whinge. Let's not get complacent and let services dwindle away. We often think it's just too hard to fight. That is why we need to speak to each other and join forces. Encourage our representatives to do their job and do it well. And let's not just complain. Let's offer some assistance as well, and remember to tell someone when a job is well done. In this way we can encourage them to struggle on in the face of opposing odds and keep making a difference. 'So to the barricades, and let us fight for freedom'....God! Can't you hear the well of the orchestra bringing us to a triumphant climax.....Sorry that is the theatrical coming out in me. Before I leave the sleepy hollow of the Central West and all its beauty, I want to make a difference!

So, Can You Cook? No 10

Some light summer recipes
Tim Alderman

Ahh, Summer! I don't know about you, but I love changing into salad mode, and staying there for as long as possible. When I was a youngster – like mid last century – there was only one type of lettuce – Iceberg; one type of tomato, and definitely no cherry varieties; capsicum was unheard of; cucumbers were the size of torpedoes; nobody, but nobody, ate avocado; beetroot and pineapple came in tins; and cheese came in a blue box marked 'Kraft' Cheddar.

Times have changed, and aren't we thankful. Thanks to a climate that allows anything to be grown, and an influx of people from every corner of the globe we have the most exciting cuisine in the world. No longer is a salad just some julienned lettuce on a plate with three slices of tomato, a couple of slices of cucumber, some cold meat, diced cheddar cheese and a selection of pickled onions, gherkins and bread-and-butter cucumbers. Today we add a mix of leaves and herbs; choose from ordinary, Lebanese or Telegraph cucumbers; decide from a range of tomatoes including cherry, grape, roma, vine-ripened (a particular favourite of mine), oxblood; then add a mix of avocados, fresh asparagus, and freshly cooked baby beets; fruits such as oranges, peaches, nectarines, mangoes, strawberries, pear; nuts, sprouts and seeds; and cheeses of many persuasions. Want to dress it? Don't reach for a bottle! Throw in some sea salt and cracked black pepper, then drizzle over some olive oil, and the juice from a lemon or lime. Or, give your tongue a thrill and make your own mayonnaise. Okay, it's time consuming and you get a sore arm from all the whisking, but the taste and consistency is worth the effort. In our home, we eat salads about 4 nights a week during summer, so they are not allowed to get boring

In this column, we are venturing into the exciting world of lettuce and its relatives. We still have our every faithful Iceberg, but added to the list now are mignonette, butter, red or green coral, rocket, radicchio, lamb's tongue, curly endive, watercress, cos and baby cos, red or green oak, romaine, chicory, witlof, and exciting mixes like Mesclun. We can also throw baby beetroot and baby spinach leaves into the mix. How we use them is open to wide interpretation, and below are just a few ideas. It's summer, so we are using a few 'cheats' items to the dishes.

Vegetarian Pizza with Tomato, Rocket, Radicchio & Shavings of Parmesan

- Store-bought pizza base
- Store-bought pizza sauce
- 2-3 teaspoons oregano
- 1 tablespoon extra virgin olive oil
- sea salt and cracked black pepper
- 100g rocket, washed & chopped (or 1 pkt Baby Rocket from supermarket)
- 100g radicchio leaves, washed & chopped
- 30g parmesan, shaved (use a vegetable peeler)

Preheat oven to 230°C

Smear pizza base generously with tomato paste, then sprinkle over oregano, olive oil, sea salt and pepper.

Place on oven tray and bake for 8-10 minutes until a bit crispy. Remove from oven and sprinkle over rocket, radicchio, and finish with parmesan shavings. Serve immediately with crispy bread and a side-salad.

Serves 2 as a main, or 4 as an entree

Tim's Caesar Salad

- 1 half-size bread stick
- 1/3 cup Olive oil
- 2 cloves garlic
- 1 baby cos, or half a regular cos lettuce
- 8 slices mild or spicy pancetta, depending on taste
- ½ barbequed chicken
- 1 avocado
- Shaved parmesan – to taste (you can purchase packets of ready-shaved parmesan from cheese section of supermarket)
- ¾ cup 'Paul Newmans' Classic Caesar Dressing
- 1 or 2 hard boiled eggs, shelled and quartered
- 2-4 anchovy fillets – optional. Personally, I hate them used other than as a seasoning

To make your own dressing – blend or process 1 egg, 1 clove garlic, 2 tablespoons lemon juice, 1 teaspoon Dijon mustard and 6 drained anchovy fillets. With the motor running, add ¾ cup olive oil in a slow, steady stream until dressing thickens.

Crush the garlic into the 1/3 cup olive oil. Slice the bread stick into 1cm thick slices. Brush with the garlic and oil, then place in a 200°C oven for 8-10 minutes until brown and crispy. Fry the pancetta in a dry fry pan until crispy, then drain and crumble. Wash and spin the cos and tear into largish pieces. Remove the chicken from the bones, and shred finely. Slice the avocado into medium slices.

Place lettuce, chicken, pancetta, avocado and croutons into a salad bowl and toss. Add dressing and combine. Top with parmesan and decorate with hard-boiled eggs. Add anchovies if using.

Serves 4

Green Salad with Lemon Vinaigrette

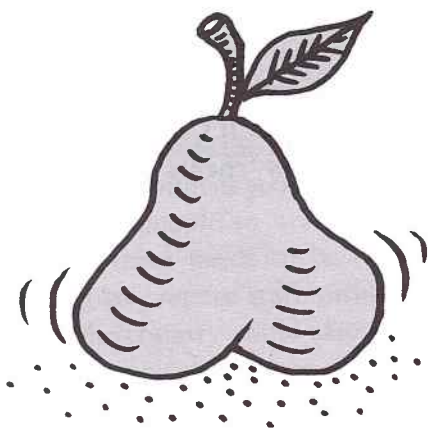
- 150g baby cos lettuce
- 150g small butter lettuce
- 50g watercress
- 100g rocket
- 1 tablespoon finely chopped French shallots
- 2 teaspoons Dijon mustard
- ½ teaspoon sugar
- 1 tablespoon finely chopped basil
- 1 teaspoon grated lemon zest
- 3 teaspoons lemon juice
- 1 tablespoon white wine vinegar
- 25ml lemon oil (if you can't find it, soak some lemon rind in olive oil for 1-2 days, or omit)
- 75ml olive oil

Trim, wash and spin lettuce leaves. Pinch or trim stalks from watercress and rocket. Wash and spin.

To make dressing, whisk the shallots, mustard, sugar, basil, lemon zest, lemon juice and vinegar in a bowl until well blended. Slowly add the combined oils in a thin stream, whisking constantly until smooth and creamy. Season with salt and pepper.

Combine lettuces, watercress and rocket in a bowl, drizzle over dressing and toss.

Serves 4



graphic: Phillip McGrath

Pear & Walnut Salad with Lime Vinaigrette

- 1 small baguette, cut into 16 thin slices
- oil, for brushing
- 1 garlic clove, cut in half
- 1 cup walnuts
- 200g ricotta cheese
- 400g mixed salad leaves
- 2 pears, cut into 2cm cubes, mixed with 2 tablespoons lime juice

- ¼ cup lime juice
- 3 tablespoons oil
- 2 tablespoons raspberry vinegar, or white wine vinegar

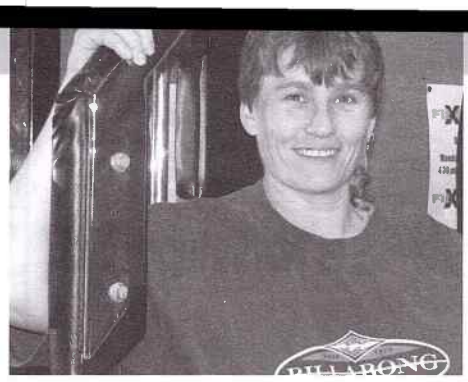
Preheat oven to 180°C. Brush baguette slices with a little oil, then rub with cut garlic, place on a baking tray and bake for 10 minutes until crisp and golden. Place the walnuts on a baking tray and roast for 5-8 minutes, until lightly browned. Shake the tray occasionally to roast evenly, then remove and cool.

To make a lime vinaigrette, whisk together ¼ cup lime juice with 2 tablespoons raspberry vinegar (use white wine if unable to get raspberry), 3 tablespoons oil and season with salt and pepper.

Spread some of the ricotta cheese on each crouton, then cook under a hot grill for 2-3 minutes, or until hot.

Place the mixed salad greens, pears and walnuts in a bowl, add the vinaigrette and toss. Serve with ricotta cheese croutons.

Serves 4



Exercise is the Ultimate Complementary Therapy

It is the activity that ties everything together. Appropriate exercise increases energy, stimulates appetite, improves sleep quality and increases lean muscle mass.

After six to eight weeks of working on core stability things will be greatly improved and your body image will have improved as well. Re read *Talkabout* #135 Oct/Nov for more detail on core stability. Yet most people who start exercising still spend only a fraction of their time working on these anchor muscles. We can waste too much time trying to lose body fat and building up the chest, arms and legs. This is not an effective or efficient use of most people's limited energy. It is also taxing the body's ability to recover without stimulating the muscles enough to grow or adapt.

Once posture has been improved and energy levels have gone up, you are able to exercise more intensely. The endorphins kick in and we touch on other benefits of appropriate exercise. General wellness comes from a balance of exercise, fuel and recovery. The recipe for well being is a triangle: exercise combined with correct nutrition, (whether from good diet, supplements, herbs or whatever), and recovery in the form of good quality sleep and enough time between exercise sessions for muscles to rest. Exercise is the ingredient that activates or ties the whole thing together.

Back to the specific exercise program. Improving core stability is the first and most obvious step. Once this has been achieved everything else has a good foundation to progress from. Muscle mass should have already started to increase. Your body's metabolism will have started to speed up. This increase in muscle mass, is what leads to a faster metabolism, it means your body will synthesise protein better and insulin sensitivity will be increased.

Laying a solid foundation of gradual graded exercise (see *Talkabout* #136 Dec/Jan 2005) will enable you to make faster progress over the next few months. Compare the workout in *Talkabout* #134 Aug/Sept 2004 with the one in Dec/Jan 2005 to understand how to gradually train harder.

Up to this point it will have been compound exercises that make up the bulk of your exercise program. A compound exercise is one that works more than one muscle group, while an isolation exercise works only one muscle group Compound exercises allow you to lift more weight forcing the body to adapt with greater strength and more muscle mass.

After concentrating on core stability you would then gradually add more compound exercises that work the legs chest and back. This would then progress from compound exercises only to adding isolation exercises for the shoulders and arms. Basically it has taken three to six months to start isolation work.

An appropriate exercise program now that will build on the foundation that has been built over the last 3-6 months would look like this:

Whole body workout performed 2-3 times a week.

- 10mins
  Stomach, lower back and stretching exercises.
- 5-10 mins
  Chest exercises.
- 5-10mins
  Back exercises
- 10-20mins
  Legs and bum exercises.
- 5mins
  Arm exercises.
- 5mins
  Lower back and stomach exercises.

Or if you were fitter and your health is good you may wish to train more often.

Split routine performed 2-4 times a week.

Day 1 and or 3

- 10mins
  Lower back, stomach and stretching exercises.
- 15-20mins
  Chest exercises.
- 15-20mins
  Back exercises.
- 5mins
  Lower back and stomach exercises

Day 2 and or 4

- 10mins
  Lower back, stomach and stretching exercises
- 20-25mins
  Leg and bum exercises.
- 5mins
  Shoulder exercises.
- 5mins
  Arm exercises.
- 5mins
  Lower back and stomach exercises

Ask Ingrid

What is the best way to build up some bulk in my arms? Are there any exercises I can do at home?

The answer to this is simple. The arm muscles are small and do not need much stimulation. It is easy for them to become over trained and stop growing. If you concentrate most on moving as much weight as possible with good form during back and chest exercises your biceps, triceps and forearms will get an excellent workout. You will only need to do a few sets of arm exercises to shape them. The arm size will come from helping your back and chest lift much heavier weights than they would ever be able to lift by themselves. If you check out my advice in the previous article you will see the breakdown of how much time to spend on various body parts to maximize bulk. The more muscles being worked per exercise the better stimulus the body receives to make it grow. So think large compound exercises for growth and bulk. Small isolation exercises for shaping. Compound exercises use more than one muscle group i.e. squats, parallel bar dips and chin-ups. Isolation exercises use one muscle group i.e. Bicep curls, side raises and bench dips. The same principle applies whether working out at home or in the gym. Use your energy wisely and allow time to recover and before you know it you will have bigger arms.

Have you got a question about exercise and fitness for Ingrid? Email your questions to editor@plwha.org.au

Olga's personals

Men Seeking Men

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**

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**

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

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

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

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

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

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

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

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

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

HIV+, 45yo gay guy, 16 yrs survivor, NS, SD, enjoying good health, would like to meet and see a guy younger or up to early 50s on a regular basis for drinks, dinner, coffee ... nationalities open. **Reply: 061002**

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

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

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

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

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

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

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

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

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

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

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

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, motor-

bikes, pos community. Love dogs. Hate cats. **Reply: 100023**

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

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

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**

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

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**

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**

Clean cut kind loving affectionate stable man, who wants someone similar for LTR Seeking romantic partner around 50s HIV+ for enjoyable life together. N/Scene. Let's meet and see what can happen **Reply: C17084**

Hiv+ gay male 39yo (look 10yrs younger) 180cm,72kg (blue eyes), good looks, slim, romantic, honest, passionate, looking for sincere 'boyfriend' must love animals, surf, sun 20-35yrs, looking forward to hearing from you ALA ps I'm an Italian-Gamon boy. **Reply C310804**

Sydney Inner West, GWM+, dte masc early 40s young at heart, attached (not seeking relationship), wishes to meet new friends for coffee, sport, activities etc **Reply C231104**

Newcastle hiv+, 43 yo guy, gsoh, pt worker/student, 6ft, fit, good looking, seeks potential soul mate. Interests include reading, cycling, Pedro Almodovan movies and gym. Am romantic but also a realist. Passion and respect are important. **Reply C261104**

Gay 43 yo hiv+ in Marrickville. 6ft, 100kg, passive, smooth body, 2 tattoos, clean shaven looking for good times at my place anytime. **Reply: 191004**

Clean cut, kind, loving affectionate stable man who wants someone similar for LTR. I'm HIV 50s seeking romantic partner for enjoyable times together. N/Scene. Western suburbs. Let's meet and see what happens. **Reply 120105**

Fit, fifties, pos., working, lives beachside – seeks stimulating company and intelligent conversation about Siegfried's Aunt. **Reply 100105**

Goodlooking GAM 38 Athletic body, healthy lifestyle, positive attitude. Appreciate life with all its special moments. Seeks attractive GWM soul mate (30-45), an affectionate partner to share my journey with. **Reply: 180105**

I'm a totally active guy seeking a totally passive guy, who like me is quiet, homely, non scene, affectionate, thoughtful and with a heart of gold. Your looks and build are not important. Prefer 1:1 relationship **Reply: 200105**

Men Seeking Women

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

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

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

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

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, 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**

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**

You know who you are. I received two responses to my advert early in the year, but have been frustrated trying to communicate by email. I'm still keen to communicate but by some other way. Please. There are some other ways and you can still remain anonymous. **Reply: 100021**

Mars seeking to align with his Venus. To: Female soulmate - respect differences, nurture vulnerabilities and value each others friendship. From: Heterosexual Male, HIV+ youthful appearance, just 40's. caucasian, 'tall, blonde and with green eyes' - insightful; spiritual and down to earth; all encompassing. **Reply: 270504**

Port Macquarie, pos straight guy non user young 43, easy going with GSOH seeks pos lady as companion/mate if all goes well who knows. At least we'll have one thing in common to begin with (bad humour attempt). ALA. **Reply: 130105**

Women Seeking Men

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

Hiv+ girl, 28y.o. Diagnosed a years ago. I am a genuine girl with personality and good looks. Looking for a man 28-38y.o. with personality and a positive outlook. Looking for friendship, possible relationship. **Reply 261004**

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
GWM	Gay White 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 Hotmail or Yahoo address.

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

When meeting someone:

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

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

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

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

How to respond to a personal

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

How to place a personal

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

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

Membership costs nothing!

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

Please tick

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

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

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

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

Sign below ↓

Subscriptions

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

Subscriptions only

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

Organisations:

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

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

Personal & Health Information Statement

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

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

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

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

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

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

Name

Address

Phone

Email

I would like to make a donation of **$**

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

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

Please charge my ❍ Bankcard ❍ VISA ❍ MasterCard ❍ AMEX ❍ Diners

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry Date _____ Signature _____

Name on card _____

Cash payments can be made at our office.

Total payment **$**

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

Signature

World AIDS Day in Kogarah

John Coady and **Alan Dobell**

We often hear how World AIDS Day is recognised in the main communities of Darlinghurst, Surry Hills, Newtown and the city area. However, what happens 'closer to the Shire'?

At St George Hospital, clinic staff and client volunteers were involved in planning a successful day in raising awareness about HIV in the community.

Early in November, a small group of volunteers prepared red ribbons for sale. Meeting over a few evenings, we ensured a bumper crop was produced and the response was, as it has been in past years, very successful. Volunteers and staff alike collected at local shopping centres and railway stations and the people who are happy to buy ribbons on World AIDS Day, demonstrate how many people have been affected by the epidemic over the last twenty years. They make statements like:

- 'I had a brother (or other close relative) die from AIDS' or, as one young adult reported,
- 'many of my parents friends during my childhood died and I would like to remember them'.

Back at St George Hospital, an information stand was set up in the main foyer with a large array of brochures, service pamphlets, and a video highlighting the theme of World AIDS Day, which in 2004 was a focus on Women, Girls, HIV and AIDS. A few raffles, kindly donated by the mother of one of the clients, proved very popular. We also held a BBQ onsite, sponsored by Boehringer Ingelheim, offering the usual choice of delectable ingredients placed gently between bread rolls! Following lunch a tree planting ceremony near the Waratah Clinic concluded the activities. We would like to acknowledge with thanks, the Kogarah Council for the donation of a suitable tree.

I discussed with Alan, Merv, Arthur, and Graham how they benefit from World AIDS Day. Some of their responses reflect issues that are common for many positive people. In addition to shared understandings, there is also the knowledge and awareness of national and international issues.

Being involved each year in such events brings people together who may not engage in anything more than the usual medical services. With a wide geographical area in this part of Sydney, social isolation for positive people is very common. Comments like 'you know you are not alone when engaged in mutually beneficial activities' show that participation and some ownership of events is very important to those who are isolated. A 'sense of belonging and understanding' is expressed as part of this connection with people in similar circumstances to yourself, with much evidence supporting a positive effect on someone's overall health.

Alan, and those other positive people involved, hope that such enthusiasm and commitment doesn't whittle away for the other eleven months of the year. We look forward to next year!

Happenings at home and away

Positive Decisions Expo at Myrtle Place, North Sydney on return to work, study and maintaining the balance

World AIDS Day in Copenhagen Photos: John Douglas

Sydney Gay and Lesbian Mardi Gras presents

John Douglas' PACKETS

When: Feb 4th onwards

Through the internet looking-glass it is dark, and things are not as they seem. Childhood sweets packets were never like this! Web exhibit John Douglas' PACKETS explores the hopes and fears linked to sex, love and HIV in a retrogressively conservative political climate. Using images largely derived from the artist's own photography and painting, John Douglas' PACKETS is a disturbing yet humorous online journey through confrontational thoughts and desires.

John Douglas has previously participated in several exhibits with Sydney Gay and Lesbian Mardi Gras. Over the last ten years, his international reputation has grown with each subsequent solo exhibition in such places as Fort Lauderdale, Istanbul, Shanghai, Paris, and Bangkok.

Recent projects have included a commission to photograph the 2004 Nobel Peace Prize ceremony in Oslo, a solo exhibition of paintings My Friend's Bordello in People's Square Shanghai, and photographing the midnight sun over Antarctica on New Year's Eve 2004.

For further information see
www.JohnDouglasArt.com

WELCOME TO POSITIVE HETEROSEXUALS

HIV+ HETEROSEXUALS

Positive Heterosexuals (Pozhet) is the first stop for information, fun and support for the positive straight community in NSW.

We have programs tailored for positive men, positive women, and partners, as well as our popular Open House for everyone living heterosexually with HIV/AIDS.

Whether you are looking for information on how to live with HIV/AIDS or just need fun and time out in a safe, supportive environment, our programs offer you a wide choice of over twenty-five exciting events in 2005.

All our events are facilitated by Pozhet's qualified health workers, who are trained in heterosexual HIV/AIDS, confidentiality and peer support – come and say hello!

Open House

Our monthly Friday night Open House is for everyone from the positive straight community, with guest speakers, health information, great food, loads of fun and new friends! Our annual workshops, country trips, retreats and complementary therapies clinics are also open to all.

Pozhet PozMen

Meet other positive straight men and talk about the many issues you face living with HIV/AIDS. PozMen offers specialist advice, information and support – join our men-only peer support meetings, and our men's treatments night, focusing this year on treatments and ageing. Positive men also take part in our country trips, retreats and social nights throughout the year.

Pozhet PozWomen

Pozhet positive women are from all walks of life, so come along and find the friendship, support and information you need. The Pozhet PozWomen's program, facilitated by Pozhet's Women's Officer, this year offers women-only events in Surry Hills, Auburn, Liverpool, Blacktown, Lismore and Coffs Harbour. Choose from lunches, yoga sessions, peer support meetings, and our specialist women's treatments night. Meet other positive people and their families at our great Open House events.

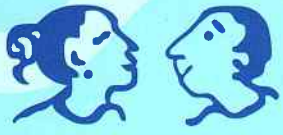
PartnersPLUS

Negative partners of positive people share the realities of living with HIV/AIDS. PartnersPLUS is a new Pozhet program offering support, advice and information especially for you. Meet other partners in safe, friendly surroundings and take time out for yourself. Our Open House events are also for you, as well as our retreats, workshops and outings, either on your own or with your positive partner.

Connect with other straight people living with HIV/AIDS. Pozhet Freecall 1800 812 404 (David Barton, Nandini Ray and Michael Dash) or www.pozhet.org.au.

If distance is a problem, sign up for our Connections Program and we'll send you the latest on HIV/AIDS in an unmarked, sealed envelope.

News flash for HIV/AIDS workers! Pozhet Women's Network is proud to be providing two HIV/AIDS Workers Forums in 2005 on issues facing women living with HIV/AIDS: March and August 2005. Call Nandini Ray at Pozhet on (02) 9515 5028 for more details.



Pozhet – helping each other, helping ourselves

Pozhet is a program of the Heterosexual HIV/AIDS Service, NSW Health.

Pozhet

2005 Calendar

Freecall 1800 812 404

HIV+ HETEROSEXUALS

January

FRIDAY 28
Open House: A Positive Journey
Guest: Venerable Yanatharo, Buddhist Monk

February

WEDNESDAY 9 to FRIDAY 11
Pozhet PozWomen at Coffs NEW
FRIDAY 25
Open House: Getting it Straight
Guest: Asha Persson, National Centre HIV/AIDS Social Research

March

FRIDAY 11
Pozhet PozMen: Treatments Night
Guest: Gary Trotter, RPA HIV Clinical Nurse
MONDAY 21
Positive Women at Auburn NEW
PozWest Women's peer support

April

SATURDAY 2
PartnersPLUS NEW
Partners' peer support
TUESDAY 5
Café Conversation Newtown NEW
Positive men and women
SUNDAY 17 to WEDNESDAY 20
Northern Rivers NEW
Pozhet Outreach and ACON Northern Rivers
FRIDAY 29
Open House: Delhi Delights
Indian film, food and music

May

TUESDAY 3
Café Conversation Newtown NEW
Positive men and women
MONDAY 9 to WEDNESDAY 11
Pozhet Outreach: Hunter NEW
FRIDAY 27
Pozhet PozWomen: Treatments Night
SATURDAY 28
PartnersPLUS NEW
Partners peer support

June

TUESDAY 7
Café Conversation Newtown NEW
Positive men and women
SATURDAY 18
Absolutely Fabulous Pozhet Clinic
Complementary therapies

July

TUESDAY 5
Café Conversation Newtown NEW
Positive men and women
FRIDAY 29
Open House: Pension puzzles

August

SATURDAY 13
PartnersPLUS NEW
Partners' peer support
FRIDAY 19
Open House: Hola!
Spanish food and music

September

FRIDAY 2 to SUNDAY 4
Pozhet Retreat: Lazy Days NEW
Hawkesbury River
THURSDAY 15, 22, 29
Pozhet PozWomen: Fit Bits NEW
Positive women's yoga classes
SUNDAY 18
Blue Moon NEW
Pozhet at The Haven
FRIDAY 30
Open House: Food for Thought

October

SATURDAY 1
PartnersPLUS NEW
Partners' peer support
MONDAY 10
Positive Women at Auburn NEW
PozWest Women peer support
SATURDAY 29
Great Day Out NEW
South Coast family day trip

November

SATURDAY 12
Stay Tuned
Annual HIV/AIDS workshop

December

FRIDAY 9
Open House: Season's Greetings
Pozhet Xmas party

pozhet **first stop for fun and support**