

talkabout

Where we speak for ourselves

#147

October – November 2006

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

The positive traveller

Dan HIV Visibility Campaign 2006

PLUS

- HIV and cultural diversity
- Advice for the newly diagnosed
- Exercise and fitness



PEOPLE LIVING
WITH HIV/AIDS

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HIV أو الايدز نستطيع أن نقدم لك الدعم والتفهم بالنسبة لفيروس اسأل في هذه العيادة عن منشورات بلغتك جميع الخدمات تتم في سرية وبدون مقابل

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Mi vam možemo pružiti pomoć i razumijevanje u svezi HIV/AIDS-a. Zatražite u ovoj klinici brošuru na vašem jeziku. Sve usluge su povjerljive i besplatne.

Μπορούμε να σας προσφέρουμε συμπαράσταση και κατανόηση για το HIV/AIDS. Ρωτήσται σε αυτή την κλινική για φυλλάδιο στην γλώσσά σας. Όλες οι υπηρεσίες παρέχονται εμπιστευτικά και δωρεάν.

Kami dapat memberikan dukungan dan pemahaman mengenai HIV/AIDS. Mintalah brosur dalam bahasa Indonesia di klinik in. Semua pelayanan adalah gratis dan rahasia.

KHMER
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យើងអាចផ្តល់ការគាំទ្រដល់លោកអ្នកនិងយល់ពីទុក្ខធុរៈទាំងឡាយដែលបង្កឡើងដោយមេរោគ HIV និងជំងឺអេដស៍។ សូមលោកអ្នកសួររកក្រដាសព័រមាននេះដែលមានជាភាសាខ្មែរនៅតាមមន្ទីរពិគ្រោះជំងឺ។ កិច្ចបម្រើទាំងនេះរក្សាការសំងាត់ផ្ទាល់ខ្លួនរបស់លោកអ្នក និង មិនគិតលុយទេ។

Обезбедуваме поддршка и нудиме објаснување за вирусот кој предизвикува неотпорност на телото и за самото заболување СИДА (HIV/AIDS). Во оваа клиника можете да побарате брошура на вашиот јазик. Сите услуги се доверливи и бесплатни.

본 진료소에서는 에이즈바이러스(HIV)와 에이즈(AIDS)에 대해 지원 및 지식을 제공합니다. 본 진료소에서 한국어로 된 팸플릿을 요청하십시오. 모든 서비스는 비밀이 보장되며 무료로 제공됩니다.

Waxaad naga heli kartaa gargaar iyo garasho ku saabsan cudurka HIV/AIDS. Weydiiso xaruntaan caafimaadka aqbaar ku qoran luuqadaada. Dhamaan howlaha aan qabano waa qarsoodi qof kalena ma ogaanayo aan ka aheyn qofka ay quseyso, waana lacag la'aan.

Nosotros podemos ofrecerte ayuda y comprensión acerca del VIH/SIDA. Pregunte en esta clínica por un folleto en su idioma. Todos los servicios son confidenciales y gratuitos.

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Multicultural HIV/AIDS and Hepatitis C Service

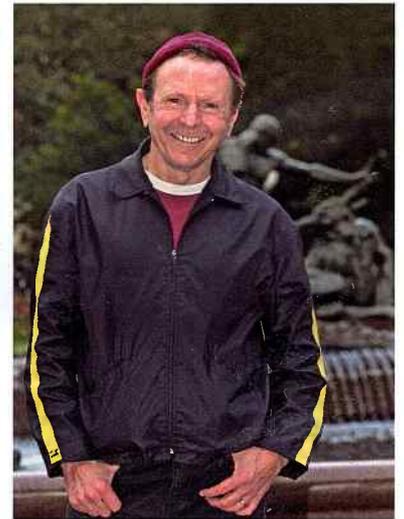
www.multiculturalhivhepc.net.au

ENGLISH
AKAN
ARABIC
BURMESE
CROATIAN
GREEK
INDONESIAN

talkabout

features

- 2 **In this issue**
3 **Dan: The positive traveller**
7 **Robbie: Slow down and smell the roses**
8 **Gay Men's Health Hotline**
9 **The Straightpoz study**
10 **Living with HIV and migration**
Issues for HIV positive people from culturally and linguistically diverse backgrounds
12 **Turning life around**
Creating a new life in Australia
13 **Making decisions**
Close to community or close to HIV support
14 **The courage to tell**
It took a long time to tell but it brought them closer together
16 **Women on the margins**
Anne from Thailand and her experience of HIV
17 **Working together**
The Multicultural HIV/AIDS and Hepatitis C Service
18 **Building peer support and keeping healthy**
ACON's Healthy Life +
Centre **Fact sheet: Rules of the Heart**
Gay Men's Relationship agreements
20 **Letter to London**
Advice for a newly diagnosed mate
21 **Ten years of caring for carers**
The Tree of Hope turns ten
22 **Kon Toumazos**
23 **Walk for AIDS**
24 **Positive Speakers' Bureau**
Future pathways to health promotion leadership
25 **PO&JO Cartoon**
26 **Uninhibited sex**
27 **Treatments Info**
28 **BGF Client Satisfaction Survey**
28 **Planet Positive**
29 **ACON Services**
30 **So can you cook? No. 20**
Great cover-ups
31 **Services**
32 **10 reasons to test for STIs**
33 **Rural roundup**
Positive peer support in Hunter/New England
34 **Fitness: Stretching for improved strength and posture**
35 **Olga's Personals**
36 **Membership of PLWHA NSW / Talkabout subscription**



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TALKABOUT

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The theme of HIV and cultural diversity is featured in this issue of *Talkabout*, with several personal stories, as well as research findings and information from service providers. Henrike Korner's research "Living with HIV and migration" on page 10 describes the stress felt by people with HIV in the process of applying for permanent residency, and the Department of Immigration and Multicultural and Indigenous Affairs' practice of testing without counselling, highlighted in this article, is a real issue for concern. So too is the stigma HIV positive migrants often experience within their own communities, where they might otherwise hope to build important networks of support and understanding.

As part of this theme, Sealeong's story explains his difficulties disclosing, even to those closest to him. Those relationships, in which we have invested most, are often the ones which bring us greatest anxiety when we face the prospect of disclosing. It's affirming to read that once he did disclose to his partner and family, he experienced a lot of support.

Karl in his story, talks about being torn between being close to the support for his HIV in the city, and his community in Western Sydney, and reiterates the importance of confidentiality and concern about gossip. But he also has helpful advice to others in a similar situation about not being afraid to reach out for support.

All these personal stories are inspiring, including Jorje's (page 12), as he turned some big challenges around, 'moments'

as he described them, to focus now on helping other refugees settle in Australia. And lastly on the subject, Leighan and Effie from the Multicultural HIV/AIDS and Hepatitis C Service talk about the support available to people from culturally diverse backgrounds, and ways people can get involved in helping others through their valuable co-worker system.

Dan is on our cover, continuing the PLWHA NSW visibility campaign. He also recounts, alongside his travels, the intellectual quest which led him to embrace another stigmatised condition, Islam. Robbie's growth from fear about his diagnosis to his current positive focus is another simple and thoughtful insight from the visibility campaign. More images and stories will appear in future issues.

Greg Page's letter to his recently diagnosed mate in London contains some sound advice. "Realise what's important for you and what isn't. Think of what makes you happy and what you enjoy in life." And remember if you or anyone you know has been diagnosed recently with HIV there is support available. The next Genesis weekend for newly diagnosed men is coming up in December (ring 9699 8756 for details). After Hours is also a regular monthly drop in night for newly diagnosed men. The next After Hours will be on Thursday November 16th. Give myself or Trentan a call on 9361 6011.

And finally, I'd like to add a quick reminder for our members. The PLWHA NSW Annual General Meeting will be held on Friday November 24th at 5pm at the back of the Carrington Hotel (563 Bourke St Surry Hills). The AGM will be followed by Planet Positive at 6.30pm.

Glenn Flanagan



Dan

October 2006

The Positive Traveller

I was diagnosed in 1989 but I'll go back to early '83. I was about to go work in Saudi Arabia and was in the gym for a workout where I ran into a friend of mine, Bob Goldsmith. He had these marks on his legs and he seemed to have lost weight. I said "Bob how are you going?" He replied: "I've been a bit crook really". I told him I was about to go to the Middle East and I would see him when I got back.

Early '83 I knew nothing about HIV/AIDS. It wasn't until I was working in Saudi Arabia, when one of the American expats, who came back from a holiday in the States told me about gay guys in America dying from GRID (gay related immune deficiency). It was still quite

a foreign concept to me. Then someone sent me a copy of the *Sydney Star Observer* and I read about AIDS and its impact on the gay community in Australia. When I got back to Sydney mid '84 a friend met me at the airport and told me my friend Bob died. I was quite shocked. That friend was, of course, Bobby Goldsmith.

I had been around the traps and I think I had sex with possibly half of the men in Sydney at that time. I continued on doing the same thing to some extent because there wasn't much education about AIDS. I kept going back to my doctor having tests and they came back negative. I went and lived in Perth in '87 and in '89, still HIV negative. I then went to the USA, firstly to

I threw caution out of the window because I'd fallen madly in love.

Seattle and met some friends who I'd worked with in Saudi Arabia. After Seattle I went down to San Francisco. There I came across a bar called the Pendulum which was mainly for black gay men. I got a very good response in that bar and I went home with a lovely man. He told me about a place in LA that I should visit while I was there. So when I was in LA I went to this nightclub called Catch 1.

I was dancing by myself and I noticed this incredibly handsome black man smiling at me. I beckoned him to come over and join me which he did. We had this immediate rapport and if there's such a thing as love at first sight this was it. We went to a motel and I was with Bruce every night and day for the next five months. After about a month of us being together, he implied he might be HIV positive but he didn't actually state it. I threw caution out of the window because I'd fallen madly in love. I had these romantic notions that if I die, I'll die for love.

A couple of months into our relationship we were in a nightclub and I passed out on the dance floor. He took me home and I was sweating and shivering. I recognised this as an HIV seroconversion. A few months later I returned to Australia and had an HIV test. I wasn't at all surprised to find that I was HIV positive. The doctor talked about HIV but he said it would progress to AIDS. For the first seven years after my diagnosis I refused to take any medication because I knew a lot of people who were taking AZT and they died: what's the point? I was very healthy; I was going to the gym, running and so on. I kept on with my life.

Gold ring, Liberace & Larache

I was going back and forth to America and Bruce was travelling between Australia and America. Two years into our relationship he was shot in the stomach in a holdup in Los Angeles and it looked like he wasn't going to pull through. He did, but his health began to deteriorate because of the HIV. For the next three years his condition really deteriorated. A few months before he died he came

over to live with me in Sydney. I gave him a gold ring for Christmas because he wanted to be married to me. About three weeks after I'd given him the ring we were out walking, he was shuffling by that stage, and the ring slid off and fell onto the ground. He'd lost so much weight over the previous three weeks. One of his beautiful teeth fell out at about the same time: there was this very quick deterioration. He was going downhill so rapidly that I told him to go back to LA because he had a daughter, grand daughter and a big family back there.

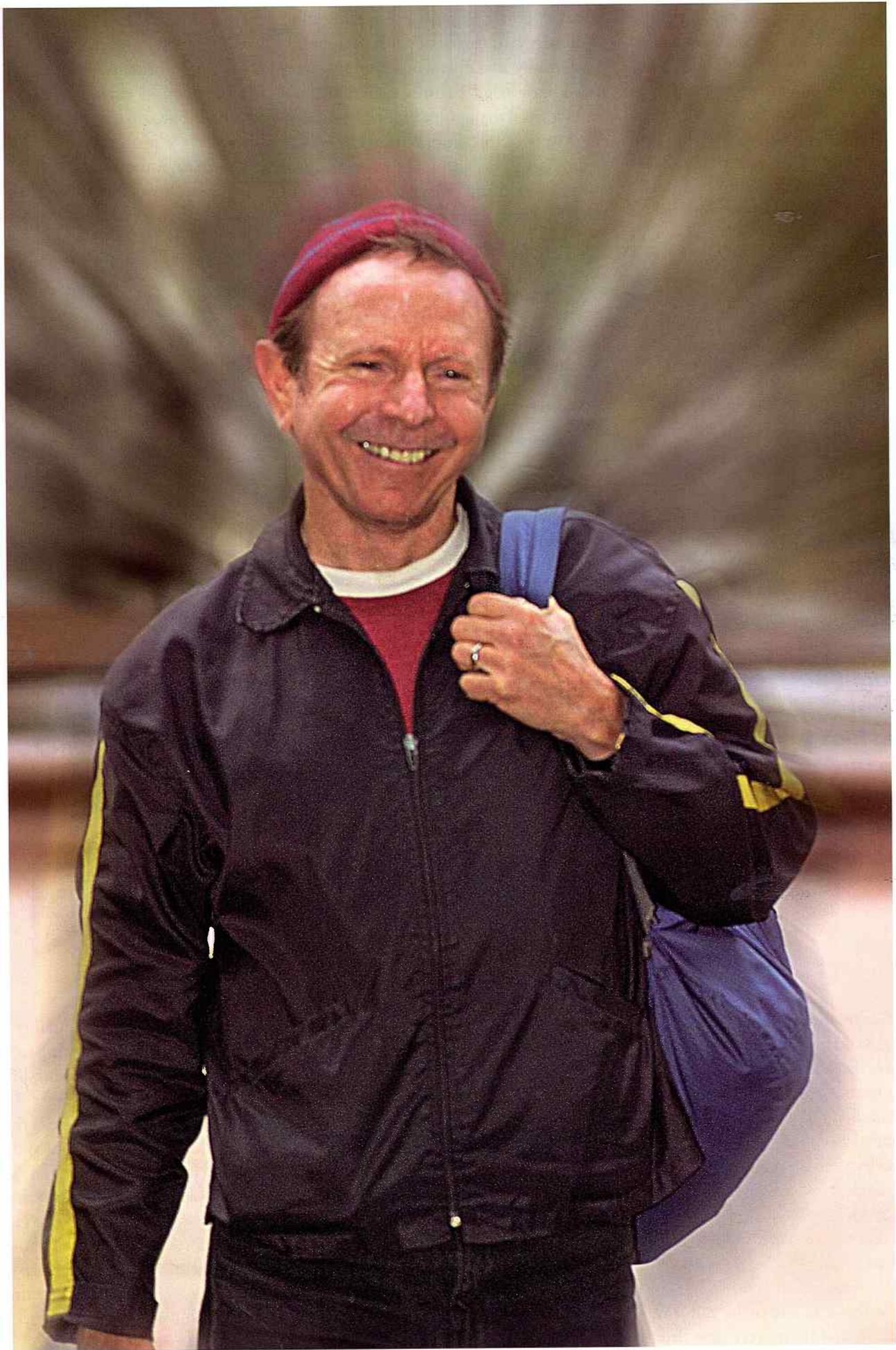
I gave him a gold ring for Christmas because he wanted to be married to me. About three weeks after I'd given him the ring we were out walking, he was shuffling by then, and the ring slid off and fell onto the ground.

I sent him back on the plane; he was in a wheelchair by then. I rang his brother to let him know Bruce was really sick. Bruce asked me not to tell him he had AIDS. They thought it had something to do with the bullet wound. Bruce got back to America and told his brother and he took him around to various hospices to find a nice one. The day he was due to go into one Henry went to collect him and Bruce literally died in his

brother's arms. He'd actually willed himself to die because he didn't want to go into the hospice. He died in '94. He's in a lovely spot right next to Liberace, in Forest Lawn Cemetery Hollywood. Bruce played piano and sang, so he was in his element. I visited his little space a few months later.

The following year I decided to change my life. Even though my heart was still broken I thought I needed to do something different. I've always wanted to go to Morocco so I set off via Egypt and Rome. In Egypt I got food poisoning and was quite ill but I ventured on, and got to Rome and met a friend, called Salvatore. I left my luggage with him and went on to Morocco. By the time I flew into Casablanca I was seriously ill. I was coughing and my breathing was very difficult. I was determined to continue on: I wanted to go to Tangier to look up a writer called Paul Bowles. I had his address and I was on the bus to Tangier. However, I became so ill that I got off the bus in this small coastal town called Larache which is about 80km south of Tangier. That's where Jean Genet is buried; I didn't know that at the time. I went into this seedy little hotel in the town square and I thought maybe this is where I'm going to die. I was sweating, shivering and I couldn't swallow. It turned out later that I had thrush in my throat and bronchial pneumonia.

The next day while I was in the town square eating yoghurt a young Moroccan man asked me if I wanted to buy some hashish. I said: "No. I'm not well. I can't smoke". The next day I was sitting in the same spot eating yoghurt and the same young man came along. He noticed that my health had not improved and he asked me to go home with him so that his mother could look after me. I thought: "I've got nothing to lose at this stage". When we got to his home on the outskirts of this little town, his mum was in her prayer room praying: they were a devout Muslim family. When she finished praying she opened the door and she was happy that he'd brought somebody home. I stayed in that house for a month and his mum spoon fed me like a baby. His father



would come and give me massages and the whole family, including the extended family, would come and visit me. I was in this delirium aided by 'majoun' that his mother used to make. It's a mixture of hash, various herbs, cashew nuts and honey. After a month one of Hamidi's friends said that he thought I had AIDS. Hamidi said: "We all love you but if the police find out, if you die, they will arrest us all because you're not allowed to have AIDS in this country. You can't stay here." This was back in '96.

I'd actually gotten a little better by then and I was well enough to get a bus

Having a good relationship with the thought of dying makes my life much easier. I've always sought out the back streets of the cities and looked to see the underbelly. I'm ready for whatever happens.

back to Casablanca. I flew back to Rome and rang Salvatore. He took me to an infectious diseases hospital in Rome and I stayed there for 16 days where they pumped various drugs into me. He nursed me at his home for the next couple of weeks after that. By then I was on my way back to Australia. When I got back to Sydney I was very thin and not looking very well. I had a blood test and found I had 77 T cells left. I was down to about 40 kgs and all my friends thought I would be the next one to go. But it was 1996, late 96 and there were new drugs.

So my doctor gave me these and initially I had very bad reactions with peripheral neuropathy and throwing up. However my doctor tried various combinations and I started to put on weight. Gradually there were more combinations to choose from, and I got better. Six months later I was back to my weight and I'd gone back to work. Since then, I've been well. I mean I have had a few bouts of pneumonia, but mostly I'm quite well. Now I have this feeling for Egypt, so I go back nearly every year. I talk to a group of HIV positive men in Cairo who'd never had any contact with anyone outside their group. A lot of them are heterosexual. They were thrilled to have someone come and talk to them through an interpreter. And now I've joined Positive Speaker's Bureau (PLWHA/ NSW). I'm 60, so I suspect I'll probably end up dying of old age. There's little things happening to my body and I sometimes think is it HIV or is it because I'm getting old? I think having HIV is part of the passage of my life.

I've always had a good relationship with the idea of death, it never bothered me. Also back in the 70s I used a lot of heroin and lost various friends to overdoses. I also overdosed a couple of times and was brought back. There're many times in my life when the doctors have said he's not going to live and I have.

Call from the mosque

During the course of my going back and forth to Egypt I converted to Islam. (My Islamic name is Tariq). I'd never been very religious, I was brought up as a Christian and my grandfather was a minister. I'd never really bought the whole story of Christianity. I started reading about Islam and the philosophy of Islam appealed to me because: a) it doesn't clash with science and b) there is no iconography. In the mosque there is no ornamentation; you are there alone or with Allah. I found this gave me a great feeling of peace. I didn't like the mosque I went to in Sydney, so I pray at home. When I go back to Egypt, I go to the mosque regularly. Part of my mantra is "Allah Akbar", God is great. It's one more thing that's helped me get through life.

On a scale of one to ten, HIV is a four. I would rather I didn't have it, but it's always omnipresent because a) I'm taking medication each day, and it's one reminder but, also, b) I like to travel and it's always a problem for me. I'll never go back to America because of all the hassles of travelling there with HIV. I would be living in Egypt if it wasn't for HIV. Four years ago I met a very handsome and very loving man in Egypt. He's not allowed to live in Australia and I can't live there except for six months a year, but we've talked it through and it's working out okay.

I tell everyone about my HIV status, I don't keep it a secret. There's a real lack of understanding around HIV.

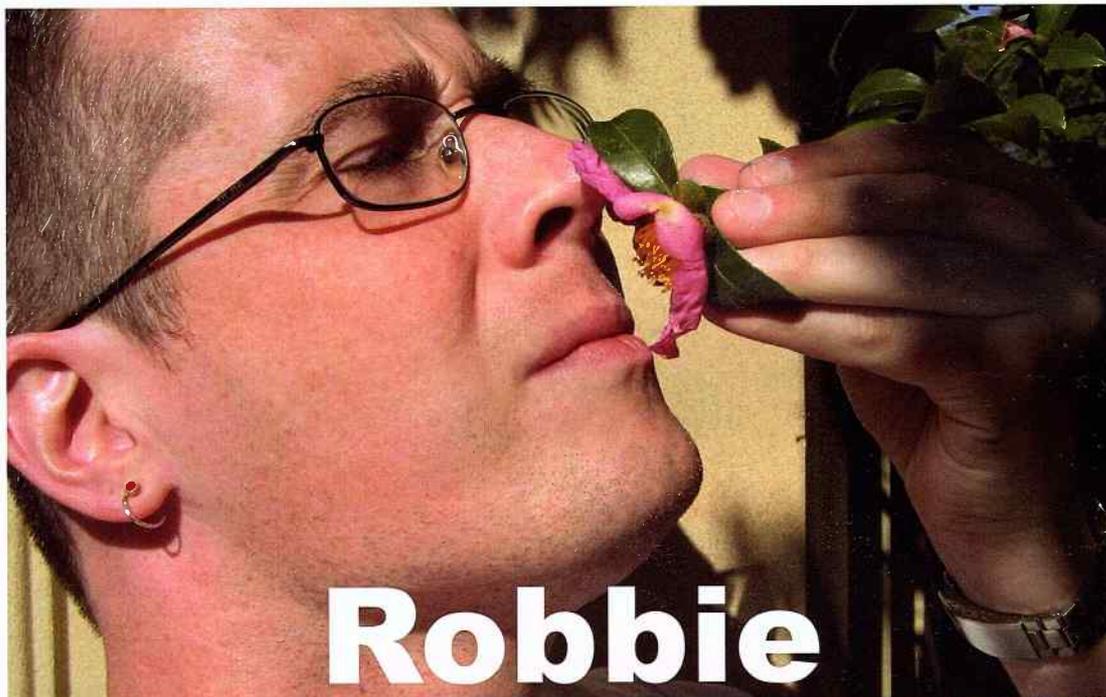
I've got a really good quality of life considering I wasn't expecting to live this long. I still have people saying I'm crazy travelling with HIV. Whether I die of HIV/AIDS or something else, I think I'm just as likely to either die of old age or get killed in a bomb attack. That's always quite possible, not necessarily here, but certainly in the Middle East. Having a good relationship with the thought of dying makes my life much easier. I've "been around the block" many times and I'm ready for whatever happens.

Photos: Jamie Dunbar

1997

It was a day back in late 1997 that my new boyfriend and I went to Taronga Zoo. I was excited because I loved the zoo and I was going with my beautiful boy friend. I was so happy but, at the same time, I couldn't enjoy the day as I had a gut feeling this was going to be an unforgettable day for all the wrong reasons. It was hanging over my head all bloody day. I knew within myself that I was positive, I just knew it. I couldn't relax.

2006



**Slow down and smell the roses
Enjoy the simple things in life
Reach for the sky**



HIV Visibility workshop and campaign 2006

Do you have **QUESTIONS** about
safe sex, not being able to get it up,
or **issues over your HIV status**

???



You can **talk** to someone **NOW*!**

Ring 1800 009 448

or **email** gaymenshealth@sesiahs.health.nsw.gov.au

The Gay Men's Health Hotline provides gay men with support and information,
for healthy and rewarding sex lives. This is a free** and confidential service.

* Staff are available 8.00am - 6.30pm Monday to Friday, 10.00am - 6.00pm Saturday.
Messages can be left outside these hours and your call will be returned the next working day.

** Not free from pay phones or mobiles.

 **acon**
community, health and action



The straightpoz study

men and women
living heterosexually
with hiv (phase 2)

We would like to invite you to participate in the first major study exploring the lives of people living heterosexually with HIV in NSW. The aim of this study is to identify issues and experiences specific to this population, including positive men and women, negative partners and serodiscordant couples. This information will help service providers develop resources and support that better meet the needs of those living heterosexually with HIV. It will also increase understanding of the relationship between sexuality, gender and HIV. The study began in 2004 and is conducted by the National Centre in HIV Social Research at the University of NSW in collaboration with the Heterosexual HIV/AIDS Service NSW (Pozhet).

If you are HIV-positive, or you are a partner of someone with HIV, and you decide to participate in this study, we will interview you on a range of issues, including health and treatments, relationships and sexual health, testing, interactions with health services and everyday living with HIV. All experiences are relevant and important, whether on/off HIV treatments, whether sexually active or not. The semi-structured, in-depth interview format allows study participants to thoroughly explore these issues and tell their story in their own way. All participants receive a \$50 voucher as compensation for time spent and travel expenses incurred. If you have participated in a previous Straightpoz interview, we encourage your continued involvement in the study. We also encourage the participation of HIV-negative male partners and people from culturally diverse backgrounds.

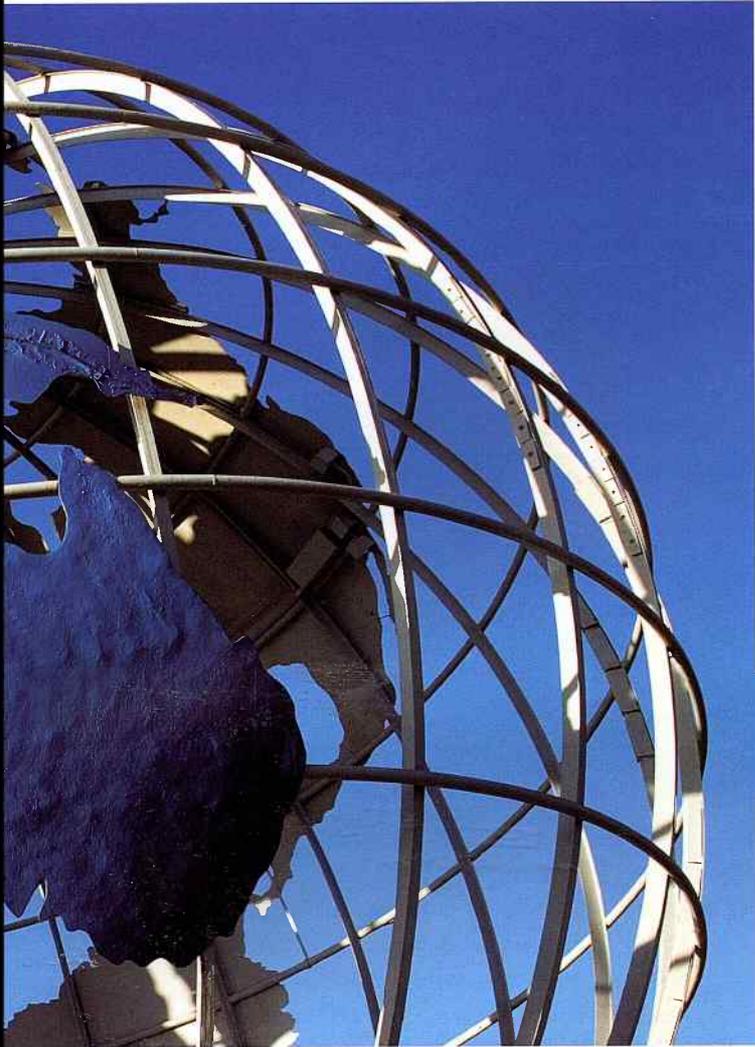
The research interview is completely anonymous and confidential and takes about 1-2 hours to complete at a time and place convenient to you.



Please contact Asha Persson
Phone: (02) 9385 6414
Email: a.persson@unsw.edu.au

National Centre in HIV Social Research
University of New South Wales





Living with HIV and migration: issues for HIV-positive people from culturally and linguistically diverse backgrounds

Henrike Körner

Migrating to a new country and living with HIV are each major life-changing events. People who need to cope with both, face some formidable challenges. This article reports on the interrelationship between living with HIV and resettling in a new country, and the impact of the Australian immigration system on both. There is a significant body of Australian research into the experiences of people living with HIV/AIDS (PLWHA) in Australia, but there was no research into the experiences of PLWHA from culturally and linguistically diverse backgrounds. This study, a collaboration between the National Centre in HIV Social Research and the Multicultural HIV/AIDS and Hepatitis C Service, was funded by NSW Health to address this issue.

Immigration and HIV diagnosis

Some participants found out about their HIV-positive status when they were tested as part of the Department of Immigration and Multicultural and Indigenous Affairs' (DIMIA's) health requirement for permanent residency. They were tested at a time when their lives were already unsettled and they were uncertain whether or not their applications for permanent residency would be successful. In Australia, pre- and post-test counselling have been an integral part of HIV testing since the early 1990s. However, no one in this study who was diagnosed in this way reported any pre- or post-test discussion. A Cambodian woman described her diagnosis:

And then the paperwork went through and then the last part they asked me to do the blood test and then one day they call me to tell me about my results and they told me that I'm positive with this and then I feel shocked. I fell unconscious right away. (...) I did not have any idea that I might have this.

So unpredictable, it make me really shock.

Arrival in a new country and the early stages of resettlement are critical and often dramatic times, when migrants are most vulnerable. As immigration to Australia requires an HIV test, for some the entry point to a better life in a new country was also the time when they discovered that they were HIV-positive. And as HIV infection in resource-poor countries is still a terminal illness, the prospect of a better future had suddenly turned into the prospect of dying from AIDS.

Participants who were diagnosed when they applied for permanent residency were now in a very difficult situation. On the one hand, it was questionable whether they would be granted permanent residency because of their HIV-positive status. But at the same time, returning to the country of birth was not possible for most for various reasons, which left them in a state of limbo. In these circumstances, the uncertainty of their immigration status was actually a bigger problem than HIV.

If I got my residency I wouldn't worry anything (...) I'm going to look after me (...) It doesn't mean I can just have coffee, enjoy my life and government give me money. I'm not that person. I can work for myself. Just say, don't come lock me up and send me home. I can keep going. If I get sick I get to my treatment. And I still am going to live another fifty years!

Immigration, health care and support

Access to health care and social services depended on participants' immigration status. Those on certain temporary visas without a Medicare card had problems getting health care and treatment. Some clinics provided free care, others did not. Some participants were enrolled in clinical trials to get treatment. Others imported drugs from overseas. One took only half the prescribed dose of treatment and saved the rest in case he was deported.

Those who were entitled to health care and social services still experienced difficulties, including having limited English and not being familiar with the Australian health care system. Participants also had to absorb large amounts of information and medical terminology and were expected to make decisions about their lives and their health in a culture that was unfamiliar, and often without anyone to confide in. Some found this quite overwhelming. A Colombian gay man described his experience:

Participant: The first year I was isolated completely by depression. I didn't talk with anybody at all. I came only to ACON once, after the Multicultural HIV Service, and that was after almost one year or less, eight months.

Interviewer: So, for eight months, what did you do?

Participant: I stay alone a lot. It was very hard. I become very skinny. Living in different place. The kind of job I was doing was very hard, physical work.

Because of their visa status, some migrants were not entitled to social services and had to work in physically demanding jobs to support themselves at a time when they were physically and emotionally very vulnerable. At the same time, there were some who were well, able to work and who wanted to work but were not allowed to under the terms of their visa. They depended on others for basic survival needs. A Chinese gay man who used to work double shifts in a restaurant but was

no longer allowed to work under the terms of his bridging visa said, 'I don't work for nearly half year. If I still keep another half year I would be sick, not from HIV, from I don't work.'

For some women access to health care services was controlled by their male partners. Women with little or no English had to rely on their husbands or someone else to take them to a doctor, and if a man refused to take his female partner to a doctor, she could not, or would not, go.

Immigration, HIV-positive status and social relationships

Participants' status and experience as migrants affected them all, no matter how long they had lived in Australia. All perceived their HIV diagnosis to be a diagnosis with a terminal illness and expected to die soon. They were also acutely aware that they would be judged by others and expected to be ostracised. A Thai gay man explained:

It's the cultural perception of people in my country, at least I believe, maybe all Asian developing countries, they a perception that if you get AIDS—they don't know about AIDS and HIV, you know, what is the difference. They don't know. So when say 'HIV'—'Oh, you will die soon. You are unclean person. You have to be gay or you have to go to a lot of prostitutes.' All negative perception, you know. They don't want to listen to you.

It was therefore vital for participants to maintain silence about their HIV-positive status. Some had little or no contact with others from the same language background, but at the same time it was difficult for them to form new social relationships in the English-speaking mainstream culture. A Colombian gay man described his experience:

[It was] terrible, because in that time I feel very isolated. I have no family, no friends, nobody here and I just apply for permanent resident. I end up having to wait for almost three years. The emotional situation was very bad (...) Because there was no support. That time I was living very hard. I can't express myself for example (...) Almost nothing. Just a few words in English and no more (...) Um, secondly, alone, with no family, no friends, nobody, to find out you are HIV-positive five years ago it was something that was a big scare. You feel like the whole world is going down, going down. Very hard.

Those who had successfully settled in Australia appreciated the health care and social services that they received. However, they

were also torn between Australia and what it offered them, and the close emotional relationships with family and friends in the country of birth. Some felt unable to sponsor family members who wanted to migrate to Australia. Some felt guilty because they could not care for their ageing parents in their country of birth, and some women with young children missed the support of their extended family. A Colombian gay man who has lived in Australia for several years and who has been accepted as a permanent resident described this tension:

I miss my nephews, my mother. I love my country but I don't miss my country because I'm gay, because my culture and the life in Colombia is so difficult. Because we got a lot of problems: guerrilla, mafia, corruption. So you always scared about someone behind you. It's not a happy life. Here is peaceful, everyone respect each other (...) I haven't got all my closest friends and family or my partner. So I feel alone. I know so many people but I haven't got real close friends. (...) I love this country. I got a lot of support but I don't feel able to go back and live there [Colombia]. (...) Yeah, you have to deal with that. Because it's impossible to have everything. I got a lot here but something is back home.

Conclusion

This study shows where improvements are necessary to provide effective care for PLWHA from culturally and linguistically diverse backgrounds. Firstly, in the dominant Anglo-Celtic culture, language, cultural and financial barriers to health and support should be removed or at least minimised. This includes rejecting the applications for permanent residency of people who are diagnosed with HIV as part of the health requirement, as this results in lengthy waiting periods and high levels of uncertainty about residency. Secondly, DIMIA's practice of testing without counselling is a striking departure from best practice and raises important questions about DIMIA's duty of care to the people who are diagnosed in this way. Thirdly, ethnic communities in Australia need to examine their attitudes towards HIV and HIV-positive people. HIV-positive migrants need to be able to build relationships with their communities in order to successfully rebuild their lives as migrants in Australia.

Henrike Körner is a Research Fellow at the National Centre in HIV Social Research



Turning life around

Jorje Henao describes how he created a new life in Australia

It's never a good time to realise you're HIV positive, but it was a very bad time for me when I discovered my status. I was living in Colombia, my country of birth. My sister had died in 1991 in a car accident, and I was still dealing with her death. In August 1993 my ex boyfriend was killed (we had been together for eleven years) and then in November the same year I was told I was HIV positive.

It was a jolt for me. There was not enough information about HIV, and I didn't know the difference between HIV and AIDS. At the time, I was in my first semester studying agriculture, and I was also running a landscape gardening business. I left my studies and business, and I spent all my money thinking I was going to die. All this time, I was confused and didn't have any support. I did some therapy with a psychologist, and eventually went back to university to finish my studies.

Disclosure was very difficult. I told two people who I thought were my closest friends, and they basically ran away from me. I've never told my mother to this day. In 1995 my brother killed himself. It would have been too much for her.

I finished uni in 1997, and my dream had always been to come to the Great Barrier Reef for diving. My step brother was living in Australia so it was a good opportunity

to come here, dive, gain some inner peace and think about different things in life. I didn't have any information on gay life in Australia, and when I arrived here my step brother showed me around Oxford Street. I was very surprised with the freedom, and I met an Australian guy and we became lovers. The chemistry between us was so strong that I was going to his place every night.

Because I had a tourists' visa I had to leave after six months. I went to Costa Rica and worked with the banana farmers doing a consultation on reforestation, just so I could make money to come back. My boy friend had a heart attack after I left, but he recovered. After six months I was back in Australia and we were together again, but I could only stay for three months on that visit.

I finally came back a third time in August 1999, and this time to stay. But then my boyfriend passed away in October of the same year. I had another moment to face in my life.

I continued to apply for my residency as an asylum seeker. While I was waiting for the outcome, I was totally stressed about going back to Colombia to face discrimination and isolation and not be able to talk about it. Since being in Australia I'd become more self confident and didn't feel fear anymore.

My permanent residency came through in 2001. I'm now an Australian citizen and I'm very proud. My life had changed completely because of the support I received, particu-

larly through the Multicultural HIV/AIDS and Hepatitis C Service. At the hospital I was also getting a lot of information from the Spanish interpreter, and I could finally understand the difference between HIV and AIDS. I met other positive people and realised I wasn't alone. The gay community here in Sydney is very open and educated. Support and understanding is the best medicine to heal any illness.

In 2002 I trained to be a speaker with the PLWHA (NSW) Positive Speakers' Bureau, and I'm still a positive speaker. Now I see HIV as a great chance to educate people. I can go to universities and community organisations, and tell them how wonderful life is and how we can achieve our goals.

At the beginning it wasn't easy to find a job in Australia. This was partly because of the language barrier, and partly because I didn't have my residency. I had to do very tough jobs to survive. It was very difficult financially and emotionally. In Colombia I'd never had to do those kinds of jobs. The only thing that kept me strong was the knowledge that I didn't want to go back.

Recently I finished a one year project at the Multicultural HIV/AIDS and Hepatitis C Service (MHAHS) – a Health Promotion project for the Spanish speaking community on harm minimisation and safe sex. This project was about creating strategies to help people talk about HIV. In the Latin American community, soccer is our passion, so I

targeted South American soccer players and worked with 14 teams and 375 players. We supported them with uniforms and gave the trophies, and they gave us access to run workshops on HIV and Hepatitis C. An independent consultant evaluated the project very highly.

Because the MHAHS project ran for one year, and was not extendable, I applied for another job with the NSW Refugee Health Service as a men's health project officer in Liverpool, in South West Sydney. I'm developing a mentoring program for sub-Saharan refugee men. I work with refugees who would benefit from one on one mentoring, and organise ongoing training for the mentors, who report back to me once a month. The project is funded for one year, and the focus will be on health, eating well, sleeping well, accessing services etc. I like doing work that gives something back to the country, because I had to pass through so many difficult situations in life.

My work with the NSW Refugee Health Service is three days a week, and I also have my business in landscape design. It's a great balance in life for two to three days a week to be in contact with nature. Nature is the most therapeutic way to find an inner calm, peace and freedom. I recharge my batteries when I work in the garden. I'm a very lucky person to have these two jobs.

I went back to Colombia two years ago, after four and a half years away, and I thought about telling my closest friends, but I couldn't. These days there are a lot more HIV/AIDS organisations in Colombia, but there's still a lot to be done.

Here in Australia I'm not afraid to tell anyone my HIV status, although it is difficult to have a partner. I'm single now, and it might not be easy to find a person who will want to be with someone who is as open as I am. I'm an open book, and ninety five per cent of the people I know in Australia would know my status, including the Latin American community. An important aim for me in life is to stop discrimination and isolation.

My immediate goal now is to finish my current project with the best results. I'm planning for good outcomes for the refugees I work with because I enjoy my job so much and there's still a lot to be done. And a little longer term, I'd like to move to Byron Bay, if I could still work with refugees and work on my business.



Making decisions

Karl

Karl looks back on HIV, relationships and support. He wonders whether it's better to live in the western suburbs of Sydney, near his community, or in the city, closer to his HIV support.

I was born in Indochina, and moved to Thailand as a refugee. I lived there for about two years. I had an aunty in Melbourne, who sponsored me; so I applied to come to Australia. I finally arrived in 1979, when I was 23 years old.

I stayed with my auntie for about six months. Then I moved to Fairfield in Sydney, and got a job as a labourer in a factory. I worked there for three years, but I became very sick with hepatitis B. I didn't leave work straight away but eventually the work became too difficult. So I moved into the city and got a job as a cook's assistant. I had different jobs working as a cook in restaurants in Sydney. I was happy and I enjoyed it. It was my skill.

In the beginning it was difficult making friends. I'm gay but I didn't know where to go to meet gay people. However I did make some friends after a while, and I also met my partner, and we were together for five years. I travelled a lot in the US, Europe and Asia. When I came back from the US, I was really sick for two or three months. I thought something must be wrong, but I didn't think it could be HIV. I just thought that maybe I had a bad cold.

HIV and relationships

I was diagnosed HIV positive in 1987. I thought I was going to die and felt my future had stopped from here. But then the good side of it was that now I knew I was positive, I could look after myself and other people around me.

My partner was lucky. His test came back negative. I thought it wasn't fair for him to stay with me. I know you can prevent it, but I just thought it wouldn't be fair for him, and I should give him a chance to find someone else. So I left him as a partner, although we still lived together. I guess I sacrificed myself. He eventually met a new boyfriend who moved in with us and we shared the house together.

I would like to have a relationship but it's too difficult. Who's going to accept me if I tell the truth? Maybe one in a

thousand would. But who? It's difficult to try. I don't mind if they reject me, and walk away. But what I really care about is if they talk to other people about me. I've been alone for a very long time.

Retiring from work

By 1995 I felt I couldn't work anymore. Some new treatments had just started. But I wasn't sure they were going to work. I wanted to look after myself and I didn't want to take treatments. That was my decision.

I used some of my superannuation to travel back home and see my sister and mother in Thailand. I couldn't tell them I was sick. I *wanted* to tell them but I couldn't because I didn't think they could accept it.

At this time my partner's boyfriend didn't know I had HIV, and I suppose he may have wondered why I wasn't working. Afterwards I moved out to Fairfield to live on my own. I still see them, and now they both know and they have been very understanding and supportive.

Starting on treatments

Two years later, when my CD4 count got down to 200, I was getting sick often, and my doctor asked me to think about treatments. I agreed to start. The doctor told me the side effects might be bad, but I didn't go to anyone for support and thought I would be ok on my own. This was a mistake because the side effects drove me crazy. I felt very dizzy. I couldn't close my eyes, and I was shaking and had trouble sleeping. When I opened my eyes the ceiling was spinning. I was living on my own, and didn't know what to do, so I went to hospital, but they said I'd get used to it. I ended up changing my medications four or five times, and now it seems ok. I've actually put on weight – more than 14 kilos.

Being close to support

I feel much better at the moment. I made a decision to move into town again, to be close to support. When I look at my life now, I have a lot of support which I didn't know about before. I've been to BGF, and the Asian Group at ACON to learn and share. I've been to the Albion Street Centre to see a psychologist and a dietician. My psycholo-

gist referred me to Ankali. That's been great because I don't have to hide to my Ankali friend. She has her own life, but, when I need to, I can call and we can go out for coffee. I really trust her.

I'm handy to everything in town now, but at the same time I also feel lonely in the city. I haven't made any new friends. In my culture we gather together for festivals and I'm a little far away for that. It's difficult to get there. I'll get myself settled down and see. Maybe I can move back to my community in Western Sydney if I'm strong, and if I feel I can tell people.

Most of my friends are Asian gay men and I've had them for a very long time. I've started to tell some of my good friends. Most of the time, I expect they'll understand. Not telling makes you feel depressed. You have these limits when you feel you can't tell.

The future

Overall, though, it's been very healthy for me to be in the city. Maybe in the future I'll get back to work, depending on my energy. I'm 52 now, and it's difficult to decide. I feel this will be my last opportunity for work. There's not much time until the aged pension, and I want to do something, to create something.

I'd also like to do some volunteer work. Maybe people back home need some support too. I've been learning a lot and I remember all the things I've learned from dieticians and psychologists, so one day I could give back something to people in my country. It's double rejection in my country being gay and HIV positive. In some cultures they're not educated enough, so I don't blame them. They're very scared, but without reason. They don't really understand how you get HIV. My advice would be don't feel sad, just look after yourself and try to explain.

We can't fix the past. The past is the past. We can look at the future and today.

HIV stopped me too early to give good things back to society, and I want to give back to society in the future. Finally I'd like to thank all the community groups for the support I've received. They've given me the opportunity to live a better life with HIV.

The courage to tell

Sealeong

It took **Sealeong** a long time to tell his boyfriend he was HIV positive but when he finally did tell him, it brought them closer together.

I grew up in Ho Chi Minh City (Saigon) in Vietnam. My whole family (two sisters, brother, mother, father and grandmother) left Vietnam in 1979 when I was 17. The boat trip was very rough and it took three days to travel to Indonesia. We stayed there for six months before coming to Australia. I've never been back to Vietnam.

School and work

When I arrived here I didn't speak English, and we lived at the Hostel near Leightonfield in Western Sydney. It was fun there and I saw lots of old friends and I studied at the local Intensive English Centre. Then I went to a school in Beverley Hills for about a year. At school some of the other kids called me a poofster and I didn't like it.

My first job was at the Opera House as a kitchen hand. A friend of mine worked there as a chef and helped me get a job. After that



I worked as a kitchen hand in Mascot at a Greek Restaurant. I also went to Japan for a year on a working holiday visa.

An important relationship for me

Jamie was my first boyfriend. We met at Flo's Palace in the early 80s and had a relationship for two years. He owned a hairdressing salon and I started an apprenticeship there. He was a really nice guy, but he was also my boss, and that was a little difficult. I worked there for four to five years. During that time our relationship changed and we became more like friends and work colleagues. He was often a bit jealous, but I know he cared for me a lot. I used to say to him: 'You're my boss, not a mother.'

I eventually went overseas on a working holiday and I looked for him when I came back. His house was up for sale, and the real estate agent told me he had passed away. He taught me so much. He taught me English. He was a great hairdresser and won lots of awards, and he also taught me how to be humble.

A big shock

In 1993 one of my best friends died. He was HIV positive. He was from Hong Kong, and was a very intelligent guy. I was living in Darlinghurst, with a group of friends, all Asian guys. That was when I decided to go to Hong Kong to work. Another relationship I was in wasn't working out, and I wanted to try something new. I worked as a hairdresser

in Hong Kong, which was fun, and I met lots of people.

In 1996 I got very sick, and the doctor told me I was HIV positive. It was a big shock. I don't know how I tested positive because I always practiced safe sex since the early 80s. I was so sick I was in hospital for a month.

Feeling better

At first I used to take 15 to 18 tablets a day. But now I take three. It's easier. I had bad side effects, diarrhoea, depression, skin reactions, and I couldn't sleep at night and I couldn't eat much. I moved in with my parents, and for two to three years I tried to fight for my health.

I was working part time for a short while in Cabramatta in 2005 hairdressing, shampooing and massage. If you don't work for a while you lose confidence. I've told a few people I'm HIV positive, those I can trust. They are mostly other Asian gay guys.

The hardest one to tell

I've been seeing someone now for four years. I only told him I was positive last June, but we always practiced safe sex. It stressed me a lot not to tell him. But I was afraid I was going to lose him, but eventually I had to tell him. I woke him up in the middle of the night and said 'I have to tell you something.' He cried and cried and he said 'Why didn't you tell me earlier?' I thought we would be finished. But two days later I brought him back to my place and told my parents, in

front of him, that I'm HIV positive. I had my head down. My parents said 'I knew it. I knew it... When you were in hospital so sick.' A couple of days later I took my boyfriend to the clinic in Liverpool to talk to the counsellor. He had a blood test and we went back a week later and he was negative.

*He cried and said
"Why didn't you tell
me earlier?"*

The four of us, my parents, my boyfriend and I, went to Canley Vale for a celebration dinner. It brought us closer together in the end. Now I don't have to hide anything. Everything's straightforward. My parents love my boyfriend, and my mum and dad treat him like a son.

What's next?

Now I'm feeling restless and want to focus on getting a job. After my grandmother died I do appreciate more what life is about. After I found I had HIV I also wanted my life to be more meaningful and I don't want to waste it. I'm lucky to be positive in Australia, and I'd like to help other people with volunteer work.



Women on the margins

Anne from Thailand and her experience of HIV
Maria Petrohilos and Jeffrey Dabhadatta

Anne is a Thai woman in her twenties who came to Sydney two years ago on a contract for sex work. In telling her story, Anne reveals, 'I need to work. I am supporting my family; six lives who can't survive on the little they earn back home. I want to make their life better'.

Not long after her arrival Anne began a relationship and, with the support of her partner, applied for permanent residence. During this process Anne tested positive for HIV. She went into shock. The information she had about HIV/AIDS was based on the knowledge she had from Thailand. 'I know people in Thailand died because of AIDS. Do I have AIDS? Am I going to die?'

In Australia, increasing numbers of women living with HIV are from culturally and linguistically diverse (CALD) backgrounds. Since 1997 the most common exposure category for women diagnosed with HIV has been being born in a high prevalence country. In some ways Anne's experience is similar to other women living with HIV in Australia but in many other ways it is very different.

Talking to other people was not possible for Anne because her fear of gossip was so strong particularly as the Thai community is relatively small in NSW. Issues of shame and stigma remain strong in her community. 'Everyone will find out. People in the temple will know. People in the Thai shops

will know. They will be scared of me and won't want to be with me.'

Anne disclosed to her partner, who tested negative and remained supportive of her application for permanent residence. This process was long and emotionally grueling. The uncertainty of her future meant that she could not make plans or decisions even about fundamental issues such as treatment.

As Anne did not speak or read English she found it difficult to get information and communicate with mainstream services. Her understanding of health systems was based on the knowledge of the health systems in Thailand. Social workers and counselling were unfamiliar concepts to her. Asking for support and assistance was also difficult. 'I am not crazy to see a counsellor and what can a social worker do for me? I am young. I should be able to take care of my family.' Anne's identity is based on who she is in relation to her family. This is a collective view of the self and is different from the Western view where the individual's autonomy and rights are of paramount importance.

Being a sex worker was another barrier for Anne. She had a contract on arrival and had to work to pay off her debt, as well as to support her family. Anne felt she could not disclose to her work peers, as she thought they might pressure her not to work, and she worried they might 'dob on her.' On

the other hand, she felt she had no other employment options or means of support

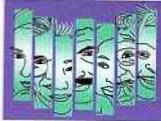
The cultural and linguistic issues facing Anne contributed to her isolation and marginalisation. She was not able to access mainstream services for information and support and she was not able to access traditional community supports either.

The story of Anne is similar to many stories of women from culturally diverse backgrounds. For positive women of these backgrounds, the experience of living with HIV/AIDS is compounded by their migration experience, by having lived in another country, and by linguistic and cultural barriers. Isolation becomes their biggest burden. The Multicultural HIV/AIDS and Hepatitis C Service provides bilingual and bicultural health workers referred to as coworkers. It is in this way that support from someone who speaks their language and understands their culture (like the bilingual and bicultural co-workers of the Multicultural HIV/AIDS and Hepatitis C Service) becomes so meaningful.

Co-workers are available from over twenty language groups. For further information please contact Effie or Leighan on 9515 5030

This article appeared in an earlier edition of Talkabout and has been republished so it can appear with other stories by and about people living with HIV from culturally and linguistically diverse backgrounds.

Working together



The Multicultural HIV/AIDS and Hepatitis C Service assists people with HIV/AIDS from culturally diverse backgrounds.

Talkabout recently spoke to Leighan Kerr and Effie Katsaros, clinical supervisors at the service, about the important issues for clients and the model of matching people with HIV with co-workers

What is the Clinical Support Service of the Multicultural HIV/AIDS and Hepatitis C Service aiming to do?

The service aims to reduce the isolation of people living with HIV/AIDS and others affected by HIV/AIDS from culturally and linguistically diverse (CALD) backgrounds. We're also working to improve access to mainstream services for our clients, increase knowledge of HIV/AIDS, and also support other HIV/AIDS services to deliver culturally and linguistically appropriate services.

How do most of the clients of the service find out they're positive?

Most of the clients of the service find out they're HIV positive when they go through the application process for Australian residency. Some people only find out when their partner gets sick or tests positive, and so they

go for a test. Many present late when they are diagnosed, and this means they already have been HIV positive for some time and may even be sick when they receive their diagnosis.

This must make HIV an even bigger challenge.

Getting an HIV diagnosis can be a life changing event, but it's even more to deal with if you're sick at the same time you're told you have HIV. For many people HIV = AIDS = death in their own country, and it can be quite hard to come to terms with HIV. One client couldn't accept that she wasn't necessarily going to die from it. She had another close relative who was also HIV positive but also very ill. She had that survivor guilt.

African clients for example might be doing ok on meds while people in their own country are not. If you've also got the immigration process hanging over your head it's a lot to deal with.

Do most of the clients of the service receive counselling when they test positive?

If clients find out their HIV status through the immigration process they don't receive counselling. A lot of people from CALD backgrounds use GPs. They often just get the news and then get sent home. We're not talking about the HIV prescribers, but the GPs. Often they just don't go back to their doctor. They get a 1980s service in 2006.

How do clients access the service?

People usually come to the service by referral, through their HIV prescribers, social workers or sexual health clinics.

What are the main issues for clients of the service?

The main issues for clients are late presentation, stigma, confidentiality, appropriate cultural support and information.

Approximately a third of the service's clients are gay men, a third are women and a third heterosexual men. One of the most important issues is poor knowledge of HIV and HIV services. Much of their understanding of HIV is based on information and experiences from their country of origin. This is also compounded by outdated beliefs about HIV, i.e. it is untreatable or it is transmissible through social contact. There is also a lack of information in community languages. Some of the clients get their information from the internet in their own language and it's inap-

propriate for Australia. The website might be negating what their doctor is saying and so it undermines their trust in their doctor.

Immigration is often the biggest challenge in a client's life. Its effects are far reaching, ranging from issues with Medicare, to complete uncertainty about the future. People going through the immigration process can have real difficulties accessing medication. It would actually be in our interests to allow people access to medication even if they're not Australian citizens. Studies show that people are less infectious, and if people keep well it also means other costs aren't incurred, and we're not talking about huge numbers of people.

Language and cultural difficulties with health professionals is another issue. Other than the obvious language difficulties, there are different understandings of the role and status of health professionals.

Because many people from CALD backgrounds may be diagnosed later in their illness and so access treatment later, they can experience more difficulties in adapting to living with HIV. Late presentation has important implications for people from CALD backgrounds.

Stigma is also a huge issue. Clients often base decisions around ensuring that family, friends and community are not aware of their HIV status. This can lead to increased isolation and lack of support.

The clients live in a widely spread out area?

Lots of great services are set up in the city, but most clients don't live where there are nearby services. There are limits on the support they can provide on the outskirts of a city. The co-workers tend to live in the areas where the clients live, and the co-worker system is one of the real strengths of the service and a really good model of service delivery.

How does that co-worker system work?

On referral to the service we undertake a client matching process to ensure the best possible 'fit' between client and co-worker. Apart from language, we consider gender, sexuality, religious affiliation, age etc. Once matched to a client, co-workers can provide long term support until the client is discharged from the service. Most of our clients require our service for approximately two years. For many of them it is a transition service and once they can access and navi-

gate mainstream services on their own their need for a coworker diminishes.

Co-workers not only speak the same language as the client, they understand the issues the client may be facing within their cultural context. Trained in HIV/AIDS they are also familiar with the health system in Australia, and are also bound by the rules of confidentiality, which is an important issue for CALD people.

There are many positive outcomes for clients from co-worker support. These include being able to share their secret with someone they trust, without fear of their confidentiality being broken, acquiring better understanding of HIV treatments, learning how to access treatment and navigate the health system and generally becoming less isolated and more empowered.

Many of the co-workers end up working in the field. It's a great experience for them as well, and there are opportunities to do media work, writing and developing resources.

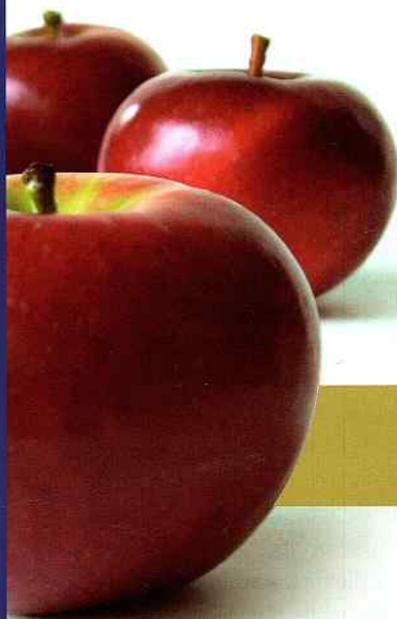
Do you need more co-workers?

Yes. We've recently had an increase in Sub Saharan African referrals. The emerging needs appear to be for African co-workers and Arabic speakers. We also continue to need Thai, Chinese and Vietnamese co-workers.

Generally every few years the service recruits co-workers based on these emerging needs and also a range of data including NSW HIV notifications, immigration data and HIV prevalence in countries of birth.

Co-worker recruitment is a fairly stringent process that takes many factors into account including language and culture. Co-workers may be attracted to this type of work due to an interest in helping their community, or it may be that their own lives have been touched by HIV in some way. Applicants are interviewed to determine their suitability and then trained and supervised in their role. The service currently has clients from 25 language groups and 85 co-workers.

To find out more about the Multicultural HIV/AIDS and Hepatitis C Service phone (02) 9515 5030 or visit www.multicultural-hivhepc.net.au



Building peer support and keeping healthy

ACON's Healthy Life +

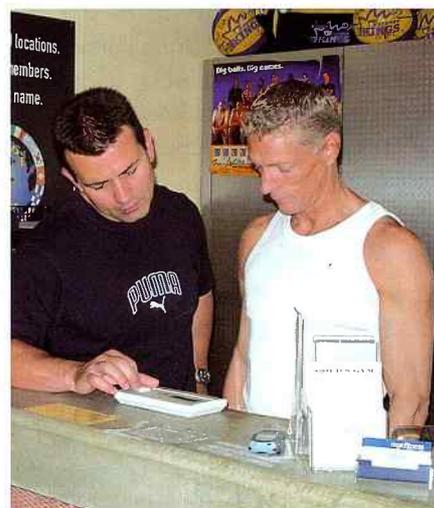
Regular exercise, eating a nutritious diet, managing stress and achieving realistic goals are all important steps in maintaining health. Add to that, being part of a helpful support network, and you also have some of the key ingredients that make up ACON's Healthy Life + program. Talkabout asked the people involved in the program what they have learned from it.

Healthy Life + is a free, 13-week program that includes individualised exercise training programs, weekly health improvement seminars, peer support and motivation techniques. The program also includes the monitoring of blood pathology, body composition and strength testing by health care professionals. Conceptualised in 2000, ACON originally developed Healthy Life + to improve the health and wellbeing of Sydney gay men living with HIV.

Two programs run each year with 12 to 18 people per group at a time. The latest series began in September 2006. Healthy Life + is open to anyone (men or women) who are HIV positive. As interest in participating in HL+ has continued to rise in recent years, preference is given to people affected by lipodystrophy, weight loss, or depression or to those on low incomes. Those affected by HIV related opportunistic infections are also given priority.

The HIV Living's Men's Health Promotion team at the Positive Living Centre works in partnership with a number of area health-care and fitness professionals to deliver current, appropriate support and information to participants. The Albion Street Centre plays a key role by providing individualised nutritional assessments, blood pathology (CD4, viral-load, liver functioning, etc) and body composition measurements. In addition, they also conduct strength testing to assess fitness levels, which help track individual progress throughout the program.

Another key partner is Gold's Gym in Darlinghurst. It contributes a 12-week complimentary membership which



16

Most gay men have been in a relationship. And about two-thirds are in a relationship at any time. Although relationships can vary greatly, one thing they have in common is that they all contain agreements of some kind.

One reason why many gay men negotiate agreements is to manage expectations. For many, these agreements support gay identity, enhance relationship quality and improve sexual satisfaction. HIV and STI prevention are other reasons why some men negotiate an agreement.

For some, this may mean a long-term intimate relationship with only one person. For others, this may mean a loving relationship with one partner but sexual activity with others – “playing together” and sometimes separately. Others may have a series of short-term relationships with different people. Each relationship is a challenge with or without HIV.

This factsheet will address the important issues of relationship agreements for HIV positive gay men.¹ Personal stories offer strategies and practical tips on the important issues of relationships and relationship agreements. Topics covered include: What gay men have agreements about, their understandings of the agreement, and, how and why agreements change?

How do you tell your partner you broke the agreement? How would you respond if your partner told you he had done something which broke the agreement?

Greg: I still believe in relationships whether they're pos-neg or pos-pos. Love them and believe in the idea of love as irrational as it can be and as rational as it can be.

Relationship agreements

Rules of the heart

between gay men

There is no blueprint for a relationship.

Relationships can be as varied as the individuals involved.

Relationships

For many men a good relationship is something that is mutually negotiated between partners. It is about open communication and taking responsibility for the relationship.

Terry: It's about communicating from the beginning what a relationship should be. Consider what is a reasonable amount of time to find out what the boundaries are for each other? Is it different for each situation and person? It's about getting to know the person which takes time. You can't find out these things quickly.

Graeme: A good relationship is open, honest, good communication, love, tolerance and good sex. You bring your expectations to any relationship. It can be worth reflecting on what those expectations of both yourself and your partner might look like.

Rick: I got out of the idea of falling into something and being unbridled and uncontrolled and turned my thinking around to taking responsibility for the relationship. [...] Two partners take responsibility for the relationship so the relationship is healthy and is something to hold up.

Others suggest that communication can have its limits and you need to work out what are the important things to share.

John: In a good relationship you seek to be close together but paradoxically you realise there are things you can't share and there are things that you can't discover about the other person. You desire to and that's part of the relationship. I think, particularly if you've got a sero-discordant relationship, that's something that you're going to have to deal with from both perspectives: neg and pos perspectives.

Some challenges: expectations and pressures

For many coming to a shared understanding about sex (e.g. using condoms or even talking about having sex with other people) is a difficult conversation to have. While some gay men value monogamy for its "role in both defining and securing a relationship – and keeping it safe, at least emotionally, they also recognised a certain inevitability of sex outside the relationship".²

Barry identified his own innate desire for sex outside the relationship.

Barry: The relationship had to eventually "open up" to accommodate sex with other men. The reality is there are some things [desires] that could not be satisfied within the relationship.

Some make a distinction between physical and emotional monogamy and have clear expectations around this issue

Greg: I wanted emotional monogamy. I told him: "You can have friends who you have sex with but, you come home to me." I didn't want him to get emotionally involved with them. [...] He talks about his heart being like a bit of a taxi-cab, there's always someone else popping in. I want a sports car and I don't care who drives or navigates, but, I want a sports car two-seater. The cost for me has been the end of a relationship.

communication choice change

Tim acknowledges that gay men's relationships are freer than heterosexual ones but, this may not be the whole picture. All relationships come under pressure to conform to various norms. It's important for people to reflect whether these expectations make them more or less comfortable and happy.

Tim: There're a lot of things to conform to in gay relationships depending on what your particular social group is. There're different pressures in relationships, which are influenced by the cultural settings you find yourself in. There's a lot of pressure to have open relationships [...] and there's also the opportunity to break out and establish your own values.

Many reflected on the irrationality of sex, love and its consequences. For some, while it's important to be aware of expectations it's also good to be flexible.

Roger: There's another big factor that keeps getting pushed under the carpet; the assumption is we're totally rational beings (in a discordant relationship it is rational to practice safe sex) but human beings are not totally rational. We all make mistakes; it's part of being human. It's not a perfect world so I don't see how you can set up a perfect set of rules.

Relationships often begin in physical attraction and the mind follows.

Tim: Any time I've started a relationship, rationality goes out the window. There's all that lust and it evolves from there. You get to know the person and then you start negotiating the relationship.

It can be challenging sticking to the 'rules' where emotions are concerned.

Noel: We have an agreement that we wouldn't have sex outside the relationship without each other. We do it as a pair, these are the rules. You can have all these rules but somewhere in your heart when the emotion gets a hold it all gets lost.

Negotiating boundaries

At different times we desire different things from a relationship. Some relationships may be strictly monogamous while others may be 'open'. Sexual boundaries in a relationship can be extremely difficult to negotiate.

This is how John and Tim put it:

John: Discussing why sex is desired outside the relationship and the effect it may have on intimacy and the relationship is complicated.

Tim: People say we should be talking about sex but it doesn't happen like that ...it's more complex than that. I've been in situations where you don't talk about sex. You sit there wishing you could and it just gets harder over time.

Getting to know each other takes time.

Good communication involves always being respectful to each other.

Relationships are like most things in life they change.

Be prepared to grow, change and communicate those changes.

For some, relationships may be marked by avoiding negotiation, lack of disclosure and mutual silence in regard to sexual activity outside the relationship. Obstacles to open discussion included fear of their partner's reactions, fear of conflict, a loss of trust within the relationship and, ultimately, fear of losing the relationship altogether, or "you just don't want to know."

But does the relationship change or end after breaking an agreement? Some comfort may be found in recent research by Prestage, Mao et al.³ with HIV negative men in Sydney where less than half (45.6 per cent of the respondents) reported any impact on their relationship when they discussed breaches of agreements with their regular partner. In fact being "open" and talking about "stuff ups" or "slip ups" with regular partners may improve relationship quality. In Peter's words: "Talking about it brought us closer together."

While for Richard dealing with a broken agreement meant opening himself to be hurt again.

Richard: I didn't deal with it at all. I went into this relationship with someone who said he wanted absolute monogamy. The sex was great; everything was great. We'd go out together and we went home together. I used to travel a lot and decided to surprise him. I found him in my bed having sex with someone else. It wasn't so much about the sex; it was more about the trust. I felt completely and utterly betrayed and I threw him out on the spot. It took me a long time to trust anyone and have another relationship [...] You open yourself to be hurt again.

Many want more open communication about sex and relationships but opinions and anxieties about sex affect how we approach this.

Greg: Once you become HIV positive everyone else has a view of what you should and shouldn't be doing in your sex life.

Chris and John explain that talking about sex is often extremely complicated.

Chris: Intimacy and getting to know a person can be difficult things. They are all challenges to a relationship. Communication's difficult, it's very difficult.

John: It's knowing your partner well enough to pick the right time [...] after 14 years I know him well enough to know when I can talk to him about a particular issue. Again you've got to find something that works for both. It's got to fall on fertile ground too and if the other person isn't willing to communicate then you can talk till you're blue in the face. So it's personal dynamics as well. Sometimes it's very hard to get heard, understood and acknowledged.

And it (communication, 'rules', expectations, pressures) doesn't all happen just at the beginning of the relationship.

Gavin: I think you talk about it less in the beginning because you're too busy doing it. It's like when you're not doing it that's when you start to talk about it and rationalise it. It's certainly changed for me because five years into the relationship, sex changed for me and discussions changed.

communication choice change

Speaking the unspoken

And of course communication is more than verbal; there are also the 'unspoken cues'.

Mick: We're talking about oral communication. There're different ways to communicate and so it's being open and picking up the cues from your partner; there're all sorts of ways to communicate.

Agreements about outside partners varied widely; some had detailed agreements that they spoke directly to their partner about; others agreements were unspoken but understood.

This is how Stephen and Tom put it:

Stephen: There are unspoken rules of the heart, sometimes they can't be articulated ... you just feel around and get a sense of what your partner wants.

Tom: Even though we have not engaged in conversation about sex, we are very happy about our agreement. He's never had a particularly strong sex drive, that's why we've always had an open relationship. I have a high sex drive and he's incredibly low. In terms of our relationship, our commitment or bond, our faith and trust in each other, has never been stronger. We've been together for 11 years.

Relationships go through changes

And how and why do agreements change? Relationships cover a lot of things like affection, intimacy, having somebody to care about and somebody who cares about you. There are dynamics in relationships that change over time. People may have an agreement that evolves into something else as the relationship develops. For some couples agreements are not fixed and they change their agreements as needs in their relationship change.

Greg: I was in a relationship for 10 years, and we'd started out as an open relationship. We were both negative at that point and so we did unprotected sex at home, but had safe sex outside. About three years ago he decided, he wasn't happy with just having outside sex; he wanted longer-term relationships outside. But I disagreed and wasn't emotionally able to cope with that and so it's fallen apart. We live separately now. I'm the one that can't come to terms with the fact that he wants to have what he calls "my fuck-buddies" with whom he can become emotionally as well as sexually involved with.

Communication is about time and place. Sometimes it's better to leave things until the time is right.

Be flexible because after all it's about the dynamics between two people (at least).

Some flexibility is needed to be able to adapt to changes and to negotiate each change.

John: I like things to be a little bit more organic. Depending on the person you meet, what relationship you form with them can be completely different. Depending on who they are and where you are at that time, you can have different things happen. And even within that one relationship it can change as well. It's continually re-negotiating the relationship.

Terry: I've had four significant relationships in my life and the guys haven't been clones of each other. The type of relationship's been different and each was good, bad and indifferent for its own reasons.

Three's a crowd (you, me & HIV)

Are pos-neg relationships different? A relationship where one person is HIV positive and the other is HIV negative has its own set of challenges, anxieties and also strengths. Personal beliefs about risk and intimacy may play a role in making decisions about sex. What seems to be important is risk assessment and management, of what partners might consider doing within the relationship, and what risks this might involve.

Paul: As far as a pos-neg relationship is concerned sex is the issue. I mean I find it difficult having sex with people who are HIV negative even though I do. There's also that thing about disclosure you know. If it's a one-night stand 'do you disclose?' or 'do you not disclose?' It adds another pressure to the relationship.

Bob: The whole problem with relationships and having HIV is that it restricts you. It's an involuntary restriction; your options emotionally and pragmatically are cut back.

Peter: No matter how well it's discussed or negotiated HIV is this other presence in a relationship. It's always there. Three's a crowd.

For some, sexual pleasure and intimacy means unprotected anal sex. Condoms and what they represent – for example, lack of spontaneity or an acknowledgement of the pos-neg relationship – are seen as a barrier to both sexual pleasure and intimacy. How do you then maintain both pleasure and intimacy while practicing safe sex?

Phillip: That's what I love about sex, I love that spontaneity. I love that fuck on the car or in the pool or wherever, I don't have to think about it. But now I do. As soon as I think about sex with my neg partner I start thinking condoms, I start thinking protection.

Jeff: Underlying these anxieties is the importance of having and maintaining good communication with your partner.

For Richard intimacy can be achieved in many different and unexpected ways.

Richard: Think carefully about intimacy and how we achieve it. Condoms aren't necessarily barriers. Often they open up possibilities for many of us.

Many find at the end of the day, love (and great sex) is less about serostatus and more about the connection between two people.

Phillip: I'm going out with a neg guy. I'm sure we will face our challenges, however I've realised that great sex does not have to be kept between pos men. Sex with someone you love is great.

communication choice change

Stephen: If you ask me about a plan, my next relationship will be pos-pos. But, the romantic part of me would like to think I'll meet someone I've got that spark with and that will get us over anything. It's about being with them, not about what other conditions you have, HIV or otherwise. I think it's about supporting the person on their journey and doing it mutually.

Pos-Pos relationships

While many men are involved in very satisfying pos-neg relationships, some HIV positive men have made the decision to only seek out other positive men for relationships. Disclosure, negotiating sex and safe sex are challenges for people with HIV.

Paul: I've been having pos sex because sometimes dealing with the rejection from neg guys is hard. In negotiating sex you've got to go through the disclosure, then the conversation, then the reassurance and then the sex, which can make you feel quite anxious. It's good to remember what sex was like without all of the steps I now have to take with neg guys.

Jeff: Sex with another pos guy feels completely different. I love the spontaneity. I think pos-pos relationships work for sex.

For Richard there is no simple answer however, sharing experiences with other positive men can help.

Richard: When you're in a pos-pos relationship you're on a journey together. So it's got to be a positive thing emotionally; we learn from each other.

With Brian HIV discrimination and sexual rejection were other obstacles to overcome.

Brian: The thing about having a lot of rejection is you get sharper at negotiating. Eventually I met my partner, we've been together two years, and from the moment I set up the relationship, I set up two things, I set up the disclosure thing and then if that was okay I set up the boundaries of the relationship. I also set up an exit strategy.

While Brett reminds us that STIs (sexually transmitted infections) remain an important health concern in open relationships and pos-pos sex.

Brett: We shouldn't forget the very real issue of contracting an STI when both partners agree to have an open relationship, especially where pos guys want to have unprotected sex with another pos guy.

Sometimes relationships end and it's nobody's fault. It doesn't necessarily mean you have failed.

Getting information and support

- **People Living With HIV/AIDS (NSW) Inc**
☎ (02) 9361 6011 Freecall 1800 245 677.
A non-profit community organisation representing the interests of people living with HIV/AIDS in New South Wales.
- **The AIDS Council of New South Wales (ACON)**
☎ (02) 9206 2000 Freecall 1800 063 060. A health promotion organisation based in the gay, lesbian, bisexual and transgender communities with a central focus on HIV/AIDS.
- **Positive Living Centre (PLC)** ☎ (02) 9699 8756.
Provides a range of structured programs, special events and social activities as well as peer support and health promotion programs for people living with HIV/AIDS.
- **Albion Street Centre Psychology Unit**
☎ (02) 9332 9600. Psychology Unit Manager, 9am–7pm, Mon–Fri.
- **Gay and Lesbian Counselling Service of NSW (GLCS)** ☎ (02) 8594 9596. Outside of Sydney areas call 1800 18 GLCS or 1800 18 4527.
A telephone counselling and information line operates seven days a week from 5.30pm to 10.30pm in the Sydney Metropolitan Area or from outside of NSW.
- **Multicultural HIV/AIDS Service** ☎ (02) 9515 3098
Freecall 1800 108 098. Mon–Fri, 9am–5pm.
Bilingual/bicultural co-workers providing emotional support, advocacy and information to people living with HIV/AIDS from non-English speaking backgrounds.

For regional NSW HIV/AIDS and related services:

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

Written Resources (available from ACON, AFAO and PLWHA (NSW):

- *HIV+ Gay Sex: A booklet about being gay, Having HIV and Sex*, 2nd Edition, AIDS Federation of Australia (AFAO)/ National Association of People Living With AIDS (NAPWA), 2002.
- *Opposites Attract: For HIV negative partners of HIV positive men*, 2nd Edition, AIDS Council of NSW (ACON), 2005.

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

- 1 Managing side effects – efavirenz;
- 2 Boosting your energy;
- 3 Getting started on combination therapy;
- 4 I want to return to work;
- 5 Living with body shape change;
- 6 Positive pregnancy;
- 7 Clinical trials;
- 8 A night with tina – methamphetamine & HIV;
- 9 HIV and your mouth;
- 10 The dynamics of disclosure;
- 11 What you need to know about syphilis;
- 12 Changing horizons: living with HIV in rural NSW;
- 13 Surviving the Centrelink DSP Review;
- 14 Growing older: Living longer with HIV;
- 15 10 reasons to test for STIs (sexually transmitted infections).

Footnotes

- 1 The material used was derived from a discussion group with both positive and negative men and a series of one on one interviews. All names have been changed.
- 2 Worth, H. et al. (2002) "Somewhere over the rainbow: love, trust and monogamy in gay relationships", *Journal of Sociology*, The Australian Sociological Association, 38(3):237–253.
- 3 Prestage, G., L. Mao, et al. (2006). "HIV risk and communication between regular partners in a cohort of HIV-negative gay men." *AIDS Care*, 2006 Feb; 18(2):166–72.
- 4 What the law says: The *NSW Public Health Act* says that if you have a sexually transmissible medical condition you must tell your partner before sex. Under the current laws, condoms are not a defence if you do not disclose. People Living With HIV/AIDS (NSW) has advocated, and continues to advocate, that the law reflect the importance of condoms in reducing the risk of HIV transmission.



This factsheet was produced with support from the Australian Federation of AIDS Organisations (AFAO).

Produced by the Health Promotion Unit of



PEOPLE LIVING WITH HIV/AIDS
NEW SOUTH WALES

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Design Geoffrey Williams + Associates, Sydney

includes access to all group exercise programming.

Gold's Gym, open now for six years in Darlington, has been a partner with ACON in the Healthy Life+ program since its inception. Marc Eisman, the owner, says: "The gym here is very motivating and we have trainers with expertise. I've seen the benefits people have experienced through doing the Healthy Life program, socialising, putting on weight, and giving them more purpose."

Marc reports that, after they complete the program, the majority of people take out a gym membership and keep training with a cheaper membership. "BGF has also helped some people out. I've seen the changes in people, physically, mentally and emotionally."

"Once people get going they do extremely well. By starting with the program it's less intimidating then just going to a gym on your own. You're not alone. Participants are with Ingrid (the trainer for Healthy Life +), and they'll have workshops and former participants are here to assist. The Staff at Gold's is also friendly and they've all done sensitivity training."

Ingrid Cullen volunteered with Healthy Life + from the beginning as a trainer and has become an integral part of the team since being officially contracted by ACON for the last two years. "Some of the participants in the program have also come back and mentored people. Ron Tripp [the Team Leader for HIV Living Men's Health Promotion] is meticulous and has lots of follow up with people. He has a fitness background and has a great insight into what is needed. The program has become a bit more individualised," said fitness trainer (and regular *Talkabout* columnist) Ingrid Cullen.

Ingrid also notes that people can be assured their confidentiality will be respected. "Par-

ticipants in the program are just like other regular gym members. There is nothing which distinguishes them and so it's anonymous and confidential for people."

She also stresses that there is some flexibility and understanding of people's special circumstances: "People can come back to the program if something unforeseen happens to them with their health and they had to drop out."

Ron, the Health Promotion team leader, says the peer support component of the program is central. "As we've just kicked-off our tenth program in six years, we've become better at engaging participants for their varied expertise, as well as for their lived experience as a plwha. Both perspectives are highly valued and only strengthen peer-support networks and programs just like this one. It's so gratifying to see former participants still working-out, looking great and moving forward with their lives. And a good number of former participants return to volunteer their time and offer their support in various ways. For example, one of our trainers (who completed the most recent HL+ this past winter) infused his seminar with his lived experience as a plwha, providing the group with an experiential context on how the program can benefit those willing to make the commitment. I cannot overstate the value in hearing these principles being communicated from another gay poz man's perspective. The guys who volunteer for this program fully appreciate the importance of support for each other, and this is their primary motivation for wanting to volunteer for this program in particular.

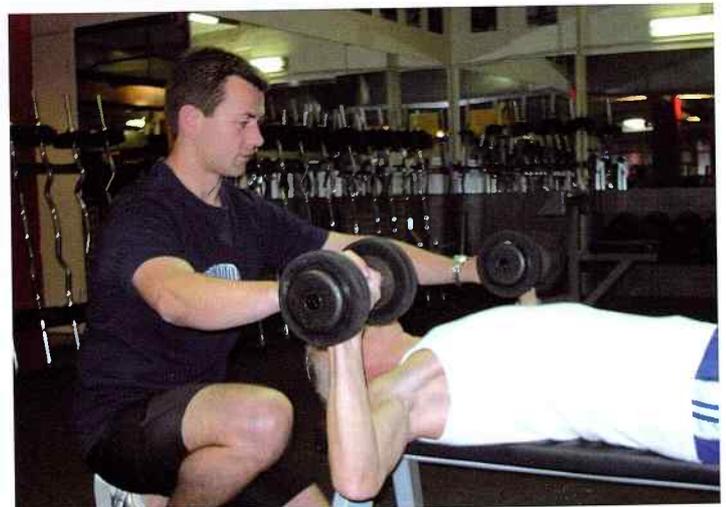
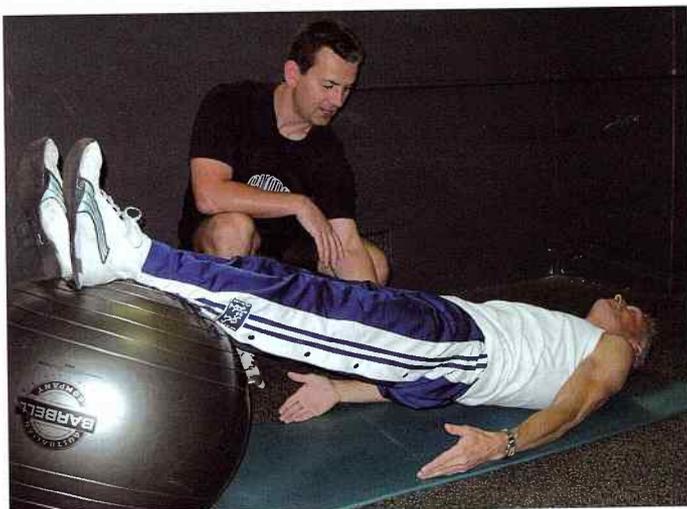
"And this is also why the program has continued to improve and evolve. Participants evaluate each seminar and the program in general, offering valued feedback to help

us meet the evolving needs of poz gay men. For this reason we are very keen to utilize area health service providers with high HIV caseloads within their respective fields of expertise. Chris Tzar, Exercise Physiologist, continues to be one of the leading contributors of the program and presents a seminar on "Motivation" at the start of each program since 2000."

Other contributors include, Craig Osborne (Holdsworth House General Practice Chiropractor), Dr. Matt Shields (Taylor Square Medical Clinic), Simon Sadler and Louise Houtzager (Albion Street Centre Nutritionists). In addition there is Victor Feneck (Traditional Chinese Medicine Practitioner and Acupuncturist at the Positive Living Centre), Michael de Manincor and Donna Gianniotis (of Yoga Sanga) and Carl Piraino (Positive Living Centre Team Leader and certified massage therapist and trainer) and David Baker (407 Doctors). All these people have been instrumental in our ability to deliver the most relevant and current information related to HIV maintenance today."

Our efforts essentially focus on supporting the participants' autonomy. The important thing is their ability to make informed decisions within the context of their own lives, based on their respective histories, goals and expectations. By exposing these men to a range of HIV related health maintenance strategies, we expect most participants will leave the program better equipped to make healthy decisions beyond the program."

If you would like to know more about the Healthy Life+ program contact the HIV Living Men's Health Promotion Unit on 9699 8756 or freephone 1800 063 060





Letter to London

Greg Page wrote this letter to a friend living overseas who had just been diagnosed HIV+. Not only was he telling a friend he was there for him, in the process he was also “outing” himself as HIV+ too.

Hi mate,

If you ever need someone to talk to about this, or what you're going through, or what you're feeling, you just call or mail me. I know what it's like, believe me! Yes, I'm HIV positive too and have been for almost three years now. I figure this is a good time to tell you this, so you can see that it's not the end of the world, life goes on, and life can still be good. It is a big help to have someone there to depend upon who has been through those early days when you don't know whether to feel angry, frustrated, suicidal, sad, mad, or remorseful, or all of those. I'm happy for you to lean on me.

My biggest advice to you now is to get a support network. It's good to have people like your friends there in London to talk to about it, but you also need to find people who are positive themselves to talk to about your experience and relate to. That really helps. It's also educational, if you like, and will help you understand things in yourself so much better. A lot of being HIV positive is being aware of your body, of your limits, and of a future that you yourself control. There are things you can do to maintain a healthy body and mind, and there are things you can do which are detrimental to it. Of course, that doesn't mean you can't go out and party sometimes, but it does mean you have to respect the fact that you now have a chronic manageable disease. That does change things.

I would ask your HIV specialist there to give you some recommendations about organisations or groups that you could go along to or join. I went to one here in Sydney that my doctor recommended through ACON - it was a weekend workshop for

newly-diagnosed guys called Genesis. It was a huge help for me to hear the stories of people in a similar situation, to get information, and also just to express my emotions and frustrations and fears. Sometimes you just need to let it out and then you can let go of it. See if there's a similar group that the Terence Higgins Trust runs in London perhaps. They might also have a social group like PLWHA has here - a one-a-month evening called After Hours where poz guys chat, discuss and bond. It's a really worthwhile thing.

I also did a massage course through the Positive Living Centre in Surry Hills, which is kind of an off-shoot of ACON. I'm guessing there might be something similar there too, or at least a place that may offer free complementary medicine (ie Reiki, massage, acupuncture, yoga etc). Find out what there is on offer and investigate them. You owe it to yourself now and to your (good) health.

As for sex, you probably won't feel like it at all much now I can imagine. That will change. You'll then have to decide for yourself the answers to a lot of questions that being positive raises. I have been through the crystal bareback orgy thing, so I know what goes on in the real poz world. You know my partner almost wanted to kill me when he came back from his month overseas and saw how badly I'd been abusing myself. He told me if I ever used crystal again he would leave me. That was a good enough reason for me to never touch the stuff again. Once again these are things that no one gives you a guide book for, or can really prepare you for. You just have to decide what's best for you and how you feel at the time. That goes for sex too, of course. Sometimes you do just want to fuck the pain away and sometimes you should. Sex is not a bad thing, the enemy or

a crime, but now it comes with added risks or baggage. Be aware of that.

But don't let your diagnosis rule your life. After a while it won't seem as significant and life-altering as it does now. You'll just need time with that. Don't deny yourself things that you've wanted to do and don't let your diagnosis spoil occasions. You will be sad or upset, sure, but remember if there's one thing being HIV+ should teach you, it's to cherish the things and people that are important to you. Don't waste life and don't waste the time that you have. It's too short for everyone, this is just a reminder call. Stick with it mate!

It's worth getting through it and hanging on in there. I tell myself that and it works and it's true. Sometimes you just need to take a step back and see the bigger picture. Realise what's important for you and what isn't. Think of what makes you happy and what you enjoy in life. Focus on them.

This isn't the end of the world, as you well know. Look - you're still here after your diagnosis. Sure, you're allowed to be a little melancholy. Put on some Pet Shop Boys and have a cry, then move on. That's what everyone loves about you - that you're so full of life and besotted with what's going on. Don't let your diagnosis change the person you are, and never hate yourself. You didn't do anything wrong and you're not to blame. This is shit that can happen to any of us. It's not fair that it happened to you, or to me, but you need to be strong about it and not let yourself down, ok?

I'm always here for you. I know what you're going through. Be kind to yourself.

Greg. x



Ten years of caring for carers

Sister Margaret Mines has been caring for people with HIV/AIDS since 1984 and has coordinated the Tree of Hope, a service for carers of people living with HIV, for the past ten years. When she retires this year from her role at the Tree of Hope, Centacare will continue this service. Talkabout recently spoke to her about her experiences.

I started working at St Vincent's Hospital in 1984, and Bobby Goldsmith was the first patient with AIDS I ever knew. He was a great talker and very open, and he was able to explain to me what it was like for him. Those were the bad old days, but then it was downhill from there for quite some time. They were very traumatic times, when there were no medications. Earlier on there was no blood screening, and so there was also medically acquired HIV. The beds were always full with both men and some women, both homosexual and heterosexual.

A lot of the men in the ward were gay, but often many parents visiting didn't know their son's sexuality, and their son was about to die. I was aware there were a number of services for people with HIV/AIDS, but this also made me realise that the needs of carers and those affected by HIV weren't being met. Carers often don't look after themselves, and they can also be unwilling to admit they need to talk about things.

So I opened the Tree of Hope in 1996 and we focused on carers. I include service provid-

ers in that, because they are carers too. People sometimes came to plan funerals and there was bereavement counselling. The Tree of Hope started around the time all the treatments became more effective. So shortly afterwards there wasn't the same volume of people coming through. I used to have lots of volunteers, but as people moved away or got older, I didn't replace them, and so now it's basically me.

When I thought about opening the centre all the service providers thought it was a very good idea. SWAIDS (Social Workers in AIDS), Poz Het (Positive Heterosexuals), ACON Accommodation Crisis Group, all meet here at the Tree of Hope.

I visit people at home or in hospital, at the Bridge, BGF House and also the Luncheon Club and Stanford House. I'm a pastoral carer and I'm here to listen to people. The Tree of Hope doesn't attract government funding, but Centacare, the Catholic Church's welfare organisation, funds the centre and pays the bills, and they are very supportive of the work. The Tree of Hope is in the grounds of St Patrick's Business College in Surry Hills. It's a very discreet place to come to (confidentiality is very important), and it's handy to public transport.

Some of the biggest problems I come across these days are depression and insecurity. People wonder what the future holds for them, and life seems very uncertain. A lot of people are also in financial trouble. There's a lot of stigma still around, and many people don't feel free to talk about their concerns. They are very discerning about who they disclose their status to. You could disclose something very intimate about yourself and then someone blabs it all around the housing complex. Parents also wonder about how much to tell their kids.

It's frightening that after twenty years, people still can't talk about having HIV/AIDS in the same way that they can talk about having cancer. A lot of people don't know who they can trust to talk to. People need to be able to socialise with others they feel comfortable with. Some people need to talk one on one, and others need to talk in a group. I'm sure there are more people out there who have the need to talk about how they're feeling. But it's amazing how people can manage, how resilient they can be, even when they're not well.

*The Tree of Hope in Surry Hills offers emotional support for people with HIV and their friends.
Ph: 9698 3161*

halc

HIV/AIDS Legal Centre Incorporated

FREE LEGAL ADVICE

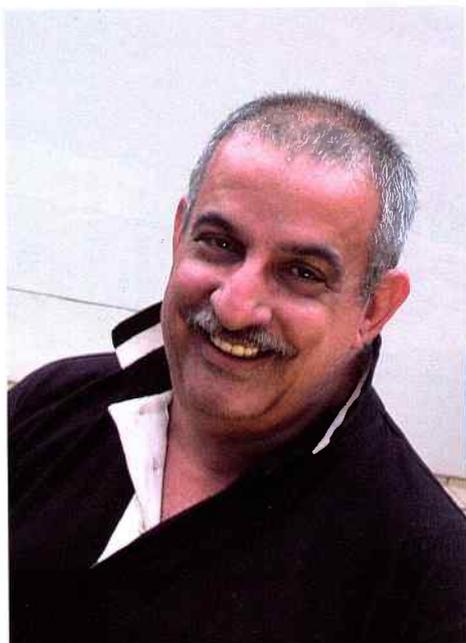
HALC provides free legal advice, information and referral to people living in NSW with an HIV related legal problem.

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All information is kept strictly confidential.

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10am to 6pm Mon to Fri



Kon Toumazos

27.11.1952 – 22.09.2006

Of course, if anyone had told Kon that they wanted to do a full-page article on him in *Talkabout*, he'd have thought the whole thing very strange. "You're kidding", he'd have said. "What's so special about me?" And now I have to try to condense what was "so special" about this remarkable man into the 750 words given me by the Editor. Usually, in these short biographies, some attempt is made to separate the "private" from the "public", but in this case that isn't going to work, because he was exactly the same no matter where, or with whom, he was. At home and at work there was always this instinctive gentleness and generosity, this uncanny gift for putting himself into the mind and feelings of others – and this infuriating ability to tell some outlandish tale with such utter candour, with his eyes gazing steadfastly into yours, that it was not much later that you'd realized you'd been konned yet again, and that what he'd told you was probably the most outrageous thing you were likely to hear all day. For instance, for more than a quarter of a century, until he came clean, I honestly believed that that scar on his thigh was indeed evidence of an unfortunate encounter with an elephant's tusk at the circus in Blacktown.

He was for many years part of the Front of House team, and latterly its leader, a position that he'd refused on past occasions, preferring to be just one of the gang, until being pushed reluctantly into it by a very determined Director. And, Kon being Kon, he never ceased to be just one of the gang; but nothing was ever done, and no decision ever taken, without first consulting him.

Sometimes a suggestion would be made by one of us that would have streamlined this or that aspect of our work. But he would never accept it unless it was also of benefit to our clients. And to those clients, he was a focal point of calm, practical reassurance and understanding. They sensed that, no matter what other dramas might be unfolding around them at the Front Desk, at that moment he was only involved in what was happening in their own lives, and in a determination to help them cope with their own particular crises. When he was on the switchboard, calls would occasionally mount up while he listened patiently and gave caring, wise advice as some anonymous person told him of their concerns.

Twenty one years ago this month (as it happens), he had the very good sense to fall in love with Larry, and Larry was the centre of his life. They loved, bickered and teased each other for all these many years in what became something of a legendary union. To whoever doubted the viability of a long-term relationship in today's frantic world, someone would say: "yes, but look at Kon and Larry; they've been together for.....". And Larry's love and care were truly inspi-

ration when we made the decision that he would die at home, with us there, and surrounded by everything he was familiar and comfortable with.

Like all really good people, though, he had a great vice. He adored bad movies – sorry, love, I know you'd have said there was no such thing. But the nearer a film edged toward Z-grade, I swear, the more stoutly he championed it. ("Yes, but the scene where he's impaled is really lifelike" or "But the bit where she cuts off his head is brilliantly edited"). Most lunchtimes he'd come back to work clutching an ill-advised chicken schnitzel roll and double chocolate milkshake – he was no sylph – as well as his latest DVD find. It was usually some neglected masterpiece like "Revenge of the Living Dead" or "Attack of the Mutant Virgins"; for such a truly pacific soul, he had an unhealthy fascination with things gory. And then, of course, these had to be smuggled home and slid behind videos of *The Lucy Show*, because Larry must never, but never, know where the housekeeping was going. (Larry did, of course, but he had non-secrets of his own, of which Kon was also fully aware).

So, what more can be said within the constraints of the Editor that an account of this beautiful life should be fitted into a measly 750 words? Perhaps an obituary in the *Sydney Star Observer* says it all. At least it does for me:

"Irreplaceable, but in our hearts forever."

Barrie Brockwell.

Showing your support is a walk in the park



Join our **'Walk for AIDS'** event on **Sunday 26th November**

The Royal Botanic Gardens will be a wonderful backdrop for a leisurely Sunday morning stroll during AIDS Awareness Week to show your support for people living with HIV/AIDS.

You can walk the two kilometres at your own pace anytime between 10am and 12noon on Sunday 26th November. Get together a team and walk with friends, family or workmates.

The registration fee is only \$20 and sponsors can pledge donations of support with all monies raised going to the advocacy, care and support services of three peak HIV/AIDS charities.

A short walk will go a long way.

Register for the Walk for AIDS at www.bgf.org.au
For more information call 1800 651 011





Positive Speakers Bureau: future pathways to health promotion leadership

Peter Canavan

This year the Board of PLWH/A NSW responded to an evaluation of the current Positive Speakers' Bureau (PSB) model and is now preparing to implement the report's recommendations.

'Matrix on Board' consultants were engaged to conduct the evaluation, a reference group was established to oversee the process and report back to the Board who have now set in motion a process of change for the PSB.

The *evaluation phase* concluded when the report, including all recommendations, was adopted at the July Board meeting (the full report is available to read on our website.)

PLWH/A NSW is now in the *implementation phase* and preparing to address the challenges identified in the report with the intention of improving the overall PSB service and fully integrating the PSB service into the organisation's work.

The *change phase* will see the development of a six month plan to guide the organization through the implementation of the new model for the PSB, with a specific focus on development, communication and health promotion.

Participants in the evaluation process clearly identified that "there was a need for the PSB model to be developed and improved in some way". This new model being proposed seeks to build upon the inherent strengths of the current PSB by focusing on three inter-related components; *speaker development, service development and audience development.*

To quote from the report:

This proposed model would require a significant shift in the way the PSB has been operating. The new model would take an entrepreneurial and innovative approach and provide a cohesive and integrated service with an increased client-focus, provide opportunities for the up-skilling of speakers and improve the professionalism of the service. Effective packaging and marketing of the PSB service would be essential to its successful development.

This model recognises the intrinsic value of the personal narrative as the core component of the PSB and focuses on developing ways to more effectively use the narrative to meet the needs of clients and develop new and relevant audiences for the PSB.

Speaker development will have an impact on the type of services developed and the type of audiences matched to these skills. Service development will identify new areas for speaker development and the type of audiences matched to the service. Audience development will lead to new services being developed and also identify new areas for speaker development and recruitment. Therefore this model requires development in each of the three components to be effective.

The Positive Speakers' Bureau was launched on World AIDS Day in 1994 and has operated in much the same way since then, with considerable success in 'humanizing' HIV/AIDS and dispelling myths and stereotypes, challenging stigma and discrimination and in educating thousands of people about the realities and the impacts of living with HIV and AIDS.

HIV remains a stigmatised condition and we need to pay strict attention to where discrimination is happening in our lives today, to where we need to show our faces, speak out and educate others to improve understanding and add a personal perspective to dispel untruths or correct harm. Our past

achievements are many and include policy and procedural improvements as a result of positive people speaking for ourselves.

None of this would have been possible without the involvement of many dedicated positive people, who fostered the courage to develop their speaking and presentation skills to tell it like it is! They are our positive speakers - *both past and present* - and we thank and honour them for their dedication, courage and hard work.

Today, twelve years on, the experience of the HIV epidemic is diverse, and health outcomes differ in light of treatments and improved health. Personal wellbeing and social integration is indeed possible and happening for many long term survivors.

For an increasing number of positive people, there has never been a dark cloud, let alone a threatening horizon, so it is valid and necessary to capture, record and promote a wide range of experiences which now comprise Living Positively.

PLWHA NSW is keeping a focus on where policy and procedures present structural difficulties in organisational life for positive people. If a policy needs to be amended or a service is 'unfriendly' or 'out of touch' with current needs, then the organisation works to have this addressed, often in partnership with other organisations. In linking the work of the PSB fully into our organisational life, the organisation is able to bring together the Positive perspective with the power of its response, and in doing so, is adding perspective and real stories to argument; with Positive involvement and passion to the way the organisation works.

An important and exciting potential arising from this review is the alignment of the PSB service into the health promotion arm of PLWHA NSW. This means that the PSB can expand to include other internal ways of doing health promotion. The multidimensional nature of the Positive experience today requires a multiplicity of action across a range of sectors. The expansion of the PSB model to include health promotion provides the perfect opportunity for the PSB to play a key role in many different ways—informing campaign and resource development, providing social support and health and wellbeing through group work and activities, while providing training opportunities for speakers in specific areas which can assist the organisation in its advocacy and health promotion efforts.

PLWHA NSW continues to value the philosophy of the involvement of positive peo-

ple in its organisational life, where positive people speak for themselves and the new model will be a vehicle for significant positive involvement providing opportunities over time for ongoing development of the ways that this can happen.

Thinking about what we need to sustain our health and wellbeing into the future requires that we think about what we want from our leadership and to understand what leadership means today. What we want from leaders in different roles and capacities is captured by the new directions for the training of PSB speakers, who remain community leaders and the real faces to our health promotion responses.

We need to do this to ensure that the

PSB is tracking and responding to issues of stigma and discrimination, be it in schools, industry, business, government departments, education facilities, industry shop floors or wherever it is happening.

The PSB Reference Group is continuing its oversight role for the Board and its members comprise Board, staff, and current PSB speakers. During this *implementation phase* the PSB Reference Group has invited community organisation representatives from the Bobby Goldsmith Foundation, Multicultural HIV/AIDS and Hepatitis C Service and Poz Het to join.

Peter Canavan is the Chair of the PSB Reference Group and Vice President of PLWHA NSW



uninhibited sex

(eg. group sex, fisting,
sex toys, watersports etc)

drugs

& your health!

We would like to include your
experiences in our new sex campaign
(you will be remunerated).

Call 02 9361 6011
or email healthpromotion@plwha.org.au
for a confidential interview
or group discussion.



Treatments Info

New drug treatment for methamphetamine and cocaine addiction

The National Drug and Alcohol Research Centre in Sydney is conducting a clinical trial of a new drug which aims to help people with problems with methamphetamine (often known as speed, ice or crystal) or cocaine. While there is a lot of news about the growing number of people with methamphetamine and cocaine problems, there have been no medications available to help people who have become dependent on these drugs. The NDARC study is investigating whether modafinil, a new type of non-habit forming stimulant, is effective in reducing the cravings and uncontrolled binge patterns that are characteristic of both methamphetamine and cocaine dependence. Modafinil has shown great promise in treating cocaine users in US trials and this Australian study is among the first to extend this to methamphetamine users. Patients take modafinil daily for ten weeks and may also participate in a tailored counselling program. For more information contact James Shearer 0414 385 149.

Improvement to herpes and shingles treatment

People who have a weakened immune system are at greater risk of more frequent, more severe, and longer-lasting attacks of genital herpes and shingles compared with those whose immune system is not impaired.

To help people with weakened immune systems combat these viruses, such as those receiving chemotherapy or radiotherapy, those who have had an organ transplant, or those who have HIV infection, the Government has added a higher dose antiviral medication to the Pharmaceutical Benefits Scheme (PBS).

People with a weakened immune system often need higher doses of antiviral medicine to fight the viruses that cause genital herpes and shingles, so the release of the higher dose Famvir (famciclovir) 500 mg tablets makes it more convenient for people to combat these attacks when they occur.

Previously, to prevent recurrent episodes of genital herpes, people with a weakened immune system prescribed famciclovir took four 250 mg tablets a day. Now, one high-dose 500 mg tablet twice a day does the job. The higher dose pack contains one month's supply, which comes with five repeats, so it reduces the number of visits to the doctor and pharmacist.

Australian patients can benefit from improved formulation of Kaletra

The HIV treatment, Kaletra, has been reformulated into a tablet which does not need to be refrigerated and allows patients to take fewer pills each day (four vs six), with or without food as part of their treatment regimen while maintaining the same safety and efficacy. AIDS Research Initiative Director, Dr Cassy Workman, said the need to refrigerate previously available protease inhibitors had always been a problem in Australia, because of the hotter climate.

'Something as simple as the lack of refrigeration makes a huge difference to patients as the medicine has to be maintained at the recommended temperature at all times, even while patients are taking their medicine home from the pharmacy,' Dr Workman said. 'This is a big issue faced by patients who wish to travel, or who may not have disclosed that they are HIV positive to others'

'In addition, the new formulation means that doctors can now offer their patients a treatment which has the added convenience of a simpler and better tolerated dosing regimen.'



How could a strong carer support network help you?

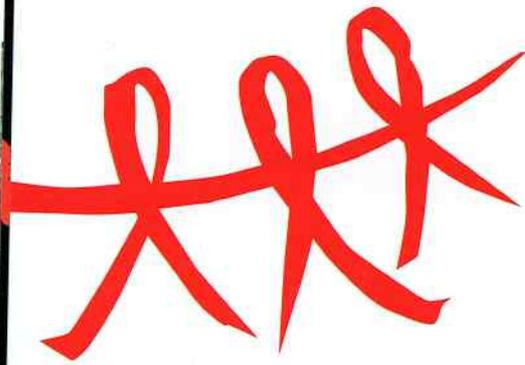
If you're caring for a GLBT friend or partner, then coming together with others in your situation could help you, and them as well.

ACON has started the GLBT Carers Network to provide you with support and services.

To find out more, contact Lance on (02) 9206 2032, or visit www.acon.org.au/glbtcарers.



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Bobby Goldsmith Foundation (BGF)

Client Satisfaction Survey 2006

The Bobby Goldsmith Foundation is about to undertake a Client Satisfaction Survey to all clients who have accessed any of their services and programs. Over 1000 clients will receive a survey in the mail and for the first time the survey will also be available on-line on BGF's website at www.bgf.org.au.

The last survey of all BGF clients was carried out in 2004. There was an excellent response to this survey with over 300 clients providing BGF with useful and important feedback. BGF is therefore really keen to hear back from its clients this year about what they think of BGF and how they rate the service and support they receive, especially since BGF has implemented several

changes to the way that they support and assist clients over the last eighteen months. Even more importantly, the survey will also offer clients an opportunity to indicate what other services and programs they would like BGF to consider, so that the organisation can continue to meet the needs of their clients now and into the future.

When *Talkabout* asked Bev Lange, BGF's Chief Executive Officer, about why the survey is being conducted, she said 'It has been 22 years since Bobby Goldsmith's friends established the Foundation. In that time BGF's services, and the care and support we offer our clients has had to change substantially. Understanding the needs of PLWHA now and into the future is vital if BGF is going to continue to be relevant and useful. A strong response to the survey will give the

organisation robust information to plan for the future and I encourage all our clients to complete the survey.'

All survey responses will be anonymous and entirely confidential and every client who returns a completed survey to BGF and either by mail or on-line and register their details separately will be entered into a prize draw. There will be a number of prizes in the form of gift vouchers that have been donated to BGF.

For more information about the BGF Client Survey or if anyone would like help with filling in the survey, please ring Marisa Ingleton or David Wallace on 9283 8666 or Freecall 1 800 651 011 and they can provide you with the necessary assistance to fill in the survey.

PLANET POSITIVE

a social night for HIV positive people and their friends

When: 6.30 to 10 pm Friday November 24th

Where: back of the Carrington Hotel 563 Bourke St Surry Hills

What: Free food and refreshments and sounds from Ruby



After 21 years, ACON is still your key to HIV services



ACON delivers high quality care, support and welfare services to people living with HIV/AIDS across New South Wales



For the Newly Diagnosed

If you have just been diagnosed with HIV, ACON has a Priority Support Service Monday-Friday 9am-6pm. Call us on 9206 2000 or 1800 063 060



Counselling

Free professional one-on-one brief counselling and referral for people living with and affected by HIV/AIDS. Contact Intake & Assessment 11am-1pm on 9206 2000



For HIV Positive Gay Men

Meet other gay men with HIV. Genesis, discussion groups and Healthy Life fitness / exercise program. Call Ron or Jeff on 9699 8756



After Hours Counselling

The After Hours Counselling Project runs from ACON on specified evenings offering sessions for a small fee. Contact Intake & Assessment 11am-1pm on 9206 2000



For HIV Positive Women

Meet other women living with HIV. Support, social events and referral to free complementary therapies. Call Tess on 9206 2000



HIV Health and Wellbeing

HIV Health Maintenance has information on treatments, side effects, sexual health and living with HIV. Call Alex, Lance or Jae on 9206 2118 or 9206 2025



For Housing Support

Housing and welfare advice for people with HIV/AIDS and some short-term accommodation options. Call Fred on 9206 2039



Drop-In Centre

Positive Living Centre offers free complementary therapies, skills building courses and weekly lunch and breakfast. Call Carl or Raymond on 9699 8756



For Practical Care

CSN - Community Support Network has trained volunteers to care for people living with HIV/AIDS in their homes. Call Anders, Maureen or Deb on 9206 2031



Vitamins

Our vitamin co-operative has a range of vitamins and supplements at cost price. Fact sheets are also available. Call Tess, Jacq, Nicola or Barrie on 9206 2000



For Families

Meet other families affected by HIV. Support, social events and referral to free complementary therapies. Call Tess on 9206 2000



Books and the Internet

ACON's Learning Centre provides health information through its library and free Internet access services. Call Donna on 9206 2005



For Pet Care

PAWS - Pets Are Wonderful Support offers pet care, dog walking and pet fostering services to positive people. Call Carl on 9699 8756



Social Events

Planet Positive is a social event for people with HIV and their friends run in partnership by ACON and PLWHA (NSW). Call Carl, Ron or Jeff on 9699 8756

Contact ACON's Client Services Statewide

1800 063 060 or 9206 2000



www.acon.org.au

www.treatmentupdate.info

ACON Hunter 4927 6808 | ACON Mid North Coast 6584 0943 | ACON Northern Rivers 6622 1555



So Can You Cook? No 20 Great Cover-Ups



Tim Alderman shares some thoughts and ideas for salad dressings.

There is nothing worse than a naked salad. All the ingredients involved in its composition – lettuce, tomatoes, cucumber, fruits, nuts, avocado and whatever meat you choose – may taste great as individual components. However when combined together they need a melding substance, something to bring all the flavours together. This is what a dressing is for.

I've had some great dressing experiences in my day – like the delicious balsamic dressing on a Rocket, Walnut and Parmesan salad from 'The Vanilla Room' at Leichhardt to an absolute pits of a Caesar dressing from a café in Bondi. In fact, considering that my judgment on the quality of a café is gauged by how good a Caesar Salad they make, this café rates down the bottom of my list. Really...a Caesar salad consisting of julienned iceberg lettuce, carrots and other salad odds and ends really does show a lack of respect for one of the world's greatest acknowledged salads. There aren't words to express my horror when it was put in front of me. Still, I had my revenge. I never go back twice.

We should be fussy about salads, and fussy about the quality of the products presented to us in a salad. We have access to some of the freshest and highest quality greens anywhere, and not to use them to our advantage, or not present them at their best, would be a sin.

As I have mentioned before, we live on salads during summer. It is a constant problem to keep them fresh and interesting – they are something that can become boring very quickly if not enough variety is presented

– but there is a wealth of great books out now that cover nothing but salads. Woman's Weekly has several out in what I call their 'bible' series – all those \$12+ soft-covered books available in any newsagents. These books are absolute musts in my kitchen – great recipes that always work, with little effort and great results. They also have several great salad books in their mini-book series, also from newsagents. Gourmet Traveller also has a great book of salads out which covers everything from the basics to the most exotic from all countries.

Anyway, today's column is about dressing salads, and the following are great ways to dress salads and give them life and zing. Always try to match your dressing to your salad style – if doing an Italian salad, use an Italian dressing; if a Greek salad, use a Greek dressing. For Asian salads use your own combinations of soy, lime juice, peanut oil, fish sauce, chillies, mirin, rice wine vinegar etc. Just taste and add until you get it right.

BASIC VINAIGRETTE

60ml (1/4 cup) fresh lemon juice
2 teaspoons extra virgin olive oil
1 teaspoon Dijon mustard
1 small garlic clove, crushed
pinch raw sugar
salt & pepper to taste

Whisk together the lemon juice, oil, mustard, garlic and sugar in a small bowl until well combined. Season to taste
Makes 1/3 cup

TO CONVERT THE ABOVE TO A BALSAMIC VINAIGRETTE

Substitute the lemon juice for 2 tablespoons

balsamic vinegar.
Makes 3/4 cup

CREAMY DRESSING

125ml (1/2 cup) buttermilk
70g (1/4 cup) low-fat yoghurt
3 teaspoons freshly chopped chives
2 teaspoons wholegrain mustard
salt & pepper to taste

Whisk together buttermilk, yoghurt, chives and mustard in a bowl until well combined. Taste and season with salt and pepper. Cover and store in fridge until needed.
Makes 150ml

TO CONVERT ABOVE TO A CAESAR DRESSING

Omit the chives and wholegrain mustard. Place the buttermilk, yoghurt, 3 drained anchovy fillets (coarsely chopped), 2 teaspoons Dijon mustard and 1 small garlic clove on the bowl of a food processor and process until smooth and well combined. Taste and season with salt and pepper. Store in the fridge until required.
Makes 150 ml

SWEET SOY DRESSING

80ml (1/3 cup) mirin (Japanese rice wine – Asian section in supermarket)
2 tablespoons caster sugar
2 tablespoons soy sauce
2 teaspoons olive oil

Combine the mirin and sugar in a small saucepan over low heat and cook, stirring, for 2 minutes or until sugar dissolves. Set aside to cool.

Add the soy sauce and oil to the mirin mixture and whisk until combined.
Makes 150ml

TO CONVERT THE ABOVE TO A CHILLI & CORIANDER SWEET SOY DRESSING

Add 1 fresh red birdseye chilli, halved, deseeded, and finely chopped to the mirin and sugar in step 1. Stir in 2 tablespoons finely chopped fresh coriander just before serving.

Makes 150ml

DILL DRESSING

Great with Salad Nicoise
1 tablespoon wholegrain mustard
125ml (1/2 cup) olive oil
1/3 cup lemon juice
1 clove crushed garlic
1 tablespoon chopped fresh dill

Combine ingredients in a screw-top jar; shake well.

Makes approx 200ml

FRENCH DRESSING:

60ml (1/4 cup) white vinegar
180ml (3/4 cup) olive oil
1/2 teaspoon sugar
1 teaspoon Dijon mustard

Combine ingredients in a screw-top jar; shake well

Makes about 1 cup

FRESH TOMATO SAUCE

3 large egg (Roma) tomatoes, peeled, seeded, quartered
2 shallots, chopped coarsely
80ml (1/3 cup) red wine vinegar
80ml (1/3 cup) sweet chilli sauce
2 cloves garlic, quartered
1 teaspoon seeded mustard
1 teaspoon sugar
1 teaspoon cracked black pepper
1/4 cup coarsely chopped fresh parsley

Blend or process ingredients until almost smooth

Makes about 1 1/4 cups

ITALIAN DRESSING

2 tablespoons white wine vinegar
2 tablespoons lemon juice
1/2 teaspoon sugar
2 cloves garlic, crushed
180ml (3/4 cup) olive oil
1 tablespoon finely chopped fresh basil leaves
1 tablespoon finely chopped fresh oregano

Combine ingredients in screw-top jar; shake well.

Makes about 1 cup

BASIC MAYONNAISE

To really get the right consistency, mayonnaise should be whisked by hand. However, it's a long hard job – trust me on this. Blenders and processors do an okay job.

2 egg yolks
1 tablespoon lemon juice
1/2 teaspoon DRY mustard
1/2 cup light olive oil
1/4 cup EV olive oil

Whisk, blend or process egg yolks, juice, salt and mustard until smooth. Add combined oils gradually in thin stream while motor is running. Blend until thick.

Makes 3/4 cup

OIL MUST BE ADDED VERY SLOWLY, OTHERWISE MAYONNAISE WILL SPLIT. Another good reason to do it by hand.

For Lime Mayonnaise:

Substitute lime juice for lemon juice.

For Thousand Island Mayonnaise: Whisk 1/3 cup tomato paste; 1/3 cup tomato sauce; 1 tablespoon Worcestershire sauce; 1/2 teaspoon Tabasco sauce into 3/4 cup basic mayonnaise.

For Curried Mayonnaise:

Add 1 tablespoon curry powder to 3/4 cup basic mayonnaise.

For Herb Mayonnaise:

Add 2 tablespoons chopped fresh chives, 2 tablespoons chopped fresh parsley and 2 tablespoons chopped fresh basil leaves to 3/4 cup basic mayonnaise.

For Garlic Mayonnaise:

Add 3 cloves quartered garlic to the egg yolk mix when processing.

BALSAMIC REDUCTION

Place 1/4 cup balsamic vinegar and 1 tablespoon brown sugar into a small saucepan. Bring to boil, then boil for 5 minutes or until reduced by half. Cool before using. 1 tablespoon honey can be substituted for brown sugar to give a honeyed flavour.

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 a 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 *Talkabout* for a 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

Massage Therapist

Hawaiian (Lomi Lomi) – Temple style and Heartworks. Ancient, healing, soothing, relaxing massage for mind/body/spirit, with warm essential oils by qualified therapist. Outcalls / incalls Newtown

Mention *Talkabout* for a discount

Phone Dan on 0400 800423

Massage

massage deep tissue, remedial. energy work, reiki
10 yrs experience
in calls only
Bernard 0434020040

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 451 624
(anonymous freecall)

Gay Men's Health Line
1800 009 448

Visit
www.whytest.org

PEOPLE LIVING WITH HIV/AIDS

www.plwha.org.au



Rural roundup

Positive peer support in Hunter / New England

Trentan Jurkans

Living with HIV can bring plenty of challenges. Thankfully, in a city like Sydney there are a large number of organisations and services, providing essentials like health care, support, information and financial assistance. There are also opportunities for talking and sharing experiences, which help to reduce feelings of isolation sometimes associated with HIV. The problem is you often need to live in or near Sydney to really benefit from anything that is on offer. There are however many HIV positive people living in rural and remote areas who can't, due to geographical and practical reasons, get access to the services those of us living in a city may take for granted.

New England 'Rural Roundup' 2006 was a joint initiative between Tamworth Sexual Health, Karumah Positive Living Centre (Newcastle) and PLWHA (NSW) and it brought together people with HIV and their carers living in the Hunter/New England area. Held over the weekend of September 9 and 10, the event was designed to give people the chance to meet other people with HIV/AIDS and provide a forum in which they could share their stories and experiences as well as take part in workshops.

Confidentiality is a major issue for PLWHA in smaller communities so the choice of location was important. People need to feel sure that they are not going to be seen or recognised attending an event that is HIV related. Some people who would really benefit from an experience like Rural Roundup, might not participate solely because their fear of others finding out about their HIV status is so

great. The venue was in a discrete location near Tamworth. Surrounded by nothing but rolling countryside and cows, it was suitably isolated to put to rest anyone's fears of accidental or unwanted disclosure. A total of 18 people attended, including Glenn Flanagan and I, who had been asked to facilitate the workshops. Karumah Positive Living Centre in Newcastle brought up a mini-bus load of people which accounted for around half of those in attendance and the remainder were from Tamworth and the surrounding districts.

The weekend was structured around two workshops for positive people, one held on Saturday afternoon and the other Sunday morning. There was also a workshop for carers of PLWHA on Saturday afternoon. The first workshop was based on peer support and it became apparent how many obstacles people in rural areas face when trying to establish a positive support network. How do you find other positive people and even then how do you keep in touch? Not everyone has access to email or the internet and not everybody is comfortable exchanging phone numbers. It takes events like 'rural roundup' to bring people together. This was the first time that some people had even met so many other another positive people, which in itself was of huge benefit in helping to reduce feelings of isolation. A few of the people from around the Tamworth area exchanged details and there was talk of starting a regular social event like a picnic or barbeque which is a great starting point. A number of people at the workshop also filled out PLWHA membership forms, another good way for them to feel a part of the greater positive community and to keep abreast of upcoming events.

The Sunday workshop topic was disclosure. Stigma around HIV is a lot more predominant in rural areas, and disclosure is a

big issue. In small communities telling one wrong person your HIV status can result in widespread involuntary disclosure and subsequent alienation and discrimination. Fear of rejection was another big issue that surfaced around disclosure. If you are already feeling alone or isolated, rejection would only intensify those feelings. We discussed who you are legally obliged to disclose to under NSW law and also helped people to identify exactly what they wanted to achieve from disclosing their status. Sometimes not disclosing if it is not really necessary can be the better option. Something else that came up in the discussion was the negative response that some people had received from doctors when they disclosed their status. You would hope that these days a doctor would be someone you could feel comfortable confiding in, but for many people they have been met with fear and ignorance. One doctor even took several-obvious steps backwards after someone told him that he had HIV as though he was scared of contagion. I was also speaking to a man from regional NSW who told me that even though he has regular viral load and CD4 count tests done his doctor has no idea how to interpret the results or give treatment advice. Because of this he has to fly to either Sydney or Newcastle in order to be able to manage his HIV.

All in all the weekend was a great success with positive feedback from both the organisers and participants. Planning for 'Rural Roundup 07' has already started, with organisers hoping to build on the success of this event and bring further attention to the issues that people in regional areas face. Thanks to Bernie from Tamworth Sexual Health, Lyncall and Andrew from Karumah PLC and the volunteers and participants who made the weekend possible.

Stretching for improved strength and posture

Ingrid Cullen

These new stretches can be added in to the other five featured in *Talkabout* #139 (June-July 2005). Reread this issue if you need to (it's also available via the internet www.plwha.org.au/talkabout), then think about adding in these new stretches.

Muscles tend to work in pairs or groups and it is important that each muscle is of equal strength and flexibility. If one part of the pair is tighter than the other, the joint will not operate efficiently and, over time, posture and strength will be affected. For example, if the hip flexor muscles in the front of the hip are tight, the opposing muscles of the lower back need to work much harder to hold the hip joint in its best operating position and they become overworked and prone to injury.

Exercise 1: Achilles stretch

Stand close to a step or similar raised platform, and hold the wall or a piece of furniture for balance. Bend the toes of the front foot back and push your knee over the step until you feel a stretch under the foot and behind your ankle. If this tendon isn't flexible, your legs can't absorb impact from walking, running etc and tight calves and shins will result. Repeat on the other side, holding each stretch for 30 seconds.



Exercise 2: Hip flexor Stretch

Kneel on the floor with your left knee on the ground and your right foot forward. Lift



through your stomach muscles and squeeze your gluts/bum as you push into your left hip until you feel a stretch in the front of your left hip and thigh. If you don't feel the stretch, lean back slightly and tip your pelvis under as you lean forward and this will increase the stretch. Hold for a minimum of 20 seconds then repeat on the other side.

Exercise 3: Glute/bum stretch

Lie on your back on the floor, with your right knee bent and your left ankle on the right knee. Pull the right knee in towards your chest then push your left knee out and down to feel a stretch in the left side of the glutes. Hold for at least 20 seconds then repeat on the other side. The glutes are the most important muscle that keeps us upright and stabilizes the heel for walking and running.



Exercise 4: Pectoral or chest stretch

Kneel or stand with your shoulders back and your chest out. Clasp your hands behind your back and push back and up, keeping your arms straight. Slowly raise your arm back and up until you feel a stretch across

the chest and front of the shoulders. Again hold for at least 20 seconds. If these muscles are tight, they pull your shoulders forward, putting strain on your neck.

Exercise 5: Upper back stretch

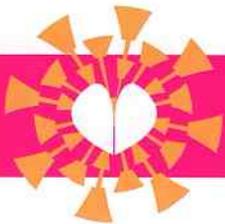


Kneel on the floor with your arms stretched out, palms down on the floor. Expand your chest and stretch back away from your hands as you sit back towards your heels. Think of keeping the back flat, and pull firmly against your hand as you reach forward. You should feel this stretch on each side of the shoulder blades and the sides of your body. These muscles are used when taking deep breaths and can lead to shallow breathing if not kept flexible.

Ask Ingrid

How do you work out when to stretch? Is it better as part of my warm-up, or should I do it at the end of my exercise session?

It is not important when you stretch, as long as you do it regularly. Never stretch cold muscles. It's better to stretch after a short warm-up, during your exercise session, at the end of your workout or even as a separate session such as a yoga or stretch class. Any or all of these options work well, so just do it.



Olga's personals

Men Seeking Men

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, tats, 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 yo 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**

40 yo HIV+ 6 ft 3 89 kg eastern European handsome affectionate passive guy WLTM HIV+ top guy who looks after himself. Like to settle down with view to LTR **Reply 230806**

European, good looking HIV+, NS professional 44, 179 cm, 75kg smooth, gym fit body. Living a peaceful life in inner Sydney without drugs or smoky clubs. Enjoys cinema, theatre, fashion and good food/restaurants. WLTM versatile, professional / working guy with slim athletic build up to 45 who has a similar outlook and lifestyle and believes in a monogamous LTR **Reply: 240806**

Affectionate loving stable man seeking romantic partner for TLC and LTR. And it takes two to work at this. ALA I'm mid 50s. I'm DTE and NS. Parramatta area. Please I WLTM you. No www.com. **Reply 010906**

Sydney Dark skinned passive guy, slim 32 yrs, HIV+, living in the Eastern Suburbs, seeks an active man. **ALA Reply 140906**

Sydney East. A man's man. Small but fairly well formed HIV+ youthful 50s guy WLTM guy to spend some chill out, maybe fun times with. Seeking intellectual stimulation and some tactile fun. **Reply 220906**

33 yo Goodlooking, fit, healthy 6'2 male masc and genuine and very straight acting. ISO LTR with DTE guy who is also looking for a LTR and wants to settle down with someone special. Been positive for one year. **ALA Reply 270906**

Men Seeking Women

HIV+ male 31 yo 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: 2811005**

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 yo 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**

36yo HIV+ male hot Italian 6 ft 95 kg solid build green eyes dark hair, seeking female any age (older the better) for friendship / relationship/ hot kinky sex ALA So get out your pens ladies and drop me a line. You will not regret it. Ciao. **Reply: 280806**

38 yo HIV+ male European background, blue eyes, brown hair, wants to meet a woman aged 30 - 45 who is good natured and full of life and love. She would share my enjoyment of art, music, going to the beach, dinners for two and escaping to the mountains. View LTR if suited. **Reply 190906**

Melbourne calling. HIV positive male, youthful 40s, seeking female companionship to share and encourage; be there for each other; sincerity. European heritage - Caucasian, 6ft tall; green eyes; longish, blonde/blown hair; engaging personality. Always looking for new, interesting and worthwhile things to do and focus one's energies toward. **Reply 200906**

Contemporary guy: Cool attitude. Living in the moment. Spiritually aware, dark smouldering looks, great smile, good health, bedroom eyes, muscular medium height, love arts, music, travel, outdoors, candle-lit dinners. +ve Sydney based 40, humorous. You: loving, considerate, light-hearted, Just the way you are. Wants long term relationship. **Reply: 101006**

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**

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

When placing and answering personals

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

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

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

When meeting someone:

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

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

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

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

How to respond to a personal

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

How to place a personal

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

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

Membership costs nothing!

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

Please tick

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

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

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

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

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

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- Overseas** \$132

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Personal & Health Information Statement

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

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

Signature _____

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

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

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

Phone: 02 9361 6011
Freecall: 1800 245 677
Fax: 02 9360 3504

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

Name _____

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I would like to make a donation of \$ _____

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the annual living heterosexually with HIV/AIDS Workshop

free one-day workshop for positive men,
positive women, partners and family

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9.30-4.30pm Surry Hills, Sydney

Highlights

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Solutions to puzzling dramas

Positive Men's Forum

Tick Tock Body Clock

Sleep workshop

Positive Women's Forum

Excessive, worrier – is this you

Anxiety workshop

Partner's Forum

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www.pozhet.org.au

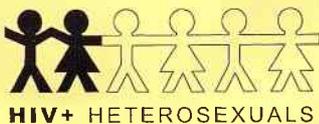
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Lots to do (choose your sessions)
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Know How contributors: Brenda Doherty; Glenn Flannagan; Shirley Hamilton; Carlos Webster; Maxine; David Barton; Denise Cummins; Nandini Ray; José Ascencio; Pene Manolas; Margaret Mines; St Patrick's Business College; The Canteen caterers; Western Suburbs Haven; Cambridge Inn

Pozhet is the Heterosexual HIV/AIDS Service funded by NSW Health through Sydney South West Area Health Service



HIV+ HETEROSEXUALS

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There's no better way, no better place to enjoy
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**Sunday 29 October
2.30 onwards**

Pozhet and the Western Suburbs Haven invite you to kick off your shoes and come to a fun Greater West Party BBQ

So bring your partner, family member or friend to this fabulous afternoon event and enjoy meeting others in a really safe and friendly place. Got kids? Don't leave 'em just bring 'em along as well!

Further details contact:

Jose at Pozhet: Freecall 1800 812 404

The Haven: Phone 9672 3600 or Email haven1@optushome.com.au

Welcome to the Greater West from Positive Heterosexuals

Positive Heterosexuals (Pozhet) is the first stop for information, fun and support for straight positive people. If you're living in the Greater West we can tell you about events that are specially tailored for positive men, positive women, their partners and family members

Whether you are looking for information on how to live well with HIV/AIDS or just need fun and time out in a safe, supportive environment Pozhet offers you a wide choice of things to attend.

Qualified health workers, who are trained in heterosexual HIV/AIDS, confidentiality and peer support, facilitate all our events – So come and say hello!

Freecall 1800 812 404
www.pozhet.org.au
your confidential direct connection
to someone who understands

It's easy to be part of Pozhet if you're living in the Greater West – just ask us about joining the Connections Program that includes news on all our exciting events and activities that are private, safe & confidential- new ideas for HIV healthy living- treatments advice- help with other services

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