

# talkabout

Where we speak for ourselves

#139

June - July 2005

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



## the joy of pets

...sharing the journey



PEOPLE LIVING  
WITH HIV/AIDS

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# People Living with Pets

## My beloved Randy and Rusty

I got my birdies just over three years ago. I was with a friend who wanted to get a bird as a companion. I decided that I would get one too - a canary - as I had always loved birds. Unfortunately my partner wasn't too fussed about the little feathery thing singing and squawking from dawn to dusk. But I really loved him and thought I'd get another one, so he wouldn't be alone all day. As luck would have it, my friend had also bought a canary but was now giving it away (he prefers budgies). So I also ended up with his bird, which was perfect.

One was orange and red and the other yellow and green. I affectionately called them Rusty and Randy. I always thought that both were male

birdies until one day I got home from work and Rusty had laid one egg. To my surprise in the following weeks the poor thing laid about two dozen eggs all up. She nested them but none hatched. She didn't mind because they loved each other so much. One day four months ago I got home and my little Rusty had passed away. I was very sad and felt guilty as I had left the cage outside and a nasty magpie had scared her to death. Today, my Randy is all alone. Maybe one day I'll get him another companion for when I'm away. Randy is lovely to look at and really makes me smile when things are not going so good.

*Sylvain*



## Max the Malamute

**As a gay man (and one not too fond of children) I'm never going to have kids. So, poor Max (my three year old Alaskan Malamute) has to put up with being doted upon, spoiled, and lavished with love, like the child I'll never have.**

The process of getting him was a long and emotional six months. It started with choosing a breeder, waiting for conception, and then the fateful day when I was able to collect him and take him home at eight weeks of age. I remember sitting in the back seat of the car with him on the way home, a little frightened fluff ball, and I was in awe. My heart was his in about two seconds.

Now it's become a joke amongst my friends that I am obsessive compulsive about Max, leaving Manacle at strange hours of the morning to make sure he's walked, and then going back to rejoin the party. But at the end of the day, he's the one who I come home to, the one who shows me unconditional love and companionship. Getting him was the best thing I have ever done.

*Pete*

# Creature feature

## My sex-changing, masturbating budgies



**They say we choose a pet similar to ourselves - if that's true then I might have some serious issues! It began one day last summer. My antisocial budgie 'Fang' had become so hostile, biting fingers and shrieking incessantly I decided it was rehabilitation time. In other words she went back to the pet shop. I wonder how the psychobird from hell is doing. Did she turn to the dark side and become the serial killer she was born to be? And was it all my fault? But I digress.**

Evil Fangs' replacement was a cinnamon-grey show budgie, a baby bird with a cheeky personality. The breeder assured me this was a male budgie by the blue colour of the cere (the fleshy part above the beak). Having been hand-reared he was very friendly and sat happily on my finger, unlike the nasty Fang. About an hour and \$50 later

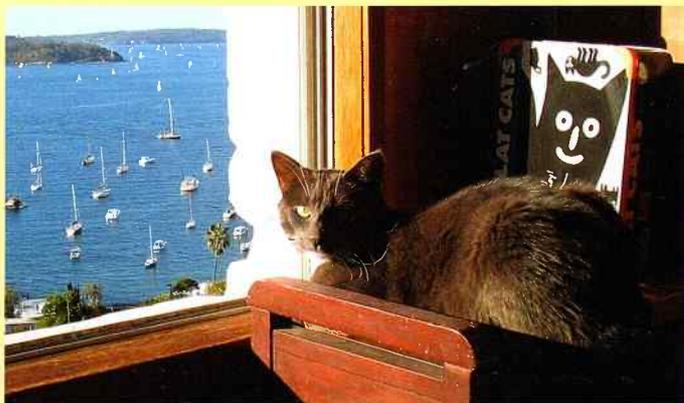
I was home loving my new cinnamon budgie. It was clear the poor guy was lonely so a few days later I brought home a baby female show budgie. The breeder said it was best to put opposite sexes together to avoid competition, fights and bitching. He's clearly never been to planet Homo!

Tina & Turner the hetero budgies eventually bonded and there was plenty of mutual preening going on. Then one day I noticed something queer. Tina was humping Turner. Excuse me I thought, but shouldn't I be seeing this the other way around? Then I noticed that Turners' cere was no longer blue - it had turned beige making him female. I had sex-changing, lesbian budgies. How could it be? Was I a bad parent? I've since learned that it's impossible to tell the sex of a budgie until they're at least one

year old, so the colour of the cere is not an accurate indicator of sex before that time.

I adore my same-sex oriented budgies and they're very happy together. Each one has a distinct personality. However, there's been a new development - Turner has become a sex demon. The bird can't seem to get enough action and masturbates against hard objects at every opportunity. Apparently many budgies do it and it's quite normal. It's the funniest thing to see - no hands! They simply rub their fanny against an object until the deed is done, the rim of the seed dispenser is a favourite spot. Budgies make fine pets, especially when tamed. They're low maintenance compared to other critters and as you can see they're very entertaining!

*Phil.*

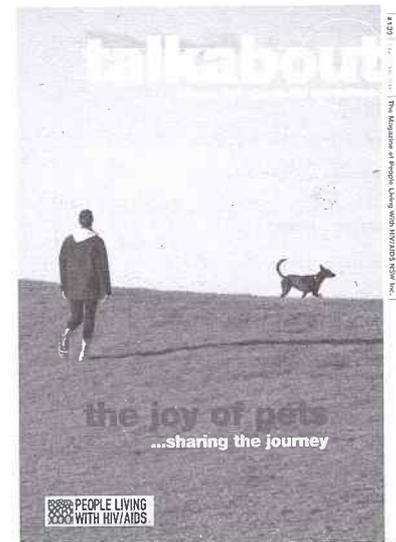


Rufus.  
photos: John Douglas  
[www.JohnDouglasArt.com](http://www.JohnDouglasArt.com)

# talkabout

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Cover photo; Phillip McGrath



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WITH HIV/AIDS**

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# The joy of pets



Sam was my surprise birthday present. When he first sniffed his way down the hallway about six years ago. He was just a puppy, very cute but also very destructive. In those first weeks he chewed through the computer cord and the telephone line. He would scamper through the house with a chomped up book or sock in his mouth, and clawed holes in two of the doors. He loved tearing up paper, ripping up plants, and pulling clothes off the line. He would empty the garbage bin over the yard, jump on the sofa, and on the bed (and wee on it as well, while he was there). OK. I did have a twinge of regret about all this and wondered whether I was cut out for my new world of sweet responsibility. But I also got used to saying 'no' a lot. Particularly helpful if delivered in a Darth Vader voice. And I learned a few tricks as well. Chicken wire helps to protect back doors.

Time and experience has slowed him down (a bit). And now he seems such a good dog (with just a few charming, cheeky foibles – but we all have those). He has a basket in the bedroom and when we go to bed within a few minutes I hear his regular snoring. Listening to it, I often think it would be nice to drop off to sleep so easily, without stressing and thinking about all the things which need to be done tomorrow.

I refer to him jokingly as the Zen master, remembering the famous quote about the essence of enlightenment: 'When you are hungry, eat. When you are tired, sleep.' His happy delight in life (and food), his curiosity and his pleasure in meeting friends are, in his own funny way, a lesson in living.

It's a good feeling coming home to an eager, welcoming presence in the house, and several stories in this issue point to the companionship and support pets give us. Nearly half of the respondents to the recent Futures 4 survey of HIV positive Australians reported that they lived with pets. And 62% of these positive people said they received a lot of support from their pets, which meant they rated even more highly than friends. So we hope you enjoy the stories and photos in this *Talkabout* of the cats, dogs

and budgies who add so much to people's lives.

Also in this issue, Bev Lange writes about the changes at the Bobby Goldsmith Foundation. BGF has supported HIV positive people in need for many years, and wants to work on improving and personalising its service even more in coming months. In this issue, we also introduce the new HIV Living team at the Positive Living Centre (p. 15) and Nandini Ray has lots of info on events for women (p. 12). On the information front, John Rule looks at the planned changes to the Disability Support Pension (p. 18) and Stephen Gallagher explains some of those technical words that get thrown around when people talk about HIV.

Our factsheet in the centre of *Talkabout* this month is 'What you need to know about syphilis'. In recent years, rates of syphilis have increased among sexually active gay men, and particularly HIV positive men. Because you may not notice symptoms, and syphilis can damage your health if left untreated, the factsheet's message of regular testing is an important one.

We also say farewell to Norman Last ('This was my time', p. 14). Norman has been an inspiration to us at PLWH/A (NSW) for many years. He has done so much work with energy and good humour, usually unpaid, to help positive people, and now is off to do some further study. We wish him good luck, and hope his story encourages other people to think about offering time and skills to the community. If you have got spare time and would like to do something rewarding, Rebecca's article on volunteering suggests some options (p. 19).

In addition to all that, there are lots of personal stories in this issue, including Daniel's experience of Yoga, and Tim's hopefulness about treatments, Ray's journey with HIV for more than a decade, and Derek's story about life in a country town. And the After Hours group shares the ten things they have learnt since becoming HIV positive. -Plus the *Talkabout* regulars, cooking (chocolate), fitness (stretches) and more.

Glenn Flanagan

# L etters

We welcome your letters, comments or artwork. Letters should be less than 300 words in length and may be edited. Please include contact details for verification.  
Email *Talkabout* at [editor@plwha.org.au](mailto:editor@plwha.org.au)

## Dark and Dirty

I went to the Dark and Dirty forum at the Columbian hotel organised by PLWH/A (NSW) and ACON. The venue was too big for this sort of discussion group. ACON would have been a much better option for this subject. You really do need a small venue so you can limit your numbers and get a better idea of peoples' perspectives.

It was also meant to be a forum about men that practice dark and dirty sex and the risks for sexual health. However it got side track to people talking about (you know all this subject headings): negotiation, communication, safe sex, bare back sex and superinfection and disclosure. None of these have anything to do with dark and dirty (esoteric) sex. I am a member of Sydney Leather Pride association. We organise workshops on these and other subjects, and teach people how to do esoteric sex safely.

*Douglas Hurley*

**Editor:** Thanks for the feedback, Douglas. Judging from the evaluations we received, it seems like it was a useful and interesting evening for most people. Everyone present was given an opportunity to speak and we didn't impose any restrictions on the kinds of issues people could bring up. Forums like this tend to be quite free-flowing and they certainly generate lots of ideas – which is all to the good. Agree re the venue: it probably wasn't ideal for this sort of forum.

## Talkabout and other HIV/AIDS organisations

Please, please beef up your political reportage of the organisations (NAPWA & AFAO) set up to represent us. Instead of dishing up the verbatim propaganda from those who define their respective organisations as more important than the delivery of services to the HIV affected community. The AIDS industry is top heavy with human resources often duplicating centralised roles. How many treatment officers do we need for Christ's sake? Shake it up *Talkabout* you are the only publication that has the reach to make our service organisations accountable, and we are too busy maintaining life

*S.Meyer*

**PLWH/A (NSW) replies:** Hi Steven, We're actually a member organisation of NAPWA, (the National Association of People Living With HIV/AIDS) and we think they do a pretty good job – as does AFAO (the Australian Federation of AIDS Organisations).

We're funded by NSW Health to represent the voices of positive people in NSW and we don't see this as being, centrally, about having a go at other community-based organisations in the HIV sector. We certainly take service delivery points up with them when necessary but the general aim is to work collaboratively in pursuit of shared goals.

## Disclosure and discrimination

I think we need to be very careful about giving advice on the issue of disclosure. Last *Talkabout* issue went into great detail into 'how you feel' and the legal responsibilities surrounding sex. It is not just a matter of how you feel, or any metaphysical pathology. This is the real world we are talking about.

In the real world, people are discriminated against in the workforce, in social places, and where they can travel, simply because of disclosure. Do you tell and have, as Vanessa Wagner put it at the 2005 Rural Conference at Mudgee, a situation where: 'one door closes, and another door closes.' It's a funny line. But it is not a funny situation. It is tragic. Not so much because we miss out. The tragedy is that society misses out on the pearls of wisdom that can be learned about our wild and wacky journeys on paths most fear to travel.

*Name supplied*

## Return to work articles encouraging

After reading through many of your articles about getting back to work, I've decided to go down the path of looking for a job again. I would like to thank everyone who wrote in with their experiences. It just proves to me that it is possible to be a functioning member of society without the fear of reprisals.

*Name supplied*

# Talkshop

What's happening around the state (and beyond)

## Special General Meeting in July

A Special General Meeting of PLWH/A (NSW) will be held on Friday 22nd July 2005 at the AIDS Council of NSW (9 Commonwealth St Surry Hills).

This meeting will consider amendments to the constitution or operating guidelines for PLWH/A (NSW).

If you would like more information, contact the organisation on 9361 6011 or 1800 245 677.

## The pH Study needs more people

The National Centre in HIV Epidemiology and Clinical Research need HIV positive men in Sydney to help with an important study - the pH (Positive Health) Study.

The Positive Health Study (pH Study) addresses issues such as changes in treatments and general health management strategies among HIV positive people. All information is treated in a confidential manner.

If you would like to know more about this project, Ring free call: 1800 445569 Email: phstudy@nchechr.unsw.edu.au

## Camp Seaside 2005

Camp Seaside is a long established retreat for parents living with HIV and their kids in Victoria. All HIV positive people living in Australia who have children under the age of 18 are welcome to apply.

Camp Seaside is located just outside of Melbourne on the Mornington Peninsula (5 mins walk from a beach). It occurs from the 11th to the 13th of November. Activities include horse riding, art, beach activities and bushwalks.

Volunteers look after all the needs of the parents and their kids throughout the weekend. People stay in seven houses where meals are cooked for them. There are many volunteers who also create an action packed environment for the kids, while parents catch up on some well earned rest.

If you are interested either in attending or volunteering at Camp Seaside, please phone Straight Arrowson(03)92763792 or email: sarrows@bigpond.net.au. They would love to hear from you.



## Thank you for helping us

People Living with HIV/AIDS (NSW) would like to thank Paul Cox, the Sydney Leather Pride Association Committee and volunteers for allowing us to fundraise at the artSpace gallery launch. We collected \$193.50 on the night and the funds assist us to carry out activities outside of our government grants, such as Planet Positive and the After Hours group for newly diagnosed men.

### halc

HIV/AIDS Legal Centre Incorporated

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

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## CHANGES TO PUBLIC HOUSING FROM 1 JULY 2005

The NSW Minister for Housing Joe Tripodi MP recently announced a series of changes to public housing across NSW. These changes will affect people with HIV/AIDS and members of our communities who are current tenants or who apply for public housing in the future. The Minister has said these changes aim to safeguard the public housing system for those NSW residents most in need.

**Current tenants** of the Department of Housing will continue to have permanent and life-long housing.

**New applicants for public housing**, who apply after 1 July 2005, will temporarily be given one year leases. Then, from 1 July 2006, these new tenants will be assessed for leases between 2 years and 10 years.

**All tenants** will be required to meet the costs of their water usage from 1 July 2005. From 1 July 2006 all tenants on moderate incomes will pay 30% of their income in rent while those on Centrelink benefits will still pay only 25% of their income in rent.

For more information you can view the ACON Factsheet at <http://www.acon.org.au> or you can speak to your local Department of Housing office on 131571. ACON, along with other community organisations, will closely monitor the impact of these changes on tenants. We're keen to hear from people affected by the changes - don't hesitate to speak with Lance or Fred at ACON Housing on 9206 2093 or 9206 2039.

 **acon**  
community, health and action

# The Supervisor

Tim Alderman

**It's mid-morning, and I'm going through my usual rituals of shower/iron/get dressed. Amid the flurry of this activity is the continual 'click click click' of claws on tile. 'The Supervisor' (aka 'Ampy' or 'The Ampster') is impatiently on duty, knowing that as soon as I get to the stage of putting keys and mobile in pockets, it's time for the 'long walk', lasting for an hour or more, and covering Dulwich Hill and it's environs. It's *his* walk, and he can go in any direction he likes, provided we end up back at home.**

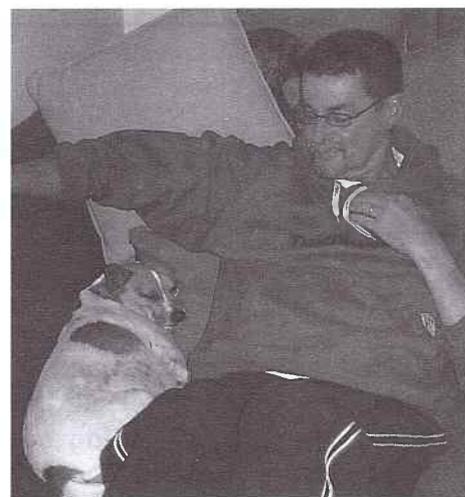
Ampy is a Godsend. My partner and I left Bondi over 13 months ago, moving from a unit to a house with the specific intention of getting a dog. We had both grown up with them – two for me, and two for him over the duration of time – and missed not having one. About 4 months ago we were finally able to afford all the expenses necessary for getting a hound, and set out one Saturday morning with the specific intention of *coming home with a dog*. We wanted an older dog, as we didn't feel we had the patience for a puppy. We found the RSPCA at Yagoona short of older hounds, and long on sadness. You can never leave that pound without feeling that you should have taken six dogs with you. Next stop was Monika's Doggie Rescue at Alexandria – and there was Ampy. It was love at first sight.

He is a 2½ yo, white and tan Jack Russell Terrier X (more commonly known as Jack Russell Terrorists), born on the cusp of Capricorn

and Aquarius, with a definite bent towards the Capricorn side, as he is as stubborn as I – also a Capricorn – am. Being the one who walks and feeds him daily it soon became obvious who he thought was boss. That is an argument not even my partner can win. He came with the name Ampy, and we decided to retain it so as not to confuse him, and because we don't know of any other dogs with that moniker. It suits him. Despite two attempts to escape within 24 hours of getting him, he has settled in, and has definitely realised what a good wicket he is on. Spoilt? That would be a severe understatement.

He was quickly nicknamed 'The Supervisor' because, being a Terrier, that is exactly what he does – supervise. Everything we do is supervised with the closest scrutiny, from gardening, to cooking, cleaning and shopping. Whatever is happening, he will be dogging (forgive the pun) our heels. The household lives in eternal fear of a bad report being given, and having our cards marked. In four months he has become such a part of our lives that we couldn't live without him. All the rules we had originally set down – only be allowed in the back area of the house; would have to sleep outside; would NEVER be allowed on the lounge etc have all gone out the window. Well...he's yet to take command of the bedroom areas of the house, but give him time!

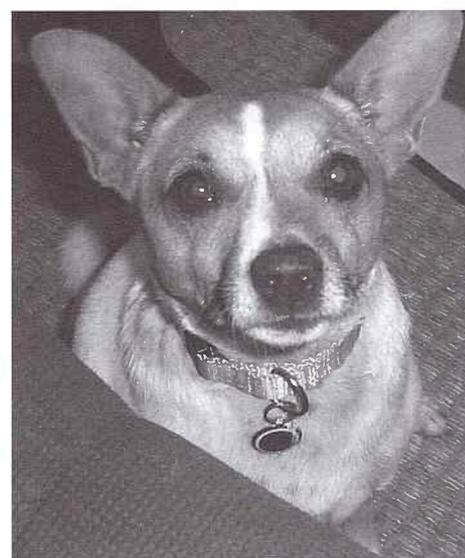
He's become my best mate, my almost constant companion. Apart



from anything else, he keeps me very fit, and I'm always getting a laugh from his antics. And there is a bit of empathy between us all, as he sort of came with his own disability – he gets flea bite and grass allergies, so a tube of cortisone cream always has to be on hand.

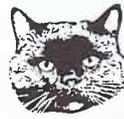
Oh, and did I mention the most important thing – he never barks. The neighbours don't even know he is here.

So, when we see him do his 'dog on a mission' or 'terrier with 'tude' walk; see him curled into a ball on his quilt on the lounge; see him come charging down the hall when we get home; and see the total look of adoration he occasionally throws our way, we know it is – for his part – unconditional love!



# Life with Snuffy

Ian



**In 2000 I found myself back in Sydney. My Ankali carer at the time told me about a young cat who had been extremely badly treated and who needed a loving home. I had been living alone for eight months and felt in need of another companion and another heart beating in my apartment.**

One evening two women arrived at my door carrying a cat cage with a ball of black fluff inside. They opened the door and out shot an extremely scared and dishevelled creature, who made a bee-line for my bedroom and disappeared under the bed so fast that I did not get to have a good look at her.

The girls made a hurried exit, saying over their shoulders as they left 'her name's Rose, and she bites.'

Some hours later when I finally managed to entice the cat out of her hiding place I was upset to see just how damaged she was. Her Persian-type fur was matted and she stunk of urine and faeces but her huge saucer-shaped green eyes melted my heart. So, though I had really been given no choice as to whether I kept her or not, I decided to see her as my challenge - one that could benefit both her and myself.

Within a day I had renamed her Snuffy due to the way she gradually came out of her shell and would purr and snuffle at my face as I gradually and gently cleaned her up.

My life has not been the same since.

I live in a small block of apartments with no outside areas, but

fortunately she seemed content to become an 'indoors cat' and has, to this day, shown no interest in going past my front or back doors.

Snuffy was obviously treated extremely badly at some stage and consequently she will show herself to no-one but myself. In a way this makes me feel very privileged.

The past five years have been very rough for me medically and I have had to be admitted to hospital on many occasions. During these times I have to leave her at home alone. I have people who go in and feed her, but the only way they can tell if she is ok is if they see that she has been eating.

We both suffer separation-anxiety and there is much joy and happiness in my home when I return. So I spend all my time in hospital worrying about her, and by the way her grooming has obviously been neglected, it seems indicative that she worries about where I am and when I will return.

I feel emotionally damaged after the personal experiences I have suffered and tend to live quite a solitary life. She also has had her traumas but together we enjoy a life where we have become very closely bonded and I believe we have become very intuitive of each other.

As I have to go out for many doctors or hospital appointments, when I get home she is always there to greet me on my return. I like that much better than entering a cold, empty apartment where, as I say, no other heart beats but my own.

We love our little games. I am not allowed to go to bed at night before giving her what I have come to call a 'snuffulation'. This involves playing with the only toy she has ever responded to for 10 minutes or so and then I have to give her her favourite - a tummy-tickle. Once I am settled in my bed for the night she will join me with her loud and contented purring.

I don't need an alarm clock as she consistently wakes me at about 4am. This is when she really comes to life and goes into what I call her 'flim-flam' routine. This involves Snuffy racing at high speed through the apartment, chasing imaginary things and racing from room to room. She will then go and use her litter tray before returning to the bed to sleep again until I get up. This could be annoying, but I see it as an opportunity to have my morning meds and I find I can either easily go back to sleep, or get up and do some housework. Most days thanks to Snuffy I get to see the dawn. When you have lived life as close to the edge as I have recently, this is something to be grateful for.

In the afternoons I often take a rest, and Snuffy is there for a 'snudulation'. This is where she comes and lays in my arms and gives me a sort of cuddle before settling in a nest she makes between my legs. These are my favourite times.

I think we have both benefited immensely from our relationship. Snuffy is, after all her traumas able to relax and bask in my love, and in return I have a companion who needs me as much as I need her. I believe that together we are both learning to trust and would urge anyone contemplating getting a pet as a companion to go ahead - as long as you are prepared to give your animal all the love he/she deserves.

# When words are not enough and only puppy love will do



Nelson, Ella and Toby

## Nandini Ray

face, eyes all hazy. I felt myself walk into the store and ask to 'just look' at this little one. In that instant as I looked at his face, I knew there was no turning back. I had, completely and utterly fallen in love with this little pup, a little boy whom I named Nelson. Nelson is a Labrador/kelpie/collie cross, whose antics and energy keep me smiling and laughing every day. His favourite game is 'fetch' and 'stealing other dogs' toys'. He is one of the happiest and friendliest dogs around and is always keen to make new friends. It doesn't matter what kind of mood I am in, I can always rely on my Nelson to cheer me up and get me out into the fresh air. I can't imagine life without him.

A few months after Nelson came into my life, I was holidaying in Byron Bay, where I came across a little golden Staffy/Lab just a few months old who was in need of a home. She was covered in mange and her future was looking pretty bleak. As she came waddling up to me, I felt that same feeling of no turning back, that no matter what I did, I would be going back to Sydney with another puppy. This was how Ella came into my life and added yet another dimension to the beautiful doggy love I already had from Nelson. Together they are a team, black and golden. Ella's big brown eyes melt many hearts in the local park and she has a way of convincing just about anyone to give her whatever she wants. Ella also has special powers that make her materialize

balls from thin air. No matter where we go or who we see, Ella will find a ball. Guaranteed.

Life has been very full with these two special creatures in my life. I miss them when I am away and when I return, I am greeted with a limitless amount of love and energy that puts everything back into perspective. It's a difficult feeling to describe, but it's similar to having your heart so full of love, that you think you can't possibly fit any more in. But surprisingly I did. After the death of a family member, I found myself 'minding' a little Maltese terrier called Toby. The plan was that I would keep him for a few weeks and try and find a home for him – which I did try to do in a half hearted way. That was about eighteen months ago and little Toby is still with me. I couldn't bear to give him up now. He is the sweetest little dog who follows me everywhere and looks at me with his lovely eyes. He keeps up with my two big dogs and they have welcomed him into the pack as another family member.

My family are a unique bunch; Nelson, Ella, Toby and me. All three have their own character and appeal that fills my heart, makes me laugh and look forward to each day. Life with my dogs is never boring. It is often chaotic and always energetic. But when I get to the end of the day and I can hear them snoring and dreaming around me, I know, I couldn't have it any other way.

*Nandini Ray is the women's health promotion worker with Positive Heterosexuals.*

**It's been five years now that my dear old dog Javo died, and it seems just like yesterday. She was fourteen years old and when she was alive, she was so much part of my life – I couldn't imagine her not being around. Javo and I went everywhere together and our friends and family would never see one of us without the other. I still miss her terribly.**

In that that time just after her death, I thought about all the national parks and beaches that I had previously been unable to visit. I had always thought that once I didn't have a dog, I could take advantage of my new found freedom. Instead, I found myself wondering what to do with myself – the thought of walking along a beach without a dog was suddenly very unappealing.

One day as I was walking through a shopping centre, I just happened to glance in the window of a pet store. Looking out at me, was a little black

# HIV has changed; BGF is also changing

Bev Lange

Since the HIV/AIDS epidemic hit Australia in the early 80s, the impact on human health and threat to national, social and economic progress is something all Australians have become aware of. Some 6,500 Australians have died from AIDS in that time, 14,000 continue to live with HIV, most of them in NSW.

The Bobby Goldsmith Foundation was formed as a crisis response, 20 years ago and has been committed to helping people living with HIV/AIDS, through practical, emotional and financial support, ever since.

In fact, BGF has distributed over \$20 million of donations since 1984. Between 80 to 90 per cent of all contributions received by the organisation go directly to our clients, providing anything from financial assistance to paying essential bills, to workforce re-entry training and education as well as housing assistance.

"BGF's NILS scheme helped me buy a brand new TV - I didn't notice the fortnightly Centrepay payment and once I've paid this loan off, I'll probably apply for another loan to pay for something else I couldn't otherwise afford."  
Jenny

While it seems many believe that HIV/AIDS is no longer a pressing issue for the community, we know - more than most - that it continues to have a significant impact on the lives of many of those who live with it.

Today, due to the advances in medical treatment and drug therapies, we know that more HIV positive people are living longer, more productive and fulfilling lives than previously. There's a lot to celebrate in that, but we also know that lots of positive people continue to be disadvantaged by economic circumstances, poor health and social and emotional isolation.

Creating and managing a sustainable lifestyle is something many people living with HIV/AIDS seek assistance with - and this is where the role of BGF, among other organisations, comes into play. A vital part of this responsibility is to continually review and respond to the needs of individuals, in order to work out how best to support them on an ongoing basis.

In the early years, BGF positioned itself as a provider of financial assistance to ensure that those diagnosed with HIV could live out the rest of their lives in relative dignity - and, as we know, too many of those lives were ended too soon. The massive shift to extended life expectancy since the introduction of combination therapy has meant that we need to review the way we



offer support to ensure that we're providing the best assistance and support possible, in what are very changed circumstances.

BGF is keen to ensure that we can be in the position of continuing to provide support as the numbers of positive people - and the length of their lives - continue to increase. It's absolutely crucial that BGF is sustainable itself if we're going to continue working with our clients to ensure their sustainability.

We've been working on ways to do that for over a year, starting off with our community consultations in 2004 and bringing the findings from those discussions to our Client Services Review Group here in Sydney. The Group consists of BGF Board and Staff representatives along with representatives from key HIV sector groups like NAPWA, PLWHA (NSW), ACON, Social Workers in HIV and Nurses in HIV. Together, we've been looking at the best way of maintaining and enhancing our support.

BGF currently provides over \$500,000 per year in direct financial assistance to people living with HIV/AIDS across NSW. This assistance is very broad and includes support with tenancy issues, utilities, telephone, child care and medical

"BGF, through the Positive Futures project, has helped me with the costs of completing my TAFE course. I could not have afforded it on my own and would have had to have waited until next year. Now I have a chance to get a certificated qualification and be more likely to get a job by the end of the year."  
Peter

expenses. Many of these areas of assistance are duplicated by other government and non-government services providers.

In introducing changes to our services, BGF is looking to be more client-focused, providing improved service provision via access to simplified guidelines and more staff contact, while providing greater transparency to the people and organisations who fund BGF. We also aim to ensure that we can be there whenever our support is needed.

To support this aim, from 1 October 2005 several key changes will take effect to the services provided by BGF.

The major change will be a move to a more personalised approach for all our clients - both new and existing - aimed at ensuring that each gets his or her needs assessed and provided, on a case-by-case basis.

An important part of this will be ensuring that everyone is provided with the most up-to-date information, resources and assistance in order to allow them to, as far as possible, shape their own life sustaining arrangements. We

will put more emphasis into ensuring that all our clients are receiving assistance that they are eligible for from other organisations and will arrange referrals to organisations for additional quality care and support. Where people need assistance with telephone and utility bills we'll provide it and then work with those people to ensure that they will be able to manage the bills in the future. If people are entitled to Safety Net protection for pharmaceuticals, we'll ensure that they access and sustain Safety Net. If there's a need for financial crisis support, we'll be there to provide it and to work with the client or clients to ensure that we can jointly identify strategies for managing in the future.

As the changes will not take place until 1 October, there is plenty of time for our clients to meet with BGF staff to commence the individual needs assessment process. Detailed information on the changes will be sent to all our clients in early July and there will be a number of client forums, which will be held later in July to ensure our clients understand the changes to financial assistance.

BGF will continue to provide financial counselling to assist in our clients' financial management, with No Interest Loans available for the purchase of essential household items such as heaters and fridges.

To summarise, BGF's intention with these revisions is to offer an improved, personalised service to its clients, aimed at better meeting their current needs and designed to support them into a more self-sufficient future, wherever possible - and where self-sufficiency isn't an easy option, I can assure you, we'll also be there.

*Bev Lange is the CEO of BGF*

## **Services offered by BGF:**

### **Financial Counselling**

Financial counselling is a free, private and confidential service which assists people who are experiencing financial problems or need information relating to credit or budgeting.

### **Bobby Goldsmith House**

Bobby Goldsmith House consists of ten fully self-contained one-bedroom units and communal spaces including kitchen, garden and balconies. The tenants of the House are at a stage of their illness where they are unable to fully care for themselves but do not require the acute care of a hospital or the palliative care associated with a hospice. Staff at the House are on-site 24 hours to provide emergency back-up, practical and emotional support.

### **Floating Care**

Funded by NSW Health and the Office of Community Housing, Floating Care is a partnership approach to the provision of supported housing services for PLWHA who have complex needs.

### **Positive Futures**

For many people living with HIV, success with their antiviral treatments continues to have a significant and positive effect on their health and well-being. They are able to concentrate their energies on maintaining good health and look forward to exploring new opportunities.

### **Financial Assistance**

Tenancy Assistance & Support  
Utilities Assistance & Support  
Health Support  
General Assistance

# T here and Back

**Tim** shares his experience of treatments, trials, breaks and optimism

**I have been positive for seven years. I was 21 when I got infected. I was referred to the Albion St Centre by the GP who diagnosed me, and I went there for the first time the day after I found out. I was still in shock; it was all so overwhelming. The doctor I saw at Albion St was great. I was pretty ignorant about HIV/AIDS. I had spent my whole life thinking that HIV was something that only happened to other people.**

When my GP told me I was positive I thought that my life was all but over. The doctor at Albion St explained to me that having HIV wasn't like it was ten years ago. He likened it to having an illness like diabetes which can be managed quite successfully with treatment. The general opinion of doctors at the time was to start on treatment as early as possible to hit the virus hard and fast, and I was keen to do everything I could within my power to stay healthy. The Albion St Centre was running a clinical trial at the time called "Indumain" which they hoped would help prevent lipodystrophy. It went for two years, the first year was of a combination of four antivirals including two protease inhibitors. In the second year it switched to a different combination of drugs with only one protease inhibitor. When the doctor asked if I wanted to be involved in the trial I agreed without even giving it a second thought. I didn't know anything about HIV treatments and thought it seemed like the best thing to do and I started treatment that day.

I stayed on the indumain trial for the 2 years. The first year was awful. I didn't

really get any major side effects from the drugs but I had diarrhoea constantly so I was practically living on Immodium. One of the drugs in the first year combination was Ritonavir. It came in a liquid at the time and it was honestly the most foul tasting thing I have ever had in my life. I had to have a piece of chocolate or something salty ready to eat straight after I took it, and that only helped marginally. The taste would linger for ages. Thankfully the drug company eventually made it into capsule form. I was also on DDI which had to be taken on an empty stomach and the dose was 4 huge chalky tablets which you could dissolve in water or chew. The other 2 drugs were tablets which were straightforward enough to take. I had some trouble with compliance, especially in the early days. I would often find myself somewhere far from home when I was due to take pills and for some reason never thought to carry any with me in case of emergencies. I also didn't want my family to find out I was positive, so when I went to stay with them I had to both hide the drugs and sneak away to take them which was difficult at times.

The second year combination was a lot better. There were only three drugs and they hardly affected me at all. The whole two years my viral load and T cell counts were consistently good. My viral load was always undetectable and my T cell count was always between 700 and 1000. After the study finished I ended up staying on the combination from the second year for another year. I felt better thinking that I was doing something proactively to fight the virus and because I wasn't getting any side effects

I didn't see any reason to or give any thought to stopping treatment. The doctor I had been seeing at Albion St since my first visit eventually left, and the doctor I started seeing after him asked if I had ever considered stopping taking medication. I was opposed to the idea at first, but she explained that the medical opinion on treatment had shifted, and it would probably leave me more options in the long run. After three years I was ready to take a break so decided then to stop. I haven't been on any medication since and have maintained good T cell counts and my viral load has stayed low.

I feel great. Not having the constant reminder of medication every day helped a lot in coming to terms with being positive. Eventually I realised that there were whole days in which I wouldn't think about HIV at all. It took about five years for me to fully deal with, but now I feel like I am living a normal life again. I don't ignore the fact that I am positive, but it has taken a back seat in my life and I don't feel defined by it anymore.

I was keen to do everything I could within my power to stay healthy.

I would only start treatment again if my doctor thought it was advisable. I have a blood test every three months. If there was a change for the worse in the results I wouldn't hesitate to go back on medication.

I don't look forward to having to take medication again, but I realise eventually I am probably going to need to. I am generally optimistic, especially when I hear about advances in research and the development of new kinds of drugs. My boyfriend is currently on medication which is working really well for him with next to no side effects, and without having to take a lot of pills. There are more options available these days and the prospect of going back on treatment is a lot less daunting.

# Combination of therapies

## Worry can be a side effect too

**A conversation with Anna about her experience of treatments**

**Q: How long have you been positive and how long have you been taking treatments?**

It was May 1994 and I remember the doctor telling me like it happened yesterday. I've been on treatments for the last three years.

**Q: What do you take?**

I'm not good at the names they use but I know one of the pills is Combivir and another I take at night before I sleep. I've changed my pills at the very beginning as my first lot didn't work so well and upset my appetite, and I was reluctant to keep them.

**Q: How did you make the decision to take them?**

I really didn't make any sort of decision. I live in the country and when my T-cells dropped my doctor said 'take these' and we'll check how you are going with them. I rely a lot on being told by him although I try to read stuff that's easy to understand. I just know I have to take them.

**Q: How do you feel?**

I always hope that my energy and health will return as before and there will always be something to be happy about. I get a bit fed up when I get tired and get worried that taking stuff which will cause diabetes.

**Q: Do you experience any side effects?**

Besides getting tired more quickly than ever before the biggest side effect has been the worry I get in my hospital waiting area collecting my medication in a place where other local people gather. I would love to have a 'one stop place' with my doctor and collecting my medication.

**Q: Do you feel optimistic about treatments?**

I've been told my life can go on, no matter how long or short, as long as I take treatments so I suppose I should be glad. If I think too hard about my life and what I want in the future, I can hear a voice saying I hope this stuff I keep taking keeps on working.

## Just one dose a day

**Anthony reflects on ten years of treatments**

**Q: How long have you been positive and how long have you been taking treatments?**

I've been positive for ten years, and for most of that time I have taken treatments.

**Q: What do you take? And how long have you been taking this combination?**

I now take Tenofovir, 3TC, Abacavir and Nevirapine. Some people they think that's a lot of pills, but it seems normal to me. I've been on this combination for nearly three years.

**Q: How did you make the decision to take them and which treatments to take?**

I really relied on my doctor's advice. I did a bit of reading but it's such a big decision, I'd rather work out if my doctor is a person I can trust (which I think he is) and just reflect a bit on his advice.

**Q: How do you feel?**

I feel really good. I've now started taking the tablets all together in the morning in one dose, and this is much easier. When I had to take some in the morning and some at night I would forget them occasionally, which worried me.

**Q: Do you experience any side effects and has this had any effect on your treatment decisions?**

Cholesterol is fine. I know that's important to watch. My blood pressure is a little high and the doctor regularly checks it. I should learn to stress out less I suppose.

**Q: Do you feel optimistic about treatments?**

I think there are always new developments coming through. In the last few years the treatments have become much better so I'm very optimistic. I remember how I had to take pills at set times without food several times a day a few years back. Now it's much easier. I also don't think I'd still be here if it wasn't for the treatments we have. I just wish they were available for everyone in the world who is HIV positive and needs them.

# Quick News for Women

**Nandini Ray** profiles events for women organized by Positive Heterosexuals



## Reminders!

### Hawkesbury retreat

Don't forget the upcoming riverfront Hawesbury Retreat in September. Both women and men are invited to come and spend some time in a beautiful bush setting and enjoy nature at its best.

### Stay Tuned workshop

Pozhet are also offering scholarships for positive women to attend the November Stay Tuned Annual Workshop, and enjoy two nights in a city-based hotel close to the day's venue. This offer is open to all country positive women and their partner/friend/support person. We would love to see as many positive women attend. Please call us if you'd like some further information about any of these events, or about anything else you've seen on the Pozhet calendar.

**Pozhet Freecall 1800 812 404**

### Yoga

Yoga for women is coming up in September. It's run by Pozhet at The Sanctuary, (6 Mary St Newtown) and will give you a chance to stretch, relax and breathe! The classes are suitable for everyone and will start at 10.30 and go for an hour. It would be great to see you there so let us know if you are interested by ringing Freecall 1800 812 404 and we can put your name down.

### Karumah reTREAT

May was a busy month for women in the Hunter. Pozhet and Karumah ran a day reTREAT to catch up with some of the positive straight community. It was a great day with Karumah organizing a complementary therapies day, which was enjoyed by all!

### Treatments night

May also saw another women's treatments night at the Tree of Hope. Our special guest was Dr Catherine O'Conner from Livingstone Road Sexual Health Clinic. It was a very interesting and informative evening. We talked about sexual health

issues for positive women, and the implications of the latest research findings. If you've got a discussion topic at a women's only evening, please let's know and we'll see what we can do.

### PartnerPLUS (for negative partners)

We were also lucky to have Garry Trotter, Clinical Nurse Consultant from RPA talk to us about HIV treatments, at PartnersPLUS. This PartnersPLUS night was for negative partners who wanted to know more about HIV treatment issues for themselves and their positive partners. It was an extremely informative afternoon and we hope Garry will be our special guest again before the end of the year. All negative partners are welcome to PartnersPLUS meetings, and you can bring a friend or support person with you. If you would like to know more, please contact Nandini at Pozhet on Freecall 1800 812 404. The next partners meeting will be held at the Tree of Hope in August.

# Yoga the breath of life

**Daniel Bird**

I've been doing Yoga for just over twelve years. I was always drawn to it. It interested me when I wanted to make some changes in my life. When I first started, I thought it was all about the physical – another step up from aerobics. But once you start doing Yoga you realise it's more than the postures, though so many of the postures are very healing. It's more than self improvement. It's self awareness.

I've been HIV positive for 18 years, and most of that time, without being on medication. I went through a time of being stressed and ill at ease about three years ago, and my immune system dropped. My doctor wanted me to go on medication and I went on a trial. While I was on the trial I realised I had to take stock of my life. I kept going to my meditation and yoga while I was on treatments. After about eight months I went off medication. I have my bloods checked regularly but I'm going well. I've also had Hepatitis C for a few years and that's also going OK.

The benefits of Yoga are immense, whether you're HIV positive or not. Focusing on your breath, there is a real connection to yourself. It's important to have a sense of harmony with your body. You just flow with the breath. It will change your

attitude and you will have a better feeling about yourself.

Yoga is not just what we do on the mat. What we do on the mat is a bit like taking your car to the mechanic and getting a grease and oil change. Yoga teaches you to become the observer of your life. Meditation will do that as well. You'll rise above self doubts and have a fresher look on the game of life.

I've always been a bit of an extremist. But Yoga is also about balance. The practice enhances your healing, your stamina, and peace of mind. Eating properly and not overdoing drinking and party drugs is part of that balance. Of course you still have HIV, but Yoga can help you with self acceptance and enhances your wellbeing and mental attitude.

Our thoughts can short change us. Sometimes our thoughts don't serve us very well and Yoga can dissolve old thought patterns. It's a bit like not buying into the drama. As soon as you start worrying, you feel ill at ease. I'm not suggesting you've become a ray of light, because things come up in life, but you've

got a strategy for dealing with it – for focusing on wellness, rather than illness.

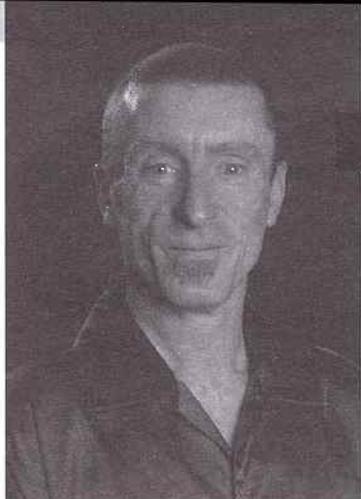
After three years of practising, I started teaching at the Australian School of Yoga. I've been teaching at the Power School (Mind, Body, Life Centre) in Surry Hills for about eighteen months now. Company also makes a difference. It's also important to feel you've got a life path, a sense of purpose, and it helps to surround yourself with people who uplift you and raise your spirits. It's all a process of evolving into the beautiful soul you are.

As soon as you step into this life the clock is on. Everyone's going to die, but you can enhance the ride. So the first step is to breathe. Om shanti.



Photos: CADT Photography





## This was my time

Making a difference

**Norman Last has been a volunteer in many different capacities at People Living with HIV/AIDS (NSW) since 1996. He recently resigned from the Board to pursue his studies and spoke with *Talkabout* about his nearly ten years' experience.**

**Q: How did you start volunteering?**

I went to the very first launch of the original *Contacts Directory* in 1996 and talked to the then Research officer, Jo Watson, about volunteering. I said I wanted to help out. Although I wasn't working at the time, I was helping CSN, doing flyers for the carers. Jo introduced me to the volunteer coordinator at PLWH/A, Greg Allen, and I started on the reception desk. I did that in a voluntary capacity three days a week, and I looked on it as my job. It was a commitment I made and one I wanted to keep. At the time I was living in Penrith.

**Q: Was it challenging?**

It was. I knew nothing about computers. I knew how to answer the phone of course. I was there to make sure people felt comfortable when they rang the office. I did some basic free computer courses at the TAFE Outreach program. I learned a lot by asking questions and following through with people's inquiries. Everyone in the office was helpful, Jo, Greg, Luke, Jill. I was on reception for a couple

of years and then did a short contract as the part time paid Publications Assistant for *Talkabout*.

I learned a lot about the publications side of things, as well as a lot about the issues for positive people, housing, contacts for local GPs etc. I met a lot of people in the HIV sector and kept learning. After my contract I went back to reception volunteering for a while. I felt in some ways I could be heard more as a volunteer.

**Q: But then you did other kinds of volunteer work at PLWH/A...**

I also got involved helping out with other PLWH/A activities, the Mardi Gras Launches and the PLWH/A Time Out Room at Mardi Gras and Sleaze Dance Parties.

My first Mardi Gras Launch was a bit uncomfortable for me because I was doing things I hadn't done before, like fundraising. But I kept doing it. I eventually did some paid work helping to plan for the fundraising at the Launch, and I also spent a couple of years doing paid work for ACON, Options Employment Service and the Gay and Lesbian Anti Violence Project.

In 2000 I became a committee member at PLWH/A. It was another step, another challenge. It was something I wanted to have a go at. I had learned about many of the issues in the community, and I thought I

could have some input. At the same time I did feel it was difficult for some people to see the receptionist as a serious political person. I had an activist attitude before becoming involved with PLWH/A, but it brought it out in me again. After being on the Board for a year I took a year off for study and came back in 2002 as Treasurer.

**Q: Did you enjoy being Treasurer?**

I loved it. I loved the meetings. I learned a lot again: this time about budgeting and book keeping. Financial figures as opposed to male figures (laughs). I learned a different way of looking at things. Money has to come in for it to go out. I'd learned this from fundraising experience.

**Q: But now you're finishing up on the Board in 2005?**

I decided I'd achieved all I could and it's time for a change. I volunteered because I was passionate about it and felt I could make a difference. I've applied to study human resources at TAFE. That's another step, getting qualifications and building on my experience. Study will give me a broader knowledge for work.

**Q: What would be your fondest memory of your time volunteering?**

My initial goal when I started volunteering was to find out what I was facing as a positive person. While I was learning that, I found I could help other people. I learned to listen to what other people were saying, and they were often in a similar situation.

But there's not just one memory. The fond memories are the people. I've worked with some wonderful people I never would have met, if I wasn't positive and a volunteer for PLWH/A.



# ACON HIV Living

**ACON started operating the Positive Living Centre in November 2001 when it was going through a rough patch. Since that time, people with HIV have told us that the Positive Living Centre has become a support place where they can feel safe, can relax and socialise and get access to a range of opportunities like re-skilling and educational services, support and free complementary therapies.**

We aim for people with HIV/AIDS to maintain power over your own health and wellbeing, and so we provide a place where you can do that through social activities and skills development. We're proud of the turnaround in client's perceptions of the PLC and we've had a pretty big increase in the numbers and kinds of people who access the Centre, its programs and services.

We want more women with HIV/AIDS and families affected by HIV to come and use our services. To promote better access by women and families, we decided to relocate the HIV Living Men's & Women's Health Promotion team to the PLC. We're really happy to be able to welcome everyone with HIV to the PLC. Our team will continue to deliver a range of health promotion programs to men and women living with HIV/AIDS. The Families Support project will also be located at the PLC from 1st July 2005, which is particularly exciting.

**Positive Living Centre Training and Services** will continue to provide access to a range of sup-

port and complementary therapies. There will be opportunities to connect with the ACON Housing Officer, Treatments Officer, Bobby Goldsmith Foundation services and St. Vincent's Community Health, from the PLC. Our Friday Social Lunch and Saturday Breakfast are a big hit with the locals and we invite you to come along and try the food. We now run training courses in partnership with TAFE that will get you a qualification or help you on the way to improving your knowledge and skills in whatever turns you on. PLC also runs creative workshops that get lots of interest from the community.

**HIV Living Men's Health Promotion** connects gay poz men with each other. Whether you're newly diagnosed with HIV or looking to share ideas with other long term survivors, we think you'll get a lot from coming along and checking out what we offer. You can get fit through our free, personalised fitness and health program. Healthy Life + gets you a personal trainer, free Gold's Gym membership, tips on improving your health and heaps of peer support. Planet Positive provides a friendly atmosphere where food and wine compliment a relaxed and social environment for gay guys with HIV. Genesis is a weekend get-together for newly diagnosed gay guys with HIV to share info and get support from each other.

**HIV Living Women's Health Promotion** connects you with other positive women and encourage you to use our free complementary thera-

pies and other free services including the Health Life+ gym and fitness program. We've planned some exciting activities like forums, workshops and social events, where you can get information and talk with other women. Of course, we'll continue to provide one to one individual support when you need information or someone to talk through your problems. We want to support positive women in NSW to create and maintain connections with other positive women and we'll be encouraging and helping you to keep in touch.

HIV Living Families Support Project wants to connect you with our counselling service, our free complementary therapies, our gym and fitness programs and social events where the kids can have fun and you can meet and talk with other families who live with HIV. We can also help with your housing difficulties. We want to relieve some of the pressures that you might face by helping you with mainstream services and freeing you up to come to our events by providing child care. The Families support officer will always be available to talk with you and provide help with information and support.

For more information, talk with our project staff:

- HIV Living Training and Services Coordinator - Carl Piraino
- HIV Living Men's Health Promotion Coordinator - Ron Tripp
- HIV Living Women's Health Promotion Coordinator - Marina Suarez
- HIV Living - Families Support Coordinator - Marina Suarez

Contact Information:

HIV Living is located at:  
703 Bourke Street Surry Hills  
NSW 2010

Tel: 02 9699 8756

Fax: 02 9699 8956

Email: [plc@acon.org.au](mailto:plc@acon.org.au)

# A way from the bright city lights



DUBBO

**Derek** sometimes lives in Sydney, and sometimes lives in the country. He likes them both for different reasons

**I grew up in Albury, and life has changed over the years. I'm more accepting of things I didn't accept when I was younger. I was living in Albury when I decided to move to Sydney. I had met someone in Sydney, who was not concerned about my HIV status. He was from Israel, and so he did have a problem with English, and felt he didn't fit in Australia. I got back to Sydney in February 1998, but he left in April. We still stay in touch. I send him Vegemite and email him just to see how he is going. He has since had two daughters with a lesbian friend. His daughters in Israel don't like Vegemite at all.**

Sydney has many advantages if you're HIV positive. When I came to live in Sydney I became more involved in the 'Poz' scene, especially the Positive Living Centre. In August 1998 I also met someone else. I remember at that time I was really happy; I was in a relationship with someone else who had no problems about my status. The medications were working well. It was a really good time. When that relationship finished after 9 months, I kept busy doing more volunteer work.

After a few years of living in Sydney, I started going back to the bush. My friend's grandmother died. She was living on a farm outside of Dubbo, and I went to give her emotional support, and help her sort things out. I became part of the household, helping around the place, and taking her

child to school. I was like my friend's brother. We've been friends since 1984 and so have been through many ups and downs together. It also didn't seem so far away. I could easily get back to Sydney when I wanted to.

Dubbo is five hours' drive from Sydney. It's classified as the bush, but I've met people who drive four hours to get to Dubbo from much further out just for a night out. And believe me, New Year's Eve in a country town can be exceptional indeed, if you know the right crowd to be with.

Both Albury and Dubbo have excellent sexual health clinics. The doctors fly in from Sydney to Dubbo and I've felt very comfortable seeing them about HIV related issues. Trish Bullen runs the clinic, and confidentiality is certainly respected there. I've also picked up HIV medications in Dubbo at the hospital. I didn't worry about them knowing so much because I lived 20 kilometres out of town anyway.

The country allows you to relax, both emotionally and physically. There's nothing like sitting on the back porch of the house, and watching the sun going down over the valley, or watching an electrical storm descend on a warm night.

The people in Dubbo are friendly, although I'd be less 'out' than I would be in Sydney.

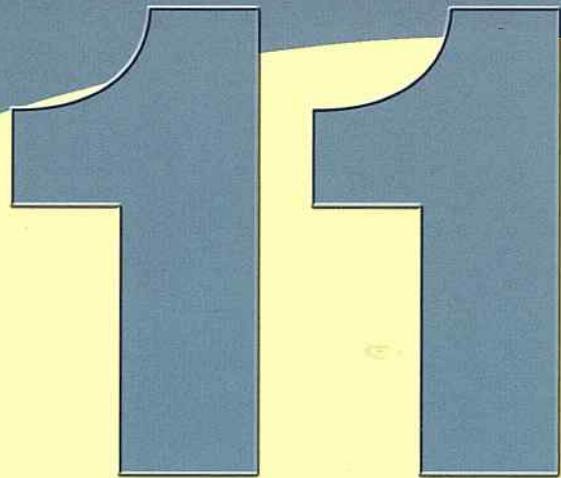
I remember I'd been playing pool regularly with this straight guy, (a shearer), for nearly six months, when

he asked me out of the blue: 'Are you gay?' I said 'yes'. I was dumbfounded and walked away. I came back and said 'Why did you ask me that?' He said 'You're never with girls.' I said 'no one is.' I asked him if he had a problem with it he said 'nope.' Country social interactions revolve around the pubs on Friday and Saturday nights, and Sunday (with football) is a day to recover from it all.

One day I was walking down the street in Dubbo, a person walked past and said 'hello'.

(I thought it was going to be one of those magical pick-ups in the country, off the street but this was not to be.) We realised we knew each other from the Positive Living Centre in Sydney. He had been living in Dubbo for over 15 months and was very contented with his life out in the scrub. 'It's more relaxed and more open.' True. And it's also hot enough to melt the tar on the roads, so be warned.

I come and go between Sydney and Dubbo. I would consider giving up my flat in the city and moving to the country full time just for the psychological tranquillity. Sydney's great and has the range of services. But it's also mainly the place everyone comes to experience the 'mythical/magical' golden mile (which is certainly designed for 18 to 25 year olds). People in the country are different. They are very resilient. They take things in their stride.



**Syphilis and other sexually transmitted infections (STIs) have become increasingly common among HIV positive gay men. Syphilis in particular can have serious health implications for people with HIV, and looking after your sexual health is an important part of good HIV and health management.**

This factsheet looks at some of the symptoms of syphilis. It also looks at some reasons why it is important for sexually active men with HIV, to test regularly for STIs, including syphilis.

#### Who is affected most?

**N**otifications of infectious syphilis have increased considerably in recent years. Anyone can get syphilis, but men who have sex with men account for over 90% of these recent infections in New South Wales.

More than half of people diagnosed with syphilis are also living with HIV. So if you are HIV positive, sexually active, and having sex with men, it makes good sense to consider having regular tests for STIs, including syphilis.

#### What is syphilis? What are the symptoms?

**S**yphilis is an infection caused by bacteria. It can be difficult to know whether you have syphilis because it can present with a range of symptoms or none at all.

A recent study of Sydney men with syphilis found that just over 70% of men experienced symptoms, while the remaining 30% didn't notice any symptoms.<sup>1</sup> In the early stages of the STI, symptoms may also be easily missed, and syphilis in people with HIV may present slightly different signs.

what you need

to know about

syphilis

Signs or symptoms of syphilis can include a small painless sore in the area of infection (primary syphilis), and/or swollen lymph glands, rashes, fever, sore throat, muscle aches and tiredness (secondary syphilis). Some of these symptoms may be mild and can come and go, or they can even go away completely after a while. Because of symptoms like these, syphilis is often called 'the great imitator' in medical circles because it can be difficult to distinguish its symptoms from many other diseases.<sup>2</sup>

### How is it transmitted?

Syphilis is highly infectious and is usually passed on during sex with an infected person. It can be easily transmitted through contact with syphilitic sores during unprotected anal, vaginal or oral sex. Condoms can reduce your risk of acquiring syphilis.

However, because it can be easily passed on by close physical contact with syphilitic rashes and lesions, which can be away from the genital area, condoms do not ensure complete protection.

### How is syphilis prevented?

We know that using a condom significantly reduces the risk of getting syphilis.<sup>3</sup> It's true that condoms don't offer complete protection, because potential transmission sites may not necessarily be just in the genital area. What's more, syphilis (like some other STIs) can also be transmitted by oral sex. But the fact remains that condoms do make a big difference to syphilis

transmission. In general, your chances of acquiring syphilis are much less likely with a condom than without.

If you do choose not to use condoms with other positive guys, then the need for regular testing for syphilis and other STIs is crucially important.

### What should I do if I think I may have been infected?

If you notice symptoms or think you may have been infected, you should have a test as soon as possible. It is important that you test without delay, if you notice any symptoms that might be syphilis, or you think you've been at risk. By doing this you will ensure syphilis won't develop to a later stage and you won't pass it on to anyone else. Symptoms may go away but this does not mean the infection has gone away. If you think there's a good chance that you might have been infected, it's important to avoid having sex until you've been tested and returned a negative result. If you return a positive result, you should stop having sex until your doctor gives you the all-clear following treatment.

### How is it diagnosed?

Via a blood test specifically for syphilis. Most positive people have regular quarterly blood tests, but these don't usually include a test for syphilis unless it's specifically requested.

### Regular testing is important

If you are sexually active, testing regularly for syphilis and other sexually transmitted infections is an important strategy to maintain your health and well being, and the health and well being of your partners.

Many STIs, including syphilis, can be present with no symptoms, or with very mild symptoms. This makes regular and routine testing an even more sensible strategy for good health maintenance.

### More sexual activity = more regular testing

Annual STI testing is recommended for people who are sexually active. If you have sex with a number of casual partners, or you have sex with someone else who does, you should have more regular STI tests (such as every three to six months).

### Testing is easy

You can easily ask for a syphilis test when you get your CD4 count and viral load checked.

### Am I tested for it anyway?

No. Recent research indicates that many HIV positive people believe that their HIV specialists routinely checked them for STIs as part of their usual blood tests for viral load and CD4 counts.<sup>4</sup> You need to specifically ask for a test for STIs, including for syphilis. a test for STIs, including for syphilis.

### Do HIV and syphilis on have an effect each other?

Syphilis may progress more rapidly in HIV positive people. As it progresses it can have very serious implications for your health. This makes regular testing even more important for people living with HIV.

When you get an infection, your immune system needs to fight it off, and having syphilis can cause an increase in your viral load and can cause a decrease in your CD 4 count. Syphilis may also increase the likelihood of passing HIV on to an HIV negative partner.

### How is it treated?

Syphilis is treated with a course of antibiotics – usually a series of injections in the buttock over 10 days. Yes that's a pain, but if left untreated it can seriously damage your health.

## What happens if it is left untreated?

**S**ymptoms of syphilis may be unnoticed. If left untreated, syphilis can pass through three stages. Symptoms can develop within six weeks. These include:

### 1. Primary syphilis

At this stage, a hard painless sore, called a chancre, can appear in the area of infection. The syphilis chancre, which appears at the area of infection, will usually heal between ten and ninety days. However you will still have syphilis, even though symptoms might have gone.

### 2. Secondary syphilis

If left untreated, syphilis can develop into the secondary stage. This occurs between three to twelve weeks after the development of the chancre. People may experience a number of symptoms at this stage. These symptoms can include rashes on the hands and feet, fever, sore throat, muscle aches, swollen lymph glands and tiredness, or patchy hair loss.

### 3. Tertiary syphilis

Unless testing and treatment is sought, about a third of people will then progress to the third stage – tertiary syphilis. This will usually occur many years after the initial infection. At this stage the syphilis infection, while no longer contagious, can cause damage to your body, including the heart, brain and nervous system. This stage can eventually result in serious heart disease, blindness, mental illness and death. The damage caused in this late stage of syphilis cannot be reversed.

## Latent syphilis

**S**yphilis without symptoms is called latent syphilis. This can occur at any

## What if I have had another kind of STI recently?

**I**f you have recently had an STI, like gonorrhoea or chlamydia for example, it would be a good idea to ask for a syphilis test as well.

## Talk to your doctor

**A**s with most aspects of HIV, it's important to find a doctor you feel comfortable with. If you feel more comfortable, you can also go to a sexual health clinic. Sexual health clinics are free and you don't have to use your real name. It can be a good idea, however, to inform your HIV doctor what kind of medications you are taking.

## Some other STIs

### Gonorrhoea

There have also been considerable increases in rates of gonorrhoea among gay men. It's also caught via oral or anal sex or arse play. Gonorrhoea can be cured with antibiotics. Symptoms can include a discharge and/or pain when urinating, or a dry, sore throat or pain in the anus, but it is not uncommon to have no symptoms. Even if you don't have symptoms an STI can still be passed on. Infection with an STI such as gonorrhoea can make you more likely to pass on HIV.

### Chlamydia

Chlamydia is another STI which can infect the arse, dick or throat. While symptoms can also include a discharge or pain when urinating, it is not at all

### LGV

Another STI (related to chlamydia) appears to be becoming more common. There have been reports of an outbreak of LGV (that's lymphogranuloma venereum) among sexually active (mostly HIV positive) gay men in some countries (in Europe and North America). The majority of men had participated in unprotected anal sex and fisting in the twelve months before they reported symptoms. While symptoms may include, among other things, swollen glands, anal and genital sores or inflammation of the rectum and colon, it is also possible not to develop any symptoms. LGV can be cured with a course of antibiotics but if left untreated it can lead to serious health problems.

Once again, condoms are the most effective prevention method on offer but they're only part of the package. It's essential to be in control of your health, to have a clear understanding of how sexually transmitted infections are spread and to talk to your doctor about regular testing.

For more information on sexually transmitted infections, see the factsheet: *Sexually transmitted infections: a guide for people with HIV*. This factsheet is available from People Living with HIV/AIDS (NSW).

### Getting information and support:

- **Sydney Sexual Health Centre**  
☎ (02) 9382 7440
- **Albion Street Centre**  
☎ (02) 9332 9600  
[www.sesahs.nsw.gov.au/albionstcentre](http://www.sesahs.nsw.gov.au/albionstcentre)
- **HIV/AIDS Information Line** ☎ (02) 9332 4000
- **People Living with HIV/AIDS (NSW)**  
☎ (02) 9361 6011/1800 245 677 (freecall outside Sydney area) [www.plwha.org.au](http://www.plwha.org.au)
- **AIDS Council of New South Wales (ACON)**  
☎ (02) 9206 2000/1800 063 060 (free call outside Sydney area) [www.acon.org.au](http://www.acon.org.au)

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- 2 Holt, M., "The great imitator returns", *Talkabout*, No. 138, April-May 2005
- 3 Holms, King K, Levine, Ruth, Weaver, Marcia, "Effectiveness of condoms in preventing sexually transmitted infections" *Bulletin of the World Health Organisation*, June 2004, 82 (6)
- 4 Holt, M., Jin, F., Grulich, A., Murphy, D., Smith., G., *Syphilis, STIs & men who have sex with men in Sydney, Understanding and managing risk*, National Centre in HIV Social Research, monograph 7/2004

### Contact People Living with HIV/AIDS (NSW) for other factsheets in our series:

- 1 Managing side effects (efavirenz)
- 2 Boosting your energy
- 3 Getting started on combination therapy
- 4 I want to return to work
- 5 Living with body shape change
- 6 Positive Pregnancy
- 7 Clinical trials
- 8 A night with Tina (people with HIV who use meth)
- 9 HIV and your mouth
- 10 The dynamics of disclosure

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# 10

## things I've learnt about HIV (since I became positive)

Report from *After Hours*  
Glenn Flanagan

The *Sydney Star Observer* recently published an article called '10 things I've learnt about HIV (since I became positive).'<sup>1</sup> We used this article as a discussion starter in one of our meetings of *After Hours*. *After Hours* is a monthly discussion group for (mostly) recently diagnosed gay men organised by People Living with HIV/AIDS (NSW) and ACON. The guys in the group thought the *Star Observer* article was 'a little bitter and twisted' so they put together their own 10 things they have learnt since becoming HIV positive (and after all they are very well placed to do so).

Here's a snap shot of some of that discussion (and some of the ten things got compressed together):

### **SEX - where do we start?**

'It's unsafe to have sex with the ill informed.'

'Sex doesn't end with being positive' In fact some in the group added they 'didn't know how many sexy positive guys there were.'

However, some people did experience a lower sex drive and wondered whether it was the treatments or just feeling vulnerable (especially if you've been recently diagnosed).

'It's not a good idea to tell people after the event (i.e. sex), even if you've been safe. It can freak them out.'

Some men did say they had 'learnt where HIV positive men were 'coming from' when they have unprotected

sex with each other.' One person in the group said he found that the greater freedom of unprotected sex between HIV positive men came as something of a 'revelation' to him personally.

Some also had a word of caution that 'some bi men who play with gay men are not as well informed as we are.'

### **'Don't take some things in life too seriously'**

A lot of people in the group spoke about all the different ways you can do this and how easy it is to forget. People reported that they 'had learnt not to blame every health issue on HIV', and they had learned to look to the future. One person talked about how he that learnt to cope with his own 'toxicity' (i.e. although he had a virus he wasn't going to infect people casually).

### **Ask a lot about doctors and treatments: Learn to question**

Some reported they had learnt to be sceptical about medical advice and thought getting a second opinion was a good idea - especially if you had difficult decisions to make.

By coming to a group like *After Hours*, several guys, whether on treatments or not, thought they had found out a lot about side effects and ways to avoid them.

Some people taking medication reported fears about body issues and wanted to ensure the treatments didn't have a negative impact on their appearance.

### **'The person you least expect will reject/accept you'**

Although you think you might know some people well, many people reflected that you can never be sure how someone is going to react when you tell them you're HIV positive. People also reported that they had certainly learned who they could trust.

'Be careful who you disclose to, or you might have to spend a lot of time supporting them.'

### **'It's good to have a support network'**

Through coming to the *After Hours* group, many felt they had built up strong networks of support and friendship. Some experts talk about the end of community, but many of the men in this group are creating a sense of HIV positive community.

### **'Many guys don't know how they became positive'**

Some guys in the group said that they had practised safe sex before they were diagnosed, and cannot recall a risky incident which might have caused them to sero-convert. This left them with many questions.

And of course two pieces of advice which you have probably found yourselves:

'Having a deadly virus does not necessarily make people less irritating. In fact, it may make them more irritating' and...

'HIV is one of the best excuses you'll ever have to be a complete \*\*#@'

# M any unanswered questions

Proposed changes to the Disability Support Pension

**John Rule**

**'Growing welfare dependency' was highlighted by the government as the justification for the changes announced on budget night. While it may be true that there has been an increasing proportion of working age Australians on various forms of income or welfare support, no evidence has been presented that Australia has a disproportionately high number of people on the Disability Support Pension (DSP). These two, separate, matters have been conflated and used by the government as 'evidence' to support the need to bring about changes to the DSP. The government's figures have been refuted by OECD research circulated before the budget by ACOSS and the National Welfare Rights Network.**

The 'welfare to work' package totalling \$3.6 billion over four years is meant to 'facilitate workplace participation.' While programs that genuinely help people back into the work-

force are welcome, there are a number of areas of concern.

The Government announced that people already on the DSP would be 'quarantined' from the changes and remain subject to the existing DSP criteria, broadly based on whether that person is capable of 30 hours per week work at award wages. But there is no guarantee that the government won't revise this two-tier system in the future.

People who apply for DSP from now until 30 June next year will be assessed under the 30-hour rule, but from July 2006 they will be subject to reviews under the 15-hour rule, and may find themselves moved onto Newstart. We don't know how this applies to people currently off the DSP who reapply after a period of work.

The Government proposes that people on Newstart 'enhanced' will keep their Pensioner Concession Card for 12

months if their payment is cancelled, after which they may qualify for a Health Care Card. Although this is a welcome measure the government has ignored the National Association of People Living with HIV/AIDS (NAPWA)'s arguments for the introduction of a chronic illness card, intended to help meet the additional costs associated with management of disease.

Finally, no detail has been provided about the criteria to be used to assess whether a person is capable of working more than 15 hours under the 'Comprehensive Work Capacity Assessment'. There is also no guarantee that those doing these assessments will have any experience in what it means to be managing chronic illness and there is no assurance that the particular needs of people with HIV/AIDS will be understood.

Being on Newstart includes significant regular reporting requirements, work participation, mutual obligations and work for the dole. It is not the income support system that NAPWA has been arguing for – that comprehensive medical assessment should be the most significant information used to assess ability to work.

*John Rule is Vice President of People Living with HIV/AIDS (NSW) and a policy analyst with National Association of People Living with HIV/AIDS (NAPWA).*

*This is an edited version of an article which recently appeared in Positive Living. Subscriptions to Positive Living are free for positive people in Australia.*

*Call 1800 259 666 or email [pl@napwa.org.au](mailto:pl@napwa.org.au) to subscribe.*

## How the budget changes will apply

The scenarios to the right illustrate some of the differences between the current DSP arrangements and the new system proposed in the budget. Current DSP recipients have been 'quarantined' from these changes and will not be moved from the DSP to Newstart under the announced reforms, so these scenarios are based on new applicants for the DSP.

	Before	After
Amanda is not working and receives the full DSP, her only source of income. She is later assessed as being capable of working 15 hours per week and is moved from the DSP to Newstart. In compliance with the Newstart requirements, she looks for work but is unable to find any in her area. She receives \$38 less per week than the pension.	DSP \$235	Newstart \$197 Net loss \$38 per week
Eventually, Amanda is successful in finding 15 hours' part-time work, at the minimum wage of \$12.30 per hour, and also receives a reduced Newstart Benefit. She receives \$55 more per week than she did when she was on the pension and not working.	DSP \$235	Wages \$173 (after tax) Newstart \$117 Total \$290 Net gain \$55
Ben is also on the DSP, but is already working 15 hours' part-time at \$12.30 per hour. He is shifted to Newstart and stays in his current job. He receives \$55 per week less than when he was on the pension and working.	Wages \$172 (after tax) DSP \$174 Total \$345	Wages \$173 (after tax) Newstart \$117 Total \$290 Net loss \$55
Colin is working 21 hours a week at a better-paid job, earning \$18.25 an hour, and receiving a partial DSP. These earnings are too high to qualify for Newstart. He receives \$89 per week less than when he received the pension, and after 12 months will no longer qualify for a concession card.	Wages \$334 (after tax) DSP \$94 Total \$428	Wages \$339 (after tax) Net loss \$89

# Want to do something with your spare time?

Volunteering offers lots of opportunities

**Rebecca Reynolds**

Sometimes, the transition from feeling unwell to managing HIV on a daily basis, comes with its sacrifices. These can include winding back the number of hours you are working or even the time spent socialising with friends. It is hard to make the step away from being the eternal HIV educator and counsellor with family and friends, to finding something where you can be valued again as an individual making a meaningful contribution that does not revolve around your sero-status.

For many people living with HIV, successes with anti retroviral treatments have given people the opportunity to focus energy on maintaining good health and looking ahead for new opportunities.

Whether you are on the Disability Support Pension, the Newstart Allowance or working and just wanting to do something with your spare time – volunteering is recognised as one of those things that not only helps your community, but also helps us as individuals.

The therapeutic benefits of volunteering are globally recognised. Not just for the benefits on self esteem and self confidence, but also, as a valid form of recreation. Many researchers and health workers are recognising that recreation is NOT just about amusement. It is not just a form of diversion, although both of these aspects have value. Recrea-

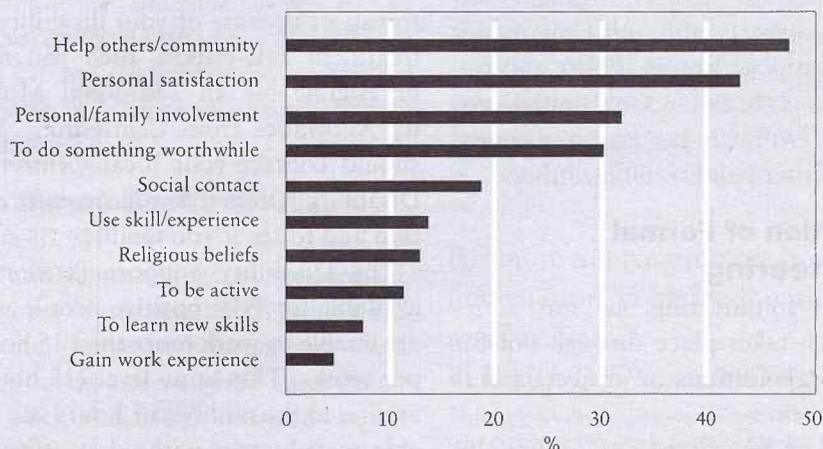
tion is more than that. Our quality of life in today's fast changing and stressful world heavily depends on how we use our "down time" as a means of finding balance in our lives and more than ever before in our recent history, as individuals within our communities, we need to understand the value of recreation and learn to use recreation to meet the challenges of our daily lives. Volunteering your time is one way to spend this time on yourself.

'Volunteering gets me out of the house and makes me feel like a part of the 'real' world. Volunteering gives me a sense of purpose and makes me feel less isolated now that I can't work anymore. It makes me feel better about myself.'

## Why would I want to Volunteer?

The reasons that people give for volunteering their time are many and varied. Wanting to give something back to the community of which you are a part is one reason; but other reasons include the time spent with other people; the development or learning of skills; the increase of confidence that comes with being an essential part of an organisation's work; and the feeling of satisfaction that comes from assisting others who are not so fortunate.

**PROPORTION OF VOLUNTEERS: CURRENT REASONS FOR BEING A VOLUNTEER** – Australian Bureau of Statistics 2000



Volunteers may give more than one reason. Therefore figures for individual categories will not add to 100%.

Volunteering is also a great way to test your energy levels as well as building your self esteem and self confidence. If earning money is not your main priority; then volunteering can provide an equal amount of meaning and purpose to your life. If you want to consider the option of returning to work further down the track, then volunteering is a good first step to help get you there.

What are the specific benefits in volunteering when you are thinking about returning to work?

Volunteering offers us many benefits, which include:

- Opportunities to maintain existing skills and learn new ones.
- Increased confidence.
- On-the-job training.
- Developing a network of contacts.
- Obtaining a voluntary work reference from the organisation.
- Demonstrates motivation to employers.

### Who Volunteers?

Volunteers come from all walks of life and have a shared desire to get involved in their community – however they see that community. A sense of ‘community’ is entirely open to an individual’s interpretation and it could be through a number of interests or passions. Some examples include, Emergency Services; Sport and Recreation Groups; Community Education Projects; Arts and Cultural Groups; Health and Community Organisations (like PLWH/A (NSW), ACON and the Bobby Goldsmith Foundation); Animal Protection Groups; Youth Groups and countless others.

### Definition of Formal Volunteering

Formal volunteering is an activity which takes place through not for profit organisations or projects and is undertaken:

- to be of benefit to the community and the volunteer;

- of the volunteer’s own free will and without coercion;
- for no financial payment; and
- in designated volunteer positions only.

### Principles of Volunteering

Volunteering benefits the community and the volunteer.

- Volunteer work is unpaid.
- Volunteering is always a matter of choice.
- Volunteering is not compulsorily undertaken to receive pensions or government allowances.
- Volunteering is a legitimate way in which citizens can participate in the activities of their community.
- Volunteering is a vehicle for individuals or groups to address human, environmental and social needs.
- Volunteering is an activity performed in the not for profit sector only.
- Volunteering is not a substitute for paid work.
- Volunteers do not replace paid workers nor constitute a threat to the job security of paid workers.
- Volunteering respects the rights, dignity and culture of others.
- Volunteering promotes human rights and equality.

### Will Volunteering affect my current Centrelink Benefits?

No. You will be able to retain your Health Care Card and all of the benefits associated with the card. If you decide to do at least 8 hours a week of voluntary work and cannot use public transport because of your disability or treatment side-effects, then you may be eligible for an additional Mobility Allowance from Centrelink. You should contact your local Centrelink Disability Officer for more information and to see if you qualify.

The Disability Support Pension is available for HIV positive people who are unable to work more than 15 hours per week. This same level (15 hours) applies to the number of hours you are able to volunteer without it affecting your payments.

From 1 July 2005, people who have applied for payments from 11 May 2005 onwards, and who are assessed as having ability to work 15-29 hours per week will be transitioned to Newstart Allowance. With this transition, there are a number of part-time participation obligations and it is not always clear about the way in which Centrelink supports and approves unpaid volunteer work. The best bet is to check in with your local Centrelink office.

### So....Are you interested in signing up as a Volunteer?

As we said previously in this factsheet, you can probably find a volunteer position that is with an organisation whose aims you are passionate about. It helps! Volunteering, even though it is voluntary, still requires commitment.

As a starting point:

Contact Volunteering NSW on 02 9261 3600 to be put in touch with a volunteer referral centre in your local area, or if you have access to the internet, you can jump on and search [www.govolunteer.com.au](http://www.govolunteer.com.au) yourself.

If you would like some other suggestions, read on....

### ACON Housing Buddy System

[www.acon.org.au/living\\_with\\_hiv](http://www.acon.org.au/living_with_hiv)

Volunteer will provide practical assistance that many people with HIV/AIDS find essential to avoiding and solving homelessness. The volunteer will act as a case manager of individual clients, assisting them through the crisis of homelessness and helping to navigate the social housing maze.

### ANKALI Project

[www.sesahs.nsw.gov.au/albionstcentre/Ankali/index.asp](http://www.sesahs.nsw.gov.au/albionstcentre/Ankali/index.asp)

Volunteers are provided with training and must be available for at least six months work. They will be providing emotional support to someone living with or affected by AIDS as well as social support such as going to a movie, café... They will spend up to five hours a week max with their client and also must attend a volunteer support group for one hr a week.

### **Apex Clubs**

[www.apex.org.au](http://www.apex.org.au)

Apex raises money for worthwhile community projects.

### **Art Gallery of NSW**

[www.artgallery.nsw.gov.au](http://www.artgallery.nsw.gov.au)

The gallery offers a full volunteer program, including training.

### **Community Support Network**

[www.acon.org.au/csn](http://www.acon.org.au/csn)

As a volunteer there are numerous activities and day to day activities you can assist with such as; housework, cooking, shopping, massage, gardening, packing or unpacking when moving, washing and ironing, palliative care, transportation to medical and allied health appointments, and bedside care for incapacitated people

### **Conservation Volunteers Australia**

[www.conservationvolunteers.com.au](http://www.conservationvolunteers.com.au)

Our Mission: To attract and manage a force of volunteers in practical conservation projects for the betterment of the Australian Environment

### **Go Volunteer**

[www.govolunteer.com.au](http://www.govolunteer.com.au)

This site makes it easy for volunteers to find a job to suit their interests and location and provides all opportunities for volunteer work on a broad scale. It is a search engine for people wanting to become volunteers and acts as a starting point.

### **Lane Cove Community Aid**

[www.lanecovecommunityaid.org](http://www.lanecovecommunityaid.org)

There is current vacancies noticeboard for a wide range of roles as well as general volunteering. There are guidelines and training/information services provided to volunteers as well as regular newsletter which keep volunteers in contact.

### **Lincs Directory**

<http://www.datadiction.com.au/lincs/default.htm>

This is The Local Information Network for Community Services and is a website that has contacts for local community agencies. Many of these can be contacted for volunteer work or have volunteer information on their websites

### **Luncheon Club**

[www.luncheonclub.org.au/](http://www.luncheonclub.org.au/)

The Luncheon Club is a Monday luncheon run by volunteers who cater for around 120 people. It also allows people living with HIV/AIDS to have take-away food and provides food for a client home delivery service.

### **Mission Australia**

<http://www.mission.com.au>

Charity that offers a large number of volunteer opportunities

### **Positive Living Centre**

[www.acon.org.au/living\\_with\\_hiv](http://www.acon.org.au/living_with_hiv)

### **Powerhouse Museum**

[www.phm.gov.au](http://www.phm.gov.au)

Contact Volunteer Program Officer

### **Royal Botanical Gardens**

[www.rbgsyd.nsw.gov.au/friends/friends\\_volunteers](http://www.rbgsyd.nsw.gov.au/friends/friends_volunteers)

Volunteers roles include; Catering, Information Booth, Work team (helps set up for activities, do odd jobs and repairs), Growing Friends (propagate seeds and with permission and horticultural advice from Botanic gardens Trust staff) Promotions, Friends events and Activities and work in the Office. Working Bees come together for mail-outs and packaging cards.

### **The Benevolent Society**

[www.bensoc.org.au](http://www.bensoc.org.au)

Volunteers are required to be part of a pool of drivers to help families in the inner west, eastern suburbs and Ingleburn area. Transport is a needed for doctor's appointments, specialist groups and or grocery shopping. Drivers will need their own car and reimbursement for petrol is available. Volunteers are also required for fundraising.

### **The Burger Centre-Woollahra**

Phone-02 9369 3444

Day Care centre for the frail and aged; different days for special needs groups: Parkinsons, dementia, Russian; also social group for fit and well frail aged. Volunteer work available in numerous sectors including aged care, mentoring for young children, cooking for aged care centres

### **The Smith Family**

[www.smithfamily.com.au](http://www.smithfamily.com.au)

An Australian charity which assists people living in poverty.

### **VAST (Volunteer and Service Training)**

Ph: (02) 9349 8200

Recruits, trains and supports volunteers in Home and Community Care Agencies across Eastern Sydney.

### **Volunteer Search**

[www.volunteersearch.gov.au](http://www.volunteersearch.gov.au)

Excellent information on volunteer work and allows you to register for opportunities.

### **Wesley Mission:**

[www.wesleymission.org.au](http://www.wesleymission.org.au)

An Australian charity providing a wide range of services.

For a unique volunteer experience, try Food Share NSW, [www.foodshare.com.au](http://www.foodshare.com.au)

Food-Share Australia is a non-denominational, Self-Help, Community Development Program. They are all about self-esteem and self-respect. Encouraging people to participate in the Program gives them a sense of achievement. They are doing something in return for the low cost food they are able to purchase.

The concept of the Program is very simple:- Once a month, participants pay \$20 and do 2 hours community work (adding value to an organisation or group in their local community), and in return they receive a food package with a retail value of approximately \$40-\$45. Families may purchase additional units on the same basis.

You should contact Food-Share directly on 02 9648 3663 to find out where it is ok to volunteer.

For more information on any of the information contained within the article, contact:

PLWH/A (NSW) on 93616011

*Thanks to the Positive Decisions Working group for their input into this article (Carolyn Murray, David Wallace, Kylie Tobler, Garry Kent, Max Greenlaigh, Louisa Coates, and Darren Wright)*

# A Journey with HIV

Ray Hansen

**My life got turned around in February 1987 when I found out I was positive. I felt like a stunned mullet. A social worker at Albion St told me I should take a long party holiday to Europe because I would be dead by 1990. This didn't happen.**

After about 18 months of self destruction, something happened at the support group I was attending at Albion St and I decided to, yet again, change my life style. I had been 'eased' out of my work where I had been since 1977 (with a gentle GET OUT). I wanted to live and I discovered a simple solution to another problem I had. At 10.15pm on February 27 I fell into Langton Clinic. On February 28 1989 I stopped drinking, which was excessive, and taking drugs, which was getting to be excessive. Working out a plan of action and about five months into having no alcohol or drugs I went back to a support group at Albion St.

I felt elevated, fresh and ready to take on the world in a positive light. Petrea King at the time told me: 'What ever you're doing keep doing it' as I looked great and hadn't looked that good for years. But friends had already started to die from HIV/AIDS.

I had to sell my two bedroom house in Paddington and move into a studio apartment in Potts Point. I pursued the career I lost back when I was in my early 20s, and actually started to work in what I really wanted to do. I had hardly enough to live on, instead of the taken for grant job which gave me good money for 12 years.

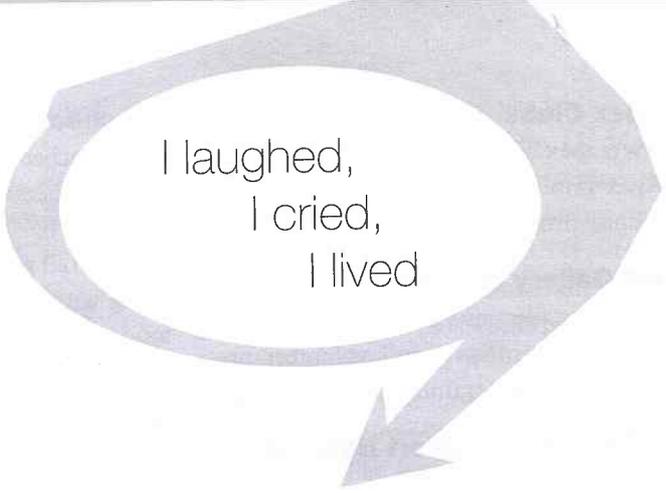
In 1990, the year I was told I was going to die, I went to New York City. Then along came an idea... 'Maybe I'll move here?' I did, and a week before leaving, I

was offered a sub lease of an apartment on 108th and Broadway.

I felt my way around, like a wide eyed country boy coming to the big city, and met new friends, people like me, who where there to succeed. I got involved with GMHC (Gay Men's Health Crisis ) Northern Lights Alternative (an HIV/AIDS charity for women of colour and their children), Friends in Deed ( an emotional, physiological and support group) and the Aids Masteries where I became an assistant to Sally Fischer who was the founder. The Momentum Project (a food bank to homeless people with HIV), God's Love we Deliver, and just a few others.

I went to school and studied acting. I studied casting. And I studied life. My path to a positive world had started, and here I was, taking in the lot in NYC. The years slipped away and so did friends. There were so many memorials. I visited friends who lay in hospitals with a morphine drip, and held their hands while they died, and supported their wishes of leaving this life. I saw friends and ex lovers' names on Trees of Life at hospitals, and didn't know they had died. I laughed, I cried, I lived. I moved between South Beach (Miami) and New York, and came back to Sydney regularly, and visited ACON, PLWH/A and other organisations to see what they where doing for the fight for life and acceptance for all with HIV/AIDS. I even brought back ideas and they where used.

Over 92 friends died from HIV/AIDS, that I knew of. One slipping on the bathroom floor and hitting his head, several suicides... I saw people in their 20s with their bodies twisted looking 80 +.



I laughed,  
I cried,  
I lived

Coming home to Sydney and starting medication, I was devastated by the loss of life, loves, artists and some very special people. I went to my first Candlelight Memorial and I only knew one person there, and they were a distance away. I couldn't cope with the silence, and tears poured down my face. I ran home. But I didn't hide. I looked for a way to help.

I got involved with ACON and the HIV Living Department, doing courses and becoming a peer support person. I also helped out at the Positive Living Centre, and started my first fundraiser by presenting it to Guy Taylor at ACON. It raised \$ 8,000+ and the money helped start Planet Positive at Annie's Bar. PLWH/A (NSW) asked me to be Acting Community Development Officer. We raised over \$10,000 at the launch of Mardi Gras, with me in a wheel chair. It was a very successful summer season.

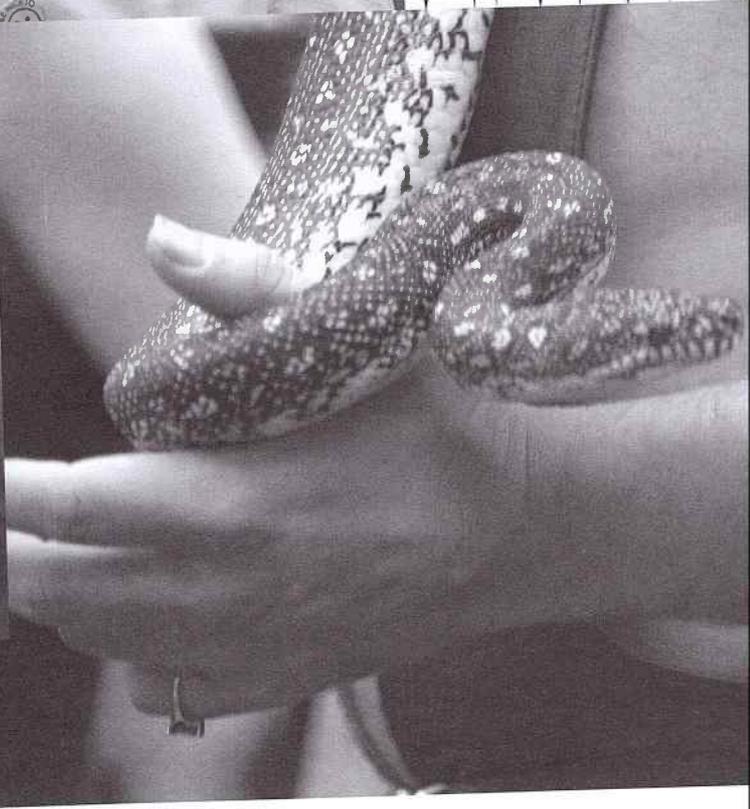
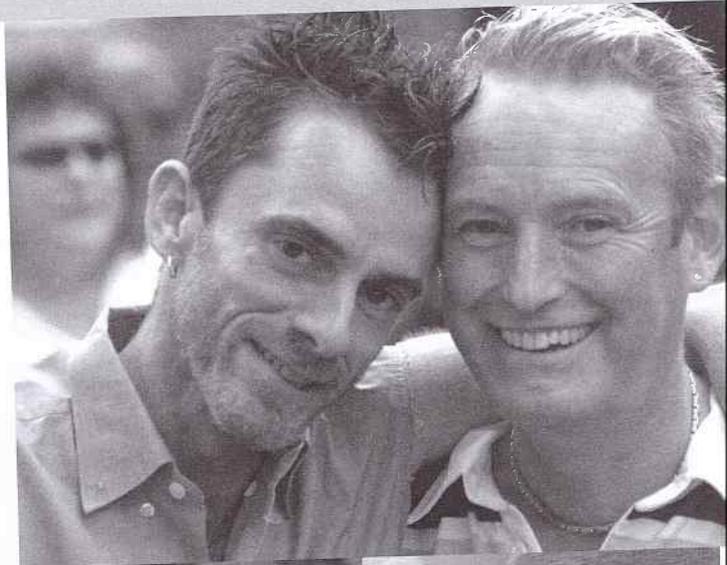
Fashion and Fetishes at Star Grill was my first event and making about \$9,000. Then along came an idea for 1999 The Celebrity Shoe Auction, raising a very positive profile for PLWH/A (NSW) and also raising \$27,000+. I also hassled Larry Wellings to let me become a positive speaker, and have done many talks over the years.

Recently, I attended the HIV Rural Forum at Mudgee and took a positive attitude there and brought one back. Many people are so isolated in rural areas and we, in the city, must help to find more ways to break that down. I would encourage everyone to get involved and help make a difference.

# Happenings

Leather Pride fair Day went back to Forbes Street this year. It was a chilly (but fun) day. Our photos capture some of the atmosphere.

Photos: CADT photography [www.caer-awen.org.au](http://www.caer-awen.org.au) and [cadt@caer-awen.org.au](mailto:cadt@caer-awen.org.au)



# Buzz words



**Stephen Gallagher** takes some of the mystery out of those big words people use when they talk about HIV. (A – L this issue, K – Z next time)

**Acute** - Term used to describe a condition or stage of an illness that has intense short term symptoms

**Adherence** - Taking medications as directed by the prescribing doctor at the correct dose, time, and with/without food.

**Adverse reaction** - (Adverse Event.) An unwanted effect detected in clinical trial participants. The term is used whether or not the effect can be attributed to the drug under study.

**Antibodies** - Proteins found in the blood and some other body fluids. They are produced by B cells in response to the presence of antigens

**Antibody positive** - Term used to describe a test which has detected antibodies to a particular antigen in the blood. A positive result is represented by a plus sign

**Antigen** - A foreign substance which stimulates an immune system response with potential to cause disease.

**Antiretroviral drugs** - Drugs designed specifically to act against HIV

**Antiviral** - see antiretroviral

**Asymptomatic** - Without symptoms. Usually used in HIV/AIDS literature to describe a person who has a positive result to one of several tests for HIV antibodies but who shows no clinical symptoms of the disease.

**Biopsy** - Surgical removal of a piece of living tissue for microscopic examination to make a diagnosis (e.g., to determine whether abnormal cells such as cancer cells are present).

**CCR5** - A protein that enables HIV to enter cells. People who lack CCR5 receptors appear to have a decreased susceptibility to HIV infection, and those who are infected progress more slowly to AIDS.

**CD4 (T4) cell** - A class of T lymphocyte (t-cells) whose role is to regulate the immune response, whereby they become activated in the presence of antigens.

**CD8 (T8) CELLS** - A protein embedded in the cell surface of suppressor T lymphocytes. Also called cytotoxic T cells. Some CD8 cells recognize and kill cancerous cells and those

infected by intracellular pathogens (some bacteria, viruses, and mycoplasma).

**Chronic** - Term used to describe a condition or illness which extends over a long period of time, which progresses slowly or shows little or no change or improvement

**Co-formulations** - combination of two or more drugs in one delivery system (like a pill, a liquid, or even an injection). For example, the protease inhibitor drug Kaletra is actually a Co-formulation of two drugs (norvir and lopinavir) combined in one pill.

**Combination therapy** - (For HIV infection or AIDS). Two or more drugs used together to achieve optimum results in combating HIV infection.

**Contraindication** - A contraindication is a specific situation in which a drug, procedure, or surgery should not be used, because it may be harmful.

**Creatinine** - A protein found in muscles and blood, and excreted by the kidneys in the urine. The level of creatinine in the blood or urine provides a measure of kidney function.

**Cross-resistance** - when the resistance to one drug also causes resistance to other drugs in the same 'class' or type

**Cytokine** - A protein produced by immune system cells which act as chemical messengers between cells. This messaging assists in stimulating the production of more T lymphocytes promoting antibody production. As the immune system becomes impaired over time their production decreases further impairing the immune system

**Dendritic cells** - Immune system cells which have branch like projections so as to capture antigens. Such as Langerhans cells of the skin and follicular cells of the lymph nodes, dendritic cells have the CD4 molecule on their surface

**Deoxyribonucleic Acid (DNA)** - The molecular chain found in genes within the nucleus of each cell, which carries the genetic information that enables cells to reproduce

**Diabetes Mellitus** - A metabolic disease in which carbohydrate utilisation is reduced and where lipid and protein utilisation is enhanced. Diabetes mellitus occurs when the body produces little or no insulin, or cannot use the insulin that is produced. As a result, unused glucose collects in the blood; this leads to high blood-sugar levels. Insulin is the hormone that allows glucose to leave the bloodstream and enter body cells, where it is used for energy generation or stored for future use.

Diabetes mellitus can also lead to long-term complications that include the development of neuropathy (swelling and wasting of the nerves), retinopathy (non-swelling eye disorder), nephropathy (swelling or breakdown disorder of the kidneys) generalized degenerative changes in large and small blood vessels, and increased susceptibility to infections

**Drug Resistance** - A decreased sensitivity to a drug's beneficial effect. Resistance occurs as a result of viral mutation. Each time virus particles multiply they mutate slightly. The more the virus is multiplying the more likely it will produce a mutation which is unable to be controlled by drugs and which may go on and mutate into a drug resistant strain of virus.

**Efficacy** - how effective or potent a medication is in doing its job based on absorption and bioavailability.

**Enzyme** - A substance that induces chemical reactions. Some enzymes work by binding small molecules together to create a larger molecule, others by dividing large molecules into smaller ones.

**Fusion Inhibitor** - A class of drug which is designed to prevent HIV entering cells in order to reproduce

**GP 41** (glycoprotein) - A protein found on the surface of HIV that facilitates entry of HIV into cells.

**HAART** - stands for "highly active anti-retroviral therapy." Usually HAART is referring

to at least a three-drug regimen that contains two or more classes of drugs.

**Half-Life** - The period of time required for the concentration or amount of drug in the body to be reduced to exactly one-half of a given concentration or amount. The half life determines the frequency of drug doses required for therapeutic benefit.

**Hepatotoxicity** - Injury or damage to the liver, usually caused by a medication

**Hypersensitivity** - an adverse reaction to a drug usually in the form of a skin rash.

**Lipodystrophy** - a condition involving body shape changes that are seen in people taking anti-HIV medications. "Lipo" refers to fat, and "dystrophy" means abnormal growth. Lipodystrophy is more common in people who have been living with HIV for a long time and who have experienced long periods of treatment and who belatedly are responding well to treatment.

**Liver function test** - A test that measures the blood serum level of any of several enzymes produced by the liver. An elevated liver function test is a sign of possible liver damage

**Log** - Changes in viral load are often reported as logarithmic or 'log changes.' This mathematical term denotes a change in value of what is being measured by a factor of 10.

# So, Can You Cook?

## No 12



"For the record, I like my chocolate straight."  
Roald Dahl

As winter approaches, as days get shorter and the air a bit chillier, our thoughts start to turn to comfort foods. Before I head off into the food world of heavy winter soups and casseroles, I would like to use this column to go into the world of the ultimate comfort food – chocolate. I do not know one single, solitary person who dislikes chocolate, though I must admit to knowing many – myself included – who idolise it. There is nothing like digging a spoon into a silky chocolate mousse, or a rich chocolate tart, a torte, gateaux, or a light-as-air soufflé. In 2003, Australians ate their way through 4kg of chocolate each. There is no truth in the thinking that chocolate is fattening – what is fattening is how it is used. That it makes us feel good is undisputed, as it releases the feel-good endorphins.

The highest quality – and most expensive – chocolate produced comes from France's Valrhona Company, founded in the 1920s. Though there is no official classification system for chocolate, this company treats its chocolate like wine, and calls its estate chocolate 'Chocolat Noir de Domaine', due to its high quality. Of almost equal calibre are Belgium's 'Callebaut', and the French 'Michel Cluizel'. The Swiss 'Lindt' company now produce blocks of choc-

olate labelled with the percentage of cocoa mass – from 70% to 85%, and even as high as 99%. If you like your chocolate bitter, go for the 85%. I love it, but my partner finds it too bitter for his taste. Couverture, which is used principally in cooking has a high percentage of cocoa butter, and is not quite as stable as dark chocolate. It melts and coats easily, has a glossy finish and an intense chocolate flavour. It needs to be tempered, and a quick way to do it at home – the professional way is very complicated and precise – is to finely chop or grate the chocolate, melt two-thirds if it, then stir in the remaining chocolate until it melts.

For the following recipes, I wouldn't expect you to use couverture, as it is very expensive – though if you would like to lash out, you can go to 'Essential Ingredient' in Camperdown and buy their house couverture for \$19.95 for a 1 kilo block. This is quite a good price for quite a large amount of chocolate. For everyone else, "Plaidstowe" from the supermarket will serve the purpose. If melting chocolate in the microwave, remember that it will keep its shape while heating. Do it in short bursts of 30-40 seconds, stirring after each burst. Enjoy, relax, and indulge yourself.

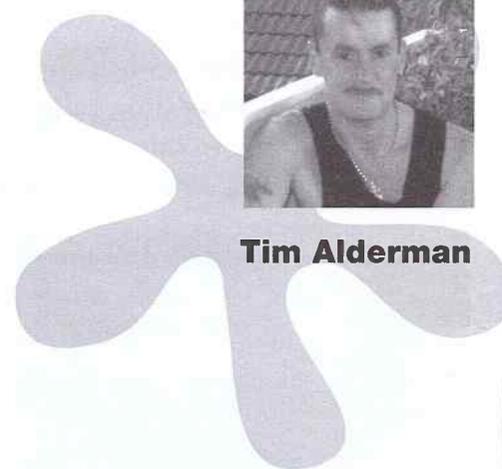
## White Chocolate Risotto

- 60g sultanas
- 2 tablespoons brandy (or 1 teaspoon brandy essence)
- 150ml pouring cream
- 3 cups milk
- 1 stick cinnamon
- finely grated rind of 2 oranges
- 1 vanilla bean, split lengthways
- 200g (1 cup) arborio rice (Italian risotto rice)
- 1 tablespoon caster sugar
- 70g white chocolate, finely chopped

Combine sultanas and brandy in a small bowl and stand for 30 minutes. Place milk, cream, cinnamon stick, orange rind, scraped seeds from vanilla bean and bean in a saucepan and slowly bring to just below the boil. Add rice, sugar and a pinch of salt (ALWAYS ADD A PINCH OF SALT WHEN COOKING SWEETS) and simmer over low heat, stirring frequently for 30 minutes, or until rice is tender and most of the liquid is absorbed. Add sultanas, soaking liquid and chocolate, and stir until chocolate has melted. Remove cinnamon stick and vanilla bean, and serve warm or cold.



Tim Alderman



## Rich Chocolate Tart

### Pastry

- 125g cold unsalted butter, chopped
- 1 tablespoon caster sugar
- 200g (1 1/3 cups) plain flour
- 2 tablespoons cocoa (Dutch, if you want a richer flavour)
- 2 egg yolks

Process butter, sugar, flour and cocoa in a food processor until mixture resembles coarse breadcrumbs. Add egg yolks and 1 1/2 tablespoons iced water, and process until pastry just comes together. Form pastry into a disc, wrap in plastic wrap and refrigerate for at least 30 minutes.

Roll out pastry on a lightly floured surface until 5mm thick, and ease into a 3.5cm deep 24cm tart tin with removable base, trimming edge. Line pastry case with baking paper, and fill with pastry weights, dried beans or rice. Place on a baking tray and bake at 180°C for 20 minutes, then remove paper and weights and bake another 5 minutes until pastry is dry. Cool.

### Filling

- 300g dark couverture chocolate, chopped
- 100ml double cream
- 125g unsalted butter, chopped
- 4 eggs
- 100g caster sugar
- 1 tablespoon golden syrup

Combine chocolate, cream and butter in a heatproof bowl over a saucepan of simmering water and stir continuously until butter is melted and mixture is well combined, then remove bowl from heat and set aside. Using an electric mixer whisk eggs, sugar and golden syrup until pale and creamy, then fold into chocolate mixture. Pour into tart shell, then bake at 150°C for 35-40 minutes or until just

set. Cool tart to room temperature before serving with double cream (optional). Tart will keep, refrigerated in an airtight container, for up to 4 days – if it lasts that long.

## Chocolate, Espresso and Hazelnut Pavlova

- Soft butter, for greasing
- 6 egg whites (use the yolks to make a custard, or mayonnaise)
- 330g (1 1/2 cups) caster sugar
- 1 1/2 teaspoons white wine vinegar
- 1 1/2 teaspoons vanilla extract (or use 2 teaspoons vanilla essence)
- 2 tablespoons cocoa, sifted
- 300ml pouring cream
- 2 tablespoons icing sugar, sifted
- 2 tablespoons freshly brewed espresso coffee, cooled
- 200g roasted, peeled hazelnuts, coarsely chopped
- icing sugar, for dusting (optional)

Preheat oven to 200°C. Line an oven tray with foil, mark a 23cm circle onto the foil and lightly grease the circle.

Using an electric mixer, whisk egg whites with a pinch of salt until soft peaks form, then gradually add caster sugar, whisking well after each addition. Continue whisking until all the sugar is added and the mixture is thick and glossy, then whisk in vinegar, vanilla and cocoa until just combined. Spread two-thirds of meringue mixture evenly over the circle, then spoon remaining meringue around edge of circle, forming a rim. Reduce oven temperature to 100°C, bake pavlova for 90 minutes, then turn off oven and leave pavlova to cool in oven.

Using an electric mixer, whisk cream and icing sugar until soft peaks form, gently fold cooled coffee until just combine then spread

mixture over pavlova.

Sprinkle pavlova with hazelnuts and dust with icing sugar, if using. Pavlova is best served on day of making.

## Chocolate Panna Cotta

- 400ml pouring cream
- 1 cup milk
- 75g (1/3 cup) caster sugar
- 150g dark couverture chocolate
- 1/4 teaspoon vanilla extract (or 1/2 teaspoon vanilla essence)
- 1 tablespoon powdered gelatine (from supermarket)

Combine cream, milk and sugar in a saucepan and stir over low heat until sugar dissolves and mixture is nearly boiling. Remove from heat, add chocolate and vanilla and stir until chocolate is melted and mixture is smooth.

Place 1 tablespoon hot water in a heatproof cup, and sprinkle over gelatine, then stand cup in a small saucepan of simmering water and stir until it is dissolved. Pour gelatine mixture into cream mixture and stir until combined. Divide mixture amongst 6 lightly oiled 125ml (1/2 cup) dariole moulds, or other suitable moulds. Cover and refrigerate for 2-3 hours, or until set.

Serve with Strawberries and a strawberry puree (process some strawberries in a food processor with some icing sugar), or blueberries and mascarpone (from dairy case in supermarket), or orange segments and almond bread.

*Erratum: In the last issue of Talkabout the directions for the recipe for Lime & Ginger Sorbet should have read "Place the lime juice, ginger, sugar and water in a saucepan over medium heat and bring to the boil."*

# M

## ore on working out at home

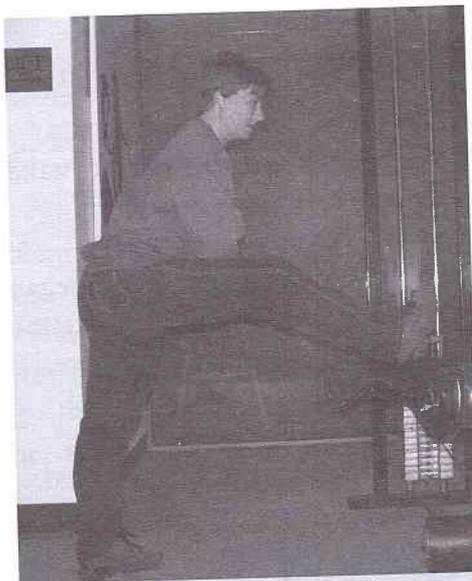
Stretching and flexibility  
**Ingrid Cullen**

So far we have covered core stability, strengthening weak muscles and increasing stamina. All these things will improve posture and give you more energy, and generally improve how the body functions. Once you have developed a little more energy, and your body shape has started to improve, flexibility is the next thing to include in your workouts.

You should still start with a general warm up, including at least two minutes of step-ups, marching on the spot, heel taps or shadow boxing. It may take up to five minutes to feel your body temperature increase and feel like the blood is circulating. (The fitter you are the longer it will take you to warm-up.) Now include some stretches. If you prefer, do them between exercises, if you need to rest after the harder exercises. You can even do the stretches at the end as a cool down. It doesn't really matter when you stretch as long as you do it regularly.

These five stretches are just an example of the types of things you can do. These stretches have been selected as they are stretching the muscles that are most likely to be tight and therefore cause bad posture.

**Flexible muscles and connective tissue recover quicker from injury and over use. They will get stronger more quickly, help with good posture and have better circulation.**



### Exercise 1

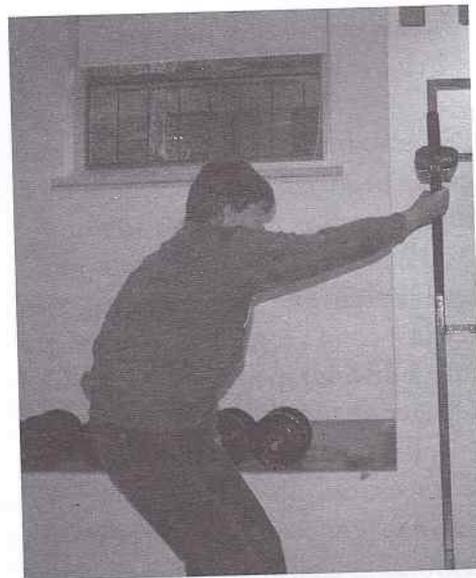
This stretches the hamstrings, bum and calves.

Place your heel on a chair, the bed or any stable surface (The higher the heel the harder the stretch). Keep the knee slightly bent and the back straight as you lean forward until you feel a slight stretch in the back of the thigh, lower bum area and calve. Hold for 15 seconds then breathe out slowly and lean into the stretch a bit more and hold for another 15 seconds. Swap legs and repeat.

### Exercise 2

This stretches the upper back.

Hold onto a doorframe or stable wall corner at chin height with one hand. Pull away, allowing your back to curve, and keep your arm

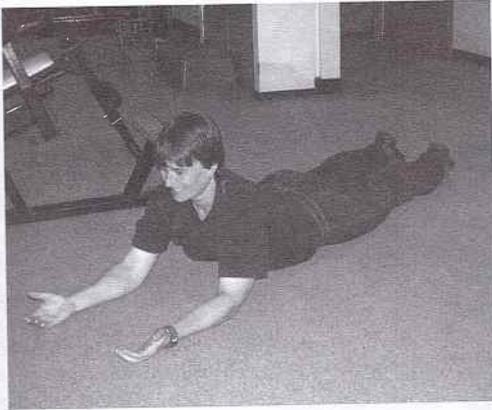


straight until you feel a slight stretch in the back and arm. Hold for 15 seconds, breathe into the movement then stretch a bit more for another 15 seconds. Swap arms and repeat.

### Exercise 3

This stretches the chest, front of the shoulder and biceps.

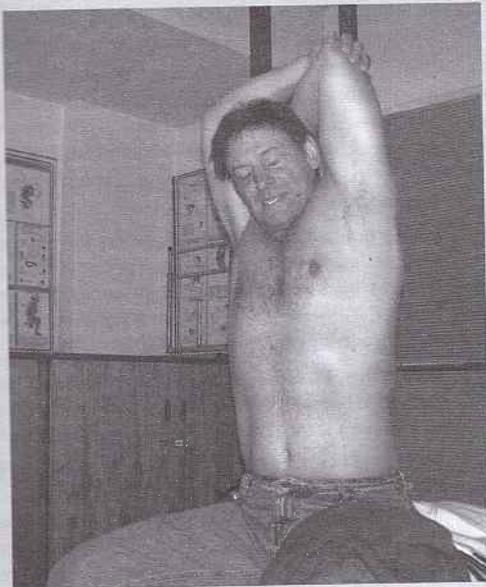
Hold onto a doorframe or stable upright at shoulder height with one hand. Step forward and push your chest out as you stretch until you feel a slight pull across your chest down the shoulder and arm, hold for 15 seconds. Push the stretch a bit further and hold for another 15 seconds. Swap arms and repeat.



#### Exercise 4

This stretches the lower back and abdominals.

Lay on the floor face down, stretch you arms forward and stretch out as tall as possible. From this position pull your elbows in under your shoulders as you gently arch up, and away from the floor, without your hips lifting from the floor. Again hold it for 15 seconds. Breathe out slowly and increase the stretch by contracting your bum and arching back slightly more and hold for another 15 seconds.



#### Exercise 5

This stretches the rear shoulder and the triceps.

Sit up straight and reach behind your head and down between your shoulder blades. Grasp your elbow with the opposite hand, and pull it across and down as you resist until you feel a slight stretch, hold for 15 seconds. Breathe out slowly and stretch a bit further for another 15 seconds. Swap arms and repeat.

# Ask Ingrid 6

**Sometimes, particularly with the cold weather I just can't be bothered getting out of the house to do anything, let alone exercise. Do you have any suggestions for getting me up and moving?**

That is the beauty of home workouts. Pick one any workout from the last few *Talkabouts* and go for it. Even use something you have had sitting at home from last time you felt inspired to get active. You may feel so invigorated that you end up walking right out of the house. Starting with something small can often motivate you to do more once you get going.

Another approach is to schedule appointments in such a way to encourage you to exercise before, after or in-between these duties. What ever it takes to get you up and out of the house and to the gym or out walking, running, playing a sport or biking, etc.

Another approach is to get an exercise buddy, make arrangements to support each other and arrange workout times ahead of time so you have to turn up. Once you are there you will usually enjoy your workout. Reward yourself every now and then, go for a coffee after your workout, go shopping for a T shirt to show off your improved body. Set goals together and talk about them to keep each other on track.

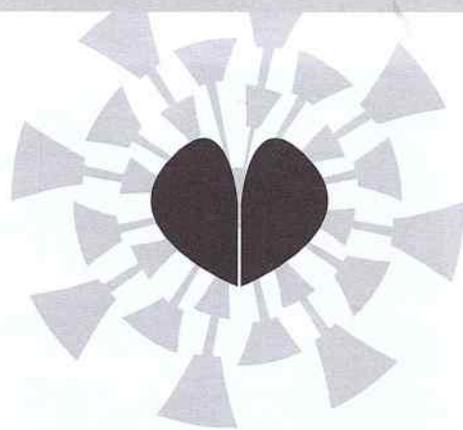
If you are not sure whether you are well enough to exercise, say to yourself: 'I will go to the gym, or start my home workout, and just do the first two exercises, and see how I feel.' If you really are not up to it, you can finish and go home guilt free, knowing you need more recovery time. Most of the time you will start to feel better and can go on with your workout.

The last suggestion I have is to try some new exercises, change the type of activity (try a new sport, go bush walking, start using the gym in your block of flats), or ask your gym or trainer to give you a new exercise program. Sometimes a change is all that is needed to get you moving again.

**If you have a question for Ingrid email [editor@plwha.org.au](mailto:editor@plwha.org.au)**



# 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**

**Easy going guy** living on the Central Coast 3 yrs+ looking for the good times again. Me 45 yo, slim, fit neat guy looking to meet guys for fun, sex, friendship, maybe relationship. Luv beach, movies, good food oh and sex. Can travel. **Reply: 250505**

**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+ 48 yo**, gay guy, 68 kg, 173cm, 19 yrs survivor, NS, still enjoying good health, WLTM an adventurous but passionate, slim to average build, HIV+ guy under 53 yo for fun and friendship on a regular basis with a view to a possible LTR. **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**

**HIV+ 44 year young**, creative, considerate, passionate, tactile, muscular, fit, 5 ft 9, 80 kg, striving to be aware and explore life's journey. Not into drugs 2 yrs poz. A Leo/Rat seeking Gemini, Libra, Sagittarius, Capricorn/Ox, Dragon, Monkey for a date. **Reply: 210605**

**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**

**Muscular, fit**, good looking straight acting GAM 40 yrs 174 kg HIV+ for 14 yrs. Healthy, still no medication, lots of hobbies, likes to work out, looking for new friends and conversation, must have a good personality. **Reply: 070605**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**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 kink, 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**

**Penrith, HIV Poz guy 43**, 75kg New to area, very healthy, seeking LTR with guy 30 - 50 who enjoys quiet nights, occasional rage, must be honest, My first advert **ALA Reply 270505**

**45 yo South Coast** male 18 yrs +ve, 6 ft 2, passive, WLTM guys to 45 for friend/relationship without the use of drugs. Tired of being single, willing to travel within reason. GSOH, DTE, caring and affectionate - that's me. **Reply: 170605**

## 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**

**Mid North Coast Lifestyle.** Straight guy, 43 HIV+, non user, easy going, genuine, GSOH seeks similar HIV+ lady for companion/mate for LTR and if all goes well who knows. We could just be very compatible. **Reply: 100020**

**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**

<b>ALA</b>	All Letters Answered
<b>LTR</b>	Long Term Relationship
<b>GSOH</b>	Good Sense of Humour
<b>NS</b>	Non Smoker
<b>ISO</b>	Looking For
<b>DTE</b>	Down To Earth
<b>WLTM</b>	Would Like To Meet
<b>GAM</b>	Gay Asian Male
<b>GWM</b>	Gay White Male
<b>TLC</b>	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.

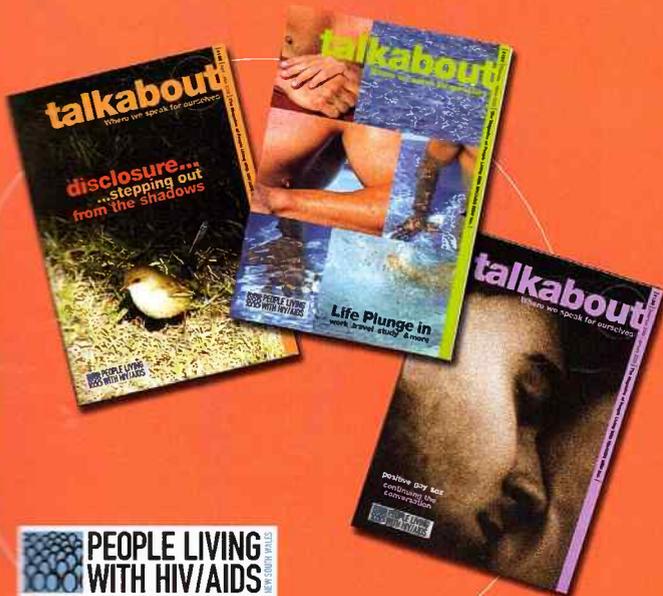


# talkabout

Where we speak for ourselves

treatments, sex, relationships,  
travel, work, life and more...

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The Magazine for People Living With HIV/AIDS (NSW)

# Planet Positive Winter Warmer

*A night out for hiv positive  
people and their friends*



Friday 26th August  
6pm - 10pm

Where? PLC  
703 Bourke Street, Surry  
Hills

With free food, refreshments  
and  
Sounds from Ruby



WED 10TH AUGUST 2005  
6.15 FOR 6.30 PM

The Terrace,  
The Australian Museum  
(William St entrance), Sydney.

Admission is free and light  
refreshments will be provided.

RSVP essential  
(by Wednesday 3rd August).

Limited places available:  
call (02) 9361 6011

## HIV TREATMENTS AND TRAVEL INFORMATION EVENING AND TRAVEL RESOURCE LAUNCH

The AIDS Treatment Project Australia (ATPA) is hosting an evening of information about everything you wanted to know about travelling and HIV medications.

Come and participate with a range of speakers discussing practical aspects of travelling with HIV medications.

The evening is open to people living with HIV/AIDS, their significant others and health and community workers in the field.

Presented by the AIDS Treatment Project of Australia (ATPA). In collaboration with the National Association of People Living with HIV/AIDS (NAPWA) and PLWHA (NSW).  
Sponsored by Roche.



A big thank you to our volunteers on the door at the last Planet Positive at Annie's Bar

# Happenings



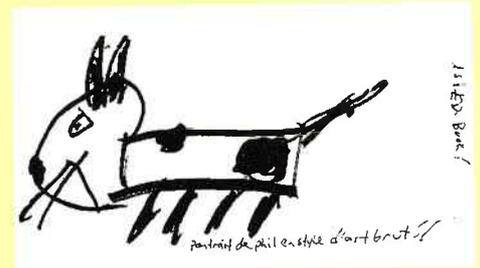
Multicultural HIV/AIDS and Hepatitis C Service raises knowledge of HIV/AIDS and awareness of services through its workshops with African communities. The African women's health day was one of these successful workshops.



The fifth National HIV/AIDS strategy was launched in Sydney in June. David Menadue (Vice President of NAPWA, Frank Bowden, chair of the HIV and STI Sub committee of MACASHH (Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis), and Tony Abbott (Federal Minister for Health and Ageing)

## The pet principle

Rufus. [www.JohnDouglasArt.com](http://www.JohnDouglasArt.com)



Phil the Cat by Chad Witt (sent into *Talk-about* by his mate John Douglas). Chad was a conceptual artist, musician and film maker, and has a memorial website at [www.geocities.com/minimalchad](http://www.geocities.com/minimalchad)



# Pozhet

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treatments nights  
new ideas for healthy living  
retreats  
help with other services

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helping each other, helping ourselves



A photograph showing the rear of a brown dog, possibly a pit bull mix, standing on a grassy area. The dog's tail is curled upwards. The text "the end" is overlaid in a bold, red, sans-serif font across the dog's hindquarters. The dog has a white patch on its rump and white markings on its paws. The background consists of green grass and some dry leaves.

**the end**