

# talkabout

Where we speak for ourselves

#143

February - March 2006

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

**10 reasons  
to test for STIs  
Sex and Hep C  
Studying -  
never too late**

**Being openly positive will hopefully  
encourage other people to talk about HIV.  
It might even prompt some guys to get tested.**  
James October 2005  
Let's talk about it: HIV Visibility Campaign 2005-2006



**PEOPLE LIVING  
WITH HIV/AIDS**

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Uits kan moezem pruiziti pomoc i razumjevanje oko HIV/SIDE. Iaste ovu kliniku za brošuru na vašem jeziku. Sve usluge su besplatne.

Uim razumjevanje ljubavne bolesti i razumjevanje situacije u vašem jeziku. U ovom brošuri možete pronaći informacije o tome kako se nositi s bolešću. Sve usluge su besplatne.

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**ITALIAN**  
Possiamo offrirvi sostegno e comprensione per l'HIV/AIDS. Chiedete un depliant informativo in italiano presso questo centro medico. L'assistenza che vi offriamo è riservata e gratuita.

**POLISH**  
Możemy Ci pomóc Ci zyc z HIV/AIDS i zrozumiec, na czym on polega. Poprosz w klinice o broszure na ten temat w Twoim jezyku. Wszystkie nasze uslugi sa pofrne i bezplatne.

**PORTUGUESE**  
Nos podemos lhe oferecer apoio e compreensão com HIV/AIDS. Peça aqui nesta clinica, um folheto de informação na lingua Portuguesa. Toda a assistência é gratuita e confidencial.

**SHONA**  
Tinokwanisa kukubatsira nerutsigiro uye kuti munzwisise nezve HIV/AIDS. Bvunzai pakirniki ino zvinyorwa zviru mumutauru wenyu. Rubatsiro rwese haruna muripo uye hapana mumwe anozivisa zvamunenge mataura pasina mvumo yenyu.

**THAI**  
Uim razumjevanje ljubavne bolesti i razumjevanje situacije u vašem jeziku. U ovom brošuri možete pronaći informacije o tome kako se nositi s bolešću. Sve usluge su besplatne.

**TURKISH**  
Size HIV/AIDS ile ilgili destek saglayip anlayisli bir hizmet verebiliriz. Bu klinikte kendi dilinizde yazilmis olan bir broşür isteyiniz. Bütün hizmetler gizli ve ücretsiz.

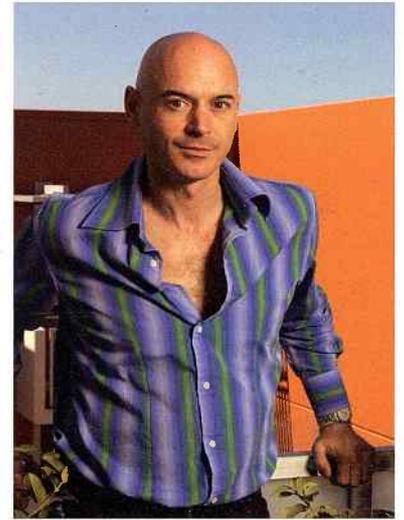


www.multiculturalhivhivhepc.net.au

# talkabout

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Cover photo: Jamie Dunbar

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# L etters

## New opportunity for networking in the Northern Rivers

Announcing a new resource for PLWHAs who are residing in the Northern Rivers of NSW and surrounding areas.....We would like to introduce you to a new web based connection group through Yahoo Groups called: NOR-COWAMplwha@yahoo.com.au (No Ordinary Rural Community Of Women And Men). It's been set up by the ACON HIV Health Promotion worker, Michael Riches and ACON volunteer Nick Roy. Michael has worked in and around the AIDS Inc. traps for a few years now, and Nick has been a long-term committed volunteer within the sector for many years also. Social isolation relating to living with HIV/AIDS has been identified as a significant barrier to well-being in numerous research reports, and is also reported as a key concern for local plwhas. We hope that this group will help to reduce this.

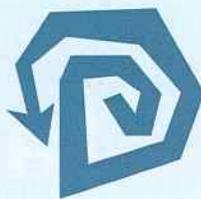
Some of the ways that we suggest you utilise this group is to chat, information giving and receiving, transport assistance re. lifts etc, letting people know of social arrangements, wanting to buy/sell stuff etc, etc...just be imaginative!

We will be regularly placing web based information from organisations like ACON, PLWHA (NSW), NAPWA, AFAO etc onto this group site. Should you come across anything that you think will be of interest to the group as well, we encourage you to do the same.

This is your space so please feel free to 'have a go' and see where and how we can make our rather disparate, but connected community more cohesive and supportive of one another and the lives we lead.

Yours positively,  
Nic and Michael

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



## Talkshop What's happening

### Deadline extended: Important to complete Futures survey

If you haven't completed a Futures five survey, there is still time to do so. The deadline to complete surveys has been extended to March 31.

The findings from the survey are used by to ensure that policies and services are best suited to the needs of HIV positive people. Surveys can be completed online at [www.hivfutures.org.au](http://www.hivfutures.org.au). If you prefer to fill in a hard copy, we can post you one if you ring PLWHA (NSW) on 9361 6011 or free call within NSW (1800 245 677)

### Karumah has moved to new and improved premises

Karumah the drop in centre for people with HIV in Newcastle moved premises late last year. Their new and improved home is at 2A Lawson street Hamilton (phone number (02) 4940 8393). Recently PLWHA (NSW) conducted community and stakeholder consultations

to look at Karumah's future directions and how the centre can build on its strengths and take on new challenges. Karumah offers a range of services (massage, lunches, pizza nights, a discussion group, and drop in) and it's a good place to meet new people if you live in the area.

### Planet Positive

The next Planet Positive (a social night for HIV positive people and their friends) is happening on Friday 24<sup>th</sup> March from 6pm to 10pm) at Annie's Bar (563 Bourke St Surry Hills). Planet Positive is organised by the Positive Living Centre and PLWHA (NSW) with music by Ruby.

### Thank you to our volunteers

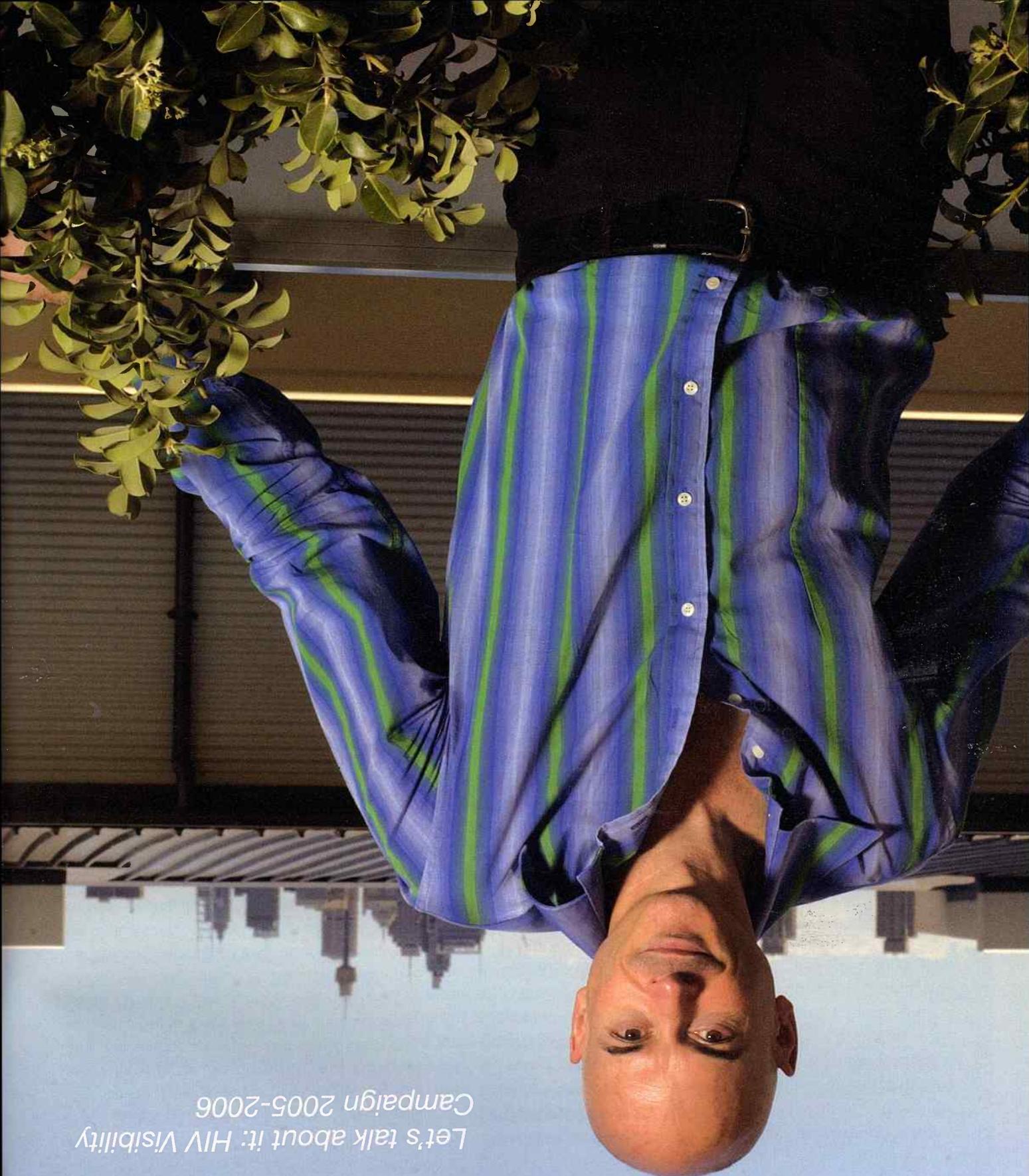
Thanks to our volunteers who helped out at the Mardi Gras Launch (we made \$2,500 on the night) and to everyone who helped at the PLWHA Fair Day Stall. We really appreciate your support.



Fair day volunteers  
Gavin and Norman

# Positively Positive James Fraser

Let's talk about it: HIV Visibility  
Campaign 2005-2006



**I had partners who were diagnosed whilst I was going out with them: when I was negative they were positive. That would have been back in 1985 or 1986. We really didn't know a lot about HIV and AIDS. It was at a time when I was going out to all the night-clubs on Oxford Street. I was also trying to have relationships that worked. Everything was new and experimental. It seemed in those early years anyone you knew or that you'd been close to died. I remember when I'd gone back to England I used to lie awake at night thinking about these people and feeling really guilty that the medications available to us now weren't around then. Why am I alright and why wasn't the medication there for them?**

I was diagnosed in 1996. I got HIV from a short relationship with a guy who was passing through Sydney. He had what I now recognise as a sero-conversion illness: so he was highly contagious. It wasn't from not using condoms properly because I always practiced safe sex. I honestly to this day cannot fully understand how I was infected, unless the condom had broken and I had not noticed. I went for a routine test which showed up positive. So I was a bit shocked because I wasn't expecting it: it was just a routine test. I had always gone every six months for an HIV test.

It was when HAART had just been introduced in October 1996. My doctor said although it's really not a good thing, it's probably the best time to get HIV because at least there're treatments available; there's something we can do. I went straight onto HAART.

A friend of mine booked me in to see a doctor who I thought was a counselor at the time. I went and about three hours later came out with scripts for all these pills. My doctor was away so I couldn't go and see him to ask his opinion on the treatment that had been prescribed. I was told if I didn't take the pills I'd die. So I started the tablets and because it was when all the protease inhibitors had just come out, they put me on massive doses. I was on the Ritonavir, Saquinavir, d4T, 3TC and a

heap of pills for side effects. I was working at the time and because of the really chronic diarrhea I had to stop working.

I know there are a lot of different ideas about starting treatment early or not, and there's still not an exact 'right' answer that can be applied to everyone. Everyone's individual and unique: some things work for some people and some things work for others. I think in my case it was good because nearly ten years on I've still got a really high cd4 and my last cd4 was 1600: I've never gone down below 350 and that was only when I had pneumonia.

I got HIV but it opened these doors to doing something constructive and something that felt really valid.

Initially I was too numb to think about what it meant to live with HIV. It was actually getting a grasp on what I'd been told and letting it filter through. I certainly did, at times, think I wasn't going to be around in ten years. What if these drugs don't work and what do they know about these drugs? That's why I wanted to find out as much as I could about all the trials that were going on.

I wanted to tell to my parents. They live in the UK. I told my sister first to see how she gauged me telling my parents. She said they'd want to know. I told them over the phone and they wanted to see me. They wanted me to go back. Because I couldn't work at that time I decided to go back for a couple of months just to show them I was okay. When I went back I still had the side effects so I ended up staying in the UK in a semi-rural area called Worcestershire.

I hooked up with the health care team there and was put in touch with an HIV charity: a very small one with two people employed. Because I wanted to learn as much as I could about HIV I started volunteering. I also went on as many courses as I could. I became the representative for the area for people with HIV and started traveling around the UK on the back of the Terrence Higgins Trust working with other independent HIV organisations, giving talks to nurses and students: very similar to the Positive Speakers.

I ran the Positive Empowerment Group for people living in rural areas. They were all very isolated. There were no opportunities for social interaction available

and there was very little information on HIV. I also did some fund-raising, which I'd never done before. It was like learning all these new skills and I enjoyed it! I got HIV but it opened these doors to doing something constructive and something that felt really valid.

This would have been from 1998 until about 2002. During this time the charity grew. We started getting a lot more people coming in. There was a cross section of people. A lot of heterosexual women with children and quite a few older gay men who were not out as gay men. Some also had mental health problems like bi-polar

*I got HIV but it opened these doors to doing something constructive and something that felt really valid.*

depression. I didn't have the background to work with these people but I had the personality to bring them together and to listen and from listening to people's stories to act on whatever I thought they might need. That's how the whole group grew. I left Britain in 2002 or 2003 and came back to Australia because I was ready to come back. I now work in the HIV sector in Sydney and love my work and have a great respect for those whom I work with. I don't think that people can work in this sector without having a passion, a driving force and that in itself is a healthy situation to be in.

**Sex, relationships and me**

I look at relationships very differently now. When I was young, I was experimenting and the whole gay scene was exciting and new. I had lots of boyfriends but did not really know who I was at that time and so looking back, wasn't ready for commitment. I have been single now for about eight years and have matured along the way. Would I consider a stable relationship with someone now? You bet!

I would love to have a healthy relationship with another guy. By healthy, I mean one that is rewarding to both of us, where we learn new things together but also bring our experiences to the relationship. And it doesn't matter if they are positive or negative. Most of my relationships have actually been with negative guys in the past. I always disclose my HIV. I don't find disclosure difficult. I mean I have had some shocking experiences telling people I'm positive. I remember once cooking a

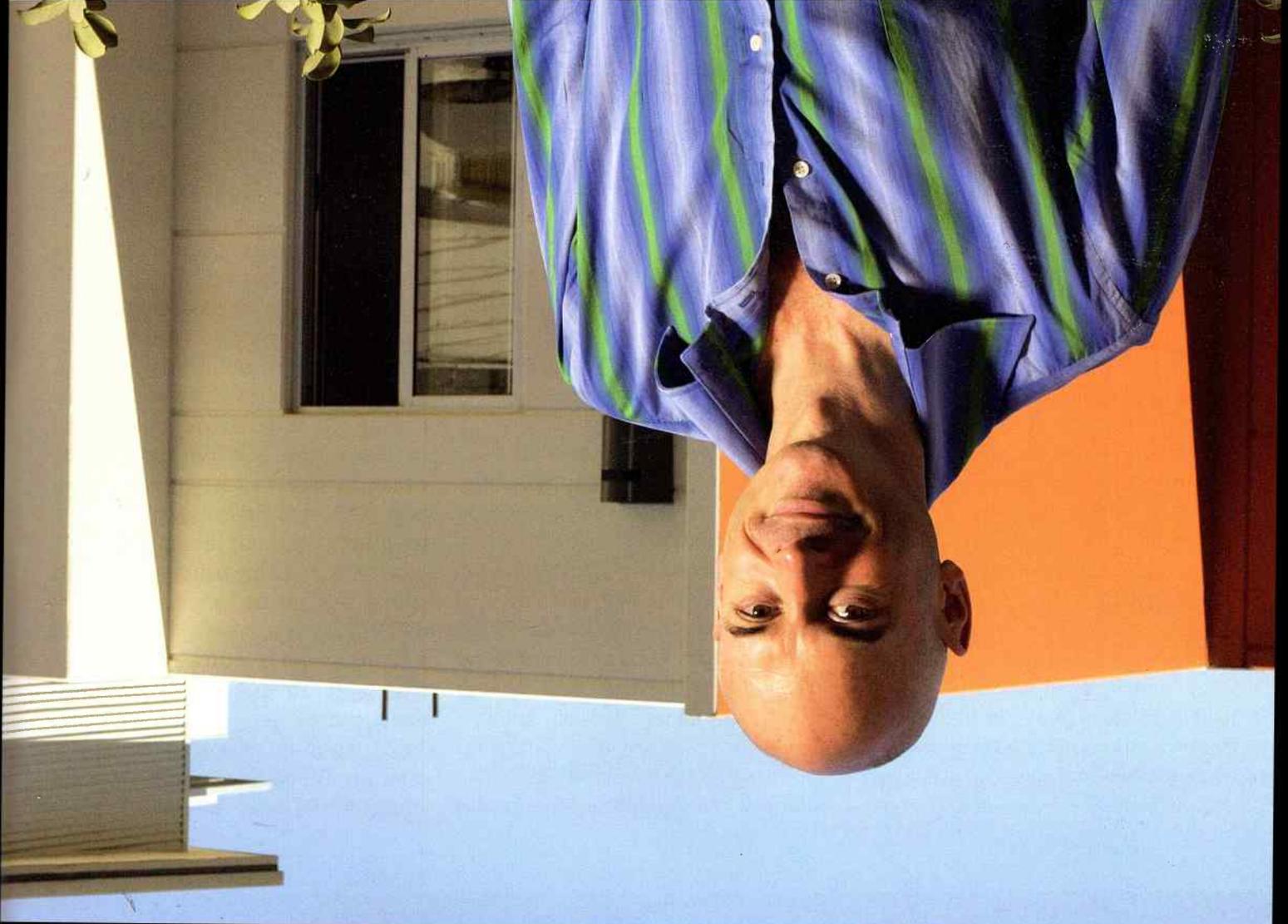
meal for a guy and I disclosed my status when he came over to my place. This was the second date: we'd had a drink somewhere and I thought right I'm going to tell him. I told him and I said: "are you okay with this?" He said: "oh yeah, that's fine". He then said: "can I use your bathroom?" I put the food out on the table and was waiting: he was taking a while so I knocked on the bathroom door. He'd gone. He'd slipped out the front door. I think discrimination among gay men is worse now than it was then.

I would like to be honest about safe sex and I know that there are many who condemn anyone else for not always wearing a condom. I had always been safe with other men after my HIV diagnosis up until about a year ago. Then after several men chose not to practise safer sex and it ended in no sex I decided to make decisions on what my needs were. Because the other person was positive we came to an agreement to

have unprotected sex. Our choice, but one that I feel needs to be discussed between the two participating adults.

I was nervous about this because I'd always understood there are different strains or resistant strains of HIV and you could get re-infected. Apart from that I didn't want to get STIs like syphilis. It made me think afterwards because a year ago if you'd asked me would you have unprotected sex I'd have said never. So I shocked myself that I actually agreed to it. But then I suppose its circumstances and situations. As I said, disclosure and discussion with each other is a must. It also doesn't mean that I have unprotected sex with everyone I meet now, it has only been twice.

HIV is largely invisible: for me to be openly positive is a healthy thing. You get people within the gay community that think HIV has bypassed them and it's an older person's disease. HIV is



largely invisible: it's not talked about.

By telling my story I am making HIV visible. Talking about our experiences is a good way of describing what it is really like to live with HIV: how HIV is transmitted and that it's not just in the gay community. I worked with a lot of positive women in the UK. Not just black African women who've migrated but Caucasian women as well. A lot of women have got it from holiday places like Ibiza and the Mediterranean. It stands to reason because everyone's having unsafe sex and sharing partners. There are a lot of bisexual men or married men who are having unprotected sex. We saw a lot of heterosexual men who

HIV is largely invisible: for me to be openly positive is a healthy thing.

had sex with men but identified as heterosexual. These men had had very risky, unsafe sex in toilets and other places.

To start the discussion I think campaigns should be aimed at individuals. They should be specifically targeted. For example: to target awareness and to grow support groups in the rural areas, it would be best (in my opinion) for someone who has knowledge and experience of what it is like to be both positive and to have lived in a rural area, to honestly and frankly discuss topics that are relevant to that group of individuals. I have always found that people respond much more effectively with each other when this is the case. When I was in the UK I was asked to help organize a woman's only support group for HIV, but although I am positive and under-

stand some of their issues I cannot possibly fully understand how they feel or what their real needs are. Although living with HIV is a similarity that many of us share, it is as diverse as each of us is individual. Long-term survivor's have a totally different outlook as do newly diagnosed people. People from different cultural backgrounds would benefit from information that is relevant to them. So, in brief, peers can help with campaigns and target individuals effectively.

I know there are these target groups but in these groups people are very individual. In a way using positive people's stories is a good way of reaching people. They may be very close, if not very similar, to what someone has experienced and it makes it more real. I know it's very hard but I think those are the more effective campaigns.

HIV is not something to be ashamed of. I think there are quite a few reasons why I should be visible. For me to be openly positive is a healthy thing. Hopefully it will encourage other people to talk about HIV. It might even prompt some guys to get tested: guys who may be worried about being tested.

Receiving a diagnosis in 1985 was like being handed a death sentence for a lot of people. They didn't have any options: there was little support and treatments were being trialed. There was more activism in the 80s. Activists fought for access to treatments, care and support. In late 96 we had HAART. There were options all of a sudden where there hadn't been before. We still didn't know what was going to happen but there was a hope. When I was diagnosed, there was at least some understanding that you were in a better position than ten years before. For people who are diagnosed now doctors have more knowledge on how to treat HIV and the side effects. There's a lot more support now, opportunities for networking and other community services.

Now we have to be very careful that we're not just focusing on the medical side of things. This may be disempowering for some people. There needs to be a balance between empowering people with emotional support, hands-on help and medical support. People have been dependent on our community support and services

and we're now turning around and saying it's not good for you to be dependent, you need to be self-sufficient. What we've got to be very careful of is treatments are still extremely new. We've seen all these side effects like lipodystrophy and increasing cholesterol levels. As a worker within the sector, I'm aware of several of my clients going into hospital. You don't hear about this. I think we've just got to be mindful of those things. I think people get carried away sometimes in the successes and these successes are new.

People need to be aware HIV is not easy. It's not just a question of taking a pill. There can be side effects and treatments

All of a sudden there were options... but there is a lack of perception in how HIV can change your life.

may not work for some people. On a more positive note, living with HIV today is not the same as living with HIV twenty years ago, we are much luckier having treatment options and organisations that exist to support people living with HIV and AIDS. We now at least have choices. It is up to us to support each other and make informed choices. I choose to be positive in my approach to being positive... Positively Positive!

Photographs: Jamie Dunbar

If you are interested in being part of the visibility project (either through the weekend workshop on April 8 and 9 (see page 15) or through one on one confidential interviews contact Kathy Triffitt on 9361 6011 or email [kathyt@plwha.org.au](mailto:kathyt@plwha.org.au)

# D ecisions to make

**Michael** had choices to make about disclosure, condoms and relationships after testing positive recently.

**I felt there was no way I would meet anyone again. I'm 47 and had been by myself for a while, since the beginning of 2003, and you think to yourself where do I meet somebody?**

Out of the blue, two possibilities arose. I met a negative guy, fifteen years younger than me, who was a connection through work. Max asked me out on a date. I hadn't had anyone ask me on a date before, and I just knew I would have to tell him. It was always on my mind to tell him I was positive and this worried me. Not that I didn't trust him, but I just didn't want anyone at work to know I was positive. There are some people in my life I haven't told, and they're really good friends, and that's because they're hypochondriacs.

Then in November I met Bill at a wedding function. It was a real connection straight away. I went away for a couple for weeks, and then we started dating each other. It was all very new to me. I had been in a relationship from the ages of 21 to 36. All that sort of thing, dating etc, didn't happen because I was with someone. This is the third relationship I've had in my life.

Bill is 12 years younger than me. I told him immediately I was positive, but I already knew *he* was positive because someone had actually told me he was. Once I met Bill I forgot about Max, although we've stayed in touch and now he's going out with someone else. I still haven't told him about my status, and I probably can't, because we're not on that level of friendship. It was an interesting experience to have had that choice.

There was a much stronger connection between Bill and myself, and whether it was because he was positive I don't know. But I think it does take away a lot of problems. If you're in a relationship with a negative person,

and they had a positive diagnosis I would feel really responsible. There are still things to think about. He's on meds and he can't get reinfected from me but I'm not on treatments and I think it's more of an issue for me. So we have talked about using condoms. Treatments require some planning. When he comes to stay over for four days at my place he brings all his treatments with him so he doesn't run out. The bottom line is you're attracted to the person you're attracted to, and it doesn't matter what their status is. I was actually prejudiced about positive people before I was diagnosed, and that was part of the problem I had adjusting to it. So I know there's discrimination out there. You just never know till you go through the process of disclosing, and I would have had to see his reaction. He seemed to be a very loving person but you never know what someone's reaction will be.



'Dancefloor Dan' finally understood his negative partner once he plugged in a SERO DISCO CORD™.

# When everything changed testing HIV positive

Maxine Lewis



**My reason for getting tested was simple. I wanted to clean the slate and start fresh. I had been single for over a year and could feel a new phase of my life beginning. I was back in Sydney after a few years adventuring in the Blue Mountains, Africa, Asia and Byron Bay. It was time to settle down, get serious, get committed. I was working in aged care again and looking down the barrel of two years to complete a nursing degree. It was November, 1997 and the big change I could sense was on its way.**

A few days before I was due to get my test results I was overcome with fear. *What if it was positive?* My mother dismissed my panic, saying, "Oh come on! If you were positive you'd *know!*" It seems I did. I hadn't knowingly slept with any positive men, but I had taken risks. I'd had sex without condoms. That seemed pretty normal among my peers. Some of my boyfriends had even dabbled with needles. Also pretty normal among my peers, although I had always avoided the silver sparkler.

There was nothing I could do now though except wait.

When the day came I went to the doctor after work. I had rung him to get the results but he had asked me to come in. It was a small surgery in Chatswood and when I walked into his room and sat down he showed me a piece of paper with a small part highlighted yellow. It said WB Positive. He said he was sorry and told me that I didn't look like the type. I remember being very calm and thinking that I knew more than he did – none of the positive people I had met looked like the type. He was kind though, and I could see he felt helpless. He rang a specialist at the Royal North Shore Hospital, made an appointment for me, and that was the end of the consultation.

I walked out of the surgery in what I now realise was shock. I felt calm and weightless and completely numb, an incredible sadness just below the surface. Nothing mattered anymore. I went to the bank and saw a work colleague. We waved and suddenly everything was in slow motion. She seemed literally miles away, completely unreachable, yet she was just on the other

side of the room. I felt my life taking me in a completely different direction now. Everything had changed.

I hired some videos and bought myself a box of chocolates, and when I got home I rang work and told them I wouldn't be back. I told them I'd had some bad news. My Mum rang me to see how everything went and I couldn't lie. I told her and she started to cry. That's when I cried too for the first time.

The life change I could sense had certainly come, just not in the way I expected it. Before getting tested I was not enthusiastic about my life and felt unable to cope with another 50 years. After I got my results I was praying for another 50. My desire to live a long life has been with me ever since. Although I experienced a huge grieving process, I was determined that I would make this into a positive thing, no matter what happened. I felt very sorry that I had not protected myself, that I might have thrown away my life. This awakened in me a desire to care for myself and do the very best I could.

I swapped nursing for welfare and was glad. I met a lovely man and we married in 2001. We moved out of Sydney and bought a house. I don't know what the future holds but I'm making plans.

# Testing, testing

Three positive gay men talk about sexually transmitted infections

## Dan

How long have you been positive?

About five months

Do you think your attitude to sex

changes after you test positive?

A little. It's different for everyone I

guess. For me, it was scary for the first bit,

but being in a relationship with a negative

partner, I couldn't let fear of infecting my

partner destroy our sex life. He was also

very supportive, and wasn't about to let

my positive diagnosis get in the way of a

healthy sexual relationship. One aspect

that did change was that we were going

to stop using condoms in a monogamous

relationship. Unfortunately we aren't able

to do that now.

Do you think it's easier having sex with

a positive guy?

In my experience from before being pos-

itive myself, I didn't really find it easier

either way. At least when you are negative

and sleeping with someone that you know

is positive, you take extra care to engage

in the safest practices possible. However,

I think many people out there would be

intimidated by sleeping with someone

who was positive.

How do you feel about STIs (sexually

transmitted infections) like Gonorrhoea,

Syphilis, Chlamydia etc and do you think

they're an important issue or not?

I know they are an important issue for

me. Wanting to be as healthy as I can, I

don't want additional STIs interfering

with my body's ability to keep HIV at bay

naturally.

Why would you test for an STI? Would

anything put you off testing?

In the past I wasn't very good at regu-

lar check ups. When I was younger I was

embarrassed by the concept of having a

doctor perform the routine procedures like

swabs etc. I'm also not great with needles.

I've gotten comfortable with these things

as I have gotten older. Since my positive

diagnosis, I see STI checks as very impor-

tant for my ongoing health, as I am aware

that some STIs combined with HIV can

add further stress on your immune system.

That is the main reason I intend on having

regular check ups.

Do you think it's easy to talk about

STIs?

I don't feel comfortable talking about

STIs with friends and family, but I am not

intimidated by talking about them with a

doctor now. Still, it isn't the easiest thing to

do, and I think many young people might

find it hard, as I did when I was younger.

What do you think sexual health means

for you as a positive gay man?

To me, sexual health has a wide mean-

ing. It is about engaging in safe sex prac-

tices with my partner to ensure he does

not get infected. It's about maintaining a

healthy sex life with him. It's about ensur-

ing I do not become infected with other

STIs that could damage my immune sys-

tem further. It's generally about looking

after myself and my partner.

Do you think your attitude to sex

changes after you test positive?

Yes. At first I decided that it was essen-

tial that I disclose my status to trade before

getting them in bed, but that often lead

to them walking out, leaving me alone.

Then I tried not disclosing, but that did

not make me feel comfortable, especially

when I intended to have sex with them

more than once. I did notice that when it

came to bear sex, (which I tended to have

when I was pretty drunk) I was not safe.

For some reason I thought that if they

chose not to bother using a condom then

I didn't have to mention that they prob-

ably should. This has now changed, as the

guilt I felt the next day about putting these

unknown people at risk was too much. I

think the turning point came for me when

a close friend was seeing a guy, who told

him he was negative, but as it turned out,

was positive (and he knew it all along).

Lucky for my friend, he did not contract

the virus.

Do you think it's easier having sex with

a positive guy?

Of course it's easier.

1. You don't run the risk of them contract-

ing the virus.

2. They don't leave once they find out.

3. You both know what its like to be posi-

tive.

Would anything put you off testing for

STIs?

For my health and the health of my

## Timothy

How long have you been positive?

Five years

Do you think your attitude to sex

changes after you test positive?

Yes. At first I decided that it was essen-

tial that I disclose my status to trade before

getting them in bed, but that often lead

to them walking out, leaving me alone.

Then I tried not disclosing, but that did

not make me feel comfortable, especially

when I intended to have sex with them

more than once. I did notice that when it

came to bear sex, (which I tended to have

when I was pretty drunk) I was not safe.

For some reason I thought that if they

chose not to bother using a condom then

I didn't have to mention that they prob-

ably should. This has now changed, as the

guilt I felt the next day about putting these

unknown people at risk was too much. I

think the turning point came for me when

a close friend was seeing a guy, who told

him he was negative, but as it turned out,

was positive (and he knew it all along).

Lucky for my friend, he did not contract

the virus.

Do you think it's easier having sex with

a positive guy?

Of course it's easier.

1. You don't run the risk of them contract-

ing the virus.

2. They don't leave once they find out.

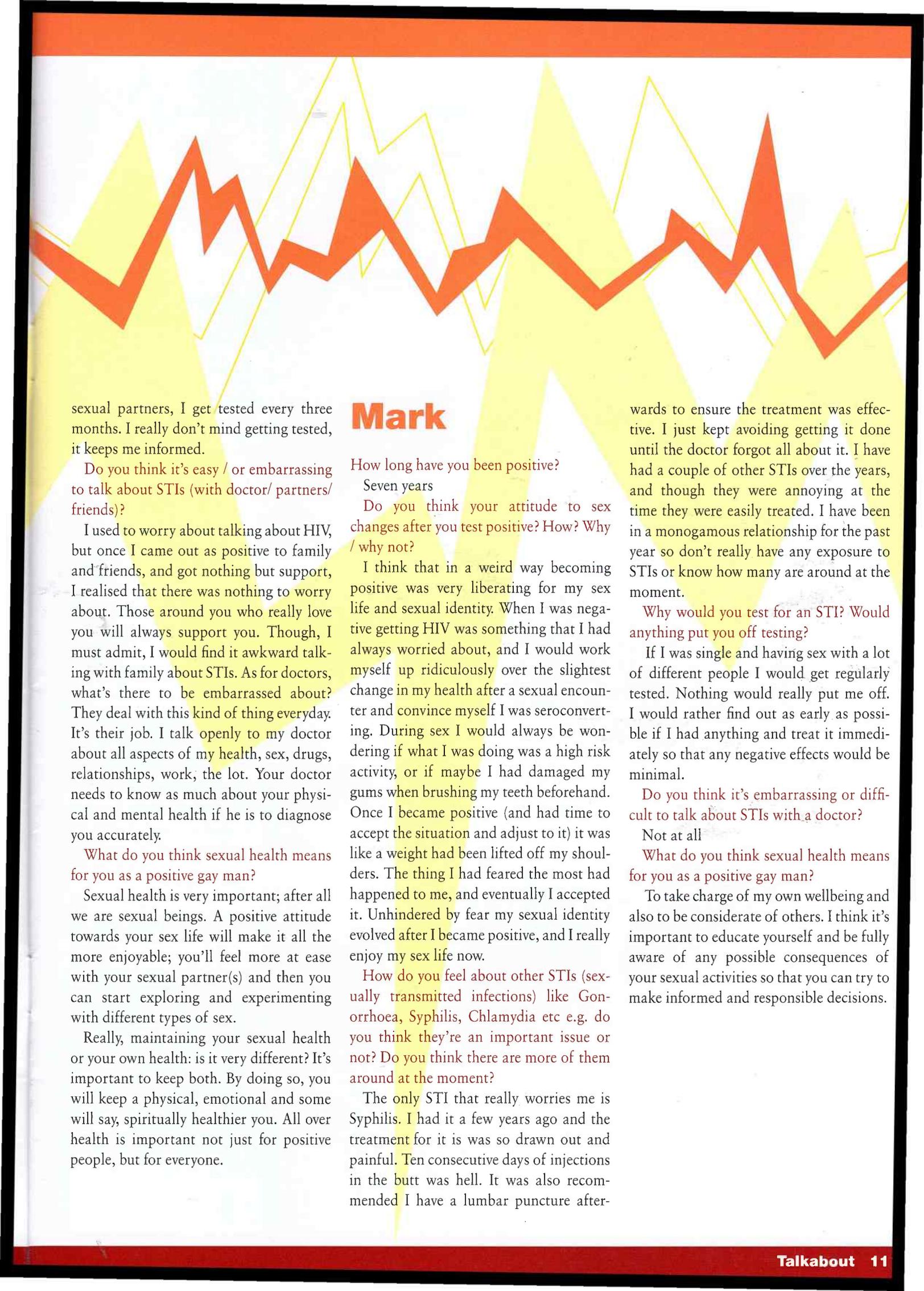
3. You both know what its like to be posi-

tive.

Would anything put you off testing for

STIs?

For my health and the health of my



sexual partners, I get tested every three months. I really don't mind getting tested, it keeps me informed.

**Do you think it's easy / or embarrassing to talk about STIs (with doctor/ partners/ friends)?**

I used to worry about talking about HIV, but once I came out as positive to family and friends, and got nothing but support, I realised that there was nothing to worry about. Those around you who really love you will always support you. Though, I must admit, I would find it awkward talking with family about STIs. As for doctors, what's there to be embarrassed about? They deal with this kind of thing everyday. It's their job. I talk openly to my doctor about all aspects of my health, sex, drugs, relationships, work, the lot. Your doctor needs to know as much about your physical and mental health if he is to diagnose you accurately.

**What do you think sexual health means for you as a positive gay man?**

Sexual health is very important; after all we are sexual beings. A positive attitude towards your sex life will make it all the more enjoyable; you'll feel more at ease with your sexual partner(s) and then you can start exploring and experimenting with different types of sex.

Really, maintaining your sexual health or your own health: is it very different? It's important to keep both. By doing so, you will keep a physical, emotional and some will say, spiritually healthier you. All over health is important not just for positive people, but for everyone.

## Mark

**How long have you been positive?**

Seven years

**Do you think your attitude to sex changes after you test positive? How? Why / why not?**

I think that in a weird way becoming positive was very liberating for my sex life and sexual identity. When I was negative getting HIV was something that I had always worried about, and I would work myself up ridiculously over the slightest change in my health after a sexual encounter and convince myself I was seroconverting. During sex I would always be wondering if what I was doing was a high risk activity, or if maybe I had damaged my gums when brushing my teeth beforehand. Once I became positive (and had time to accept the situation and adjust to it) it was like a weight had been lifted off my shoulders. The thing I had feared the most had happened to me, and eventually I accepted it. Unhindered by fear my sexual identity evolved after I became positive, and I really enjoy my sex life now.

**How do you feel about other STIs (sexually transmitted infections) like Gonorrhoea, Syphilis, Chlamydia etc e.g. do you think they're an important issue or not? Do you think there are more of them around at the moment?**

The only STI that really worries me is Syphilis. I had it a few years ago and the treatment for it is was so drawn out and painful. Ten consecutive days of injections in the butt was hell. It was also recommended I have a lumbar puncture after-

wards to ensure the treatment was effective. I just kept avoiding getting it done until the doctor forgot all about it. I have had a couple of other STIs over the years, and though they were annoying at the time they were easily treated. I have been in a monogamous relationship for the past year so don't really have any exposure to STIs or know how many are around at the moment.

**Why would you test for an STI? Would anything put you off testing?**

If I was single and having sex with a lot of different people I would get regularly tested. Nothing would really put me off. I would rather find out as early as possible if I had anything and treat it immediately so that any negative effects would be minimal.

**Do you think it's embarrassing or difficult to talk about STIs with a doctor?**

Not at all

**What do you think sexual health means for you as a positive gay man?**

To take charge of my own wellbeing and also to be considerate of others. I think it's important to educate yourself and be fully aware of any possible consequences of your sexual activities so that you can try to make informed and responsible decisions.

# Cock-tales

with Lance & Vanessa Wagner



Photo: Lance (Jamie Dunbar), Vanessa Wagner (Chris Barlow)

pos-pos sex, intimacy  
hot, sweaty, pleasure

desire, disclosure  
lust, anxiety  
pos-neg relationships

risk, discrimination

casual sex, rejection

myths, sexual health

communication, assumptions

good sex, self-esteem

negotiated-safety, barebacking

a hypothetical  
about sex,  
pleasure  
& other  
catastrophes

Wed 15 March  
7.00pm

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Museum  
Theatrette

Cnr College and William Streets  
(entrance via William Street)

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WITH HIV/AIDS

www.plwaha.org.au

# Sexual transmission risks and Hepatitis C

**Geoff Honnor** looks at the issue of sexual transmission of Hepatitis C

**It's long been thought that sexual transmission of Hepatitis C (HCV) is relatively rare. However, some recent research from the UK and Amsterdam, presented earlier this month at the Conference on Retroviruses and Opportunistic Infections in Denver, Colorado, suggests that sexual transmission is more common than we've thought - particularly among gay men who are already HIV positive.**

Dr Mark Danta from London's Royal Free Hospital reports that, to date, around 225 HIV positive gay men have been diagnosed with sexually transmitted Hep C in London and Brighton. His study looked at the risk factors associated with 111 of these men who were diagnosed with Hep C between October 2002 and August 2005. These were:

- Unprotected receptive anal intercourse
- Receptive and insertive fisting (without gloves) and use of sex toys
- Group sex
- Drugs like Crystal, E, GHB, K, amyl

Professor Roel Coutinho from Amsterdam's Municipal Health Service reported that the incidence of HCV in gay positive men had increased tenfold after the year 2000 compared with the 15 years before. He reported on risk factors associated with 25 gaypoz men who were diagnosed with HCV between 2003-05; 50% reported fisting and 65% were also diagnosed with sexually transmitted infections like syphilis. Prof Coutinho also commented that the HCV infections seen so far are probably "the tip of the iceberg" since these infections were only picked up because the doctor was specifically looking for them.

At this stage, there's not a lot of evidence about the incidence of sexually transmitted HCV in Australia - though I remember Dr Cassy Workman hypothesizing about the role of SM/leathersex in a study she presented at the Australasian Society of HIV Medicine conference in Melbourne in 2001. It's worth remembering that gay poz play scenes have gone global and participants can be in Europe one day and Sydney the next - and lots of people will be at this time of year.

There was a good deal of discussion at the conference about why this increase was occurring now. There was some suggestion that sero-sorting (poz guys seeking each other out for unprotected sex) might have something to do with it and also the rise of "Poz Parties"/extended play scenes (often via internet hookup) which frequently include practices like fisting. The risk factors cited by Mark Danta - toys, fists, drugs and a roomful of happy campers - will probably not be unfamiliar to a number of gay poz guys here in Australia.

It's pretty obvious that long periods of unprotected fisting/play can exert significant wear and tear on mucosal tissue and create ideal conditions for blood-borne virus transmission. While guys who regularly participate in these scenes are often very knowledgeable about risk, pleasure, limits and safe practice, these findings strongly suggest that a heightened sense of risk awareness - gloves for fisting for instance and Hep C testing - would be a very good idea for poz handballers and sex pigs everywhere.

If you've already got HIV, Hep C is definitely not a good thing to acquire. HIV/HCV co-infection can make HCV much harder to treat and make the hepatitis experience much worse generally.

Aidsmap website

Coutinho R et al. Rise in HCV Incidence in HIV-infected Men Who Have Sex with Men in Amsterdam: Sexual Transmission of Difficult to Treat HCV Genotypes 1 and 4. Thirteenth Conference on

Retroviruses and Opportunistic Infections, Denver, abstract 87, 2006. Danta M et al. Evidence for Sexual Transmission of HCV in Recent Epidemic in HIV-infected Men in the UK. Thirteenth Conference on Retroviruses and Opportunistic Infections, Denver, abstract 86, 2006.

# The wart virus: HIV and HPV

Jason Appleby

## A brief glossary

• HPV – Human Papilloma Virus; the virus responsible for warts

• Dysplasia – unusual cellular growth; not technically cancerous, but can be a precursor to cancer

• Cervix – the neck of the uterus

• Oncogenic – can cause cancer, or is associated with causing cancer

• Genotype – a specific genetic type of a living thing (virus, bacteria, animal)

• Carcinoma - cancer

• AIN – Anal intra-epithelial neoplasia; a type of cell growth which can develop into anal carcinoma (anal cancer)

• CIN – Cervical intra-epithelial neoplasia; a type of cell growth which can develop into cervical carcinoma (cervical cancer)

• Anogenital warts – Warts which occur on the genital areas and anus

• HAART – Highly active anti-retroviral therapy; combination therapy

## Introduction to a new virus

Human Papilloma Virus (HPV) is a minute critter responsible for yucky things like warts - including anal and genital warts - and anogenital cancer. : it is the commonest sexually transmitted viral infection

• there are over 100 different subtypes of HPV

• some types tend to be associated with warts and other types tend to be associated with cancers

• most types aren't associated with illness at all

## So why are we talking about it?

Anal cancer is rare in the general population, but rates amongst gay men are

We already recommend that women in the general population get a regular pap smear screen to check for cervical cancer. It's important for women infected with HIV to continue to do this.

## So what does this mean for us?

• Though HAART has had a substantial impact on the incidence and progression of other AIDS related conditions, it unfortunately appears to offer no protection against the development of AIN.

• A minority of people who are infected with an oncogenic genotype of HPV can go on to develop severe dysplasia (part of the pathway to carcinoma) and may go on to develop a cancer.

• Here's what we know (in point form) Some types of HPV are more likely to be associated with cancer than others

## So what do we know?

We don't have too much information on the rates of cervical cancer in women infected with HIV, but it's reasonable to assume that they are higher than those among women in the general population.

thirty-five times higher than in the general population and rates in people with HIV are estimated to be perhaps double that (almost seventy times higher at 70 cases/100,000). Anal cancer is now the fourth most common malignancy in people with HIV. When you consider that rates of cervical cancer in the general population are estimated at around 10 cases in every 100,000 women, these figures certainly shape into a significant issue for positive people.

Trials are about to start for a vaccine against some of the oncogenic genotypes of HPV in the hope that they will reduce the incidence of cervical cancer. This is a really positive step towards preventing these cancers, and no doubt more information will be available as it develops.

## Vaccination and the future

As with most other cancers, early detection can be important in effective treatment; so it's worth having a chat with your doctor about your situation to identify if you're at any risk and what you can do about it.

## What should we do?

Some doctors are advocating for another test which seeks to identify if there are any genotypes of HPV present in the swab which are considered high risk for anal genital cancer. It is believed that the combination of these two procedures may offer the ability to identify those at the greatest risk of developing a cancer and for whom treatment might become necessary.

For men who are infected with HIV, some clinics are starting to offer rectal pap smear tests (which from all anecdotal reports, are significantly less uncomfortable than the female version). Basically, a doctor uses puts a cotton swab a couple of centimetres up your butt and carefully swabs the lining of your rectum. Pretty easy and usually painless.

PLWHA (NSW) is planning a Health Promotion fact sheet on:

## Disclosing your HIV status to your children

If you are a parent and would like to be involved in a confidential interview or a focus group to help put together this fact sheet

call Kathy on 9361 6011  
or email [kathyt@plwha.org.au](mailto:kathyt@plwha.org.au)



## Let's talk about it ... (HIV visibility) creative workshop

Saturday 8 April & Sunday 9 April

Writing *telling your story*  
taking photographs  
discussion  
*learning new skills*  
*meeting new people ...*

Materials developed may be used for a campaign...

If you are interested please call Kathy 9361 6011 or email [kathyt@plwha.org.au](mailto:kathyt@plwha.org.au)



## How could a **strong** carer support **network** help you?

If you're caring for a GLBT friend or partner, then coming together with others in your situation could help you, and them as well.

ACON is starting a new GLBT Carers Network to help provide you support and services. To find out more, contact Veronica on (02) 9206 2032, or visit [www.acon.org.au/glbtcareers](http://www.acon.org.au/glbtcareers).



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locate a spot that isn't swollen or sore from Today though, I'm finding it hard to take the sleep out of my eyes!

the day – a jab of T-20 that will be sure to begin to arrange my first 'treatment' of I have placed there the evening before and the fridge, take out a small glass vial that and make my way into the kitchen. I go to have been badly damaged by neuropathy and often painful balance on two feet that So, I stumble out of bed, find an uneasy ing, friendly and rewarding.

an environment that I always find welcome-going, and my doing so allows me to enter Oxford Street and I feel good. It gives me week. Each Thursday I go into the office in this is something I look forward to each volunteer work for PLWHA NSW, and Today is also the day I choose to do my between the payments.

do for most of the fourteen days that pass and not have to feel as marginalised as I few short hours I will have some money it is pension day again. I know that for a set routine. But today it is Thursday – and varied, although they do follow a rather to go to the hospital or to see a doctor are in which I use my time when I don't have Not all my days are the same. The ways day ahead. It is also only 4.30am!

notice of her, and prepare myself for the that it is time for me to wake, take some companion, has landed, having decided I realise that Snuffy, my furry friend and friends and days gone by.

**With a sudden thud followed by a resounding thump at the end of my bed I am swiftly disturbed from a pleasant dream of family,**

of my wake-up process. This involves reaching into my bedside cabinet, getting out my red "morning" dosette box and swallowing a small hand-ful of pills. I am left with a bitter taste in my mouth so I suck on a mint right after

By now it is approaching 6.30am and I am free to go back to my bed for stage two

evening. refrigeration until the next dose early this kick in'. I prepare the next dose ready for have waited longer for the anaesthetic to tent Ian, I mutter to myself – 'should a sharp sting as it enters me. 'Too impa-well with numbing lignocaine I still feel even though I have dabbed the chosen site almost as much as the needle does, and The pinching of the peg hurts me

I have built up a very good rapport with my doctor and the surgery receptionists

the collective damage that has been done to my stomach and thighs as the result of all my previous jabs. So I decide to use the advice of my doctor, recently given me, and find some flesh on my upper arm that I can pinch together while I place a clothes peg on it to allow the needle access into my body.

On to the second bus of the day and off to St Vincent's hospital where I have to go twice a week to have blood tests to

them all the more. used to savouring small pleasures – and because of their short life I appreciate lived! As a positive person I have become that it is a feeling that will be the short- having some money – even though I know any fees and get to savour the feeling of able to avoid paying those thieving banks funeral insurance. Doing it this way I am I have debited monthly that pays for my I leave enough to cover the fixed amount check my account balance. I make sure down at the Junction where I anxiously The bus arrives and carries me to my my medications has made.

chore. What a difference a small change in had seemed such a difficult and depressing restricted movement and how everything a walking stick to assist my painful and I had been constantly encumbered with to the times of a week or two before when being and allow my thoughts to drift back a cheerful feeling of expectation and well- in the pleasure of another new day I feel

As I sit waiting at the bus stop bathing Phew! taking the garbage down with me as I go. shower, shave, dress, - and oops, I almost forgot, brush Snuffy, and get out the door, 8.40 bus I had better get my skates on and tra tabs. I realise that if I am to catch the and have stage three – my three kale- early morning tele while I enjoy my cereal to my stomach and thighs as the result of the kitchen again reaching for the muesli. to encourage my appetite and soon I am in

Ian J Thompson

**A** **another day** in my life

monitor what is called an INR. This is a measure of the thickness or thinness of my blood and is necessary to determine the dose of a drug called warfarin I have to take daily as a result of a heart valve replacement operation I underwent two years ago.

Even though I have to have this test twice a week and perform the same thing on myself twice a day, I never get used to the feelings I have that my body is being violated and assaulted each time it is delivered on me. Today the experience is made worse as the nurse performing the procedure has difficulty in inserting the needle into my worn and scarred vein and has to try again. My third prick of the day. She apologises and mumbles something about my veins 'rolling' and being hard to access. However, the blood gets taken and with a bandaid on my arm I set off on foot to the PLWHA office in Oxford Street.

greeted happily by the Snufta who woos me into the calmness and relative tranquillity of my nest

As I made mention of earlier, I enjoy my time in this place and I am able to help out by answering the telephone, filling envelopes or doing any of the other little jobs the staff may have for me. Being a member of the board of PLWHA (NSW) I also find this is a good way of keeping in touch with how the day-to-day functioning of the organisation is going.

Time passes rapidly and it is now around 1.30pm. Next on my agenda is my weekly appointment with my GP. In order to control the effects of the peripheral neuropathy caused by my antirets I take a drug that I cannot get on-going prescriptions for, so I have no choice but to go in to the surgery each week. This can be a bit of a nuisance, but the gain is worth the ease to my pain.

Over 20 years I have built up a very good rapport with my doctor and the surgery receptionists - it's more like visiting with friends than visiting the doctor

I catch another bus back to the Junction where I begin shedding my money by paying my bills. The phones, the credit card, the department store card . . . I consider myself fortunate to have those cards as they make it possible for me to buy little extras - perhaps to supplement my groceries or to enable me to purchase new shoes or clothes when I need them.

I stop for a coffee at my favourite café where I observe the passing parade while I sip my latte.

I arrive home around 3.30pm and am greeted happily by the Snufta who woos me into the calmness and relative tranquillity of my nest with her purrs and funny little squeaks and squeals.

After resting for an hour or more I have my fourth jab of the day. Not wanting to repeat the awkwardness of the peg incident I finally find a spot on my thigh that does not feel too tender and administer the shot. Even though the lignocaine again eases the pain, I curse, but then I remember just how effective this present combination of antirets has so far proved to be and with that thought my discomfort passes away.

The phone rings and it is the nurse at the hospital with my INR result and who tells me what dose of warfarin I should take that evening.

Around 4.30 and as the opening credits of 'The Bold and The Beautiful' roll onto my television screen I reach for the blue "evening" dosette box that holds all my pills, big and little, and again swallow another handful.

I watch the five o'clock news from my kitchen as I prepare my dinner - chicken and salad again, with a baked potato for that good dose of carbs. I feel a furry tickle around my ankles and look down to see little Snuffy gazing up at me with her big green eyes, so I turn my intention to the task of feeding and watering her.

As is often usual for her, she remains in the kitchen with me until her meal is laid out before her. She looks at it, sniffs at it, looks at me - and walks away! Cats! What do you do?

Sometimes I decide to be a bit formal and set a nice table to have my dinner and wine off, but more often than not I eat with the plate on my knee in front of the television. Tonight the seven o'clock news is, as always, no brighter than the bulletin was at five, so I channel surf, hoping that there might be something on that will catch my attention and hold my interest. Then I remember - more pills to take!

Three kaletra pills later and I am on the floor playing with Snuffy having done the dishes and tidied up the kitchen and lounge. Nothing interesting enough on the box to keep me up so I retire to the bedroom and turn on the bedroom tele and go to bed. More channel surfing! I ponder on the fact that I am, either through age or through lessons I have experienced as a result of the inconveniences imposed upon me over 20 years of HIV living, becoming increasingly intolerant of disruptions to things I find pleasurable. Tonight it is the inane, insane advertisements that pepper an otherwise entertaining (for once) programme on a commercial channel that bug me, so I flick to the ABC and SBS. Nothing happening there, so I prepare to enter my other world of sleep and dreams.

Snuffy generally joins me, having deigned to eat some of the food I have left out for her, and I drift off to sleep . . . zzz.

So ends just another day in the life of me - just another positive person.

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10am to 6pm Mon to Fri

# Happenings

## Ashton Kutcher, Debbie Harry & Venus Williams hanging on Oxford Street Literally!

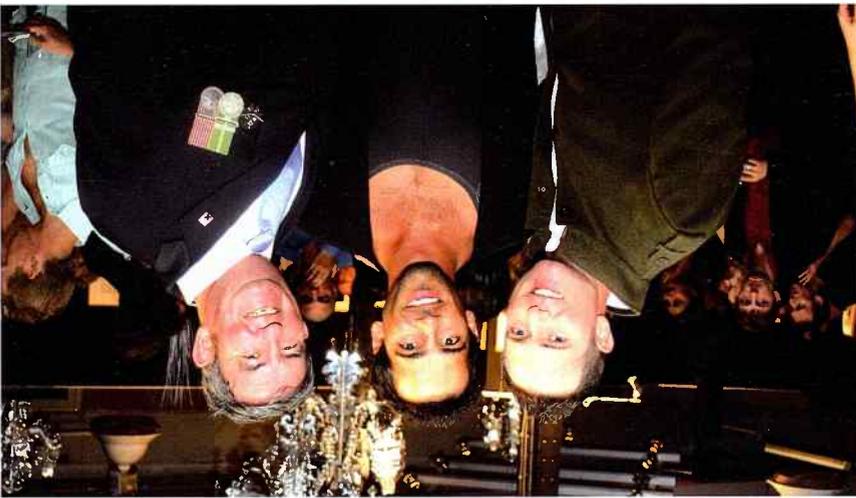
### AIDS Trust launches Arts Program

Some of the world's most famous faces appear in DECCA, a collaboration between photographer Peter Brew-Bevan and the AIDS Trust of Australia which aims to raise awareness of HIV/AIDS whilst also celebrating a career that has spanned a decade. DECCA are offering 40 limited series celebrity portraits for sale through exhibitions in Sydney and other capital cities during the year. Peter Brew-Bevan will donate all funds raised to the AIDS Trust of Australia.

The subjects for the 40 DECCA portraits are actors, athletes, politicians, designers, singers, dancers and activists including Ian Thorpe, Tom Williams, Geoff Huegill, Barry Otto, Rose Byrne, Susie Porter, Venus & Serena Williams, Rachel Griffiths, Ashton Kutcher, Todd McKenney, Akira Isogawa, Andrew Johns, Brendan Cowell, Delta Goodrem, Naomi Watts, Holly Hunter, Debbie Harry, Karl Urban, Sam Neill, George Gregan, Alex Dimitriades, Dennis Hayesbert, Michelle Jank, Kate Beahan, Miranda Otto & Missy Higgins.

**WHAT:** AIDS Trust of Australia Arts Program for 2006 launch with DECCA  
**WHO:** General Public - Free Admission  
**WHEN:** Thurs 16<sup>th</sup> February - Sat 18<sup>th</sup> March 2006  
**WHERE:** Old Gowings Building, corner of Oxford St & Crown St Darlinghurst

This exhibition was supported by the City of Sydney and the Darlinghurst Business Partnership. It will also be in Melbourne in March and Adelaide 9<sup>th</sup> - 14 May 2006. For more information go to [www.aidstrust.com.au](http://www.aidstrust.com.au)



Top: Claudia Mackie, Blair McDonough, Ryan McDonough & Stephen Hunt  
 Above: Peter Brew-Bevan, Alex Dimitriades, Terry Trehowan  
 Below: Glenn & Michelle Wheeler, Rachel Lees  
 Bottom: Peter Brew-Bevan, Friend, Indira Naidoo & Cori Hopper



# 15

**STIs' are an important health issue for people with HIV. Once common among gay men, sexually transmitted infections declined in the 1980s and early 1990s as the result of the focus on HIV prevention, but they have returned – in epidemic proportions – among gay men across the developed world in recent years and among HIV positive gay men in particular.**

STIs can have serious health implications, particularly if not treated. Syphilis in particular can have a severe impact and be harder to treat in HIV positive people. Having an STI can increase the risk of passing on or getting HIV and it can also make managing your HIV more difficult.

If you are sexually active and HIV positive, testing for STIs should be an important part of maintaining your health and well being, as well as the health and well being of your partners.

This factsheet has been developed from a series of interviews and discussions with HIV positive and negative gay men on their experiences of testing for STIs.<sup>2</sup> It looks at why it is particularly important for gay men with HIV to test for STIs.

## 10 reasons to test for STIs (sexually transmitted infections)

## Place of STIs in gay men's lives

For some, HIV has been the major health challenge with other STIs seen as more easily manageable. This is how John and Bob put it:

**John:** I think while we are being told that there are more STIs and we keep on reading it and seeing the campaigns, a lot of gay guys just accept the fact that they're going to get a dose of something sometime in their life and it's quite easy to fix.

**Bob:** I think it's changed in that it's linked to sexual practice. There's more barebacking going on because there's a perception there's a cure out there for all STIs including HIV. I'm positive and it amazes me the number of negative guys who say they will bareback.

**Tim:** Guys have a broad knowledge of symptoms they can link with a number of STIs but I don't think anyone really knows anything specific that they could pinpoint if they needed to or wanted to. Gay men know more about HIV.

**Peter:** HIV is the one that seems to always get the spotlight: even GPs are focusing on that and not other STIs. As far as the doctors are concerned, the slightest little hiccup in our health is related to HIV not to an STI.

Some men recall a time when gay men regularly and routinely tested for STIs. Robert reflected:

What happened to the old belief that everybody, especially gay active men should be tested for STIs every three months? I remember that used to be drilled into you back in the 70s, 80s: every three months go and get tested. It was part of our initiation into gay life. I've been positive for 24 years and I was brought up in the old school, when HIV first came out to assume that everybody's positive. I've got to take some sort of responsibility here. When I have sex I've got to be sexually responsible.

Many gay men feel they know more about HIV than other STIs, and for HIV positive men, the primary focus of their health care management and monitoring has been HIV.

STIs are at epidemic level among gay men and positive gay men in particular. STIs increase the risk of passing on HIV. STIs can be more serious for people with HIV.

considerations

energy

## Why test for STIs?

For some men, testing for STIs is routine while others respond to symptoms or risk events. Starting a new relationship could be another reason.

**Peter:** What would prompt me to have a test for STIs is having symptoms. It depends on the circumstances I suppose ... for me it's always been a symptom. [...] Regular testing would make STIs a lot easier to deal with.

While many had a general understanding of STIs, they reflected on having limited knowledge of the important details around STIs. Examples include common symptoms of STIs, the way STIs are passed from person to person, available treatments and what happens during testing.

**John:** We don't know a lot about symptoms like Chlamydia. I wouldn't know the difference between syphilis and gonorrhoea and I think the general public really has no real knowledge. How much do we need to know and how do you simplify that. What about the guys who have no symptoms but have an STI?

I think everybody who is sexually active needs to be aware of the increases in syphilis and other STIs, and how to prevent getting it or passing it on.

Screening at least one to two times a year for STIs during a visit to your HIV doctor is one way to minimise your health visits.

**Remember you need to specifically ask for tests for STIs.**

### What to ask for?

With gonorrhoea and Chlamydia ask for a urine sample, anal swab and throat swab. With syphilis and hepatitis A & B ask for blood tests (if you have not been vaccinated or are already immune).

**The more partners you have the more often you should be tested. Every three to six months is a guideline.<sup>3</sup>**

Some men feel more comfortable separating their sexual health care from their HIV care by going to a Sexual Health Clinic. These are free of charge and confidential. A Medicare card is not required and you do not have to use your real name. However, it is a good idea to let your HIV doctor know what medications you are on. Talking about your situation may result in you receiving more appropriate treatment and advice.

Tony on the other hand is more comfortable talking to his HIV doctor:

Doctors should be encouraged to offer tests to patients more often. My current doctor is very good. He suggests a full checkup anyway. With my previous doctor I had to ask for a test. It would be good if doctors were more proactive in suggesting a test and without making you feel like you are a bad guy because you are positive and having sex.

It is important to find a doctor with whom you can discuss important aspects of your life.

4. Having lots of sex partners means the risk of getting an STI is even higher.
5. Any sexually active man can catch an STI.

**There are many reasons why gay men put off testing. Discussion group participants summarised the following:**

- I feel fine so I must be okay.
- I can't see the symptoms so they're not there.
- If I use a condom I don't have to worry.
- My doctor does my bloods regularly.
- he will tell me if I have an STI.
- STIs are difficult to get.
- I choose my partners carefully.
- I can't get an STI from oral sex.
- I don't sleep around.
- I don't want to be judged.
- I'm positive anyway so what's the big deal?

**STIs and HIV**

**T**here are extra health risks with having an STI when you are HIV positive. The symptoms of some STIs can be more serious if your immune system is already challenged with other infections. For people with HIV, STIs manifest differently and the treatment can be different. For example, with syphilis, you may get more complications like neurosyphilis. Neuro-syphilis can involve significant brain damage if left untreated.

**Les:** The symptoms can be mild or non-existent and you don't even know you have an STI until the effects become more serious [and more difficult to treat].

Even if you are asymptomatic (show no symptoms) STIs can still be passed on to your partners. This is a good reason why regular testing should be included in your routine health maintenance. There is scientific evidence that a person with an untreated STI, particularly involving ulcers or discharge, is much more likely to pass on or get HIV during sex.

**Barriers to testing: Why would you put off testing?**

**T**esting for STIs is not as regular or as widespread among HIV positive men as it probably should be. Fear of being labeled irresponsible may be one reason why people with HIV avoid testing.

For some, getting an STI is seen as being sexually irresponsible and is therefore a likely barrier to testing. As David asserted:

My doctor does an STI check-up regardless. But I've got a knowledgeable doctor in a gay practice. There are barriers that have to be overcome before people will willingly go and get a check-up. There's the social stigma and embarrassment for some. Guys in relationships are probably not very likely to go to their local doctor to have a test. You need to be assured that the whole thing is totally anonymous.

Not knowing what is involved in testing and treatment is a major barrier. **Robert:** I think also people probably need to be reassured in what's involved in the tests. I wonder how many people are not keen on blood tests. And if you think you can go in and have something really simple like a urine sample or swab it may make the decision to test easier.

**Tim:** Guys need to know that most STIs are easily cured. It's not some huge prolonged treatment to clear these things up. Often it's just one jab or tablet and it's gone with the exception of syphilis of course.

The type of sex you are having is risky (e.g. fucking without a condom). Positive men who bareback together may be at a higher risk of getting an STI.

## What about the type of sex?

Your risk of STIs is affected not only by the number of sex partners, but the type of sex you are having. Some sexual practices are riskier than others for STIs (e.g. unprotected anal sex, oral sex).

Oral sex may be a choice made between poz-neg partners to prevent passing on or getting HIV. Unless there are co-factors present (e.g. cuts or sores in your mouth) that may contribute to HIV transmission, oral sex is considered relatively safe for HIV. Oral sex, however, can spread other STIs such as gonorrhoea and syphilis in the throat.

The more partners you have, the more often you should test for an STI, however regular STI testing should be a part of every sexually active gay man's health management.

**John:** You only need to have sex once with a guy in an unsafe environment or have unsafe sex to get an STI. Anybody who has any form of sex is at risk.

Guys who sleep with two people a year might not focus on a message that says if you're more promiscuous it increases your chances of an STI.

## STIs are important in poz-poz sex

Some HIV positive men have made the decision not to use condoms when they have sex with another positive man. Poz-poz sex does not prevent the passing on of STIs, in particular syphilis – and may actually increase the risk.<sup>5</sup>

This is what James said:

I had always been safe with other men after my HIV diagnosis up until about a year ago. Because the other person was positive we came to an agreement to have unprotected sex: our choice, but one that I feel needs to be discussed with your partner. [...] I didn't want to get STIs like syphilis.

For most gay men, using condoms are the best way to look after their sexual health and the sexual health of their partners.

## STI testing as part of everyday life

Discussion group participants expressed a need to "normalise" STI testing. Max explained:

We need to normalise testing. It should be like a mammogram or Pap smear for women. They're so public nowadays: ads are on prime time television. Testing should be like another part of life, daily life. [...] It's on your list of things to do for the week.

8. You may have experienced unusual discharges, rashes, itching and pain during sex or when pissing.
9. STI symptoms are not always obvious and frequently there are no noticeable symptoms.
10. It is important to look after your health and that of your partners.

# 10 reasons to test for STIs

Getting an STI check-up is a good idea because:

- 1 STIs are at epidemic level among gay men and positive gay men in particular.
- 2 STIs increase the risk of passing on HIV.
- 3 STIs can be more serious for people with HIV.
- 4 Having lots of sex partners means the risk of getting an STI is even higher.
- 5 Any sexually active man can catch an STI.

- life knowledge  
change  
activity
- 7
- 6 The type of sex you are having is risky (e.g. fucking without a condom).<sup>6</sup>
  - 7 Positive men who bareback together may be at a higher risk of getting an STI.
  - 8 You may have experienced unusual discharges, rashes, itching and pain during sex or when pissing.
  - 9 STI symptoms are not always obvious and frequently there are no noticeable symptoms.
  - 10 It is important to look after your health and that of your partners.

**Concerns about STIs should not discourage you from having a healthy and satisfying sex life. Using condoms is the best way to look after your sexual health but they are only part of the equation.**

**If you are sexually active it is a good idea to get regular tests for STIs. The more partners you have the more often you should be tested. Every three to six months is a guideline.**

# Health Promotion Factsheet People Living With HIV/AIDS [NSW]

## Getting information and support

It is important to find a doctor with whom you can discuss your sexual health.

- **Sexual Health Info Line** Mon-Fri 9am-5.30pm  
Freecall 1800 451 624
- **Sydney Sexual Health Centre** ☎ (02) 9382 7440
- **Livingstone Road Clinic and The Sanctuary**

**Sexual Health Clinic Free and confidential medical and counselling services; Sexual health checks; HIV testing and counselling; Hepatitis A and B vaccinations (Clinics at Marrickville, Newtown, Camperdown, Canterbury and Rozelle).**  
☎ (02) 9560 3057 for clinic times.

- **Albion Street Centre Gay Men's Sexual Health**  
Hotline Freecall 1800 009 448

**People Living With HIV/AIDS (NSW)** A non-profit community organisation representing the interests of people living with HIV/AIDS in NSW. ☎ (02) 9361 6011 or Freecall 1800 245 677 or visit [www.plwha.org.au](http://www.plwha.org.au)

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

**Gay and Lesbian Counselling Service of NSW (GLCS)** A telephone counselling & information line operates 7 days a week from 5.30pm to 10.30pm. In the Sydney Metropolitan Area or from outside of NSW, call ☎ (02) 8594 9596. Outside of Sydney Areas call: 1800-18-GLCS; (1800-18-4527)

- **For regional NSW HIV/AIDS and related services:**  
Contacts: A Directory of Services for People Living With HIV/AIDS. Available from People Living With HIV/AIDS (NSW) Inc. ☎ (02) 9361 6011 or Freecall 1800 245 677

## For more information on:

- **Testing, symptoms, treatment and prevention** visit [www.whyltest.org](http://www.whyltest.org)
- **STIs & HIV** visit [www.plwha.org.au](http://www.plwha.org.au) (Health Promotion Factsheet 11 What you need to know about syphilis & Words to say it campaign factsheet Sexually transmitted infections: a guide for people with HIV)

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

- 1 Managing side effects – fatigue; 2 Boosting your energy; 3 Getting started on combination therapy; 4 I want to return to work; 5 Living with body shape change; 6 Positive pregnancy; 7 Clinical trials 8 A night with tina – methamphetamine & HIV 9 HIV and your mouth 10 The dynamics of disclosure; 11 What you need to know about syphilis; 12 Changing horizons: living with HIV in rural NSW 13 Surviving the Centralink DSP Review 14 Growing older – living longer with HIV

Produced by the Health Promotion Unit of



Funded by NSW Health



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This factsheet was produced with the assistance of an unconditional grant from Gilead Sciences Pty Ltd.



## References

- 1 The more common STIs are syphilis, gonorrhoea, Chlamydia, herpes, Hep A and B. While not considered an STI, recent evidence suggests that there is a risk of passing on Hep C during sex where there is a risk of blood-to-blood contact (e.g. sex when you have cuts or lesions, during unprotected anal sex, and sexual practices that may involve bleeding or broken skin).
- 2 All names have been changed.
- 3 Sexually Transmissible Infection in Gay Men Action Group, July 2005. Sexually Transmitted Infection Testing Guidelines For Men Who Have Sex With Men.
- 4 Volk J E, Prestage G, Jin F, Rawstorne F, Grulich A E. "Sexually Transmitted Infections in A Cohort of HIV Positive Gay Men in Sydney", Australasian Society for HIV Medicine, (ASHM) Conference, Hobart 2005. Paper Prestage, G. "Positive Men and Sexual Health", *Talkabout*, 142, Dec 2005-Jan 2006, pp.9-10.
- 5 Sexual contact includes fucking, sucking, touching, fingering or kissing/licking a dick or arse.
- 6



# S

## tudying... it's never too late

The very thought of being back in a classroom studying again is enough to put most people off studying for the rest of their lives! But while it is not for everyone, studying can offer many benefits to those who decide it is what they want to do.

**David Wallace** from BGF's Positive Futures project talks to three people about their different experiences of studying at TAFE and university - the challenges and issues they faced; the benefits for them of studying; and the things that have kept them inspired and motivated to keep studying.

## 1 Information technology

**What are you studying?**

2005 Certificate IV Multi Media, Learning Lab, Elizabeth Street, Surry Hills

**What was the background to you deciding to do this course?**

I decided to do the multimedia course at the Learning lab, as I had an opportunity to upgrade my skills from low end IT technology to macro media. I am learning how to format for CD, or HTML uploading to the internet: things like Java, 3D, Video, telecasting, and photographic technology.

I had taught IT in business technology in High Schools in NSW, Queensland and in the UK, bringing with me the knowledge of what I learned at the College of Fine Arts 10 years ago. I found the skills I had 10 years ago were outdated. I also wanted the choice of a career change.

**How long is the course and how far are you into it?**

The Learning Lab Certificate IV is an intensive course for 10 -11 months. Usually these were three long days per week.

**How many hours a week do you study?**

From 21 - 24 hours per week

**What have been some of the issues you have faced in doing this course?**

They are strict on insisting that if you cannot attend due to health, you must call in sick before class begins. If you are absent without a declaration, they declare your enrolment open. They are preparing us for a competitive workforce. My health was never made an issue. It is easy to fall behind as there is a steep learning curve, so the college urges students to minimise absences. It really can be difficult catching up, particularly editing, for example, completing a video from Adobe Premier for ShockWave, to upload to HTML, only to move quickly to Flash will have you spinning like a top. Three quantum leaps in one week are not easy.

**Have you had to deal with any HIV specific issues as a result of studying?**

I was sick a few times, but it was only minor.

**How have you coped financially?**

Reasonably well, the \$30 per week education allowance from Centrelink was a great incentive to stay with the course to the end. I spent this on Internet Broadband

access, all students are pressured into buying computers and connecting into Broadband and buying software.

**Did you encounter any problems from Centrelink?**

I had none at all.

**What have been the benefits of studying?**

I can now apply for employment in Information Technology or go on to further study. I can also study towards a career using more complex special effects in film / digital image, which is what I always wanted to do in my CoFA (College of Fine Arts) days, but I never got there as the skills I learned were never to the standards that the industry required. I think smaller courses like the Learning Lab and Metro Television are more attuned to the needs of the employer in the new technologies.

**What do you hope to do with the qualification?**

To find an income situation that is fun, that is creative by nature, and that rewards me with a reasonable income. This might not necessarily be work, as I might consider starting a consultation or contracting business.

We were all brought to this place with a similar crisis in changing career paths, going further, or rehabilitating from serious health issues

**What has inspired you to keep going?**  
The people in my group who were absolutely eccentric and made me laugh, and we compared notes in our lives. HIV was never discussed, but we were all brought to this place with a similar crisis in changing career paths, going further, or rehabilitating.

rating from serious health issues. They all had their dreams and they were all creative. I think the course changed the outlook of their lives quite miraculously. If anything, I was one of the few that had changed little in my view on where I was going. I am still to decide what to do with this training.

**Do you have any words of advice/inspiration to share with others?**

Sheep follow the happy and comfortable mainstream paths. Like it or not, we are not those sheep, and we have many health considerations before committing ourselves to a training course.

I found in the past that when I followed the path that all school teachers followed in the NSW Department of Education & Training, I was doing OK and I was reasonably satisfied, but I never felt satisfied that this was what I envisaged. I really wanted to make a difference and the school system wouldn't allow me to as they were so set in their ways. I wanted to be creative and I wanted to work in a creative team.

**What are you studying?**

I am about to go into my second year of a four year Bachelor of Education in Primary teaching degree course at the University of Technology Sydney. It's a course that covers a range of subject areas in order to provide the student with the skill set for sheep. I came to the strange realisation that I never aspired to follow sheep in the first place.

Happiness might be in the wonders of new technology itself, the entrepreneurial side to business, and the actual people that I work with. My challenge has been to work less hours rather than more hours, as I needed some hours to rest as my blood tests were not good. Balance is a new religion to me.

Drink lots of fluids, as dehydration in an airconditioned office is not good when you are positive. Laugh at stupidity, don't be threatened by it.

The most important thing is getting out of bed and get to the work site early or on time. I think I am over 60% there, just by proving I can do that every time...

Never make a big deal about your health situation or your sexual orientation to your work colleagues. We know it's a big deal, but at work, they really don't want to know

**2 Teaching**



about it. Avoid politics. Bring biscuits at lunch, share them with your team; eat well, as you will need the sugar for your brain.

**What was the background to you deciding to do this course?**

I wanted to find work that was meaningful to me and of value to the community. I considered lots of different things from Psychology to Performing Arts but teaching seemed to me to combine both those disciplines as well as having a guaranteed job at the end of the course. I was in a bit of a funk before I decided on this course and so I approached David Wallace at BGF and he helped me to really think clearly about what I wanted to do and about what steps I needed to take to get there. We met monthly over the space of about six months but at the end of it I felt like I was making a very well considered decision.

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How many hours a week do you study?

I have around 15 contact hours a week that includes lectures and tutorials. On top of that I can spend another 15 hours a week studying, and by this I mean visiting the library, reading, and writing assignments. Some weeks I don't spend that much time but other weeks can be more depending on what assignments are due. On top of this I spend a good deal of time in the cafeteria chatting with the friends I have made.

What have been some of the issues you have faced in doing this course?

I had spent several years not doing very much at all. I wasn't working and so I would come and go as I pleased, eat whenever I wanted, sleep whenever. Going to uni means having a routine and so it took me some time to get used to being in class and working. I guess it took a bit of time to get my brain to switch on too. I was in a classroom with lots of people I didn't know and I had feelings of inadequacy and fear about what people would think of me. All of this is really normal I reckon, and after participating a little bit things got easier. Before too long I felt at ease and started actually enjoying myself.

I think it is valuable to make some friends who you can be open with about what is really going on for you

I went to all the orientation week forums on how to write essays, take notes and read at academic level and I found these really helped. I also swallowed my pride and asked a lot of questions so I was sure I understood. Before too long I realised that university level study isn't that difficult, that it is aimed at normal people, and that

the academic staff really want to help students succeed.

Have you had to deal with any HIV specific issues as a result of studying during this time?

My first weeks at university coincided with my first weeks on HAART. I had side effects that included feeling slightly nauseous, lightheaded, bloated and though it wasn't too bad I just didn't feel myself. This probably affected my emotional state as well and I felt a bit like an outsider being this 34 year old HIV positive man amongst mostly teenager girls. Happily the side effects went away and from then on I just started enjoying myself at uni.

I have actually come out as positive to one girl who has been very supportive and has become a great friend. I think it is valuable to make some friends who you can be open with about what is really going on for you.

How have you coped financially?

I have been on the DSP for a few years and am lucky to have supported housing so my financial situation is quite manageable. Uni fees are \$200 a semester, although the abolition of Voluntary Student Unionism means that after June 30 this year they are optional, and my text books are about \$100 a semester. Centrelink provides a \$200 grant, called the Education Entry Payment, for people who want to return to an approved course of study and this has helped. I also manage my finances by making sure all my bills are paid fortnightly through Centrepay and by saving a little each week with an ING savings account. I learned how to do this by accessing financial counselling at BGF.

My biggest expense I guess is my internet connection and my computer. You really do need a computer to study at uni although the uni does have a lot of computers available for use. I bought my computer on eBay for a couple hundred dollars and so far it's been a good buy.

Did you encounter any problems from Centrelink?

I had a problem proving to Centrelink that I had actually returned to study. They cancelled my Pensioner Education Supple-

ment (a fortnightly payment of around \$70 dollars paid to those undertaking a Centrelink approved course of study) several times before I went to the uni and got the paperwork they wanted. The problem was that the computer kept asking for a spe-



cific document but the staff didn't actually know what that was. Sometimes with Centrelink you have to be very patient and keep asking questions until you work out what they really want. In my experience they do really want to help you but sometimes they just don't have the skills. I mean it is such a huge bureaucracy. I try to approach them with respect and assume that they want to help me, not hinder me.

What have been the benefits of studying?

The benefits are immense. I mean I really feel like I have a future now because I am looking ahead. I am actively engaged in the idea that 'HIV is no longer a death sentence' by planning a career. I feel motivated now and this helps me to do other things that interest me. For example, last year I was in a play. The most important thing for me has been an improvement in my self esteem because I have something to do every day and have some direction. It has been important for me to not get stuck in the doldrums of being on DSP but to actively use this time to get ahead in my life.

What do you hope to do with the qualification?

I plan to teach primary school. I really love kindergarten. The beauty of this degree is that I can actually build on it and do many other things such as teaching English as a second language, community education, etc. I may not always teach but the great thing about a vocational course like this one is that it is a skill I will always have and so if I am hard up for work or only want to work part time then I can always teach.

What has inspired you to keep going?

I can't say that I am always confident that I have made the right choice and some times I wonder if working with children is really what I want to do. The thing that gets me through those times is remembering that I put in a lot of work at the beginning with David Wallace to decide on the course, so I am sure it was a good decision; then there is the fact that I am getting really good marks and find the work enjoyable; and finally there is nothing else that inspires me at the moment. If something else comes up then I will consider it.

I want to be able to provide children with a love of learning and the skill of keeping an open mind

Another thing that inspires me to keep going with this course is the potential to make a difference in the classroom. I want to be able to provide children with a love of learning and the skill of keeping an open mind. What a wonderful way to change the world.

On another more practical level. I am inspired by the idea of having a good job at the end of this course.

### 3 Community Welfare

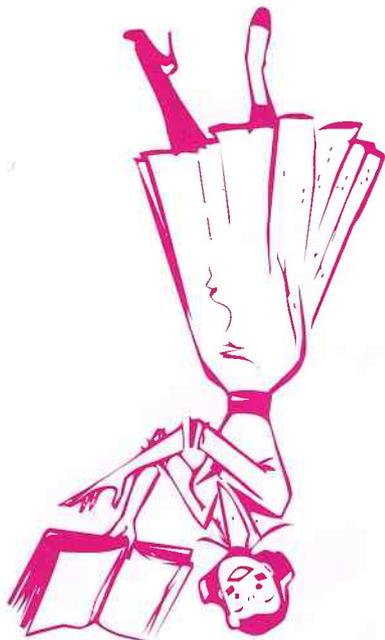
What are you studying?

I am studying a Diploma of Community Welfare at Sydney Institute of Technology (Ultimo Campus). The subjects that I have covered include: planning and conducting group activities, developing and implementing community programs, effective communication skills, working effectively with cultural diversity.

What was the background to you deciding to do this course?

When I completed year 12, this was the field I wanted to pursue. However due to family circumstances (financial) my mother informed me that it was not viable for me to continue on studying and that I had to get a job. Growing up in rural North Queensland, I was not aware of the assistance I could have received that would have enabled me to continue studying.

How many hours a week do you study?  
It's hard to put a figure on exactly how many hours a week I study, as all my assessments so far have been written assignments or class presentations. I am a very deep thinker and try to implement



areas that may be of interest or may make me a better person when choosing assessments topics. This has led me to spend anywhere up to 60 to 70 hours (even more) on just one assignment doing the research and then planning and rehearsing class presentations.

What have been some of the issues you have faced in doing this course?

I have felt at times that being the oldest in the class that I am expected to have all the answers and at times this can, and has, overwhelmed me but when it comes to researching on the net or computer subjects (not my strongest area) the younger students leave me for dead. At times I have felt also that I am the voice for the class and if an issue needs to be addressed with the faculty, it is more often than not left for me to advocate these concerns.

As for writing assignments, it was something that I had to completely re-learn. Also a big learning curve has been to make sure I answer the questions as they are asked... give the teachers exactly what they are looking for and not give the answers

around the block a few times and have certainly at times lived the life... It goes further than that though as I have always 'gone into bar' for the underdog and believe that actions speak louder than words.

How long is the course and how far are you into it?

The course is two years and I have just completed my first year. I commence my second year in February 2006. This is just a stepping-stone, as I would then like to continue on with my studies at a Tertiary level either doing Social Work, Sociology or Social Science. I will receive exemptions from a university degree of up to 18 months from a four-year degree.

the way I think they should be written!

From a health perspective, I have to manage my energy levels and in this area I try to keep up with my gym work and my morning walks around the Opera House. One area that I have let slip is my meditation sessions at home and hope to motivate myself before class starts this year and commence them again.

The major issue is that when you have assessment items due, that they consume you. Everything else has to come second and this can affect your social life or lack of.

**Have you had to deal with any HIV specific issues as a result of studying during this time?**

When I first informed various people that I was about to undertake this course, it was pointed out that it was not necessary for me to disclose my HIV status and so this is one area I have chosen not to disclose at this stage. No one has come out and openly asked me if I am positive and until they do so, I personally don't think

Who knows  
where this could  
lead to?

that it's something they need to know. They may have their suspicions but until they ask me outright then that is when I shall disclose this information. I am open about my status with every other aspect of my life.

**How have you coped financially?**

It is a struggle at times and I have to plan my class presentations around

this factor. I get an extra \$62 a fortnight from Centrelink, whilst I am at college and this does help. I take my lunch and cold drinks with me most days to college and this saves me any unnecessary expense of buying lunch etc. During the warmer months I walk to college and this also saves me some money and I use this to my advantage as I include it in my cardio routine so it works both ways.

**Did you encounter any problems from Centrelink?**

No, although initially it took some months for me to get the extra benefits as there were thousands of other students in my situation. However, towards the end of last year Centrelink sent me the necessary forms to recommence the extra benefits once I resume my studies.

**What have been the benefits of studying?**

A whole new world has opened up for me. It has given me a whole new sense of self worth... that if I put my mind to something then anything can be achieved. It is almost like I am fulfilling the desires of that 17 year old boy who was so disappointed when he was told that he could not go on to achieve all that he had worked so hard for at school.

The other major benefit has been that areas that I thought that I had a definite opinion in have been challenged and that I am constantly questioning and reaffirming everything that I may believe in.

This diploma course has also given me the confidence to tackle tertiary studies in the future.

**What do you hope to do with the qualification?**

This changes every other week. But at this stage I would like to work in Gay Men's Health at ACON, or in the alcohol and other drugs area, or work in some way with the HIV positive community - and at some stage in my life go to Africa and do some community aid work. I hope to use this qualification to further my studies at university and work part-time.

**What has inspired you to keep going?**

The fact that I have a strong support

network behind me and that they believe in me; my fellow students and lecturers, at college. And to be quite frank I am very happy with the results that I have achieved so far and I feel that I am working towards a goal and fulfilling a life-long dream.



**Do you have any words of advice/inspiration to share with others?**

Be prepared to be challenged and that anything is possible if you put your heart and desire into it. There is no greater power or tool that you can give yourself than an education and to keep on learning. Who knows where this could lead to? I have been blessed with some incredible lecturers and have known within my heart that I have made some life long friends. And man to learn something new everyday.... to me that is what life is all about.

We would like to thank Ross, Johnny and Fletcher for sharing their experiences with us. For support and assistance with any of the issues connected with undertaking a course of study - whether it is at TAFE, university or a local community college, contact the Positive Futures project at BGF on 9283 8666 or Freecall 1 800 651 011.

# M

## aking changes

Rebecca Reynolds on the Positive Decisions Expo

Recently, the second Annual Positive Decisions Expo was held to provide information to People Living with HIV/AIDS around managing change and moving forward in life.

As we all know, during the mid-1990s, medical advances dramatically altered the experience of living with HIV/AIDS. The shifting medical climate continues to raise new social and financial questions, such as the possibility of returning to work. With this comes the social pressure that "people should return to work if they can," or workplaces underestimate the capacity of positive people to undertake work. The Positive Decisions Expo was designed to examine these conflicting pressures on both practical and emotional levels.

"I may not necessarily change the way I do things, but it has certainly made me aware of what I may come to face in the event I may take a downward turn." [Leslie]

Overwhelmingly, attendees and service providers felt that factors affecting the HIV positive person interested in making some kind of significant change can be complex. Negative perceptions about HIV/AIDS and people living with the virus, while not as prevalent as they once were, are still present in the world. Positive people seeking employment face other challenges as well. Many long-term survivors have employment gaps of months, or even years. For many, long periods away from work have left them with obsolete or irrelevant experience. For some HIV positive people, starting up again in a former high-stress career just isn't a viable option. Many receive public benefits that may be lost and will certainly be reduced once they start working, and there is the lingering fear that benefits once lost may never be regained.

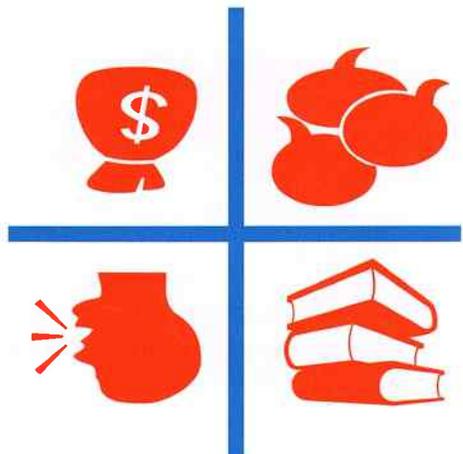
While, it's only natural to want to take advantage of improved health and the mental outlook that goes with it, most people felt that they could better achieve success by not immediately jumping all the way back into full time employment. Part-time or casual employment is a good option for anyone who hasn't worked for a while. It offers the opportunity to develop a work routine and test one's stamina. Volunteering is another route back into the mainstream. It not only helps build credibility; it may lead to a job offer, or, give you the interaction with others that you are looking for when thinking about making any kind of change in what you do with your time.

While, it's only natural to want to take advantage of improved health and the mental outlook that goes with it, most people felt that they could better achieve success by not immediately jumping all the way back into full time employment. Part-time or casual employment is a good option for anyone who hasn't worked for a while. It offers the opportunity to develop a work routine and test one's stamina. Volunteering is another route back into the mainstream. It not only helps build credibility; it may lead to a job offer, or, give you the interaction with others that you are looking for when thinking about making any kind of change in what you do with your time.

Advice from employment experts tells us that a decision to return to work is usually considered in relation to a specific job or career field. But for some, old careers may be inappropriate. A fire-fighter, a cook, or a teacher may have been an obviously stressful or physically demanding job, but a job as a retail assistant can be as stressful and physically debilitating for a person living with neuropathy. It also doesn't make much sense to return to a job or career field that was unappealing or unfulfilling the first time.

On the flip side of the coin, it could be considered that, people who have had a break because of illness and are re-entering the job market are fortunate. If there have been long periods of unemployment and you have adapted financially and professionally you have the relative freedom to make informed choices about jobs based on personal interest and not on financial need. Few mid-career professionals ever have that opportunity. This has led many positive people to pursue jobs or volunteering experiences in not-for-profits, go back to school, or in a few cases, pursue their own business.

Many people with HIV want to return to work at least part time but are afraid of losing disability income and then being unable to work in the future. An update provided by Centrelink at the Expo on new Welfare legislation partially reduced anxiety for participants around this, given that their assurance that no-one who was in receipt of the DSP before May 2005 would be impacted by new guidelines, but



Thinking about Work...?

information, planning, and expert advice are still essential. Half of those present who indicated that they were interested in work wanted to do something very different from what they had done prior to seroconversion. Many participants wanted to do work that feels meaningful. Lots of us have been recipients of social services and

want to give something back and participants tended to be most enthusiastic about activity directed to a human bottom line.

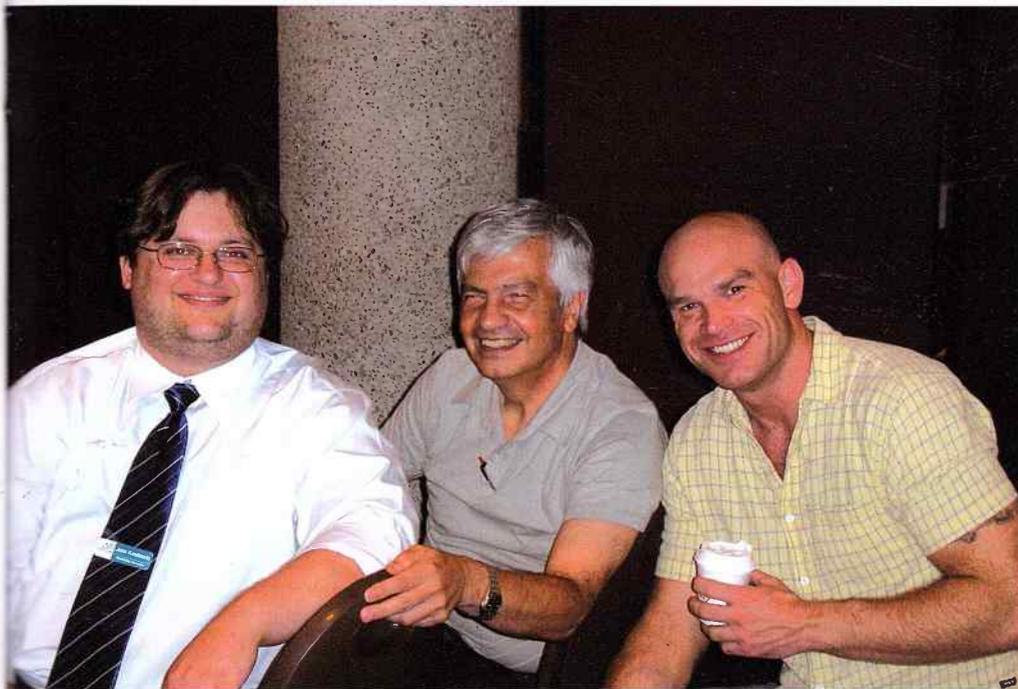
Is Vocational Training an option?

Many who are on disability still have some energy that we could put to productive use. Many experts believe that doing something that gets us out of the house

and engaged with the community plays a vital role in maintaining our physical and mental health, that it alleviates depression, contributes to a sense that life has meaning, and keeps us engaged as active participants in our communities. Maybe that work won't be paid employment, it may start with sustained activity that benefits other people as volunteer work or an internship, or it may be school and training.

The reality is that most of us could find real benefit in taking time for ourselves to deal with unresolved issues around basic education, or to get trained or retrained for jobs that make sense for our lives now.

"There is always something new to learn, it is up to us to take the relevant parts..."  
[Leslie]



Michael from Centrelink, Robert from BGF Financial Conselling and Lance from ACON Housing  
Occupational therapists Kylie and Esther from Positive Central



### Medical Questions

In the medical arena a lot of people seem to be asking the same kind of questions "am I really well enough to work? What if I have to change meds, or the meds stop working? How will the stress of working affect my health? Will my adherence be compromised? Will I be able to take the medications correctly and consistently? Can I manage my meals around my meds while still working? Will I be able to manage my other daily activities while still working? Is my health stable enough to go back to work, and what will happen if it changes?"

For many positive people, health maintenance is a delicate balancing act, and integrating self-care activities with the demands of employment can be a formidable challenge.

### Psychosocial Issues

Even when people are medically stable, supported with legal and benefits information, and armed with training that can make them competitive in the workforce, there can be a host of psychosocial barriers to employment. Often people who have been out of the workforce for a long

time are dealing with internalised stigma around that fact alone, let alone their HIV diagnosis. There may be significant undressed issues around depression or anxiety. Because of the social isolation many of us experience in disability, some of us might need some help re-entering a more mainstream environment. We may need to do it in stages.

**Financial and Legal stuff**

In the financial and the legal arena, people are frequently very anxious about what will happen if they're not able to maintain their work efforts. Often we had to fight really hard to get benefits, and it's natural that we'd be concerned that even talking about work could jeopardise the essential stability that those benefits provide. For people whose DSP benefits are discontinued due to earnings, there's now a two-year period in which the process for getting back on benefits is automatic.

"It was good to learn about notional tax credits available to people who've been out of the work force for even lengthy periods and I was impressed by the general willingness of the authority bodies to help as much as possible to make the transition back to work (full or part-time) as easy as possible." [David]

But the anxiety remains -- what happens if I give up my benefits so that I can work, then have to stop working? Some of these concerns are inevitable given the uncertainties in our lives, but some of them are rooted in old rules that are no longer in place. For some, dealing with old debts and credit issues may be more stressful than the idea of returning to work. Whether it is rebuilding credit ratings, looking at old debts, dealing with the ATO or even fixing defaulted student loans, there are

HIV positive people today are just as likely to seek help with return to work issues as they are for treatment information and support. The drug therapies that have reduced infections and prolonged life for HIV positive individuals have similarly expanded their options. For an ever-growing segment of the HIV positive population, one of those options is employment. While men and women living with the virus primarily and properly list health maintenance as their number-one goal, more and more of them are doing something they never thought possible -- look-

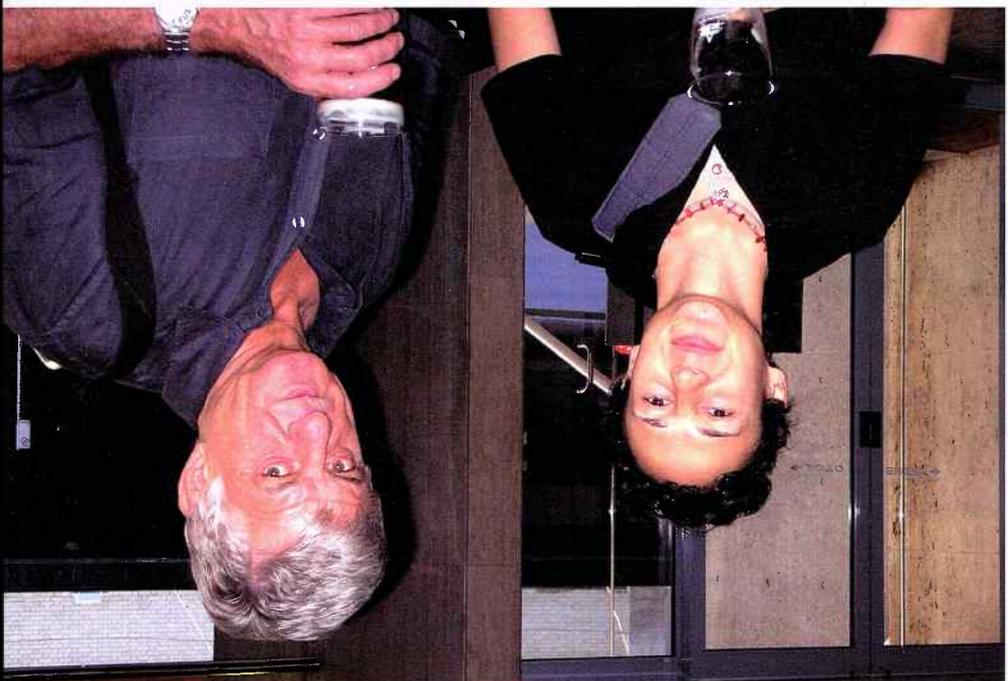
**Organisations Education and Advocacy by**

ing in Australia.

The cost of medications to people who are working full time came up as a common concern with Expo participants. This coupled with being unable to secure adequate health insurance was as much as a deterrent to many as anything else. They identified this as being a role for organisations working towards the better health and livelihoods of HIV positive people living in Australia.

solutions and help to deal with each of these financial problems. Don't get overwhelmed. Remember this is a big issue and takes time, but it can be done. BGF's financial counselling service can help you sort this stuff out. The cost of medications to people who are working full time came up as a common concern with Expo participants. This coupled with being unable to secure adequate health insurance was as much as a deterrent to many as anything else. They identified this as being a role for organisations working towards the better health and livelihoods of HIV positive people living in Australia. Feeling productive again, whether through returning to employment, studying or volunteering can improve your self image and make you feel better about yourself. Participants at the Positive Decisions Expo had the opportunity to explore the issues around making these changes in a supportive setting but for anyone, the advice remains the same. Before you start, talk to someone about what impact making these kinds of changes will have on your financial, physical and social situations. Know your options, and understand your limitations, go slowly and develop a plan that is realistic and doesn't jeopardise your health. And ultimately, remember that there are many people around who can help you with whatever it is that you want to do. For more information, contact Positive Decisions at PLWHA or Positive Futures at BGF.

Lella from BGF and Craig Doyle from Jobfind



# Book Review

## **AIDS in Latin America**

### by Tim Frasca

**Timothy Frasca is the Director of the CIPRESS Foundation in Santiago, dedicated to sexual health promotion. He offers a chronicle of the changing course of the HIV/AIDS epidemic in Latin America and uncovers the enormous cultural changes, which have taken place throughout Latin America as a result of HIV/AIDS. Notwithstanding many similarities among countries in the region, the story of HIV/AIDS in each is unique to its political and cultural contexts, economic conditions and recent histories. In some cases health ministries, social organisations and people with HIV/AIDS generated dynamic and creative strategies to address prevention and care issues: in other countries the response started out well and stagnated. A few found it difficult to initiate any response at all. These variations are the subject of Frasca's *AIDS in Latin America*.**

Frasca draws lessons from the strong activist movement that has succeeded in increasing government resources to fight HIV, and gives insights into the future efforts that will be needed to combat AIDS in the region. Personal narratives are intermixed with the first set of comprehensive statistics on the epidemic. Interviews with activists, doctors, government officials, journalists and people with HIV/AIDS complement Frasca's analysis and help to provide a picture of how the epidemic has developed.

Organized by country, Frasca has included chapters on Peru, Mexico, Costa

Rica, Guatemala, Trinidad and Tobago, Argentina, Brazil and Chile. The countries were selected for different reasons. Chile, Peru and Argentina are neighbours and have recognisable similarities in the way AIDS was handled, although the differences are also immense. Brazil broke ground by showing that a country with enormous inequalities and severe poverty still could create "a coherent and humane response". Central America offered interesting contrasts, especially due to Costa Rica's role as the island of gay tolerance in the area, its early sophisticated NGO activities and the many spin-offs it generated around the peninsula. Mexico was included because of its proximity to the United States and leadership of the first regional networks.

AIDS organisations did a lot to challenge official negligence, stigma and discrimination but as Ramon's story illustrates "they did not necessarily know how to help people with HIV". Frasca concentrates heavily on gay-oriented prevention projects and associated issues. This is because the history, to date, of AIDS in Latin America is heavily populated with gay and other homosexually active men both as activists and as people with HIV. Just as in the United States, gay men took interest in the AIDS issue out of identification with it, "a useful bi-product of the otherwise damaging "gay leprosy" and "pink plague" propaganda found in local newspapers".

For Frasca the AIDS issue had narrowed from the intense debates generated in the late 1980s on sexual culture and sex education, health services, human rights and social exclusion, "to how the epidemic had returned instead to the white-smocked

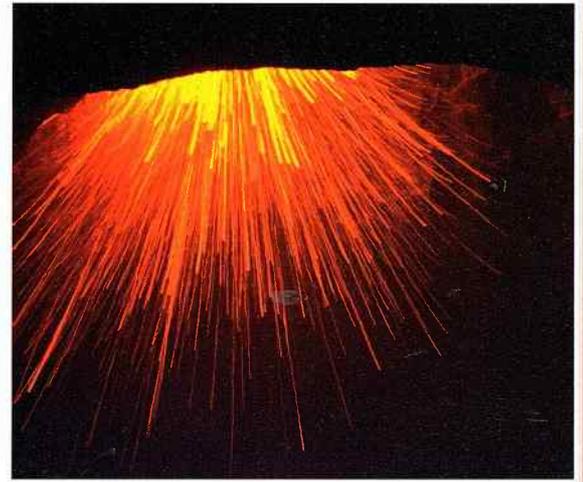
sphere of the sexually transmitted infection clinic and the hospital. Instead of a challenge to hundreds of years of sexual hypocrisy [...], AIDS was steadily evolving back to its initial status as an issue for doctors to resolve with their patients". As a counter response to this shift he presents minimum data along with anecdotes from the work of AIDS organisations to ground policy and history in the realities of people's lives.

If one of the aims of *AIDS in Latin America* is to mobilise a deeper appreciation of history, as well as provide new impetus and ideas for moving forward by sharing political, governmental and community experiences, it has been successful. Frasca reminds us that early responses to the epidemic in Latin America were characterised by a philosophy that revolved around a set of understandings of ethical responsibility and political obligation, bound together by community participation and empowerment. Frasca wants to remind us of these principles and their importance in the work we do today.

#### **Contents:**

Introduction; Peru: Testing, Testing; "Peñalolén"; Mexico: Fatal Advances; Costa Rica: The Velvet Glove; Guatemala: The Iron Fist; "Fame"; Trinidad & Tobago: Living with People Living with HIV/AIDS; "Air Travel"; Argentina: Split Perspicacity; Brazil: Seductive Models; "Turnpike"; Chile: Seizing Empowerment; Epilogue.

*Reviewed by Kathy Triffitt*



www.johndouglasart.com

Mt Yasur volcano on Tanna Island provides a focal point for the John Frum Cargo Cult. John Frum is supposed to have been a medic who came with the United States army during WW 2 and distributed medicines to the local people. He may have said "Hil I'm John from America", and the myth was born, of a man who descended from heaven - which the U.S. troops, of course, did - and shared his wealth with the poor islanders. Believers say John Frum lives inside the volcano, and one day he will emerge from the crater, riding his Harley Davidson to liberate Tanna from poverty. Not having a great head for heights or desire for being burnt to death (unless it removes wrinkles), standing on a lip of an active volcano was exciting enough for me even without any sighting of Mr. Frum and his motorcycle. My own Mardi Gras!

Photo 4:

A Rural fruit n vege stall.

Photo 3:

Being composed of eighty four islands means that most transport around Vanuatu is by boat. Cyclone season makes for interesting traffic conditions, as I have discovered.

Photo 2:

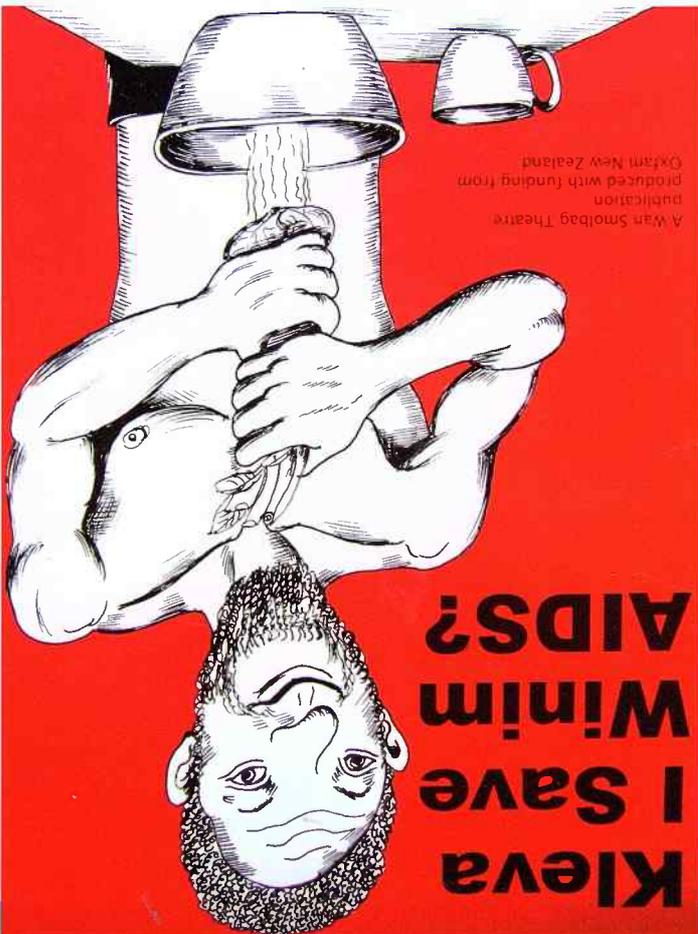
An HIV awareness cartoon published by the Wan Smolbag Theatre Company. Much more than a troupe producing plays, the company works in theatre, video, radio, publications, DVDs and performance training to bring awareness and promote community action around issues of health, gender, environment and governance throughout the Pacific region. They can be contacted by email: smolbag@vanuatu.com.vu

Photo 1:

Was fun to experience being on the outer edge of the cyclone recently, nothing says windy quite like a cyclone on a South Pacific Island.

John Douglas shares some photos from Vanuatu.

# Wonderful World



# Quick News for Women

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



Pozhet Freecall 1800 812 404

Happy New Year to all from Pozhet! We have a bumper calendar planned for 2006 with many new events planned for women and their family/friends.

## Workshops for women

We're running four new workshops for positive women on Saturdays that will include topics such as positive pregnancy, finding your soul mate and where to shop for the best priced bargains! Each workshop will be held over a couple of hours and includes a free lunch.

## We're coming to visit

No matter where you are, we will make every effort to have something held in a location near you! So calling all women from Canberra, Coffs Harbour, Lismore, Albury, Dubbo and Newcastle – we're coming to visit! Keep your eyes open for these dates on the new 2006 Pozhet Calendar in your *Talkabout*. And if you also have any suggestions for any events you would like to see happening in your own area, please do not hesitate to contact us to discuss them. We would love to hear from you.

## Coffs Harbour women's group

Pozhet would like to say congratulations to the Coffs Harbour posi-

tive women's group for developing and maintaining a highly successful informal support group. This group was started up by several poz women in Coffs and supported by their local Area Health Service and ACON. It has been going now for several years and is just as successful as ever. We were really pleased to support this group of women by providing them with scholarships to attend last year's Pozhet Annual Workshop in Sydney. We're also looking forward to seeing the Coffs Women's Group again in 2006.

## Greater West Get Together and Big Day Out

We're holding two major events in Western Sydney in 2006 through The Haven in Blacktown. These will also be advertised in *Talkabout* and through the Pozhet Connections Program and will be a great opportunity for all women and their families to come along, meet new people and stay connected with services in the local area.

## Café Connections is back

And finally ...Café Conversation, the Tuesday morning coffee bar program, is starting up again in Newtown. This is a small and informal way of talking with other positive people while enjoying a coffee or two. Please feel free to drop in and have a chat.

## Your contributions are welcome

As a positive woman or woman partner of a positive man, do you have something you would like to say or contribute to this section? Is there something going on in your local area that would interest our readers? If you feel you would like to write something or say something that would benefit others, please get in contact with us and let us know. We are also in the process of redesigning and updating our website and would love to get some of your contributions for the women's page. Again, please do not hesitate to contact us on the freecall line – 1800 812 404.

Even if you just want to touch base and talk, we are available on the Freecall line. If we're on another call, please leave us a message and we will definitely return your call as soon as possible. Until next time, enjoy the summer and we look forward to seeing you soon.

*Nandini*

# S, Can You Cook?

## No 16

### world of spices



Tim Alderman

## SZECHWAN PEPPER

Comes from a prickly ash tree found in the Szechwan province of China, near the Tibet border. It comes from the dried red berries that follow the plants flowering, a tiny black seed that is gritty when ground. Its flavour is peppery and tangy, and is slightly numbing on the tongue. The leaves are dried and used as a base in Sansho, a Japanese pepper. A lot of small pieces of stem and thorns are often included even in good quality mixes, and you need to pick through and get rid of them before using. I find them temptingly fragrant, and though peppery, not overly burning, in taste.

## Szechwan Pepper and Salt Chicken

3-4 chicken breast fillets, cut into 3-4 large pieces

¼ cup soy sauce  
2 teaspoons sesame oil  
¼ cup Szechwan pepper  
2 tablespoons sea salt  
2 teaspoons rice flour  
oil for shallow frying

Combine soy sauce and sesame oil in a small bowl. Place Szechwan pepper and sea salt in a mortar and pestle and grind to a fine powder. Mix through rice flour. Brush pieces of chicken with soy/sesame mix, then roll in pepper and salt mix. Heat 2cm oil in a frypan or large sauce-pan and fry chicken until cooked. Serve with a green salad

I am not going to try to cover all the exotic spices in this column, but will provide you with recipes for some of the spices I use regularly. Most spices require heating until fragrant, before using with other ingredients. To do this, heat a frypan, then add the spices for anywhere from 20-30 seconds. As soon as you can smell them, remove from the heat and set aside somewhere to cool. Do not leave in pan, as they will continue to cook, then burn. Best grinding results from using a mortar and pestle, though a coffee or spice grinder will do a satisfactory job. Do not store in open containers, as spices will go 'off' fairly quickly.

There is a lot more to the world of spices than cinnamon, nutmeg, pepper, allspice, cumin, cayenne, paprika, cloves and cardamom. The huge range of spices used in Cajun and Creole, traditional Indian and Middle Eastern food rarely reach the palates of the average cook unless they suddenly decide to cook traditional dishes from these areas. Many consider items like Saffron and Vanilla Beans too expensive – you just need to know where to get them. Spices like Sumac, Star Anise, Licorice Root, Blade Mace, Ajowan, Asafoetida, Fenugreek, Juniper, Orris Root and Szechwan Pepper are overlooked because no one knows what to do with them. Spice blends such as Berbere, Chaat Masala, Chermoula, Garam Masala, Harissa, Panch Phora, Ras el Hanout, Shichimi-Togarashi and Za'atar suffer the same fate. Even the quite exciting world of Australian spices such as Bush Tomatoes, Lemon Myrtle, Mountain Pepper, Wattlesseed etc are overlooked in the Australian kitchen, and are seen as perhaps being a bit 'hippy'. My interest in spices began when I decided to have an Indian party at home, cooking traditional Indian food. Some of the spices I had never heard of, so had to go on a search to find them. Despite the inconvenience of not being able to buy them in my local supermarket, they made such an incredible difference to the taste of the food that it sent me off on a stint of research and courses to find out more about them, and there uses – not just in traditional cooking, but how they can be used in contemporary food preparation. Much of the information I will be giving you – apart from most recipes – comes from 'Spice Notes' by Ian Hemphill, the founder of 'Herbies' herb and spice store in Rozelle. If you haven't visited 'Herbies', then you have missed one of life's great adventures. If a spice or spice mix exists, you will find it in this store. They also run spice courses, which are very personal and interesting.

## SAFFRON

The Saffron crocus is an autumn flowering perennial that belongs to the lily family. Its purple flower has six stamens. Each flower has three stigmas that are attached into the base of the bloom by a fine pale thread called a style. Dried saffron stigmas separated from the flowers are between 10-18mm long, are dark-red, thin and needle-like at one end, broadening slightly until fanning out at the tip in a trumpet shape. It has a honey/woody aroma and a bitter, lingering, appetite-stimulating taste. It is expensive due to it being harvested and produced by hand. Though expensive in large quantities, most recipes only call for a ¼ to a ½ teaspoon of this precious spice, and this can be bought relatively inexpensively.

### Saffron Spice Cake;

250 ml (1 cup) freshly squeezed orange juice  
1 tablespoon finely grated orange rind  
¼ teaspoon saffron threads  
3 eggs  
155g (1 ¼ cups) icing sugar  
250g (2 cups) self-raising flour  
370g (3 2/3 cups) ground almonds  
125g unsalted butter, melted  
icing sugar, extra to dust  
cream, to serve

Preheat oven to 180°C. Lightly grease a 22cm round cake tin and line the base with baking paper. Combine the orange juice, zest and saffron in a small saucepan and bring to the boil. Lower the heat and simmer for one minute. Leave to cool.

Beat the eggs and icing sugar with electric beaters until light and creamy. Fold in the sifted flour, almond meal, orange juice mixture and butter with a metal spoon until just combined and mixture is just smooth. Spoon the mixture into the prepared tin.

Bake for one hour, or until a skewer comes out clean when inserted in the middle of the cake. Leave in the tin for 15 minutes before turning out on a wire rack to cool.

Dust with a little icing sugar, and serve with cream.

## STAR ANISE

Star Anise is the dried, star-shaped fruit of a small, Oriental, evergreen tree, and is a member of the Magnolia family. The narcissus-like, greenish-yellow unscented flowers are followed by rayed fruits composed of eight seed-holding segments. The aroma of Star Anise is distinctly aniseed. It has a strong, sweet licorice character, and deep, warm spice notes that are reminiscent of clove and cassia. The flavour is similarly licorice-like, pungent, lingering and numbing, leaving the palate fresh and stimulated.

### Caribbean Chicken with Ginger & Star Anise;

25g fresh ginger  
3 star anise  
4 chicken breasts  
4 tablespoons sherry  
150ml chicken stock  
3 garlic cloves, crushed  
2 bay leaves  
150ml olive oil  
150ml white wine vinegar  
2 white onions, sliced  
sea salt and 8 peppercorns

Crush the ginger and star anise in a mortar and pestle and add to a pan with chicken, sherry and stock. Simmer for 20 minutes, or until chicken is cooked and tender.

Shred the chicken into thin strips and place in a bowl with the garlic, bay leaves, olive oil, vinegar, onions, salt and peppercorns. Mix well, and leave to marinate in the refrigerator for a couple of days.

Serve with a spinach salad and lemon wedges.

## SUMAC

This Middle eastern spice is from one of 150 varieties of rhus trees. Sumac comes from the berries these trees produce, which are in tightly bunched clusters 8-10cm long, and about 2cm across at the widest point near the base. The berries ripen to a pinkish red, and are finally deep crimson when harvested. Sumac powder is a deep burgundy colour, coarse textured and moist. The aroma is fruity, like a cross between red grapes and apples with a lingering freshness. The taste is initially salty, tangy and pleasantly fruity with no sharpness.

I introduced a number of people to this spice by using it on oven-roasted tomatoes, which it is really delicious with. It also goes well with avocado, chicken and fish. It is one of the ingredients in the Middle Eastern za'atar rub.

### Slow-Roasted Tomatoes

12 Roma tomatoes, fully ripe and halved  
a sprinkling each of salt, castor sugar and pepper  
1-2 tablespoons sumac  
2 tablespoons olive oil

Place tomatoes cut side up on a baking paper lined baking tray. Sprinkle with salt, castor sugar and pepper, then cover with a good sprinkling of sumac. Drizzle the oil over the tomatoes and roast at 100°C for three (3) hours.

These can be served hot or at room temperature as cocktail finger food or used as part of a salad.

## VANILLA BEANS

Vanilla beans come from a member of the orchid family, and there are about 100 species that produce the beans. *V. planifolia* produces the highest quality vanilla beans, and other varieties pale in significance. The production of the beans is extremely labour intensive, thus their expense. The aroma of vanilla is floral, fragrant, sweet and highly agreeable. Its taste is rich, smooth and appealing, though its flavour can only be truly appreciated in tandem with its smell. You use it by splitting the pod, and scraping out the seeds into whatever you are making. Many dishes also call for the pod to be infused along with the seeds, giving you a much more concentrated flavour and aroma.

I have found David Jones to be the most expensive place to buy beans, and Norton Street Grocers the cheapest.

Vanilla essence and vanilla extract are not the same things – the extract is much more concentrated, and expensive. You can also buy vanilla sugar – or make your own by putting a clean, used vanilla pod in a container of caster sugar – and vanilla paste, which again is quite expensive.

## Vanilla Pod Custard

250ml single cream  
1-2 vanilla pods  
3 egg yolks  
1 whole egg  
125g caster sugar  
1 teaspoon cornflour

Heat the cream and vanilla pods in a saucepan. Remove the pods, split, then scrape the seeds (use the blunt side of a kitchen knife) into the cream, then return the pods to the pan. Remove the pan from the heat and infuse for ten minutes. Remove the pods. Beat the egg yolks and whole egg together, add the sugar and beat until pale and creamy. Stir in the cornflour, then whisk in the infused cream. Spoon the mixture into six ramekins or glasses, cover with foil or greaseproof paper, and place in a roasting tin half filled with boiling water. Cook in a pre-heated oven at 150°C for 45-60 minutes until just set and firm to the touch. Serve with spicy biscuits, or a sweet dessert wine and orange segments.

## SPECIAL RECIPE

### Tomato Kasundi

I am including this recipe for Tomato Kasundi because it is a very spicy Indian condiment. It takes quite a while to make, but is worth the time and effort. It is absolutely delicious when served up with curries.

60ml sunflower oil  
1 tablespoon black mustard seeds  
1 tablespoon turmeric  
2 tablespoons cumin  
2 tablespoons chilli powder  
¼ cup grated fresh ginger  
4 cloves garlic, crushed  
1 green chilli, seeded and finely chopped  
30ml malt vinegar  
2 x 400g cans diced tomatoes  
1/3 cup brown sugar  
1 teaspoon salt  
130ml malt vinegar (Extra)

Heat the oil in a large saucepan, add the mustard seeds, turmeric, cumin and chilli powder. Cook, stirring for 5 minutes, to release the flavours. Add ginger, garlic, green chilli and 30ml malt vinegar and cook for 5 minutes. Add diced tomatoes, brown sugar and salt and extra malt vinegar and simmer for 1-1½ hours. The kasundi is ready when the oil comes to the top.



## Services

### Masseur

Friendly Male Masseur available for positive people in the Hunter/Newcastle Area. Discounted prices for those living with hiv+

For more information about my service please contact David on 49676036 9am till 9pm Only!!

### Massage therapist

Remedial/sports/deep tissue massage therapist, also Reiki healing work for mind/body/spirit

35 yo, 10 years experience Mention this ad for discount Available most days/evenings by appointment

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### Aesthetician

Male aesthetician for women and men by appointment, 7 days: Skin treatments, Swedish massage, body treatments wraps and masks, manicure and pedicure, waxing Northmead ph: 0405 624 586

If you would like to offer a service to people with HIV please send your advert to editor@plwha.org.au (up to 40 words). PLWH/A (NSW) does not necessarily endorse any product or service advertised here.

# We all know it's important to keep fit for a healthy heart

Ingrid Cullen

**Fitness training for your heart is any exercise that uses large muscle groups in a continuous manner in order to elevate the heart rate to a level that has a training effect on it. As you get fitter, your heart muscle responds like any other muscle. It adapts to the workload and changes, becoming stronger and able to pump more blood each heartbeat. Aerobic training or cardio exercise trains the heart to pump more efficiently, so it can provide oxygen rich blood to the working muscles, your brain and all your organs.**

As with any sort of training, you need to work out what level of exercise to start at, and how much to increase this by, so you can get the best results. You also want to get healthier without the risk of overdoing it or injuring yourself. You can start simply by walking, cycling, swimming gardening etc for as long as you can easily, and every week or so go for longer or make the activity harder. If that doesn't sound like you, try doing circuits of exercises in a gym or at home. Anything that trains the heart muscle by making it respond to exercise will work. To work out your training zone or the level of exercise you need to engage in to have a positive effect on your heart, work out your resting heart rate and your maximum heart rate. You then use these figures to calculate 60%- 85% of your heart rate, as this is what's called your aerobic training zone. This is the heart rate that is safest and most effective for making your heart stronger and you fitter. I covered resting heart rate in the last issue of *Talkabout*. (Take your pulse first thing in the morning, or after you have been resting for 30 minutes or more. Remember

this or write it down because you will need it later). You can estimate your maximum heart rate by subtracting your age from 220.

So for me, Ingrid, at 43 years of age and fairly fit (well I like to think I am), with a resting heart rate of 64, my heart rate training zone is between 132 and 160.

Ingrid

$220 - 43 \text{ age} = 177$  max heart rate and my resting heart rate is 64.

Resting heart rate +  $0.6 \times (\text{max heart rate} - \text{resting heart rate})$

$64 + 0.6 \times (177 - 64) = 132$  is the lowest heart rate for effective heart health. 60%

$64 + 0.85 \times (177 - 64) = 160$  is the highest heart rate for effective heart health 85%

You can use the formula above to work out what level to train at for your heart's health. Remember, as you get fitter, your resting heart rate will slowly decrease and your heart will be more efficient, so your heart rate will increase more slowly. This means you will have to work harder to keep your heart rate in your training zone. It will also be a sign that you and your heart are fitter.

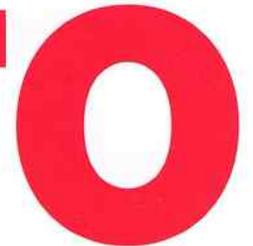
If you are overweight start with 20 minutes of exercise at 60% and do it 2-3 times a week. Try to add some strength work as well, to keep your muscle mass up. If you are under weight do one aerobic session a week, and concentrate more on strength work to build up a bit more muscle. Aerobic exercise is important for a healthy heart but you can get it from all sorts of activity. So next time you train in the gym with weights, check your heart rate. If it stays in your training zone, you are getting a cardio workout as well as building up your muscle mass.

## Ask Ingrid

*What are the best exercises for looking after your heart and keeping cholesterol low?*

Having a healthy heart is not just about exercise. You also need to watch what you eat, have regular health check ups, and manage stress. Not always easy, I know, but it's about getting balance into your life. As discussed in the article in this *Talkabout*, some type of aerobic exercise is what you need for a healthy heart and there are many ways of getting this. Any activity that gets you in the zone, 60-85% of your maximum heart rate, will do. The exercise doesn't have to be particularly hard, just often enough to strengthen your heart. The diet is the next important thing. Think of changing how you eat rather than just counting calories. What you eat has a big effect on your cholesterol. There are various types of fats and cholesterol, some good, some not so good. Saturated fats are the easiest food for your body to make cholesterol from, so these are the first things you should reduce in your diet. Getting the right balance for you can be quite hard, especially when HIV and meds complicate things. Talk to a dietician; ask your GP or ACON to recommend someone who knows about nutrition and HIV. Then manage the stress in your life, things that trigger unhealthy choices, like not exercising or eating well and you will have a healthy heart as well as a healthy body.

# Biga's personals



## Men Seeking Men

**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 nutsy/Homebody yet adventurous. Bio hazardous 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 near 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, right body. Good health. OK looks, you similar 36-43yrs wanting same. **Reply: 030402**

**Hiv+, 38yo,** goodlooking, GSOH, living Western Suburbs. Seeking fun and fair drinkum bloke for friendship and maybe some 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 harts and timewasters. Want guy who is mainly like body hair and timewasters. **Reply: 100017**

**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, dtc, gsoh, healthy poz, active/versatile, non scene, welcome gays, bis and straightens of all walks of life. Friendship/LTR. Genuine & Peace. **Reply: 100005**

**Young country guys,** are you coming to Sydney? Good looking, 34yo, hiv+ guy from the bush ISO DTE country lad active, well hung men for fun, friendship perhaps LTR. I am smooth, can, petite and healthy with witty sense of humor. 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**

**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, hand-holding, nights at home, motorbikes, pos community. Love dogs. Hate cats. **Reply: 100023**

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

**Young looking 43yo** hiv+ GAM seeks friendship or LTR. W/LTM 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, 22kg (blue eyes), good looks, slim, romantic, honest, passionate, looking for sincere "boyfriend" must love animals, surf, sun and 20-35yrs, looking forward to hearing from you ALA ps "I'm at Italian-Gamon boy. **Reply C310804**

**Sydney inner West,** G/W/M+, die 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, fit, good looking, seeks potential soul mate. Interests include reading, cycling, Pedro Almodovan movies and gym. Am romantic but also a realist. Passion and respect are important. **Reply C261104**

**Gay 43 yo** hiv+ in Maitlandville. 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, fitties, 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 G/W/M 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, homey, 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**

**Maitlandville 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 die masc blokes, who aren't into bullshit, beards preferred. Mostly active, vanilla to kinky, no one night stands, as in life no promises **Reply: 020305**

**Non scene straight acting** guy, late 50s looks younger, 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**

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

**Looking for boyfriend!** I enjoy good company, good conversation and good wine. Looks, physique ok. Interests: health, hiv+ & rebuilding immune system. Holistic wellness. W/LTM interesting, personable guy, age open, social status unimportant if sincere. Seek monogamous friendship. **Reply: 061002**

**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**

**Kensington area,** GWM WLTm Similar Masculine Aussie 45 -55, also into Willingness, Sai Baba, Spirituality, Conversations, Practicality, Spontaneity, Complementary Therapies, Quantum Healing/Physics, Cooking, Completed UPW, Old Movies, Markets, Shopping, Country Outings, Liberal Contributor, Enigmatic Lover, Slim Trim Healthy, **ALA Reply: 260905**

**37 yo HIV+** 6 ft 3, 85 kg, grey eyes, brown hair, gym fit, handsome masculine hairy chest active NS affectionate intelligent WLTm HIV+ fit masculine affectionate passive guy 30 -50 for LTR. I want to settle down with you, get 2 dogs, a cat, travel, live life to the fullest. I live in the inner east for now **ALA Reply: 061005**

**40 yrs old,** good looking and in good health. GSOH. Curious, reserved, active. I would like to meet a genuine friend, LTR, TLC **ALA.** I'm passionate and friendly. Age/nationality open. I can travel anywhere in Australia. **Reply: 141005**

**Mid north coast** 34 yo poz GWM 5ft 5, slim, passive/versatile, healthy and very laid back. Into nature, reading, nudity and art. Looking for friends and lovers with similar interests or not! **ALA Reply: 271005**

**40yo Hot** Latino-Italian man straight acting, versatile, hard working, honest and nice body, and in good health. No drugs. **ALA LTR TLC** The guy who comes into my life will have my full sex, love, care, assistance, share bills and more. Open to all nationalities. I don't have a specific 'type' or age **Reply: 140905**

**Sydney, healthy** HIV+ middle aged man, relatively attractive with active mind and body, interesting life, honest, sentimental, maybe funny, WLTm other human for exchange of kisses, hugs and ideas, not sex yet. Age, race, colour irrelevant, heart essential. **ALA Reply: 081105**

**35yo 5ft 8,** 65kg HIV+ GSOH Fit easy going, nice looking. Enjoy beach, gym, swimming, outdoors and indoors (curling up), and odd night out. Looking for relaxed fit guy with GSOH 28 - 45. **Reply: 251105**

**Blue eyed brown hair** 40 years old GWM In gaol until March 06 ISO guy up to 30 for friendship possible LTR. GSOH passionate, loving, intelligent, successful, non scene **ALA** pen friends wanted. **Reply: 281105**

**In gaol** – poor sick queer, threatened with a lash, 18 years HIV poz, first time in prison, in single cell, bored, lonely, isolated, seeking penfriend. No S&M types please. 40. **Reply: 301105**

**Young 38 year old** GWM HIV+ in gr8 shape, handsome gr8 personality. 5 ft 7 & 65 kilos, brown hair, green eyes. Exercises regularly. Adventurous & versatile WLTm pleasant looking DTE guy 25 - 45 gr8 personality & smile, enjoys sport & exercise. Mature attitude but likes a bit of fun. Secure & career minded. Any nationality. **Reply: 101205**

**45 yo pos 3 yrs,** good looks, gym fit, healthy, defined shape, good dresser, NS, non scene, 5 ft 8, 70kg, honest, loyal, monogamous, good values, GSOH, looking for similar attributes in 30+ guy for LTR, good job, likes homelife, dinners, movies, travel, photography, reading **Reply: 090106**

**Great catch Asian guy,** 31, gym fit, genuine, DTE, caring and affectionate professional WLTm GWM who are tall, fit, sincere, affectionate for dinners, movies, travel, gym 22 to 40 years old. Am good looking and like to take care of someone! **Reply: 100106**

**Wollongong, 39 yo** HIV+ GWM 6 ft 67 kg blue eyes, short brown hair, and masculine WLTm man to 45 (prefer active) who is masculine, non scene and DTE for possible LTR. My interests: swimming, music, reading, dogs, camping, healthy living and spirituality **Reply: 070206**

## 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**

**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**

**HIV+ Woman wanted.** Age, looks and nationality open. I'm 39 (20 years positive), DTE, GSOH, lives Central Tablelands, animal lover, loves bush life. Main hobby looking for gold. **Reply: 070005**

**HIV+ male 31 yrs old** tall medium build seeking + female 24 - 32 for serious LTR. Love dining out in fine dining atmosphere, GSOH bundles of laughs. European background genuine responses only, and ladies won't be disappointed. Melbourne region. **Reply: 111005**

**29yo HIV+** male medium build 175cm tall hazel eyes brown hair looking for female with GSOH and interested in music, movies, long walks and loves talking about anything. Also looking for friendship or possibly more **ALA Reply: 281005**

## 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 year 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**

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

## When placing and answering personals

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

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

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

## When meeting someone:

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

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

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

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

## How to respond to a personal

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

## How to place a personal

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

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).



## 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 [jdole@plwha.org.au](mailto:jdole@plwha.org.au)

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

Signature \_\_\_\_\_

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  VISA  MasterCard

Expiry Date \_\_\_\_\_ Signature \_\_\_\_\_

Name on card \_\_\_\_\_

Cash payments can be made at our office.

Total payment \$ \_\_\_\_\_

## 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 6011  
 Freecall: 1800 245 677  
 Fax: 02 9360 3504

A membership form is available online at: [www.plwha.org.au](http://www.plwha.org.au)



# Pozhet

first stop for information,  
fun and support for the  
positive straight community



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confidential connection to  
somebody who understands  
helping you with a new contact  
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for full details

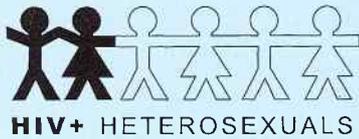
website message board  
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to your door  
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workshops  
support groups  
social outings  
treatments nights  
new ideas for healthy living  
retreats  
help with other services

**pozhet**

helping each other, helping ourselves



Freecall 1800 812 404



**February**

**TUESDAY 7**

*Café Conversation Newtown*  
Positive men and women

**FRIDAY 24**

*Open House: The Law and HIV*

**March**

**FRIDAY 10**

*Pozhet PozMen: Treatments Night*  
Positive Men only

**FRIDAY 17 to SATURDAY 18**

*Pozhet Outreach:* NEW  
*Canberra region*

**April**

**SATURDAY 1**

*Positive Women's Forum* NEW  
Positive Women Only

*PartnersPLUS*  
Partners only

**TUESDAY 11**

*Café Conversation Newtown*  
Positive men and women

**FRIDAY 28**

*Open House: Bride & Prejudice*  
Indian film, food and music

**May**

**MONDAY 1 to FRIDAY 5**

*Pozhet Outreach:*  
*Albury and Dubbo* NEW

**Friday 26**

*Open House: Jaws!*  
Oral health and immunity

**June**

**TUESDAY 6**

*Café Conversation Newtown*  
Positive men and women

**SATURDAY 17**

*Positive Women's Forum* NEW  
Positive Women Only

*PartnersPLUS*

Partners only

**July**

**TUESDAY 4**

*Café Conversation Newtown*  
Positive men and women

**MONDAY 10 to FRIDAY 14**

*Pozhet Outreach:* NEW  
*Coffs and Lismore*

**FRIDAY 28**

*Open House: What's Eating You?*  
Food and immunity

**August**

**SATURDAY 12**

*Positive Women's Forum* NEW  
Positive Women Only

*PartnersPLUS*  
Partners only

**TUESDAY 15 to WEDNESDAY 16**

*Pozhet Outreach:* NEW  
*Hunter Region*

**SATURDAY 26**

*Greater West Get Together* NEW  
Pozhet and Western Suburbs Haven

**September**

**FRIDAY 1 to SUNDAY 4**

*Pozhet Retreat: Feel Good!*  
Hawkesbury River

**FRIDAY 29**

*Open House: Behind Closed Doors*  
HIV and the family

**October**

**SATURDAY 7**

*Positive Women's Forum* NEW  
Positive Women Only

*PartnersPLUS*

Partners only

**SUNDAY 29**

*Big Day Out* NEW  
Pozhet and the Western Suburbs Haven

**November**

**SATURDAY 11**

*Know How!* NEW  
Annual HIV/AIDS workshop

**December**

**FRIDAY 8**

*Open House: Get Wrapped!*  
Pozhet Xmas party