

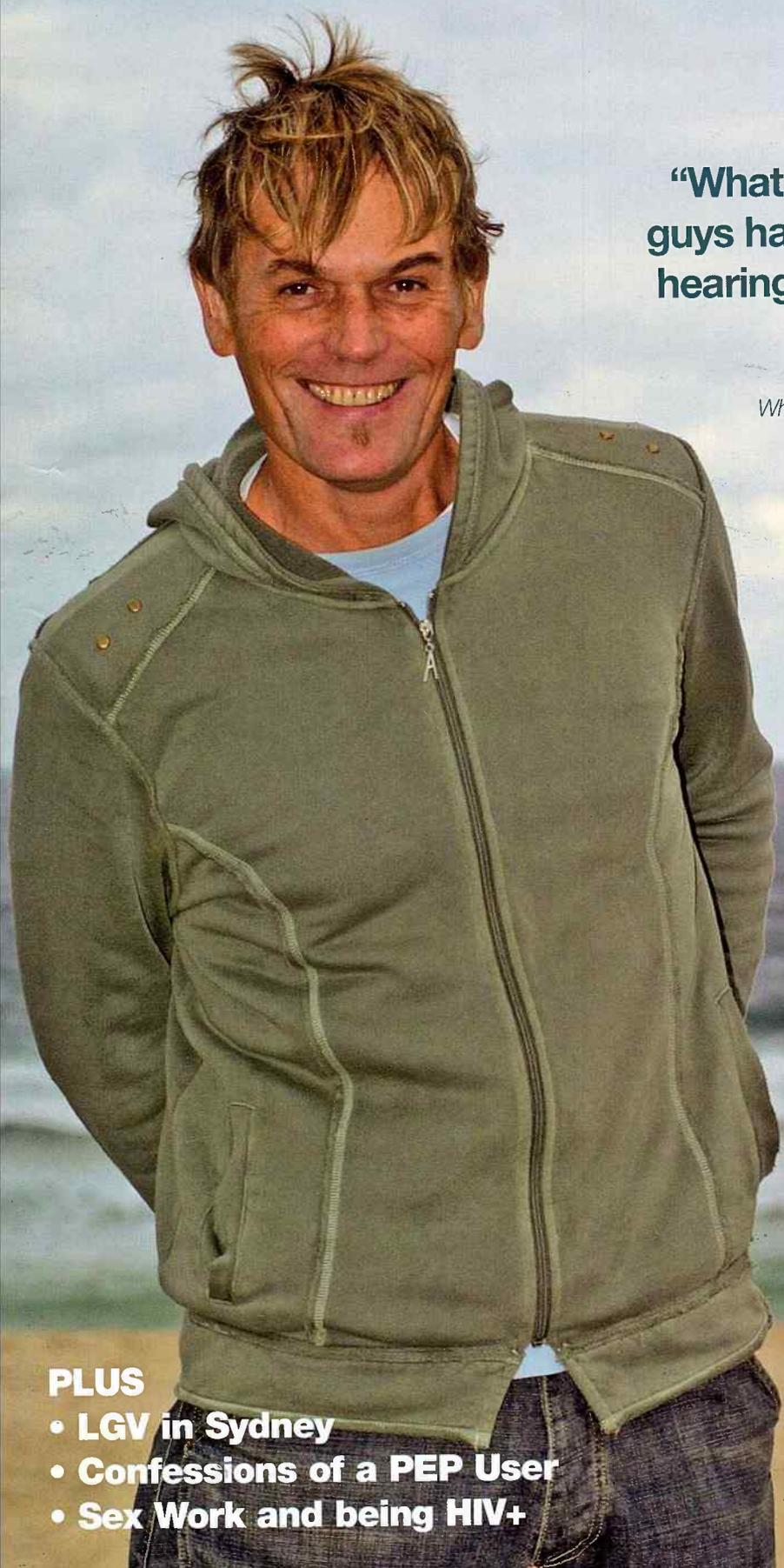
# talkabout

Where we speak for ourselves

#146

August - September 2006

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



**“What HIV means to negative guys has changed. They’re not hearing stories about what it’s like to live with HIV”**

Bernard October 2005

*What does HIV look like? Visibility campaign 2006*

**PLUS**

- LGV in Sydney
- Confessions of a PEP User
- Sex Work and being HIV+



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**BOSNIAN** Mi vam možemo pružiti pomoć i razumjevanje oko HIV/SIDE. Pitajte ovu kliniku za brošuru na vašem jeziku. Sve usluge su povjerljive i potpuno besplatne.

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請在這診所索取使用您語言寫成的小冊子  
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**HINDI** हम आपको एच. आई. वी/एड्स बिमारी के बारे में सहायता और जानकारी प्रदान कर सकते हैं। अपनी भाषा में पत्रिका के लिए इस क्लिनिक से संपर्क करें। सभी सेवायें गुप्त और मुफ्त हैं।

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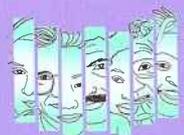
**POLISH** Możemy Ci pomóc Ci żyć z HIV/AIDS i zrozumieć, na czym on polega. Poproś w klinice o broszurę na ten temat w Twoim języku. Wszystkie nasze usługi są poufne i bezpłatne.

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

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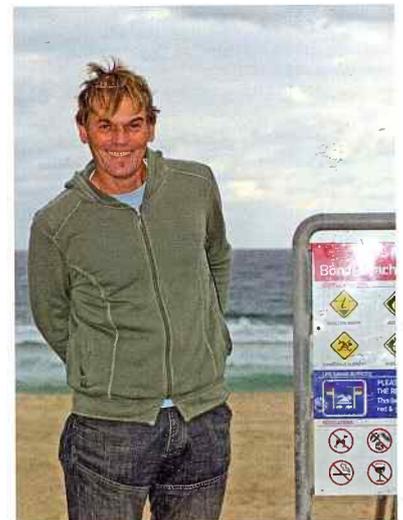
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# talkabout

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Cover photo: Jamie Dunbar

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# This issue

**That first time negotiating sex with a condom. An excruciating wait to know whether a course of PEP has worked. Finding the words to tell your adult son that you have HIV. The sense of loss you feel when the men you've loved die one by one, and life's circle closes in on you. Working out the rules as a positive sex worker. These are just a few of the many highlights from stories gathered by the Australian Federation of AIDS Organisations (AFAO) which we are pleased to publish in this issue of *Talkabout*. These stories shed light on the changing experiences of the HIV epidemic in Australia. Moving, questioning and very diverse, they testify to the resilience and strength of individuals and communities after 25 years of HIV.**

The PLWHA Visibility project "What does HIV look like?" brings us our cover photo and feature story. The aim of the visibility project is to tell the real stories of people living with HIV today. Bernard describes travel, sex and relationships, his search for meaning and his evolving attitude to treatments over the years since diagnosis. Many readers will find their own experiences reflected in his, and like the stories from AFAO, the visibility project fleshes out how complex the contemporary response to HIV is.

*Talkabout* also aims to keep you updated on the latest sexual health information, and a new sexually transmitted infection is definitely here in Australia. Geoff Honnor writes about the recent cases of LGV (Lymphogranuloma Venereum) in Sydney as well as some cases of sexually transmitted Hepatitis C.

Finally, an opportunity is coming up to support the work of community

organisations like PLWHA. ACON, BGF and PLWH/A (NSW) will host a joint event, the Sydney 'Walk for AIDS' on Sunday November 26 2006 in the Botanic Gardens. We are encouraging people to take a walk through the historic gardens and raise funds for services for people living with HIV/AIDS.

The registration fee is \$20 and sponsors can pledge donations. If you'd like to register for the Walk for AIDS, call 1800 651 011 or visit [www.bgf.org.au](http://www.bgf.org.au). We are also looking for volunteers to assist on the day. If you are interested please call Jodie at PLWH/A (NSW) ph: 9361 6011 or email [jodiel@plwha.org.au](mailto:jodiel@plwha.org.au)

*Glenn Flanagan*





## Health alert

Geoff Honnor

### LGV detected in Sydney

About 18 months ago (see *Talkabout* # 136 December 2004), we told you about a rare STI called LGV (*Lymphogranuloma Venereum*) a type of Chlamydia, which had been identified in groups of gay positive men in the Netherlands who were into group sex, fisting and toys etc.

Since then LGV has been increasingly reported in the UK and the US and now it's in Australia where four cases have just been retrospectively identified by St Vincent's lab from rectal swap samples taken in Sydney between 2004 and 2006.

All four cases are in gay positive men but it can also occur in negative guys. The risk is less about serostatus and more about the kind of sex that guys are having.

Three of the four guys reported pretty much the same sort of sexual activity that was described in the guys who were diagnosed in the Netherlands back in 2004: fisting/toys, lots of partners, unprotected sex, etc. Most of the cases also had one or more other STIs as well. Only one case seems to have been possibly acquired overseas. The others look as if they were probably picked up locally.

Symptoms (and note: not everyone has them) develop within 3-30 days and can include proctitis - an inflammation of the lining of your butt - that can result in bleeding, soreness, a mucus discharge, progressing to rectal sores, swelling of the lymph glands around your butt or genitals, a penile lesion or discharge from your penis and, if left untreated, major anal abscesses and swelling of the genitals. It can get pretty nasty.

The specific test for LGV is now available here (it wasn't when we first reported it) so if you think you've got the symptoms, been in contact with someone who has or been having a pretty wild old time generally, you should get yourself off to a doc or sexual health clinic and arrange for a test.

In fact, if you've been having a pretty wild old time generally, you should be getting very regular STI checkups as a matter of course.

How do you avoid it? We know that lots

of poz guys see sex with other poz guys as a kind of liberation from the condoms and gloves requirement but they *do* provide significantly more protection against stuff like this - and sharing sex toys is definitely not recommended.

Treatment is a twice daily course of oral antibiotics over three weeks.

### Sexual transmission of Hepatitis C

Back in February, we told you about increasing reports of hepatitis C seroconversions occurring in gay positive guys in Europe where usual routes of transmission, like sharing needles etc weren't part of the risk picture.

The risk indicators that the guys did have in common 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

We've since seen the emergence of very similar cases here in Sydney so there's absolutely no doubt that sexual transmission is happening, perhaps in greater numbers than we've previously thought.

To repeat what we told you in February:

It's pretty obvious that long periods of unprotected fisting/play can exert significant wear and tear on skin 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 (HCV) 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.

## Letters

### HIV and identity

Last issue was great. Very relevant, with some interesting and introspective opinions. I related to quite a few of the comments, such as moving out of Darlo and into the burbs being a way to distance yourself from the HIV world - in a positive way, and not wanting to live my life surrounded by HIV, and now having more straight friends than gay, and neighbours and straight friends who know I'm HIV, and don't even give it a passing thought. It becomes so integrated into your life after a while that it no longer assumes a separate identity, but is just tied in with who you are, just a part of you that is no different to anything else.

Good stuff

Tim

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

## Community Yoga Class

Body Mind Life Yoga Centre  
Level 1 55 Foveaux St  
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Thursdays 7.45am  
All Welcome

Cost: Donation  
(give from the heart)

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# What does HIV look like?

## Visibility Campaign

More workshop stories and images

**Kathy Triffitt**

**What HIV means to negative guys has changed. They're not hearing stories about what it's like to live with HIV.**

In the last issue of *Talkabout* we featured material from our *What does HIV look like? Visibility* campaign. Personal stories and images registered the impact of living long-term with HIV, the experiences of the newly diagnosed, issues of stigma and sexual rejection, disclosure and negotiation, communication, the place of HIV in people's lives and more.

Many of the stories confront the contemporary "silences" and the "invisibility" of HIV within gay communities. For a lot of gay men, HIV is no longer something they think about and it doesn't have the public profile it had when Bernard was diagnosed in '89. This is how he put it:

"Some guys have no awareness and think HIV is manageable: it's not talked about. There's a sense that you go to the doctor, get some pills and get on with your life. What HIV

means to negative guys has changed."

With these "changed understandings" there are the anxieties and constant pressures of disclosure: "I get tired of disclosure and rejection because negative guys can't deal with HIV. [...] I'm always the proactive one: I'm the one telling them to put the condom on [...]" he commented. (see following page)

For Bernard, media images that focussed on "everyone dying from AIDS" challenged the very possibility of living with HIV: "To survive, I had to make choices. [...] There was another road opposed to what the media and society told me."

Graeme's *Apollo - New Directions* (p.8, 9) is about not taking on board other people's attitudes and finding "another path." He considers how he felt while he was coming

**My image is a mixture of recent past (dealing with HIV) and my earlier struggle to realise and accept my sexuality.**

to terms with his early struggle to accept his sexuality and later an HIV diagnosis. Graeme comments on adjusting to a new way of living, his shifting relationships and the changing meanings of HIV. *Apollo* marks these changes and looks to a new life and ambitions. "Apollo is a powerful image of the present. He points to the future with his back to the past [...]" Graeme wrote.

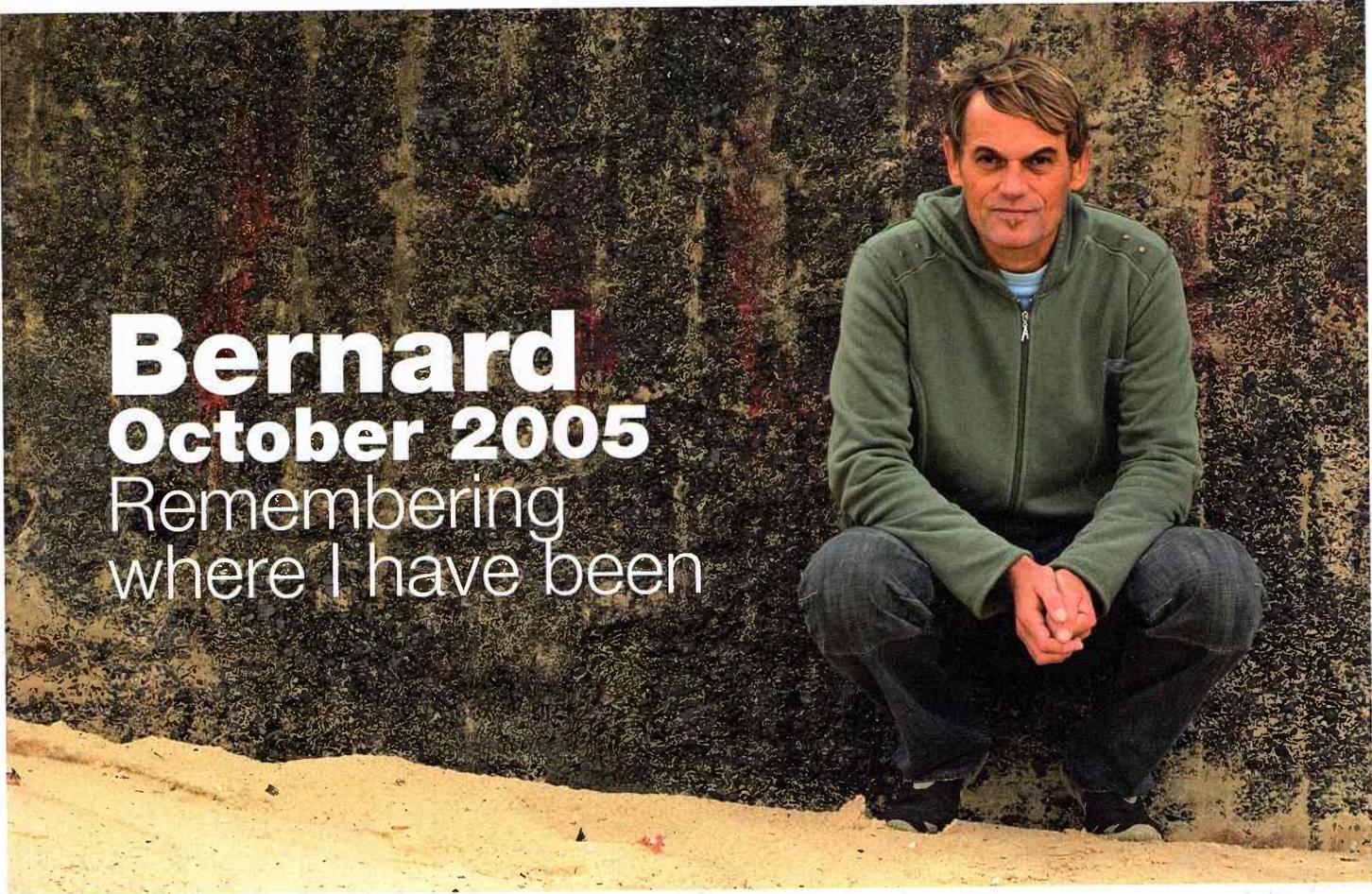
For both Bernard and Graeme, there is a sense of a life never summed up but of one that is constantly changing. Their stories and images, and those featured as part of the *HIV Visibility* campaign; provide new impetus and ideas to look at the contemporary experiences of HIV. What is noteworthy though is while HIV is present it is not definitive of all that occurs.

The HIV visibility workshop gave participants the opportunity not only to share their stories about living with HIV today, but, to also identify the topics they consider to be a priority in our health promotion work. So, over the next twelve months look out for our campaigns on stigma, discrimination and sexual rejection, and living long term with HIV.

More workshop stories and images will be featured in the October/November issue of *Talkabout*. Thanks especially to all the workshop and campaign participants and, to Phillip McGrath for his Photoshop *magic!*



**Simon**  
**It never crossed my mind that I would be positive.**

A photograph of a man with short brown hair, wearing a green zip-up hoodie and dark jeans, sitting on a dirt ledge. He is looking directly at the camera with a neutral expression. The background is a rough, textured wall with various shades of brown and grey. The text 'Bernard October 2005 Remembering where I have been' is overlaid on the left side of the image in white.

# Bernard

## October 2005

### Remembering where I have been

**I'm doing this story to remind me of where I've come from and to write some of my history.**

When I was diagnosed in '89 I was living in the country. I wasn't a highly active gay man and I had to find my own way of surviving with HIV. This was hard because everyone around me told me I was going to die including my partner who I was living with at the time. That was really scary. I remember one of my doctors pulled out a book and showed me the graphs of what happens after five years and so on. There was not a lot of information and they were at the early stages of AZT. People had to rally together to survive and that's how PLWHA (NSW) came about. HIV was a life changing experience: my life and living were my concern.

I decided to throw myself into my spiritual health and seek out Buddhism, meditation and yoga. Because I lived in the country I had a healthier diet and lifestyle. I also decided to seek alternative treatments, but mostly, I managed my health through diet, meditation and exercise. I didn't understand what positive thinking was then or what it was to have nega-

tive thoughts. It dawned on me that I am in control of my life. The only trust I had at the time was in myself and my own strength. It was really through the power of my mind, listening to my thoughts, and not taking on board other people's attitudes towards me that helped me to get through.

With everyone telling me I was going to die I found it really difficult to be present in the moment and to think about a future. There was a lot of media information that focused on everyone dying from AIDS. If I let myself buy into the image of the dying AIDS victim and

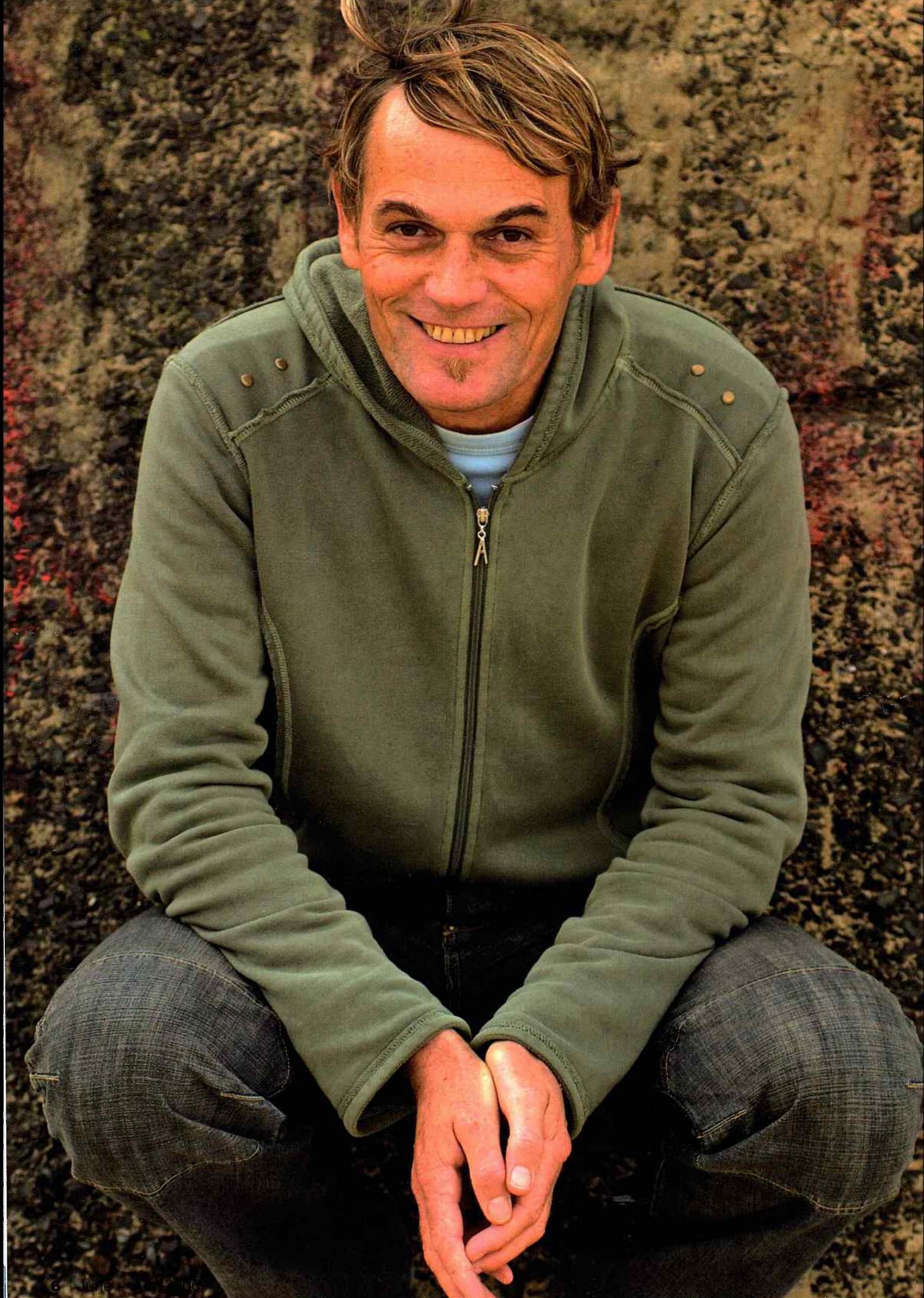
***There was another road opposed to what the media and society told me. To survive I had to make choices for myself.***

accepted that as my future it would have sent me into a downhill spiral. I never succumbed to that way of thinking. There was another road opposed to what the media and society told me. To survive I had to make choices. Managing my HIV meant I had to end a long-term relationship that was dysfunctional anyway. It also helped me to realise to survive I had to have a very strong spiritual belief, so I went to India and chased gurus.

### **Chasing gurus**

My first trip to India was in '92. I didn't think I could go because I thought I'd be exposed to diseases that would damage my immune system. It actually gave me a lot of strength when I got to India to see the poverty and the hardship of other people's lives. I came alive and gained an inner strength. There were other people in the world who were doing it a lot harder than me. That challenged me to be more determined about my life.

Then, I moved to England and stayed with some friends for a year and traveled back to India the following year. A positive diagnosis motivated me to do the things I wanted to do with my life at the time... things that were



necessary for me to do in the moment rather than in the future. I always wanted to have that spiritual connection with India. I will always remember arriving at Bombay at 3 o'clock in the morning and getting out my Lonely Planet and looking up a place to stay: being excited about the fact I was in a strange country. I traveled around India for three months and then came back to Australia, re-settled and started to sort out my life.

***I took so much time and energy to look after my health, rather than seek out studies or a career. ... Now it's about being willing to create new possibilities in life.***

### **Balancing act**

I was very fortunate to meet someone that was doing alternative treatments which boost the immune system. I got really good results and I continued with that for six years: from about '96 to 2002. Even he would say go on treatments which I had chosen not to do. The only treatment available at the time of my diagnosis was AZT and everyone I knew who went on it died. Because treatments have changed over the past 10 years I moved on and decided to try them. My body was also telling me it was time to have a rest and that it was okay to do the treatments. I was also dealing with the fact that I was ageing as well. I am now in my 40s and my body is changing. It was the hardest decision to make because I felt I was giving up on everything that I believe in. At the same time I realised that I can incorporate both treatments and complimentary therapies into my life. I still meditate, do my yoga take my herbal medicines and take my antiretrovirals as well. So there is a balance between the both of them.

The difficult thing I've struggled with is the loss of finances and the loss of social skills. I took so much time and energy to look after my health, rather than seek out studies or a career. That period has vanished into thin air and what has it been replaced with? I don't have the resources most people have who kept working: that's a hard struggle. It's really hard to turn that around and go back to work and do something productive. We all want to do something productive but it's finding what's right for you.

So now it's about being willing to create new possibilities in life. I have ideas and I change them. Sometimes I want to work helping people, sometimes I want to work for myself but it always comes back to the issue of quality of lifestyle. Is it going to be too stressful for me to be working full-time? Is it going to be too stressful for me to put all that energy into creating a new lifestyle again?

### **Relationships**

I left my long-term relationship because I couldn't deal with his issues as well as my own. There was a lot of denial, more so on his behalf, about my status. Being HIV positive gave me the opportunity to move on from that relationship. I had another relationship with a man about five years ago and he was negative. I found that difficult. I was working part-time and he was working full-time. I was doing my treatments and he never fully understood what I was going through. He never understood why I only wanted to work part-time and just enjoy the rest of my time.

Relationships today have a different meaning and sense of values. Trust and friendship play a role. If you're not working, studying, actively doing something, it doesn't create much interest for people to get involved with you. If you're feeling good about yourself you attract better company. I tend to hide away from relationships because I'm not working. Because I'm not working I haven't developed my social skills. I'm not engaging in conversation about my day.

***I get tired of having to tell guys to put a condom on and I get tired of disclosure and rejection because they can't deal with HIV.***

I steer clear of positive/negative relationships these days. HIV negative guys tend to be complacent about positive guys. Some guys have no awareness and think HIV is manageable: it's not talked about. There's a sense that you go to the doctors, get some pills and get on with your life. What HIV means to negative guys has changed. They're not actually hearing people's stories about what it's really like to live with HIV.

Being positive for so long I feel I deserve to have time to rest. Like with negotiating safe

sex: I get tired of having to tell guys to put a condom on and I get tired of disclosure and rejection because they can't deal with HIV. I'm always the proactive one: I'm the one telling them to put the condom on and I'm the one telling them to be cautious. I find most negative guys don't take into consideration that someone else could be HIV positive. It's quite interesting to realise they live in a time zone where HIV doesn't exist.

***There's a sense that you go to the doctors, get some pills and get on with your life. What HIV means to negative guys has changed.***

I was in a sexual situation recently and the guy said he couldn't believe I was positive. I had to get up and leave the room because I didn't want to deal with his anxiety and his annoyance because I was positive. When I told him I was positive he laughed at me and said: "You're joking aren't you?" There's a lot of unsafe sex that happens. Younger guys don't think they're going to be exposed to HIV. They assume if a guy is young he's not going to be positive.

### **New opportunities and new possibilities**

When I was diagnosed there was little information and treatments were experimental, so having to find a way to "live" has given me strength.

PS Today...It's a beautiful day and for every reason I am here to enjoy life, just as everyone else does. Reflecting on the losses and past memories, I am truly grateful to have gone down this road. To be able to notice my personal journey as a great opportunity. I am looking forward to growing wiser and seeking out new experiences. I look forward to opportunities and new possibilities within my community. It is wonderful to be able to share life with those going on this journey with me.

*What we are today comes from our thoughts of yesterday,  
And our present thoughts build our life  
Of tomorrow:  
Our life is the creation of our mind.*

*The Buddha.*

Photos: Jamie Dunbar

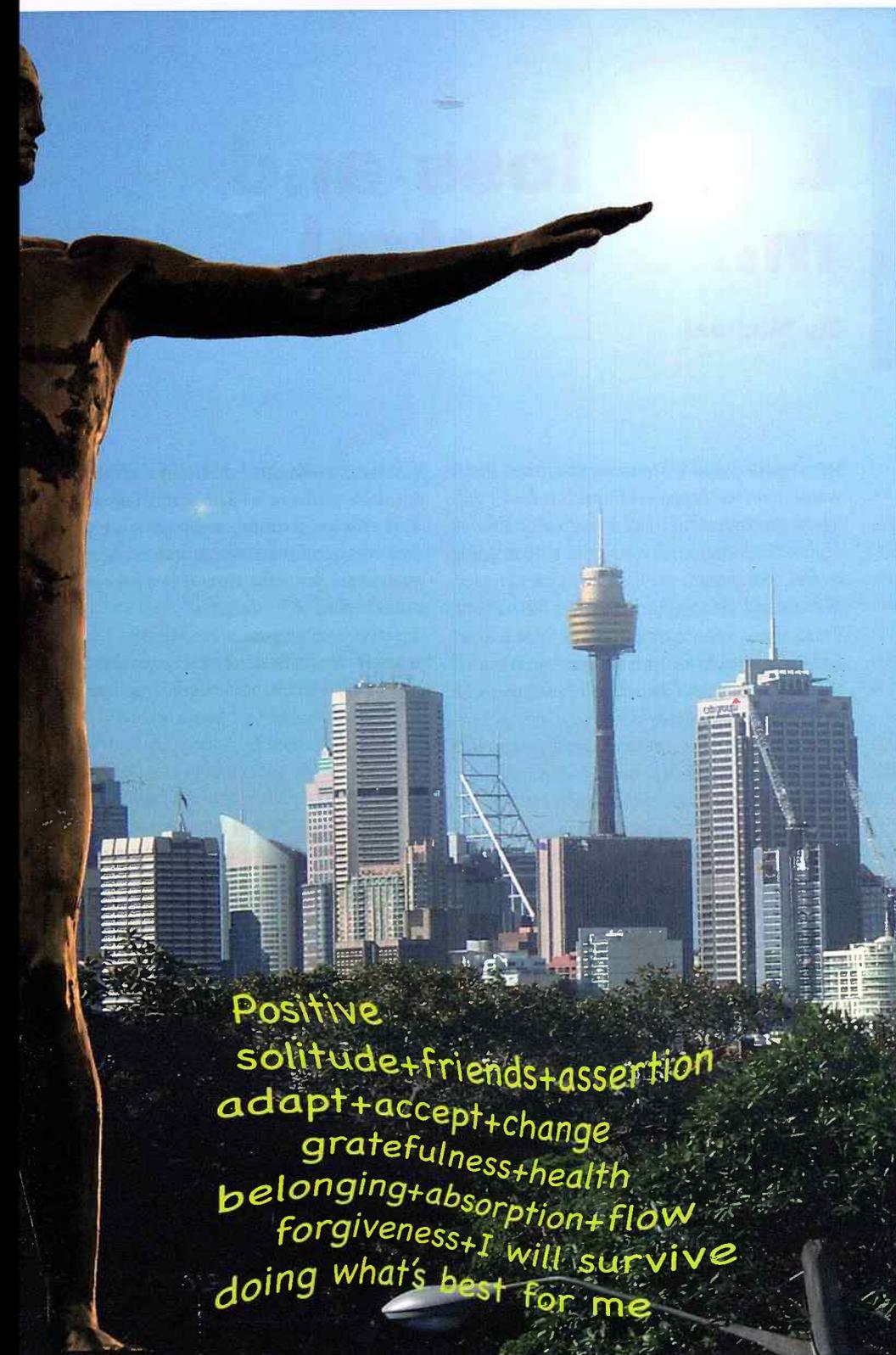


# Graeme Miller

## Apollo

### New directions

The challenge was to compile a set of images into a meaningful representation of how HIV has impacted my life. I went for a walk around the workshop venue and started taking photographs of anything that evoked some sort of response within me. I had no preconceived ideas, but some scenes and items held my attention more than others. Later that afternoon, I realised I'd taken photos that represented the past and the future but I needed a powerful image to link it all to the present, and I already knew what that was. I went



**The left hand side of the image represents the past, and is a mixture of recent past (dealing with HIV) and my earlier struggle to realise and accept my sexuality.**

Positive  
solitude+friends+assertion  
adapt+accept+change  
gratefulness+health  
belonging+absorption+flow  
forgiveness+I will survive  
doing what's best for me

down to Hyde Park in the late evening and took a photo of Apollo, which forms part of the Archibald Fountain. I'd admired that statue for years and I wanted him in the image!

Next day at the workshop, I was excited at the prospect of forming the composite image, and the day was intense and revealing. The left hand side of the image represents the past, and is a mixture of recent past (dealing with HIV) and my earlier struggle to realise and accept my sexuality. The brick wall is a sym-

bol of obstruction, of being in limbo, which is how I felt while I was coming to terms with my sexuality and then later coming to terms with an HIV diagnosis. The door has "no entry" and "no exit" signs to show that I couldn't face my current life nor accept the future. However, at least there was a door! And I slowly realised I had to open the door and move on with my life. Apollo is a powerful image of the present. He points to the future with his back to the past, and reminds me that I don't dwell on the

past or fill myself with self pity anymore. The right hand image is the Sydney skyline. It was such a lovely blue-sky that day and I felt it portrayed my current feelings. The words on the door are the negative feelings I had when I was HIV negative, while the words on the trees are the positive feelings that cancel out all of the negative emotions.

I hate being HIV positive but it isn't negotiable. Now I've got direction, I'm assertive and I'm doing what is best for me.



# Love, loss and mind control

By Michael

**Cliché # 1 – “So many men, so little time”**

**Cliché # 2- “Life’s a bitch, then you die”**

**I am in my mid 50s and a Sydney-sider who has been living with HIV for 21 years. I also use a lot of clichés in conversation, hence the two sayings at the start of my story. I’ll start at about the same time these clichés entered gay culture.**

As the 1970s gave way to the 1980s, San Francisco became *the* holiday destination to experience the ultimate gay lifestyle. Guys brought back all sorts of wild and wonderful stories all associated with cliché # 1 and even though they did not know it at the time, they also brought back that little trans-Pacific hitchhiker – HIV (refer to cliché # 2).

In the early 1980s I commenced a relationship with Ric, a beautiful 27-year-old who

**I noticed a purple spot on Morgan’s leg and knew exactly what it was**

grew up in Western Australia. He relocated to Sydney, like many others from around the country, to be a part of the Sydney gay scene resulting from the advent of gay liberation.

Ric had five friends he spent every weekend with. Geoff, his flatmate, Peter and Steve, a couple, and Tom and Phillip also a couple. I

soon realised that if I was going to keep Ric, I would have to “fit in” with this lot. And I did. These guys were fun – all living around Surry Hills or Paddington, driving mini mokes, going to fine restaurants, the beach, theatre, movies, parties and dancing at the Shift ‘til closing time, 3am, every Saturday night. Mardi Gras and Sleaze were fairly new and we attended these events “no holds barred” (refer to cliché # 1). We were a ‘family’.

In February 1984 I suffered an illness unlike anything I had ever experienced. After a couple of days of feeling unwell I thought I was going to die. By the end of a week I was pretty sure I would. When I could finally get out of bed to go to a doctor, he diagnosed a viral infection. He was a local GP, so of course he did not diagnose HIV, but I believe this illness marked my seroconversion.

The years rolled on. Refer to cliché # 1.

In other words, life was as good as it gets, even though I never felt quite the same after that illness in 1984. Then the word AIDS entered our conversations and psyches along with all the horror stories from the USA and anecdotal stories of someone who knew someone in Australia who had “it”. In 1986, HIV antibody testing became available so one by one we went off to be tested. All but one of my ‘family’, Tom, came back with a positive result.

The subtext I heard when given the result was, “before long you will get sick and your life will end horribly after a couple of years of fighting multiple diseases because your immune system will not function”. So here I was with my ‘family’ and all but one with the same prognosis. “I’m glad I’m not in this alone,” became my predominant thought. Refer to cliché # 2.

Everyone’s reaction was different. I delved into the sediment of my psyche and realised that as a youngster I had attached a ‘use by’ date to my life, that being 38. To me this seemed to fit in perfectly. Here I was, now 34, another four years and gone! I’m not normally one for this sort of mumbo jumbo but I decided that,

if in fact I had created this self-fulfilling prophecy, then maybe I could do something about it. This thought gave me some sense of control over what seemed a dire situation. It’s also a good example of the type of head space I was in at the time.

Travel became a priority. I felt that I couldn’t possibly die without first experiencing New York. My relationship with Ric mutated as a

**The circle was closing in**

result of our being positive. We did not apportion blame to one another and we remained firm, intimate friends until he eventually returned to family in Western Australia. Until that time he also embraced cliché # 1 with a vengeance.

In 1987, I set off to Manhattan with another good friend, Morgan, who was not a part of the ‘family’. Morgan decided not to be tested as there was nothing you could do about it at the time except know the result. Of course, well before this time we had all adopted the safe sex way of life. Two things happened that have been burned into my memory. I noticed a purple spot on Morgan’s leg and knew exactly what it was. I knew intuitively not to say anything about it to him. I didn’t want to ruin his holiday and the voracious appetite he was expressing associated with cliché # 1.

The second thing that happened involved the biggest smile I have ever witnessed. Best of all, it was directed at me. His name was Fred, he hadn’t been tested but felt sure that he would have to be positive, living in New York and all. We adhered to safe sex practices and con-

ducted a trans-Pacific relationship culminating with me living in the USA for six months.

The years passed and I felt that I was at the centre of concentric circles. The outer circle, people who were known by someone else – dying. The next circle, guys I had seen around but had never met – dying. Next, acquaintances – dying. Then finally close friends and lovers dying. Morgan died in 1989. Phillip died in 1991. Ric returned to Western Australia in 1991 a broken spirit and died in 1992. Peter died in 1993 and Fred died in 1994.

During this time I attended another friend's funeral in Melbourne. Before returning to Sydney I went to a local hotel for a drink and met Paul, a pos guy. After some months enjoying an interstate relationship, he moved to Sydney and we lived together until his death in 1996.

The circle was closing in. This process seemed almost like a formula. One day my friend would seem OK, and then he'd come down with Kaposi's sarcoma or Pneumocystis Carinii. This marked the commencement of a period of two years of unrelenting illness and finally death. As I took my part in caring for these sick friends I wondered when my two year period would begin.

### **As I took my part in caring for these sick friends I wondered when my two year period would begin**

When I was in this, and it was moving really fast, there was no time to think. I just got on with it. Then a quiet time would come along and into my head I would go. I had to do something with my thoughts so I found myself in psychotherapy. At the same time, I sought out organisations that held intensive workshops

that dealt with attaining a better understanding of what it is to be human.

After Paul's death, I felt completely devastated and went into a long period of depression. One of my ways of coping was to seek out sexual liaisons through glory holes. This way, I could get physical relief without the emotional or intellectual involvement. On one occasion, a guy asked if I would like to go to a room. When we got to the room, the following happened:

Him: Do you mind if I ask you a question?

Me: Go ahead. (*Knowing exactly what it would be*).

Him: Are you HIV positive?

Me: Yes. (*But thinking I could have said "don't worry about that" and ensured safe sex*).

Him: Mate I've gotta go – I'm pretty new to this game. Only a month ago I had a girlfriend and I don't think I can get my head around this.

Me: Maybe it's time to start getting your head around it! (*Grabbing his arm to stop him from leaving*).

So we talked for an hour about AIDS and safe sex and it being everyone's responsibility to look after themselves; how not to believe everything everyone tells you; and how I could have side-stepped the question indicating that I was OK and insisted on safe sex anyway so he would have been none the wiser and not been infected.

We went on to have sex, which was dampened down by the conversation. But I was ecstatic – happy to have had sex without a wall between us, happy to have talked and happy to have been honest. My integrity was intact.

When I went to bed that night I started to sob uncontrollably, releasing the trapped grief I was carrying for my three beautiful lovers, Ric, Fred and Paul who had taught me so much, yet I could not go back to them and fix all the things I felt I had failed with. I didn't care that people in apartments around me could hear this wailing banshee. In fact, I thought it would be good for them to hear this long sorrowful cry.

I sometimes think of the early days of Mardi Gras and the candle light vigils of the mid '90s having been involved in both in their separate realities. In my imagination, I see both happening at the same time. The Mardi Gras - dancing up the street wild, colourful, cathartic. (Think cliché # 1). The candle light vigil - moving down the street quiet, sombre, black and cathartic. (Think cliché # 2).

### **I didn't care that people in apartments around me could hear this wailing banshee**

It's 2005 and I've been on HAART since 1996 and it's only recently that I don't think about when my two years of illness is about to start. I find myself going to sessions at HIV conferences entitled "Aging and HIV" and I think, how did this happen? Then I hear my three beautiful boys say, "Michael, we would love to be in your position!"

So back to the beginning - "So many men so little time" I've changed to "So many men, so many pills, even less time". And "Life's a bitch then you die" I've changed to "Life's a process then you die".

I guess there's a little bit of personal growth there.

*Michael is an HIV positive man living in Sydney. In recent years he decided to work with positive people and others who are committed to maintaining and, where necessary, improving the rights of people living with HIV and AIDS. He is currently employed as an Administration Officer with the National Association of People Living with HIV/AIDS (NAPWA).*



# Straight talk

By Paul\*

**As an HIV positive heterosexual male, I am, by default, in a small minority. In Australia, most positive people are homosexual men. However, aside from my partner and our two sons, the gay community has been incredibly supportive in my six year journey of living with HIV.**

Finding out I was HIV positive, discussing the likely cause and prognosis with my doctor (a medical officer from the AIDS Medical Unit) and talking with my partner, all happened over a period of about 12 hours.

I had a bad seroconversion experience. I didn't think the "flu" could be so debilitating - crawling on all fours from room to room to go to the toilet or get a drink. I had a number of blood tests for such things as glandular fever and Ross River Fever. The results indicated that I had had them all at some stage, but in the past. My local doctor suggested I have an HIV test.

In the back of my mind I knew that there was a possibility I had contracted the virus following a sexual assault by a group of blokes while walking through a park at night earlier that year. I kept the assault quiet, except for reporting it to the police at the time and requesting that they monitor the park. But I did not wish to pursue the issue. My partner knew something had happened to me, but we didn't discuss it at the time. Mind you, we did joke at one stage saying we would have to use two condoms instead of one.

When the test results indicated that I was going through the first stage of being infected with HIV, I felt an overwhelming sense of shock. Like many people, when I was diagnosed I needed to release my emotions. The death of a student, who took his own life, as well as the death of

a member of my staff, became the focus of my grief. I felt I had lost my dignity because of the perceived scourge of this virus, and more importantly that I had lost relationships with friends. I felt locked in a bubble and only a select few were invited in.

Initially I found everything too difficult to deal with. My sons were in their last years of secondary schooling and I decided not to disclose to them until they had left school and settled into the real world of study or work.

I was constantly depressed. My teaching started to suffer. I was very short with the students and would often become

## *Hiding feelings, tablets and literature became a very stressful process*

very aggressive and abusive - shouting and saying things that you would never say to anyone, let alone students. Anger management therapy and cognitive therapy helped me to control my emotions.

I was also finding it extremely difficult to operate in a highly professional way with other members of the faculty, especially the teachers in my department. In the classroom I could take on a different persona, but in the staffroom I stressed because I didn't feel I could be myself. The constant façade started to wear me down.

The first three years were the most difficult for me and my partner, particularly keeping my status a secret from our children. We have always been a very close family and hiding feelings, tablets and literature became a very stressful process.

Although gay men have always been a part of my social life, as a heterosexual I am always 'the other'. We are all living with the same virus but there have always been some important differences.

One of these is around the assumptions people make when they learn about your HIV status. How does a man married to a female partner contract HIV? Trying not to have to explain this has been one of my biggest issues. In comparison, assumptions around HIV contraction are not usually a major issue for gay men from my observations and discussions with them.

The first assumptions people make when I tell them my status is that I "do drugs" or have sex with men. People never question how a person gets the flu, but with HIV it's a very different story. However I must say that I have never experienced any discrimination. Perhaps it's because of the type of people I associate with - people with a strong social conscience - "nice" people. My 54 years of life's experiences has given me the wisdom of virtually never accommodating other people's perceptions and assumptions. And I must admit I like to play games with this aspect of people's curiosity - the same way I mislead people when they assume I have cancer because I use terms such as chemotherapy.

As an HIV positive person, knowing that you are a member of a larger community of people with similar fears, inspirations, and aspirations, is of great comfort. But I sometimes feel that the

attempts made by support groups and organisations that have the sole purpose of strengthening the HIV positive community will always struggle. The only real thing that the members of this group have in common is that we are all HIV positive. Communities are built on common interests, not on something that is in our blood.

Perhaps the gay community has the advantage over the broader HIV positive community because many of their interests are shared by the majority. I hope I don't sound too stereotypical. But I think it is very difficult to bring together a group of men and women with mixed sexual orientations, mixed interests and mixed belief systems for living and building a community.

As my journey with HIV continues, more and more I desire to be on my own to meditate, write and read without the interruptions of family and friends. Perhaps meeting and befriending other heterosexual men with HIV in a social group would be a good thing for me. My partner has been the most loving and supportive person anyone could ever wish for, however I sometimes become a "grumpy old man" with the boys.

Ultimately, though, I believe life is about you and the relationships you have with your God, family and friends. Very little else matters.

*Paul is an HIV positive heterosexual man living in Tasmania.*

## What's happening?

# Annual Pozhet Workshop

**Know How!** is the title of the 2006 Annual HIV/AIDS workshop for men and women living heterosexually with HIV/AIDS, coming up shortly on **Saturday 11 November** in Sydney.

This event attracts a large number of people, especially from rural and regional centres in NSW. This year there are group activities specifically for men, women and partners, as well as drawing and writing workshops. **Positive Scholarships**, providing accommodation, are available for country participants.

For further details ring Pozhet on 1800 812 404



**STRAIGHT\_TALK Chat Room**  
**For HIV+ Heterosexuals In Australia**

[http://straight\\_talk.phpnet.us/](http://straight_talk.phpnet.us/) Friday Nights 9.00 to 12.00 EST  
Log On And Make Contact

# Confessions of a PEP user

By Matt

**It still puzzles me why I risked it with a guy I barely knew in a sex on premises venue. I guess it had something to do with the fact that he was cute and I'd taken a combination of crystal and ecstasy. It was the first time I'd ever tried crystal and nothing had prepared me for the feeling of invincibility and the negative impact this would have on my decision making. So when my partner went off to meet a friend and the cute guy I'd been having oral sex with asked me if I wanted to go somewhere more private for anal sex, it never even occurred to me to use a condom.**

## ***A lot of things surprised me about that night***

I think on some level I rationalised it and took what I thought was a calculated risk. After all, I'd seen the cute guy around, I knew a few people he knew and I was pretty sure he was negative. We never discussed status. In fact, I've never discussed status with any of my casual sex partners because until that night, I'd always used condoms with everyone except my partner.

A lot of things surprised me about that night. I've always been a top. But that night, with that guy, I bottomed. I also agreed to one on one sex without my partner. Normally, he'd be there with me. Had he been there with me, things would have been dif-

ferent. He would have insisted I wear a condom – no matter how out of it we were.

When I got home, I started to think about what I had done. My partner was at work. I was coming down from the crystal. I lit a cigarette. I showered. I started to panic. I'd put my relationship at risk. Not because I'd had sex with another guy – my partner and I regularly have sex with other guys – but because I'd broken our one relationship rule – to always use condoms with sexual partners. I wanted to tell him but I didn't know how to justify it. Why that night? Why with that guy? I put it down to the problems we'd been having in our relationship at the time, the overpowering self confidence I felt on crystal and the fact that he was pretty damn cute.

I called the PEP hotline and they walked me through the risks. "Did you use a condom?" "No." "Do you know his status?" "No." "Did he ejaculate?" "Yes." They determined that there had been a risk and recommended PEP as the safest option.

I went to the clinic. I saw the doctor first and then a counsellor. The doctor went through the technical aspects of taking PEP – the side effects and the risks. The counsellor asked me how I'd cope if the test came back positive.

I think I've always known that HIV is a possibility because of my lifestyle and sex practices. Even though I always use condoms, I knew it was unrealistic to think I could never contract HIV. But I'd always hoped that if I ever needed PEP, it would be because of an accident – a broken condom, a needle stick injury – not because I'd fucked up.

They sent me home with a combination of two pills. Within 24 hours, the side effects hit me. First the loss of appetite, then the nausea, then the diarrhoea. They'd warned me about side effects, but

nothing prepared me for how sick I felt. It was worse than anything I'd ever experienced. I remember thinking they'd given me the wrong pills – just to give me a fright, to teach me a lesson. I went back the next day and they changed the combination and gave me medication for the diarrhoea. Things started to improve but for the next month, I felt like I had a constant hangover. Day and night, I lived with the niggling feeling that I was not sick, but not well either.

My partner and I talked about what happened once I started the medication. I'd already decided I wasn't going to have sex

## ***The wait was excruciating***

with him without condoms unless the tests came back negative in a few months time so he needed to know what was going on. The discussion was fairly easy. We talked about what had happened and why. We decided that from that point on, that we would not have sex with other people unless we were both present. We felt that would help us to maintain our relationship rules.

I spent the next six weeks soul searching. I went for a check up every two weeks. The doctor would talk to me about the meds and the counsellor would talk about how I was coping and how my relationship was going.

Looking back, I realise I could have done with a support group. I didn't tell many people about what was going on. I felt like a fool. I work in the HIV sector. I should know better, I kept telling myself. I knew I didn't want to fuck up again. I also realised that even though I'd had friends and partners in the past who'd been positive, I'd never gotten it until now. But taking those pills gave me a taste of what it meant to be positive. It's not just the side effects; it's the constant reminder, the feeling in the back of your mind that something is not right. I hoped like hell that I wouldn't be positive, but a niggling doubt told me I may have to accept my fate.

Over the next few weeks, the clinic doctor took blood to determine the effect of the meds on my kidney and liver. I was tested for HIV at four weeks and then at six weeks. Both tests came back negative. The wait for the confirmatory test at eight weeks was excruciating. When it was still negative, I felt relief wash over me. But the celebration was a quiet one. It was a time of personal reflection. The impact of what I'd experienced didn't just dissolve with that negative test result. I lost a lot of self-respect and for the next 12 months, started drinking heavily and lost motivation for my job. I realise now that I was probably depressed, but I let the emotions take their course. I was changed emotionally, but not permanently. Life did return to normal and my depression lifted.

About 18 months later, my partner and I were at a beat. I was having oral sex with a guy and within about two minutes he blew in my mouth. I had ulcers in my mouth. I spat his semen on the ground as he pulled up his pants and walked away. I felt panic in my gut. I knew the risk was low, but I was angry with myself for risking it again. I knew PEP was the safest course of action.

I was too embarrassed to go back to the same clinic so I went to a public hospital to request PEP. I lied when they asked if I'd had PEP before. "No never," I said. They went through the tick box risk assessment with me. "Did you know his status?" "No." Was it oral or anal?" "Oral." "Did you have cuts in your mouth?" "Yes". They checked my mouth. There was no blood, just swelling. The risk was low they said. It was my choice. I chose PEP. Again.

This time, they gave me one tablet – supposedly because HIV was such a low risk given the circumstances. I got the feeling though that it was more about cost. I went home and started taking the course of meds. As the week wore on, the side effects increased. As I started to feel worse, I realised that I couldn't cope with the side effects again. I decided to stop the treatment.

I rationalised it – it was low risk, they couldn't see any open cuts in my mouth. But I felt enormous personal guilt. I wasn't doing everything I could to eliminate the risk.

Luckily, the results came back negative again. But the experience had changed my behaviour permanently. My partner and I decided we wouldn't have as many sexual encounters and that we wouldn't be as opportunistic about sex. Sex is now discussed and planned. We still go to saunas, beats and sex on premises venues, but we plan in advance rather than just making a spur of the moment visit. The spontaneity has been taken out of our sex life with such a planned approach, but the idea of going through the psychological trauma of PEP again is too much to bear.

*Matt is a gay man living in Sydney with his long-term partner and their pets.*

**If you or someone you know has been exposed to HIV.....**

## **The PEP Hotline**



**Available 24 hours 7 days a week every day of the year**

**Information and referral –**

- **what is PEP?**
- **assesses your risk**
- **guides you where to go and what to do next**

**Ring**

**1800 PEP Now  
1800 737 669**

**Jointly run by Albion St  
Centre and St Vincent's  
Hospital**

**(New South Wales number only)**



# Living with tomorrow

By Hugo Balthazar

**“Is there a possibility that you are homosexual?” the doctor asked me, sitting on the side of my bed in my parent’s home.**

I’d just finished my first contract abroad, working on a cruise vessel. I also came out – no wonder, being surrounded by all those beautiful sailors 24/7!

“What the hell is she talking about?” I thought, “I’ve got a temperature over 40 degrees, even two beautiful doctors rushing to my bedside had failed to improve my wellbeing over the last couple of days.

The doctor looked full of wisdom and grace to me, with my ashen face, all the remaining colour of my youth wiped away by her stupid, seemingly unrelated question about my homosexuality. Her inquiry was made all the worse knowing that she would have coffee and cake

***I guess it must have been very hard to tell someone who was 18 at the time that they have HIV***

with my mother later on. I feared they would have nothing better to do than to reveal little secrets to each other. And the last thing I wanted my mother to know was that I preferred men to women.

“Is this doctor completely insane?” I thought. I was so shocked that I didn’t even think to protest when she continued: “I think you might have HIV. All your symptoms indicate what we call seroconversion illness. I suggest we do a test ASAP.”

I recovered miraculously within hours. Later that same week I drove into a nearby city to

have an anonymous HIV test at a sexual health clinic. I’ll never forget the day I got the result.

It was the summer of 1985. I was living near Munich at the time with my family. When I walked into the doctor’s office, I already knew the test would be positive. It’s a kind of intuition.

The doctor was very sweet about it, but in those days there was no treatment available and I guess it must have been very hard to tell someone who was 18 at the time that they have HIV and they’re going to die. I didn’t know much about the whole thing anyway. Well I knew there was a killer virus out there, but I was only in my teens and besides, I had just come out and felt a youthful sense of invincibility. I was too naïve to realise how serious the whole issue was at the time.

I had a hard struggle for my sexual identity, having had a Catholic and homophobic upbringing; so I felt liberated to enter the gay scene. But at the same time, there was a sense of devastation when I learned I had been infected. I think the shock really hit when I realised the difficulties of living with a virus that had no treatment and was so stigmatised.

If you had cancer or leukaemia everyone felt sorry for you. You could talk about it with your lover, friends or family and your doctor would give you the best possible treatment. But HIV in those days was treated like leprosy – a disease sent by God to punish the sinners. It was a confusing time. I remember the serious attempts at the time of the ruling Christian Democratic government in Bavaria to build detention centres for HIV people so they wouldn’t expose others to their filth.

There were a lot of incidents I could describe, but three of them stand out as typical of the fear and hysteria surrounding HIV in the late 1980s.

A visit to the dentist was very difficult, but luckily my boyfriend’s ex-boyfriend’s brother was a dentist and was happy to see me. However the precautions he took were extreme. He would only see me when the last patient of the day had left the surgery, all staff wore a face-

mask, gloves and a gown and after I left, everything was disinfected, including the walls and ceilings. I felt special – rather like an alien or something. They probably saw me as an encounter of the third kind as well.

A variation of this attitude was the official response I got from a private hospital when I checked in for an operation on my nose to assist my breathing. I was lucky enough to be privately insured. I was excited about the possibility of being able to smell things again and arrived at the hospital eager to get the job over and done with. My doctor had stated in my papers that I was HIV positive, which, to my horror, led to the hospital refusing to admit me. When I arrived I was told by the administration that they couldn’t accept me because they didn’t have the facilities for a person *like me* and besides, the nurses would refuse to take care of me.

***I felt special – rather like an alien***

I was speechless. The doctor was apologetic – even embarrassed – about the issue. He has no idea that the hospital would react this way, he said. But he explained that he was just renting beds there and had no influence over hospital policy. The hospital argued that there were state-run hospitals which were much better suited to do the job, when in fact, the private hospital had better equipped isolation wards. About the only good thing to come out of this incident was that it saved me a lot of money!

A couple of months later while I was still living in Munich, I got a nasty skin infec-

tion on the sole of my foot. It spread like wildfire and I ended up in hospital. In those days, the hospital performed an HIV antibody test (which even at that time was illegal, but common practice) on admission. When my result came back positive, that's all I was. Positive. I was isolated from the other patients, and the nurses and doctors wore gloves, gowns and masks when treating me. In those days, positive people didn't have a fair chance of getting proper treatment because everyone was rather hysterical about HIV, reacting irrationally in many ways. For the hospital staff, the reason for my hospitalisation was HIV rather than a simple case of infected eczema. They treated me with intravenous penicillin and antibiotics without knowing the cause.

I got a nasty surprise when my medical insurance company refused to pay the hospital bills because of my HIV positive status. They argued I was legally bound to tell them of my status when I took out my health insurance. I sued the insurance company, and the hospital sued me, but in the end I won. The insurance company's legal team were not able to prove whether or not I already knew of my status at the time of signing the contract for my health insurance. Nevertheless, it was a nasty and stressful legal battle at the time.

The gay scene itself wasn't really a safe harbour, offering acceptance and solidarity, either. I only disclosed my status to my boyfriend at that time. He was very supportive and understanding, but I didn't tell another soul because I felt vulnerable. I remember one of my friends saying, "Well I might be gay but at least I'm not one of those people with HIV." People just looked away when they heard you had HIV. I guess everyone was as frightened as hell. AIDS = DEATH.

Back then, you couldn't hide your disease when it finally caught up with you even if you wanted to - weight loss, dry cough and eventually the telltale purple spots of Kaposi's sarcoma. Even if you had a simple cold, people would whisper behind your back, "He's one of

them. Let's keep our distance". I used to eat more, rather than less, just to avoid the possibility that someone might think I were infected because I was too slim.

I was furious and I was angry. I didn't want to die. I didn't accept HIV as part of my life, so I chose to tell the virus to fuck off. I denied the virus any chance of influencing my life. I lived my life as if nothing was going to happen to me. I hated people who talked all the time about HIV and AIDS.

Eventually, AZT hit the shelves. There was a lot of confusion. The tabloids greeted it not only as a breakthrough, but they even talked about the "C" word, having found a cure. Little did they know. Many people died of AZT toxicity in the early days because the 2,400mg a day doses being given was three times what was later found to be the maximum dose.

### ***I'm not afraid of HIV anymore***

My mother had instilled in me a strong sense of responsibility for my well-being. When I got sick as a child, she'd say, "Your body is simply telling you that you are not treating yourself well." I saw the virus as an intruder so rather than taking treatments, I decided to fight the virus by living a healthy and responsible lifestyle.

The virus finally caught up with me six years ago when my immune system nearly collapsed. I was forced to go to a HIV specialist and have the necessary blood tests. The results showed I had hardly any T4-cells and my viral load was through the roof. Even at this stage

I was still hesitant about treatments, but my doctor convinced me. He said, "Either you are going to die very soon or you take HAART." I didn't give it a second thought. HAART saved my life. I only need to take my triple combination once a day. As far as I can tell it hasn't given me any side effects, my viral load is now undetectable and my immune markers are in the normal range.

The other day I was talking with a very close friend about his fears of getting infected. I told him that I am not afraid of HIV anymore. The treatments are getting more and more effective with less and less side effects, and I believe there are fantastic treatments in the pipeline.

In Australia there are 12,000 people living with HIV and there are around 700 to 800 new infections each year. Mind you, I don't really understand why people are still getting infected these days.

So what do I still fear? I contemplated this as I talked to my friend and I realised it's not so much about dying, but about living. Things like planning a life, building a future and building up friendships.

We went on talking and my friend said to me, "You know you can be really happy. You never thought you would reach the millennium and you lived each day as if it was going to be your last one. You did whatever you wanted to do. No hurdles were high enough. You didn't fear any consequences..." And then the penny finally dropped.

My biggest fear nowadays is to live a life with consequences. A life where there is a tomorrow.

*Hugo is an HIV-positive man living in Sydney. He emigrated four years ago from Germany to Australia to live with his Australian boyfriend. But, that's a whole other story.*



# All stations to Waterfall

**Brad Johnston**

**Sydney Grammar School has never been renowned for its sporting prowess. In fact, it's infamous for its sorry attempts to achieve its academic heights on the various GPS grounds and pitches around Sydney.**

My Year 11 soccer team upheld this dubious tradition, which embarrassed me. Although I was almost a foot shorter than some of the other boys, I'd played soccer for years in my local team, the Engadine Eagles, which afforded me a level of skill and speed that surprised pretty much everyone, including myself.

I was a fag, a pooker, prone to caustic remarks and creative haircuts. That I could race up the right wing and execute a perfect cross – with either foot, mind you – to the awaiting centre amazed some and galled others. On this particular day, I'd managed to ignore the shouts of get-the-fag-with-the-hair and set up a couple of goals. Not that my teammates venerated me; camaraderie was minimal.

After the game, I changed out of my unflattering black-and-gold uniform into a sweat-shirt and pair of second-hand Levi's, which I'd assiduously tortured during the hour-long commutes between my home in the Sutherland Shire and my life in the city. The gaping hole I'd encouraged over my upper-right thigh was my favourite; I imagined it looked tough, risqué. There was another rip on the left knee and a threadbare patch slowly spreading across the arse. I looked hot, I thought. Hot, but nonchalant. I got a lift to Town Hall so I could catch the train home: "Central, Redfern, Sydenham, Rockdale, Kogarah, Hurstville, then all stations to Waterfall."

Sydney Grammar, a sandstone monument to education on Hyde Park, offers a few train station options: Town Hall, Museum and St James. The men's toilet at St James was my favourite for encounters after school. I spent hours sitting in those cubicles, performing

feats of contortion to see underneath the partitions, watching anonymous feet tapping their little impatient dance. A hand might reach down, or a head with eyes popped in a beseeching, pathetic request. Usually I'd give them a come-over-here finger. Usually they'd agree. Once a businessman berated me for besmirching my school's proud reputation – after he'd blown in my mouth.

Museum I never really used, and Town Hall, while always busy, had an air of surveillance. Too many police and men who wished they were. On this particular day, a Saturday, I felt eyes on me once more, but they weren't accusing. He was leaning against one of the pylons next to the ticket booth, a newspaper

## ***The men's toilet at St James was my favourite for encounters after school***

rolled up in one hand. He was quite tall, a little gaunt, maybe 35 years old. And he was staring at me. I put my head down, went through the turnstile and caught the escalator to my platform.

I'd only been sitting for a couple of minutes when he sidled up beside me. He told me his name – Bill? Steve? Dave? – and asked me mine. I wasn't paying attention to anything but the fact that he wanted me. He'd bought a ticket to follow me! Having never gone further than those trembling rummages in public conveniences, I was desperate to go further, to get fucked. I chose to ignore that he wasn't as attractive as I'd thought in that moment of recognition upstairs.

After a bit of small talk – so you play soccer, huh? – he asked if I wanted a coffee. Sure I did. We went back up the escalator and entered an underground café next to the station, one of those depressing, plastic-coated affairs. I ordered a flat white; he told me he knew I was gay the second he saw me. I suppose this shouldn't have surprised me but I felt deflated. Perhaps noticing this he told me I was very cute, I had lovely eyes, he'd like to take me back to his place. Without finishing coffee we paid the bill and ascended the stairs to George Street to catch a bus.

Bouncing in the back seat, we said nothing. He gingerly placed his hand on my leg, tracing his fingers up my thigh until he reached the hole I'd ripped – for this very purpose, I thought. He fingered my leg, making little circles. I looked at him and he was leering at me. How old was I, he asked quietly. Sixteen, I said. His leer got bigger. Aren't-you-a-naughty-boy, it was saying. I probably blushed.

As we approached Central, he leaned over to my ear and asked me he should buy some condoms. I was taken aback not by the suggestion but by the fact that, despite his skill in spotting me, following me to the platform and chatting me up, he hadn't already sorted that out. Sure, I said. He pressed the "next stop" button.

I didn't want to go into the chemist so I lit up a cigarette on the footpath. Ultra Silk. Sophisticated. Watching through the glass I could see the man behind the counter take the money. He glanced up at me. I blushed for sure. He knows, I thought, he knows I'm about to spread my arse and take this stranger – with one of those condoms on him. I'm going to let him do it again, and again. He thinks I'm a working boy in my easy-access jeans. I'm going to let this leering stranger, with his pock-marked cheeks – I hadn't noticed the pock-marked cheeks – and his filthy sneakers, use my body. I thought about running.

He decided we should take a cab to his place in Kensington. It was a neat, homey Federation number with a well-kept garden front and back. He took me straight to his bedroom and undressed me. He caressed me a little, like a doctor with ideas. He took off his clothes and flourished his member towards me which he promptly guided towards my mouth. It was fast, almost perfunctory; we both knew where we were heading.

After he had me on my back, my legs over his forearms, he asked the obvious. I smiled. He leapt to his jeans, which were crumpled on the carpet, and pulled out the packet. A bit of ripping and biting later, he resumed his position and rolled the rubber down his

***It was fast, almost perfunctory; we both knew where we were heading***

shaft. Then he grabbed some lube – something – from a drawer beside the bed, slathered it on, lifted my legs and shoved it in.

The pain, frankly, was paralyzing. I let out a little urgent yelp and he immediately withdrew, whispering sorry, sorry in a panicked tone. It surprised me, the look of fear in his eyes. It made me angry; he knew what he was doing. I pushed him off me and lay there waiting for the pain to subside.

After a few minutes of apologies and are-you-okays he asked me if I wanted to try again. I said no, but I'll suck him off if he wants. He seemed disappointed but obliged and we dressed in silence. I heard the front door open and a man's voice calling Bill/

Steve/Dave and shot him a wary look. He told me it was just his flatmate, don't worry, and we walked out of the bedroom to be greeted by an older man, in his fifties, who looked at me with a smile. I guessed I wasn't the first boy to be picked up.

B/S/D offered me a cold drink and his flatmate gestured for me to sit down at the kitchen table. I know what you've been up to, the flatmate said. You should be careful, he said. I nodded and assured him I was, mortified to be having this conversation. This old man – he was an old man to me – was obviously gay and appeared to be well-intentioned but I hated him for bringing up the topic of me getting fucked, especially by this insensitive prick he lived with, with his big ugly bent cock, like I'm some dirty stupid kid who goes home with anyone.

I felt ashamed.

"The next train is going to Redfern, Sydenham, Hurstville, Sutherland, then all stations to Waterfall." An express, thank God. What am I going to tell mum and dad? I played another game of soccer, that's it. I was so good in the first one, they asked me to play another, that should work. I kept thinking about the afternoon. I tried to shut out his leering face, my own sad attempts at coquettishness, the rashness of the whole debacle. Still, the promise of the situation flitted around my imagination. Surely it'll be better next time.

*Epilogue: I passed B/S/D several years later on Oxford Street. We looked at each other without acknowledgement. I had sex with a condom not long after our encounter, which was great. Then I had sex without a condom, then with, then without... I was diagnosed with HIV at 20 years old in 1991.*

*Brad Johnston is the editor of Sydney Gay and Lesbian newspaper SX.*

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# Safe sex and be damned

By Gabe McCarthy

## **I'm really, really, really looking forward to having sex without condoms.**

I was surprised when I first had this thought. After so many years of living with HIV, I had, from necessity, locked myself into tunnel vision about always having safe sex. I never found it easy negotiating safety with my HIV negative partners - some turned it into a power struggle and some didn't want to share responsibility for decision-making. Either way, I all too often carried the burden of responsibility during sex. I frequently struggled with the necessity to stick with using condoms and found many ways to support my behaviour, such as also using condoms as my chosen form of birth control. Safe sex wasn't necessarily fun or sexy. It was just the way things had to be.

***As a woman, the odds seemed pretty low that I would ever meet a positive guy I was interested in.***

Ultimately, I knew that I chose to have safe sex because I didn't want to share the experience of living with HIV. However every time I used a condom, it would serve to reinforce the reality of living with HIV and in some way remind me that even in my most intimate moments, I couldn't escape HIV.

I used to look at gay friends who chose to be in seroconcordant relationships (people with the same HIV status) with some curiosity. I didn't think that HIV status was necessarily a good way to choose partners, but I could understand the attraction of being able to have sex without fear of transmission. I never really asked whether safe sex was part of these relationships or not - there's only so much I want

to know about friends' relationships - but I assumed that safe sex applied for some and not for others.

However, all the debate about the merits of having safe sex when your partner was also positive seemed pretty academic to me. I never for a moment considered that I would ever have a positive partner. As a woman, the odds seemed pretty low that I would ever meet a positive guy I was interested in.

So there I was, 15 years after diagnosis, suddenly meeting and falling for an HIV positive man. It took some time to come to terms with the reality of this. At first, there was just the simple joy of love, mixed with the relief of not having to explain HIV. Then it occurred to me that we could have sex with or without condoms and I wouldn't have to worry about him seroconverting. This blew me away and I finally felt like I was developing some understanding of those positive friends who would only have sex with other positive people. The idea that I could remove the fear of transmission from sex was such a revelation that I realised just how much it had affected me in the past.

Conversations with my partner seemed to contain the assumption that, as we didn't need to be having safe sex, we wouldn't be. But I wasn't satisfied to let the assumption ride. Perhaps too many years of hearing about the importance of informed decision-making had actually brainwashed me. If I was going to have sex without condoms it was going to be because of a decision to do so, not just a default assumption.

I had always been told there were plenty of good reasons for a positive couple to keep having safe sex, and superinfection was part of this dialogue. But even as we discussed the options and considered the risks that we may be taking if we chose not to use condoms, all it really seemed to do was confirm that original assumption that we didn't need to be having safe sex. The purported risks just didn't feel very real or important to us.

When I realised this, it bothered me at first

as my previous experience of safe sex discussions had involved the all too real risk of HIV transmission. But it seemed that our discussions were somehow just for the sake of it and didn't carry the same weight or concerns. I couldn't work it out. Surely there were still serious health issues at stake, so why did it feel like we were just talking about it because we 'should' rather than because we needed to?

Then it hit me. All those years of having to maintain some form of control during sex - of always having to be prepared with condoms handy, were irrelevant now. If we got passionate in the kitchen, it didn't matter if there were any condoms close by. We could have warm, wet, intimate sex unencumbered by the visible reminders of HIV. The lure of that free-

***If I have never chosen to involve latex in oral sex, why would I involve condoms in positive sex?***

dom - the possibility of intimacy without HIV intruding - outweighed any theoretical risks. We couldn't take our safe sex discussions seriously, so we stopped talking about it.

Once we'd decided on condom free sex, superinfection became more than just a theory. I don't pretend to understand the science of superinfection in much detail, but it seems that even though the theory has been proven to be reality, it's a bit like oral sex - the risk of transmission is provable, but not high risk. If I have never chosen to involve latex in oral sex, why would I involve condoms in positive sex?

There are other factors which made the information about superinfection seem less significant - the big one being the number of

# Setting the rules & sticking to them

## Sex work and being HIV+

positive couples I know who don't bother with safe sex and whose health hasn't appeared to suffer. From my observations, the risk of superinfection doesn't necessarily follow from choosing to have unsafe sex with another positive person.

All the information I have seen about superinfection and the cases that have been identified always end up mentioning that the risk alone is a good reason for positive people to review their safe sex choices. It always comes across to me as being a sneaky way of saying that I should go back to always using condoms all of the time in all circumstances. But having made the decision to go ahead and have sex without condoms with my positive partner, there's no possible way to go back for me. And quite frankly, the small risk of superinfection just doesn't hold a candle to the desires of sex and intimacy.

As time has gone on, what does seem possible is to incorporate risk reduction strategies into our sex life. I can envision living with condoms sometimes. Some of these occasions have nothing to do with HIV, but may be because I don't want to be using other forms of birth control all the time. If I'm prepared to accept that there will be those occasions in our sex life, then I can also see that superinfection risk reduction may also come into play. Perhaps we will decide to have safe sex when either of us is on a treatments break for instance.

The positive community doesn't yet seem to be engaged in an informed discussion about risk reduction strategies in positive relationships. It feels like we are all struggling with the news of superinfection and the potential impact on sexual intimacy. In the meantime, I plan on enjoying myself.

*Gabe McCarthy is the president of the National Association of People with HIV/AIDS (NAPWA).*

**I'm nearly 21 – in HIV years that is. The test result was read to me over the phone on my 21st birthday. Great present, hey? I was living in Queensland but had been tested in Sydney so the doctor told me over the phone when I got home. For 13 of these 21 years, I have been a sex worker living in Sydney.**

My journey into sex work came after I discovered two of my close friends were sex workers. For years they both kept it confidential for fear of being judged. When the cat was let out of the bag, I was surprised and excited. I was in my late 20s and so naive that I only thought only women did sex work. I became curi-

### **Disclosing allows you to establish a level of trust from the start**

ous about what sex workers did, and fascinated by the boundaries and limitations of the client and worker.

I knew if I was going to be a 'hooker', I wanted to be different from the other guys advertising in the gay newspapers. There were a lot of guys offering basic "vanilla" sex. But I had a fair bit of personal experience in kinky sex - slave and master and bondage and discipline for example - and I wanted to use these skills. I wanted my advertising to be different, so I placed an ad in the gay press using pictures instead of words - a fist, pair of jocks and a whip.

My decision to venture into sex work

came at a time when I thought I wouldn't be around for that long. I wanted to be financially comfortable without having to work long hours and figured sex work could be the answer. I considered my HIV status and wondered if there could there be a market for an openly HIV positive male sex worker. In the end, I decided why not? There are a lot of positive guys out there, and I know I feel more at ease having sex with other positive guys. So I figured the same rule could apply to guys looking for a sex worker. As long as both parties were open and honest about their status, then I figured my status could be a good foundation to begin the relationship.

I knew that legally I needed to disclose my status if there was to be any form of penetration. I did not want any problems, so I adhered to the law from the start. My clients always ask me to describe myself and they usually ask what sex I prefer to get into. After giving a brief description of myself and my services, I throw the ball back into their court and ask what they are after. If it's vanilla (nothing too kinky) and involves sucking and fucking, I always disclose my status so they can make a decision on whether to go ahead or not. A fair bit of the time my clients say, "That's cool - I'm positive too." Disclosing allows you to establish a level of trust from the start.

If it doesn't involve penetration, I don't bother to disclose but I do take other precautions to prevent any risk of HIV. As most of my B&D and S&M work with clients involves role play, rope techniques and leather play, there is no blood or open skin. However, I do shaving scenes, using old fashion shaving techniques with a brush and mug and to reduce the risk of cross infection of anything - even dermatitis - I have a shaving brush allocated to each client and use disposable safety

razors instead of cut throat razors. I also assume everyone is HIV positive, regardless of what they tell me, so I bleach the ropes and use light disinfectant on leathers to clean up any semen, urine or saliva.

In my early days as a sex worker, I preferred to see new faces coming through the door to keep things interesting, but now I like to see a select few regulars. I know how to please them and what to expect. Your regulars know the routine and you don't have to go into the safe sex issues all the time.

With new clients who are positive, there's an automatic assumption that I'll have unprotected sex with them – just because we're both positive. I'm not so keen because of the risk of infection with a different strain of HIV. But I prefer the feeling of sex without condoms, even though I know there are many other sexually transmitted diseases to worry about other than just HIV. I have only put myself at risk on the rare occasion when I have found myself attracted to a client and vice versa. On these occasions, it's very different because instead of feeling like I have to perform, I can relax and enjoy it. When I do agree to unprotected sex, it's always after mutual agreement and a discussion about viral loads. I have been undetectable for many years due to treatments and only have unprotected sex if the other person is in the same boat. It would be too risky if the other person was not on treatment or had just seroconverted.

I think that as a positive sex worker, I play a really important role in educating clients. I realised just how important my job was when I came across a client who was absolutely freaked out about contracting HIV - even though he only wanted a rub and tug. He wore

two condoms and made me wear two pairs of rubber gloves. At first I felt a little offended but before long I realised that not only did he have no idea about safe sex, he could do with some counselling. Once he ejaculated he freaked out and started crying and screaming at me, "OK, what have you given me?" My immediate thought was to toss him out and say, "Fuck off you loser." But I knew this wouldn't have helped him at all. While I didn't fully understand where he was coming from, I looked up the number for ACON counselling and suggested he give them a call. He agreed with me while crying, "Thank you for helping me".

Most of the time, my clients are happy to use condoms. I find when clients are out of it on party drugs they lower their guard and want to have unprotected sex. They get very demanding and selfish. It's hard work when your clients are in this state. They repeat themselves and seem to go in circles in their heads. They lose perception of time, which makes things a little frustrating for me because I'm not in the same headspace. I have a strict policy that I never do drugs with clients. I have to be together and on guard as I quite often find clients will try scam me when they are off their face. With new clients I usually don't ask for the money up front unless they look a bit shifty or are out of it. I found there is more chance of getting a tip when you finish as opposed to getting the money at the start. How can you expect a tip if they don't know how good your service is?

I only have contact with a few other sex workers who've been in the industry for many years. They have rules and boundaries too, which is the key to longevity in this industry. My motto is you have to set the rules and stick to them.

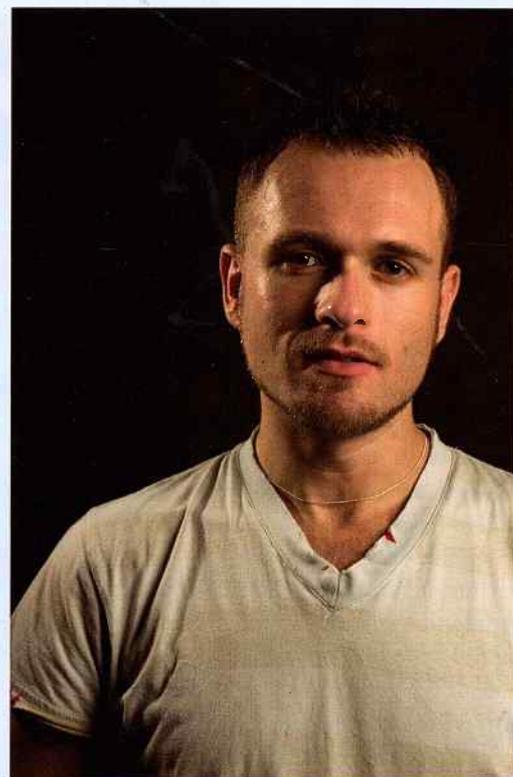


Photo: Jamie Dunbar

**Introducing a new staff member at PLWHA (NSW)...**

**Our new Health Promotion officer**

**Trentan Jurkans**

**"Having come from a background in graphic design, this is the first time I have worked in the HIV/AIDS sector. I have done some work with PLWH/A in the past. I designed the last Annual Report and have been involved in various focus groups. Being HIV positive myself I am aware of the issues positive people are faced with, both on a daily basis and in the longer term. I'm excited to join the team here at PLWH/A, and am looking forward to playing a part in the important work that the organisation does."**

# tune into the latest on hiv treatments

[www.treatmentupdate.info](http://www.treatmentupdate.info)

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# Old, still HIV+ but not gay anymore

Ross Duffin

**The problem. For someone who hasn't experienced intimacy for some years and for whom the personal narrative sometimes induces a desire to vomit because of what it produces, doing something personal and intimate is somewhat problematic.**

So here I sit. After twenty years, on and off, working in the HIV sector. Wondering what I am still doing here. Reflecting on what's changed and what hasn't.

Some years ago I remember Adam Carr saying that we would never understand the meaning of what happened until someone wrote the history of the response to AIDS in Australia. Twenty years on, despite many people intending to write books, a history that foregrounds the community response to AIDS has still not been written. In its absence, the history is mainly constructed as one featuring prominent people in powerful places and a heroic medical profession. Now I don't care that other people have their versions of history – but the absence of a community history and the loss of sector memory – within the government in particular – has consequences for the here and now, and how we respond to the current set of challenges.

So I thought I'd reflect on a few small aspects of the response to AIDS over twenty years – in a personal and intimate way of course – and try to make (non)sense of a few things.

In 1985 when I rocked up to the formation meeting of the AIDS Council of NSW, I was a relatively young over-sexed anti-fashion left-identifying gay man for whom 'gay' was my defining identity. The meeting was large and inherently political. Even before the first meeting occurred, the rate of HIV infections amongst gay men had dramatically fallen through the efforts of the gay media and informed journalists like Adam Carr. Sex workers groups began to form and injecting drug users (current and former) had begun to establish needle and syringe programs. More than anything else it was these efforts together

with the early protection of the blood supply (and some luck) that prevented Australia from having a much larger HIV epidemic. The things that changed the course of the AIDS epidemic in Australia happened by and large before governments acted and before medicine even had an HIV antibody test to offer.

Today, twenty years later, I have HIV. I got it in the 1980s after I knew about how to prevent HIV infection. But like many people who got HIV then we could conveniently change the date of our HIV infection to be 'innocent'. It was amazing how many gay men dated their seroconversion as prior to the time when 'innocence' was possible – an option no longer available to people who seroconvert. If I hadn't got HIV I would have moved on, and probably been an older man from whom the response to HIV no longer held any particular meaning or resonance except as history.

Today, I find myself old – something I never expected. Being HIV+ still defines my life but not my identity. I'm post-sexual and 'gay' doesn't matter much to me anymore in a cultural sense – although it might if the direction in the moral climate that I perceive in Australia continues the way it is going. In 2005, the way we use and experience 'identity' seems to have shifted for many people – even for those like me who were immersed in particular identities. This presents particular challenges for community sector responses – but there is a real difference between saying identity doesn't matter at all than thinking about multiple identities that matter differently at different times and in different contexts.

If HIV had not affected gay men in large urban communities in the west at a particular point in their history, then the international response would not have occurred in the way it did. Indeed, you can't begin to understand the nature of the response unless you understand the central role of groups representing those most at risk of HIV infection. The characteristic of the telling of official history since, has been to write out the importance of

communities of people most at risk – and by those who came later to construct themselves as the heroes, with communities positioned as the somewhat dumb and unwitting 'assistants' usually acknowledged in some totally patronising way. This could be just annoying if it didn't resonate in particular ways in the now.

Soon after 1985, we began agitating for appropriate treatments for HIV disease. It was the beginning of a brief and intense engagement by people with HIV with big science, an engagement that a small and keen group of people still continue. 1985 was a time when science seemed to be on the way to overcoming most diseases and where new and unknown, untreatable infectious diseases were consigned to a horrible past. There was a real belief that science could deliver. In that period where medicine had relatively little to deliver, our engagement with the science of HIV as it evolved was immense. To be a person with HIV it seemed you needed a detailed knowledge of its treatments. In the absence of effective therapy, knowledge was hope and had a particular meaning.

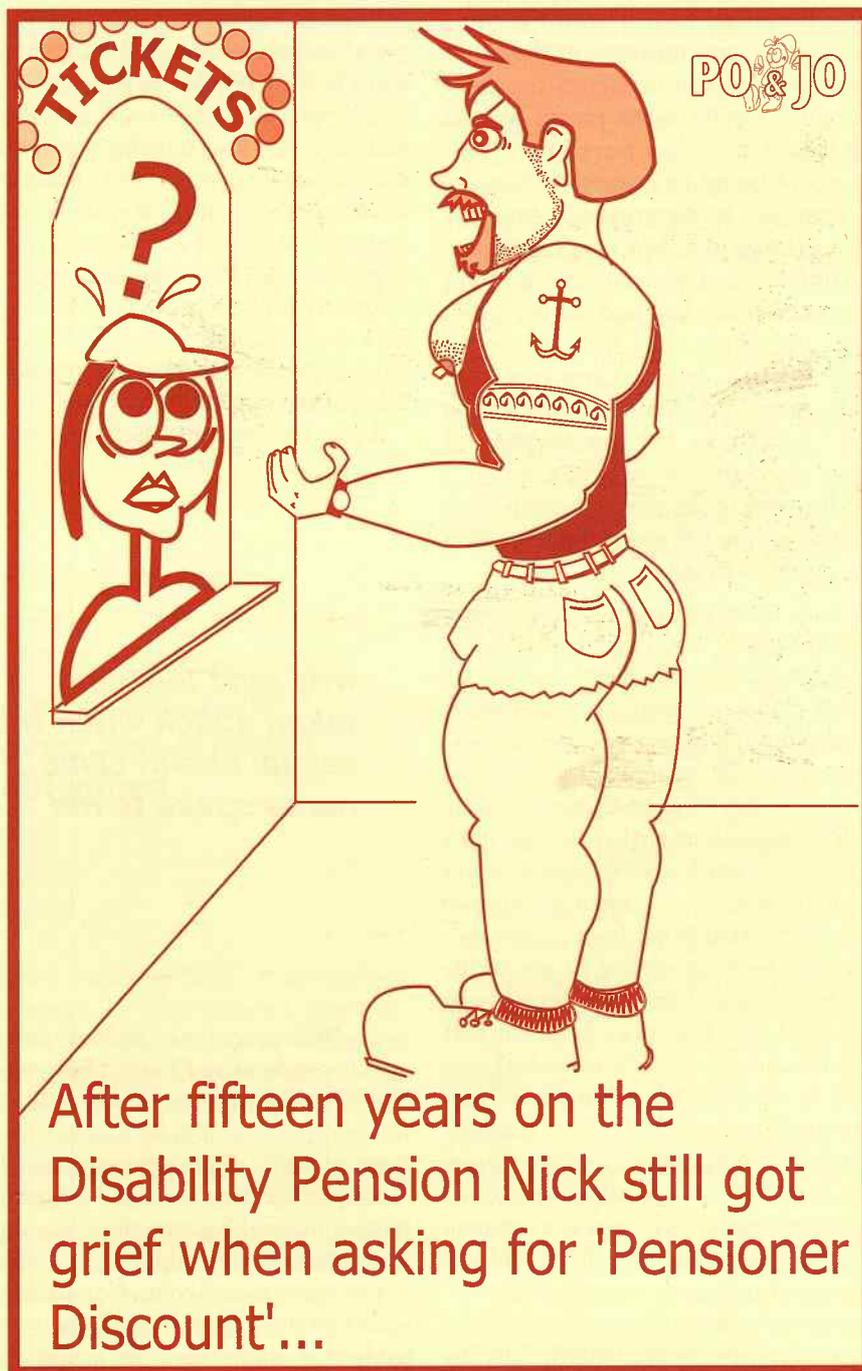
In 1996, medicine delivered. Multiple combinations of HIV antiviral drugs were proven effective. There was uncertainty about the longer term. And side effects became an emerging problem. Paradoxically, as medicine had more to offer and the range and complexity of information grew personal, engagement by people with HIV with the detailed science diminished. Doctors could now be given back responsibility for managing the science. Continuing engagement with the science implied an ongoing centrality of HIV identity. But as treatments gave longer life, living with HIV now could be about longer-term goals and life outside of HIV identity.

Today, treatments continue to improve. I now have a regime I actually seem to tolerate well. When I first started it, I thought there must be something wrong because it was the first time I'd been on treatments when I didn't feel 'chemical' or vague. Most long-term treaters know too

well that 'chemical' feeling of treatments. I no longer need to know about the science of HIV if I choose not to. But I do need to know how to describe what is happening to me, how to advocate for myself and how to navigate a health system that, like me, seems to be in chronic decline. The challenge is not just getting access to new and better treatments, but also how best to use the ones we've got. The demise of HIV as identity has gone hand in hand with a sense that the personal narrative has disappeared. I think the perspective of people with HIV about side effects could have improved medical responses and practices. I think there is a real choice between regimes in terms of tolerability versus efficacy or quality of life versus surrogate markers – and I'm not sure that positive people are advocating about the 'treatments as lived experience' issues well enough.

These are two not very intimate or personal aspects of twenty years – the intertwining of gay and HIV. As a (formerly?) gay man I celebrate the separation of 'Gay' and 'HIV' and the ability to construct multiple-identity lives besides HIV. As a person with HIV I celebrate being able to not live inside HIV identity all the time. The changes in identity present particular challenges for community organisations and underpin the change in some of those organisations with particular community constituencies to a broader 'health' focus. There are things I don't celebrate as a person with HIV – my perception of a loss of community support, being more socially isolated, a medical system that is in increasing demise, having an unfashionable chronic illness and not having planned to be old and fearing the medium term future. For people with HIV, having an HIV-focused community response still remains important and essential – but the loss of HIV as identity may mean we are not articulating our issues and their meanings well enough.

*Ross Duffin recently retired from his work at AFAO as an HIV educator.*



**After fifteen years on the Disability Pension Nick still got grief when asking for 'Pensioner Discount'...**



# My STI shame

By David Menadue

**Being diagnosed with HIV in the '80s involved a strong sense of stigma for me as I learned to live with the "gay plague", the "new leprosy" or the other shameful descriptors which the sensationalist media were prone to use back then. I no longer have these feelings about being HIV positive. Society has changed in its attitudes towards us (to a large degree) and my family and friends have supported me along the way. I have learned to be open about my status - to feel OK about being positive without any real fear of repercussions. So I was surprised when I felt those familiar feelings of shame and stigma recently when I went into my local sexual health centre for a routine STI check which came back positive to chlamydia.**

As a gay man with an active sex life in the '70s and early '80s, I learnt to deal with STIs as an occupational health hazard. If you had casual sex then you could easily pick up gonorrhoea, and just needed to go into your local GP for antibiotics, and be on your way. It was no great shame or stigma – at least within our circles! So why did I feel a bit taken aback when the sexual health clinic nurse spoke to me about my diagnosis? He had certainly not been judgmental. There were no finger-waving or statements like, "You naughty boy, you've been having unprotected sex!" Even when I told him that I probably couldn't trace the individual concerned, he was OK. When I mentioned that the partner was also HIV-positive his experience told him that, arguments about superinfection aside, seroconcordant unprotected sex amongst positive gay men is a common occurrence these days, and that I had not done anyone any harm.

I guess my feelings of stigma come from being seen to have broken with the safe sex culture that we have been imbued with for the past twenty years – and picked up an

infection in the process. I was lucky to have met a nurse who didn't give me the third degree, but the fear of his possible disapproval before the visit had me feeling this way. I'm not the only one to fear this sense of disapproval. I know some gay men who have been so scared of being reproached by their doctor for getting an STI because they broke a safe sex taboo, that they avoid visiting the doctor and wait for the symptoms to go away. This kind of foolhardy approach eventually leads to major health complications for them, but because of the stigma around getting an STI, some people can't help but feel this way.

It was the first STI I have had since the

## *why did I feel a bit taken aback when the sexual health clinic nurse spoke to me*

early '80s, given my normal discipline around condoms and I was a little annoyed that I'd broken the pattern. My realistic side told me that it is difficult to argue for condoms with a lot of positive partners and that the important thing was that I was getting it treated and making sure there was no further impact on my health.

The scary thing about chlamydia is that you often don't know if you've got it, particularly if you've been the receptive partner during sex. An HIV-positive friend told me a disturbing story about a similar situa-

tion to mine where his HIV-negative partner picked up chlamydia in the penis during an episode of unprotected sex. He developed a penile discharge and it seems, became HIV-positive as a result. Anal sex with the presence of chlamydia can cause bleeding which increases greatly the chances of HIV being transmitted. Similarly, another gay male friend couldn't believe he had picked up gonorrhoea from digital rather than penile penetration. Because it wasn't what he called "real sex", he couldn't possibly be infected with an STI he thought!

We've also all heard stories about people who thought they had a nasty cold sore on their lip – only to find out that they had picked up a nasty case of syphilis when a rash appeared on parts of their body, indicating the infection had advanced to secondary stage.

Further research on STIs in positive gay men revealed some scary facts to me. I didn't realise, for instance, that people with HIV are more susceptible to catching STIs in the first place and that having a lowered immune system can actually lead to people being more likely to be asymptomatic to them. The symptoms of an STI are caused by your immune response and, if that is weakened, they are less likely to be apparent. On top of this we have to add the fact that many positive people are used to chronic side-effects which don't always have an obvious cause. It's easy to think that discharge, itching and a range of STI symptoms are actually related to treatment side-effects or the virus itself. Research also indicates that syphilis can increase HIV viral load and decrease T-cells significantly.<sup>1</sup> It can be particularly difficult to treat in HIV-positive gay men who can show high levels of resistance to antibiotic drugs and see a faster progression of disease, including neurological complications.

We also have an increasing number of positive people presenting with STIs. Gon-

orrhoea started to increase in prevalence amongst all gay men in Sydney in 1997 - one year after antiretrovirals arrived - a trend that has been followed around the country since. In 2002, the rates of syphilis increased sharply in a number of capital cities. In Victoria, for instance, there was a 32 percent increase in cases between 2003 and 2004 of which 63 of the 77 were men who have sex with men and 40 percent of those were HIV-positive.

Some of the increases amongst positive men can be put down to them having unprotected sex with each other. The more sexually active the individual and the higher the numbers of partners, the more likely STIs are going to be transmitted, possibly amongst a relatively small number of people. I have heard theories advanced at HIV sector meetings that the STI epidemic in Sydney is being fuelled, at any time, by 30 or so "busy" men attending sex venues and sex parties, many of whom are unaware of their symptoms. I can't say that this would explain a sustained increase in STIs in that city over a number of years or that this explains a similar pattern in most of the capital cities, though!

There can be no doubt that some are doing the wrong thing and having unprotected sex with people of unknown status. The Gay Periodic Surveys from Sydney and Melbourne for the past several years have shown sustained increases in the number of men, both positive and negative, who are having unprotected sex with people of unknown status. We are still seeing about 70 percent of gay men who say they are using condoms all the time, however and *HIV Futures 4* tells us that more than a quarter of HIV-positive people are not having sex at all at the moment (and a further 17 percent are in monogamous relationships).

The question for educators is how to reach those gay men to make them aware of the risks of STIs for HIV transmission and the need for individuals who are sexually active to have regular sexual health check-ups. Condoms do not protect individuals from all STIs. Herpes and gonorrhoea can be easily transmitted despite condom use and of course, there is the issue of oral transmission.

The Australian Research Centre in Sex, Health and Society (ARCHS) recently made some interesting discoveries about gay men's attitudes to getting an STI. A number of the men they interviewed thought that having an

STI had a greater stigma attached to it than HIV. They said that HIV was a primary concern for gay men. They were informed about it and it had become a normalised part of life to some degree - even for those who didn't have it. They thought gay men were less informed about STIs (although probably more informed than women or straight men) and there was some mystery - and hence stigma—to visiting for an STI test.

One participant put it like this: "*You often put off being tested because you're not sure of the procedure and don't know what they're going to do, or you have a fear of things being stuck up your bum or put down your dick.*"<sup>2</sup>

I'm not sure if I totally agree that an STI, which can be treated and gone within a week, can have a greater stigma attached to it than living with HIV, which is still traumatising in part because of the fear of discrimination and rejection which stills accompanies an HIV diagnosis. But it seems that we may need to destigmatise STI screening if this is an issue. Fear of a finger-waving safe

### **Having a good relationship with your GP is a fundamental part of achieving good sexual health outcomes**

sex lecture from your local GP may be part of the reason for some people's reluctance to test - although whether your doctor will actually respond like that is a moot point as I found with my sexual health nurse.

Having a good relationship with your GP is a fundamental part of achieving good sexual health outcomes. A lot of HIV-positive gay men are going to look for someone who is not overly judgmental, is comfortable with the idea of their patient having unprotected sex with someone of the same status and someone who will provide sexual health tests without too much fuss. Of course doctors have to tread a sensitive line in this area

of "sexual ethics". On the one hand they are expected to intervene when a patient admits to regular unprotected sex with partners of unknown status and maybe make referrals to counsellors or partner notification officers. On the other hand they will be most effective in containing HIV and STIs if the patient trusts them not to come down too heavily when intentions were good but sexual mistakes were made.

I'm not sure that any campaign directed at positive people asking them to desist from having unprotected sex with other positive people is likely to work. Few people will be put off by the threat of superinfection I suggest, given its low prevalence. Although I do find it interesting that *Futures 4* found 34 percent of their cohort (all HIV-positive people) used a condom with their most recent HIV-positive partner, which may indicate a concern about picking up STIs or even a drug-resistant strain.

Messages which address the serious health issues which can occur for positive people who pick up an STI (increased viral load, lowered T-cells etc) and the much greater chance that they can transmit HIV with the presence of those infections, should be the way to go and I am pleased to see that campaigns are being planned to do this. I do believe that the great majority of positive people do not want to transmit this horrible virus to anyone else and that education in this area will have some effect. I am tired of the number of gay men I speak to who still are not aware that chlamydia affects men as well as women. Ignorance about STIs amongst sexually active people has to be addressed and the new National HIV and STI Strategy will hopefully help to further this process amongst those at highest risk. Take it from someone who's been there - I survived my recent STI episode and learned to live through my unwarranted feelings of shame!

*David Menadue is the vice president of the National Association of People Living with HIV/AIDS (NAPWA).*

1 Buchasz, Kate et al *AIDS* 18 (15) October 21 2004, "Syphilis increases HIV viral load and decreases CD4 counts in HIV-infected patients with new syphilis infections" pages 2075-2079

2 Grierson, Jeffrey et al *Gay Men and STIs*, presentation to AFAO/NAPWA Education Policy Group, February 2005



# Sex, ties and communities

By Colin Batrouney

**Almost as ubiquitous as the acronym AIDS itself, 'community' as a label litters our workplans, our mission statements, our job descriptions, our proposals and our theoretical frameworks. But does the 'community' sector have a common view of what community is? No. We engender 'community' discussion, build 'community' standards and 'negotiate gay community sexual landscapes', but to my knowledge when we talk about community as a sector we generally mean this abstract thing which variously can include:**

Young gay men, older gay men, (strangely never middle aged gay men), men who have sex with men or MSM, culturally and linguistically diverse gay men, drag queens, scene queens, party boys, leather men, leather daddies, slaves, masters, bears, twinkles, sex pigs, barebackers, queers, kinks, tops, bottoms, fisters and felchers, post-gay homosexuals, lesbians, transgender people, intersex people, bisexuals and people living with and or affected by HIV - to name but a few.

Oddly, as a sector dominated by gay men, we may belong to some of these various communities and seek to influence them, but we don't always represent them, or rather, we are called on to represent them in some ways, and not in others. For instance, we are sometimes called on by health bureaucrats to have long objective discussions about unprotected anal intercourse in the hope of delivering a set of messages to 'them, out there' without any recognition that it is us who constitute the 'them' in this equation. We are, (to use a phrase borrowed from James Baldwin), the 'showcase niggers' of the community sector and we're employed to represent a set of constituencies rather than an autonomous 'community' that is largely indifferent to our existence.

Part of our problem is historical. In the popular imagination, AIDS was to have a classic narrative trajectory - it was to have a beginning, a middle and an end. Roughly characterized, the beginning for Australians was heralded by the Grim Reaper, the middle could be symbolized by the work of ACT-UP and the mobilization of community based organizations, and the end would be marked by the International AIDS Conference in Vancouver in 1996 where the first results demonstrating a survival benefit of using combination antiretroviral therapies including protease inhibitors were presented. The brave new world that followed the conference in

***We became like the bore at the party - people you might smile and nod at before looking for an escape route.***

Vancouver was called post-AIDS and we have been struggling with its legacy in a fight for relevance ever since.

The culture went from a state of urgency and crisis to 'alert but not alarmed'. We bandied around terms like "Talk, Test, Trust" and "negotiated safety" as if they were part of a common knowledge while only having a sneaking suspicion that no one (apart from ourselves), knew what we were talking about. We became like the bore at the party - people you might smile and nod at before looking for an escape route. When the urgency went out of AIDS, as a sector we started a vig-

orous discussion with ourselves and we haven't stopped chattering to ourselves since. From negotiated safety to strategic positioning, from condom fatigue to sero-sorting, the debates rage on while our practice in health promotion remains curiously stilled.

Up until the year 2000 in Victoria, it perhaps didn't much matter that no one else was listening, but once rates of HIV infection started rising again (in Victoria first with other states to follow). Not unreasonably, we as a sector were called on to respond and health bureaucrats, policy makers, politicians and some gay men assumed that we exerted an influence over a definitive entity called 'the community' and left us to it. Although I would argue that we didn't need an increase in HIV notifications to suggest that we, as a sector, were less than central to the lives of gay men, nonetheless, the last three years have thrown into stark relief some of the problems we face and perhaps suggest ways in which we might move forward usefully. To do this we might have to accept that some of the goals we have been chasing have been illusory and that some of the agendas we are being asked to accommodate do not serve the interests of gay men of any stripe.

Funders across the country have increasingly exerted editorial controls over the production of health promotion resources. The results are safe sex campaigns and resources which are watered down to satisfy bureaucracies, or not given approval at all due to their perceived controversial nature. We have learned a language that enables us to negotiate the corridors and cultures of the bureaucracy, the problem is that outside, on the street, our messages are sometimes so watered down, that they have little traction with our targeted communities.

In my opinion, in perhaps the same ways in which we have perfected an abstraction called the gay 'community', governments hold themselves in the thrall to the idea of the general 'community' to which they have ascribed a set of standards, a culture (and morals) which form the real benchmarks and criteria against which our work is judged. The problem for the funders, and for us, is that notions of community and culture are not fixed entities - they are subject to dynamic change over time. To find a way out of this tangle, I suggest that we need to superannuate the illusion of homogenized community engagement and look to broader notions of cultural relevance and traction in an effort to re-engage with our constituents rather than the other way around.

No one knows why, after 21 years of prevention education, people are still becoming infected with HIV in increasing numbers. There are many fundamental lessons to be learned from the current epidemic, not the least of which being the need to revive our dialogue with communities and constituents in recognition of their complexity and diversity if we are to stay meaningful and relevant. It would be bitter medicine indeed that would hold that along with the hard legacy of increasing HIV notifications, that this period saw the 'community' consider the 'community sector' as a quaint irrelevance.

*Colin Batrouney is the Manager of the Health Promotion Program at the Victorian AIDS Council / Gay Men's Health Centre. This article is based on a presentation he made at the 2004 AFAO/NAPWA Educators Conference. The views expressed in this article are his.*

## Changes to the Department of Housing SAS/S

The Department of Housing is currently informing tenants about the SAS/S reforms. This affects the amount the Department will subsidise tenants in the scheme. DoH has announced an increase in tenant contribution to rent from 20% to 25% of their income, and the goal is to bring SAS/S contributions into line with public tenants who already contribute 25% of their income to rent. The SAS/S Negotiating Committee believed that the change, while meaning an increase in costs for tenants, does indicate the Department's commitment to generate the revenue to sustain the Scheme over time. This increase will be instituted from the time of the tenant's next SAS/S review.

### What does this mean for people with HIV/AIDS in the SAS/S scheme?

Example: At previous level (20%)

Rent is e.g. **\$240** per week **\$480** per fortnight and DSP is e.g. **\$420** per fortnight

20% of DSP = **\$84 is the tenant's contribution each fortnight.**

At new level (25%)

Rent is **\$240** per week **\$480** per fortnight and DSP is eg **\$420** per fortnight

25% of DSP = **\$105 is the tenant's contribution each fortnight.**

**Therefore the example increase for this tenant would be \$10.50 each week, \$21.00 per fortnight**

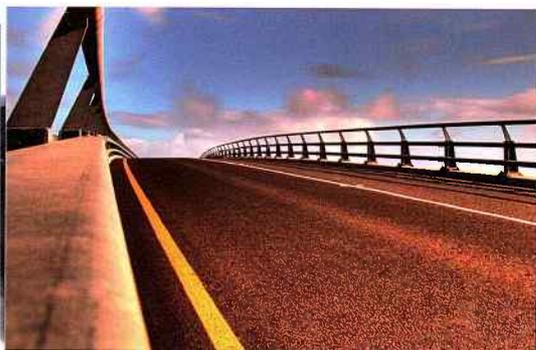
## Planet Positive in September

Planet Positive, a social night for people with HIV and their friends, is happening again at Annie's Bar (back of the Carlington Hotel) 563 Bourke St Surry Hills. Come along **Friday 8 September from 6pm to 10pm** for refreshments, light food, and an opportunity to meet new people. Planet Positive is supported by ACON, the Positive Living Centre and PLWHA (NSW), with music by Ruby.

## Healthy Life

Healthy Life+ is a twelve-week program of health improvement seminars and discussions, individualised training and measurements, nutrition consultation, and free gym membership. Although this program is open to any HIV positive person, preference will be given to people affected by weight loss or lipodystrophy and those on low incomes. The next program starts soon in **September.**

For information contact the HIV Living Men's Health Promotion Unit at ACON on **9699 8756** or freephone **1800 063 060**



# I've travelled a long way

## Learning to live with HIV

**When everyone in my household came down with the usual change of season flu four years ago, I naturally assumed I had it as well. But while the others gradually recovered, I started to feel worse.**

My last HIV test three months previously had produced a negative result, so I decided not to worry too much about the possibility of HIV. But a test seemed sensible so I went along to my preferred clinic at the time in Darlinghurst. It was the only place, that I was aware of, which openly treated people with HIV/AIDS.

The doctor asked the usual questions. Why did I want to be tested? Had I put myself at risk? Did I think I had something? "No but I thought it would be a good idea to have every-

***"What is it you want to talk about Dad?"***

thing checked out, especially as I am feeling so sick," I told him.

After ten days, I returned for the results, dragging my feet up the stairs, exhausted by the effort. Waiting at reception, I felt somehow calm, knowing I would deal with whatever happened.

I followed the doctor to his consultation room. He opened the file in front of him. Yes, I was positive. But then, to my horror, he realised he was looking at the wrong file. The results weren't mine at all. After much stumbling and apologising, he found my file while I sat in stunned disbelief. I suddenly felt frightened. Who was this person anyway? How could such a reputable HIV doctor make such a shocking mistake?

When he read my results – the correct ones – I was still sitting in stunned silence. But as he read my file, I realised I hadn't escaped my fate. There would be no case of mistaken identity to save me from HIV. I was positive.

The sensation of shock and confusion hit me all at once. I needed clarification that he was reading the correct results. I didn't know what to believe and asked to see my file to be certain. But despite the confusion, on some level, I knew the results were correct.

The doctor asked if I would like to see a counsellor. I didn't need to. I knew myself well enough to know I could cope with what was happening. Had I been a much younger man, I would have needed a strong support group. But as a 50 year old, I felt I had the maturity to cope. I wanted information on medications, services and most importantly, I wanted to learn how to read my blood results so I could follow what was happening to me.

This initial test saw me with a viral load of 800,000 and a cd4 count of 800. Always the balanced one, I thought to myself. The doctor advised me to think things through before considering treatments, but I wanted action there and then. I wanted something to stop the sickness, the burning of my flesh, the temperature variations that would happen without warning, the nausea, the vomiting, the diarrhoea and the rejection of most food types. And this was before I experienced any medication side effects!

I wandered into the evening air feeling relief to know what was wrong with me at last, but feeling very alone. I didn't know anyone with HIV, let alone how the virus worked.

The doctor had given me a couple of booklets, but I had no idea what support was available and I wasn't sure that I would be entitled to it anyway. My first thought, though naïve, was simply that I didn't want to take resources which may be needed to help someone worse off than myself. I knew my strong network of friends and family would be there for me if I decided to tell them. Not everyone is as lucky.

The doctor was very supportive - as much as was possible in a short appointment time. In a sense, it felt like he was more freaked out about the whole thing than I was. He became my only link with this new world.

I went home. Amongst the noise of friends and housemates, I felt confronted with the silent knowledge of HIV. There was no way I could tell anyone. The news would freak them out but more importantly, disclosing would freak me out! Telling people made it somehow more real.

After a cup of tea, I went to my room and lay on my bed feeling the difference in my vibrations. There was a sense of rapid awareness – like I had woken after a long sleep. My life from this point on would never be the same.

***Telling people made it somehow more real***

My biggest fear was what would happen to me. I needed to know what HIV would do to my body, how long I would live, how I'd cope with the medication and strict regime attached to taking it, and the effects of HIV and treatments on my physical and mental state.

I decided to tell my son first. He called up out of the blue and I explained that I needed to discuss something with him alone. He came by after work a few days later and we chatted and laughed with flatmates before heading out for a walk. I always felt so elated when I got to spend time with him alone. Walking along chatting, he broke the spell. "What is it you want to talk about dad," he asked. We stopped walking. "I don't want you to freak out - everything is fine - but I have HIV."

Disbelief and turmoil crossed his face. I reassured him that I wasn't about to drop down dead, especially with the availability of medication, and explained I needed more information myself. I promised to keep him updated if he wanted me to. "It'll be just like getting older with some added complications," I told him, trying to sweeten the blow. We hugged and parted, and he phoned his mum and sister and took a week off work as he struggled to cope with the news - darling man.

Meanwhile, I kept working, I wasn't in a position to take time off so I continued to work with my clients - supporting and directing them through various employment programs in between suffering severe nausea attacks, temperature fluctuations and feeling like my skin was peeling from my forearms.

When the treatments kicked in, I lost the severity of my seroconversion symptoms. But the medication came with its own set of side effects. Although my viral load was dropping and my CD4 count was down to 400, I was getting fungus on my feet, constant diarrhoea and my breathing was rapid. I had to eat at a certain time and drop a combination of 10 drugs every 12 hours. That's when I realised I was living with HIV.

Because my drugs needed to be refrigerated, I had to tell someone before they figured it out. I lay in the dark of my room with the door open. "R" stuck her head in, offering me a cup of tea. "I've got HIV," I blurted out. She was distressed. Again, I felt like I had to make it alright, but there was a sense of frustration because I needed to understand more about HIV myself. I didn't have the energy to educate anyone else at this point. She told her partner for which I was pleased and they kept it to themselves, for me.

At work I told my direct manager in confidence. I felt it was necessary for someone in the work place to know in case there was an accident. I knew she would be fine with the news as her brother had died the previous year from AIDS and she had nursed him. She became my very dear friend.

HIV has changed my life. For a long time, it confronted me on a daily basis. It changed my social interactions and sexuality. I don't disclose my status to potential partners, but if any of them are interested in unsafe sex, I always casually ask if they've heard of HIV to remind them of the reality of the risk. Even the question raises a fearful response. You see it in their faces - flashing paranoia - could I have caught something - even if nothing has happened. Mind you, if I am using a condom and I know I am not putting anyone at risk, I don't think there's a need to tell anyone about my status. It's private information and I only share it with people once I feel I can trust them.

I have never sought out other positive people on a social level. I tried once, heading along to

### *I've never felt like your average gay man*

a pos event, but I felt isolated - different. Not one person came up to say hello. I guess maybe I should have made a bit more of an effort myself, but I've never felt like your average gay man. I have been a "straight" person most of my life. My transition to "gay" was quite different from many gay men I knew. I have two grown up children and two grandchildren and I'd had two marriages before an inspiring four year relationship with an Aboriginal man.

I think it probably took me a few years to come to terms with my diagnosis. I needed to accept the virus in my life and to start looking after myself, not just on a physical level, but on an emotional level as well. I needed to understand how it worked in my body before I could accept its presence.

Having HIV has made me take a closer look at my life and the way I was living it and I've made positive changes. One of these changes was to move from the city into a small rural community. Setting up a better living environment, eating better and looking after myself in a quiet space has all helped me.

HIV has also forced me look at what I feel and think and what I can be bothered to care about. I've needed to change things around a little emotionally because I don't want everyday to be filled with the consciousness of HIV - for it to be my most prominent daily thought. I never want to be dominated by this virus. That's not to say I deny its existence, but I don't want to let the virus stop me from growing and living.

It's only recently that I woke up and realised it had been days, maybe even a week, since I even thought of HIV. I know I will have to think about it again soon. My latest bloods indicated I had a high viral load and a CD4 count just above 200. Treatments will be necessary some time down the track, but I'm planning to put the decision off for as long as I can. I don't want to be reminded on a daily basis and I want to avoid experiencing the side effects again.

Recently, I've also allowed myself to enjoy the possibility of meeting someone - getting involved again. And when I do, I have decided I want to meet someone who, like me, is positive. It takes the worry about of things. I think I'd find it much easier to relax with someone if I knew they were also HIV; otherwise I'd always be worried about passing on the virus.

Looking back, I've travelled a long way since I was diagnosed four year ago. I know myself better now. I like who I am and I've made a choice to live my life day to day - not to fantasise about the future. Living for now is really living. I'm no longer drifting. I guess positive is really such a great word for it when I look at it this way. It's made me respond to other people and their situations - it's made me appreciate life.



napwa



He didn't tell  
me he was HIV.  
He must  
be negative.

He didn't ask  
for a condom.  
He must  
be positive.

## Is he thinking what I'm thinking?

HIV transmissions are happening because gay men are making different assumptions about each other. Assumptions about whether he is positive or negative. Assumptions about whether he'd tell if he was positive.

This campaign is not about what should or shouldn't happen. It is asking you to think about what is actually happening - because when it comes to HIV, it is often the case that he is not thinking what you are thinking.

**For more information read the "Is he thinking what I'm thinking" brochure,  
go to [www.thinkagain.com.au](http://www.thinkagain.com.au) or call your local AIDS Council.**

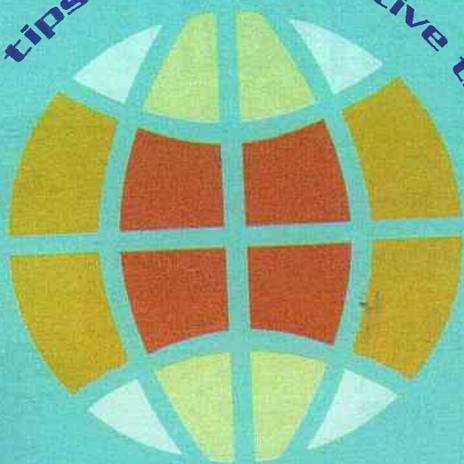
## Thinking about travelling overseas?

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

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

*Up, Up and* **AWAY**

*tips for the positive traveller*



If you would like a copy  
phone 9361 6011 or  
email: [admin@plwha.org.au](mailto:admin@plwha.org.au)

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

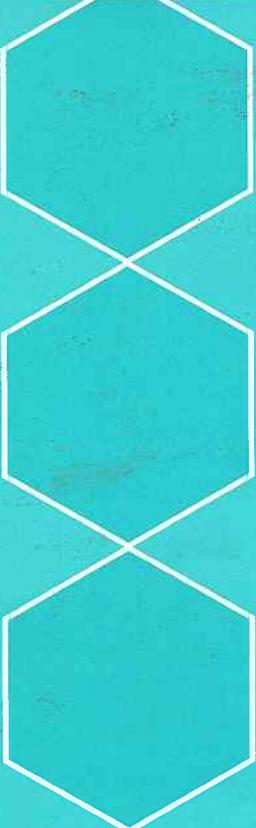
**acon**  
community, health and action

**napwa**  
NATIONAL ASSOCIATION OF PEOPLE LIVING WITH HIV/AIDS

**Roche**

# VACCINES

to stop the spread of **HIV**  
are being trialled in Sydney.



**However, even if a  
vaccine becomes  
available, it may not  
be 100% effective.**

**So** ■■■ Condoms and lube are still  
the best way to prevent HIV transmission.

For more information about vaccines and vaccines trials  
go to [www.stepstudy.com.au](http://www.stepstudy.com.au)

# Quick News for Women

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



Pozhet Freecall 1800 812 404

It's been quite a busy time here at Pozhet with two outreach visits just completed and a feast of other events coming up on the calendar.

## Support for rural men and women living with HIV

In May we traveled to Albury and met up with some of our clients from this area. This was a great success, and we were pretty much booked out the whole time visiting clients and working with staff. We will definitely be back in 2007. July also saw us traveling up to Lismore where we worked closely with ACON and the Sexual Health Service (SHAIDS) to deliver a workshop for people living in the area. This went really well and we had people from Lismore, Yamba, Byron, Tweed Heads and Ballina attend. One of the greatest things to come out of this workshop was the establishment of a local Poz Het group for the northern rivers area which will meet quarterly. These meetings will assist local people with issues around HIV health maintenance as well as develop a local support network for positive heterosexuals in the area.



## Poz Het retreat in September

The Pozhet Retreat is on again and, due to the success of last year's retreat, we are going back to the Hawkesbury River. This will be held over the weekend of September 1<sup>st</sup> to 3<sup>rd</sup> and is a wonderful way to kick back and relax. If you would like more information on this please do not hesitate to contact us.

## Women's forum in October

The next positive women's forum will be held on Saturday October 7<sup>th</sup> at The Tree of Hope. This will be the last one for this year so it would be great to see as many of you there as possible. We will be holding more women's forums in the new year.

## PartnersPLUS in October

PartnersPLUS will also be held on October 7<sup>th</sup> and again it would be wonderful to see as many there as possible, as it too will be the last for the year. Both of these forums have provided a great way to meet and talk to other people in a confidential and safe environment.

## Family outing to the Blue Mountains

There is also a family outing day planned for October 29<sup>th</sup> which will be run in collaboration with the Western Suburbs Haven. This will involve a trip up to the Blue Mountains and will include lunch. This event is open to all, yourselves, friends, family and is sure to be a great day out.

## Scholarships for women

And last, but not least, is the annual workshop where we will be offering again, the Positive Women Scholarships which will involve accommodation for two nights including breakfast in a hotel close to the workshop venue.

## Coming up

We also have some interesting events coming up on the calendar. These include a visit to the Hunter Valley, The Pozhet Retreat and the annual workshop.



## Open House every month

And finally .. the Open Houses are also a great way to meet new people in a safe and confidential environment. Open Houses are informal and relaxed and are run at the end of each month. Please do call us on 1800 812 404 for any further information.



## So Can You Cook? #19 **Kids' Parties**

**Tim Alderman**

**The concept of kids' parties seems to have changed considerably since I was a kid, to the degree now where they are often about one kids' party upping the ante on another kids' party. I know of instances where the amount of money spent on entertaining kids was ridiculous to the extreme, with jumping castles and clowns etc, on top of a lavish menu that I'm sure the kids couldn't have given a damn about. Even the concept of gifts seems to have gone overboard, and I'm sure as hell glad that I'm not in the situation that some parent friends of ours are in, where every kid in the class has a party for their birthday, and all the class is expected to attend. I know my friends dread it, as it is not only expensive for them to be constantly forking out for gifts, but they have to waste a lot of their own time dropping-off and picking-up the kids from the parties. There are instances where this goes on for weekends in a row.**

I still claim that kids are simple enough in their views, and creative enough with their imaginations to not have every thing supplied to them on an extravagant scale. I reckon chocolate crackles, fairy bread, cupcakes, lamingtons, jelly cups, mashed potato rolled in devon and mini pies and sausage rolls would be as popular now as they were when I was a kid. I'm equally sure that kids would love the challenges of playing dress up with a box of old cloths or the laughs of charades (I must admit that even I found hide-and-go-seek and pin-the-tail-on-the-donkey a bit boring, and much preferred to throw on one of my mother's old frocks and prance around. Must have been a sign of things to come).

Still, keeping things basic doesn't necessarily mean plain and boring, and so I will try to give you some inspiration in the recipes below. They cover some of the old-fashioned favourites, but with a few twists on them as well.

For my partner's nephew's birthday, I have for about the last four to five years been mak-

ing his birthday cakes. They have ranged from small butter cake train carriages decorated with marshmallows, and licorice, and filled with popular sweets to Spider Man – quite a triumph even for me – to a big '7' in the shape of a coconut tree complete with monkeys, to last year's '8' in the shape of a race track with chocolate race cars. All these have been simple to make – except Spider man – and the kids have loved them, so you don't need to spend a fortune on a cake with the expectation that the kids will love it any more than one you have made yourself.

My mother made a large batch of Cornflake biscuits – still one of my favourites – for one of my birthdays, and found the plate still full at the end of the party. I remember how furious she was until she tried one herself – she had mixed up the canisters in the kitchen and used salt in them instead of sugar. One very apologetic mother.

I hope you enjoy these recipes, and use them to give your kids not just a good time, but create something very personal for them that will possibly be remembered long past the more commercial or McDonalds parties.

### **Freckle Sandwiches**

Makes about 32 triangles

2 loaves thick-sliced white bread  
125g unsalted butter, softened  
Strawberry jam, to spread  
Nutella, to spread  
1 cup 100s & 1000s  
1 cup chocolate sprinkles

Butter 1 loaf of bread. Spread half the slices with strawberry jam, then top each slice with remaining slices to make sandwiches.

Butter the remaining loaf, spread half the slices with Nutella, then top with remaining slices.

Remove the crusts (they have absolutely nothing to do with you having or not having

curly hair) from all the sandwiches, then cut each into 4 triangles. Lay the sandwiches on two separate platters long-edge down to form two long pyramids.

Spread the remaining butter along one side of each pyramid. Sprinkle the long side of the strawberry sandwiches with the 100s and 1000s and the Nutella sandwiches with the chocolate sprinkles.

### **Sea Shark Jelly**

Serves 8-10

3 packets lemon-flavoured jelly (or a flavour of your choice)  
Sweets in the shape of fish or sharks, to garnish  
375ml can evaporated milk

Lightly oil a 1-litre terrine or loaf pan.

Place the jelly crystals in a bowl or jug, add 2 cups (500ml) boiling water and stir to dissolve the crystals. Add 100ml cold water, then pour 300ml of this mixture into the base of the prepared tin. Sit the fish or sharks in the jelly and place in the freezer for 15 minutes or until the jelly has just set.

Whisk the evaporated milk into the remaining jelly, then pour the mixture over the completely set jelly layer.

Refrigerate overnight to set completely.

When ready to serve, run a knife around the edge of the tin to loosen, then invert onto a serving platter. Rub the base of the tin with a hot cloth for a few seconds, then give the whole tin a good shake to get the jelly out of the mould.

### **Treasure Chests**

Makes 12

1 1/3 cups self-raising flour  
4 tablespoons cocoa powder  
1/4 teaspoon bicarbonate of soda  
250g caster sugar

200g unsalted butter  
1 cup cola  
100ml milk  
2 eggs  
1 teaspoon vanilla extract  
gold chocolate coins, to fill

Preheat the oven to 180°C. Lightly grease a 12-hole square muffin or friend pan (friend pans have oval-shaped moulds).

Sift the flour, cocoa powder and bicarbonate of soda together, then stir in the sugar.

Place the butter and cola in a saucepan over low heat, stirring until the butter has melted, then add to the dry ingredients with the milk, eggs and vanilla extract. Divide the mixture between the pan moulds and bake for 18-20 minutes or until a skewer inserted in the center comes out clean. Allow to cool completely on a wire rack.

When ready to serve, carefully slice the top off each cake and set aside. Scoop out a little of the center, then fill each hole with some chocolate coins and replace the lids.

## Butterfly Cakes

Makes 12

175g self-raising flour  
110g unsalted butter  
½ cup caster sugar  
2 eggs  
Grated rind 1 lemon  
1 tablespoon milk  
½ cup thick cream, whipped  
½ cup lemon curd (lemon butter)  
Icing sugar, to dust

Preheat oven to 190°C. Place flour, butter, caster sugar, eggs, rind and milk in a bowl and beat with an electric beater until smooth. Place 12 paper patty cases in a patty pan and divide mixture between them.

Bake for 12 minutes or until golden brown, then cool. Cut a small slice off the top of each cake and cut slice in half.

Place a dollop of cream and lemon curd on top of each cake and sit the two halves in the curd like butterfly wings. Dust with icing sugar.

Even boys like these.

## Pikelets

Makes about 25 small

1 cup self-raising flour  
1 tablespoon caster sugar  
¾ cup milk  
1 egg  
Melted butter to brush, plus extra knobs to serve

Sift flour and sugar together into a bowl with a pinch of salt. Whisk milk and egg together, then add to dry ingredients, whisking until smooth.

Heat a non-stick frypan over medium heat and brush with a little melted butter. Drop level tablespoons of the mixture into the pan and cook for half-a-minute or until bubbles appear on the surface. Turn over and cook other side for 1 minute until golden.

Allow to cool and serve with butter

## Peanut Butter Biscuits

Makes about 20

1 cup smooth peanut butter  
125g unsalted butter  
4 tablespoons honey  
½ cup lightly packed brown sugar  
1 egg  
1 teaspoon vanilla extract  
1½ cups plain flour  
½ teaspoon bicarbonate of soda  
1 cup honey-roasted peanuts, chopped, plus extra peanuts to garnish

Preheat oven to 180°C. Line a baking tray with baking paper.

Place peanut butter, butter, honey and brown sugar in the bowl of an electric mixer and beat for about 2 minutes until pale and fluffy. Add the egg and vanilla and beat until combined. Beat in the sifted flour and soda, then add the chopped peanuts and stir through.

Flour your hands and roll the mixture into 2.5cm balls. Place on the baking tray, allowing room to spread, and flatten slightly. Place a whole peanut into the center of each biscuit and bake for 8 minutes until cooked and lightly golden. Turn out onto a wire rack and allow to cool completely.

## Chocolate-Chip Terrine

Serves 6

4 egg yolks  
100g caster sugar  
2 eggwhites  
250g mascarpone cheese, softened  
125ml cream, whipped lightly  
200g Nestles Plaistowe cooking chocolate, chopped finely  
125ml cream, extra, whipped lightly

Lightly grease a 23cm x 8cm log tin and line with baking paper

In a large bowl, whisk egg yolks, half the

sugar and a pinch of salt until mixture is pale and thick.

In another bowl, whip eggwhites until soft peaks form, then gradually add remaining sugar and beat until thick and glossy.

Add mascarpone to egg yolk mixture and combine until smooth. Fold in cream and egg whites alternatively. Add 125g chopped chocolate and mix carefully.

Pour mixture into lined tin. Cover with plastic wrap and freeze overnight.

For the chocolate sauce, combine 75g chocolate and extra cream in a small saucepan and bring to the boil to melt chocolate.

Serve terrine with sweet biscuits and chocolate sauce.

## Fruit with Yoghurt Dip

Serves 8

! wedge seedless watermelon, sliced  
½ rockmelon, seeded, cut into wedges  
4 kiwi fruit, quartered  
3 bananas, peeled and sliced  
1 punnet strawberries  
2 x 200g tubs flavoured yoghurt or fruche

Arrange fruit on a platter with yoghurt for dipping. Refrigerate until required.

## Kids' Nachos

Serves 8

300g packet cheese corn chips  
1 cup grated tasty cheese  
1 tablespoon chopped parsley  
½ cup sour cream

Arrange corn chips in an overproof dish. Sprinkle with cheese and parsley.

Bake in a Hot 200°C oven for 10 minutes until cheese is melted and golden. Dollop sour cream over chips. Serve immediately.





## Ask Ingrid

# Healthy Weight Loss

**How can I tell how much weight I need to lose?**

**Is there an easy way to work out what I should weigh?**

**And once I've worked it out, what's the best way to lose it?**

**Is it true that carbs make me put on weight?**

So many questions, and they are good ones. There is no easy way to work out how much weight to lose or what you should weigh. It varies from individual to individual. Going to a nutritionist/dietician, is the best starting point. The easiest way is to jump on the electronic scale that measures body fat, and if you are between 12-18% for guys, and 18-26% for girls, you know you are healthy. The trouble with trying to work it out for yourself involves figuring out whether you have too much fat, or you're down on lean muscle mass, or whether it could be lipo or even medication related. It is important to work out what has caused the extra weight then work on the solution.

Whatever the cause, the answer will be a combination of exercise and eating healthily. This can begin even before you consult your preferred health care professional. Remember if you ask your doctor, or somewhere like the Albion Street Centre, you will see results more quickly and with out risking your health. It usually doesn't cost much either.

Generally try to eat a little more than you have been, but make it healthy food. Reduce the refined sugars like muffins, sugary breakfast cereals, lollies and bad fats like oil, butter, marg and fried foods. Increase carbs and protein like whole grain breads and breakfast cereals, lean meat, rice and pulses as well as good fats like avocados, nuts, olive oil and deep-sea fish. Carbs are energy food and they definitely don't make you fat. A gram of protein or carbohydrate has roughly four

calories, a gram of fat nine calories and fat is stored as fat easily, while carbs and protein usually as energy or muscle, then any left over is stored as fat. Carbs only make you fat if you mix them with fat, like chips or a creamy pasta sauce.

Now for the exercise part of the equation. If it is body shape change that you need because you are at a good weight/body fat % then some weights at home or the gym that focus on core stability and building muscle will reshape the area that has an unsightly bulge.

If you have a good or low body fat %, but feel fat, then again weight training using either body weight, the fit ball, weights or gym machines will tone you up. This will build muscle and make you look slimmer by making your body harder.

If you really do need to lose fat, and it's not just from one area (remember muscle increases your metabolic rate and gives you protection from fatigue and illness), then you still need to start with core stability exercises, but also include more cardio exercise (things like walking, aqua exercise or circuits at home or the gym). This way you are using up your fat stores with the cardio exercise, and increasing muscle mass to rev up your metabolism with the core stability exercises.

And one more short question for Ingrid from one of our readers:

*I'm enquiring about what times the morning sessions are for PAP.*

The times for PAP (Positive Access Program) at Fit X Gym in the ACON Building in Surry Hills are 10am-1pm Monday, Wednesday and Friday. I am there Monday and Wednesday to show people exercises and work out individual programs to suit specific needs - things like body shape changes, injury rehabilitation and chronic fatigue.

*Ingrid*

Send your exercise and fitness questions to Ingrid. Email: [editor@plwha.org.au](mailto:editor@plwha.org.au)

## Services

### Massage

Hawaiian body work, Swedish, remedial. By appointment. Surry Hills. In calls only. Available weekends and evenings.

Phone Peter on 0423 441144

Mention Talkabout for special discount

### 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

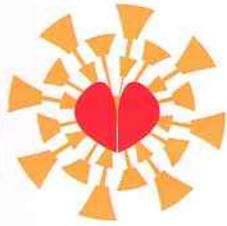
Available most days/evenings by appointment

Phone Edward @ Healing Hands Bondi 0412 386 376

### 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](mailto:editor@plwha.org.au) (up to 40 words). PLWH/A (NSW) does not necessarily endorse any product or service advertised here.



# Olga's personals

## Men Seeking Men

**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**

**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**

**Alone!** Why? I'd call myself 'a modern guy' exciting, spunky, attractive, City/country located. Seeks fun friends, virile, active guys, 30 something up to 42 years, health, well-being interests. **Reply: 230206**

**Inner City** Caucasian 40s, average good looks, average build, 180cm, 85kg, blue eyes, smooth, cut, versatile, tatts, NS. Into most things in/out of bed. Seeking younger, tall, slim, uncut, playmate to hang out with, LTR, must like dog, GAM also welcome. **Reply: 170406**

**41 y/o** poz guy, fit, attractive 5ft 10, 70kg in southwest Sydney WLTM a similarly sincere top guy for friendship, intimacy with a view to a LTR. I am DTE, supportive and enjoy sharing life in all its colours with someone special. Let's meet. **Reply: 180406**

**Bondi:** 36 yo 6 ft tall, dark haired, fit, 85kg, attractive, handsome, masc, ambitious, spiritually aware, genuine, loving, versatile, HIV+ for 5 years, easygoing and passionate guy seeking friendship or more with a compatible guy. **Reply: 310506**

**Not bad looking** 42 yo gay guy, + four years. Looking for fun/friendship and some good times. Age open, hope to hear from you soon, ALA with photo. **Reply 010606**

**Northern Rivers/Tweed,** handsome, hung, healthy HIV+, 50, 5'10" 70 kg. Athletic, articulate, non scene, excellent humour, many and varied interests. Sexually adventurous/versatile (magic mouth and hands). Exceptional times assured if chemistry clicks! Seeking communicative, honest, independent fun loving guy to similar age for casual hot times and/or whatever. **Reply 070606**

**Jailbird:** 30yo, GWM, 6'3 brown hair/eyes. Pos for 10yrs. GSOH. Looking for pen pals to help me keep in touch with the world. Looking for other DTE guys round my own age. I'm open minded to all lifestyles. ALA **Reply 200606**

**Behind Bars:** 30yo, 6'1, 78kg, grey eyes/brown hair, good looks, GWM, DTE, GSOH, seeking pen pals 30+ for ongoing friendship and fun. Prefer genuine guys. ALA **Reply 210606**

## Men Seeking Women

**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**

**HIV+ Male** 43 Adelaide - I'm sometimes shy, like all kinds of music. I like going camping, fishing, T shirt and jeans kind of guy, 5 ft 9 with blond hair. I'm a caring person with lots to offer the right person, so girls drop me a line. **Reply: 500506**

**52 yo hetro** +ve Sydney male seeks lady for company, friendship and/or whatever develops. 5'5 tall. Slim, fit and well. Like sailing, diving and swimming. Also enjoy travel, movies, dining out and yoga. Don't smoke and not a big drinker either! Would be nice to have female company, either +ve herself or understanding of HIV. **Reply: 070706**

**41 Year old** HIV+ Male. I've been positive since early '98. I'm in good health, GSOH, down to earth. I love dining out, beaches, I play chess. I'm seeking same: N/S N/D. I'm Danish born, been in Australia 24 years. I'm a Brisbane boy. I'm looking for a lady between 35-45 **Reply 160606**

## Women seeking men

**HIV+ lady,** petite, sincere and loving, down to earth, love to laugh and have fun. I love nature and like being active, movies and music. Guys would have fun. **Reply 240706**

## Accommodation

**HIV+ 40 yo** man looking for a place to live near the city/inner eastern suburbs **Reply: 090806**

<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.



# 10 excuses

## why some guys put off testing for STIs

(sexually transmitted infections)



1. I feel fine so I must be okay.
2. I can't see the symptoms so they're not there.
3. If I use a condom I don't have to worry.
4. My doctor does my bloods regularly he will tell me if I have an STI.
5. I choose my partners carefully.
6. I only have sex with other pos guys.
7. I can't get an STI from oral sex.
8. I don't sleep around.
9. I don't want to be judged.
10. I'm positive anyway so what's the big deal!

Condoms are the most effective way of preventing STIs but they are only part of the picture.

If you are sexually active it is a good idea to get regular tests for STIs. Every three to six months is a guideline.

For more information on STIs, testing and treatment go to your general practitioner or local sexual health clinic.

For the sexual health clinic closest to you call 1800 451 624 (anonymous freecall)

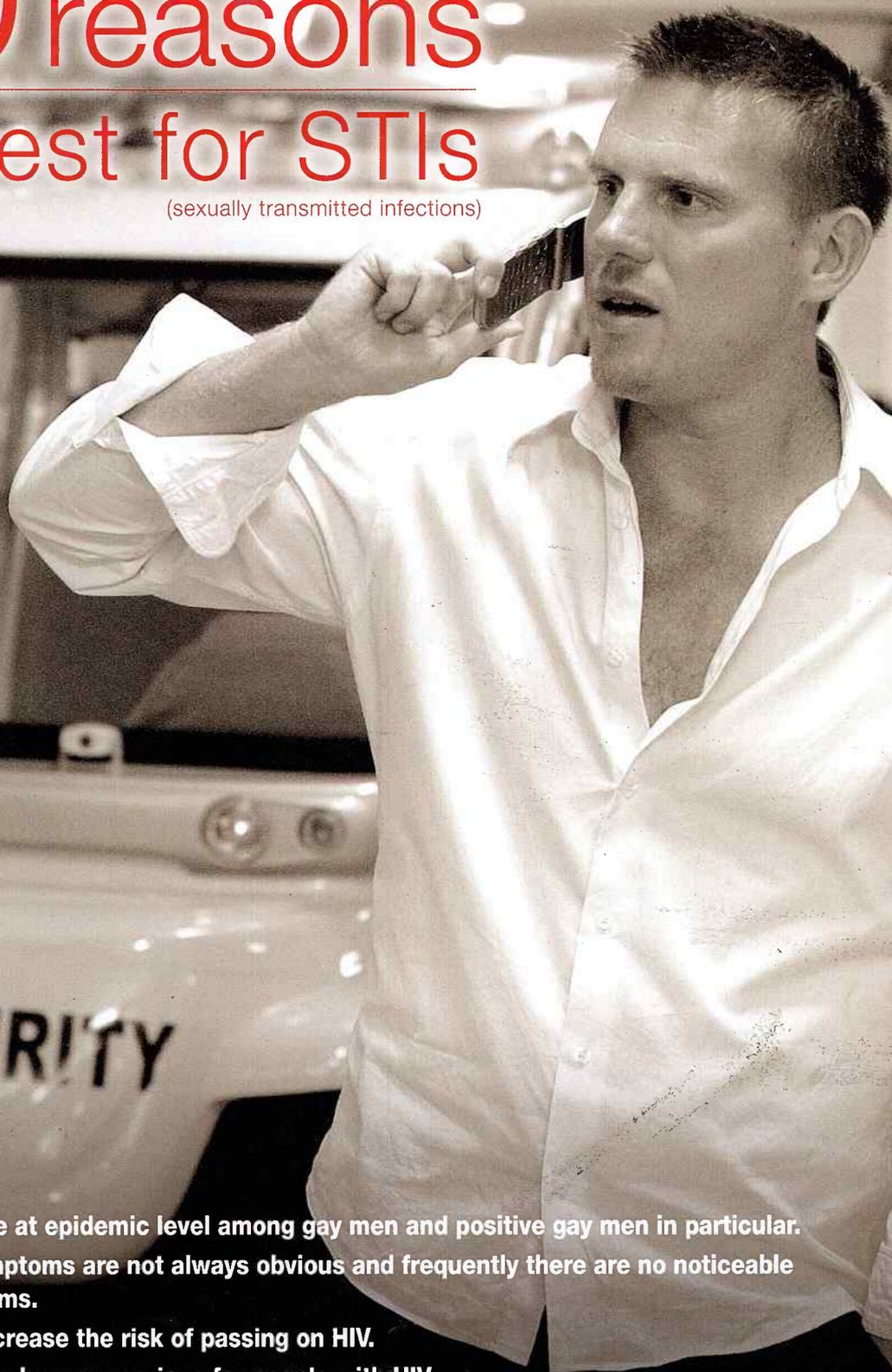
Gay Men's Health Line  
1800 009 448

Visit  
[www.whytest.org](http://www.whytest.org)

 PEOPLE LIVING WITH HIV/AIDS  
[www.plwha.org.au](http://www.plwha.org.au)

# 10 reasons to test for STIs

(sexually transmitted infections)



1. STIs are at epidemic level among gay men and positive gay men in particular.
2. STI symptoms are not always obvious and frequently there are no noticeable symptoms.
3. STIs increase the risk of passing on HIV.
4. STIs can be more serious for people with HIV.
5. Having lots of sex partners means the risk of getting an STI is even higher.
6. Any sexually active man can get an STI.
7. The type of sex you are having can increase risk (e.g. fucking without a condom).
8. Positive men who bareback with casual positive partners may be at a higher risk of getting an STI.
9. You may have experienced unusual discharges, rashes, itching and pain during sex or when pissing.
10. It is important to look after yourself and your partner's health.

Condoms are the most effective way of preventing STIs but they are only part of the picture.

If you are sexually active it is a good idea to get regular tests for STIs. Every three to six months is a guideline.

For more information on STIs, testing and treatment go to your general practitioner or local sexual health clinic.

For the sexual health clinic closest to you call 1800 451 622 (anonymous freecall)

Gay Men's Health Line  
1800 009 222

Visit [www.whytes.org](http://www.whytes.org)



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