

talkabout

Where we speak for ourselves

disclosure...
...stepping out
from the shadows

#138 | April – May 2005 | The Magazine of People Living With HIV/AIDS NSW Inc.



PEOPLE LIVING
WITH HIV/AIDS
NEW SOUTH WALES

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“A sense of involvement and fulfillment was very worthwhile”

Stephen

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Soccer, hairdressing and talking about HIV/AIDS (a successful mix)

Working with African communities in NSW
Mohamed Keynan



African communities in NSW are emerging as one of the fastest growing in Australia, with a significant increase in the number of African-born people settling in this state in the last few years. Most of these people are refugees who have fled civil war or organised violence in their home country, and most have spent many years in refugee camps in other countries, often without adequate medical care in extremely disadvantaged situations.

Africa is the region of the world most affected by HIV/AIDS, where UNAIDS estimates there are more than 25 million people living with HIV and where approximately 3 million new infections occurred in 2004.

There are some countries in the African continent where 30-40 per cent of the population are living with HIV. HIV/AIDS is a major cause of death for many African people, and yet many

people in Africa do not understand how to protect themselves from HIV. For people living with HIV/AIDS in Africa, the World Health Organisation (WHO) estimates that less than 10% of those who need HIV treatment have access to it.

In Australia, people born in Sub-Saharan Africa made up 5% per cent of new HIV diagnoses in 2002-2003. Late presentation (i.e. presenting with an AIDS defining illness when diagnosed HIV positive) is a major issue for African-Australians living with HIV, with more than half of this population group diagnosed late..

The African-Australian communities which have increased in the last decade include people from the Sudan, Somalia, Ethiopia, Eritrea, Nigeria, Ghana, Zimbabwe and South Africa. In NSW, African-Australians have settled mainly in the Auburn, Parramatta and Blacktown areas of Sydney. However, some refugees are increasingly being settled

outside of Sydney by the Department of Immigration.

The Multicultural HIV/AIDS and Hepatitis C Service (MHAHS), through the Late HIV Presentation Project, has been working closely with African communities in NSW over the past two years. The service has been involved with different community events in order to improve knowledge of HIV/AIDS and awareness of services. This work has included an African women's health day, HIV/AIDS workshops for the community and community workers, work with youth - mainly through soccer tournaments, and developing HIV/AIDS resources for African-Australians. This work has been developed and supported by on-going liaison with community workers through regular advisory meetings.

The work with African communities has developed over time. Engaging with African-Australians about HIV/AIDS was not an easy task initially, as many people remember traumatic experiences of HIV/AIDS in Africa and have fears about HIV/AIDS and the stigma attached to it. For these reasons, when African community workers were first contacted about the project, they were uncomfortable and reluctant to be involved; and it was hard, without their support, to reach the rest of the community. However, after two years of building relationships with the workers and organising HIV/AIDS workshops and activities the MHAHS was able to develop a much stronger relationship with the communities. The Multicultural HIV/AIDS and Hepatitis C Service has also learnt a lot about African cultures, which African communities are most in need in NSW, and how to work with multi-ethnic African com-

munities as Africa is made up of 52 countries with different cultures, languages and religions.

As a follow-on from this work the MHAHS has just recruited new African bilingual workers (co-workers) from Shona (Zimbabwe), Akan (Ghana), and Afrikaans (South Africa) languages. The MHAHS now has five African languages including Amharic (Ethiopia) and Somali (Somalia) to draw on to continue to engage more effectively with emerging African communities in NSW.

Two recent examples of the project's work include an African-Australian women's health day and an African-Australian youth soccer tournament.

African Women

The project organised an African Women's Health Day in December 2004 to mark World AIDS Day. Fifteen women from different African communities attended the event and staff from the Multicultural HIV/AIDS and Hepatitis C Service facilitated the half-day program which included an HIV/AIDS information session and video, and a hairdressing and make-up demonstration done by an African hairdresser.

In Africa there are an estimated of 15 million women living with HIV. Women are more susceptible to HIV than men and boys due to inadequate knowledge about AIDS, insufficient access to HIV prevention services, difficulty in negotiating safe sex, and a lack of female-controlled HIV prevention methods, such as microbicides.

Some African-Australian women have experienced rape and sexual violence during civil wars in their home countries. Many of them are too afraid to reveal their experiences through shame and fear of isolation and discrimination by their family or communities. Others are widows who lost their husbands during wars in their countries. These women may have little knowledge HIV/AIDS disease, transmission, prevention, and access to health services.

This year the project will set up a working group made up of African

female community workers and female community leaders to organise activities for African women. The project will consult with African female workers to develop a workplan for these activities in the next few months.

African Youth

Soccer is the favourite sport in Africa and a common sport for many young people from African communities. In the past few years the Multicultural HIV/AIDS and Hepatitis C Service has organised a small tournament for African youth in order to promote HIV/AIDS awareness among young people from the community. In 2004 the MHAHS supported a youth soccer tournament organised by the African-Australian Youth Social Club which was held from October-December 2004 at Wilson Park, Silverwater. Twelve teams from different African communities participated in the 2004 African Soccer Cup tournament.

Captains, coaches and players from these teams were consulted in order to develop a HIV/AIDS awareness poster targeting young African-Australians. The consultation process determined that a poster in plain English was the best way to address HIV awareness among the African youth group with the key messages of:

'Soccer is the world game...HIV/AIDS is a world problem, Play it safe and give HIV/AIDS a red card'.

The competing teams played every Saturday and Sunday from October until the Grand Final held on 12th December 2004. 300-400 people attended the Grand Final between Sierra Leone and Ghana, which the Ghanaian team won 2-1. The soccer posters were distributed at tournament games and at the final.

Conclusion

African-Australians are sensitive about the issue of HIV/AIDS and workers need to be aware of cultural and moral implications when addressing this issue. It is important to consult to community leaders when organising any activities as they have keys to access to the community. Safe sex and using of condoms are often still taboo in the community, especially for women and older people. African-Australians don't like to be labeled with HIV/AIDS and they prefer to talk about general health rather than HIV/AIDS.

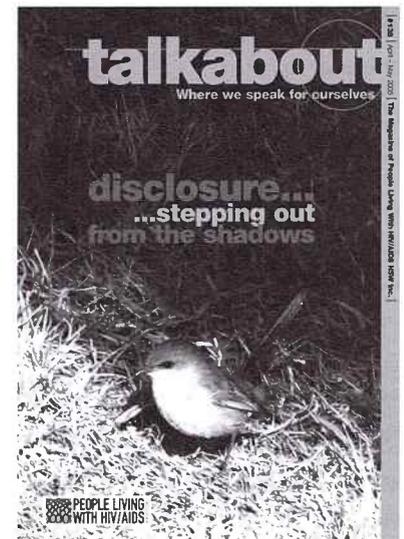
Working with African communities in the area of HIV/AIDS has been challenging ... but it has been rewarding to see African-Australians coming on board working closely with Multicultural HIV/AIDS and Hepatitis C Service in promoting HIV/AIDS awareness in the community.



talkabout

features

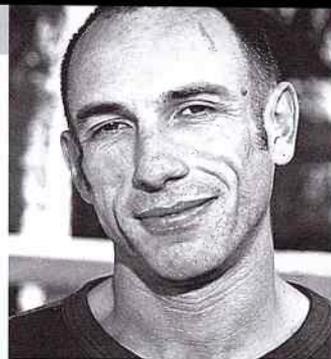
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Cover photo: Phillip Mc Grath

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

This issue of *Talkabout* has a focus on the issue of disclosure. The factsheet, *The Dynamics of Disclosure*, in the centre of the magazine is based on the experiences of HIV positive men who have been diagnosed in the last couple of years. They reflect how they have approached the issue and how they have changed, developing attitudes and skills and learning to make decisions which have been appropriate for them. Most importantly they also reflect on the value of peer networks, meeting regularly with other people in the same situation, and how that has helped them to either develop strategies or supported the decisions they have made in their lives. Peer networks have been undervalued in recent years in HIV Service delivery and a number of positive people (and not just the recently diagnosed) have expressed a strong desire for more opportunities for peer support and peer friendships.

Lots of interesting things struck me as we developed this factsheet over the last seven months. One which I thought was particularly fascinating was how often many different people independently talked about the desire to 'normalise' their experience. A number of people used that very word several times with no prompting. And it might mean different things to different people, including of course integrating HIV into our everyday lives, being able to talk about it without it always necessarily being framed as 'the problem' of our lives, as well as finding ways to reduce the stigma still associated with HIV. Another interesting observation was the 'prevention' quality of peer support. We may not feel we have any really daunting issues in life but the knowledge of networks of people, in the same boat as ourselves, sharing insights, often with considerable humour can add ballast and a sense of resilience to

our lives. This fact sheet is a long read but I'd recommend taking the time as there are some valuable insights on the interaction of peer networks on the decisions we make in our day to day lives.

Maxine's article on disclosure also offers a warm and wise take on the issue. A workshop at the HIV Rural Forum shared experiences and challenges on the issue of disclosure for people with HIV in rural areas. The Rural Forum in Mudgee was a very worthwhile opportunity for people to share useful strategies and information on living rurally with HIV. Apart from the Disclosure article we have a report back from Ray Hansen, one of the attendees and lots of photos. Disclosure comes up in a number of other articles in this issue, including Michael Hurley's reflections on the launch of *Let's Talk About It*, the HIV positive sex workshop manual. There are lots of personal reflections in this issue. James writes about his experience returning to work and Andrew on the return to study. Billie St John explains some of the challenges of fitting in with services in her article, and Tony writes about how he has dealt with his diagnosis in 'Getting on top.'

Talkabout also has lots of important information in this edition. Stephen Gallagher's article on treatments focuses on some encouraging new developments, and Martin Holt's report on the rise and rise of syphilis is timely and is an important reminder for anyone who is sexually active to test regularly. Our regular writers, Ingrid and Tim, on fitness and food share more thoughts on healthy and happy living.

Glenn Flanagan

L etters

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**

Poz Chat rooms

Can PLWH/A (NSW) please lobby both ACON and AFAO to invest some dosh into a computer server and the software to build a Poz Chat room and classifieds web based environment. -Somewhere with a unique www address, without the constant ongoing threat of Neg-Net-Nazis as with the current web based environments - with an ease of use similar to Gaydar's platform. I know OzPoz has tried before but it didn't have the utility necessary, and a new one would need to be independent of both ACON and AFAO in its content to provide a self-determination site, while still being funded by them.

Jim

Excellent article

Congrats to the ever erudite Mr Stephen Gallagher for his excellent article - 'Leaving on a jet plane' - in the Feb/March edition of *Talkabout*. Chockers full of up to date and important information targeted at poz people traveling the globe, it's an article worth holding onto. I found the information on carrying medication particularly interesting. Thanks again, *Talkabout!*

Sera Pinwill
Woolloomooloo

Inspiring good advice and more humour please

Thank you to Mike, Peter and Steve- all heart-warming, positive and informative stories. (Feb/Mar *Talkabout* #137) It is great to find amongst the gloom and tedium of HIV that there is a balance of hope, warmth and inspiration. These three guys have, I hope, started a wave of stories that reflect the courage and resourcefulness that people with HIV are applying in their lives. And stories from families and friends

and how they cope and maybe stories of their loved ones who are too shy to write. All inspirational and a source of good advice, most welcome.

Speaking for myself, I was daunted by all the information I read about HIV. Though it was informative, it often conjured many negative and fatalistic thoughts about my future. Being removed from the metropolitan area, I do not have the luxury of the support services or other people with HIV to call and fall upon. I depend solely on *Talkabout* to give me a more balanced outlook on HIV. The stories put into perspective the information regarding other conditions likely to be experienced, treatments, developments in medication and alternative therapies. It all becomes real and gives you the courage to meet the challenges along the way. Thank you to all who contributed to a great issue of *Talkabout*, including the editorial team. It is a great alternative therapy.

PS. Some humour from time to time would not be out of kilter either, ie; I informed some of my family, quite solemnly that I had contract HMV-"how musical of you"! said one sister.

Peter Thoms

One reader's *Talkabout* inspired musings on a train:

Open letter to a sexy wog boy (Inspired while reading *Talkabout* (positive gay sex Dec/Jan # 136) on the train and being painfully aware of said wogboy's close proximity)

I have watched you so many times waiting on the platform, and catching the train with you. My body responds with lust every time I see you. I am sure you must realise when you see the way my eyes follow you when I see you

walk onto the platform. We always sit on the same carriage, the front one.

Normally I look at you and ogle your suit covered form, and wonder just what glories you hide under it. What I can see looks good, though camouflaged beneath that business drag that you wear each day. I sometimes see your sexy dark bedroom eyes often pass across my face, but they are totally unreadable. I wonder what lies behind them.

Today, being Friday we were both dressed casual. You, in a tight t shirt that showed off nice big firm pecs, and jeans that hugged that juicy meaty round butt. It was almost too much when we got off the train. I wanted to bury my face in those mounds of muscle as we climbed the stairs, my face a mere foot from your butt, and eat your hole till you begged me to replace my tongue with my cock, which is funny, coz I mostly bottom, but for you, Mr Sex God, I'd do it, and enjoy every second. I'd even rubber up for you, if that was what you want, not that I would want anything to come between my dream man and me.

Tonight I sit here on my computer, thinking about how amazing you looked in your soft worn jeans that clung to your every lump and bump, and that patterned t that seemed to highlight, rather than hide, your beautiful chest. Do you even notice me? Are you gay? I'd like to think so, but you have never shown any sign of noticing my obvious attraction.

Meanwhile I sit here, and wonder, will I ever get the courage to say anything to you, wanting to, but fearing the countless reasons you could choose to turn me down...

Name supplied

Talkshop

It's been a busy fundraising season for People Living with HIV/AIDS (NSW) over recent months and we can only do it with a lot of support.

A heartfelt thank you to:

Azure party goes

People Living With HIV/AIDS (NSW) Inc would like to thank the Azure party goes for their generous support in assisting the organisation to raise \$1005.10 from the bar bucket collection at the party. We would also like to acknowledge the generous support of Iris Group, Gastronomy Australia and the Botanic Garden Trust for providing this fundraising opportunity, and we look forward to working together again next year.

Malcolm Stewart

Thank you to Malcolm Stewart for his support of PLWH/A (NSW) again this year at his annual party at Arq in the lead up to Mardi Gras. Thank you as well to the volunteers who helped us on the night.

Thank you all our volunteers

A big thank you to all the people who helped collect money to support the work of People Living with HIV/AIDS (NSW) at the Mardi Gras Launch. We ended up making over \$2,000. And thanks to all the people who have donated time to PLWH/A (NSW) over the last year, fundraising, in the office, mailing out magazines and information, and participating in committees and working groups

Thank you to George St Cinemas

Thanks to George Street Cinemas for the kind donation of cinema passes for our volunteers.

Taxi Club

Thanks again once more to the Taxi Club as well. For several years now the Taxi Club has supported PLWH/A (NSW) in thanking our volunteers by donating a \$1,000 thank you party. We really appreciate the support of the Taxi Club (and PR Manager Louise Longman for her support each year)

Disclosure workshop with Positive Futures

Bobby Goldsmith Foundation's Positive Futures Project is running a workshop on disclosure on Tuesday May 19 at 2pm. If you would like more information contact David Wallace on 9283 8666 or email david.wallace@bgf.org.au

Dark and Dirty

PLWH/A (NSW) and ACON are coordinating an open discussion with gay men about managing risk during dark and dirty sex. 'Dark and Dirty' will take place upstairs at the Colombian on May 11 from 6.30 – 8.30pm. Refreshments will be provided. RSVP by 9th May on 9361 6011 or email glennf@plwha.org.au. No admittance after 6.40pm to allow a safe space for discussion.

NAPWA Conference and Scholarships

The 10th NAPWA Biennial Conference will be held in Adelaide, South Australia from 18 to 20 November 2005. A major event of particular interest to people living with HIV/AIDS, the Conference program will include guest speakers drawn from across Australia and covering diverse fields, from the professional to the cultural. The theme of the conference is 'Our place, your place... in the big-

ger picture.' The conference seeks to provide a forum for exploring diverse ways of positive living through learning and networking opportunities that explore a wide scope of life issues – from the medical to the broadly cultural. NAPWA is calling for expressions of interest for oral presentations, workshops, stalls and creative exhibitions. Visit the NAPWA website for more details (www.napwa.org.au)

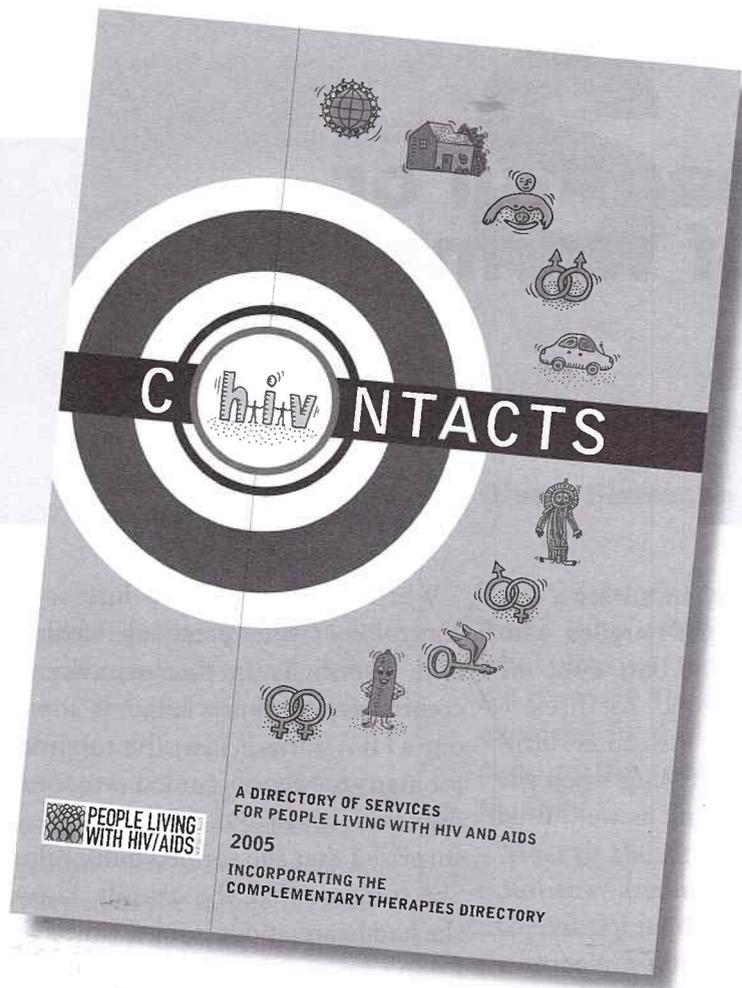
A limited number of scholarships are open to people living with HIV/AIDS. The deadline to apply for a scholarship is July 1 2005 and scholarship application forms are available from the NAPWA website at www.napwa.org.au

Contacts Directory is available

The 2005 edition of Contacts a directory of services for people with HIV/AIDS is now available. If you would like a copy of this handy resource of services in New South Wales phone 9361 6011 or freecall 1800245 677 or email Jodie Little on jodiel@plwha.org.au

Changes at Taylor Square Private Clinic

Taylor Square Private Clinic (393 Bourke St Taylor Square) has joined the growing number of GPs and HIV prescribers in the Oxford Street area who have introduced fees for service consultations. However, all doctors at Taylor Square Private will continue to bulk bill pensioners and Health Care card holders. Three doctors at the clinic, Neil Bodsworth, Anna Vella and Phillip Baigent will continue to bulk bill all patients with a valid Medicare cards. Bulk billed patients must present their medicare cards at all consultations. Staff at the Clinic will electronically bill and send off claims to Medicare on the behalf of patients and people will receive a rebate from Medicare, usually within two weeks.



◀ The 2005 edition of Contacts a directory of services for people with HIV/AIDS in New South Wales is now available.

For free copies Call 9361 6011 or free call 1800 245 677 or email jodiel@plwha.org.au



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Something beautiful or a can of worms?

Disclosure

Maxine Lewis

The word disclosure is interesting because it implies the opposite of closure. Disclosure is an opening up. The question for me then is: am I opening up something beautiful, or am I opening up a putrid can of worms? As the process of disclosure involves other people, it is difficult to be absolutely sure what is being opened up. Sometimes I have regretted disclosing, and other times it's been a relief.

During the first few years of knowing I was positive I wanted to disclose to everyone with whom I had even just a social relationship. I thought there was no chance of forming new friendships without telling people about this major, life-changing thing that had happened to me. I believed it would explain my shyness and sadness. Luckily I kept this urge reasonably under control and managed to tell people who I trusted and who mostly responded well. I remember one girl saying to me 'people are more compassionate than you think'. I tried to believe her, until I heard someone make an ignorant crack about AIDS. I wasn't game to say anything at the time, but these days I care more and I care less. If I am ever in a situation like the one where a middle aged welfare student loudly announced to the class that people with HIV should have it tattooed on their genitals, I will definitely take pleasure in humiliating her greatly, but at the time I

had only known my status for a few months and, although I argued with her, it probably would have done me more harm than good to disclose then. I took pleasure instead in slurping all over her coffee mug when she once offered me a drink as we waited for a lift.

Telling family members was ok, until I realized that some felt free to tell other people without my permission or knowledge. Obviously they didn't understand the importance for me of retaining some control over this extremely sensitive information. Every time I disclose I make it clear that I am

My need to disclose has lessened over time

the only person to tell anyone about my HIV status – that I reserve that right. I realize now that some people go into a state of shock and just nod, but they are not taking anything more in. It's a delicate process and for the first few years I had a horrible feeling of loss of control when I told people; the fear of having my trust broken. I was absolutely livid when I found out that a family member had outed me to his casual new girlfriend, especially since I worked with her brother. My workplace did not know and I was petrified.

When you disclose you lose some control over your personal information. Especially in the heterosexual community the knowledge of someone's HIV status is just a bit too juicy for many to keep contained. I recently disclosed to an old friend and was surprised that she seemed quite calm. She told me that she already knew; she had heard about it some time ago. I don't know how she found out but I now assume that many of my old friends know, and I honestly don't care that much anymore. The way I see it now is that if people know, so what? It is true after all.

The last time I disclosed (to a close bunch of psychotherapy students in a country town) I felt extremely nervous, more about their ignorance than anything. I did not want to compromise our closeness and have people be afraid to hug me or share cutlery, but at the same time it felt like a secret burden I had to share. As it turned out they were more surprised by my nervousness than anything and although most of them had never met a positive person before ('that you know of' I reminded them), they quite happily accepted me and even thought I was amazing. That taught me not to be so afraid of disclosure – if I'm going to do it I may as well be proud. However my need to disclose has lessened over time.

I no longer feel it is necessary to tell every friend. The virus affects me

Something important to talk about

Insights from the Dynamics of Disclosure workshop at the Mudgee HIV Rural Forum

Glenn Flanagan and Jeanne Ellard

very little physically (thank Goddess and treatments), and much less psychologically these days. So unless there's a good reason to tell (and there often isn't) I don't. The last time I disclosed to a dentist I regretted it because there was no need to – they used the same universal precautions anyway, and it just made me feel uncomfortable every time I went there. I have no qualms about not ticking the HIV box at the dentist, but I think doctors and hospitals need to know. The last time I went to the physiotherapist for a sore back he asked me about my health but I didn't tell him about the HIV as I judged it to be irrelevant in that case. At the end of the day it is my decision to tell or not, and I wouldn't tell the neighbours here in this country town simply because it would serve me no good purpose. I don't think it would change their prejudices. I have spoken at schools up here for no payment and that was rewarding as I felt I was educating people and breaking down misconceptions. I think there has to be a good reason to tell, and preferably one that will benefit me as well as them.

Who would you tell your HIV positive? Who wouldn't you tell? In what situation would I tell a potential partner? These questions were explored in the disclosure workshop at the recent rural forum in Mudgee.

Most of the participants were HIV positive and came from areas other than inner city Sydney. The participants included both men and women, and the discussion underlined the diverse experiences of disclosure. The workshop started with small group discussions and then moved to a discussion including the whole group. Participants shared generously their ideas about and their experiences of disclosure, some funny and many painful.

A diversity of experience and attitudes toward disclosure were apparent throughout our discussions. Some people for example are only out at work and some are not out at all at work. Some people reported they would disclose at the beginning of a relationship and others reported they would wait.

Who would you tell?

Some people reported that they would tell people they could trust. Of course to do that you need time to 'sound people out.' Others in the group said that they felt comfortable telling most people (although not total strangers). While one person thought it was easier to disclose now than it was in the

1980s, another person reminded us that you might be disclosing to people whose knowledge of HIV is very '1980s.'

It was acknowledged that disclosure can be an exhausting thing to do, particularly since the work rarely stopped at the moment of disclosure. One person found it easier to give people some information and send them off to deal with it. One participant reflected that disclosing anything that people don't know much about involved having to educate and manage the recipient's emotions, curiosities and fears. For example people who disclose that they have Multiple Sclerosis can also encounter a lack of basic knowledge, and then feel they need to educate the person they are talking to.

One person thought there were different kinds of disclosure: Some acts of disclosure are more 'take it or leave it' while others matter more to you. Participants felt these are the important ones to look at: 'If this person can make a difference to you and your life, then disclosing to that person is also more difficult.'

Who wouldn't you tell?

When people responded to this question in the group discussion it focused less on who wouldn't you tell and more on why wouldn't you tell. People reported having fears about how others would react to hearing about their status. People also wondered: 'Where does the disclosure go after-

wards?' Another group were clear that while they might be out with work colleagues and management, they certainly would not disclose to their clients. One person recalled the amount of work positive people to do to support people they are disclosing to. Another reminded us that after an act of disclosure from one person 'there is an unequal share in the intimacy': people know more about the person doing the disclosing. 'There can be a loss of power and safety, and you might be left feeling emotionally vulnerable.'

In what situations would you disclose?

'Not while someone is driving' was the first response to this question. One person remembered telling someone in a public place so they 'wouldn't lose it' but also thought it might have been a little 'cruel to them.' People also reported 'procrastinating and dragging it out to the last minute.' Someone said that when they became ill they decided to tell close family. If you do become seriously ill, telling someone that you have AIDS is another daunting act of disclosure.

The importance of sharing experiences with peers (people in the same situation) was acknowledged as important and valuable in a number of workshops at the rural forum.

'Our greatest resource is amongst ourselves' (meaning other positive people), because 'sometimes our friends can let us down and be the worst people to tell.'

One person, who had spoken to many positive people living in rural areas, said that the people he had spoken to had not reported discrimination in health care settings so much but they worried they might experience it, and therefore often they chose not to disclose their status. When they did disclose to HIV/AIDS organisations, and health care providers they were sometimes asked

inappropriate questions. Some people added that there was no way they would go to a local pharmacy to pick up their medications for fear of being outed. Issues of privacy and confidentiality were seen as particularly difficult in rural areas.

One person spoke about the impact of their diagnosis: low self esteem, depression and self pity. 'A black hole can get strangely comfortable and hard to get out of.' Another added that this is also where peer support comes into play: 'It can be beneficial to get slapped and told to get over it by someone in the same situation. We can laugh with each other. Humour is good, and the blacker the better.'

It seems it's not necessarily less complicated if you're very open

Some acts of disclosure are more 'take it or leave it' and some matter more to you.

about your HIV status. One person suggested: 'If you're a high profile positive person in your community it doesn't mean disclosure is any easier at all. Sometimes when you're 'openly positive' you expect people to know.'

A negative partner of a positive person in the group spoke of people's reactions when she disclosed she was in a serodiscordant relationship. People's reactions can include: 'How could you?' and 'What kind of sex do you have?' and the negative partner is left feeling they have to defend themselves against all kinds of salacious curiosity. She added that in the straight world there is also a bigger

pool of people where HIV does not figure, and so it might seem easier for a heterosexual person to walk away.

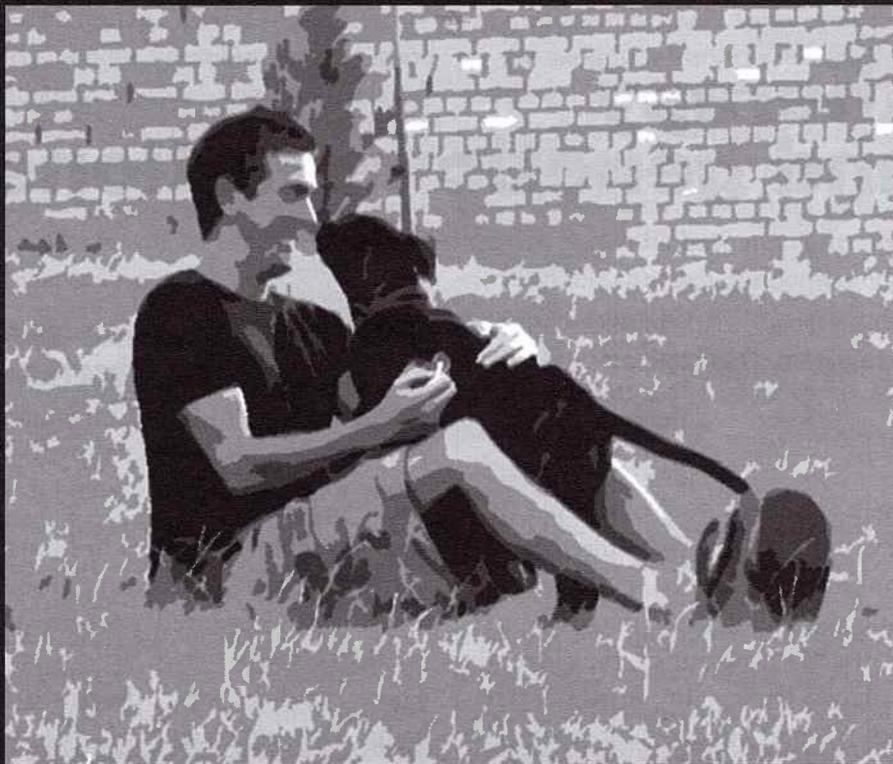
How can you prepare people?

We discussed how you could prepare a potential partner. Apart from the inevitable joke of 'with four or five drinks,' people did feel that it was important to choose the right time, both for them and for you. While people acknowledged that sometimes there might never be a good time, participants generally agreed that timing is important whenever you've got important or serious information to discuss with someone.

Best and worst experiences of disclosure

At the beginning of the workshop everyone was asked to write down a good and bad disclosure experience. These formed the basis of a rich discussion at the end of the workshop. It was acknowledged that the bad experiences could make you sad or even angry. Some felt that the difficulties around disclosure were something that positive people just have to live with: like being able to tell one parent and not the other. The earlier observation that humour and the ability to laugh at some of the absurd reactions people had encountered was reiterated. While there was no denying that most people in the group had experienced difficulties in relation to disclosure not all disclosure experiences were bad. There were many good experiences, including developing ongoing relationships or disclosing to friends who then felt they could also then disclose they were HIV positive, and finding unexpected love and support from family members, friends and lovers, and these stories were affirming to hear.

Thank you to all the participants who shared their insights on this issue.



Puppy love

Pets are an important source of support for people with HIV. *Talkabout* would like to hear about the pet in your life:

Stories, photos, thoughts, poems

about

dogs, cats, budgies, rabbits, ferrets, rats, iguanas, ponies

share the love

and send your contributions to editor@plwha.org.au

What are the important turning points in your life?

Glenn Flanagan

What have been the important turning points in your life? If you had to divide your life into chapters how would you decide the names of them? Would they be divided into relationships, where you lived, feelings, work, sense of health and wellbeing? If you had to write a list of some of the lucky and unlucky events you've experienced, what would come to mind? We might find the same experience often could be both lucky and unlucky.

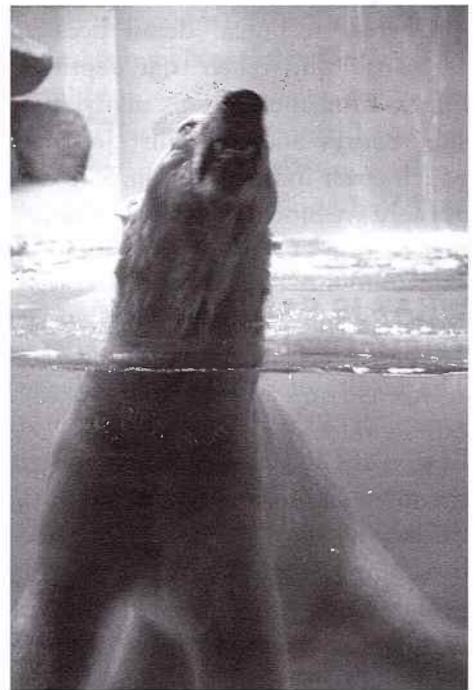
These are just a few of the ideas we have been thinking about in our

life writing workshops at the Sanctuary in Newtown for people living with or affected by HIV.

We've also been looking at how to get started and not be daunted by the blank page as well as how to capture something of the unique quality and detail of everyone's experience. The writing group has also explored some of the benefits of life writing as well as some of the challenges. Benefits can include recollecting happy memories, and recognizing our strength and resilience in the face of difficulties. Challenges can include the unreliability of our memories (which can also allow us some creativity) and the fact that we share our lives with others and there are issues of privacy and confidentiality to think through.

The six week series has been a partnership project between PLWH/A (NSW) and Positive Central, and has already produced some great pieces of writing.

And by the way, if you have a story for *Talkabout* or would like to talk about writing or get some tips on writing email editor@plwha.org.au or give me a call on 9361 6011



Looking at things from a different angle

Photo: CADT Photography

Salvage therapy and genetic mutations

Some promising developments in treatments
Stephen Gallagher

Emerging treatment information and reports from conferences and journals is often hard to sift through. Sorting out what is significant and important for People with HIV, rather than that which is of academic interest to a few treatment advocates is often a tricky process. It would be good to hear back from readers on what they'd like to see in treatments information.

In the meantime, let's focus on a few developments in salvage therapy, simplifying treatments and CCR5 antagonists presented at the Conference on Retroviruses and Opportunistic Infections (CROI), in Boston during February. I haven't gone into great technical detail because for those who relish that depth of information there are as many website reports and specialist journals which cover information in that vein as there are biochemical agents under observation.

WHAT IS SALVAGE THERAPY?¹

The results of a trial in a 'salvage' group of PLWHA reported on in Boston at CROI potentially represent the most significant advance in HIV treatments since the advent of effective combination therapy.

The major problems with current highly active antiretroviral therapy (HAART) drugs are:

- resistance; and
- side effects and drug related toxicity

There is a large pool of people with HIV, especially in the United States, who have exhausted existing drug options either because they are resistant to, or intolerant of, the currently available drugs. In Australia that pool is small but growing (estimated up to 1,000 people). This group - particularly if they have multiple drug resistance - are often referred to as 'salvage' patients - and up until now giving newer drugs to this group often resulted in disappointing responses because of the problems of cross-resistance and intolerance.

For almost twenty years a group of scientists in both Europe and the US have been working on anti-HIV drugs which aim to combat the ability of HIV to change its shape. These drugs also change their shape when HIV does. That is, if HIV becomes resistant to one 'shape' of the drug, the drug changes its shape.

There are a number of these 'shape changing' compounds in development. One is a protease inhibitor (TMC114) and one is a non-nucleoside reverse transcriptase inhibitor (NNRTI) (TMC278).

The results of the TMC114 trial were reported at CROI in Boston. There were 497 'salvage' patients included in this trial and the results were broadly as follows:

- large increases in CD4 counts and large decreases in viral load;
- very high overall response rates;

and - significantly

- no observable changes in lipids or liver function (a significant problem with many approved proteases).

These changes were described as being the equivalent of the first real treatment response seen when HAART was first introduced almost ten years ago.

Dr John Mellors of the University of Pittsburgh was quoted as follows: 'This is the most promising PI (protease inhibitor) moving through the pipeline.' Although these are phase II findings, 'I don't think there is any doubt that this drug holds promise for multi-drug experienced patients.'

Rather than just another 'me too' pepsi-cola type drug or a marginally better drug it may be at long last there is a genuine '2nd generation' HAART drug which confers benefit to a heavily treated and antiviral drug resistant population.²

While this is still early news and should be met with caution, many doctors and researchers are enthusiastic about what looks to be shaping as a major advance in HIV treatments. It is likely that the Federal Drug Administration (FDA) will fast-track approval of this drug. Phase III studies in the US are already recruiting participants.

These drugs are made by a company called Tibotech which is owned by Johnson & Johnson. In Australia

the relevant part of the multinational is Jansen-Silag. TMC114 is not currently under development within Australia. 'Private' phase 2 trials of TMC278 are occurring. NAPWA have been involved in ongoing and continuing discussions with Jansen-Silag which will be escalated following the Boston results.

MORE SALVAGE TREATMENT REGIMES

Tipranavir (TPV) is a protease inhibitor (PI) currently in the pipeline that has demonstrated high-level antiretroviral activity against viral components that are resistant to all other currently available PIs. In order to be more readily bio-available and therefore effective tipranavir much like atazanavir (an approved and available 2nd generation PI) requires boosting with ritonavir (RTV, Norvir).

Two phase III companion trials to determine the potential effectiveness of ritonavir-boosted tipranavir in people with multi-drug resistant virus who were not responding to antiretroviral therapy have been conducted. One of them RESIST-1, was conducted in multiple locations in the US and Australia, while the second trial RESIST-2 was carried out in Europe and Latin America.

These trials were designed to compare the safety and effectiveness of ritonavir-boosted tipranavir versus a comparator PI (CPI) also boosted with ritonavir (eg atazanavir or saquinavir). To participate in this trial participants had to have had triple class therapy treatment experience with PI treatment failure. Data from these trials were presented at ICAAC 2004 (the Interscience Conference on Antimicrobial Agents and Chemotherapy), clearly demonstrating the superiority of ritonavir-boosted tipranavir over the CPI.

Quality of life data were found to be superior and statistically significant among the ritonavir-boosted tipranavir group when compared to

the CPI+ritonavir groups.

Tipranavir is likely to be available in the next few months in the US, pending FDA approval. Clinical data for approval in Australia is not likely to be presented to the TGA before the end of this year. Boehringer Ingelheim in Australia have made tipranavir available through their emergency access program to anyone with less than 150-CD4/Tcells who demonstrates mutational resistance to currently available PI's.

CCR5

Researchers have been seeking answers for about ten years or so as to why it appears that 10% of Europeans (Caucasians) are immune to HIV infection. Scientists have suggested that a genetic mutation called CCR5-delta-32 - which confers protection against HIV infection - is found more often in Europeans because of genetic selection created in major historical infectious diseases outbreaks like bubonic plague (Black Death) or smallpox epidemics.

Researchers from Liverpool University report that computer modelling, based on the changing demography of Europe from 1000 to 1800, show how haemorrhagic fever increased the frequency of this mutation from 1 in 20,000 individuals at the time of the Black Death to 1 in 10 today.

Lethal, viral haemorrhagic fevers were recorded in the Nile valley from 3500 BCE and were followed by the plagues in Mesopotamia (700 to 450 BC), the plague of Athens (430 BC), the plague of Justinian (AD 541 to 700) and the plagues of the early Islamic empire (AD 627 to 744). The European plagues from 1347 to 1665 were also a continuing series of epidemics of a lethal, viral, haemorrhagic fever that used the CCR5 as an entry point into the immune system.

Although the plague passed its peak after the Great Plague of London in 1665, researchers believe it did not disappear completely. The selec-

tive advantage of the genetic mutation was also not lost because it provided at least partial protection against outbreaks of smallpox in the 17th and 18th centuries.

Since this discovery that people with the delta-32 mutation on their CCR5 co-receptor (a protein on the CD4 receptor of T lymphocytes or macrophages) are naturally 'immune' to HIV the pharmaceutical industry has devoted a lot of effort (and resources) to develop a drug that mimics the action of the genetic mutation in blocking HIV

CCR5 ANTAGONIST DEVELOPMENTS

Enfurvitide (fuzeon, T-20) is a fusion inhibitor already available which as the class name infers blocks HIV from fusing with human host cells in order to replicate.

873140 is a molecule candidate currently under investigation by Glaxo Smith Kline Beecham that antagonises the CCR5 co-receptor thereby preventing it from 'switching on' the fusion processes. Currently in phase II trial it shows some promising results, including the apparent ability to confer benefit even when it's no longer detectable. This long antiretroviral benefit is useful in that it could simplify dosing frequency (once per day?). However, resistance has been identified in other HIV antiretroviral drugs which have long half lives when discontinued then reintroduced such as nevirapine (Viramune) and efavirenz (Sustive/Stocrin).

Hopefully this agent under investigation will lead us further down the path to really controlling HIV for those running out of treatment options.

Stephen Gallagher is the Treatments Advocacy and Information Officer at the AIDS Council of New South Wales

1 Definition by Ross Duffin AFAO - used with his kind permission

2 Ross Duffin - AFAO staff briefing paper

The Great Imitator Returns

The increase in syphilis in gay men in Sydney
Martin Holt

After years of low rates of syphilis among men who have sex with men in industrialised countries, outbreaks of several hundred cases have recently been reported in the US, UK, Ireland, the Netherlands and France. In New South Wales, surveillance data show a rapid increase in syphilis incidence over the last few years (from 545 cases in 2001 to 838 in 2003), with a disproportionate number of cases reported among gay men in Sydney's inner and eastern suburbs.

Responding to the increase in syphilis among gay men in Sydney, the AIDS Council of New South Wales launched an education campaign about syphilis (called 'Look what's back') during the Gay Games in 2002. About the same time, researchers at the National Centre in HIV Epidemiology and Clinical Research decided to conduct a survey of men diagnosed with syphilis in south east Sydney in order to find out who was being affected by the infection. Additional material on how gay men experience and manage syphilis and other sexually transmitted infections (STIs) was collected in interviews conducted by the National Centre in HIV Social Research, and the combined findings from the survey and interviews were recently published in a report. The following presents

background information on syphilis and a selection of findings from the report, including interview quotes from HIV-positive gay men.

What is syphilis?

Syphilis is a bacterial infection that can be contracted through direct contact with the sores, rashes or body fluids of an infected person. Syphilis can also pass through broken skin on other parts of the body. It is usually contracted during sex when the skin or membranes of the genital area, mouth or anus of an uninfected person are most likely to come into contact with the body fluids or sores of an infected partner.

There are four different stages of syphilis infection. In **primary syphilis**, a sore appears at the site of infection between ten days and three months after contact. The sore (known as a 'chancre') is usually painless, often goes unnoticed, and heals after two to six weeks.

Secondary syphilis develops about two months after infection, and can be marked by a range of potential symptoms, such as a flu-like fever or cold, or rashes on the hands or feet. Once again, these symptoms are usually quite mild, go away on their own, and often go unnoticed. Syphilis is sometimes referred to as 'the great imitator' in medical circles because its symp-

toms are indistinguishable from many other diseases.

After secondary syphilis, the infection becomes **latent**, with no symptoms, and can remain in this state for many years. After three years, **tertiary syphilis** may develop, where the infection begins to damage internal organs such as the brain, spinal cord and heart.

Syphilis is usually diagnosed with a blood test, and as long as it is diagnosed early enough can be effectively treated with antibiotics. The most common treatment options are a course of daily procaine penicillin injections, weekly injections of benzathine penicillin or a course of oral antibiotics such as doxycycline.

HIV-related concerns

Other than for general health reasons, syphilis may be of particular concern to people living with HIV for a number of reasons. Firstly, many sexually transmitted infections can cause a rise in HIV viral load as the body's immune system fights the additional infection. Secondly, although the interaction of syphilis and HIV is not well understood, it is possible that syphilis may progress more rapidly in people with HIV. Thirdly, the current rarity of syphilis and the difficulty in identifying symptoms can mean that diagnosis can be problematic:

Bruce: I got so sick I had to go into hospital.

Interviewer: Is that right?

Bruce: Over three days they pumped me so full of antibiotics until they finally figured out what it was. And they took so much blood...

Interviewer: They didn't know you had syphilis?

Bruce: No. [The HIV specialist] didn't even pick it up because...

Interviewer: So they assumed that it was HIV related or something?

Bruce: Um, or a drug reaction because I'd just started a new combo. And so they'd take me off that combo which ruined that combo cause I'd built up resistance to it. Um, he had never seen a case of secondary syphilis present itself in that way. I was in his office every fortnight for about six weeks, I finally got so sick I couldn't go to work. In to hospital, a massive lot of tests. A massive lot of antibiotics. After about the third round of testing over about three or four days, 'We just got a positive result for something. Syphilis.' [giggling] 'Fuck! Well at least I know' [laughing]

Interviewer: But they hadn't tested you for that for all those weeks?

Bruce: No, because it hadn't presented in the classical form at all.

Finally, syphilis may be of concern because it may be more difficult to treat in the presence of HIV, requiring a longer course of treatment or higher doses. At the very least, the standard treatment for syphilis (penicillin injections over ten days) can be quite disruptive:

Stephen: ...I think once people have had syphilis, I think they need to really understand that it's ten procaine [penicillin] shots over ten days and no-one's going to believe

you when you roll up on a Sunday at the doctor's that you're there for flu shots...

Who is affected?

The survey of men diagnosed with syphilis in inner Sydney in 2003 revealed a number of characteristics that distinguished men who had contracted syphilis from other gay men. Men diagnosed with syphilis were more likely to report the use of sex-on-premises venues (particularly saunas and sex clubs), a higher number of casual sex partners, higher rates of unprotected anal intercourse with both regular and casual partners, and higher rates of illicit drug use (particularly crystal methamphetamine, amyl nitrate, cocaine and ecstasy). In addition, over half the men diagnosed with syphilis were HIV positive. The high proportion of HIV-positive men among those diagnosed with syphilis could reflect the greater participation of positive men in some inner Sydney sex scenes and venues, or that HIV infection can make a person more susceptible to syphilis infection.

The survey also asked men what symptoms they had experienced, how long they had waited before seeing a doctor, and how they thought they might have contracted syphilis. Commonly reported symptoms included rashes, sores or lumps, but over a quarter of men said they had had no symptoms. For those who noticed a symptom, most sought medical advice within two weeks. The men's beliefs about how they might have been contracted syphilis were varied, with unprotected oral sex and unprotected anal sex being the most commonly nominated transmission routes.

What can you do?

Overall, the findings of the survey suggest that men who attend sex

venues, who participate in sex and drugs scenes, and who have high numbers of casual partners should be encouraged to seek testing for syphilis. However, as a general rule all sexually active people are encouraged to have a full sexual health check-up and STI screen at least once a year (and more frequently then once a year if they are highly sexually active). All sexual health clinics offer comprehensive STI testing, as do most GP surgeries.

It's also a good idea to discuss with your HIV specialist whether you need a syphilis test, and whether syphilis or other STIs are included in a regular testing regime. One of the things that emerged in interviews with HIV-positive men is that many were unclear what they are being tested for when their doctors did 'bloods' and other routine tests:

Alistair: I have blood done every month.

Interviewer: And do you know what they check for?

Alistair: No. Well, no. She just tells me if something's going wrong [laughs]

Interviewer: What does [your doctor] check for in those bloods? Any STD...?

Adrian: I have no idea.

Finally, if you want to reduce the chance of catching syphilis or other STIs, it's a good idea to use condoms when having sex. Although using condoms can't completely stop STI transmission, it does reduce the chance of getting an infection.

Martin Holt is a Research Associate at the National Centre in HIV Social Research.

The full report, 'Syphilis, STIs and men who have sex with men in Sydney', is available online at <http://nchsr.arts.unsw.edu.au>

G

etting On Top

Tony shares how he is grown since his diagnosis

Walking into the doctor's office I knew the result was going to be positive. I had spent the previous two weeks preparing myself for it.

There was no big build up. I just sat down and the doctor told me the result had come back positive. Inwardly many emotions were bundling up. My thoughts were scattered and I don't recall much of what the doctor told me. Except the following:

'The HIV virus kills off approximately 70 CD4 cells every year.'

I did the math, based on the lab results, which left me with about five to seven years of living. The doctor then went on to show me a study which contradicted what he just told me. My confidence levels in my doctor plummeted.

This was a lot to take in initially. I experienced awful pain as I left the doctors rooms. I felt numb but also a resolve not to let this virus get the upper hand. After a couple of weeks of feeling lousy about the outcome I began telling myself I wasn't about to let doctors or pharmaceutical companies control my life. This was my life and I would take charge. It was the best thing I could have done. I figured my condition wasn't as obvious to most people, whereas other people's disabilities were for all to see. I had nothing to be ashamed of, and the fullness and destiny of my life remained intact.

The diagnosis brought much clarity to areas which were once clouded. I trained myself to keep focused on life and not death, and this would prove to be an important develop-

ment in my life. Personal priorities started to emerge. I began looking for life affirming reference points ... the anchors that would hold me when doubt came knocking. I started participating with a group of guys who looked at HIV in a life affirming way. There were plenty of experiences and ideas, and all with great results. For me a great result is one where a person's life improves and their personhood grows. They become more human, honest and compassionate about themselves and others. They grow in love. Facing my fears and working it through has been tough but worth it.

I began looking for
life affirming reference
points

I decided never to delegate my life into the hands of others ... especially my health and wellbeing. I would be the architect of my future. HIV has helped me to look at my past so I can direct my future.

Now I am more thoughtful about my health, eating and relationships. I believe so much more in affirming life, in thoughts about myself and others. Being generous with my time and money has also brought a lot of satisfaction. I give within my capabilities and feel great for doing it. I read

somewhere that the accumulation of wealth is pointless, without using it to touch another person's life. I now look for opportunities to give. Not in millions of dollars, but in relevant ways that mean so much to that person. Many a fool has received money only to lose the lot and end up in a worse financial position. The result of all of this is me learning to listen and to love. I haven't perfected it yet but I have certainly started with a lifetime to become the best.

Diminishing the Stress

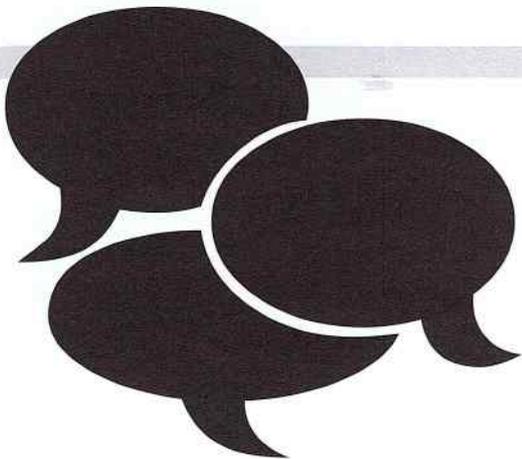
One of my big battles has been with stress ... the stress of my diagnosis and with work. I learnt that stress is bad for the immune system. So I decided to look for a few practical ways to manage the stress levels. I did this, and then implemented them with success. Simply, I got organised.

In my work role, priorities change several times a day. So it was imperative to get a grasp on the change and manage it. I still have stress but it doesn't sink me or paralyse me. Instead I can work it through and find a solution. Using a diary efficiently has been a life saver. Listing the next day's work priorities before heading home has been a terrific aid, and learning to ask for help has been humbling.

Eating well and healthy, maximising anti-oxidant therapy and a planned/reviewed exercise/resistance program have all been essential to my staying on top.

Other practical stuff I have implemented has been:

- Spiritual development – strengthening the inner man
- Getting closer to my partner of seven years
- Singing
- Reading – really good positive stuff ... it's nourishment for your mind
- Acknowledging other people's good work and effort
- Accepting personal responsibility
- Forgiving those that have wounded or injured me ... this is ongoing!



HIV Positive?

We need HIV positive gay men in Sydney to help with an important study - the pH (Positive Health) Study.

As we all know, research helps our community respond to the issues raised by HIV and AIDS. In Australia we are internationally recognised for our success in linking research and the community response. Our SMASH and HIM projects are examples of this.

In NSW, the pH project is funded by the NSW Health department and is part of an interdisciplinary collaboration between the National Centre in HIV Epidemiology and Clinical Research (NCHECR), the National Centre in HIV Social Research (NCHSR), the Australian Federation of AIDS Organisations (AFAO), the National Association of People Living with HIV/AIDS Organisations (NAPWA), and the Australian Research Centre in Sex, Health and Society.

The pH study examines the lived experiences of HIV-positive people over time, particularly the health management strategies of HIV-positive people, such as decisions about treatments, side-effects, use of natural/complementary therapies, access to health services and information. The study also explores how participants view their health, their quality of life, their community and sexual lives and how these aspects may change over time.

The information recorded in the interviews is disseminated among organisations like ACON, NAPWA, AFAO and the Department of Health. These organisations use the information to implement services necessary for the well being of PLWHAs. They also use the information to develop educational campaigns around issues of relevance to those affected by the epidemic such as treatments success and treatments failure, transmission of resistant strains of HIV, super infection, viral load, disclosure, and so on.

We need to recruit another 100 new participants for this round of interviews. There are very few young HIV-positive people enrolled in the study, and we would like to rectify that situation as well.

You can help by encouraging your positive friends to participate, and if you are positive but not in the study yet, you could do a pH Study interview yourself.

Also, if you are in a gay organisation or helping organise a social function for PLWHA, we would be very happy to send someone along or provide additional pamphlets to explain the study to those of you that might be able to assist.

You can either call our office on
You can also contact us by email
Or visit our website:

9380-5858 or freecall 1800 445569.

phstudy@nchecr.unsw.edu.au

http://www.med.unsw.edu.au/nchecr/ph_study.html

AIDS from many angles

Short films, invisibility and heroism

John Rule

The slide 'Caring for our community is a shared responsibility' (pictured here) was part of the collaborative effort between Queer Screen and PLWH/A (NSW) and appeared before each film of the recent Queer Screen Film Festival. The slide is meant to provoke some thinking by gay men about issues of disclosure in the negotiation of sex. PLWH/A (NSW) is committed to working through and untangling the dynamics of disclosure to support prevention efforts. Raising this issue is part of our health promotion work and is linked to the other community development and positive advocacy efforts of the organisation.

Some of you may have followed the gay newspapers articles and letters to the editor about PLWH/A (NSW) continuing to fundraise at the Mardi-Gras launch. I mention this not to focus on the drama but to point out that perhaps the reaction taps into the feelings of invisibility HIV positive people experience. These feelings of 'invisibility', 'being left behind' or feeling 'vulnerable' describe the experience of many positive people. Perhaps we can see films like those in 'AIDS from many angles' as a way of doing something about that invisibility.

Two years ago at the film festival I saw a film about Zackie Achmet, the treatments activist from South

Africa, who is the feature of one of these films. His heroic story is one all positive people would applaud, but perhaps that kind of hero making is not always helpful. There are many people who have been involved in advocacy work in HIV/AIDS in Australia for many years, although their activities might not be so visible. But their constant efforts throughout the years have enabled positive people to, as the title of the last film tonight suggests, *Think Positive*.

Thinking positive is still tinged with some sense of grief, loss and even bewilderment about this disease. In a very real way PLWH/A (NSW) knows this due to this loss in the last two years of positive advocates like Phillip Medcalf, Ken Irvine, Gerald Lawrence and Kath Valentine. I'd like to think we remember those people as we look towards the futures. Maybe in future the collaboration between Queer Screen and PLWH/A (NSW) will help make visible more of these daily stories of living with HIV/AIDS."

Post-script -PLWH/A (NSW) did not select the films and some people who saw them questioned whether they in fact showed the range of realities and experience of HIV/AIDS in current times. Others who saw the films enjoyed them. Every-

one got a very good laugh out of one of the funniest animated safe sex shorts seen in years. We will continue to pursue this collaboration and in the future hope to work closer with Queer Screen to select and introduce films that do show 'Aids from Many Angles'.

John Rule is the Vice President of People Living with HIV/AIDS (NSW). This is an edited version of his speech at the HIV short films 'AIDS from many angles' at the Queer Screen Film Festival

halc

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10

This factsheet has come out of a larger project looking at newly diagnosed HIV positive gay men and peer networks.

The material used was derived from a focus group with HIV positive men who attended the After Hours¹ discussion group and a series of one on one interviews. All names have been changed.

These recently diagnosed positive men reflected on the value of accessing and developing peer networks (people who are in the same situation as themselves) and the impact this had on their experience of disclosing their HIV status to others. This factsheet on the role of our HIV positive peers in working out our attitudes towards disclosure reflects the principle that we can learn a lot from listening to and thinking about each other's experiences.

Disclosure is a big issue for people with HIV

For most people with HIV, telling people about our serostatus (who, when, how and why to tell) can be one of the biggest issues we face. And this can be even more the case for those who have been recently diagnosed HIV positive.

Joe: ... for a long time I told virtually no one. (...) I guess judged is sort of the term. Personally I think I have a lot a lot of guilt issues I needed to work through just because in this day and age everyone knows how you get this bug and yet you still allow yourself to get it.

Anthony: [Disclosure is] something that'll inevitably keep coming up, whether we like it or not. It's the number one big issue that you experience as you learn to cope with this disease.

Many people feel that issues around disclosure of HIV status are so important that both HIV positive and HIV negative men should be more aware of them.

Phillip: It's something that you know every gay man should think about, disclosure.

Rob: I think if more people who were HIV negative actually talked about these things, life might be a bit easier.

Your status is your personal information. While for many positive people, HIV can be a source of stigma, it may not necessarily be a particularly visible kind of one.² Therefore there may be times it could seem easier not to bring up the issue. Some of us, however, may feel we have accepted our HIV

the dynamics of

disclosure

to the point where we are not concerned whether people know our status.

Phillip: It's like whether you choose to tell people you're gay or not. There are people around here that might not tell people at work they're gay. It can be a weakness. It can just expose you to prejudice and you think basically I don't have the energy to deal with this prejudice. And so you choose to keep it secret.

Rob: And that's ok too.

Each of us weighs the risks and benefits of what we say and to whom we want to say it, and this includes the context in which we interact, and our decisions will reflect our shared and individual cultures.³

We have some control over the disclosure of our status

We may feel powerless when confronted with an HIV diagnosis and while we will need to come to terms with and accept it, we can make decisions about disclosure and give people access to information about our lives.

Of course, while we might judge that someone is an appropriate or a trustworthy person to be told, and we may try to ensure the conditions in which we tell them are good ones; we can't necessarily always be sure of the outcome. Disclosure is a dynamic process between two people. Just as there are dynamics to relationships and you find they change over time, so too there may be dynamics in the way you do (or don't) disclose your status to other people. Our confidence changes, our knowledge and relationships develop, and so our attitudes to disclosure may well change and develop. Sometimes the

responses we have received to the disclosure of our status can affect our attitudes to future disclosures.

Scott: [...] that's a development thing. Where I'm at six months ago is not going to be where I'm at in six months time.

Attitudes about what kind of information is public and what is private have changed a lot over time. There can also be tensions between our involvement with others and our desire to live our own lives.⁴ It is in this tension where our decisions about disclosure are worked out.

There are no simple answers but, as with many aspects of living with HIV, we are able to learn a lot from each other.

Joining a peer network can be an important first act of disclosure

If disclosing your status is a daunting prospect, doing it first to a group of peers (people in the same situation who are able to relate to your experiences), can be a valuable first step. It can give you the time and space you need to absorb being HIV positive:

Patrick: Disclosure to the group serves as a substitute for disclosure to the wider world so you feel 'alright I have disclosed' and I can discuss it with a range of people who because they're in a similar situation, will be empathetic at least. They'll understand.

Even if you feel you are not ready to tell people like family members and other friends, you may still want a space where you can talk openly about your life and HIV:

Phillip: It's actually easier for me to keep it secret in my everyday life, which is one of my objectives... In a work situation, in a family situation, I'm not really interested in them knowing. I don't want to tell my parents, and I found that a great strain before I did Genesis.⁵ And I knew it wasn't good for me but still I decided I didn't want to tell my family. So it was a big relief for me to meet people where I could be out and HIV.

Just going to a meeting of other HIV positive people can be a significant act of disclosure in itself.

Christopher: I remember when I went to Genesis. It wasn't like I was scared, but it was sort of a strange feeling. I'm actually for the first time in my life in a room where I know everyone's HIV positive and it was like oh ... it's a bit ... what's happening, you know?

An HIV diagnosis can make many people feel isolated, as if no one else seems to be in the same situation. By taking the step to meet with, and therefore disclose to, other HIV positive people you will find in a very practical way, you are not alone.

Anthony: Genesis for me was funny because at the door I ran into a friend of mine who I didn't actually realize was also positive and he didn't know that I was. And we just looked at each other and just laughed and he went: 'You're here for what I'm here aren't you?'

Why would you disclose?

There are many reasons you may want to disclose your HIV status. One major reason you may have for disclosing your status is to get support:

Sam: To start off with the first things I thought about were: it wasn't so much how the people would react, but who I needed to tell, to be able to have support and not live with this giant secret.

Of course you will not need support all the time. Sometimes just the feeling that you have to keep a secret can be stressful:

Rob: I've told boys and it's been much, much better because it's got it out of the way. Sometimes it turns out they go 'I am too'. That's really good.

And many people also want to challenge stereotypes:

Ivan: For me personally I feel that I can't really whinge about the prejudices that are out there

if I'm not open and honest about my situation. How are people going to learn? How do people actually go 'oh shit. You were like the last person I thought would be' and then they look at it differently. That's what I find.

Disclosing to people in the same situation may be the first step in 'normalising' our experience

An HIV diagnosis might make you feel set apart and different from people around you. Perhaps it's not so surprising that some people express a desire for what they call 'normality': either a normality we think we have lost or one that can be constructed through greater acceptance (on our own part or on the part of others).

This may involve a hope that HIV will become 'less of an issue' in our lives or we become more 'comfortable' with the fact of our new status. We might integrate this change into our lives, or work towards HIV being considered like any other chronic illness:

Andrew: normalising being HIV positive. [Going to After Hours has] definitely had that effect. Or making it seem less of an issue, less of a problem. Making it more bearable to be HIV I suppose.

Joe: The word I keep coming back to for want of a better one is normalised. And I'm not saying it's exclusively through what's happened at the groups, but that's been a big part of it. And it's helped me to actually become more comfortable with it, both at the groups and meeting up with people the same people.

Andrew: My only expectation really was a support network in a way. Or to normalise being positive actually. I guess to make being HIV positive like any illness, like any chronic illness. That's what I mean by normalising it. Like if somebody is diabetic or any chronic illness that people have to live with until the day they die. Because being HIV positive, there's a lot of kind of moral issues hanging around as well. So I thought by being in a group that was positive it would make it seem like it was ordinary, everyday, just another disease.

'Normalisation' may also be about a desire to 'move on.' Certainly HIV can become just another part of life, about which we may think (and worry) less over time. Of course even after it has retreated to the back of our minds it can also quickly return:

Ben: Has everyone noticed that it's become less and less of an issue over time? When I first found out I was thinking about it all day and half the night. Those first few months it's constantly on your mind and now it's slipping further and further back, and one of the reasons that I do still come here is so that I make myself think about it for at least one night a month properly. Like something'll come up and you'll go I've got HIV.

Ivan: I find that every time I have blood tests.

Peer networks can be different from other everyday networks (friends, family and acquaintances)

Most of the men who participated in the interviews and focus groups did draw a distinction between peer networks and established friends. One was not necessarily perceived as better or worse, just different. For some of us it may just seem easier if people do not generally know our HIV status:

Andrew: I want it to sort of shrink and go away as time goes on. And it's easier for that to happen if I feel that it's not generally known. Because I can forget about it quicker than other people can, and I think when they meet me they're going to be remembering I'm positive, a lot of them, whereas I'm not. At the moment, I feel good about just keeping it to myself, and letting it slowly shrink.

Friends may be very supportive but they may need a lot of support themselves:

Martin: They cherish you in some weird way perhaps. They're like 'I'm going to make sure we're in touch all the time now.' A lot of them don't know how to react. Especially if they're straight and don't have any idea about HIV today. They think bowling ball and grim reaper.

Phillip: And you have to give them the support which is the last thing you feel like doing.

You might also wonder whether some friends really understand your experience of dealing with HIV and the new questions and issues you are facing.

Christopher: I've got some very close friends who know that I'm positive. They're straight people and not part of the gay scene and I find that talking to them about HIV is quite difficult simply because they don't understand the situation in many ways.

Martin: How can these people really understand, for example if you're talking about taking treatment or side effects? I think it's something I think you can only really understand if you're actually going through it. And that's why it is important to have these kinds of groups where people have a similar situation, experience.

Scott: I don't bother because some of my friends like to keep things really nice and social and light, and it's like almost like you're supposed to go 'oh hello I'm good thanks.' You're supposed to be alright and fine and that's great. And if you rock the boat they don't want to know.

Rob: If somebody in my life assumes that if I talk about it on any level, however superficial, it's a problem.

People who are less important in our lives may not need to know

Andrew, for example, does not tell acquaintances (but also wonders about that sometimes): I wouldn't be inclined to tell acquaintances because I don't see it's of any benefit to me or to them. But then again in a way I don't necessarily think that's very healthy because it's kind of maintaining the stigma of being positive by not telling every Tom, Dick or Harry that you're positive. 'By the way I'm HIV positive.' But yeah I wouldn't go around telling everybody.

Telling family can depend on the kind of relationship you already have with them:

Phillip: That's often why people don't tell their family, really. You don't want to have to sit down and bloody do social work with them.

Christopher: I don't tell my family because I'd be religiously judged.

Rob: I'd much prefer to tell my family than have them find out because some malicious bitch's mother's bending over the frozen peas counter and saying 'Oh I'm sorry to hear about so and so.' My parents already know.

Even HIV positive friends can be at a different stage of life

Of course, some of your friends may be HIV positive themselves. But if they are, they could be at a different stage of their experience of HIV and feel more resolved about issues which might still be important for you to explore:

Andrew: I had two really close friends who were positive as well. So I didn't really feel the need to go to outsiders as such. The boys who were positive were supportive but they didn't really have much to say after the initial diagnosis.

It was like they didn't want to talk about it very much. Once I got used to it they'd pull back, and being positive was just 'yeah, yeah whatever.'

Peer networks are a kind of prevention (as well as support)

You may not necessarily think that you have any 'problems' you would want to share with other HIV positive people, but peer networks can act as a kind of social capital, and can add some extra ballast to our lives. Developing peer networks may have longer term benefits because as Joe suggests: I don't think anyone's ever going to say one hundred percent that they cope with this disease.

Rob: I think sometimes we really do underestimate the prevention quality of support to stop a crisis from happening.

Martin: I think it's important just to be here a lot of the time. I mean I'm just happy to be here. It doesn't really matter what's said often or whatever but just feel like you have like a wave of support. It sounds silly but you feel there's a connection there.

Martin also recollects a story he heard in his Genesis group: There were two surviving groups of breast cancer and they'd done a survey. One group, after they'd been diagnosed and had treatment, had gone back to their families and their lives. And the other group had formed a support group. Then they looked at them five or six years later and there was such a high success rate all in that support group. The ones who didn't have the support had a much higher rate of dying, further cancers and so on. It just shows that support is so important, even just from a mental health perspective.

A number of the men in the After Hours network agreed with Martin's observation.

Scott: A couple of times I've turned up to the group not feeling very peaked and had a sense of balance

at the end of it. The group does provide me with a sense of manageability, knowing it's there as a resource, knowing it's there as a space is good. So does that change my attitude? Well, it must do. Even if it's just like taking a valium or something sometimes.

Hearing very different views helps us to make up our own minds

After an HIV diagnosis, the issues we may have thought were all too simple, over time may seem more complicated. Similarly some aspects of living with HIV which seemed so complex might look more straightforward. Research supports the idea that practices evolve and disclosure, like many things in life, is not always as cut and dried as it may seem. Michael Hurley, for example, has observed in *Then and Now, Gay Men and HIV*, certain practices 'are more likely tried on by the same individuals in different contexts, in closely followed moments and with shifting dispositions'.⁶

Martin: I don't do it anymore. At the beginning when I was first diagnosed I thought I had to tell everyone. And then after about a month or two I thought uh-uh I just don't want to tell anyone now because it became this big issue and all the time people start going 'how are you', and I thought 'oh for god's sake, I'm not dying'. And you just wanted life to go on. You realised ok that things were a little bit different [...]

The members of the network expressed a range of opinions about disclosure:

Christopher: I guess that's the big advantage of a group like this too. It empowers you. You can make choices in a better way. You can say well no I'm not going to tell these people or yes it's time for me to tell these people. I've at times heard people express a view here which I personally have not agreed with. But I still think it's good because you seeing another side of the coin and you're thinking about things from a different perspective and that has changed, helped me to develop ideas and feelings.

Disclosure of HIV status to sexual partners is a particularly significant issue

The 2000 *Male Out Survey* pointed to markedly different attitudes to disclosure of HIV status between HIV positive and HIV negative gay men. Significantly higher numbers of negative men than positive men expected that positive men would disclose their HIV status before sex. In the same survey the majority of negative men surveyed reported that they would avoid having sex with people they thought to be HIV positive.⁷

Scott: I'm over it. I'm over it. I find it very, very wearing and draining to have to talk about being positive for the first time with a person. [...] My negative experiences have been less but I still find it very draining but I do know that my experience is my own doing because I've chosen to disclose to people. I can't really embark on a sexual relationship comfortably unless I tell the person. End of story. But if I wasn't disclosing to sexual partners then I probably wouldn't be so exhausted by disclosing. Because I'm single. I'm living in Sydney. Like hello. And probably if I had a partner and had that space then I probably wouldn't be disclosing very much at all.

What The Law says

The *NSW Public Health Act* says that if you have a sexually transmissible medical condition you must tell your partner before sex. Under the current laws, condoms are not a defence if you do not disclose. People Living With HIV/AIDS (NSW) has advocated, and continues to advocate, that the law reflect the importance of condoms in reducing the risk of HIV transmission.

What about safe sex and disclosure?

Some people questioned how useful disclosure was in negotiating sex and safe sex:

Derek: We only tend to hear one side of it all the time. What we should be telling. We never really investigate the other side like where.. why? Why should you disclose if you're having safe sex?

The interviews and group discussion revealed a range of opinions on handling sex and disclosure. Like disclosure in general, disclosure in relation to sex is dynamic and can be influenced by type of partner, location, past experiences, or mood at the time.

Ben: Sex is such a personal thing like... It's probably the most personal thing you do in your life. Even if you're just fucking someone and saying see you later it still is a really personal thing. So you have to come to your own decisions about what you're going to disclose and the way you're going to act. So we've seen the whole spectrum, from people saying 'oh look fuck 'em, you know, if they're not going to look

after themselves I'll just do what I want' then other people saying 'I want to tell everyone.' So you've got that whole spectrum of things. (...) So you have to make your **own** peace with what **you** do when **you're** having sex.

Joe: When I first found out and legally I actually had this obligation to tell everyone I had sex with. I was like 'I've broken the law. I'm not telling them. But if I tell them I'll lose them. But I can't.' Whereas now it's more like 'Ok, I've worked out what I can live with' and it's very much a case of if I'm in a sex on premises venue I'm fairly relaxed about not telling people. Let's face it – if you're going to a venue like that you've got to have at least seen the signs because they're everywhere.

Sometimes people will disclose to you

Phillip: It's nice when people disclose to you. That's for sure. If you're out and you're getting down to it and they say 'excuse me I'm positive.' You say yeah great, you know, love it.

Martin: And do you say anything to them?

Phillip: I just tell them my life story. You know. (Laughter.)

Ben: I've found it nice when people ask and you can say. If people ask obviously I'd say yes. I think it's really good to say yes. 'cause I sit there thinking 'I don't know how I'm going to sort of say it.'

While for some of us it can be helpful if people ask, others, like Phillip, find it intrusive:

Phillip: Well, I think it's rude. It's usually rude in conversation if someone asks you something without volunteering their status themselves. I think it's a bit abrupt. I don't like it. [...] When someone says it to me I think you're being a little bit pushy.

Some people find the Internet an easy place to disclose:

Joe: I would say there are things you can do, for example, cruising for men on Gaydar; I'm very open and honest about it there. You don't see them face to face and you never have to worry about it. Whereas when you're doing it in a face to face situation sometimes it's hard and depends very much on the sort of person you're dealing with.

You can get helpful advice on disclosure and sex from peer networks

While there can be fears about disclosing to a casual partner, anxieties about disclosure can sometimes be worse than the actual experience. And in many cases people can be pleasantly surprised. In *Futures 4*, most respondents (86.5%) had disclosed to close friends. Only 1.5% had not disclosed their status to anyone. 48.8% received a lot of support from close friends. 36.3% of respondents received a lot of support from HIV positive friends.⁸ Whatever your experiences of disclosure might be, sharing strategies and experiences with other positive men can help.

Phillip: The sort of advice we give each other that medical professionals or professionals can't give us. Like we can say things that they can't say. We can say things about how we deal with sex. How we negotiate sex and how we're positive that is basically good sound advice that helps us which you ain't going to get from any doctor or any nurse or anything.

Scott: I've had a certain validation by listening how to other people and I've gone 'nuh I'm ok with that I do.' I have a fairly high risk strategy in the sense that I tell people that I have sex with. I'll disclose, especially if they're trying to bare back. I have issues with passing it on. End of story on that one. So there's the sense of that validation you get from information you've heard or decisions you've made and that's a great thing to have.

While telling potential partners is a big step, sharing strategies may help

Disclosure to any potential sexual partner can be daunting but choosing the right moment to tell a potential boyfriend where more is at stake can be especially daunting:

Anthony: Every time you actually disclose I find it's easier [...] although there's going to be certain situations where it's always harder like for example when you meet that guy you fall head over heels for and you don't actually tell straight away.

Sam: And yeah it's more, I guess, will they react well, or will they react badly, and then you've also got the further issue: if they react well towards me, and they're happy about the HIV positive thing, would I be happy in a serodiscordant relationship?

Hesitations about joining a peer network are reasonable but then again ...

And finally, we might feel we set ourselves apart if we join a network of HIV positive peers. But as one person observed, if we rule out this kind of networking, could we in fact be subtly accepting stigma and denying the commonalities in our experience of HIV?

Andrew: It was [difficult to come to the group] actually because I'm shy as a person so being in a group at all was quite a brave step for me to take. So it was difficult. And also it felt like in a way being a part of a group was almost like making it seem like, you know, different, apart from everybody else in a way. So in a way it almost felt like creating a stigma by going to a group. Like us and them kind of thing.

But by not going it also says the same thing I suppose. By not going to a group you're kind of admitting that you're different. You know what I'm trying to say?

The men in the After Hours group found that taking the step of meeting with their peers and developing new networks helped them to develop attitudes and approaches to life with HIV, one of the most important, complicated and dynamic of which is disclosure.

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

For support and information:

- **People Living with HIV/AIDS (NSW) Inc.**
☎ (02) 9361 6011 Freecall 1800 245 677. A non-profit community organisation representing the interests of people living with HIV/AIDS in New South Wales.
- **The AIDS Council of New South Wales (ACON)**
☎ (02) 9206 2000 Freecall 1800 063 060. A health promotion organisation based in the gay, lesbian, bisexual and transgender communities with a central focus on HIV/AIDS.
- **Positive Living Centre (PLC)** ☎ (02) 9699 8756 provides a range of structured programs, special events and social activities as well as peer support and health promotion programs for people living with HIV/AIDS.

Sources

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**PEOPLE LIVING
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NEW SOUTH WALES

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Making sense of everyday lives

Let's talk about it is 'a resource for cultural change.'

Michael Hurley

***Let's Talk About It* is a facilitator's resource for future workshops on sexual health. It's a substantial publication. It's an inclusive record of earlier workshops and anti-discrimination activities, linking the past, the present and the future. In that sense, *Let's Talk About It* is not only a resource, it's also a cultural artefact, a product of human action. It has cultural value. If you think of cultures as the lived practices which people use to make sense of their everyday lives, then *Let's Talk About It* is made out of the everyday cultures of people living with HIV. These cultures include the personal experiences of people living with HIV, your interactions with each other, and the communities you come from and the activities of organisations that advocate for you and deliver services to you.**

These cultures include the effects of government policies, funding agencies like NSW Health, the media, as well as how you understand sex and health and disease. Cultural artefacts like *Let's Talk About It* are made up of elements of all these things. They make value in at least two different ways.

First they make visible things known, but not always publicly recorded. *Let's Talk About It* records past activities and makes the record available to others. Sec-

ond, and this is my focus, *Let's Talk About It* is a resource for making new things happen, a resource for the creation of new pathways in the present that lead to the future. It facilitates the passing on of shared experiences and the making of new perspectives. Sometimes I think we forget that the humblest resource is a resource for cultural change.

a resource for sexual learning

When Gloria Gaynor first sang 'I will survive' no-one knew it would become a resource for hope for gay men and people living with HIV internationally. We didn't know it would feed into years of dance parties and lounge rooms, that it would provide defining moments at the end of Mardi Gras parties, at funerals, or between people lying wrapped in each other's arms, eyes glassy with love, or lust, and chins rubbed raw.

Now I'm not claiming that *Let's Talk About It* is a new disco album.

It's yet to appear on CD. However, I am pumping the claim that resources like this are part of the process of cultural change and dynamism. *Let's Talk About It* has value and it's valuable. It flags a future.

The present and future for pos sex changes all the time. As the HIV Futures studies show, at any given moment, many HIV positive people are not doing sex at all. Futures 4 said 24% of positive gay men, 52% of heterosexual men and 35% of heterosexual women were currently having no sex. 45% of all respondents were in relationships. Of those of you in relationships, 38% had an HIV positive partner and 59% had an HIV negative partner. 31% were doing casual sex only. At an individual level, these things change over time. In terms of HIV transmission, most pos people have safe sex all or most of the time.

My sense of how the present was changing sexually for pos gay men was reinforced at a personal level when I was knocked back one winter's night in the Den. It was sometime in the late 1990s. I'd seen him there before. We had smiled a little shyly on several occasions. This time we'd ended up together. We were mid stride. The kissing was good, we'd clicked. There was an ease mixed with some nervousness.

It was clear we wanted to fuck. He turned his back and bent over. I held his hips then leaned over to grab a condom. He stood, turned and looked at me. The conversation went something like this. He said, 'Are you pos?' I said, 'no'. He paused, said 'sorry mate', and began to put on his clothes. There's a thing, I thought. 'It's ok', I said. I knew what was going on. He wanted anal sex and a positive partner where a condom wasn't needed. Privately I grinned a bit. It was a momentary insight into the multiple contexts of disclosure.

Disclosures happened that night without him saying anything about his status. For him, it was my HIV status that mattered. His leaving the cubicle was a matter of fact act of assertion. That act had two dimensions. He knew what he wanted and I didn't fit and in the process he took care of me. I went home fuckless. Maybe so did he. I also went home thinking of him with respect. I wasn't sentimental about that. It became another cold night in which the virus loomed large. But for a moment we shared not just a physical space and our bodies, but also a practical sexual ethics for living in an epidemic. We shared the ethic. Sometimes it happens that way and sometimes the nights are cold.

I could also tell you about warm nights, very warm, where he was pos and I was not, and more than our chins were sore. And I'm sure, very sure, many of you could match my anecdotes with your own. Top them in fact.

The point of my anecdote is not that HIV negative men and women are also affected by HIV and questions of sex, though we are, but differently. Rather, my point is simpler. As a fellow HIV social researcher, Kane Race, might say it: 'good sex is in part ethical sex'. This needn't

always be a matter for discussion, especially in the middle of sex, but nor is it always a matter of HIV status. It can be simply part of the experience.. However, in order for that to happen, in order for pleasure to be ethical, you need *shared* practices of everyday life. You need a culture. To my mind resources like *Let's Talk about it* are tools for making, supporting and extending that culture. Sometimes they also intervene. They make us think twice about what we are doing and how we might do things differently.

Let's Talk about it is about sex and being HIV positive. It's a way

we shared not just a physical space and our bodies, but also a practical sexual ethics for living in an epidemic

of sharing the best elements of the experience of people living with HIV and a way of spreading knowledge about it. It's a resource for sexual learning, as my colleagues McInnes, Bollen and Race might say.

It's also what one of the early quotes in *The Words to Say It* says:

The messages ask you to take that step back. Assess what the issue is for you. Look at individual strategies to look after yourself.

Marvin Gaye sang about strategies for sexual self care a long time ago in another disco anthem,

'Sexual Healing'. He says many things in that song but perhaps the most important was his insistence on something many of us already know: sex can make you feel good. It can change things. It can distract you from the bad and put a smile on your face. Well if you're lucky of course. Sometimes sex makes you feel worse. Not because he or she was a dud root, though let's face it that happens, and has happened more than once, but because the sheer goodness of the sex contrasts too pointedly with other things missing in our lives. So after a night on the sexual tiles, going home alone can sometimes be a very empty experience. That's true whatever people's HIV status. It's also true that HIV status can add complications, difficulties and challenges. There is discrimination. There are moments when disclosure makes it all seem too difficult and not worth the effort.

As Charlie says in the booklet: 'Sometimes you go for sex when you are looking for something else.'

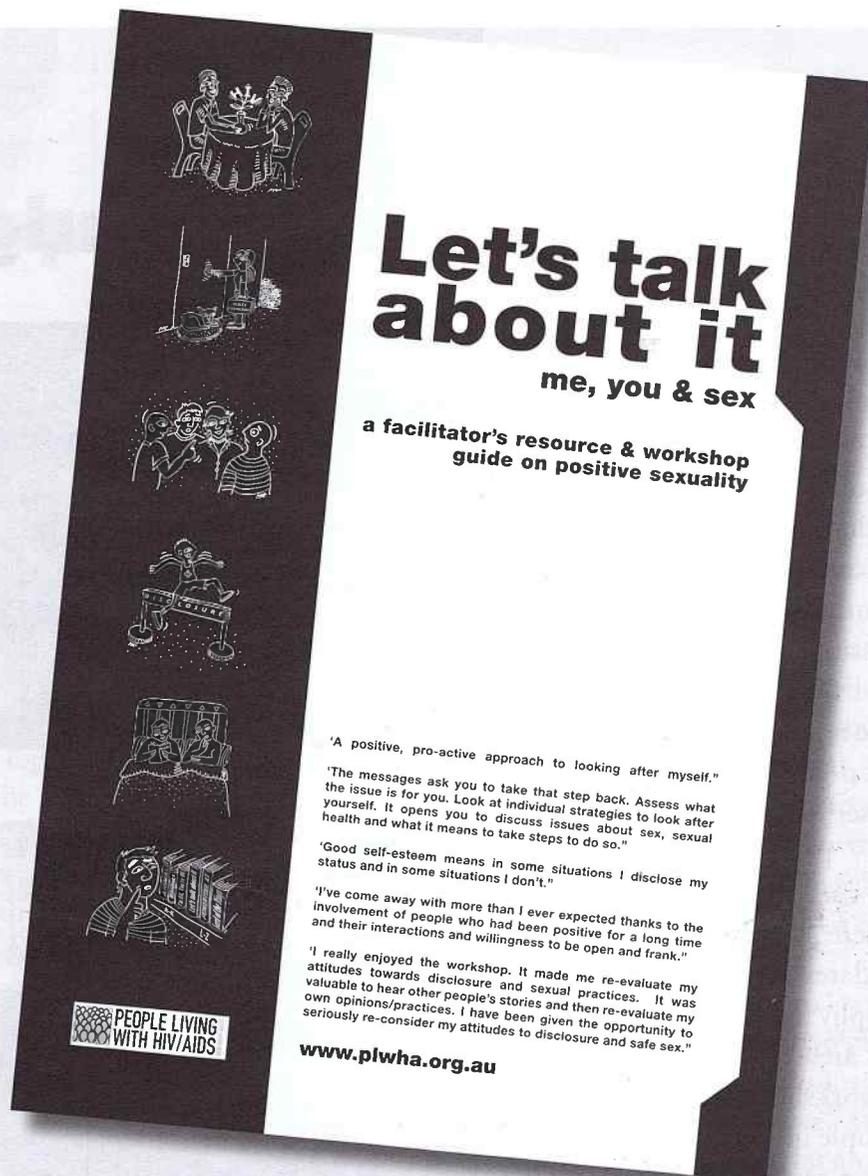
But that's not where I want to stay right now. Also in the booklet James says, 'Not everyone wants to be reduced to a diagnostic identity'. Not everything about sex has to do with discrimination, disclosure and health. Sex is also about pleasure and romance. It's about touch and smell. *Let's Talk about it* knows this. The workshops it describes are made up of modules which range across all these matters: discrimination, disclosure, pleasure and the messiness of getting through. This resource is about creating environments and spaces where all of these matters can be discussed and strategies developed for dealing with them. It's a resource designed to facilitate a relative ease in the face of challenges. It encourages shared practices for living, not just skills

for existing, and it puts sex in the middle, makes it visible. It does so not only so people can feel better, but also because it wants the excitement and energy of sexual learning to be at the foreground of the workshop experience. It does this in careful and supportive ways, but has aspects of the rush of good sex. It carries you along, suggesting that you can adjust your take on what you are doing to make it better. It suggests you might consider focussing on new ways of doing things and pass the results on to others. It's a group thing.

Having said that, I do need to say that I know the difference between reading and using a good facilitator's guide, and a good root. This resource includes much of what many of you have learned about sex. That's one of the characteristics of peer education.

Let's Talk about it is neither a beginning or an end. It's part of the story. It's one of many turning points in living with HIV. It's inclusive and dynamic. It says, hey, pos people are not stuck in some dark and yukky space. It says pos people have a history. A history of dynamic responses to situations, challenges and problems. It's a history of collaboration and sharing, but it's also a history of excitement, a manual for creation of moments of wonder in which a virus is present, but is not definitive of all that occurs. That itself is a wonder.

Michael Hurley is a Senior Research Fellow at the Australian Centre in Sex, Health and Society. Michael's recent writing includes the reports Then and Now. Gay Men and HIV (2003) and, as editor, Cultures of Care and Safe Sex amongst HIV Positive Australians (2002). This is an edited version of his speech, launching Let's Talk About It.



Let's talk about it me you and sex

a facilitator's resource and workshop guide on positive sexuality

Sexual health is a key component in people's sense of wellbeing. Challenging discrimination is a key part of health promotion for people with HIV. Promoting and supporting the wellbeing, sexual health and sexual health literacy of people with HIV will also have an important impact on prevention measures in the wider community

This workshop guide provides a model for people who conduct peer support and education programs, and for those interested in Health promotion, HIV education and prevention

If you like to order a copy of this free resource produced by the Health Promotion Unit of People Living with HIV/AIDS (NSW):

Phone: 361 6011 or free call 1800 245 677

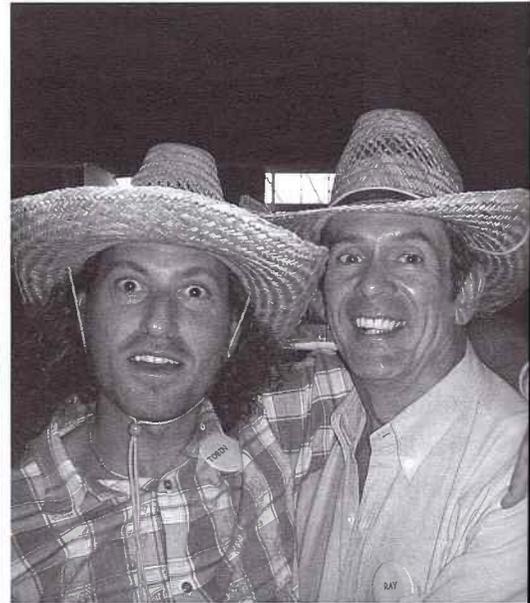
Email: healthpromotion@plwha.org.au

The Mudgee Muster

The NSW HIV Rural Forum in Mudgee (16-18 March 2005) brought together HIV positive people, researchers, community, and health care workers to discuss the particular challenges of HIV in rural settings.

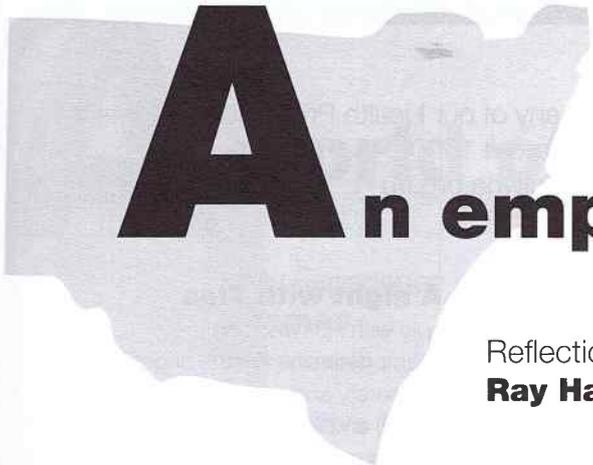
Some of the sessions included a *Words to Say It* discussion forum on sex and relationships, a women's discussion group, a workshop on the dynamics of disclosure (see report on page 7), a workshop on growing older and wiser with HIV, sessions on HIV prevention and sessions on care for people with HIV. There were also treatments updates a report on lipodystrophy in the Northern Rivers area of New South Wales, a workshop on the options for people in rural areas considering a return to work or study and much more. A workshop devoted to the issues of living with HIV in rural New South Wales shared the challenges but also some successful strategies. This workshop will form the basis of a Health Promotion factsheet on living with HIV in a rural area.

Many participants reported that the forum was an important opportunity to hear other positive people's experiences in rural areas, and share skills for living and/or working with HIV. Isolation is a big issue and any opportunity to start to break that down is a step in the right direction.



Winners of the Trivia quiz

Photos: Ray Hansen



An empowering experience

Reflections from the HIV Rural Forum in Mudgee

Ray Hansen

Over 130 people attended the recent HIV Rural Forum in Mudgee. The opening plenary on Thursday morning was a great mixture of ideas and a taste of what was to come out of this event, and a truly an empowering experience. For example, the discussion forum, organised by Kathy Triffitt from PLWH/A (NSW) on the first day, on sex and relationships was brilliant. The speakers were a great mixture of HIV positive people in relationships negotiating safe sex and being honest with each other. One suggestion: it would have been good to have a single gay man talk about his experience.

The workshop 'Living with HIV in rural NSW' was interesting. Some issues are the same as ones city folk face, such as fear of disclosure, and being outed by community services - because some people think you are positive for just being seen at an organisation or service. We, in the city, can change some of the places we go to, but rural people can't do this so easily. I thought of myself in my flat on the eighth floor in Surry Hills, where I can feel so alone. Imagine a person on an acreage, who has a doctor, who is available only two days a week. I can go for a walk, see people, have a coffee, chat, smile and feel anonymous, but our rural friends fear a lot of discrimination where everyone knows every-

one's business. One very good idea from the workshop: There should be some kind of petrol voucher system as well as a friendly mechanic who can do free services. Distance is the big thing in rural areas.

The workshop 'Growing older and wiser with HIV' made me think. The ages in our group went from 33 to 70. Add 20 years to that and imagine where you will be in that length of time! I told our young-

Distance is the big thing in rural areas

est person he will look fabulous at 53...he is so hot already!

Lunchtimes were a great opportunity to swap ideas, learn, listen and suggest, as well as to chat, be sociable and mingle. People, no matter where they are from, get on well at these conferences.

At the Conference dinner, Vanessa Wagner provided the entertainment and it was the best fun I'd had in weeks. We played trivia and I really thought Stevie Clayton from ACON was going to win first prize! And

her team didn't even get a place! So it wasn't rigged.

The second day was just as good, although I got a scare from my doctor's office in Sydney and could not really focus. Thank god for the support I had around me to get me through. I went for a drive to Gulgong and chilled out. Oh what beautiful country we have just a few hours away!

Back I went for lunch and to David Wallace's 'Futures for positive people.' Important issues discussed included: isolation, distance, cost of petrol, access to classes, let alone how do you find a job when you haven't been in the work force for a few years. And what about those who haven't worked for 18 years or more? -And if you're older? But then when does old age begin?

Well at the end of it all I drove several of us up to the Hungington Estate Winery, and that was the best in the region! Afterwards I drove home via the fantastic Dubbo Zoo. The drive to Surry Hills took six hours and my mind was racing. I feel so good about my life even though I live on the eighth floor in Surry Hills and I need to make an effort to get out and to follow through with services. And yes I wouldn't mind getting petrol vouchers and a free mechanic in the city.

Health Promotion Fact sheets

Would you like to order any of our Health Promotion factsheets?
Phone: 9361 6011 or free call 1800 245 677
Email: healthpromotion@plwha.org.au

1 Managing side effects efavirenz

This factsheet focuses on the most common side effects of efavirenz and includes people's personal stories explaining how they dealt with them

2 Boosting your energy

This factsheet lists a number of causes of fatigue and ways to deal with them

3 Getting started on combination therapy

If your doctor has suggested that you consider starting combination therapy then this factsheet is for you

4 I want to return to work

A factsheet for HIV positive people thinking about getting a job or returning to work

5 Living with body shape change

How some HIV positive people experience and deal with body shape change

6 Positive pregnancy

Information for HIV positive women who are pregnant or considering pregnancy

7 Clinical Trials

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

8 A night with Tina

People with HIV who use methamphetamine (meth): negotiating sexual safety and sexual health, wellbeing and everyday life, drug interactions and harm reduction

9 HIV and your mouth

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

10 The Dynamics of Disclosure

Peer networks and their impact on disclosure of HIV status

PLWH/A (NSW) Board Advisory Groups

We've revamped our Board Advisory Group structure and the Board is calling for expressions of interest

from individuals who'd like to be part of the policy, advocacy and fundraising development of the organisation.

The three groups are:

HIV Health Advisory Group

– focussed on health, treatments and care and support issues for NSW positive people

HIV Living Advisory Group

– focussed on social issues for with specific emphasis on communications, social research and health promotion

Fundraising Advisory

Group – focussed on enhancing income from sources other than government/core grant funding.

The purpose of the groups is to provide the Board with policy advice in order to meet the organisation's strategic directions.

Each group will meet quarterly with the first meeting being a facilitated full day meeting. At least one other meeting will be face to face with the remainder being by phone. Expressions of interest will be welcomed from people regardless of where they

are located in NSW.

If you're interested and would like to know more, please contact Geoff Honnor at PLWHA(NSW) on 93616011 or at geoffh@plwha.org.au.

Alternatively you can send an expression of interest to Geoff via email or to our mail address. You just need to give us your name and contact details and a brief Statement about why you'd like to be engaged in the specific group you've nominated. All Expressions of Interest will be considered by the Board. Expressions of Interest will close on 23 June 2005.

A world of possibility

My Experience with Positive Decisions and returning to work

James

I first heard about Positive Decisions from an advertisement in the gay press. I was very unsure whether I would be able to participate because I'd already been in and out of the workforce over a period of about seven years. The ins and outs of combination therapy had taken its toll, on both a psychological and a physical scale. I was very glad to know that such a project existed. But if I was going to be a part of it, I knew I had to put feelings of 'charity handout complex' aside and just do it.

I was reluctant to put myself into yet another new field, having changed my working situation several times over the years and invested quite a lot of time and money in retraining to work in architecture. In the previous two years, I had thrown myself into a demanding job that didn't really hold much meaning for me, except that I was glad to use my skills again and be well paid. The pressure was intense however and I decided my health had to come first. The road I had chosen suddenly seemed wrong and I felt frozen for a while. The reality was I had found myself drifting and unable to even make a decision for about eight months. My friends and family were getting worried about me. I remember reading a self-help book called *I could do anything if only I knew what it was*. I bought it because it described perfectly how I was feeling at the time. Although I had clocked up quite a lot of experience, skills and qualifications I was rudderless. I interpreted the advice

from this book to mean: even if you don't think an idea or opportunity is going to lead you somewhere, even if you think it might be the wrong thing to do, sometimes you just have to do *something!*

I was acutely aware of the loss of interaction I was experiencing in my unemployment and keen to know that 'busy life' feeling again. So I gathered all the self-motivation I could muster and got myself along to an interview with Positive Decisions. Glenn (the coordinator of the project at PLWH/A (NSW)) was very understanding and felt that he might have a

Sometimes you just
have to do *something!*

placement for me with a community sector organisation as a volunteer. I'd often wondered about working in the community sector, but didn't think I had the qualifications on my resume to ever find myself there. In the spirit of 'giving it a go' and not really expecting a lot, I said yes.

A couple of days later I was in an interview with three people at the headquarters of the organisation. It was a panel interview, and almost as detailed as any I might have experienced when applying for paid work. I felt like declaring a reality check, but remembered that all interviews are put down to experience and practice, and I appreciated the time taken

for me. I was given the thumbs up. I turned up one morning ready to roll my sleeves up and be slightly bored. The office was very small and crowded, but I wasn't about to be discouraged. Boredom didn't happen. I let myself enjoy the experience of spending time with all the staff there. I was treated like any other employee and didn't mind that a bit. It was just a good feeling knowing that I was getting some kind of structure back into my life again, and at the same time being involved with something I actually thought was worthwhile. I had spent a couple of months there part time, and when I was offered a small contract in another section of the organisation, I jumped at it. That contract went on to become a full-time position that I continue to enjoy.

My advice to those who feel they have had a similar experience to me: Positive Decisions is there to help and all you have to do is call PLWH/A (NSW)! You may not necessarily end up in paid work as I did, but you are opening yourself up to a whole world of possibility you may not have thought existed. Try not to create obstacles or imagine bad outcomes for yourself – just do it!

If you would like more information about the Positive Decisions work experience program for people with HIV call Bec at People Living with HIV/AIDS (NSW) on 9361 6011

I t's all about making positive changes

The Positive Decisions Expo 2005
Rebecca Reynolds

The Positive Decisions project, which is coordinated by PLWH/A (NSW), ran a new initiative earlier this year which gave people who are not working the chance to act on some of their New Years resolutions.

The 'Expo' as it became known, aimed to address the question 'What Can I Do With my time?' and looked at it from the perspective that work is not always the only or the best option.

The Expo provided participants with information and access to the support needed to make *positive decisions* and implement positive changes in every day life.

On the day, a number of panel members discussed a wide range of topics, from the options available when looking at working, studying or volunteering to managing change on a daily basis. From the feedback received all sessions were enjoyed.

Panels discussed working, studying and volunteering, and Centrelink and housing support providers also gave their input. Participants could ask the difficult questions that can often be frustrating to try and ask someone over the phone. Most people's questions were answered on the day and the ones that weren't, (mostly Centrelink ones) were referred to the most appropriate place so that the questions could be followed up.

TAFE and Community Colleges NSW presented a range of study options and participants in the Expo heard about diverse volunteering options like Foodshare. At Foodshare, for example, volunteers give a couple of hours of their time once a month, pay \$20 and then get a box of fruit and vegetables that last a fortnight.

A large number of organisations participated in the Expo and it is valuable to realise just how much support is out there for positive people who are thinking about making some changes in their lives. For more information on any of the organisations below – contact Bec at PLWHA NSW on 9361 6011.

- ANKALI
- BGF – Positive Futures Project
- Community Colleges NSW
- CRS Australia
- Positive Living Centre
- PLWHA NSW
- Switched on Living
- Community Support Network of NSW
- Food-Share Australia
- Multicultural HIV & Hep C Service
- Stanford House
- Positive Central
- TAFE NSW

Not as far away from my reach as I thought

After the Expo
Andrew Brookes

I was very apprehensive thinking that it wasn't going to be the sort of thing that I was looking for – I mean in terms of getting back into study and work - and then I came along to the day. The stalls, the info sessions, were all that I needed to clarify that, yes there is a good chance of going back into TAFE or some sort of study, and that it wasn't as far away from my reach as I thought it would be..

Because of the Expo I am back at TAFE studying Food and Beverage and I am overwhelmed at the changes attending the Expo has made possible. It gave me a clearer understanding of what it is like to go back to work and study and that it's attainable. I would say if you are thinking about going back to study; I would talk to these guys or go to an Expo because it answers your questions. If I hadn't gone – it wouldn't have convinced me that I could go back to TAFE and make some changes in my life...

Today

I'm a little stressed at the moment because I have three assignments to do. One of them is looking at a bottle of alcohol that has only been on the market for the last year and working out the marketing side of things, looking at what its made of, what its about – and who they are targeting....– all of that kind of stuff.. But I am doing it – and I can do it

W here am I?

Transgender and HIV positive
Ms Billie St John Pastoors

Overcoming many battles, having AIDS and being told on a number of occasions that my life was running out, I am still here. Although I have weathered the storm, the little nasties I suffered have left a few scars. Losing sight in my right eye, having to readjust my visions techniques, I have managed to keep on the road. However negotiating going down steps is another story. I have missed steps and landed on the bottom deck on many occasions but so far no bones have been broken.

Wasting has been a great problem for me as I was always under weight. It got worse when I would hide myself in my room so that no one would see the cheek bones coming through. Now I am over that and I just ignore the pitying glances of people looking at me like I'm a freak.

Over the last two years many changes have taken place in my life, and I'm sure it has been better for me. I have accepted my identity, am now living my life as a transsexual woman full time, and accepting my HIV/AIDS.

Prior to my treatment, I was in full time employment as a qualified auditor, gaining an overall credit in my postgraduate course in auditing. I was previously employed as a financial controller and an auditor with the aged care industry, government and church organisations. I'd gained the rep-

utation of being highly skilled and motivated in the industry, and received many accolades and certificates of appreciation.

I gave myself a trial period in obtaining a part time job and was able to manage my illness for three days a week. This at least enabled me to get some of my self esteem back and allow me to live a bit more independently, without relying on others to help me. It has been a long twisted road to get this far and I am now embarking on a new venture.

I took the first steps to enrol myself in Work Ventures for the placement of people with long term unemployment and a disability. The processes took place at Parramatta Office. Forms of course had to be filled out and interviews arranged. So far things were going great. The staff and management were very kind and supportive.

However I am still receiving mail as Mr rather than Ms, and am no further advanced than I was in the first meetings I had. I even contemplated setting up my own business in financial services. The time and money involved would be stressful, and my health was starting to take a nose dive. I took my doctor's advice, and will try to stick to just looking for a part time job to fulfil my ambition of returning to work.

It has been said, off the record of course, that because I'm a transsexual, it would be very hard to place me in suitable employment, using my qualifications and skills. This and the rejections I have experienced have profoundly taken its toll on me, where my self esteem is getting lower and my professional skills are not being recognised.

Because of my lifestyle, many doors have been closed – especially where I was once accepted before coming out as a full transsexual. No longer do I get invited to the support groups for gay, bisexual or poz hets groups. I am not even considered a woman for the positive women's group. The only real place for me is the Gender Centre but as this is too far from where I live and my eye sight is such that I do not travel at night. I do get support from the staff and the volunteers at the Western Suburbs Haven, especially Pat and Sabrina who give me so much encouragement to hang in there and keep being me.

Whilst trying to achieve these things and holding on to a thread of hope, I have met a wonderful man who is negative but has accepted me with my HIV and loves me for who I am. I spend all my spare time with him, and he really supports me in my endeavours to get on with life. He takes me out and shares his friends with me and we go to lots of places together, boating, bushwalking, clubs.

What does the future hold? I don't know. But I hope and pray some opening doors might come my way. One day my skills will be recognised and put to good use rather than being tied down to my identity as a transsexual.

S

o, Can You Cook?

No 11



Tim Alderman

When you do the Commercial Cookery certificates at TAFE, one of the theory modules you do is called HACCP (Hazard Analysis Critical Control Point). This is a system of strictly controlled food handling to avoid contamination of food, from its initial source until it is served up to you on a plate. In this module, the one foodstuff that is open to contamination more than many others is ice-cream, due to it having eggs, cream and milk as its main ingredients. It undergoes several heating and chilling procedures during production, and contamination can happen at any of these points.

Now, ice-cream is one of my favourite desserts, and I was a bit put off by all the maligning of my much-loved treat. It didn't actually put me off, but it did make me aware of how easily someone with a compromised immune system could be easily brought down by something as simple as ice-cream.

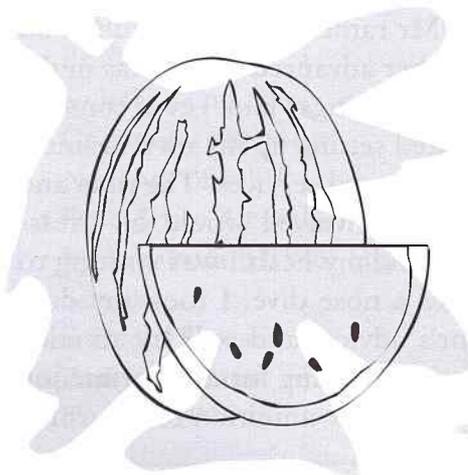
So, in an attempt to rectify this imbalance with a popular sweet, I have decided to give you recipes that will indulge your love of this sweet, without the hazards involved in its production. There are many forms of ice-cream – using the term in its broadest sense – including sorbet, sherbets, gelato, semifreddo (which means half frozen), cassata and granita, to name a few.

As you would realise, some of these are actually ices, and are a delicious form of delicacy, which are very easy to make.

It is best to use an ice-cream maker for these (Breville make a cheapie at about \$70), but if you are unable to obtain one, don't despair. You will just have more manual work to do.

After initial chilling with these sorbets and sherbets, you will need to remove them from the freezer and either break them up with a fork, whisk them or quickly beat with an electric beater to ensure they do not form large crystals when freezing. You can beat these as often as you like, and the more you do it, the finer and lighter they will be.

Accompaniments? Who needs accompaniments for these yummy desserts. Use the basic sorbet recipe (the sugar syrup) as a base for any other fruits that you may desire.



WATERMELON SORBET

- 4 Cups chopped seedless watermelon
- juice of 1 lemon
- 1½ cups (375ml) water
- 1 cup (220g) caster sugar
- 1 eggwhite

Process watermelon and lemon juice until smooth. Strain well. Combine sugar and water in a saucepan, bring to the boil over medium heat, stirring to dissolve sugar. Simmer, without stirring for 5 minutes. Remove from heat, cool. Blend in watermelon mixture. If using an ice-cream maker, chill the liquid in the freezer for about 1 hour before churning. Otherwise, place in the freezer in a flat pan until partly frozen. For both methods, beat, re-freeze and beat again. Whisk eggwhite until soft peaks form, fold through watermelon mixture. Pour into a lamington pan (or a rectangular plastic container) and freezes overnight.

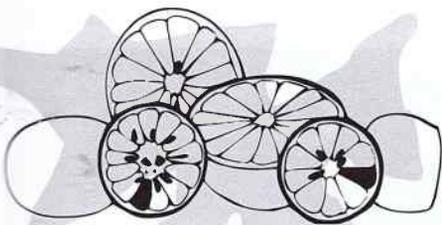
FOLLOW THE FREEZE/BEAT/REFREEZE/BEAT METHOD FOR ALL OF THESE.

LIME & GINGER SORBET

- 6 limes – squeezed
- $\frac{3}{4}$ cup sugar
- 3 cups water
- 1 teaspoon grated ginger

Place the lime juice, sugar and water in a saucepan over medium heat and bring to the boil. Remove from heat, and place in a shallow tray. Freeze for two hours, remove and beat, then refreeze. Repeat. Leave overnight to freeze.

NOTE: Remove all sorbets and ices from the freezer and sit for about 5 minutes before scooping.



BERRY GRANITA

- 2 cups (440g) caster sugar
- 500g mixed fresh or thawed frozen berries

Place sugar and 2 cups water in a saucepan. Heat over medium heat, bring to the boil and boil for 10 minutes. Pour syrup into a heat-proof bowl and cool completely. Once cool, pour into a jug and chill until required.

Place berries in a food processor and process until smooth. Pass through a sieve and place in a metal pan. Add $\frac{3}{4}$ cup of the chilled syrup, mix well and freeze for 4 hours. Remove from the freezer every hour and whisk with a fork to break up ice. When set, scrape the mixture with a fork until it resembles shaved ice. Pile into glasses.

LEMON SHERBET

- 2 cups (500ml) milk
- 1 cup (220g) caster sugar
- 2 teaspoons powdered gelatine (available from cake making section of supermarket)
- 400g Fruche Lite French Vanilla
- $\frac{2}{3}$ cup (160ml) fresh lemon juice

Heat milk, sugar and gelatine in a saucepan on low. Stir until warmed through, and sugar and gelatine have dissolved – DO NOT BOIL. Transfer to a freezer-proof container and stir in Fruche and lemon juice. Cover and freeze until almost frozen.

Working quickly, transfer almost frozen sherbet to a large bowl and beat with an electric mixer until smooth and creamy. Return to container and freeze.

Use a fork to break up lemon sherbet roughly and serve immediately.

COFFEE GELATO

- $\frac{3}{4}$ cup (165g) caster sugar
- 1 cup (250ml) extra strong coffee
- 1 eggwhite, lightly beaten

Place sugar and 1 cup of water in a small saucepan on medium heat until sugar dissolves, then bring to boil and simmer for 5 minutes. Remove from heat and cool. Add coffee to sugar syrup with eggwhite.

Freeze mixture in an ice-cream machine according to manufacturer's instructions, or place in freezer until just frozen. Remove, pour into food processor and process until mixture is smooth, then freeze again. Repeat if you want a lighter gelato.

Serve with biscotti if preferred.

FRUIT SALAD ICE-CREAM STICKS

- 1 x 375 ml can evaporated milk
- 1 cup caster sugar
- juice of 1 orange
- juice of 1 lemon
- 2 bananas, mashed
- pulp of 4 passionfruit
- $1\frac{1}{2}$ cups frozen raspberries, thawed

Place the can of evaporated milk in the freezer for 1-2 hours. Place chilled milk in the large bowl of an electric mixer and beat the milk on high until thick and fluffy. Add sugar gradually and beat well between additions.

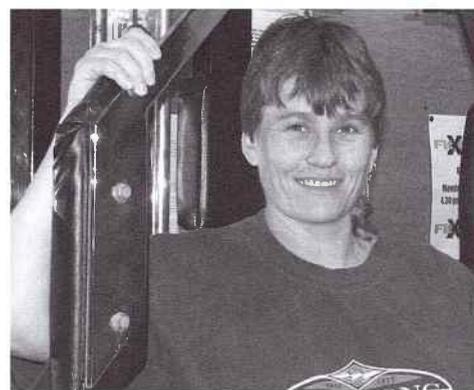
Add the juice, bananas, passionfruit and raspberries and stir gently with a large metal spoon until well combined.

Use ice-block moulds, or plastic or paper cups as moulds for the ice-cream. Fill $\frac{2}{3}$ full of fruit mixture and place a wooden craft stick (from supermarkets, newsagents or hobby stores) in the centre of each. Place in a tray and put in the freezer for several hours or overnight to set. Snip or tear the cups to free the ice-creams easily.



Working out at home #5

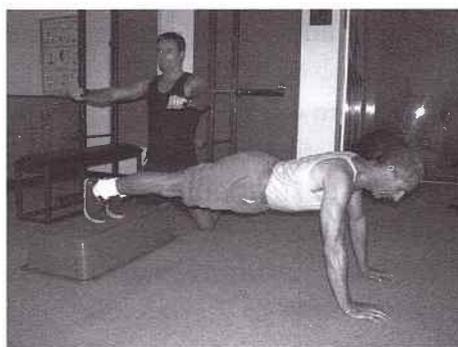
Taking your home workout to a new dimension
Ingrid Cullen



Look back over the previous *Talk-about* articles on working out at home, and then add these exercises to your workout. The workout below will take your exercise program to the next level and keep your muscles adapting. Stay with the workout you are doing for a bit longer, if you feel the need to do so, but remember your body will only change if you keep making it adapt to new things. If you need to make your workout harder add in more exercises for each body part list. I have listed all the exercises that have been demonstrated over the last five magazines at the end of the article. Next issue I will go over the benefits of stretching unless someone has a special request for me.

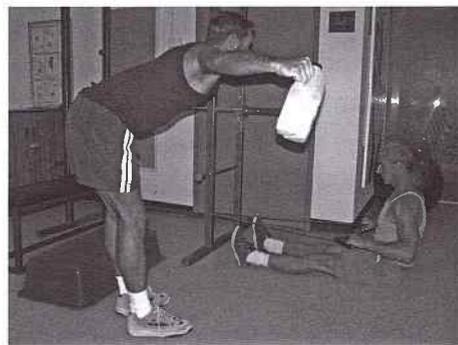
For this workout you will need an exercise band (Rebel Sport or your friendly physio). Everything else you should already have at home.

Warm up by marching on the spot and moving your arms back keeping them straight. Then change to heel taps forward punching straight up then stepping back with elbows out squeezing your shoulder blades together. This should take about 5mins. Then do supermans on the floor and crunches with your feet on a chair. Do two sets of each of these and as many as you can so you feel like you are working quite hard. If you have an exercise ball at home do the supermans and crunches on it.



Rubber band bench press and advanced push ups

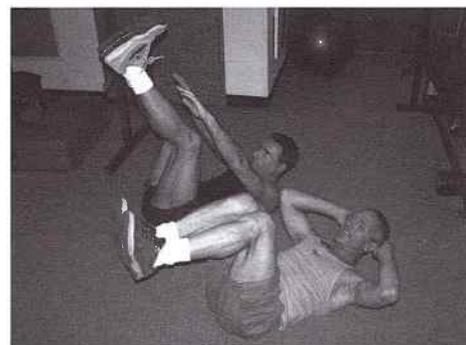
Place the exercise band around your shoulders and push out at shoulder height for as many repetitions as you can. Then go straight into push ups with your feet on a step to make them harder. Remember to protect your back by squeezing your bum and keeping it up to stop the back from sagging.



Rubber band rows and reverse flies.

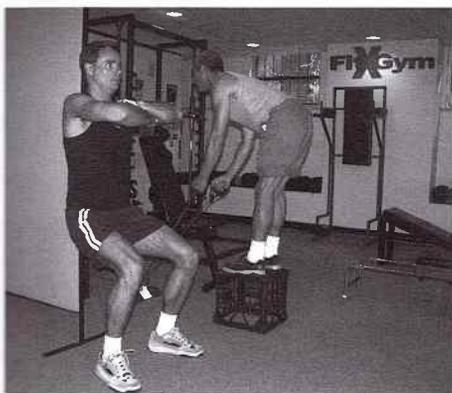
Sit on the floor, with the band around a low point, pull your hands

towards you keeping the abdominal tight and sitting up tall. Again as many repetitions as you can then go into the reverse flies again keep the back as flat as you can and the elbows slightly bent as you pull your shoulder blades in.



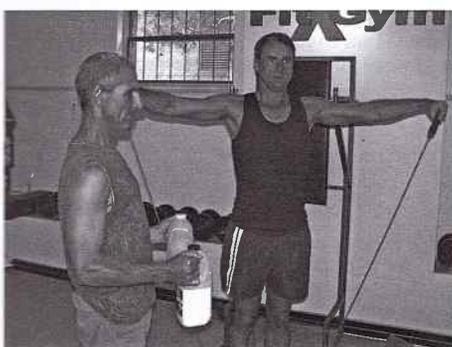
Triple Crunch and lunges.

This will give the abdominals a pretty good workout. Keep your chin pulled in to stop neck strain. Start with the feet in the air, do as many as you can, then legs at right angles, as many reps as you can, then feet on the floor and as many reps as you can. Follow this with some lunges onto the step (see August *Talkabout*) to keep your blood pumping and heart rate up so you get a bit of cardio fitness.



Rubber band dead lifts and wall squats.

Place the band under your feet, shoulder width apart. Keep the back flat and straight and bend from the waist. The knees should be slightly bent and push back hard with your bum. The movement is coming from the waist; this is followed by the squats against the wall. The lower you go the harder it is so adjust how long you hold the squat and never go lower than thighs parallel to the floor.



Rubber band side raises and milk bottle arm curls.

Again stand on the band holding onto each end and raise the arms out to the side. Keep them slightly bent and take them to shoulder height. Follow this with standing curls, keep the thumbs up and wrists in a straight line with your forearm.

Exercise bank so far

Chest, shoulders triceps

Back and biceps

Pushups on table

One arm row

One arm pushups

Seated reverse fly

Pushups on feet

Standing reverse fly

Pushups knees

Prone shrug

Band bench press

Band rows

Band side raises

Milk bottle curls

Legs and bum

Stomach and lower back

Lunges onto step

Crunch feet on chair

Step-ups onto a low step

Superman's on floor

Step-ups onto a high step

Ball crunch

Wall squats

Ball superman's

Ball squats

Triple crunch

Band dead lifts

Forward back extensions

Lunging forward

Bicycles

Ask Ingrid

What are the best exercises I can do to strengthen my legs?

Legs, legs, legs... They are hard work and usually the body part most likely to be missed. Doing leg exercises does have several side benefits, they give your bum a great workout and they tend to stimulate the whole body. Sooo, by including some heavy lower body exercises in your routine you will be revving your metabolism up and helping everything get stronger. The best exercises are things like squats. The free weight version is great, but if you are worried about your back or knees, do them on the smith machine or do a machine version. You can even do front squats or hack squats. Dead lifts are great, either the dumbbell or barbell version. If your grip is not strong enough use wrist straps or do the trap bar version. Lunges in their many forms are very good. If all else fails and you need some easy stuff to help you build up to the above mentioned exercises do leg presses, leg curls and back extensions until you are ready for the big three. Squats, lunges or dead lifts should be included each week in some capacity in most cases.



Iga'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 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, food and intelligent conversation. **Reply: 100019**

HIV + man seeking pos or neg man for LTR. Age 34-40 yrs. Looking for me? I'm into leather, bodybuilding, movies, handholding, nights at home, motorbikes, pos community. Love dogs. Hate cats. **Reply: 100023**

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

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

PLAYBIRD! Cleanliness and discretion assured. Sex princess seeks lonely and horny man, HIV status not a problem. Hung, active, for very serious fuck session, 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 good 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, can 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 guy 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 at Italian-Gamon boy. **Reply: C310804**

Sydney Inner West, GWM+, dte masc early 40 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**

Mid North Coast. Mature healthy HIV, caring, spiritual guy, seeks younger HIV, with similar values, prefer top, for companionship, friendship, love and mutual support. Excellent medical services and nice coastal lifestyle. Have home to share with the right man. **Reply: 230205**

Marrickville Poz bear 38 yrs (+13 yrs) healthy 5'11" 100 kg dark hair and features, tats, piercings, works full time, non-scene, wants to meet dte masc blokes, who aren't into bullshit, beards preferred. Mostly active, vanilla to kinky, no one night stands, as in life no promises **Reply: 020305**

Non scene straight acting guy, late 50s looks younger, trim, enjoys walking, swimming, beach, theatre, art, music. Professionally employed non-smoker, social drinker, average looks, 6ft tall, 80kg, olive complexion, brown eyes and hair. Seeking casual fun or possible long term relationship **Reply 220405**

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**

Mars seeking to align with his Venus Just looking for a nice girl; someone to share common interests, as well as our 'trials and tribulations.' Heterosexual male, HIV+, just 40's Caucasian. Down to earth; enthusiastic in everything worthwhile in life. **Reply: 290305**

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 jodi@plwha.org.au

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

Signature _____

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

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

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

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

A membership form is available online at: www.plwha.org.au.
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.

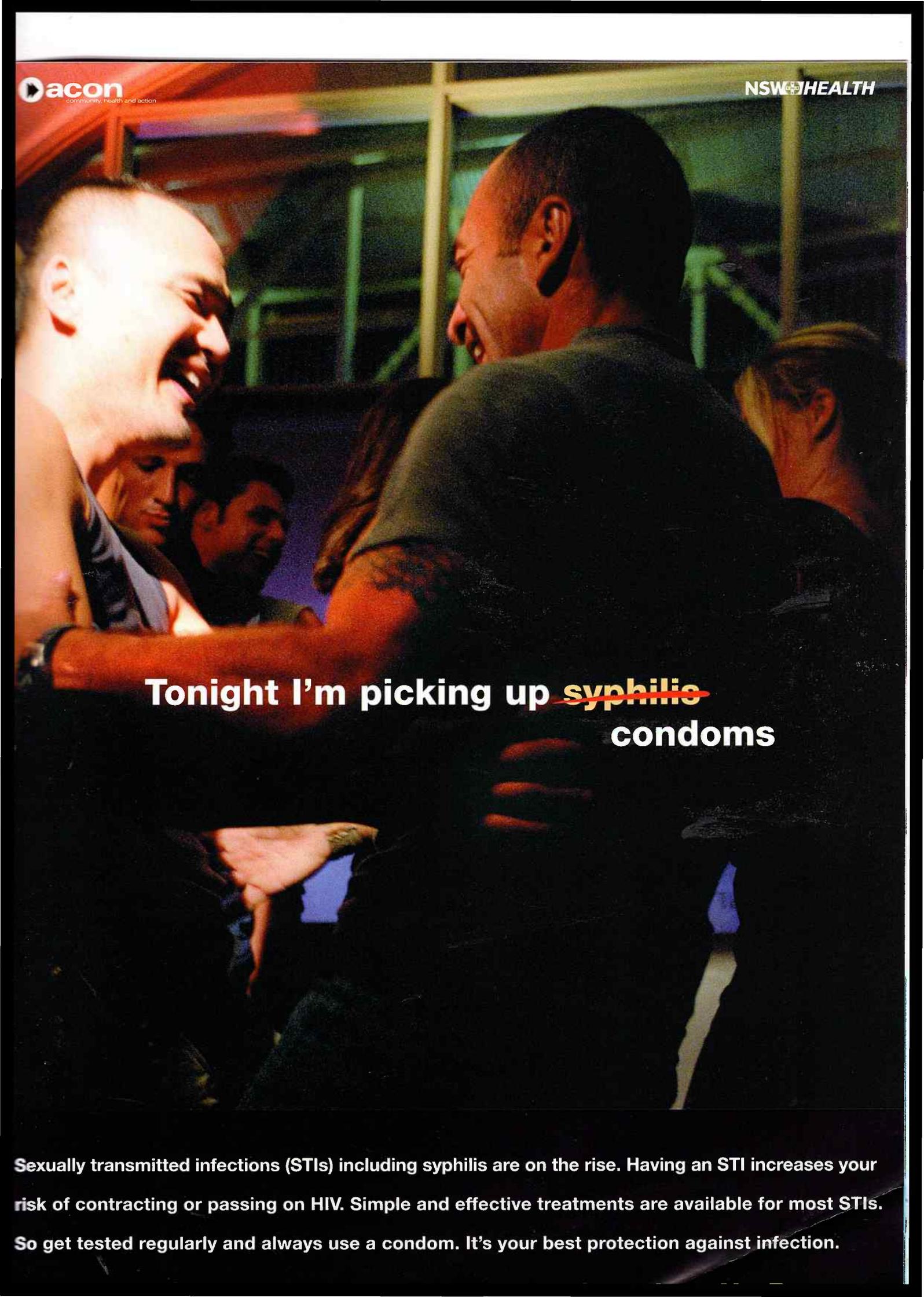
Please charge my Bankcard VISA MasterCard AMEX Diners

Expiry Date _____ Signature _____

Name on card _____

Cash payments can be made at our office.

Total payment \$ _____

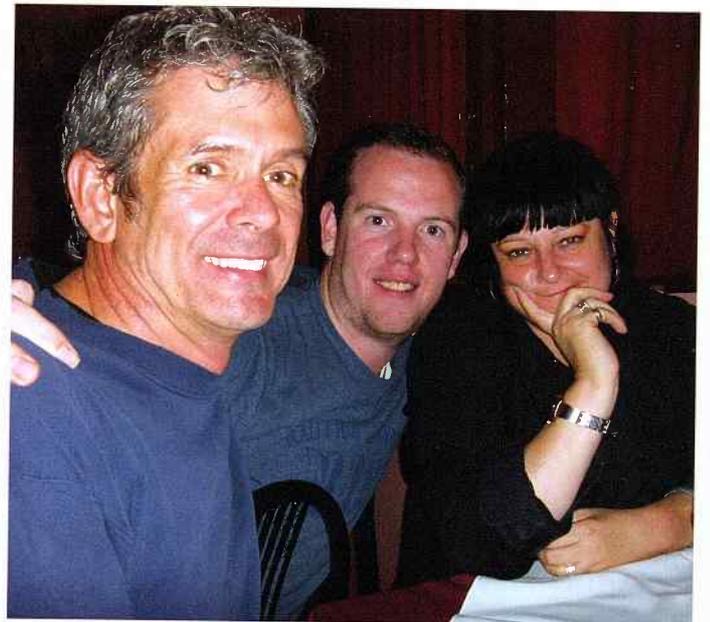
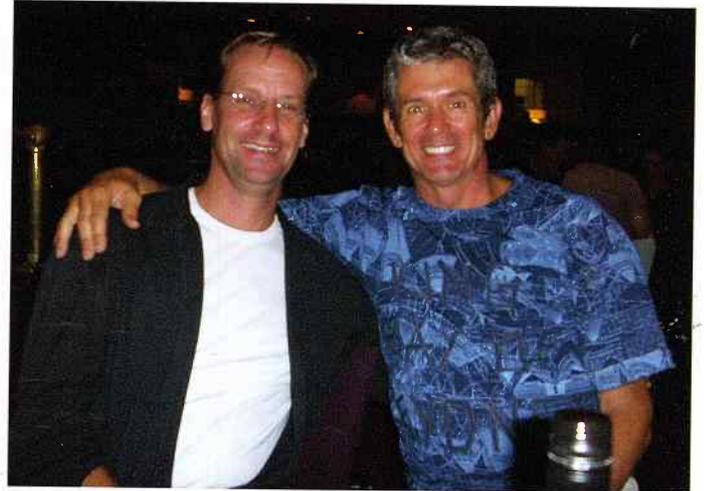
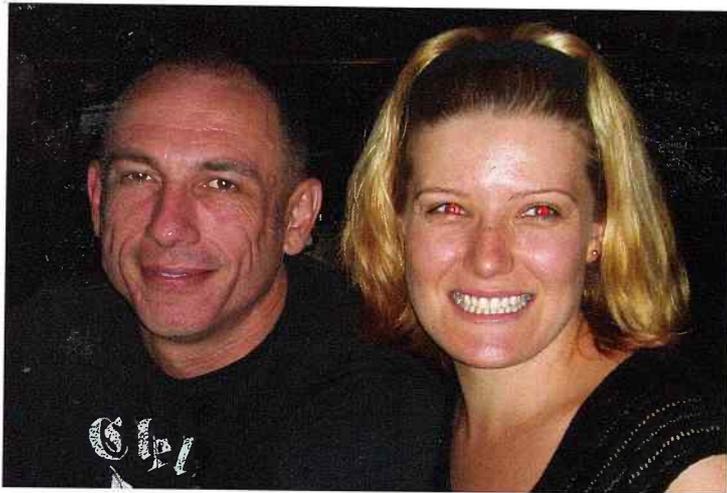
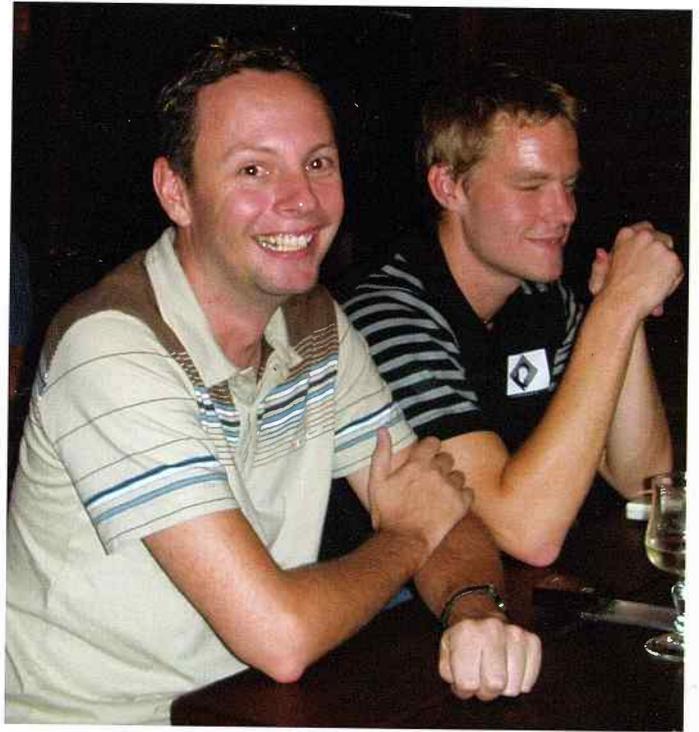


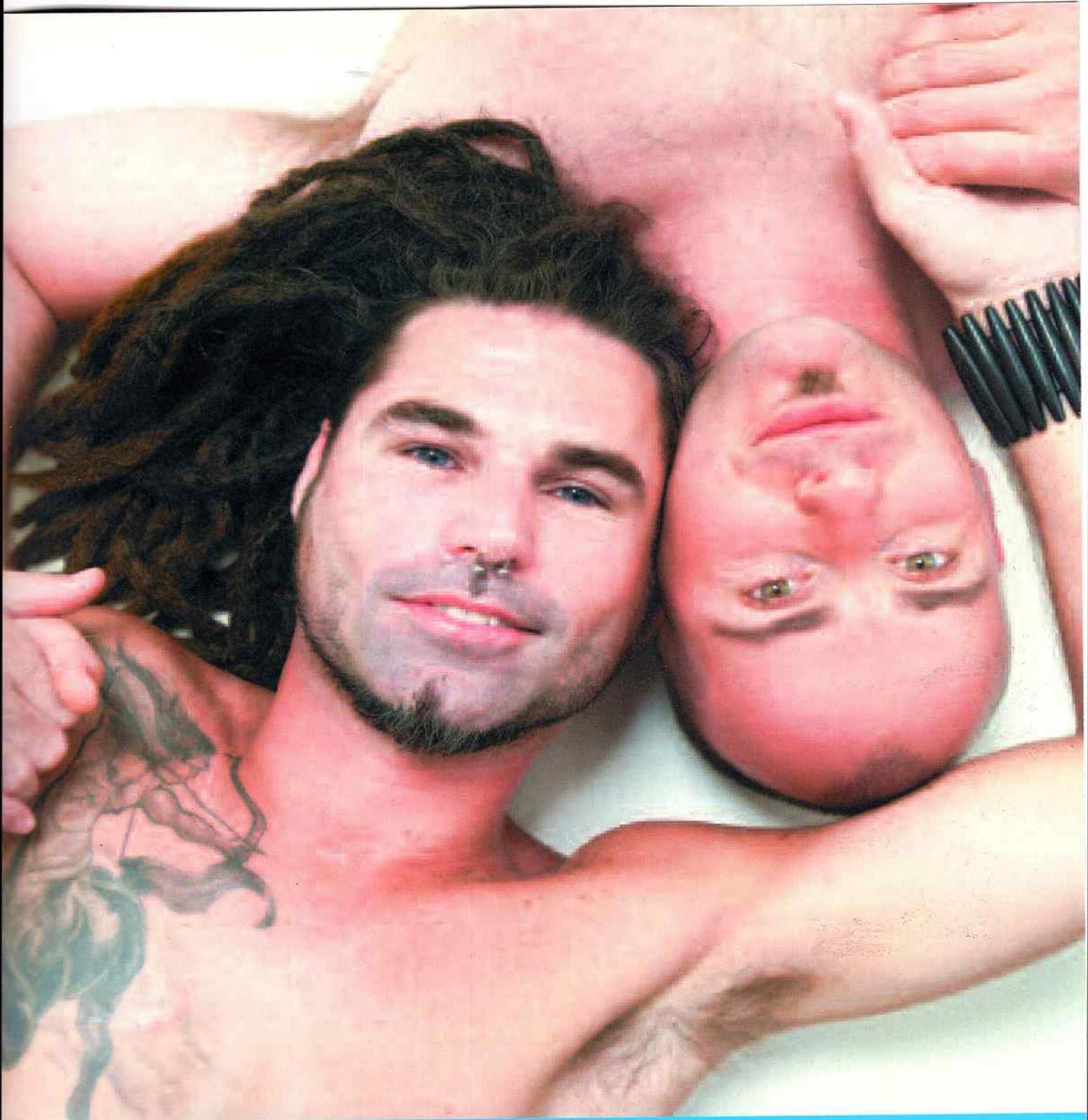
**Tonight I'm picking up ~~syphilis~~
condoms**

Sexually transmitted infections (STIs) including syphilis are on the rise. Having an STI increases your risk of contracting or passing on HIV. Simple and effective treatments are available for most STIs. So get tested regularly and always use a condom. It's your best protection against infection.

Happenings

Rural Forum in Mudgee
Photos: Ray Hansen





soul mates

look after each other

One of us has HIV. One of us doesn't.

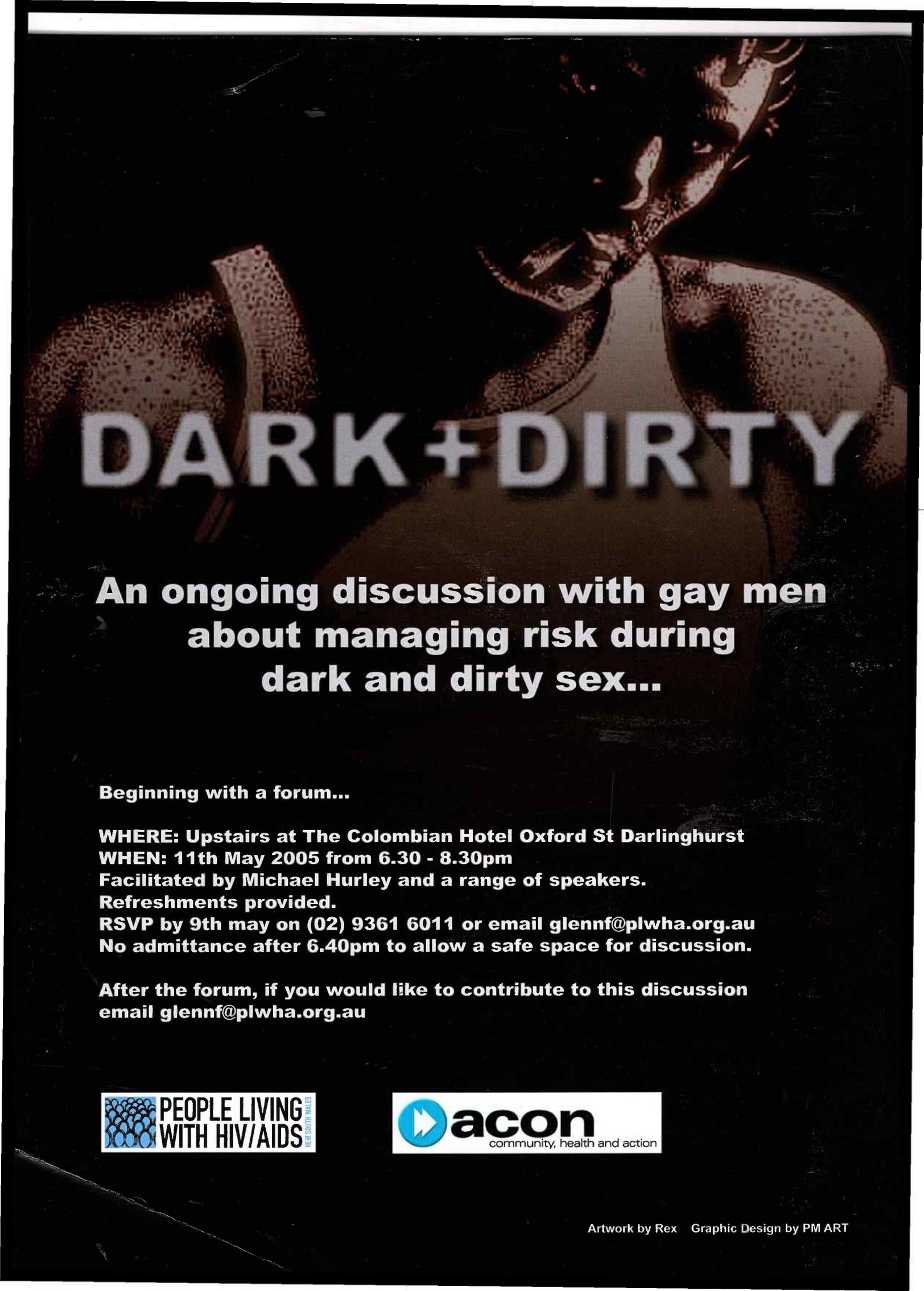
We plan to keep it that way by

- using condoms and lube for fucking
- being aware of PEP by calling the PEP info line 1800 737 669, and
- communicating about our feelings and concerns...



acon

community, health and action



DARK + DIRTY

**An ongoing discussion with gay men
about managing risk during
dark and dirty sex...**

Beginning with a forum...

WHERE: Upstairs at The Colombian Hotel Oxford St Darlinghurst

WHEN: 11th May 2005 from 6.30 - 8.30pm

Facilitated by Michael Hurley and a range of speakers.

Refreshments provided.

RSVP by 9th may on (02) 9361 6011 or email glennf@plwha.org.au

No admittance after 6.40pm to allow a safe space for discussion.

**After the forum, if you would like to contribute to this discussion
email glennf@plwha.org.au**

