

talkabout

Where we speak for ourselves

#140 | August - September 2005 | The Magazine of People Living With HIV/AIDS NSW Inc.

Changing horizons

Living with HIV in rural NSW

HIV (in)visibility
Hepatitis C treatments
and more



We need

A HAND

... or two!

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Every Thursday @ 2.00 PM

No need to book,
just turn up.

Wear comfortable clothes.

Need more info?

Please call 9929 4288

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Yoga

@

Myrtle Place

41 Alfred Street, Milsons Point

Every Monday
@ 2.00 PM

No need to book, just
turn up.

Wear comfortable
clothes.

Sponsored by AIDS Trust & ACON

For more information please call 9929 4288



Women's Lunch @ Myrtle Place

Sponsored by AIDS Trust & ACON

Wednesday 21st. September 2005

11:30am-2:00pm

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Child care and transport
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Dietitian (RNSH)
and

Families' Support (ACON)
available for questions and consultation.

talkabout

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C hanging Horizons



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Some of us are dealing with the challenges of HIV, like diagnosis, starting treatments or disclosing (or not) in different situations. Some of us are just getting used to the whole HIV thing, and some may feel they've been through it all. For all of us though, our perspectives are changing, and we're moving on somewhere. I was recently talking to a participant in a PLWH/A workshop. He said he has learnt about a lot about life and people and himself. He has changed a lot since he's been HIV positive, and couldn't imagine what it would be like to go back to the way things were. Our perspectives are necessarily different from when we were HIV negative, and our horizons have changed, and continue to change, even as we all get on with living with HIV.

The stories in this issue of *Talkabout* describe some of those changing perspectives and shifting horizons. People Living with HIV/AIDS (NSW) for example is about to start a new visibility project. Kathy's article looks back on the work she did in the 1990s about self imaging. The project was a personal one, but many people in PLWH/A (NSW) thought it was important and participated in it. Indeed, one of the reasons PLWH/A (NSW) and *Talkabout* were founded was to 'promote a positive image of people with HIV.' She discusses how the sort of activities she was involved in then might still be relevant today in the Health Promotion work of PLWH/A (NSW).

Greater HIV positive visibility can have a real impact on how people understand us, and even how we understand ourselves. And visibility doesn't necessarily mean being in your face. There are lots of different ways of making our experience of being HIV positive real to others. If you'd like to be involved I'd encourage people to call the office and speak to Kathy. It's possible to be a part of this exciting work.

Another change in the horizon: you might be thinking about moving to that beach house or quiet retreat for greater quality of life. The fact sheet in the centre of this issue of *Talka-*

bout grew out of a PLWH/A (NSW) workshop at the Rural Forum in Mudgee last June. This resource, written out of the actual experiences of positive people in the country, will give you some pros and cons to consider, as well as ways to overcome some of the possible challenges of making the change.

Rick's article on humour and HIV is thought provoking. Readers often rightly ask for more humour in *Talkabout* (hope you enjoyed last issue's light hearted back cover). Humour can be just what the doctor ordered and can also have a real political edge. This issue launches the first of the Po and Jo cartoons which will become a regular feature.

Vivienne's story on telling her children about being HIV positive is a sensitive and thoughtful one. This is a difficult and important topic and Vivienne's experience will hopefully help other readers with children.

Two other stories I think are particularly helpful are the two on dealing with Hepatitis C co-infection and subsequent treatment. Drew and Drew offer some wise advice about how they managed a difficult, but in the end for them, a worthwhile treatment choice. *Talkabout* has always been the magazine where we speak for ourselves. So while you will find information in our magazine about the science of treatment, our main aim is to provide you with stories and people's experiences.

We have a number of stories by HIV positive women in this issue. The recent Futures survey of positive people indicated that *Talkabout* is the most read HIV publication by positive women in Australia. That's something we're proud of, and we will keep making sure we have stories and items of interest for women in *Talkabout*.

There is a lot more in this issue, aiming for gold in the Gay Games, rural perspectives, fitness, delicious recipes and demystifying HIV positive medical terms among others. Hope you enjoy it.

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

Response to BGF changes 1

Maybe I've missed something, but the latest 'holistic options' being dumped on all BGF recipients is more than a shock to the system. In my case the holistic changes will amount to a CUT of 75% in what I now get. Welcome to 2005 - the year we all go out to beg! Seriously, living in the Northern Rivers, these cutbacks will mean either selling my car, or even my house, and trying to get back to public housing.

The bean-counters, and those on the AIDS gravy train, have no conception of true poverty. If they did, I doubt they would dare to introduce these cutbacks.

Name Supplied

Response to BGF Changes 2

"We will put more emphasis into ensuring that all our clients are receiving assistance that they are eligible for from other organisations" and: "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." (see *Talkabout* no. 139) Huh? So without the mumbo jumbo and clearly please what exactly is the policy now??? I found the whole article (HIV is changing - BGF is changing too) condescending and contradictory. BGF look like they are moving away from what they were. BGF has helped me with my electricity account. Thank

you. They've helped me to live by myself. Thank you. But they are funded to help us. It's going to be hard and I'm going to have to cut back. Up until now I've managed but it hasn't been easy. A lot of people are living from fortnight to fortnight and we are scraping to get by. I'm also still confused about whether there is any difference to the way it applies to people living in the city and people living in the country.

So what is BGF there for? I thought it was there to help people in dire straights. They're going back on that? Why? Is the money running out? Is there a big debt? Is it the current board of BGF? What has caused it? And also what has happened to the Ratten Fund? Did that run out of money? I think BGF is taking the easy way out.

Name supplied

Editor: We have noted and followed up your questions with BGF. See page 10 for an interview with BGF CEO Bev Lange about the changes.

Squeeze on Disability Support Pension

This is a comment on the article in the last issue of *Talkabout* about the proposed changes to assessing people for the Disability Support Pension. These changes are already happening to people currently on the DSP. I have been on the DSP for 8 years for HIV, asthma and psychological issues. I was told I had a review. After I put my form

in, I was phoned and asked to come in the next day, so I had very little warning. I was assessed by two people who were not from Centrelink, but from a private organisation sub-contracted by Centrelink. They sent off their report, which stated that the hours per week I could work are currently restricted to 8 to 14 hours, due to fatigue (and this was confirmed by my treating doctor). However in their recommendations they asserted that with rehabilitation I would be able to increase my potential work hours to 30+ over a two year period. They recommended a 'graduated return to work program under guidance of a rehabilitation provider over two years.' They also recommended that I am put on Newstart *straight away*. I went in and was presented with a letter stating that I received zero points for all my disabilities (you must get 20 points to get the DSP). I have decided to appeal, and the Centrelink Disability Officer has offered some assistance and has advised me on getting more detail about my conditions for the appeal. I can continue on the DSP while the appeal process is continuing. My experience shows that even if you are currently assessed to be able to work 8 to 14 hours a week you can still be put on Newstart immediately. So be warned.

Rodney H

Editor: Thanks Rodney for contacting us. PLWH/A (NSW) and *Talkabout* would also like to hear about other people's experience of the Centrelink review process.

Letters

continued

The joy of pets

Firstly, congrats on a heartfelt issue of love and companionship (*Talkabout* no.139 *The Joy of Pets*). It is a shame that in all that has developed over time so many of us no longer feel comfortable with our fellow man. Our trust and comfort must be found elsewhere, and the shame is that this ought to be in addition and not instead. We have all become so cynical and fearful of adverse judgement by others. The difficulty of language and words leaves us with seeking comfort from things that do not rely on words. Thank you to those who shared their story of companionship and love; it made me feel both happy and sad as I contemplated the fact that our hearts have the enormous capacity to know boundless love and yet so many of us are bound to our isolation. Let's open our doors and windows, smell the air, tune into the birds and enjoy life.

Peter

Yoga

Thanks for Daniel Bird's inspiring article on Yoga (*Talkabout* no. 139). I would like to hear more stories like this.

Jeremy

Talkshop

What's happening



Planet Positive is a good way to meet other people

Friday October 21st is the date for the next Planet Positive, a social night for HIV positive people and their friends. It starts at 6pm at Annie's Bar (563 Bourke St Surry Hills) with music by Ruby. Around ninety people attended the last Planet Positive in August, so it is a good way to meet people. Planet Positive is organised by People Living with HIV/AIDS (NSW), ACON and the Positive Living Centre.

NAPWA Conference deadlines

The tenth biennial NAPWA Conference 'Our place, your place...in the bigger picture' will be held in Adelaide from 18 - 20 November 2005. The conference program will include guest speakers from across Australia. The early bird registration deadline for the conference is **Thursday 15 September**. The Conference registration deadline is 10 November. You can find more information on the NAPWA website www.napwa.org.au

Working Carers' Support Gateway

People who juggle paid work with caring for a relative or friend in need of help because they are ill, frail or have a disability are now able to get useful, relevant information and support via a new Internet site. The 'Working Carers Support Gateway' website www.workingcarers.org.au is now online for New South Wales carers generally, and low-income and isolated carers in particular, who have both caring and workplace responsibilities.

Developed by the Disability and Aged Information Service (DAISI), the website provides direct information support state-wide for busy working carers. The vision for the Gateway project is that working carers are valued, respected and supported to achieve balance in their work and home life. The project is funded by NSW Health's Carers Unit.

The website focuses heavily on industrial relations advocacy and financial planning

advice. It contains lists of services for working carers; information - including medical information; fact sheets; advice and links. Working carers are able to subscribe free to a weekly electronic newsletter, join an online discussion group for added support, and contribute stories that reflect on their experiences with employers, services and families.

Drop in night for newly diagnosed men

If you are a man who has been diagnosed in the last few years and would like to meet other men, People Living with HIV/AIDS (NSW) and ACON run a social discussion group called After Hours. It happens every second Thursday of the month and is a good way to meet with other HIV positive guys in the same situation. For more information about a friendly night of snacks, chat and chilling out ring Glenn on 9361 6011 or email: glennf@plwha.org.au

Do you have information for the Health Promotion Fact sheets?

Some community groups and organisations put together very useful information about health related issues for HIV positive people. However you may not have the resources to widely publish and distribute it.

The Health Promotion fact sheet series PLWH/A (NSW) publish in the centre of *Talkabout* may be a way to get your information out to a wide range of people with HIV.

If your organisation has health promotion information you would like to contribute to our fact sheet series, please email Kathy at kathyt@plwha.org.au or phone 02 9361 6011.

PLWH/A (NSW) will acknowledge all sources of information used in published fact sheets

It is estimated that approximately 13% of HIV positive Australians are co-infected with Hepatitis C. In recent years new treatments for Hepatitis C have become available, although surveys indicate that treatment uptake is low. In the following stories two positive men, both called Drew, share some advice on dealing with a diagnosis, what helped them through the challenges of Hep C treatment, as well as some of the benefits of treatment.

Hep C+

A plan of action

Drew Caldwell

“ I can't believe how much energy I now have ”

During my 44 years, I have become a petri dish for a variety of viruses and bacteria.

By Christmas 2003, I had discovered that amongst others, I was Hep C positive, HIV positive and required open-heart surgery for a defective aortic valve.

Suddenly my health issues became of interest to the medical fraternity and a plan of action was agreed between specialists; commence combination therapy immediately for my HIV, have open heart surgery once my viral load was undetectable and then to commence treatment for the Hep C.

By the middle of 2004 the first two had occurred. In September 2004 I had a liver biopsy to determine the extent of my liver damage. Under local anaesthetic, a long needle was used to extract samples of my liver. My memories of the day include the embarrassment of having to respond to the doctor's questions on how I acquired Hep C and HIV (I am still angry that he seemed to enjoy my discomfort) and having to lie on my side for 4 hours with an aching shoulder (a common side effect post liver biopsy).

I've got to say upfront that, like most people I found the side effects of treatment for Hep C unpleasant. At times I had headaches, nausea, lethargy, little appetite, no libido, insomnia and the feeling that I was sharing my mind with

a cranky alien. In the end I had to stop work and go on a Newstart Incapacity benefit through Centrelink. My six months treatment of a weekly subcutaneous injection of Pegylated Interferon into my stomach and 4 tablets a day of Ribavirin finished two weeks ago and I can't believe how much energy I now have. However, I still need to wait a further six months to discover whether I have cleared the Hep C virus from my body.

I am going to be very prescriptive here, and give a few pieces of 'Drew advice' concerning Hep C treatment:

- If you are HIV positive and have ever injected drugs or got a tattoo, have a Hep C test. A positive diagnosis for Hep C helped explain why I was feeling fatigue. I was then able to make some changes to my diet and life style such as reducing alcohol and drug intake, seeing a dietician and changing from high impact exercise such as gym and running to less energy depleting exercise such as swimming and yoga.
- Before commencing treatment get as much information as possible about Hep C, treatment and side effects. I found information contained in the following websites helpful: www.hepatitisc.org.au/ and www.aidsmap.com
- Take advantage of any support available. The IBAC team at St Vincent's

Hospital were very helpful. I also found the support group run out of St Vincent's Hospital to be extremely valuable. It is very liberating to discover that you aren't the only person having to pee four times a night now. Also, I accessed an excellent counsellor at the Albion Street Centre on a monthly basis to work on any personal stuff.

- Decide which is the best day to inject the Pegylated Interferon, as most people, if they have a reaction, seem to have it during the next 24 to 48 hours.
- Get frequent medical checkups; there can be side effects from the treatment.
- Listen to your body, if you feel tired then you most likely *are* tired, this may mean having to have a siesta during the day. Most nights I was in bed by 8:30pm at the latest.
- I found developing routines and a plan for what I had to achieve each day helped, and also don't do too much in a day. I also tried to make any appointments during the morning as this was when I had most energy.

Anyway, two weeks after treatment finished, my appetite has returned, my libido is back, I have started exercising again and I am negotiating a return to work.

We did it

HIV and Hepatitis C positive, **Drew** had a lot of support from the people in his life when he took treatments for Hepatitis C

I was diagnosed HIV positive in 1998, when I was twenty two. At the time I was taking as many recreational drugs as I could. Then in early 2000, I was on a train from Adelaide to Sydney, and I got sick, with really bad diarrhoea and vomiting. I rang a mate and asked him to pick me up from the station, and went home for a few days and just got sicker and sicker. I had pain in all my joints, more vomiting and diarrhoea. After a few days I went to my doctor, feverish, with a high temperature, and the whites of my eyes were yellow. Within two days I was told I was Hepatitis C positive as well.

For ten months I lived in Wagga to keep away from the drugs. Even though my body went through a grieving period, I felt a lot better. I had one friend there, and I started going to TAFE (and bingo – which was fun). I was careful about telling people about my HIV status. Both HIV and Hep C are hard to tell people about.

In January 2002 I decided to move back to Sydney, and continue my TAFE course there.

I was at a World AIDS Day Ceremony and I bumped into Marie from the Luncheon Club, and I remember

crying on her shoulder. It was hard to cope with HIV and Hep C, but I was trying to accept it. She told me: 'Never give up hope.' Since that day I realised I was going to have to live with being HIV and Hep C positive for the rest of my life and I was going to have to make the best of it.

I knew more about HIV than Hepatitis C, and I didn't do anything special about my Hep C status. In late 2002, the Hep C specialist at St Vincent's talked to me about treatments. He said there was a trial I could go on, which would go for 48 weeks and would probably be 'a bit hard on the body.' I rang my mum to ask her advice, and she said that whatever I decided she would be there for me. Two weeks before I was due to start I said yes, not really realising how hard it would be.

I can remember the exact day I began treatments – 17 April 2003. It involved one injection of Interferon a week for 48 weeks. I was also on Ribavirin, three tablets in the morning and three in the evening each day. They gave me a 30% chance of getting through the treatment and clearing the Hep C. I doubted I could do it, and I doubted the doctors could do it as well.

Shaking like a leaf with the practice needle, I practised injecting on a squishy ball. Although I'd used needles before, I still felt squeamish about them. The nurse did my first injection. It hurt like hell, but he was very encouraging and said to me 'You can do this.'

Because one of the side effects is depression, I took anti-depressants, and they really helped. I was also told to expect loss of appetite, a feeling of lethargy, vomiting and diarrhoea, a rash around the injection area, and loss of weight. Within the first seven days, I experienced every one of those side effects, and I got terrible back pain as well. When I was growing up, I had had problems with the discs in my back. But after I started my treatments, I couldn't stand up straight, and I was walking like a hunch back. I lost many kilos in weight and felt really nauseous and could hardly eat a thing. The doctors dropped me down to two tablets in the morning and one at night, and I started to feel a little better.

Week 4 and 6: and I still felt like crap. I went into the hospital every Thursday to have a check up. By **Week 6** my ALT levels (which give a rough idea of liver damage) dropped from 330 to 44. A normal range is within about 30. By **week 8** they had dropped to 15. By this stage the doctors knew that the treatments were working, but they weren't sure how well.

Week 20: I started getting aggro and upset again on the treatment. I was having little 'accidents' outside the bathroom door, and could hardly

walk down to the bus stop. I felt so cranky about the treatments, and wanted to give up because I didn't think this hell was worth it. I was ringing mum about 3 am in the morning. She supported me and said 'If anyone is stubborn enough to do this you are.'

Week 26: my ALT levels were down to 11. By **weeks 26 to 28** the doctors knew it was working. My doctor really encouraged me. He said

'You've got this far. Don't give up.' I got to **week 34** and my body had had enough of the treatments. I went into St Vincent's for a bit of R and R, and it really helped. It was September 2003 and I was feeling pretty crook.

Week 36: I was at home, lying in bed. I said a prayer. 'I need some help with this treatment. My mum can't help me because she isn't in Sydney.' That Friday night I went to Karaoke

at the Taxi Club and met (let's call him) Sexybum. It was like meeting an angel. I told him all about my HIV and Hep C, and he said he would help me through it. At that stage I didn't realise how important he would become to me. After three months though, I knew he was the one, and we've been together ever since. He helped me through the last 12 to 14 weeks of the treatment, which were the hardest.

I finally got to **week 48** on the treatment (still with bad nausea and diarrhoea). Getting so close to the end I didn't want to fail. I did my last injection and took my last lot of tablets.

In the **first 4 weeks off** treatment my body went into a state of shock, and I had constant night sweats. Once I finished treatments I still had a 6 month waiting period. Three months after finishing treatment I had an ALT level of 12, and they gave me a 98% chance of throwing the Hep C.

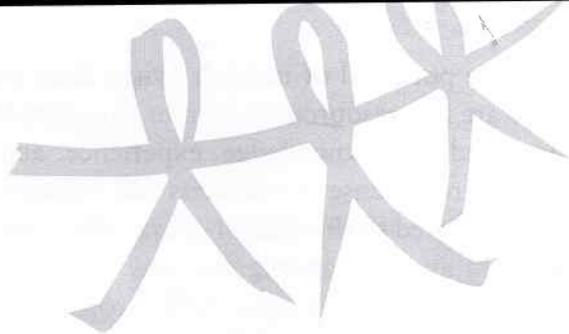
At the end of the **6 months** I went in for my blood test. It was a week before my twenty sixth birthday. I knew this was the big one. Within five days, I received a call from the hospital saying; 'Congratulations. You've done it. You've thrown the Hep C.' I burst into tears and then felt ecstatic. I'd really done it after 48 weeks of hell, and the first person I rang was my boyfriend. I told him 'We've done it.' I also rang my mum and told her, 'We did it, mum.' She went from sitting on the telephone table to sitting on the floor beside the telephone table. It was the best birthday present anyone could get.



graphic: Phillip Mc Grath

C

hange at BGF



BGF CEO **Bev Lange** spoke to Glenn Flanagan about the changes to BGF services. In this interview she addresses some of the concerns raised in the letters column of *Talkabout*

Why is BGF implementing changes? Is the money running out?

No the money's not running out. We're financially very sound, but we're planning for the future. We're not looking just at our current circumstances, but to be sustainable so that BGF can continue to provide services to our clients long into the future. The most important thing is that, through the review process, and talking to clients over the last eighteen months, we've found they want and need different things from BGF. And so we've set about trying to put together programs including financial assistance, but not only that, which provide better support for the needs of our clients.

So what is the policy now for people who have difficulty with paying their bills?

If people are having difficulty, they should come and talk to us immediately. We've also intervened when necessary with service providers like Energy Australia, AGL, credit card companies and banks, and negotiated a stay of proceedings, or a disconnection notice on the basis that we have a reputation with those providers and they listen to us. That's probably not a side of BGF too many people know about. I don't think that we do a particularly good job of talking about ourselves at all, and the range of things we do.

More generally, we want to talk to all of our clients. At the moment a client will come in with an electricity bill or a phone bill, give it to our receptionist, or fax it in and we process half the payment of that bill with no limits. We don't talk to them about what their other needs are, or how else BGF can provide support, whether that's through some rehabilitation counseling like Positive Futures, or financial planning, or indeed some assistance with their entitlements. BGF is not stepping away from financial assistance in any way. But we are trying to put in, in some areas, some limits, and be more holistic in our support. If people have difficulty paying their bills there may be some reasons for that, and BGF can provide support and training to assist our clients better manage their money and the peaks and troughs of their cashflow. BGF can put together a program of financial assistance and support that helps our clients manage bill paying.

Could you talk a little about the cap that will be introduced?

We've introduced a cap that's just above the average level of support for our clients. We've done that because at the moment it's unlimited. We pay half the bills and there are no restrictions. We're aiming to fund other programs out of that pool of money, to build up very practical support and advice our clients have requested.

These other programs include Phoenix Workshops and Life Coaching as part of Positive Futures, access to dental support and developing a stronger outreach program.

What happens if someone exceeds the cap? Or if someone is in real need and they're outside the guidelines?

We're looking at what people's real needs are, and looking at the pattern of costs. Some people who live in colder areas are going to have very high bills in winter time that might completely blow their budget or their cash flow at the time. So again it's about trying to balance these things, and be as flexible as possible. For example we currently support some clients with the purchase of firewood. If there's a genuine need, we'll help as much as we can. And so we're not stepping back from anything, but more trying to work with our clients to fund more people for a longer time. Our client base has increased by more than 5% in the last twelve months, and will continue to grow. So in putting some caps in place, it allows us and our clients a platform for budgeting for financial assistance and for the future.

Independence is often about money. And if we can provide some skills to assist with that then we're keen to work with our clients. Not just on financial assistance, but how they

budget, what are the options if they have a mortgage, accessing No Interest Loans to purchase essential items or Positive Futures if our clients want to return to work or study. There are also options for accessing low cost computers, mobiles, landlines and other services that BGF can provide information on.

Are there differences in the ways the policies are applied in the city and the country?

It'd be fair to say there have been some anomalies. Certainly people in the country have less access to information about BGF. They don't know about all of the programs that we run, and the financial assistance that's available. To begin addressing this issue we've created some new fact sheets that will be widely distributed to service providers and partners across the State. We're also re-building our outreach program to ensure regular visits across the State to provide access to Positive Futures and Financial Counsellors.

There have also been some differences in the way we provide support for scripts. But from 1 October, it'll all be the same. We're asking people to register with the Pharmaceutical Benefits Scheme Safety Net, so that our clients are receiving the available government support. People receiving a Disability Support Pension receive a subsidy for PBS. BGF will stop providing assistance with PBS, (apart from Section 100 scripts - basically, the antiretrovirals). BGF will also provide financial support for non PBS prescriptions that are prescribed by an HIV doctor. And that will be the same - country and city. It will mean that people outside the city will have to send BGF a copy of your receipt and your PBS safety card to be reimbursed. If any client believes they need support, I invite you to contact the office and make a time to talk with one of our staff.

What about the Ratten Fund? What are the plans for that?

The Ratten Fund is in a hiatus at the moment. But we hope that by the 1st of October we'll have some new guidelines. We're looking at a combination of grants, and no interest and low interest loans. Grants for pre-vocational study (course fees, materials and books) and then for people who want to undertake longer term study and fall outside federal government assistance, we'll provide a no interest loan over 12 months. If people might want to buy something for a business (we've had requests for things like cappuccino machines and computer equipment to set up a web design company at home) we could offer a combination of no interest, at first, and then low interest loans.

How have BGF been consulting with people about the changes?

The client services review started about eighteen months ago, and there were a number of briefings and forums where people talked about what they needed. That was backed up by a client survey. We had about three hundred people respond to that survey. People said what they thought BGF did well, did poorly, what needed to stop, and what things they wanted that BGF currently did not provide. They were things like dental, life coaching, extensions to Positive Futures (then called Positive Employment Support), and giving more practical advice.

We then set up a client services reference group, which included ACON, PLWH/A (NSW), NAPWA, SWAIDS and St Vincent's and we started discussing ideas. Our staff substantially contributed to the development process reflecting the daily feedback they receive from clients. Once we'd formulated some ideas about the guidelines, we tested those with some client focus groups. About thirty or

so people came in who access financial assistance, financial counselling and Positive Futures. It was a wide range of people and they provided some very good feedback. We'll work closely with our clients to make sure they're not negatively impacted by this. In fact, we think for most, it will have a very positive impact.

How has the process of contacting people and telling them about the changes been going?

Letters have been sent to all clients, accompanied with fact sheets about the assistance people currently receive. I acknowledge those letters did not purely reflect BGF's intent and that the message was not clear. We've since held a number of forums and briefings to clients and service providers. We've been to Wollongong, the Hunter, and Lismore. ACON have invited BGF to present at the Lifestyle Forum in Coffs Harbour on 21 September and we'll be running a half day workshop the following day in Coffs Harbour and again on 23 September at Lismore. BGF has written to all its clients in those areas inviting them to those workshops. A briefing has been provided to the Haven staff and a further client briefing will take place in Western Sydney in September.

Following the release of the changes, and at the briefings some clients have expressed concern, but almost without exception, once we've talked through the changes in detail and compared it to their current circumstances, their concerns have been addressed. We've encouraged people in the briefings, if they do have concerns, not to stress, just come in or contact the BGF office and we'll work with you to determine how BGF can best provide support.

The BGF website has now been updated and there is substantial information now available including the fact sheets and forms. There are links to other relevant sites.

Where have all the positive people gone?

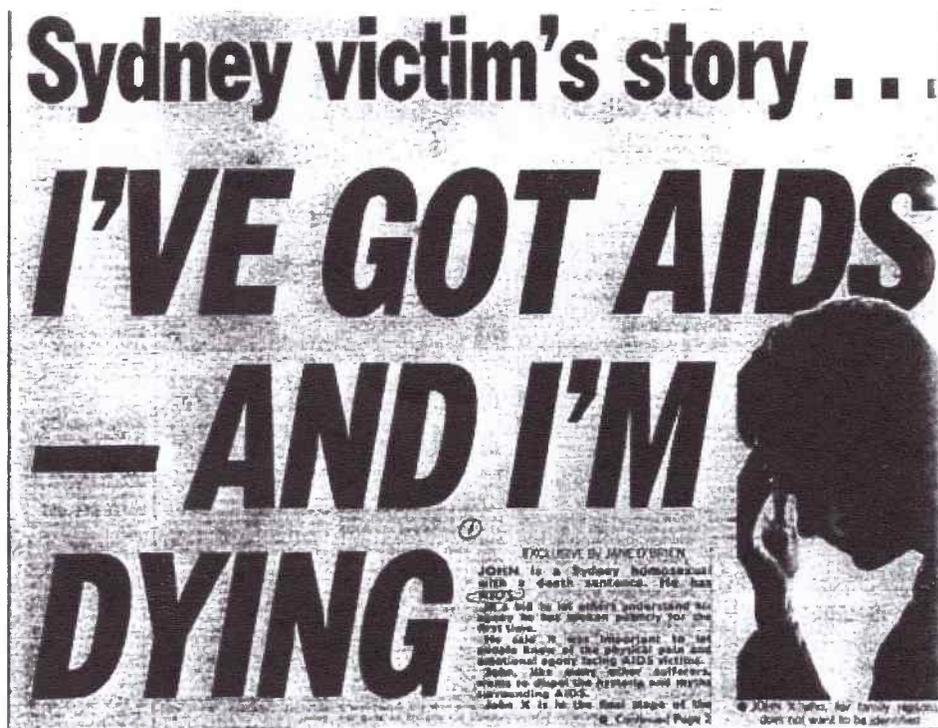
"We need success stories with HIV"

Kathy Triffitt

"We need success stories with HIV". When Mark wrote this in 1990, he was challenging the media image of the passive, faceless, dying AIDS victim. Success for Mark meant defiance in the face of death. What would an HIV success story be today in 2005? Where have all the images of HIV positive people gone? What are the challenges and the benefits of participation when making the experience of HIV tangible to self and to others? If you are interested in any of these questions or whether you're a budding author, artist or just want to get something off your chest (blogging, sending in a story, doing an interview, or being part of a workshop) contact Kathy on 9361 6011 or email kathyt@plwha.org.au

PLWH/A (NSW) is about to start a new project called *Let's talk about it* (HIV Invisibility). Over the next six months I will be developing a workshop practice that looks at what matters to you through writing, photographs, video and oral histories. The focus is on the specific issues faced by you in your daily lives.

A rich part of the story of HIV/AIDS, its individual and its social impact, has been told in personal narratives and in fiction. One of the paradoxes of the epidemic is that, while it has been stigmatising and



The Sun Sydney newspaper 1985

Faceless people are not seen; they have no identity to the public.

has disproportionately affected already stigmatised groups, during the 80s and early 90s it has generated much personal testimony and visibility. However by the mid 1990s, personal narrative has not played a major role in speaking back to the media, nor to assert the continued presence and voices of people with HIV.

PLWH/A(NSW) responded to negative and stereotyped images of people living with HIV and AIDS

circulated in mainstream media, and countered this type of representation with 'positive' imagery designed to give AIDS a face: to humanise an epidemic which had been universally represented as a mask of death. In their manifesto of 1989, and in more recent times, PLWH/A (NSW) called for the promotion of "a positive image of people living with and affected by HIV/AIDS, with the aim of eliminating prejudice, isolation, stigmatisation

and discrimination arising from AIDS”.

During this period the human face of HIV and AIDS was presented in the publication *Talkabout* and a personal project I started during the foundational years of PLWH/A (NSW). As founding members, we saw the importance of HIV positive visibility. Many of the founding members (eg Paul Young, Mark, Rowland, Terry Bell, Peter and more) recorded their voices in the government funded project *self-documentation, self-imaging: people living with hiv/aids* [hereafter abbreviated as *sdsi*]. *Talkabout* along with *sdsi* offer a chronicle of the changing course of the HIV/AIDS epidemic in Australia and the shifting responses to it through the personal narratives of positive people. They record and reflect the inventive means people with HIV employed in order to respond to and manage a positive diagnosis; to reclaim and celebrate experiences of death and dying; to challenge social resistance to the epidemic; and to survive within a hostile social environment: a refusal to let silence equal death.

Handing the camera and tape recorder over in 1987, I began workshops to provide a venue for discussion and to provide skills for people with HIV to communicate their own empowering documentation of self.

HIV positive people represented themselves on the pages of diaries and in the images they created to assert their continued presence and voice, and to mark their changing experiences. They were now politicised, not a clinically categorised person with HIV.

Visual and written narratives were seen as offering a way to 'make visible' the lived experiences of HIV positive people. Narratives of an everyday life of HIV and AIDS

inscribed and recorded a relation to the self and to others. The conclusive trajectory of, for example, classic autobiography in which the end of the story is also the end of a life worth documenting was denied. Instead positive people, in their narratives, gestured to new work, life and ambitions.

As stephen records in a personal narrative, July 1991:

i think that one of the things that hiv has given me is a search for identity, a search for meaning and purpose.

it has given me something to focus on that i didn't have before. it's like a hobby for me now, in some ways ... like looking after myself.

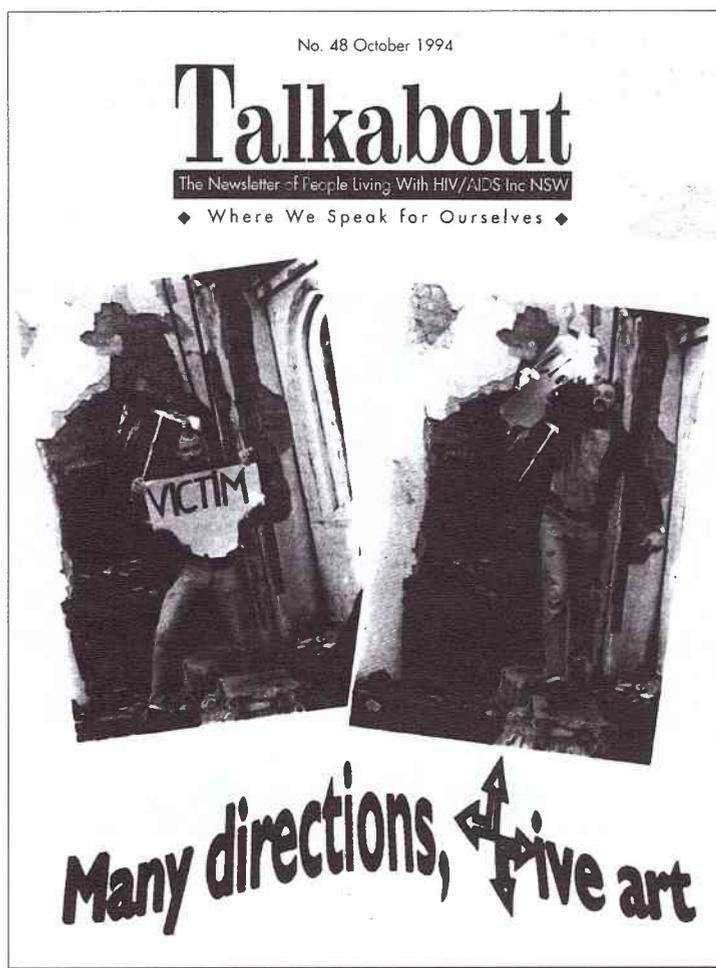
i read a lot - metaphysical, self-empowerment type books,

which i get a lot of enjoyment out of.

i think, for me, that's sort of like a nurturing thing and if i don't constantly read and keep myself together, i get very depressed. (1)

In challenging the victim label stephen's image enabled him to play out the alienating effects of being seen as a victim and, in doing so, to transform that experience into something under his control.

Images and personal narratives produced by people with HIV were published in mainstream and community media (eg *Talkabout*). Here, popular culture is recognised as a resource and ally. Positive people looked for opportunities to speak through, the culture, which 'produced' and 'influenced' them.



Talkabout No
48 October 1994
*Many directions,
+ive art* (cover)

The personal, political and everyday lived experiences of HIV were made visible in the contributions by chris (founding member of PLWA (VIC) and mark (founding member of PLWA (NSW).

chris reflects in a personal narrative february 1990:

what i have tried to spend a lot of time doing is undoing the myth that hiv=aids=death.

there is one achievement that i am really happy about... we have managed to change the language in this country so that we talk about people living with aids. ...

emphasise the living rather than the dying...

i have been one of the advocates in the hiv infected movement. i have always emphasised that it is important to try to get a positive image. (2)

mark writes in a personal history march 1990:



mark... we need success stories with hiv.

i look at photographs of myself in natural surroundings like on a friend's farm ... catching yabbies in a dam and how healthy and good looking I look with all that brown grass around me, and with the trees.

i like space, no boundaries because I don't like putting boundaries on myself. I don't want to contain myself.

... we need success stories with hiv.

people who have had serious aids related conditions and have won and beat them [...]

the media won't print those because they prefer to have aids and hiv as the all powerful, frightening thing that people will worry about.

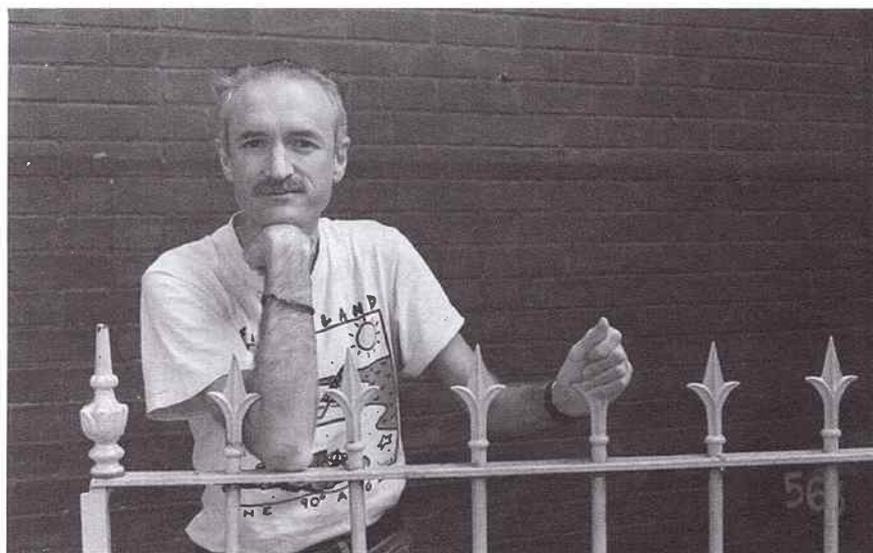
if people pick up the paper and they see AIDS in huge black print on the front page, that will make an aids scare. (3)

And for andi, power is experienced through participation and by taking control over practices (in this case bio-medicine), which would otherwise control and disempower.

In a diaristic mode, in a personal history of july 1995, andi nellssun writes:

being able to do this work was very useful when i was sick and that was important for me to remember that by tapping into this was a way for me

to look at the re-imag(in)ing of my body ... putting it onto paper is a lot more powerful for me than just thinking it ... by actually putting something into existence.



chris [...] what i have tried to spend a lot of time doing is undoing the myth that hiv=aids=death.

... while i was in hospital i was well enough to go off and have a look around. i found all of this fantastic engineering trash ... using those as a base and then putting an image of myself against that was quite strange ... it was partly, again, power over the situation, for myself, rather than being a pawn in the game of hospitals and my need to incorporate something of the hospital into my life instead of the other way round.

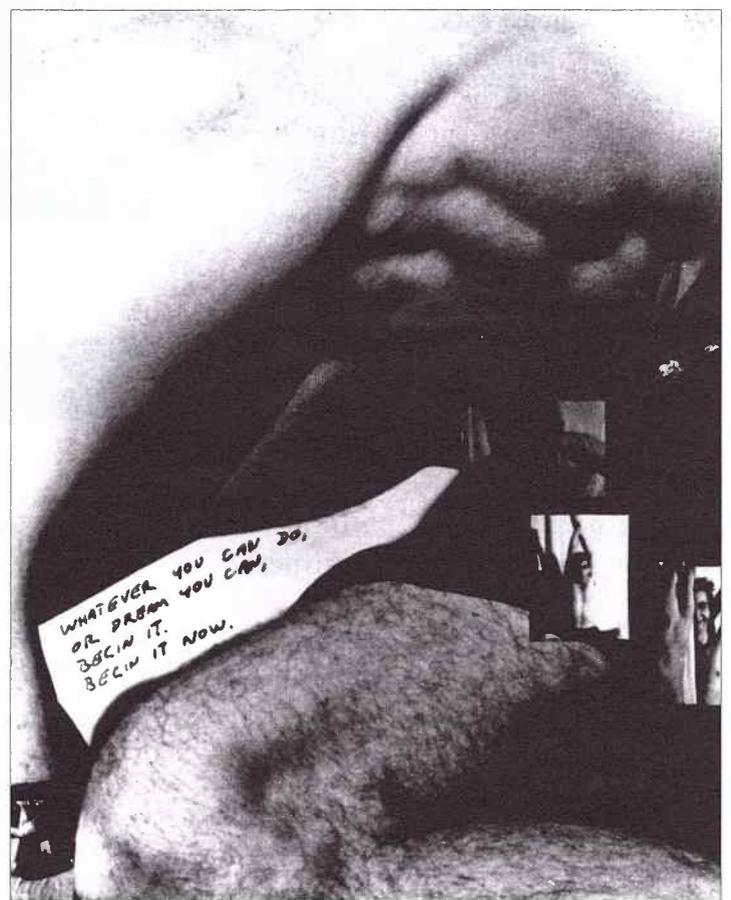
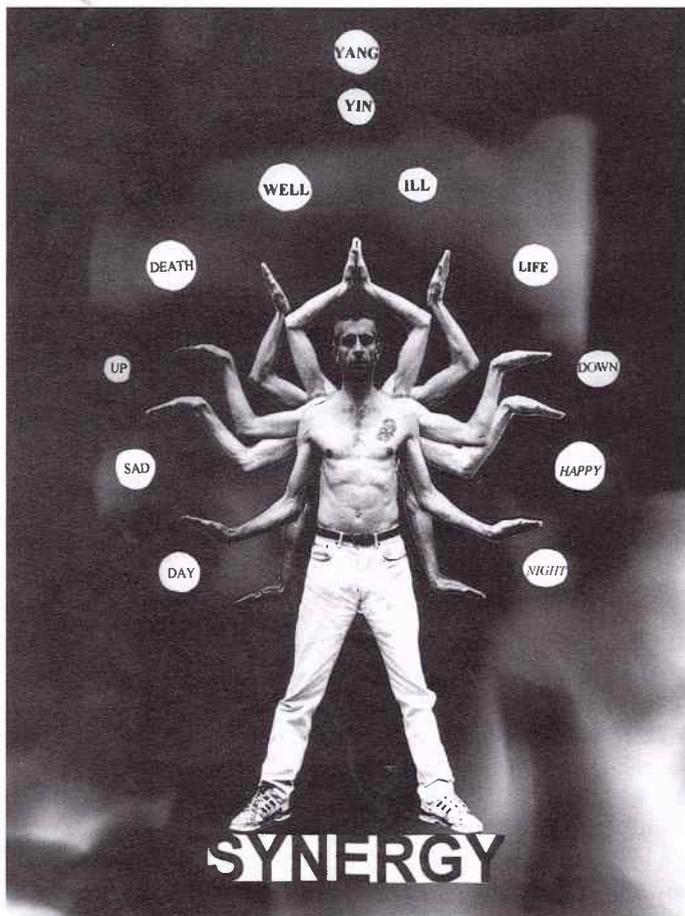
... i mean, again, not being at the mercy of the doctors, the hospital system, but being able to take some of the tests ... being able to claim them back for myself. (4)

There is a sense in andi's work of a life never summed up but constantly reimagined. Autobiographical documents or diaries mark this reinvention, reworking the past to support the new conditions of his life through acts of remembrance of his own life and through the reclaiming of his medicalised body.

Images and personal narratives produced by people with HIV were published in mainstream and community media (eg *Talkabout*). Here, popular culture is recognised as a resource and ally. HIV positive people looked for opportunities to speak through the culture which 'produced' and 'influenced' them. They were forced by necessity to act on and intervene within dominant culture to get the recognition and resources necessary to survival.

These actions are now recognised as cultural strategies of survival and as strategies to fight invisibility. Stephen, chris, mark and andi's witnessing of the aids epidemic, their own illness and, crucially, their responses to it began to compensate for a chilling silence that surrounded them.

I wonder how the encounters and activities of *sdsi* and *Talkabout* can be considered as cultural and communal practices of the individual, an engaged practice that can be summarised by that early feminist slogan, *the personal is political*. Furthermore, what is political and has the power to change lives, perhaps in very small and personal ways, is the very feeling and sense of a practice produced in a relation to self and to others. Narra-



the photographs are another immense key into understanding what's happening to my body... the "empowerment" of taking one's own images, for me, that obviously links really closely to my body image ... seeing those images immediately changed how i perceived myself ... seeing it in print gave me an emotional context as well.

tives as aesthetic documents of self are concerned with the issue of quality of life, a community and cultural value that gives itself to dialogue and negotiation.

Let's talk about it...

In 2002 People Living With HIV/AIDS (NSW) ran an HIV visibility campaign to challenge prejudice, isolation and discriminatory attitudes by presenting a public face of the realities and diversities of living with HIV. The campaign also raised awareness of the changing issues of HIV within gay and lesbian communities, positive communities and broader communities.

The images used in this campaign invite the viewer to recognise themselves as a member of the community and, as such, acknowledge their part in the social conditions that make up the experience of living with HIV. We want to build on what we have learnt from this project, *Talkabout* and *sdsi* to develop a campaign that has a positive voice and representation.

This article wants to not only mobilise an appreciation of the stories and histories recorded by people with HIV, but to also provide new impetus and ideas to address their contemporary experiences. This is especially important now with the perception that medical and treatment issues have been privileged above 'living' issues.

The current lived experience, knowledge and visibility of people diagnosed in the last 'eight' years is often described as very limited. This is why PLWH/A (NSW) in the coming six months will initiate a series of workshops and other activities and opportunities that look at what matters to you in your daily lives.

If you are interested in getting involved in this project please contact Kathy on 9361 6011 or email kathyt@plwha.org.au

hiv doesn't discriminate...do you?

Issues of discrimination remain central to the life of many people living with hiv and aids. 1 in 3 people have experienced discrimination in relation to medical treatment; 1 in 5 people have experienced harassment and live with fear of violence; 1 in 5 have experienced discrimination at work and more than 1 in 10 have been discriminated against in relation to accommodation.



"I'm a woman with a life. I'm a mother ... I'm a wife. hiv doesn't discriminate ... neither should you. ... I don't want my son to suffer discrimination because I'm hiv positive".
Elaine and her son, September 2002.

People Living With HIV/AIDS (NSW) Inc www.plwha.org.au

Endnotes:

1. stephen, extracts from a personal narrative, july 1991, cited in the catalogue essay "The Many Faces of 'Self-Documentation, Self-Imaging: People Living with HIV/AIDS 1988-'", Kathy Triffitt and Therese Davis, in *Face to Face with HIV/AIDS*, curated by Jillian Duffield, Brisbane: University Art Museum, Brisbane, 1998, 24-25.
2. chris carter. "self-documentation, self-imaging: australian people living with hiv/aids, 1988-" cited in T. Gott. [curator] *Don't Leave Me This Way. Art in the Age of AIDS*, National Gallery of Australia, Thames & Hudson (Australia) Pty. Ltd. 1994, 118, 162.
3. ibid, 119.
4. andi, extracts from a personal history, july 1991, cited in the catalogue essay "The Many Faces of 'Self-Documentation, Self-Imaging: People Living with HIV/AIDS 1988-'", Kathy Triffitt and Therese Davis, in *Face to Face with HIV/AIDS*, curated by Jillian Duffield, Brisbane: University Art Museum, Brisbane, 1998, 26-27.

This factsheet has been developed from a workshop on living with HIV in rural NSW. HIV positive men and women reflected on issues including health strategies, confidentiality, disclosure, relationships, access to reliable services, poverty, building new communities and friendships, life changes and quality of life.

Living with HIV in rural and regional areas has both benefits and challenges. Participants shared the challenges but also many successful ways to maintain their health and well being. They also had the opportunity to comment on and contribute to the development of this factsheet.

Discussed below are some of the experiences and skills used by people with HIV to adjust to the “changing horizons” of their new futures.

12

1 Check your reasons for moving before you jump

For many people with HIV, the decision to live in rural and regional areas is based on lifestyle choice. Affordable housing in healthy surroundings were seen to improve quality of life. However, the trade-off is that they are now accessing health-care that provides fewer services and less choice than metropolitan areas, and more time and patience is needed to develop friendships and to travel to appointments. Because of the impact that these can have on quality of life, it is important to consider a broad approach to living with HIV in regional areas. For some people this also means more consideration about integrating HIV into their everyday lives.

Michael: Whilst moving to a rural environment definitely has its pluses, on quite a few levels, there are also some losses. What each person needs to do is to assess for themselves how they are going to incorporate the pluses into their lives, but also what avenues they are going to have to take to lessen the impact of the negatives.

living with HIV in rural NSW

changing
horizons

Think about a broad approach to living in the country with HIV; the many issues involved will impact your life in various ways.

Brian: Given the issues faced daily by those of us living with HIV in rural areas, you may wonder why people choose to live here. People with HIV are living in the country because of the lifestyle, even though it may make coping with the challenges of HIV a bit more difficult.

There are many reasons why you may want to move to a regional setting. It is important to check your reasons for doing so. John, for example, wanted to know more about his HIV diagnosis before moving to the country. It had to be the right time in his life for a move like this: I know that I couldn't consider going to live in the country in the early days of my diagnosis because it was so traumatising. I needed to understand how to deal with HIV. It's something I can do now. But I couldn't do it earlier on, especially in the late 80s ... early 90s. You're moving into a new culture and it's not set up to cope with HIV. So, it's not a strategy, it's learning to deal with your diagnosis before you move.

Richard's reason for moving to the country was a way for him to take control of his personal grief: I chose to live rurally after losing everybody I knew in Sydney to HIV. I found it more confronting to be in Sydney and missing everybody that had gone. To live in an isolated environment was my choice to be alone. It was my way of taking control. My doctor understands you know. I've got good counsel. But that's it. Independence and I chose to do it, so I can't blame anybody else. And that's helped me in terms of my grief.

2 Adjust your expectations when you move to a rural area

■ Be prepared for the quietness and isolation, have an exit plan

Tobin found that planning was important and having contacts in both the city and the country was a major consideration for him: I was kind of prepared. Always have an exit strategy and know that you will be able to travel away sometimes. Don't think that changing locations will change you and your ways, and don't expect it to be all good! It helps to have family, where I have moved to. I have friends who like to visit me from

People with HIV raised a number of positives and negatives of living in a regional area. While the negatives were very real and challenging, for the majority, the positives outweighed the negatives. The good and not-so-good things about country life:

Positives

- Fresh air
- Beach life
- Better quality of life
- Different and healthier lifestyle
- Opportunities to think of spiritual issues
- Community media
- Space
- Being in a positive circle
- Different friendships
- Getting away from the limelight and temptation of Sydney
- Family support
- Healthy environment
- Affordability and general lifestyle
- Quieter lifestyle
- Living
- Gardening

Negatives

- Travel time and costs
- Social isolation
- Isolation from services
- Lack of peer support
- Lack of public transport
- No outreach support
- Discrimination
- Lack of HIV specific services
- No access to HIV information
- Confidentiality in healthcare settings and the community
- Taking medication
- People's attitudes
- Lack of community
- Pharmacy opening times
- Poverty
- Loneliness
- Lack of HIV GPs
- Lack of social situations with other poz people
- Lack of employment opportunities
- Difficult to find a partner

life knowledge change activities

Sydney. That helps. Apart from that, just remember that you can always move back to the city if things don't work out. At least you tried!

Don't expect what you had in the city. Loneliness and isolation need to be dealt with. You need to change the pace of life and be less stressed about things.

- **Be prepared for the lack of social opportunities which are more common in the city, especially with other HIV positive people.**

Jeff: Lack of peer support, socialising in non gay, non urban environments and associated disclosure issues have an affect on my life. We need internet chat rooms, exclusively for positive people as a means of peer support and information sharing. Create opportunities to be open about being positive.

- **Choose where you live.**

Peter: I mean if people are choosing to live 30 miles from a centre where they're deliberately isolating themselves then they're on their own. They won't be able to do all the things that are necessary to get involved with the community. So, I live 3 kilometres out of [a town] which is accessible and I've joined a choir, a gardening club, a theatre group and a club, which you know helps HIV positive people.

- **Look at what you are losing and what you are gaining.**

John: In the city you've got more cultural opportunities. Okay, there are going to be fewer services, there is going to be some aspect of

isolation, but then, what is it that I'm gaining? So, perhaps it has come down to self-knowledge or spirituality in the broad sense. Living in the country can give you the time to do that and have a quality of life.

3 Broaden your social networks, expand your friendships

Isolation is perhaps the biggest issue facing people with HIV in rural areas. For some, there are few safe places to be open about HIV.

In many rural settings there is no identifiable gay community or even readily accessible informal networks. Because rural communities are not as culturally diverse as urban communities the question is how do people with HIV negotiate relationships? What impact does this have on community involvement?¹

An important point to consider is rural communities differ considerably in the development of gay community organisations and accessible networks. The Northern Rivers area of NSW contrasts to the South West Slopes and Riverina areas in this regard. The Northern Rivers has large and visible gay and lesbian communities and organisations.²

Diversifying the opportunities to meet new people and broadening social networks is seen as an important approach to overcome isolation. This is also recognised as important in building a sense of community.

Don't expect important things to happen around you, because, aside from drought and floods, they usually don't. Consider being pro-active.

For many people with HIV, social networks tended to be made up of mixture of gay and heterosexual friends. Many agreed building friendships took long time and travelling distances meant that "people tended to socialise differently, often staying over night, visiting each other over the weekend."

Diversifying the opportunities to meet new people and broadening social networks was seen as an important approach to overcome isolation. This was also recognised as important in building a sense of community.

John, for example, spoke of creating opportunities to participate in the life of his community: Join the garden club. You'll meet diverse people with lovely gardens and find some support. Use the opportunity to discover more about yourself and get involved in new things. Give dinner parties and you can do it cheaply, you don't have to spend money. A bowl of pasta and a salad go a long way in making people, you know, community orientated. So give everything a go. Try and do things. It won't come knocking on your door. You've actually just got to go out there and do it.

Roger: Be open to the rhythms of the folk of the region e.g. accepting that communities are small, while avoiding bitchiness and backbiting at all costs.

There are other local groups. I mean I live in a community and they have their parties and barbecues and little events. You know if you link in with people in your community, if you can get past they don't all have to be gay to be part of your community. Part of rural living is expanding your horizons to find a sense of community. To be able to get some support.

For both Richard and Greg, accessing local programs, joining clubs and volunteering were seen as successful ways not only to meet new people, but to contribute to their communities:

Richard: Volunteer work, if you've got time and the energy. I joined a sports team, and that's been quite a challenge because it's been very socially interesting. And that's been very good for me. It's been great for my self-esteem. And that's probably very important in a rural area, to force yourself out into groups that you might not normally hang in.

Greg: Go to your local library and get a list of all the societies and branches. Go through a checklist.

If you volunteer anywhere whether you're a bus driver for the community or in the neighbourhood centre or wherever, you will reap the benefit yourself. You make lots of contacts and you're giving something out too.

For Jenny, expanding "horizons" and broadening networks was seen not only as an opportunity to meet new people but also as a way to look after her mental health: "I deal with my depression by getting involved. My most positive experience [was] joining the rural fire brigade with a bunch of really gung-ho redneck guys. I was terrified. It's been a good thing for me because I've educated these people. These are the people that you think would be discriminatory. I think it's about getting out there and jumping off the edge of the cliff because you're going to land somewhere. You know, it's usually not all that bad.

There is more work to be done in creating more opportunities for people in rural areas to connect with each other. For many people with HIV, engaging with the "positive community in whatever form it takes" was vital.

Craig, for example, would like more face to face contact with other positive men to share information and experiences: I'd like to see people get together with a few other people [via] the email group system where they can actually interact with each other face to face [...] and with people in the city where you could visit each other and stay over or whatever. Not necessarily a sexual thing, it's more a relationship. Yeah, swap pictures. I think when people get together in little groups like that you can actually share information. Its stuff like that I'd really like to see come out of this workshop.

Tobin considered a more pro-active approach to creating places in which to meet other HIV positive people: We need [to create] places that we can socialise in so that we're not forced to go to a dance party once every three months and take ecstasy and get out of it because half the time we don't discuss things. I think that if we had something a little more long-term and a little more intimate, we would be able to discuss things. I do believe that not having these opportunities impacts on our social lives and therefore our mental health.

Tobin also cautioned that the internet cannot answer "all our needs" for a sense of community: Personal contact has been lost with the internet. People need to meet face to face and know each other on that level.

Transport costs and time in travelling long distances affected some workshop participants' ability to engage in community, peer support or volunteer work.

This is how Max expressed it: I think about the travel costs. I mean I exist on a pension. I run a car. Now, for me, where I live, if someone rings me up and says I need a lift into the hospital, I'm quite happy to do that. But generally it's a 90 to 100 kilometre trip to actually pick the person up before you take them anywhere, and take them home. That's a problem for our services

fe knowledge change activit

providers in the region because they can't provide the funds to travel. To get community volunteers there needs to be an independent fund. I can cite nine cases of people who are on pensions; they have vehicles; they are some of the only people in the area that could be engaged in volunteer work, to ferry people to and from appointments. They can't afford the petrol. There are no funds to give them the petrol to do it.

Michael: I think one of the really significantly different aspects to regional/rural living is the one of transport and the related expenses. If you own a car, and are on a limited income the costs are ferocious! When you add the costs of servicing/maintaining the vehicle and paying petrol, it becomes a huge expense. If you don't own a car then you're dependant on local bus services which provide regular though infrequent services. This can at times also limit your ability to socially interact with others.

4 Health and HIV Support Services

One of the biggest concerns is finding "reliable health services".

Because effectively managing HIV care is a specialist area which requires particular knowledge and skills, having an HIV specialist monitoring the health of people with HIV becomes all the more important. Depending upon where people live, some travel to the city for HIV care, and use local providers only for routine care. People with HIV often travel great distances for specialised medical care.

Many found that there were problems not only of access to GPs with experience relevant to the management of HIV, but also of access to antiretroviral medication through community pharmacies.

Tobin: There really isn't the selection of services here that you get in the city. Getting my meds is a bit of a scene and the hospital sometimes fucks up. You need to be well planned and organised with treatments so you don't run out.

I have to get my script faxed from my doctor to the local hospital and then that gets faxed to another hospital. They'll only give me a month's prescription which I find really inconvenient. I'd much prefer to have three months' so I don't have to do that 300k trip too often.

I still access health services in Sydney to add to what I get here.

Mental health-care is identified as a major issue for many of the participants.

Jenny reflects: I mean depression and anxiety and mental health are huge, and particularly in the HIV community. I think that's something that's been heavily overlooked and something that we need to maybe lobby for to get some more funding.

Peter: There's counselling in sexual health clinics, but you've got to ring and make an appointment. If you're in crisis today, it's like you get an appointment to talk about it next Friday, or two weeks time. So the crisis has past. You've got to deal with it yourself.

While talking to peers, family and friends is recognised as an important mental health strategy, there were also some concerns about not having access to professionally trained counsellors.

John: There are other positive people but I don't think it's necessarily their responsibility to deal with other people's personal issues. I have a social network but I believe that apart from beyond your family and friends, you do need to see someone who's correctly trained to deal with some issues that could be quite long-term and deep. So, I guess HIV specific counsellors in regional areas are probably almost non-existent I would imagine.

5 Confidentiality and discrimination

Workshop participants found that generally discrimination and confidentiality between services and in health-care settings is an important issue. This concern was based on a perceived lack of understanding by health-care workers.

This is what John said: I passed out while I was [seeing the doctor]. So they called the ambulance. On the way out [a health-care worker] came running out and said: "Oh, by the way he's HIV positive." They don't stop and think.

When I went back in the second time they came straight up to me and said: "Oh, you're HIV positive." It wasn't anything I had disclosed. It's now written all over my records in the hospital.

Confidentiality, isolation and discrimination are the three biggest issues for people with HIV in rural areas

John: Because they're not HIV specific services and we've been encouraged more and more to use general services, then protocols around confidentiality and privacy have to be in place.

For Bob, forced disclosure of his HIV within the healthcare setting increased his feelings of social stigma:

I had a smiley face put on my nametag. Everyone in the hospital knew what the smiley face meant. That meant the cleaners, the domestic staff, all of them. Because you're living in a rural situation everybody knows you. If you're in the city you have the anonymity of

just being a face in the crowd. But in a rural situation, you're walking down the street past the cleaner's house, the cleaner is talking to a next door neighbour and going, "that's the person". You know your situation is disclosed to everyone. There's a need for education.

There's still the social stigma. It's an inability to get partners, it's people judging you and it's the attitudes of the general community.

Jenny: I have spoken with two or three women who go to a Sexual Health Clinic in the country where they get their bloods done. To see their doctors they have to go to the base hospital to get their medications. But, they'd like them delivered to the sexual health centre. When they go to the base hospital their names are called out from behind a glass window and the drugs are produced. This is a common area right in the main reception area of the hospital. So, I think you really have to look at the services which we do have some influence with to make sure that conditions are improved for HIV people in those particular circumstances.

6 Disclosure in the country

Who would you tell you are HIV positive? Who wouldn't you tell? In what situation would you tell? Most people with HIV said that disclosure is of greater concern in rural areas than in the city. This concern was largely based on a lack of knowledge and understanding on the part of the local community.

In Richards's words: Popular attitudes about HIV were still shaped by lack of exposure to "real people" living with it. I find myself doing a lot of impromptu AIDS education when I disclose my status to someone new for the first time. But overall, the people I've met have been accepting and open to examining their preconceived notions about HIV.

Overall people with HIV were careful in terms of disclosing in social and sexual situations.

John: Disclosure is about giving someone information you 'own' about yourself and then putting it out there. You therefore lose control over your own information.

Peer support around disclosure is a concern for Max: The issue of disclosure is the same everywhere. What is different is the level of knowledge and networking opportunities with other poz guys.

Peter reflects: If you were born in the country, your neighbours know everything about your family ... I mean everything. So, if you want to maintain your anonymity as someone who is HIV positive, where you park your car while attending a support group becomes something you need to think about.

Many people agree that rejections and negative experiences of disclosure can significantly impact on future disclosures.

For more information on the dynamics of disclosure see number 9 of the Health Promotion factsheet series.

fe knowledge change activit

Final word: the most important resources to have when you live in a rural area

7

HIV positive men and women who participated in the workshop talked about being active in developing a supportive culture which improves life skills, and opportunities for making healthy choices. These approaches may be addressed at the individual level and some at the community level.

For Peter, shifting the focus from HIV to personal development opportunities was seen as an important survival strategy: The challenge of living in the country changes the focus from HIV to personal development in other areas that you don't think of doing, for example gardening, cooking. Living in rural areas gives you that opportunity to change.

Tobin: Patience, calmness, versatility and acceptance of all people (not just [city] fags). Be sure to have the best health-care you can find and meet the locals if you feel the need. A car is certainly more necessary than in the city, so a license and a car help immensely.

Before you move:

- Check your reasons for moving
- Adjust your expectations
- Be actively involved in your local community
- Broaden your social networks, expand your friendships
- Maintain a relationship with your city based HIV doctor
- Plan an exit strategy (eg visit friends in the city)

Thank you to the participants who participated in the workshop Living Rurally with HIV. All names used have been changed with the exception of one person who requested the use of his name.

Sources

1. Roberts, R. *Men who have sex with men in the bush: Impediments to the formation of gay communities in rural areas*, nd [3 pages]. online, available <http://www.csu.edu.au/research/csr/ruralsoc/v2n3p13.htm> (22 July, 2005), p2
2. *ibid*
3. Persson, A. *Northern exposure, HIV in the Northern Rivers Region, A Joint Report Part 1*, National Centre in HIV Social Research, National Centre in HIV Epidemiology and Clinical Research, The University of NSW, 2005, p18

Starting points for more information

The best place to start looking for support and services in the country is the local AIDS Council, hospital or sexual health service.

- The AIDS Council of New South Wales (ACON) ☎ (02) 9206 2000 Freecall 1800 063 060. A health promotion organisation based in the gay, lesbian, bisexual and transgender communities with a central focus on HIV/AIDS.

Regional Branches:

- ◆ Hunter – hunter@acon.org.au
129 Maitland Rd, Islington 2296
☎ 4927 6808 Fax: 4927 6485
- ◆ Mid North Coast – mnc@acon.org.au
4 Hayward Street, Port Macquarie 2444
☎ 6584 0943 Fax: 6583 381
- ◆ Illawarra – illawarra@acon.org.au
47 Kenny St, Wollongong 2500
☎ 4226 1163 Fax: 4226 9838
- ◆ Northern Rivers – northernrivers@acon.org.au
27 Uralba St, Lismore 2480
☎ 6622 1555 Fax: 66221520
- Gay & Lesbian Counselling Service of NSW
Gay, Lesbian, Bisexual & Transgender Telephone, Counselling & Information Line (7 days a week, from 5.30pm to 10.30pm) ☎ Sydney Metropolitan Area (02) 8594 9595; Outside of Sydney Areas ☎ 1800 14 GLCS or ☎ 1800 14 4527.
- Heterosexual HIV/AIDS Service (Pozhet)
Freecall 1800 812 404 (national). Men and women living heterosexually with HIV/AIDS in NSW.
- People Living with HIV/AIDS (NSW) Inc.
☎ (02) 9361 6011 Freecall 1800 245 677.
A non-profit community organisation representing the interests of people living with HIV/AIDS in New South Wales.

For information on Regional NSW HIV/AIDS and related services (eg Sexual Health Services)

- *Contacts. A Directory of Services for People Living With HIV/AIDS.* Available from People Living With HIV/AIDS (NSW) Inc. ☎ (02) 9361 6011 Freecall 1800 245 677 or www.plwha.org.au

Volunteering Services

- Volunteering NSW ☎ (02) 9261 3600; www.volunteersearch.gov.au
- GoVolunteer an initiative of Volunteering Australia. www.govolunteer.com.au
- Check for any specific gay and lesbian volunteer services in your area (eg NSW Gay & Lesbian Counselling Service. See contact details above).

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 Pregnancies
- 7 Clinical Trials
- 8 A night with Tina (people with HIV who use meth)
- 9 HIV and your mouth
- 10 The dynamics of disclosure
- 11 What you need to know about syphilis

Produced by the Health Promotion Unit of



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Design Great Big Ideas, Sydney

W here to turn?

An elderly rural reader shares her story on relationships, disclosure and understanding

I am in my late 60s. So you can imagine what has happened to me is incredible. I have a hard time accepting it myself.

I grew up in a country area, and did the things asked of me in those days. I started work at 14 (didn't even finish high school), married when I was 20, had 3 children, who are all grown up now and have families of their own. I was very unhappy with my first husband, but stuck it out for over 30 years. I met another man who was lovely to me, so we married, but unfortunately he passed away. There I was on my own for several years with an aging relative to care for.

It was no wonder that I fell hook, line and sinker for an offer of music, and dancing company with no commitments. It wasn't very long before I realised he was a very sick man. He had been unhappily married for 20 years, so after he eventually divorced, he led a very merry single life for several years (as men do). Eventually after changing doctors several times and being hospitalised for 4 weeks, the final diagnosis was AIDS defining pneumonia (PCP). The specialist in our home town who broke the good news said to him 'Are you gay? -As you have AIDS.' Then left the room. What a whammy. How is that for discrimination? My partner was transferred to Melbourne for hospital treatment.

We had only been together five years. I was assured 'It is highly unlikely that you are infected' but I rushed out and got the tests done anyway. Yes. I was HIV positive. I was terrified, dis-

traught, grief stricken. I knew nothing whatsoever about the virus, so in my mind I was given a death sentence.

So I was left with the decisions. How do I tell my Family - grandchildren - friends? Where do I turn? As you can imagine, my family were devastated. And for a long time I had very little contact with them, because they had great difficulty accepting what had happened to me. I couldn't blame them because I felt so guilty, as if I had let them down. After all the years of admonishing them to look after themselves, what did I turn around and do? Broke every one of my own rules. I did not protect myself, believing that, at my age, these sorts of things did not happen. Boy was I wrong.

Women and HIV/AIDS

Most women, when diagnosed, feel a terrible sadness that this is happening to them. They are fearful for what effect this will have on their families, friendships and relationships.

Women are very afraid of their status being disclosed to other people. Can you imagine what it must be like - having to keep a secret all the time - being fearful in case a slip, and accidentally someone is told? What must it be like to always wonder if I tell this person, will he or she still be my friend? Will they be able to understand what this illness is like for me? Will they stereotype me and make a judgement about how the virus was contracted? Will they discriminate, stigmatise or even shun me? Even with public awareness and education, people still don't understand the

virus and the devastating effect it has on individuals' lives and those of their families. Any kind of woman can get infected with HIV.

Discrimination

Discrimination occurs in all walks of life and can be experienced in the most unexpected places, and also *when* least expected. This makes it doubly hurtful and frightening. Even people who have been infected for a long time still find themselves deeply hurt by careless remarks and unfair treatment. Women in rural areas are very vulnerable. Everyone knows everyone else, and the chance of keeping their secret is very remote.

Treatment

Where do rural women go for help, support, and medical treatment? Most GPs know very little about the disease, so rural women have to travel to major centres for information and treatment at Community Health Centres.

There are support groups for women attached to the larger hospitals. They are a great help

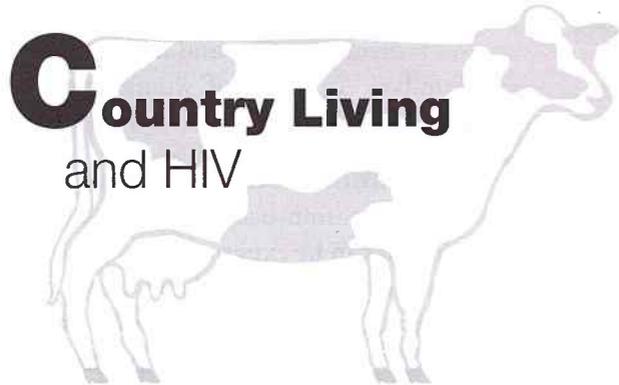
Since I was diagnosed I have met also some wonderful people in the capital cities.

Stigma

Many diseases have a stigma attached to them, however the stigma attached to HIV is especially potent. This is because in many people's minds HIV is associated with issues that make them feel extremely uncomfortable. These are:

- . A feeling that their own life is somehow threatened
- . An overwhelming fear of infection
- . The association with gay men, drug users and sex workers
- . The blame put on those who get infected
- . Religious and moral beliefs that HIV is the result of deviancy or promiscuity

As soon as you tell anyone you automatically become their counsellor, as they might know so little about the virus. And there is always the belief it won't happen to me.



Country Living and HIV

I was diagnosed about four years ago and at that time I was living three hours west of Sydney in a country town. Because there seemed little support in that area, I had a Sydney doctor. I decided for personal reasons to move to Coffs Harbour where I now feel there is also little support for positive people compared to the city. There are two good prescribing doctors here but one does worry about what will happen if things go wrong. I was talking to a local positive guy who told me when he is ill in any way he jumps on a plane to see his Sydney HIV doctor.

It is often hard to meet gay people in country towns, let alone HIV+ people because it is too cliquy and often the groups there are don't let in newcomers. I have been involved with the group here but it is nothing like what is possible in the city for support or just for social reasons. I have met one good positive friend who has been very supportive, and in many ways, I guess we have been there for each other. He has kept me positive about being positive, and I think, without him, I may not still be here.

Not long after I found out I was HIV, I went to an ACON Genesis weekend in Sydney. It was a good experience although there was a lot to absorb in two days. I've kept in contact with some of the guys from that group which is good for us all. I often read about some of the wonderful things in the newsletters coming from Sydney but it isn't easy to take part, unless I move.

One think I have found useful is a web sight Pink-board. It has a section for HIV positive people and I often find there are a lot of people looking for information and/or friends etc, we talk about our fears and what we are all going through and there are people from all over the Australia. I like to help other in my position because we all need support and we've got to help each other. Two other web sights I've found helpful are (www.aidsmeds.com) and (www.thebody.com)

From A Country Man

Louise – HIV Positive, Fabulously 50 and finally on her path....

Interviewed by Rebecca Reynolds

Louise has just jumped off a train from Thirroul, and Myrtle Place is just a stop on her journey today. A weekend meditation retreat in the Blue Mountains begins this afternoon and she has detoured here to come and see me and the staff at Myrtle Place – as she often does.

Louise relocated to Canberra from Western Australia after her father asked her to come and be a part of his life. As her health continued to deteriorate, she made an appointment to see a GP who ran a whole raft of tests, including an HIV test. Two weeks later, Louise was told that she was in fact HIV positive. She told a very good friend of her father's about her diagnosis. The world went slightly sideways the day this person took it on herself to disclose Louise's status to her Father.

Rather than addressing it with Louise directly, her father's behaviour took on a passive-aggressive approach. One day she raised her HIV status with her father. His response confirmed all of her fears about telling him, or indeed, anyone, about being positive. 'You dirty little thing, you deserve it.' Louise remembers shaking with grief. She had really nowhere else to go and nothing else to tie herself to except for her faith, and began to live at a Buddhist retreat. She then moved further down the coast to a caravan park to restore some independence to her life.

When she finally made the decision to tell her son and mother (who lived in Sydney), their response took her completely by surprise. They arrived at the caravan park, and seeing how sick she was, took Louise back to Sydney with them.

Louise was admitted to St Vincent's and spent the next two months fighting for her life. She started treatments, and after a month, she was offered a bed at the hospice to totally recuperate. This was in the late nineties. 'It was a 6 week journey that made me look at everything in my life,' says Louise.

'I found Myrtle Place because they were offering a Chi Gong class which was something that I wanted to do, and I walked in on a women's meeting and I didn't realise that it was a positive women's group. Being here at Myrtle Place has let me find my place and find my passion. I found total acceptance and support to be an HIV positive woman. It felt like a new family to me, and I decided that this was supposed to be a part of my journey.'

'I started off baby steps, little bits of change, slowly – and that is ongoing and all of it through HIV and AIDS.'

C an HIV/AIDS be funny?

Rick Knight

My favourite quotes from the famous American Movie Producer and Comedian Woody Allen are 'Is sex dirty? Answer: Only if it's done right' and 'Comedy equals tragedy plus time.' The first quote is very funny and the second quote is very smart.

Are we at a stage where we can laugh about HIV and not get offended? If an issue is seen in absolutes it is easy to use humour to explore it because absolutes give two ends of a spectrum and you can reflect them back at each other. Opposites, dichotomy, irony, and satire are funny because you can take an extreme, and present it as normal. It makes people laugh because the idea can be absurd, yet somehow make complete sense. An example is the political cartoons that appear in mainstream newspapers. 'Party Politics,' seen as opposites, are funny, so it is easy to create characters and villains and the situation is ripe for humour. But is HIV funny?

In my personal journey with HIV I've worked for over a decade in community organisations 'devising programs' and 'arguing in committees' leading to them to under

stand the power of visuals, words and humour (semantics and semiotics). With all the work I do, humour is the tool I use most regularly because it cuts through the 'white noise'.

University studies have shown that laughter improves the immune system and is like a medicine to the soul. The same goes for pets, as they bring a sense of love and also improve your immune function. There is room to laugh at HIV if it makes us feel better. But what is funny about AIDS?

Stand-up comedians have a few basic rules that they live by on stage, and one is to never do jokes about AIDS or cancer because it brings people down. Yet people living with HIV/AIDS joke amongst themselves about their HIV all the time. There is humour to be found within the cards we have been dealt and humour has long been a way for people to cope with stress. It is an Australian trait to crack a joke to fill the silence, or to make conversation, or to make light of a bad situation. Talking and laughing about HIV takes away its power and removes some of the fear around it.

Last night I picked up someone... and something!

A guide to sexually transmissible infections for gay men



Humour can play an important role in Health Promotion messages

Atlantis found

17,000 party-goers lose it again

ACON and Mardi Gras provide you with
15,000 condom lube packs,
5,000 dam glove condom lube packs,
500 party packs,
Glamorous Safe Sex Sluts
greeting you upon entry,
Safe Sex Education material
posted around the showgrounds, and
Information and Support from ACON's booth
between the Hordern and Dome

In the early 1990s an A5 photocopied booklet appeared sporadically around inner Sydney. You could find it around the reception areas of community organisations or tucked away on an empty table in one of the gay bars. It was called *The Daily Plague*. It appeared at a time when many people were dying, and this underground publication used 'black-humour' to take the mickey out of everything. Its editor and writers kept their identity secret to protect themselves as they worked in highly paid positions within the Health sector. It was satirical but the war on HIV took up a lot of energy and creating funny publications like this never lasted - the energy was needed elsewhere to help others, or for the writers to deal with their own illness. The success from combination therapies that appeared in the late 1990s changed the concept of 'hope and future' and created a safer space to talk about HIV instead of talking about it only in terms of 'illness' or 'risk'.

Knowing where to draw the line is the hard bit. In the mid to late 1990s ACON devised an education campaign using humour to deal with pill compliance which was the most important issue for PLWHAs at that time. It used a face with a pair of kangaroo ears and the message was 'Skipping your pills causes HIV to multiply and mutate.' Months of debate went on around the word 'mutate' as there were negative connotations in using it, and the research about 'drug resistant' strains was totally inconclusive. After a year of planning two sets of positive focus groups helped shape the final campaign, and they wanted positive people to be shown as happy and healthy looking, and even younger. They just wanted to be represented in a more positive light, and they overwhelmingly wanted something funny.

Dark humour:
David McDiarmid's
Plagueboy
published in
Talkabout in the
1990s

PLAGUEBOY

\$6.50

DECEMBER 1994

DISINFECTED DISH
FOR THE
DISAFFECTED AND
THE DISEASED

TIPS ON
REMEMBERING
YOUR OWN NAME

SEX AND THE
SINGLE T-CELL

FORTY-FIVE,
FABULOUS &
FULL-BLOWN

LIFETIMES
ARE NOT
WHAT THEY
USED TO BE

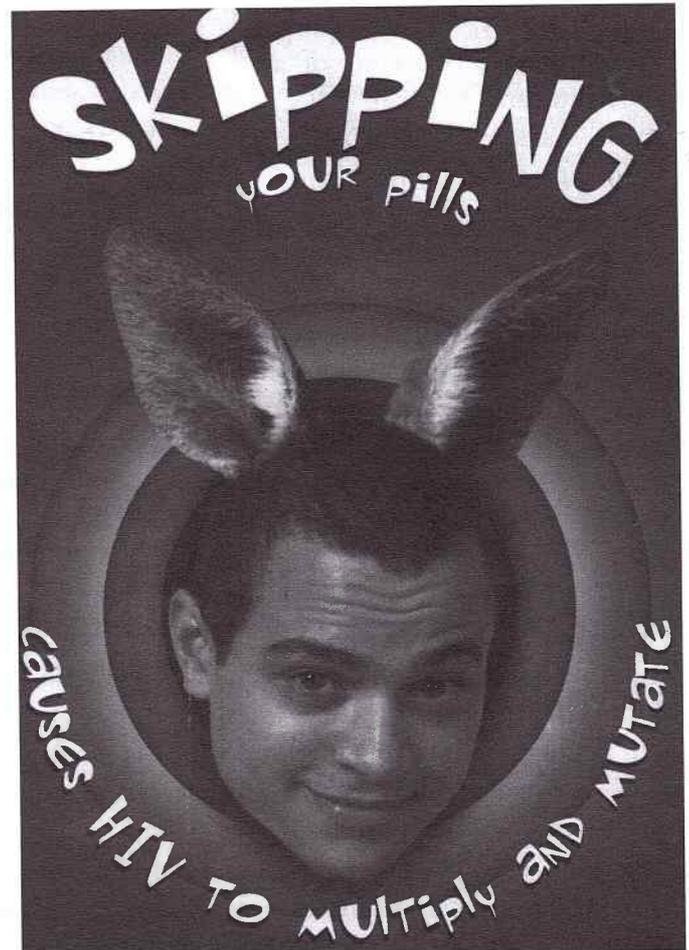
INGS TO
DO WHILE
YOU'RE
WAITING
TO DIE

HALF-DEAD
AND HO

“

Talking and laughing about HIV takes away its power and removes some of the fear around it.

”

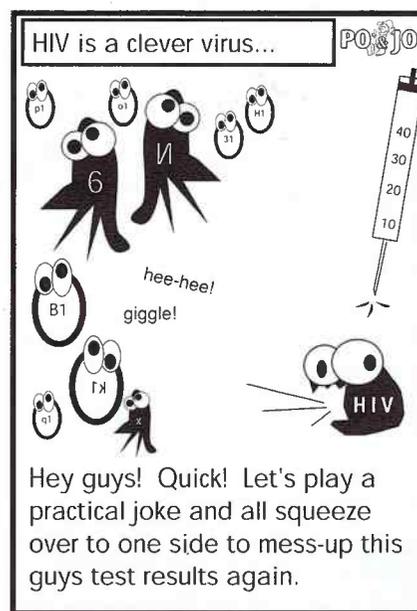


I was in charge of that campaign and invented the face with kangaroo ears against the Warner Brothers background, doing a parody of the Bugs Bunny Cartoon endings. The word 'skipping' I chose because it targeted people that consciously decided to miss their pill doses. Just plain forgetting your pill doses, to be honest, there was no message we could put out about that - we are all human and forget our pills sometimes. PLWHAs take pills at a rate of near 90% where most other major illnesses (like heart disease) are lucky to get 70% of patients taking their pills regularly.

The graphic design agency spent a couple of days covering the face totally in fur and I decided that covering the face in fur would exaggerate the 'mutate' part of the message. This made the design agency a bit cranky and they complained about it, but I knew there was a line - and this was an example of going that little bit too far. Only positive people can judge how far is too far. The campaign proved to be successful and was evaluated by the Australasian Society of HIV Medicine as having a positive impact of people's pill taking and independently rated an 8 out of 10 by the GPs using the resources made for it. The reason it worked was that it used humour - it was different. Making AIDS funny is very hard to do and only positive people are able to judge where that line is.

Around the year 2000 a couple of *South Park* Cartoon episodes aired on SBS that mentioned AIDS. One episode used a play on the similar sounding words 'AIDS' and 'AIDES' to describe the guy seen on the Subway TV Ads who ate only Subway sandwiches to lose a mas-

sive amount of weight. The reason *South Park* could do this was that the show uses 'black-humour' in its episodes so it had created a space to deal with taboos without being lampooned. *South Park* had to work for years to gain the licence to do this. The South Parks writers, Trey Parker and Matt Stone, were dragged to an Awards Nights when their show was nominated for an Emmy and allegedly one of them is gay so this explains the insight they have in being able to present AIDS in a funny way. *South Park* is camp with characters named Big Gay Al, and a gay School Teacher who has an



S&M teacher-assistant. This type of humour would be impossible on TV ten years ago - only time turns the taboo into comedy.

South Park takes clear shots at middle America, like *The Simpsons* cartoon series does, and because it is animation it can get away with story lines that real life shows never could. You would never see a funny AIDS episode on *Will and Grace* because animation gives a freedom to represent real life from a different angle, without liability. The *South Park* episodes allowed people

of any status to laugh with AIDS for the first time, and not laugh at it. It brought HIV out into the open and removed some of the fear around talking about it. Time had moved on far enough to take AIDS from taboo into the area of comedy. Shows like *South Park*, on the edge of mainstream, are able to take these big leaps. Never a truer word is spoken than in jest.

HIV/AIDS is complex and cannot always be put into a few words for ads and made humorous. Both here and overseas the most successful sex education campaigns use humour. The CLIO awards (the highest advertising accolades) often feature humorous condom ads. If you ever turn on your TV to watch *World's Greatest Ads #12*, hosted by one of the cloned Daddo brothers, there is always a funny condom ad with a wind-up-jumping-toy-penis or clever use of a metaphor to handle sex or genitals. Humour is the most effective way to target the social taboos around sex because people have varying reactions to sex based on their cultural background.

So, as PLWHAs, maybe it's time we started to take back some power and started making fun of HIV. But we need to know where to draw the line, and this line is constantly shifting with time. We need others to laugh at HIV, but we also need them not to laugh at the people living with HIV. Laughing makes us all feel better. HIV is the enemy not the people living with it. In *Talkabout* you will see a series of cartoons called PO&JO that will appear every now and again, and I hope you enjoy them. If you have any ideas for them please get in contact with me through *Talkabout's* Editor.

Quick News for Women

Nandini Ray profiles events for women organised by Positive Heterosexuals



Pozhet Freecall 1800 812 404

Welcome Jose

Firstly, Pozhet would like to welcome our new client services worker – Jose Ascencio. Jose comes to Pozhet with a wealth of knowledge and experience. Jose works for us two days a week and as an HIV Social Worker at RPA the other three days of the week. He is also a co worker for the Multicultural HIV/AIDS and Hepatitis C Service for the Spanish speaking community. You will no doubt have contact with Jose in the future and he will also be presenting at the next open house for our Spanish night.

BGF and Positive Heterosexuals

Pozhet were lucky to have David Wallace and Bev Lange from BGF attend last month's Open House at The Tree of Hope. As many of you may be aware, BGF has undertaken a review of its services and will be implementing a number of changes to their client services which will mean taking a more personalised approach to their client's individual needs. Both David and Bev talked about these changes and were available to answer questions, which went a long way in helping everyone to understand just what the proposed changes meant. BGF are encouraging people to talk through these changes with them on an individual basis.

Yoga for women (reminder)

And finally another reminder for the women's yoga coming up at The Sanctuary in September. If you are interested in attending, please call us so we can put your name down.

Relaxing open nights

Pozhet run a calendar of events each year for both men, women and partners. Some of these events are mixed and some are just for women. We have an open house each month were you are welcome to attend and to bring someone with you. Our open houses are an excellent forum to socialise with other people in a relaxed and non clinical environment. Please do not hesitate to contact us if you would like any further infor-

mation or if you just feel like a chat. Our Freecall line is 1800 812 404. We are usually available to answer the phone during office hours. If we aren't in the office at that time, please do leave a message and we will call you right back.

Introducing Jose Ascencio

Hi there

I would like to introduce myself as the newest member of the Pozhet team.

My name is Jose Ascencio and I will be working as the Pozhet's Client Services officer on Thursdays and Fridays. For the last five years I have been working in the HIV sector, in both hospital and community settings. Currently, I work Monday to Wednesdays as HIV-HCV social worker in RPAH. Also, I work as a co-worker for the Multicultural HIV and Hepatitis C Service where my role is to provide information and support to Spanish speaking clients.

My previous work experience includes working within the welfare sector, particularly with recently arrived communities from non-English speaking background. My hobbies are books about social justice and empowering communities.

I look forward to meeting with you all in the near future at any of the Pozhet events and you can contact me on ph (02) 9515 5027 or via email jose.ascencio@email.cs.nsw.gov.au. if I'm not in the office.

Jose



Lazy Days Retreat

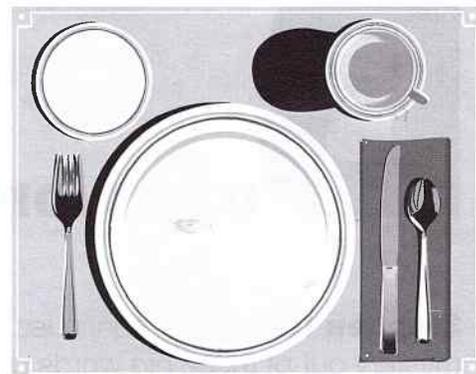
We have had a lot of interest in the upcoming 'Lazy Days Retreat' and currently we are putting people down on a waiting list. If you don't make it this year, we will keep your names on our list for next year.

Women's scholarships for Poz Het workshop

Don't forget the Pozhet Annual workshop that is coming up in November AND the women's scholarships that will cover the cost of accommodation near the workshop venue. Interest for these scholarships is high, so please let us know sooner rather than later if you are keen to be included. Remember that the workshop is an informative, interesting and fun day and is open to you and a friend or family member. We would love to see you there.

A wanderer finds her home

What's happening at the Luncheon Club



The Luncheon Club is nearly a teenager, and is growing fast. 1993 saw the beginnings of the organisation. It has been something of a gypsy, moving from place to place, as it grew and sought a home. Well, we have finally found our home, and for those of you who are out there still looking for us and haven't found us, we are now happily housed at The Gordon Ibbett Centre at 77 Kellick Street Waterloo, just off Elizabeth Street.

If you haven't heard of the Luncheon Club and its functions, we operate three main services for people living with and affected by HIV/AIDS

- Monday Luncheons
- Luncheon Club Larder
- Luncheon Club EDEN Community Garden

The **MONDAY LUNCHEONS** are for people living with, or those affected by, HIV/AIDS. They take place every Monday (except public holidays and special occasions) at our Community Centre at Waterloo. Lunch is free and, from time to time, various entertainments are organised, bringing the nightlife to daylight hours.

A light lunch is served on Wednesdays. Our clients are also volunteers and help to create an empathetic and supportive atmosphere.

The **LUNCHEON CLUB LARDER** provides food and essential items free of charge to people living with HIV/AIDS, struggling to survive on the Disability Support Pension. The Larder operates Monday and Wednesday from noon till 4pm at our Community Centre. Clients are required to submit evidence of HIV status and produce their Pension Card. We currently have 705 registered clients and average serving 45 clients per week. The Larder has been operating since July 1997 and we have served approximately 22,000 clients with 160,000 food and essential items free of charge.

A number of organisations visit us on a monthly or more regular basis: Department of Housing Waterloo, Centrelink Darlinghurst, Foley House and the Bobby Goldsmith Foundation. We accept clients on the Mobility Allowance and Community Service Orders as volunteers. We also run various workshops and courses from time to time. Do not forget we have a free hair cut service available (kindly sponsored by PLWH/A (NSW)) on the fourth Wednesday of the month. We provide clothing, linen, kitchen utensils, computers, video recorders, books and videos free of charge to our clients, but rely on these to be donated by the wider community.

EDEN GARDEN commenced in September 2003 behind the heritage listed Uniting Church 56a Raglan Street Redfern. The Royal Botanic Gardens invited us to participate in a project, which, in partnership with the NSW Department of Housing, aims to provide support and expertise to tenants wanting to participate in gardening.

Our EDEN garden project won the Australian Open Garden Scheme 2004. This was officially presented to us by Her Excellency Marie Bashir Governor of NSW.

So join us for some free shopping, a meal, freshen up that hair do, or sit and chat with the many people who enjoy the company of old friends and new.

You can contact the Luncheon Club on 8399 3220 or 0416 040 074 for information about our services

How about volunteering? We are always looking for willing volunteers who have a flair for anything or just a willing body for few hours a week.

Up and coming events: Working bee- EDEN Garden Thursday September 15th from 10.30 am to 3pm. Food and refreshments will be provided.

Buzz words



Stephen Gallagher continues to take some of the mystery out of those big words people use when they talk about HIV. This issue we are looking at M – Z. See last issue of *Talkabout* for A – L.

Macrophage – A large immune cell that devours invading pathogens and other intruders. Stimulates other immune cells by presenting them with small pieces of the invader. Macrophages can harbour large quantities of HIV without being killed, acting as reservoirs of the virus.

Mitochondria – tiny rods found inside all human cells. Essentially, they are the cell's "power plant/energy source". They are involved in the formation of protein and the processing of fat in cells.

Mitochondrial Toxicity – damage to the mitochondria that disrupts the normal function of the cells or causes them to stop working altogether.

Opportunistic Infections – Illnesses caused by various organisms, some of which usually do not cause disease in persons with normal immune systems. People living with advanced untreated HIV infection suffer opportunistic infections

Pharmacokinetics (PK) – how the body absorbs, processes, and secretes a drug. Pharmacokinetics is important because it helps in understanding how much of any one drug someone needs to take, how often they need to take it, and what possible side effects or drug interactions there could be.

PK boosting – this term to describe ways in which we can increase absorption or the length of time a drug stays in the body. PK boosting is an important concept in HIV because it is used to decrease pill counts, remove food restrictions, and make taking HIV medicines easier by combining medications that boost each other.

Platelets – Active agents of inflammation when damage occurs to a blood vessel. They are not actually cells, but fragments released by megakaryocyte cells. Megakaryocyte is a large cell in the bone marrow whose function is to produce platelets. When vascular damage (i.e., damage to blood vessels) occurs, the platelets stick to the vascular walls, forming clots to prevent the loss of blood. Thus,

it is important to have adequate numbers of normally functioning platelets to maintain effective coagulation (clotting) of the blood. There are drugs that can potentially alter the platelet count, making it necessary to monitor the count.

Polymerase Chain Reaction (PCR) – 1. A laboratory process that selects a DNA segment from a mixture of DNA chains and rapidly replicates it; used to create a large, readily analysed sample of a piece of DNA. It is used in DNA fingerprinting and in medical tests to identify diseases from the infectious agent's DNA. (See DNA.) 2. As related to HIV -- also called RT-PCR -- a sensitive laboratory technique that can detect and quantify HIV in a person's blood or lymph nodes. PCR works by repeatedly copying genetic material using heat cycling and enzymes similar to those used by cells. It is an FDA-approved test to measure viral load.

Prophylaxis – Prevention of or protective treatment for disease (eg condoms as protection from HIV or the medication Bactrim to help prevent PCP)

Protease Inhibitor – Antiretroviral drugs that act by inhibiting the virus protease enzyme, thereby preventing viral replication. Specifically, these drugs block the protease enzyme from breaking apart long strands of viral proteins to make the smaller, active HIV proteins that comprise the virion. If the larger HIV proteins are not broken apart, they cannot assemble themselves into new functional HIV particles

Regimen – A drug or group of drugs used in treatment

Structured treatment interruption (STI) – a defined break in taking anti-HIV medicines. It is different from drug holidays and from discontinuing treatment because STIs should be a set amount of time that someone will stop medicines and then re-start. It is done to try to jump-start the immune system. STI strategies are being researched now, but have not been proven effective. (STI can also refer to Sexually Transmitted Infection)

Tolerability – refers to how tolerable the side effects of a medication are. For example, if something gives you chronic diarrhoea, it may have low tolerability (hard to live with). However, something that only gives you an occasional headache might have good or high tolerability.

Toxic – Causing injury to the tissues or organs

Toxicity – we frequently use the terms side effects and toxicity together. For example, if a drug causes liver toxicity, then it puts a strain on the liver and makes it more difficult to do its job. Particular blood tests performed regularly will alert your Doctor if toxicities occur before they can do any serious damage.

Triglyceride – A compound made up of a fatty acid (such as oleic, palmitic, or stearic acid) and glycerol. Triglycerides make up most animal and vegetable fats and are the basic water-insoluble substances (lipids) that appear in the blood where they circulate. In the blood they are bound to proteins, forming

high- and low-density lipoproteins. Elevations of triglyceride levels (particularly in association with elevated cholesterol) have been correlated with the development of atherosclerosis, the underlying cause of some heart diseases and stroke. In relation to HIV disease, there are some patients receiving combination therapies who have experienced significant elevation in their triglyceride levels.

Vaccine – a preparation that stimulates an immune response that can prevent an infection or create resistance to an infection.

- Therapeutic vaccine: a vaccine designed to boost the immune response in a person already infected with a virus.
- Preventive vaccine: a vaccine designed to prevent infection

So, Can You Cook?

No 13



Tim Alderman and some ideas for imaginative vegetarian food

A short time back, my partner and I attended the wedding and reception of a work colleague of his in the 'burbs. We were becoming a bit agitated as to what was in store for us as a main course, after the entrée had had been presented as a slab of lasagne on a plate. The couple sitting next to us were vegetarians, and we all joked about how far vegetarian food had come since the days of serving up a slab of fried eggplant on a plate, with a boring selection of steamed vegetables. Just then, the mains arrived, with theirs being... a slab of fried eggplant with a boring selection of over-steamed vegetables. We just looked at each other, and you couldn't do anything else but laugh. I actually think it was probably an improvement on our servings of dried out chicken breast, or this greyish brown thing that was trying to pass itself off as beef.

My other really bad experience with vegetarian eaters was in the 80s, and the said vegetarian was my partner – for a short space of time, anyway. Frank's idea of vegetarian food was that everything had to be served with tomatoes – raw, pureed, stewed, steamed, fried – you name a way of cooking tomatoes, and he knew it. He has

the dubious distinction of putting me off tomatoes for many years after.

All jokes aside, vegetarian food has come a long way in the last 20 years. Our household is not vegetarian. However, like many other people these days, we tend to eat a lot of vegetarian dishes without thinking of them as vegetarian. We eat a huge range of salads, risottos, pasta dishes and Asian food that is principally vegetables, and very tasty vegetables to boot. As a caterer, I know longer ask the once obligatory question of whether there are any vegetarians or vegans attending functions, as over 80% of the dips and finger food we serve are vegetable-based. To just think of vegetarian food as being lentils, soy-based foods, tofu and nutmeats is to do it a great injustice. The range of things that can be done with vegetables is infinite, and if you don't want to go down the vegetarian road, take their recipes and add meat, fish or poultry. The following are some examples of what I hope is imaginative vegetarian food, and could perhaps be served up as a complete meal when entertaining with friends. It consists of an entrée, a main, a side, a salad and a dessert.

Butternut Pumpkin & Red Capsicum Soup with Chilli

- 3 tablespoons olive oil
- 1 onion, roughly chopped
- 2 cloves garlic, chopped
- 2 lge red capsicums, washed, trimmed and finely sliced
- 2 small red chillies, or 1 teaspoon dried chilli flakes
- sea salt and coarsely ground black pepper
- 1 small butternut pumpkin, peeled, deseeded and cut into 4cm square X ½ cm chunks.
- vegetable stock, to cover
- coriander (optional)

Heat oil in a heavy-based saucepan. Add onion and garlic and cook till soft. Add capsicums and cook for 5 minutes. Stir in chillies, salt and pepper to taste. Add pumpkin, and stir to coat well. Add enough stock to cover vegetables and bring to the boil. Reduce to a simmer, and cook until pumpkin is tender – about 30 minutes. Puree with wand blender or in food processor to desired consistency.

Check seasoning, then serve sprinkled with coriander leaves.

Serves 4-6

Cauliflower Curry

- 1 teaspoon turmeric
- 1 teaspoon cumin
- 1 teaspoon mustard
- ½ teaspoon aniseed
- ½ teaspoon black pepper
- ½ teaspoon ginger
- 1 medium cauliflower
- 3 tablespoons vegetable oil
- 2 medium brown onions, peeled and chopped
- salt
- 450g tomatoes, chopped
- sprigs of fresh mint or coriander

Mix spices together with $\frac{1}{2}$ cup water. Cut cauliflower into florets. Wash and drain. Fry onions in oil for 2 minutes, then add spice mix and simmer for 5 minutes. Add a pinch of salt and tomatoes, then simmer for a further 5 minutes. Add cauliflower and simmer until tender but firm. Serve with herbs sprinkled over.

Saffron and Lime Rice with Yoghurt and Sultanas

- 2 cups unpolished rice, rinsed
- 4 cups water
- salt
- 3 tablespoons ghee (clarified butter) – from supermarket freezer where cophala and dripping is
- 1 teaspoon mustard seeds
- 120g unsalted cashews
- 120g unblanched almonds
- 4 cloves
- 2 tablespoons fresh coriander
- 2 teaspoons green chilli, chopped
- 5cm piece ginger, finely chopped
- 30g fresh coconut, or 15g dry
- $\frac{1}{2}$ cup lime juice
- $\frac{1}{2}$ teaspoon saffron
- 2 cups boiling water

- 400ml plain yoghurt
- 120g sultanas

Cover rice with water, bring to boil, then simmer gently, covered, until all the liquid is absorbed. Heat ghee in an overproof dish with a lid and add mustard seeds, cashews, almonds and cloves. Sauté until seeds begin to burst, then add rice, coriander, chilli, ginger, coconut, lime, saffron and boiling water. Cover and bake at 175°C until the rice has absorbed all the liquid.

Mix yoghurt and sultanas together, and serve to the side.

Serves 6.

Blood Orange, Beetroot and Rhubarb Salad

- 2 medium-sized beetroot
- 1 stick rhubarb, thinly sliced diagonally
- 1 teaspoon castor sugar
- pinch salt
- 2 blood oranges (use naval if bloods are out of season)
- 4 sprigs chervil (fine leafed herb that looks a bit like parsley – from large green grocers)

Preheat oven to 200°C. Wrap beetroot in foil and roast in oven for 20-30 minutes or until tender. Allow to cool, then peel (USE GLOVES, as beetroot stains badly). Cut each beetroot into 10-12 segments. Toss the rhubarb with the sugar and salt. Remove peel and pith from oranges, then segment. Make vinaigrette (see below), then add orange segments, rhubarb and vinaigrette to beetroot, mixing well to distribute. Garnish with sprigs of chervil.

VINAIGRETTE:

- $\frac{1}{2}$ teaspoon walnut oil (now available from supermarkets)
- 1 teaspoon sherry vinegar, or if too hard to get, use balsamic
- 1 pinch salt
- 1 pinch white pepper

Combine all ingredients in a small bowl.

Pumpkin and Orange Jellies

- 400g peeled butternut pumpkin pieces
- 1 tablespoon grated ginger
- 2 teaspoons agar agar powder (from health food stores. This is a non-meat substitute for gelatine)

- 1 cup water
- $\frac{1}{2}$ cup maple syrup (from supermarkets)
- $\frac{1}{2}$ cup fresh orange juice
- 2 teaspoons cornflour dissolved in 2 tablespoons water
- 2 oranges, zested
- 1 lemon, zested
- $\frac{1}{4}$ cup fresh roasted almonds, cooled and chopped

Steam pumpkin until tender, mix gently with ginger and set aside. Combine agar and water and whisk well. Bring to a simmer, and continue to whisk. Whisk in the cornflour. Stir constantly until mixture clears and thickens. Puree pumpkin while slowly adding the liquid. Incorporate rest of liquid (orange juice and maple syrup) until the mix is smooth. Put a little orange and lemon zest into 6 large or 10 (150ml) small moulds that have been wetted, then pour some mix on top of each. Refrigerate until set and ready to serve. Dip moulds into hot water, and slowly and carefully pull jelly from edges of moulds by pulling slightly with your finger, then unmould them onto a plate. Sprinkle with chopped almonds.

Serves 6-10

NOTES: If adding meat or poultry to the main dish. Don't forget to brown it before adding to other ingredients

If using gelatine instead of agar agar, measure all liquids, and add gelatine according to packet instructions.

Agar agar does NOT set as stiffly as gelatine, and can take a bit longer to set.

G

oing for Gold

The last time we heard from **Shane Hurley** he was preparing for Gay Games VI in Sydney. Despite facing some challenges, he is still weight training. Now he's aiming for the next Gay Games in Chicago.

You might recall from *Talkabout* three years ago, I started in bodybuilding and physique after I was very sick in hospital. At first I seemed to do everything wrong, taking a guess on how to do weight training through watching TV and reading magazines. I joined Broadway Gym, where Ingrid Cullen was a personal trainer. A friend told me I should speak to her because I was HIV positive, and she had had a lot of experience working with positive people in the gym.

Ingrid said she could get me bulked up for the 2002 Gay Games in Sydney. At the time I laughed at what I thought was a very optimistic goal. She started me on various exercise regimes. I put on weight, started feeling better about myself, and had a healthier attitude to life. Exercise can lead to lots of other changes in your life as well. It gives you focus.

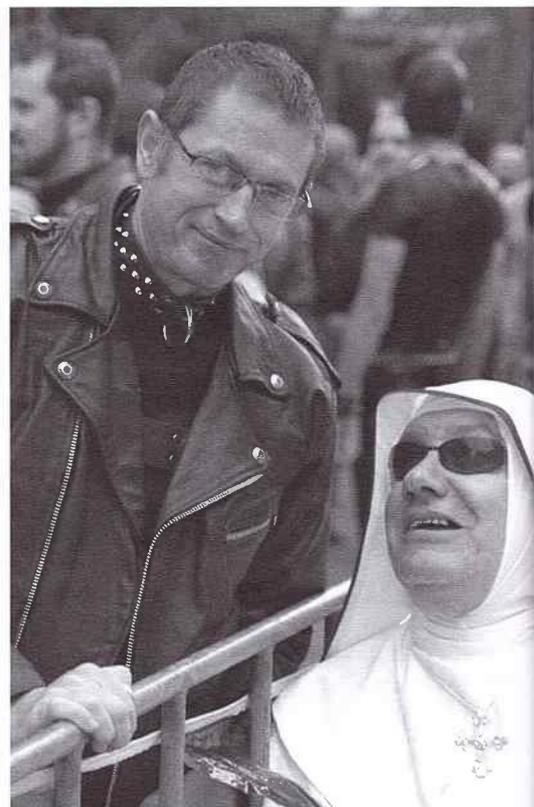
Once I was registered for the physique event, we got stuck into training hard. I had a couple of setbacks (three hospitalisations) prior to the Gay Games in 2002, but I still managed to make progress. The Gay Games are all about inclusion and personal best, and they were incredible. I didn't think I could achieve

what I did. I had my routine all worked out to Madonna's *Vogue*, and Ingrid was there on the day I was competing. I ended up getting sixth place in the world in my division (novice), competing against some very heavily built up boys. Once again it made me feel I could strive to greater heights. It also made me think that I could perhaps even become a personal trainer.

Exercise can lead to lots of other changes in your life as well

Weight training helps me to have a positive attitude and makes me feel better. It also gave me goals to strive towards and a reason to get out of bed in the morning. I had to get up at five in the morning to train with Ingrid three times a week, now at Newtown Gym.

After the last Gay Games I did an interview with a woman from *Poz* magazine in America and it gave me the thought that I could go to the next Gay Games. Since then,



Shane and a friend

the 2006 Gay Games have been constantly in my mind. During the last few years, I've done Leather Pride Physique Competitions (which take place each year in Leather Pride week) to keep in practice.

I was back in hospital earlier this year and I lost a bit of muscle again, but now I've started getting it back. I've already registered for 2006 so I have to go, and because of my age I'll now be competing in the Masters' event.

It will be expensive to get to the Games in Chicago so a big drive for me at the moment is to fundraise enough money. I'd also really like to encourage people. If I can do this, anyone can do it. If you've got positive thoughts to do things, you can do them. I hope I'll bring a medal back to Australia. And this won't be the end of my personal training. I'll keep it up and continue training when I get back.

Think outside the square

Ingrid Cullen

Ok, we all know exercise of being active is good for us. It is like medication and only works if it is taken regularly, in the appropriate doses and combined with other good healthy practices like a healthy diet, plenty of sleep, and just enough stress to keep life interesting.

You know it increases energy levels, bone density, good cholesterol and protein synthesis. It also reduces anxiety and depression levels, blood pressure and fat stores. It even helps with sleep and appetite. So get active, find something you like doing and go for it.

The challenge for the next issue of *Talkabout* is to research fun, exciting and interesting things to do that don't break the bank. I want pages and pages of ideas. Email your ideas to editor@plwha.org.au

Here are a few ideas to get you going:

1. Remember Fit X gym at ACON (9 Commonwealth St Surry Hills)? We really are a friendly group, and all levels are catered for. If you don't live close by, check out your local hospital or council for exercise options.
2. Think about getting a friend or two together for a walk. Places like Bondi to Bronte or the bay walk around Drumoyne and Haberfield, or Centennial Park, or even the convict trail at Wiseman's Ferry.
3. How about cycling somewhere, the Cooks River Cycle Path or Sutherland National Park?
4. How about swimming round the beach pools, or your local one? Several hospitals have hydrotherapy sessions that are pitched towards various groups. RPA has HIV+ sessions on Tuesdays and Thursdays. Ring Belinda or Andrew on 9395 0444 for details.
5. My final suggestion is gardening. Street jungle has several community gardens around Sydney. Phone ACON for details on 9206 2000. Many local councils also have various community gardening programs you can get involved in.

If all else fails, do some research, grab a copy of *Contacts*, and ring around and see what you come up with. We look forward to some fresh, new ideas to print in coming issues of *Talkabout*.

Ask Ingrid

What is the secret to getting flatter abs?

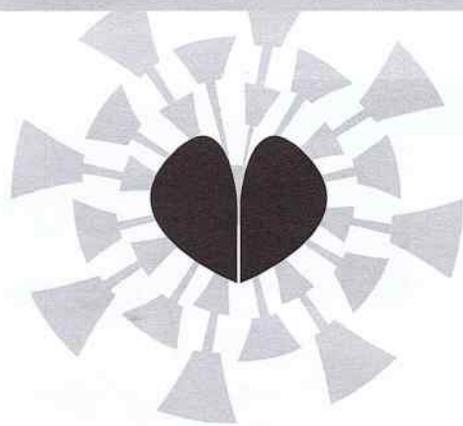
There is a secret and it's not liposuction. Basically it's diet and exercise. So long as your body fat is between 12 – 18% for men and 17 – 24% for women, you should have a faintly flat stomach.

But now we need to get to the secret: Core stability/posture, which I have talked about in past issues of *Talkabout*. The main core stabiliser that affects your abs is the TVA or transverse abdominal muscles. It is the deepest abdominal muscle, and helps everything by acting like a girdle. This muscle is not worked much by doing the usual crunches, sit ups and machine exercises done at gyms and at home. Exercises like crunches etc work the surface muscle that leads to a six pack, but not a flat stomach. The TVA muscles are worked during heavy lifting like gardening and building and during leg and back exercises like squats and lunges, or dead lifts and rowing. Fit balls are also great as the unstable surface makes you have to stabilise with the TVA muscle. So sit ups on the ball, or any balancing exercises where you're holding yourself in tension should do the trick.

To work this secret muscle you pull in with your belly button as you lift and lengthen your body. Then keep it in this position by statically contracting and holding this position by performing various exercises. Good posture which protects your lower back means you have strong TVA muscles. If all this sounds as clear as mud, ask your friendly physiotherapist, chiropractor or osteopath to explain it and demonstrate how these vital muscles work. I promise I will cover this topic in more detail next issue and will include pictures to help with the how to.



Oiga'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, motor-bikes, pos community. Love dogs. Hate cats. **Reply: 100023**

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

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

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

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

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

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

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

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

ests 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**

Riverina, 37 yo, HIV+ slim, slightly hairy WLTM other 'locals' for friendship, perhaps LTR. Into AFL, camping, beach, kissing, cuddling and of course the obvious. Can accommodate for country weekends away. Prefer mature, but not set in stone. **Reply: 030805**

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**

37yo, HIV+ Bisexual male, 5 ft 8in 70 kg, blue eyes, brown hair, OK looks and good physique. Looking to start a new life with a woman 25-45. I'm very straight acting, full of love, and want to spend the rest of my life with a nice woman. PS. Come and still my heart! **Reply: 150705**

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

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

When placing and answering personals

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

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

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

When meeting someone:

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

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

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

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

How to respond to a personal

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

How to place a personal

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

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

Membership costs nothing!

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

Please tick

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

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

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

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

Sign below 

Subscriptions

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

Subscriptions only

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

Organisations:

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

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

Personal & Health Information Statement

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

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

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

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

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

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

Name _____

Address _____

Phone _____

Email _____

I would like to make a donation of \$ _____

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

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

Please charge my Bankcard VISA MasterCard AMEX Diners

Expiry Date _____ Signature _____

Name on card _____

Cash payments can be made at our office.

Total payment \$ _____

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

Signature

PLANET POSITIVE

A social night for HIV positive people and their friends

Where: Annie's Bar (back of the Carrington Hotel 563 Bourke St Surry Hills)

When: Friday 21st October from 6pm to 10pm

What: Free food and refreshments and sounds from Ruby

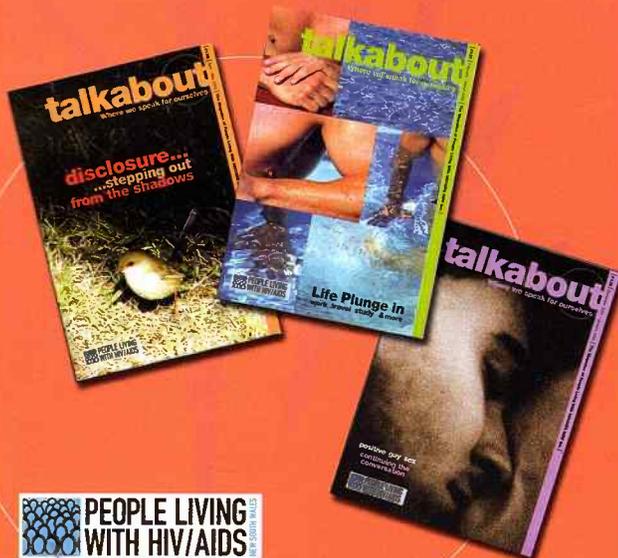


talkabout

Where we speak for ourselves

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

to subscribe call 9361 6011
(only \$20 a year/\$5 for people on benefits)



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

After Hours

Have you been diagnosed HIV+
in the last couple of years?

Want to meet with other newly
diagnosed gay men?
After Hours is a drop in night for you.

Every second Thursday month from 7pm
After Hours snax chat chill

For more details contact Glenn on
9361 6011 or email: glennf@plwha.org.au

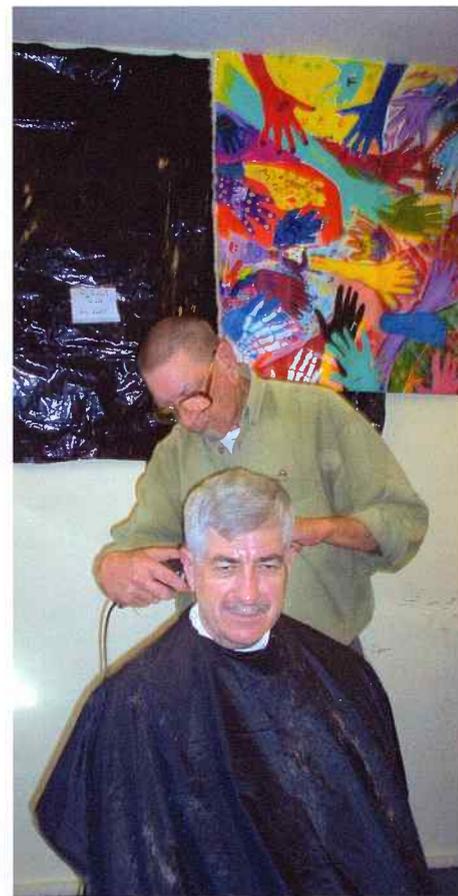


Happenings (at the Luncheon Club)

Top: Local member for Sydney Tanya Plibersek helps the volunteers at the Luncheon Club's Christmas in July celebration

Bottom left: Monique, Doreen and Carmen entertained everybody at the Christmas in July party

Bottom right: Ron cuts hair at the Luncheon Club every second Wednesday (sponsored by PLWH/A NSW), and at the Positive Living Centre every second Friday



POSITIVE HEALTHY AGEING FORUM

What's your experience of maturing with HIV?

What's your experience using aged care services as someone with HIV?

What services should we expect for people maturing with HIV?

COME AND HELP ACON DEVELOP ITS HEALTHY GLBT AGEING STRATEGY

Thursday, September 22, 6-8pm

RSVP Veronica by Monday September 15 on 9206 2128

ACON 9 Commonwealth St Surry Hills

Guest Speakers:

Geoff Honnor

PLWHA NSW,
Executive Officer

Michael Hurley

Senior Research Fellow
Australian Research Centre in Sex
Health and Society
La Trobe University

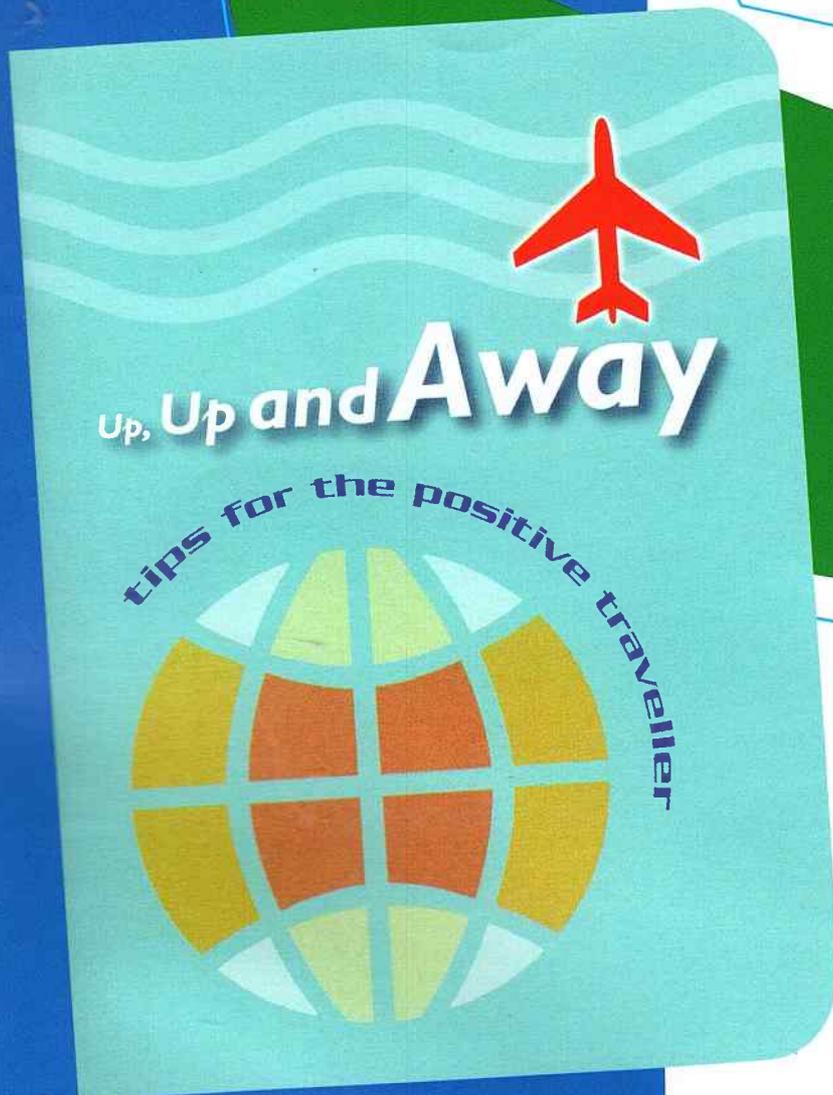
HIV Positive Speaker from the
Positive Speakers Bureau

 **acon**
community, health and action

Thinking about travelling overseas?

Up, Up and Away: tips for the positive traveller has information on

Talking to your doctor
vaccinations
insurance
reciprocal health agreements
what to do in an HIV emergency
entry restrictions to a range of countries
carrying and posting medication
travelling with needles and syringes
food and beverages
useful websites



If you would like a copy
phone 9361 6011 or
email: admin@plwha.org.au

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

 **acon**
community, health and action



