

talkabout

Where we speak for ourselves

#148

December 2006 – January 2007

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

Yoga... It's more than
self improvement.
It's self awareness.

Daniel HIV Visibility Campaign 2006

PLUS

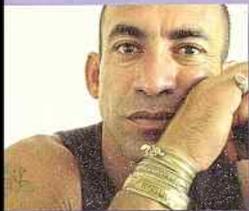
- Reflections on Candlelight
- Holding the Man
- Treatments in our experience

 PEOPLE LIVING
WITH HIV/AIDS
NEW SOUTH WALES

'Hello! Can I speak with someone who understands my culture and what it is like to live with HIV/AIDS.'

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Translating and Interpreting Service
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ENGLISH

We can provide you with support and understanding for HIV/AIDS. Ask at this clinic for a brochure in your language. All services are confidential and free of cost.

AFRIKAANS

Ons kan onderskraging verskaf wat MIV/VIGS aanbetref. Doen navraag by hierdie kliniek vir n pamflet in jou taal. Alle dienste is vertroulik en gratis.

AMHARIC

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BOSNIAN

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

CHINESE

我們理解愛滋病病毒/愛滋病方面的情況並能為您提供支持
請在這診所索取使用您語言寫成的小冊子
所有服務都是保密和免費的

SERBIAN

Možemo da vam pružimo podršku i razumevanje u vezi HIV-a/ Side. Na klinici možete upitati za brošuru na vašem jeziku. Sve usluge su besplatne i poverljive.

HINDI

हम आपको एच. आई. वी/एड्स विमारी के बारे में सहायता और जानकारी प्रदान कर सकते हैं। अपनी भाषा में पत्रिका के लिए इस क्लिनिक से संपर्क करें। सभी सेवार्थे गुप्त और मुफ्त हैं।

ITALIAN

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

POLISH

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

PORTUGUESE

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

SHONA

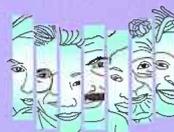
Tinokwanisa kukubatsirai nerutsigiro uye kuti munzwisise nezve HIV/AIDS. Bvunzai pakiriniki ino zvinyorwa zviri mumutauru wenyu. Rubatsiro rwe se haruna muripo uye hapana mumwe anoziviswa zvamunenge mataura pasina mvumo yenyu.

THAI

เราให้บริการช่วยเหลือและเข้าใจในเรื่อง เชื้อเอชไอวีและโรคเอดส์
ถามหาแผ่นพับข้อมูลในภาษาของท่านได้ที่คลินิกนี้
บริการทุกอย่างจะถูกรับเป็นความลับและ ไม่มีค่าใช้จ่ายใด ๆ

TURKISH

Size HIV/AIDS ile ilgili destek sağlayıp anlayışlı bir hizmet verebiliriz. Bu klinikte kendi dilinizde yazılmış olan bir broşür isteyiniz. Bütün hizmetler gizli ve ücre.



Multicultural HIV/AIDS and Hepatitis C Service

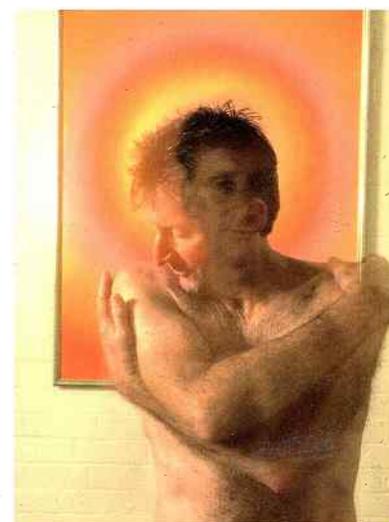
A statewide service inspired by SYDNEY SOUTH WEST AND MILDURA SERVICES NSW@HEALTH

www.multiculturalhivhepc.net.au

talkabout

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Cover photo: Jamie Dunbar

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DISCLAIMER

Images of people included in *Talkabout* do not indicate hiv status either positive or negative.

If a person discloses their hiv status in *Talkabout*, either in a submitted article or in an interview for publication, that personal information is in the public arena on publication. Future use of information about such a person's status by readers of *Talkabout* cannot be controlled by PLWH/A (NSW) Inc.



In this issue

The eye-catching photograph on the cover of this edition of *Talkabout* is part of the latest installment in PLWHA's HIV Visibility Campaign for 2005-2006. In this campaign we have aimed to show the real lives of people living with HIV. The virus may be a part of our lives, but they are also much richer and more complex than being about HIV alone.

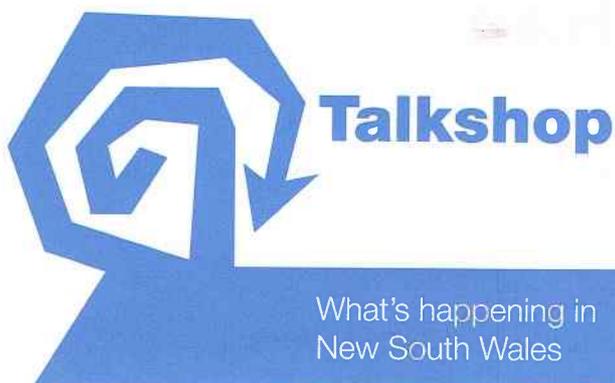
Daniel, the subject of this cover image and of the photo essay on pages 4 and 5, shares with us his approach to living. For Daniel, yoga is a way to find calmness, refresh and re-energise and care for oneself. Even if you're not a big yoga fan, he's got a lot of sound advice about stopping and stepping outside the hurly-burly of everyday life.

Another focus of this issue is treatments. Treatments are a part of most of the experience of most of us, but so often what we hear about them is, well, clinical. These articles aim to show what treatments actually mean in people's lives and how they feel about them. Greg Page (page 6-7) tells us about his fears and anxieties when he first became positive and had to confront his treatment options. Gary Wotherspoon (page 8-9) writes about his conversations with a number of positive men, and about how treatments, for them, are a way of taking control of their health.

Just one small note on Greg's piece: he recalls a time when he had difficulty getting access to his treatments at the Albion Street Clinic in Surrey Hills. Just to show that all our experiences are different: I had the opposite experience recently. When I ran out of pills on a "low activity day" at St Vincents, it was Albion Street which came to the rescue. They were both helpful and efficient.

Finally, *Talkabout* would like to draw our readers' attention to Scott Berry's reflections which he read at the latest candlelight memorial gathering on World AIDS Day in Sydney (page 25). Scott has recently been elected President of PLWH/A NSW, after being associated with the organisation for many years, and we wish him all the best in his new leadership role.

Glenn Flanagan



Talkshop

What's happening in
New South Wales

Workshops in Newcastle on developing new skills

Karumah in Newcastle continues to host Phoenix workshops in partnership with the Bobby Goldsmith Foundation. The focus of the workshop on **Saturday January 13th** will be "What if I do want to study or return to work?" The following month's workshop is called "Managing disclosure" (on **Saturday 10th February**). Each workshop is designed to be a complete one in its own right, so you can attend as many as you would like to, depending on what subjects grab your interest. The workshops will run from 10am – 4pm and will include tea, coffee and lunch. Places on each workshop will be limited, so for more details or to register your interest, contact either Rosemary or Mary Anne on 4927 6808 or Kim at BGF on Free-call 1800 651 011.

The ACON Northern Rivers Retreat is on again

HIV+ Gay Men's Retreat at Midginbil Hill country resort, Uki from **Friday 9th to Monday 12th March 2007**. For HIV+ gay men, partners, carers and significant others. Further details will be in the next *Rainbow News* and *Talkabout*. Mark it in your diaries now

Treatments by the Sea 5 at Villa Del Sole

Another ACON Northern Rivers fabulous 5-star Workshop! **Saturday 3rd February 2007** Presentations will include: Treatments breaks and drug resistance, sensible drug and alcohol use for people living with HIV, complementary therapies and managing depression. For further information or to book your place ring 6622 1555

Don't be afraid to ask – Increasing awareness of safe injecting

The Multicultural HIV/AIDS and Hepatitis C Service has produced a bilingual booklet titled *Don't be afraid to ask*. It is aimed at increasing awareness of safe injecting among people from culturally and linguistically diverse backgrounds who inject drugs. It also features a variety of faces and questions to highlight the diversity within our society. The booklet is free and available in Arabic/English, Spanish/English and Vietnamese/English.

If you would like to request copies, you can ring the Multicultural Service on (02) 9515 5030 or send an email to: info@muticulturalhivhepc.net.au



Quick news for women

Nandini Ray writes her last column and news round up

Saturday November 11th 2006 turned out to be a warm and sunny day – just perfect for the Pozhet Annual Workshop.

Held at The Tree of Hope in Surry Hills, this was an extra special day as it was also Sister Margaret Mines' final annual workshop before she retires at the end of this year.

The theme for the day was Know How and the day's activities started off appropriately with a group quiz titled 'know how'. Participants were given a number of scenarios to work with and come up with creative and workable solutions to living with HIV/AIDS.

After morning tea (which was delicious) the positive women, positive men and partners' groups all met separately. This was a great way for people to make contact with at least one other person and an opportunity to make new friends.

This year we included an anxiety and a sleep workshop which were both very popular with many people finding it difficult to choose between the two.

Both the writing and drawing workshops were opportunities for participants to realize their creative potential and think about whether they wanted to continue with a drawing class or if they wanted to write and have their story published.

In total there were sixty participants on the day with an equal mix of both women and men. The wonderful things about the Annual Workshop is that it brings together people from all over New South Wales to participate in a day that enhances learning, provides an opportunity to make new friends and, most of all, is fun. The positive scholarships also enable many of our rural and regional clients, who would otherwise not be able to attend the regular events, to stay in accommodation close to the workshop venue. This year we had people travel from Tweed Heads, Lismore, Coffs Harbour, Newcastle, the Southern Highlands and the Central Coast.

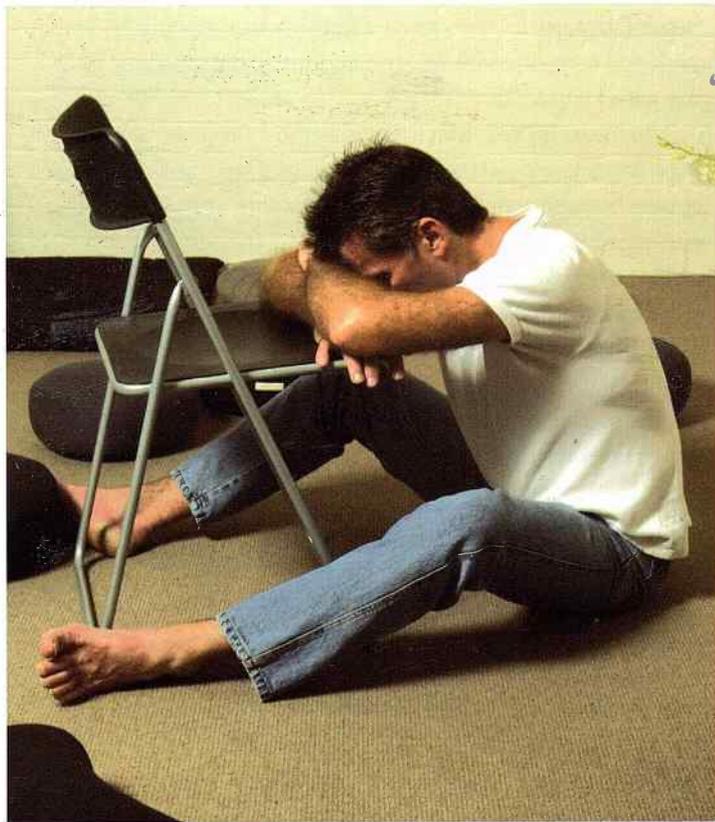
Planning is underway for next year's Pozhet calendar of events and will include all the favourites such as the retreat, the regular open houses, women's forums, men's forums as well of course, as well as the Annual Workshop. Look out for this calendar in the New Year as there will be some changes, and most definitely some new events both in the city and in the west. As usual we always welcome your feedback so please do call us if you would like to have a chat on 1800 812 404.

Yoga ... It's more than self improvement. It's self awareness.

Daniel

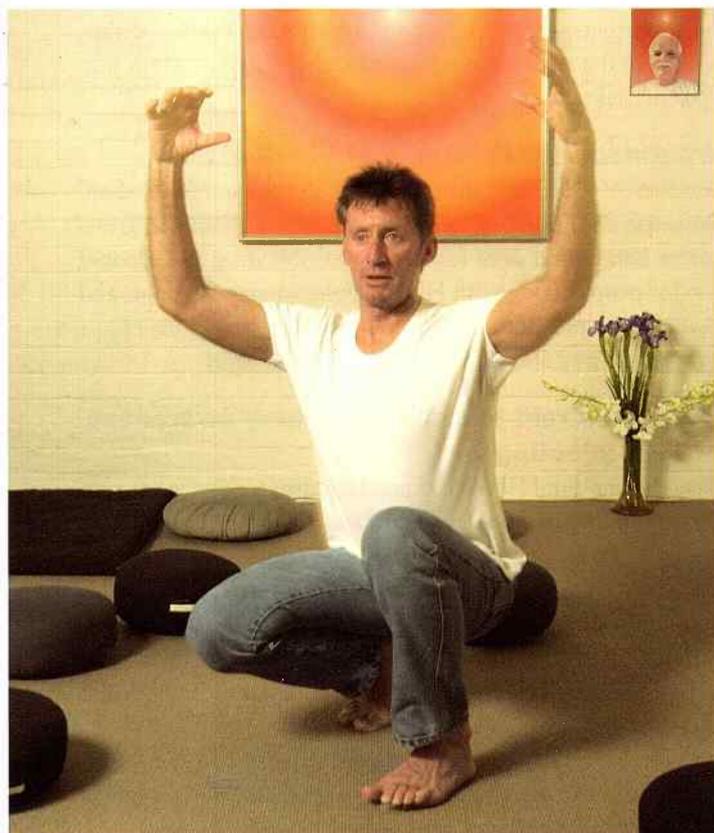
HIV Visibility Campaign 2006

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



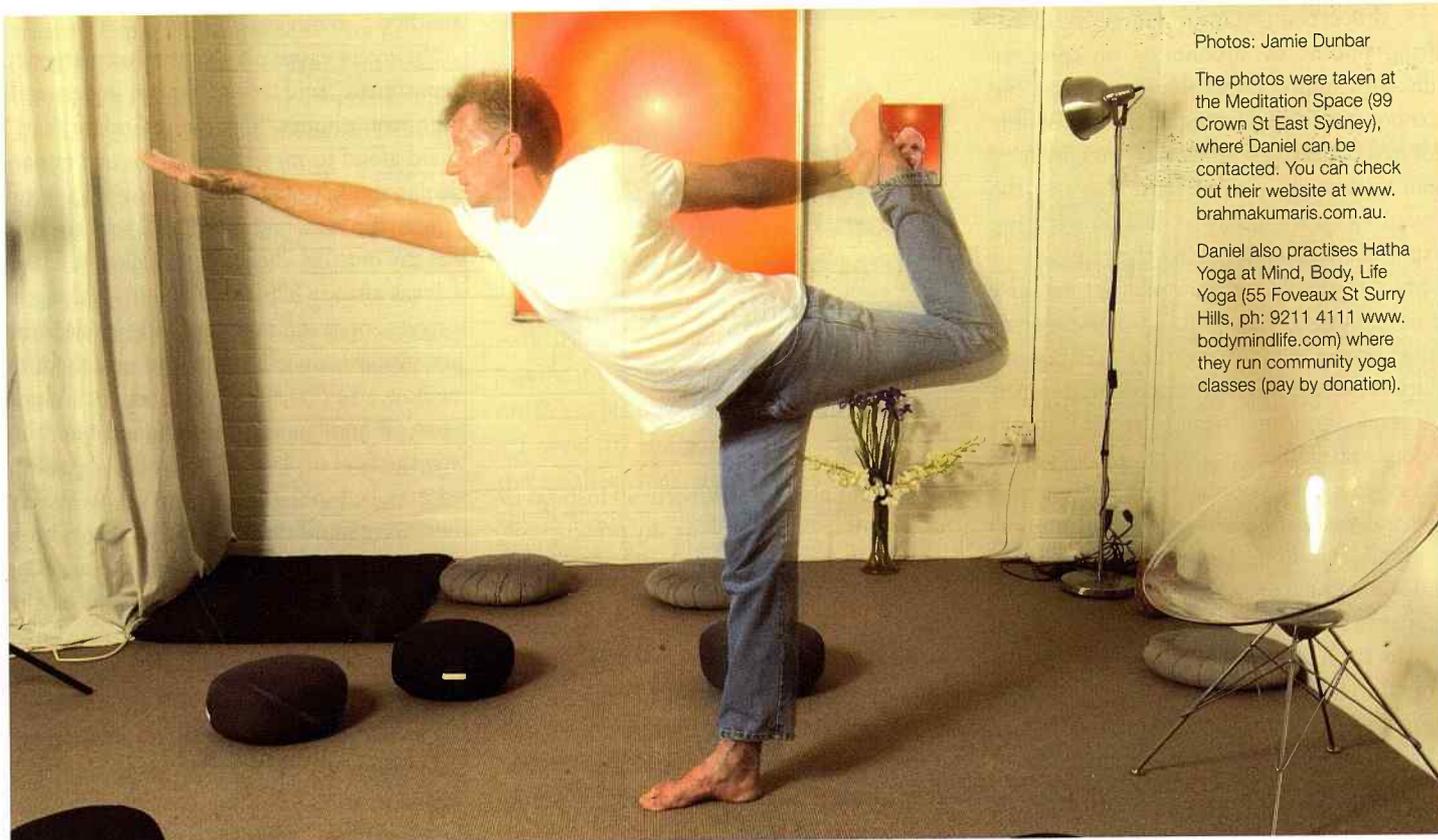
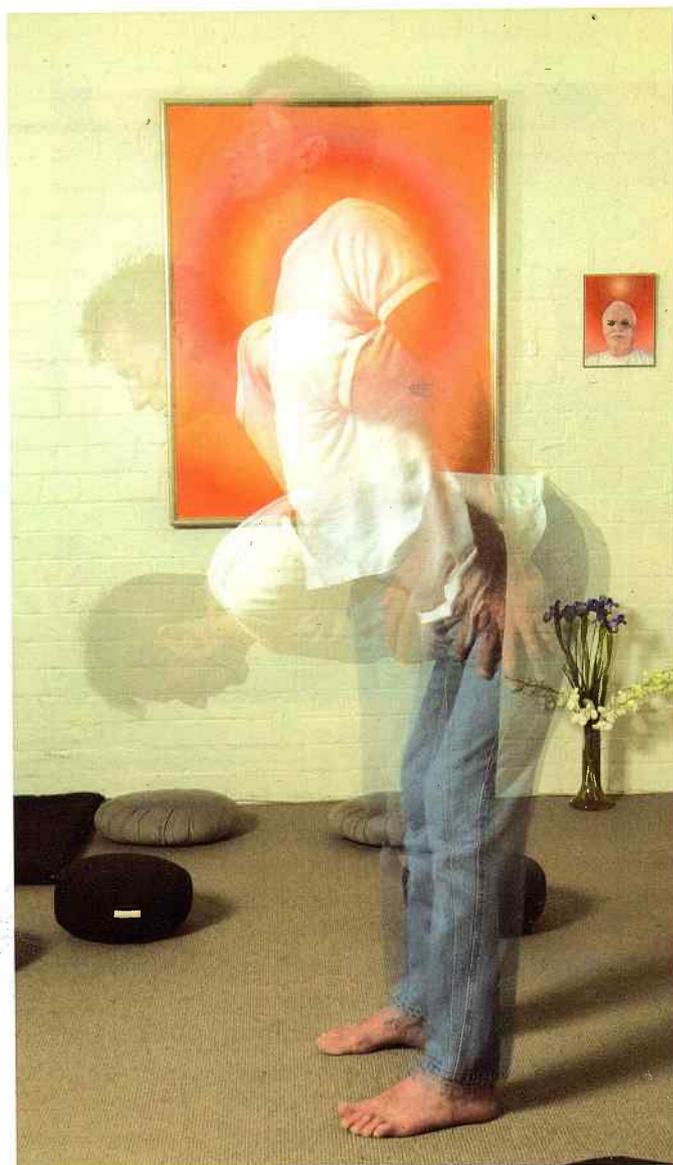
← **The forward bend.** This movement will quieten your mind, bringing a more peaceful state of being by focusing your awareness on the now. When everything's racing and our thoughts are getting manic, we can focus our attention on our breath.

→ **I'm big on meditation.** When I looked at this photo of me it makes me remember I am part of the bigger picture. And sometimes we really don't feel that. Remember you are never alone, and I mean that in a good way, a wonderful way, and that concept is something that can uplift you and nourish you.



Standing forward bend. You bend back to raise →
your energy. Open your spine up and open your
energy. Any movement forward quiets your
energy. It's like a flower opening up at the start of
the day and closing at the end of it. It's a bit like
us and our minds. There is a time for having busy
minds, but there's also a time for bringing it back
and getting centred again. You refresh yourself.

The Dancer. It helps to keep balance in our life.
Balance is about eating well, getting enough rest,
and also watching the company you keep. By that
I really mean watching the company you keep in
your thoughts. We can love ourselves to a better state
of being. That is balance.



Photos: Jamie Dunbar

The photos were taken at
the Meditation Space (99
Crown St East Sydney),
where Daniel can be
contacted. You can check
out their website at [www.
brahmakumaris.com.au](http://www.brahmakumaris.com.au).

Daniel also practises Hatha
Yoga at Mind, Body, Life
Yoga (55 Foveaux St Surry
Hills, ph: 9211 4111 [www.
bodymindlife.com](http://www.bodymindlife.com)) where
they run community yoga
classes (pay by donation).



The Jellybean Treatment

Greg Page remembers what it was like when he was first diagnosed, told to go on treatment, and the hunt for the “big jellybeans” began!

Three years ago when I was first diagnosed as positive, my doctor informed me that with my high viral load and significantly smaller T-cell count he was going to put me on medication immediately. I was so overwhelmed on discovering my status that I just agreed without question to whatever he said, believing he knew best and that I would probably die within a month or two if I didn't do as he proposed.

He proceeded to unfurl a large chart featuring photos of mountains of coloured pills with unpronounceable names and big text boxes attached listing all of the possible side effects. At first glance you might have been mistaken for thinking it was just the newest range of gourmet jellybeans being displayed. Sadly, that wasn't the case.

My doctor told me he would put me on a combination of three pills, all of which had names similar to those of garden weed poison, which is perhaps somewhat appropriate when you think about it. I seem to recall I merely nodded and sniffled, unable to ask questions, give anything like a normal reply, or even raise my hand to ask if I could go to the bathroom. It was all set in stone. He wrote me a prescription and sent me on my way.

That was, in retrospect, the easy part. My doctor had told me that I could just go around to the Albion Street Clinic to get my script filled. I stumbled down there, still in a haze and kind of numb. I believe that is a common affliction that affects most newly diagnosed HIV+ people.

I arrived at Albion Street Clinic only to be greeted by a sign on the door saying “Closed today due to situations beyond our control”. I could feel tears swelling. What do I do now? I suddenly felt like I was probably about to die, since I didn't have the drugs to stop the virus that was eating away at me and probably going to cause me to keel over and drop dead on the footpath outside Albion Street Clinic at any moment. Then I snapped awake. There *must* be another option. I seemed to recall my doctor saying

... in a haze and kind of numb... a common affliction that affects most newly diagnosed HIV+ people

that I could also go St Vincent's Hospital to the dispensary there to have my prescription filled with some of those lovely, tasty, coloured jellybeans!

Without a second's hesitation, I literally ran down the streets of Surry Hills (or as someone quite rightly pointed out to me the other day “Sorry Holes”) still in my “positively numb” stage. Not a “comfortably numb” stage, as the Scissor Sisters put it recently on their first album.

I eventually found my way through the labyrinth of areas, sections and badly-sign-posted (not to mention hideously carpeted) wards and found the dispensary. ... And yes, gourmet jellybean munchers, it was shut. It would next be open on Monday. That meant three more days to wait. Three more days without my pills/jellybeans. Three more days when I would be closer to death. Three more days where I probably wouldn't survive to see another sunset, another rainbow, another orgasm, another Madonna album, another....*arrrgggggghhhhh*...

“In urgent cases, please visit the emergency department” said the small print underneath the opening hours. “Oh, thank God for that!” I said aloud to myself and to no one in particular, though a few heads did swivel around to see who was ranting loudly, so I guess it was my outside voice talking again. It felt as if I was already hallucinating, or speaking in tongues, or going mad, or dying by degrees. Just give me my jellybeans and give them to me now, so I don't die before the six o'clock news on Sunday and before I find out who won the final of *Australian Idol*!!!

I marched over to Emergency. I do believe there were significant tear marks across both my cheeks. It could have been the air-conditioning, but it was more likely to be the fact that my “diabolical clock” was ticking, I could feel the virus in me munching away at my organs like a little Pac-man. It was only a few sweet jellybeans that stood between me and imminent death.

Emergency is as horrendous as you'd imagine. And they don't even have carpet either.

Just lino. Guess it makes hosing down the blood and guts easier. There were about ten people there, sitting and looking as if they'd either just taken a holiday at a methadone clinic or perhaps should have.

The counter area seemed deserted, as if it was too much for the staff to take, so they'd simply buggered off to have a chunky Kit-Kat from one of the machine dispensers at inflated prices and swilled it down with some Coke Zero, because, hey, that's so much better for you than regular Coke, right?

I peered through the clearly bulletproof glass. There was some movement at the station, but it was short, stocky and...oh...here it comes now. I had hoped for one of those hunky, blond-tipped Adonis-like nurses you see in *All Saints*, who swish through the corridors trying to look butch and as if they really did want to snog Georgie Parker, or whoever it is that won the Logie this year. Instead I got a lesbian.

"Yes!" she thundered.

I retreated.

"Er, um, sorry, but, er, I have to get my prescription filled and the dispensary is closed and so is Albion Street Clinic and I think if I don't get my pills now I might die," I said. Or something to that effect. Once again - "very positively numb".

I passed her the prescription from my doctor. I waited for her to pass comment on me as a "dirty AIDS carrier". I waited for her to scream "The grim reaper's got you now!" I waited for her to laugh and say "This is what you gay boys get for fucking around and not just sitting at home on the sofa breeding dogs".

Instead she said, "ok". Simply, "ok". The look of mortification on my face at this must have led her to add "Just a minute".

I slumped over the counter, ready to just be folded up and put in a body bag. Nothing could save me now. Then she was back. In a minute. As she had promised.

"Here you go," she said in a tone that was almost motherly. "This will get you through to next week and then you can get your proper prescription filled."

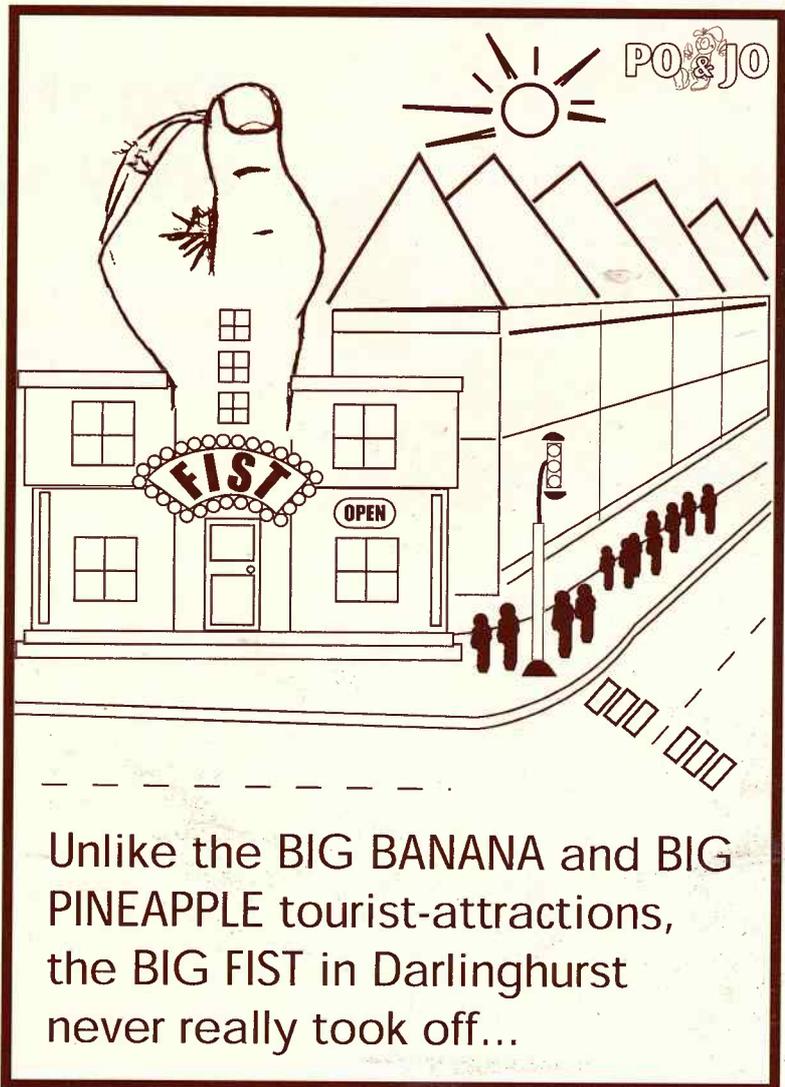
I was flawed. She was the most beautiful lesbian I had ever seen. The most beautiful woman I had ever seen. The most beautiful person I had ever seen. She had saved me from a fate worse than death. Well, from death really, if you think about it.

A handful of jellybeans was all it took. And they were free. She was, I assumed, a vision.

The look of relief on my face must have been enough of a thank you for her, because then she shouted at someone behind me, "Number 47, please!"

I shuffled away, as someone who looked like he hadn't eaten solids in a significant amount of time pushed past me to get his prescription filled.

I went to the toilet there, opened the small sachets, and looked at what she had given me. They weren't jellybeans at all. They were much bigger. They were jellybeans on steroids. I quaffed them down with some water. Now I could watch *Australian Idol*, wait impatiently for the new Madonna album and, most importantly, stay alive. Jellybeans had never tasted so good before. It was, literally, the sweetest relief of my life.



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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02 9206 2060

All information is kept strictly confidential.

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SURRY HILLS NSW 2010
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Fax (02) 9206 2053
Email halc@halc.org.au
10am to 6pm Mon to Fri



Treatments – and why we need ‘em!

Garry Wotherspoon talks to a number of positive men about starting treatments and hears lots of good news

Who of us can forget that dreadful moment of first learning that we had ‘IT’!

Sitting in a doctor’s surgery somewhere, what a daze of feelings overwhelmed us, as we sought to find some safe certainties. Perhaps, perversely, the anxiety was gone. -But what about hope?

At that initial time of coming to terms with our new reality, we sometimes also had to make momentous decisions. And unless we were very lucky - or as well informed as Pierre, a nurse, who *did* know a lot about HIV/AIDS - many of us felt that we did not know enough to make fully-informed decisions. But he knew enough to ask what treatment would decrease the viral load in his blood as rapidly as possible, and also which treatments were the best to cross the ‘blood brain barrier’; as he said, ‘I wanted to prevent HIV doing damage to my brain.’

Not all of us were that well-informed, and, retrospectively, would some of us have made those same decisions if we knew then what we know now? One of those decisions, of course, relates to if, and how fast, we should go on treatments.

Treatments have their own ‘Grim Reaper’ history. In the early days of the epidemic, as doctors and scientists thrashed around to find out what they were dealing with and how to treat it, and drug companies created and tested new possible responses, some of what they came up with was - with hindsight - a poisoned chalice. The medications might fight the infection, but for many it seemed a fair chance that they might also do you damage. AZT, for example, while a significant step in the development of treatments,

was initially often prescribed in doses which were too high, and therefore harmful, and it was never going to be a solution as a treatment on its own. The virus simply developed resistance and progressed.

For some, treatments were the only possible choice, given the progress of the infection when they were first diagnosed. But for others, it wasn’t so clear cut. Some people who feared what these drugs might do to them would not go onto treatments. A few might have philosophically believed in the body’s power to fight the infection, and ultimately to heal itself. And even when the combination therapy breakthrough happened in the mid 1990s, there were compliance issues: many people were on regimes of twenty to thirty tablets per day, usually to be taken at six to eight hour intervals. Some may even have felt going onto treatments might have been an onerous and risky step - since any ‘slippage’ in compliance could have dire consequences in terms of developing resistance.

And so the debate about treatments – ‘will I or won’t I’ - started.

We should be clear about what constitutes ‘treatments’. Scientists, researchers, Government funders, health workers in the field, the World Health Organization, and the PLWHA community, all are in no doubt that treatment means antiretroviral drugs, that antiretroviral drugs work, and should therefore be prescribed.

There have often been claims that there are alternatives to the mainstream drugs. One can only say that, if any of these alternatives actually worked, the drug companies would have been onto them so fast that we wouldn’t have seen them for dust - and dollars!

What also receive some attention are complementary ‘therapies’. The most heavily used of these (massage and multivitamins) are clearly beneficial for general wellbeing: they make no claims about ‘curing’ HIV/AIDS or about being an ‘alternative’ to antiretroviral therapy.

It is just over twenty-five years ago that the first cases of GRID (Gay Related Immune deficiency, as it was first known) were diagnosed here in Sydney, and many of those affected then are still with us today, mainly because of new treatments coming out over the years. And there are, currently, approximately 42 million people with HIV worldwide. For many, living in developing countries, it can still be a case of dying within a few years - or months even - of diagnosis. It was, and still is, a lethal disease.

David thinks that, for Australians who are diagnosed as HIV+, the debate and the decision about HIV treatments touches on issues we are uneasy about - a debilitating illness, dramatic changes to our life’s circumstances, and our mortality. Currently, when to go on treatments is about what we might call ‘the clinical markers’ (see box on page XX), unless you’re a ‘late presenter’ (diagnosed at an advanced stage of HIV progression) or you’re involved in a clinical trial. Thus for most of us, decisions about treatments are best made after a time period to adjust to the new reality. As Marcus recalled, he was wary of going on treatments at the time of diagnosis, as he wanted ‘to see how I coped with it.’

The one issue that kept coming up again and again was how best to keep control of one’s health, in such a life-threatening situa-

tion. Pierre felt that at his diagnosis he needed to know what the latest issues were in treatment options during primary infection and what the expected outcomes would be, so that he could retain some control. And both Marcus and David felt that staying in control was an important issue. For David, already on treatments, the best thing about them is the effect on his health – ‘and I get to live longer!’ And with greater knowledge about the newer treatments, Marcus is now more relaxed about many aspects of his health situation, including the probability of going on treatments. Like most people, they realize that it is only treatments that hold HIV at bay for a long time.

And we are gaining greater control with the new drugs that are constantly coming out: they are far more potent and sophisticated in what they do. We commonly have available to us combination therapies (often now in the form of several compounds in the one tablet); new medications have less toxicity and fewer side-effects; and fewer tablets to take has made compliance less of an obstacle. As for those side effects, not everyone gets them, and it really is a case of trial and error there: a good doctor will closely monitor your overall well-being, and advise you of what other options might be available. And as most people do, we basically just trust that our doctor has the knowledge to give us the best advice.

The latest sets of treatments are a quantum leap above those available in the early days. And ongoing research ensures that new medications are continually coming out. Thus many of the issues that held people back from treatments have been resolved.

As well, new theories are constantly being tested about how to administer the drug regime. Initially it was thought that combination therapy might eradicate the virus entirely. ‘Hit Hard, Hit Early’ – initiating radical therapy as soon as HIV is diagnosed - was another approach, but it carried a significant toxicity and side-effect burden. Australian clinical guidelines have changed since then to reflect a more conservative approach to initiating therapy, but debate still continues about the ‘right’ time to start. The important thing is to

regularly monitor your clinical markers and general health and consult with your doctor.

New approaches to HIV research - such as the potential for stopping viral progression entirely, rather than just slowing viral replication, may offer new avenues for ongoing health maintenance.

Keeping control of one’s life and health are critical issues for all of us. And there are several helpful avenues. There is now much more acceptance that psychological support may be helpful - indeed, may be necessary for some – in keeping control. Kelvin stated that ‘I started seeing a counsellor as soon I found out I seroconverted. I am still seeing her once a month, and would not have made it this far if I did not. I foresee my relationship with a counsellor as integral to treating my HIV.’

But treatments remain the major way of regaining control of our health and our life. We have become much more sophisticated in our knowledge of where things stand, not only about HIV issues, but also about our general health. And, indeed, one of the ironies of all this is that, for many of us, since HIV/AIDS has become a personal issue, our health is far more closely monitored than it would be otherwise, and we get early preventative responses to so many other health issues as they arise for us (monitoring cholesterol, blood pressure, and sexual health checks to name a few).

Ultimately, we all have to make our own decisions about treatments. Some people’s immune systems had taken such a battering when they were first diagnosed that medications were the only possible way to defer or avert impending decline and death. And many people today do owe their continued lives to that decision. And so we all will, probably, some day. So a decision to not take treatments is really saying ‘not yet’. For when the final crunch comes, they’re all we’ve got. And that’s how we do take control of our lives again. Treatments have proved, so far, to be the best line of defence we have against the progression of HIV/AIDS: for all of us, they represent ‘hope’.

And hope is a key ingredient for survival!

Resilience and courage

The Luncheon Club turns 13

Her Excellency, the Governor of NSW, Professor Marie Bashir AC recently visited the Luncheon Club on its 13th anniversary in November. Before helping serve the Lunch she acknowledged: “This is one of my favourite places in Sydney because this is about resilience, courage, helping one another and getting on in life.”

More than one hundred people attended the birthday event, including a number of long time supporters of the Luncheon Club’s work.

Christmas Donations still needed...

If you would like to make a donation or you would like to donate Christmas hamper food please call Carole Ann King on 0416 040074 or visit the website: www.luncheonclub.org.au

Christmas Lunch coming up

The Luncheon Club’s Christmas Lunch will take place on Monday 18th December from 12 to 4pm. The Luncheon Club’s last day before Christmas will be Wednesday December 20th.

Carole Anne gives the Governor her honorary apron. Tim from the Sydney Star Observer with the birthday cake he made. Marcus Bourget (Mardi Gras chair), the Governor, and Simon and Richard (from Jester’s Pies at the Airport, who have been significant donors to the Luncheon Club)
Photos: Cameron Muir



then to meet the coordinator of a drug trial, because I met the criteria. It meant free pills so I did. Then the following week, I met the pharmacist to learn how to take the pills.

I thought I knew how to take pills. Open your mouth, chuck in the required dose, add liquid and swallow. Easy! But no, there were interactions. DDI had to be taken separately from two of my other pills, and away from food, but only once a day. No one tells you why, just that it is needed for effective results. Ritonavir (or ritonawhacky as friends of mine have renamed it) and Crixivan could be taken with 3TC, twice a day with food. After some truly evil tasting burps, I found that it was best to take these three drugs before eating, not after.

Another week, I had to see a nutritionist who specialised in dietary needs for people with HIV. Then the following week, I ended up having to see the doctor for a medical certificate for a boring old dose of the flu. I think the stress build up and the fatigue caused by the pills had left me so run down the flu bug saw the label "sucker here!"

Oh, did I mention blood tests? Ever since diagnosis, I was having lots of blood tests taken. Tests for viral load, CD4, CD8, red cell count, white cell count, blood chemistry and liver function. Sometimes it totalled 18 vials when you included the blood the trial required for storage for future investigation.

So, all this time off work, not to mention the daze I was in all day, and the difficulty I was having staying awake, meant I had to tell management at work. How could you explain this much time off work without lying? I knew I was one of the lucky ones. I worked for a company that treated its employees with consideration most of the time.

I told my supervisor first. He was as shocked as I was. His response was all you could hope for. Sympathetic, understanding, non-judgemental and eager to do whatever he could to help. I had always suspected he was gay and his reaction seemed to support this. He also recommended that I talk to his manager, who always seemed to give the impression of being a "big ole diesel dyke" (to quote a colleague), despite always wearing the company uniform when at work. In time I learnt that she wasn't. Again, her reaction to the news was understanding and sympathetic.

After establishing that I was not about to die, or on the point of becoming "really sick", she asked if she could indulge in a maternal moment.

"What the fuck did you think you were doing? You knew the risk!!"

How do you answer that? We all know the risks, and yet so many of us chose to take that risk, and now are learning to live with the consequences.

I thought I knew how to take pills. Open your mouth, chuck in the required dose, add liquid and swallow.





Saving lives: no small achievement

Annie Madden reflects on 20 years of
needle and syringe programs in Australia

Photo: Jamie Dunbar

I am old enough (just) to remember what it was like to be a drug user before needle and syringe programs. When I talk with people who only started using after the advent of Needle and Syringe Programs (NSPs), they often can't believe how things used to be in the bad old days.

With the Needle and Syringe Program everything changed for people who injected illicit drugs – for the better...

Prior to NSPs, in many places needle and syringes were only available from a handful of pharmacies in any given city. If you were in a smaller more regional centre then, you'd get what you could when you were in the city and just reuse them until they could not be used anymore.

Those few pharmacies were often mighty unfriendly places. There were all sorts of odd rules and 'protocols' about having to buy something else before they would sell

you fits, lots of interrogation about what you were going to be using them for and, if you became 'known' (as a drug user) you were made to wait until all other 'customers' were out of the shop.

I started using in Queensland, and in those days you really needed a doctor's prescription to legitimately get needles and syringes from a pharmacy. A few of us knew good doctors who would write the occasional script stating you were diabetic – and believe me if you were lucky enough to secure a script you were everyone's best friend - for a while at least.

In Queensland as with other states and territories, there were a couple of pharmacies that would sell needles and syringes 'under the counter' to drug users but if you were able to secure such an arrangement you told no-one because too many users turning up and asking for fits could jeopardize the whole arrangement. And that's not to mention the rumours that would inevitably start up that all pharmacies that did fits were under surveillance from the drug squad – and in some cases this was not just a rumour!

Outside of this, people used to get fits anyway they could, including from doctor's surgeries and from the bio waste bins at the back of hospitals, surgeries and veterinarian clinics. If you were 'lucky' enough to own a glass syringe you could make a nice little earner on the side 'renting' it out to other

users. I know some of this may sound shocking, such as renting out needles and syringes, but you need to remember that one person's high risk, irresponsible behaviour is another's act of compassionate and altruism for a mate in need. It's all relative and these were very desperate times.

But its not just access to equipment that changed with the introduction of needle and

In short, in 1986 drug users in Australia became human beings

syringe programs. I know if sounds incredible now, but before NSP users didn't really see sharing and reusing needs and syringes as a health threat. There was no HIV, hepatitis was just something that you got, went yellow for a few weeks and got over, no-one had even heard of hepatitis C.

Our biggest concerns back then were whether the fit was going to be sharp enough to get your shot away, who was going to go first and get the best use of

the needle and the quality of drugs (usually in that order). If we were even worried about blood it was only about the possibility of blood poisoning. With NSP everything changed for people who injected illicit drugs – for the better...

We no longer had to beg, lie and steal just to get clean equipment. We started having real and meaningful contact with people who not only gave us access to equipment but treated us with dignity and respect and educated us about health issues, HIV, STIs and later hepatitis C. We had a place we could go where the health workers understood our issues. NSPs not only changed our health, they changed the way we saw ourselves.

Needles and syringe programs have been one of the great public health and community triumphs in Australia's history. They are seen as contradictory. We give out injecting equipment to people so that they can use illicit drugs in a safer way. But there is one important way in which NSPs are not contradictory. It is completely straight-forward and just happens to be the most important thing about these programs, and that is that NSPs save lives. This is not up for debate. It is not a matter of ideology or political persuasion. It is just a simple fact, supported by rigorous scientific evidence.

It is also an inescapable fact that users in Australia are one of the only IV using communities in the world who have avoided a major HIV epidemic and have managed to sustain this over a 20 year period. This is no small achievement and it has been achieved not just because needle and syringe programs were established at all, it has been achieved because of *when* NSPs were established and *how* NSPs have been operated.

One of the distinguishing features of NSPs and HIV prevention in Australia has been the commitment at all levels of the response to "the partnership approach". This unique

approach involved many key players, not the least of which has been injecting drug users themselves. In 1986 in Australia the whole perception of injecting drug users and injecting drug use began to change. Suddenly drug users were seen as educatable, as being capable of speaking on their own behalf about the issues that affect them and as being able to make positive choices in relation to their health if they were given the chance and the means to do so. In short, in 1986 drug users in Australia became human beings.

On the 20th Anniversary of needle and syringe programs in Australia I have been asked to comment on what NSP has meant for people who inject illicit drugs. We have achieved a great deal. The job is far from over. We still have people who cannot get access to clean equipment when they need it and the threat of a major HIV epidemic is an ever present danger.

I can't speak on behalf of everyone who has ever accessed an NSP in the past 20 years. But I can comment on what NSPs have meant to my life...

20 years ago today, some people put themselves and their liberty on the line to stand up for something they truly believe in. 20 years later, their actions have made it possible for someone like me to even be here today to thank them for their courage and foresight.

That is what needle and syringe programs have meant to my life. The fact is that if NSPs had prevented just one person from becoming infected with HIV they would have been worth it. The fact that they have prevented tens of thousands of HIV infections makes them absolutely indispensable.

Annie Madden
Executive Officer, Australian Injecting & Illicit Drug Users League (AIVL)

This is an edited version of a presentation given at the 20th anniversary of the Needle and Syringe Program.

PLANET POSITIVE

a social night for HIV positive people and their friends

When: Fri 23 Feb 2007 6pm to 10pm

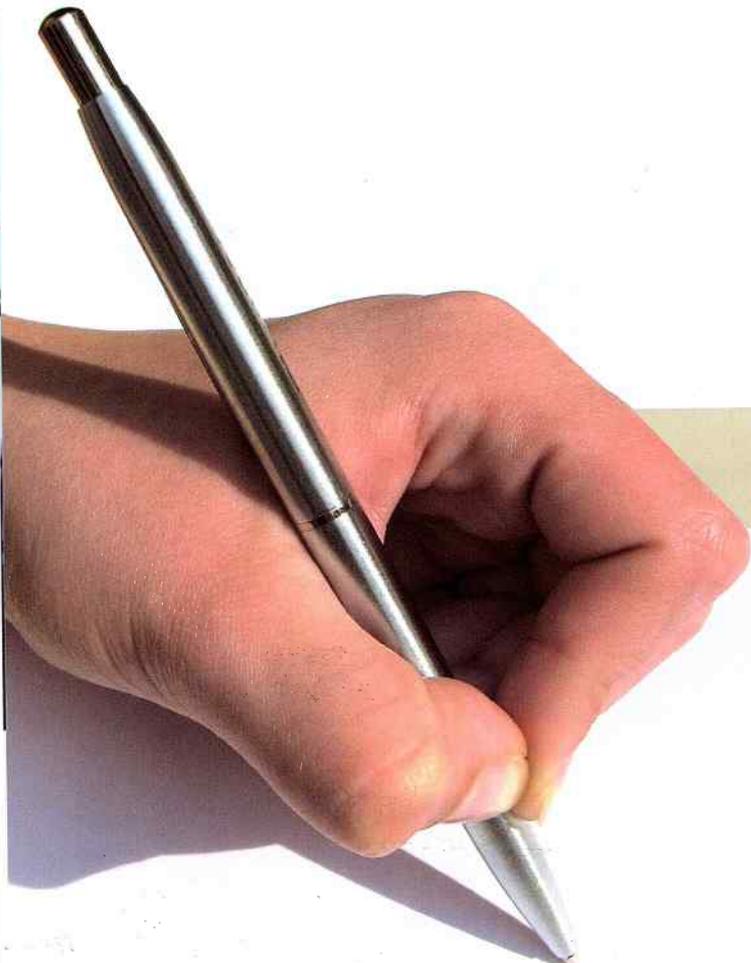
**Where: back of the Carrington Hotel
563 Bourke St Surry Hills**

**What: Free food and refreshments
and sounds by Ruby**

 PEOPLE LIVING WITH HIV/AIDS

 **acon**
community, health and action

 **RUBY**
LOCAL LIKE AFRICA



Functionally Dysfunctional (or Dysfunctionally Functional)

Tim Alderman

*If tears could pay our debts
If with our tears we could buy you an indulgence from all pain
If by weeping now we could do all your weeping for you*

Then we would cry until our eyes were washed away

Excerpt from Wilbur Smith novel

For World AIDS Day last year I wrote a piece titled “The Storyteller – Stories Almost Lost in Time”. It was a synopsis of the lives of three close friends who had died from AIDS pre-treatments (as we know them). As someone who is quite accustomed to writing - and in fact have a university degree in it - and find that writing flows quickly and naturally from the smallest of seeds, I have to admit that this was one of the two toughest pieces of writing I have ever done. It took me a month to nut together 750 words, a month of anguish and more tears than I have cried for some time. It was an emotionally difficult piece to write. It was hard enough trying to decide whose lives to use for my stories, let alone revisiting photos and eulogies. I left the writing of the actual lives to last – the prologue to the piece came easily enough, but I delayed the writing about Andrew, Stuart and Geoff for as long as possible. It made me realize just how unreconciled to their deaths I actually was, that despite everything that had gone on over the 20 years since the deaths started, I had never really allowed myself a period of mourning – not just for them but for all the people I knew over that period who had passed on. The unfolding of the AIDS Quilt

had, for many years, served as an outlet for grief during this intense time, a way to ‘get it out of your system.’ But that doesn’t happen anymore, so I store the grief, hide it away in a dark corner where it sort of sits and mocks me. The writing of “The Storyteller” was almost like a venting of twenty years of grief. I can’t go back and read it, despite being its author. It hurts too much, and I end up crying - yet again.

What I found very empowering from the experience of writing that story was the reaction of many people to it. It was almost like giving people permission to grieve, almost like telling them “It’s okay to cry even now, it’s okay to relive these people’s memories, it’s okay to tell their stories”. Some found the article profoundly beautiful, some used it as a way to communicate to partners and friends exactly how that period of HIV had affected their lives. Some, like my partner David, didn’t even know the people in the stories, yet related so strongly to them through his own experience that he could not read past the first story. Others said they wished I had warned them I was going to do it. It cut deep; it opened wounds not just for them but also for me. I wish I could have

written about every single person I knew over that time who had died, but *Talkabout* does have its limitations.

In fact, the writing of this piece, and a piece I did in university for an assignment, made me aware of my own toughness, my own ability to cope with intense grief by just cutting myself off emotionally and putting up a wall to block it out. Of course, these things always creep up on you in the dead of night, but there is never anyone to witness that, to catch you in a moment of weakness.

My capacity to block out these things is, in many regards, a product of my upbringing, and the experiences of life in my younger days...

Like many of my generation, I was raised in the dysfunction of families recovering from the effects of World War II. My parents – let’s call them Joe and Betty, as mum and dad have become alien words – raised me in the conservative ways of parents of that period, in the idyllic environment of Sylvania. Lots of skeletons rattling around in Sylvania, I can promise you. Joe never came to terms with the post-war period of the 50s and 60s, and, despite a thin veneer of normality in our household, as I grew

older I realized all wasn't as it appeared. I had a younger brother, Kevin. He was to be the subject of a university assignment 40 years after his death. When I was 11, Betty up and left. No word of warning, no hint of departure. There in the morning making breakfast, gone when Kevin and I arrived home from school. Within several months of her going, Joe brought his mistress into the house under the guise of a housekeeper – we must retain a respectable appearance, despite anything that might be happening.

Joe had a seriously bad temper, and both Kevin and I experienced his wrath with a strap, huddled in a corner. The housekeeper – herein referred to as the bitch from hell – hated Kevin and I almost as much as we hated her. Kevin was five years younger than me and suffered from Attention Deficit Disorder (ADD). This was enough for the bitch from hell to make him her direct target, and she made his life a total misery. There was little I could do to protect him. Her vengeance for taking her on was to go to Joe with exaggerated stories of misdemeanors, and as we knew – punishment for transgressions was severe. She finally pushed too far, and on the evening of the 8th December 1965 Joe took Kevin out to The Gap at Watson's Bay and jumped over with him in his arms. Joe

Like many of my generation, I was raised in the dysfunction of families recovering from the effects of World War II.

survived. Kevin's body was found two days later floating towards the sea near Broken Bay. From that day to the time of my university assignment 40 years later this subject was never discussed within my family or otherwise. It was like it never happened. Joe got off on a plea of manslaughter. I had to live with him for another ten years, but any vestige of trust or feeling was locked away. I never trusted him again, and always guarded what I said, and how much I let him know about my life. I closed off. I became hard. This affected my life for a very long

time, and gave me the capacity to survive. The bitch from hell never shed a tear or displayed any emotion regarding Kevin's death. It was as though he had never existed. By the time we left Sylvania at the end of 1966 we had changed the family name, and the bitch from hell had managed to alienate us from all our friends and neighbours in the area. Joe committed suicide in 1978. I shed the obligatory tears and moved on. I've never forgiven him, and I never will.

Writing the university assignment in 2003 opened a whole Pandora's Box for me. I had never investigated Kevin's death, had never wanted to revisit the wound. However, in June 2000 *Sunday Life* magazine ran an article on The Gap, and the bones in the closet rattled very loudly. Among the synopsis of sad events that surround The Gap was a brief entry for 1965 – "Frederick Pickhills of Sylvania, tells Vacluse police, 'I have been over the gap with my son. I had hold of his hand.' Pickhills was charged with the murder of Kevin Pickhills, 7. Pleading guilty in court to an emended plea of manslaughter, Pickhills was released on a five-year good behaviour bond." (NB there have been two name changes in the family over time. One to Phillips, which was initiated by Joe so his past wouldn't follow him, and the second to Alderman, by me, so that my family could never track me down after the fiasco they called a funeral). For the assignment I scanned all the papers from the time – my tutor was quite concerned about the emotional impact of following up such a closeted event, and pieced together a nightmare I had all but blocked from my memory. It was almost a feeling of freedom to finally piece it all together, and lay the bones to rest.

After Joe died, I came out. I was 25, and a very later bloomer. I came out with a bang, not a whimper. I had always wondered what Joe would have done if I had told him I was gay, and sort of knew that it wouldn't have been a good ending. I may have left it late, but at least it was safe. I reunited with my mother. We communicated for 19 years until 1997, when I finally severed the threads of what turned out to be a futile attempt to try to put together some sort of relationship with her. Another set of bones laid to rest.

What I wasn't to know when I came out was that my life as a gay man, and my life as an HIV+ man were going to run in a parallel line, were going to be intrinsically tied into one another. So this was what the hardening, the hiding away of all emotions had pre-

pared me for. It proved handy I have to say. Always a strong shoulder to lean on at funerals, and to cry on at wakes. I sort of prided myself on this toughness, on this capacity to turn off. But it was to make me pay in other ways, as I found out when I wrote "The Storyteller".

Not only have I given other people permission to grieve, I've given myself permission to grieve, to flush out 20 years of pent up emotion and sorrow. But not just that either – I've finally given myself permission to grieve for many things. I have finally relaxed

I've finally given myself permission to grieve

the hardness, finally given in to the emotions. I've already ruined enough relationships with my inability to give (mind you, it often happened on both accounts) and when I met David after a 18 month break from the scene due to recovering from AIDS I was at a point where I realized I needed to rely on other people, and I needed to give. I needed support, I needed to love and I needed to share. This is the relationship that is making up for all the shit. This is totally open but very secure ground for me. No more secrets, no more closet rattling from skeletons of the past. I'm not quite sure if my experiences have made me functionally dysfunctional, or dysfunctionally functional. Whatever the answer, I'm now more aware of taking better care of myself emotionally, and allowing things to fall out rather than bottling them away, or pretending they didn't happen. When I get to write my family's story, its going to be a hell of an account.

So light a candle at home for all your lost loved ones on World AIDS Day, and tell their stories. And cry! And Grieve! You have permission to perform this act of love. After all, we don't want them forgotten. They deserve better than that.

So this isn't another episode of "The Storyteller" ...or is it!



Partnerships for change

Working with positive people in the Asia Pacific

Talkabout recently spoke with **John Rule, the Manager HIV Living / International Unit at NAPWA (the National Association of People Living with HIV/AIDS)** about the work the Australian peak organisation has been doing to assist people with HIV and their organisations in the Asia Pacific.

NAPWA's new project is called AHAPI (pronounced ay-happy), which stands for the Australian HIV/AIDS Partnership Initiative. AHAPI's work in the Asia Pacific got underway when NAPWA sought a three year grant from AusAID, and the funding for it commenced in 2005 (and will be completed in 2008).

AHAPI is focused on three projects:

1 Work in Papua New Guinea.

Official statistics suggest there are 16,000 HIV positive people in PNG, but it is quite possible the number is closer to 100,000.¹ Unlike Australia, HIV/AIDS is a generalised epidemic in Papua New Guinea (that means it is largely found in the general population, rather than concentrated in specific groups, like gay men). There are also huge challenges in terms of infrastructure and poverty as well as discrimination and the fear of violence against people with HIV.

The health infrastructure is nothing like it is in Australia, and a very small number of people are taking treatments. The World Health Organisation has funded

treatments for 8,000 people, but the actual number of people actually receiving them is much less, probably in the hundreds. One of the main problems in the lack of infrastructure is the need to train medical staff and health care workers.

Igat Hope (which means "I've got hope") is the national organisation for people living with HIV/AIDS in PNG. Igat Hope operates as a support and advocacy body and

NAPWA is focused on helping them develop their activities and programs, as well as secure funding for their work. Late last year NAPWA assisted Igat Hope draft its first constitution and then helped it to run its first Annual General Meeting, which elected their office bearers. That is a practical example of the kinds of support offered. NAPWA also plans to help Igat Hope start up a Positive Speakers' Bureau (where people with HIV are trained to tell audiences what it is like to be a person with HIV). Positive Speakers' Bureaus challenge stigma and discrimination in a very tangible and courageous way.



Igat Hope Board and staff

Another challenge for Igat Hope is to become more established in other provinces in PNG, so it is a truly national organisation.

Alongside NAPWA, two other Australian partners are also offering some of their expertise in PNG: ASHM (the Australasian Society of HIV Medicine) has received funding to do clinical training with health care workers and medical staff, and NCHSR (the National Centre in HIV Social Research) has been funded to do research into the social and economic impacts of HIV.

2 Work in East Timor.

Timor is a very different environment from a place like PNG, because no one has yet gone public about their HIV status due to stigma and discrimination. It can be a huge challenge to even meet people with HIV. There is a lack of data on incidence of HIV infection, although most people use a report produced in 2004 which suggested there were 26 HIV+ people in East Timor.² This figure would probably be a considerable underestimation however, because testing facilities are not readily available. Most people are diagnosed when they present with some other major illness such as Tuberculosis, and very few would go for an HIV test.

Grinding poverty is the major issue in Timor. People don't have access to very basic things let alone access to health care facilities and treatments.

NAPWA's partner organisation in East Timor is Timor Aid. Timor Aid isn't an HIV/AIDS organisation. It's a general health/welfare/community development organisation, and one focus of work is to provide a meeting space for positive people.

More preliminary steps are needed in Timor, compared to the ones NAPWA has been able to take in PNG. John has met with a small number of positive people in the capital Dili, and now a regular monthly lunch is being set up. Another early step has been to run a workshop in October on disclosure and confidentiality with other NGOs for health care workers. Next year, the aim is to do a Needs Assessment to find out what kinds of health promotion activities should be developed for positive people in Timor.

The recent unrest there proved to be another challenge and normal operations closed down, and a workshop planned for May had to be postponed. But plans are back on board now.

3 Working with APN+ (Asia Pacific Network of People Living with HIV/AIDS)

NAPWA is also working with an organisation which has strong links right across our immediate region. The Asia Pacific is home to a huge number of people living with HIV, and includes countries like India, China and Indonesia. In total 27 countries (including Australia) are members of APN+.

APN+ was originally established in 1994 in a meeting in Kuala Lumpur of 42 positive people from the region, and it was created in response to the need for a collective voice for people living with HIV. It's important to acknowledge however that this is such a large region to cover, and there are so many different experiences throughout it. For example conditions in Cambodia are very different from conditions in even a neighbouring country like Thailand. It can be a real challenge for a regional organisation to meaningful work with all these disparate groups.

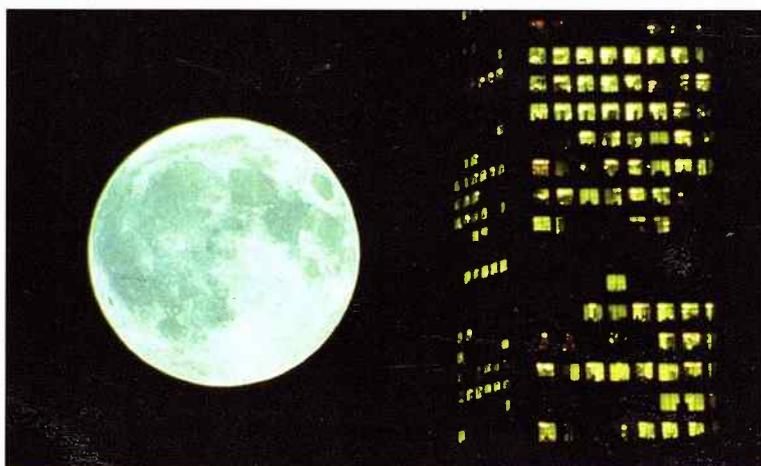
NAPWA is helping APN+ to develop their organisational structure and also provides support to the steering committee of APN+. They've also assisted in the development of a strategic plan (the kinds of behind the scenes planning necessary to make concrete changes and activities happen). The small staff of APN+ is based in Bangkok (the office is co-located with the Australian Red Cross Regional Office) and has no source of ongoing core funding, so NAPWA is also helping them secure core funding over the next few years. NAPWA also hopes to assist in capacity building for members of APN+ in understanding treatments research, clinical trials and treatments advocacy.

...and finally

This is a really big piece of regional work that has come as a three year funded project for NAPWA. NAPWA is conscious that it is the peak organisation for people living with HIV/AIDS in Australia, and therefore has been very careful to balance its regional work with its national work and responsibilities here in Australia.

1 For more information on HIV prevalence estimates and future projections see *Impacts of HIV/AIDS 2005-2025 in PNG, Indonesia and East Timor*. The report is available at www.ausaid.gov.au

2 See previously mentioned AusAID report



after hours

snax chat chill

Have you been diagnosed HIV+ in the last few years?

Want to meet with other newly diagnosed gay men?

After hours is a drop in night for you!

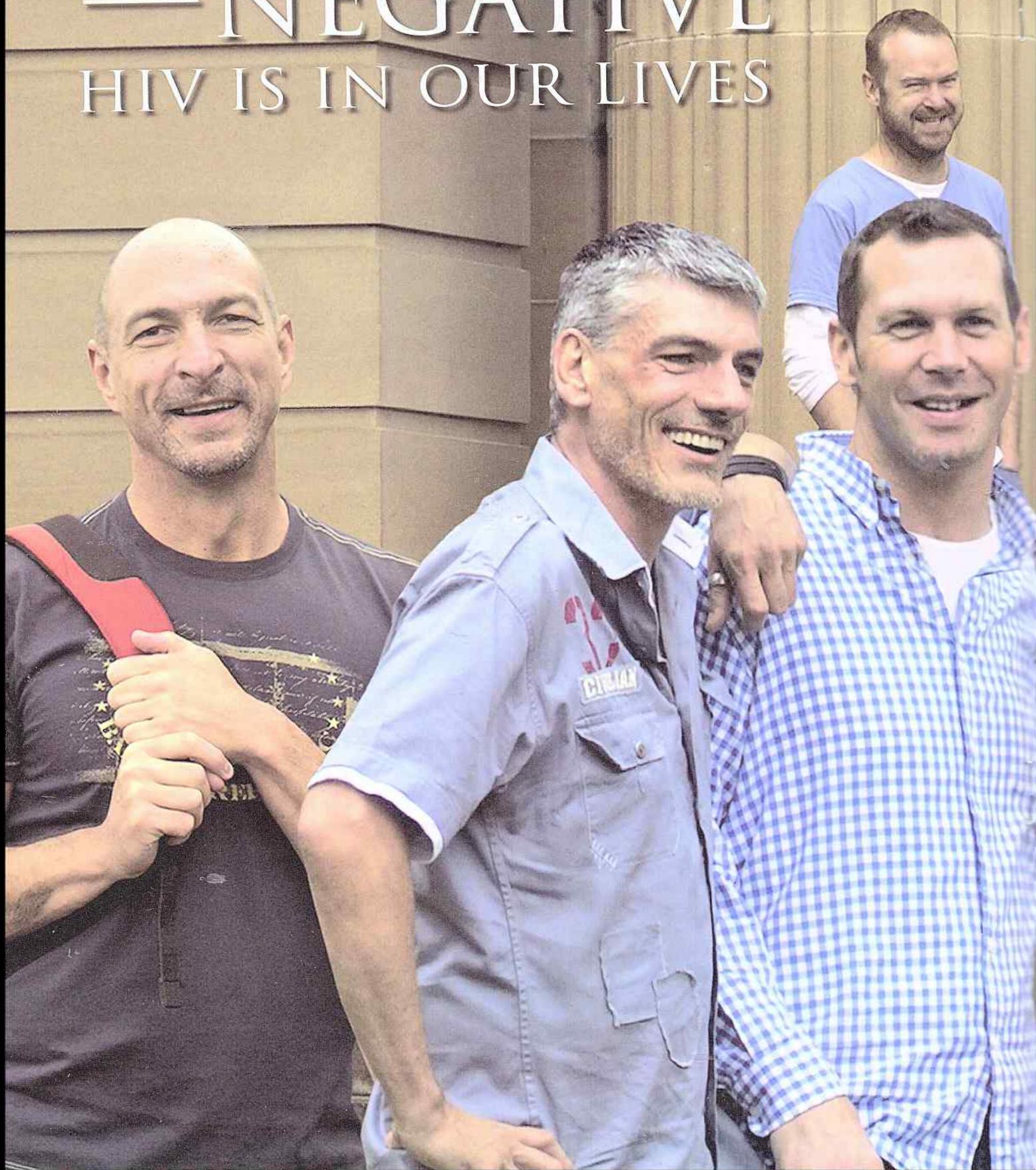
Thursdays, monthly from 7.30pm

Contact Glenn on 9361 6011

Email: glennf@plwha.org.au



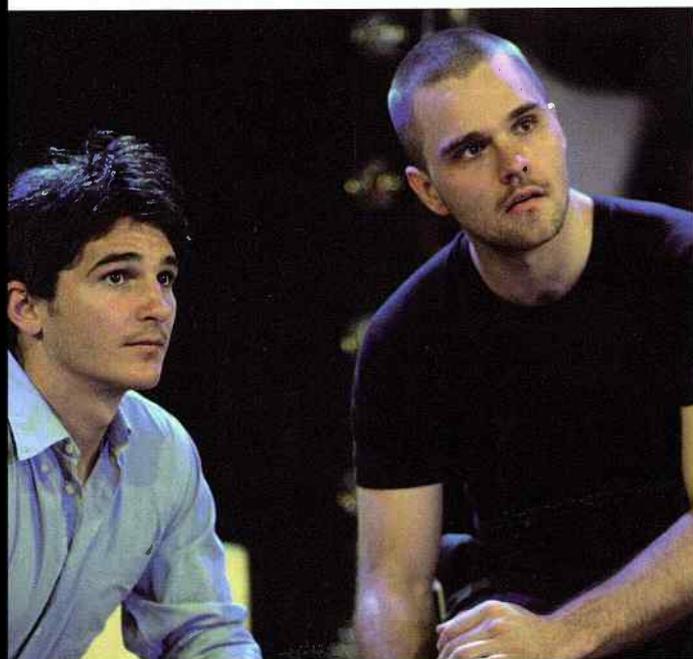
POSITIVE —
OR
— NEGATIVE
HIV IS IN OUR LIVES



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Holding back the tears

Greg Page reviews the Stables Theatre production of *Holding The Man*, adapted from Tim Conigrave's classic novel of the same name

Watching this inaugural theatrical production of Tim Conigrave's novel *Holding The Man* is somewhat like watching a piece of recent, albeit almost forgotten, history. Yes, it's very much a drama set in the era of AIDS, before there were combination therapies and when it did pretty much mean there was only one inevitable outcome. But mostly, like the novel on which it is based, it's a gay love story – even if it does have a particularly unhappy ending.

Tim and John are schoolboy sweethearts who have to navigate what being in love, or being gay, means in a straight, straight world. There are the inevitable parental conflicts, the uncertainty of the future, and the secretive sleepovers. What is at first perhaps just a schoolboy crush quickly develops into something a lot more serious and a lot more emotional as our two spunks with very 70s hair try to develop their relationship in the face of adversity and with no real role models to go on.

This production of what is considered one of Australia's favourite 100 books (and is even on the list of recommended reading for some HSC students) hits exactly the right note, with director David Berthold being true to the source material, but also giving the play some room to come alive, through the ingenious use of puppetry and having supporting members of the cast play a variety of roles throughout. This gives each member of the cast ample opportunity to shine

and to tackle a broad range of emotions. The somewhat unflatteringly tight'n'bright outfits and suitably bouffy 80s hairdos (or hairdon'ts!) are like a spot-on time capsule from the late 70s to early 90s.

Yet while the book was very much "their story", the play becomes very much Tim's story. The first half of the play is noticeably lighter with plenty of big guffaws and even slapstick comedy. Not surprisingly AIDS barely rates a mention, as our two lovesick schoolboys Tim (Guy Edmonds) and John (Matt Zeremes) venture out on their journey of self-discovery and mutual masturbation. There's some uproarious scenes (the "sleeping bag circle jerk" is a classic) and a healthy dose of very sexy moments too. This is one seriously hot cast, if nothing else.

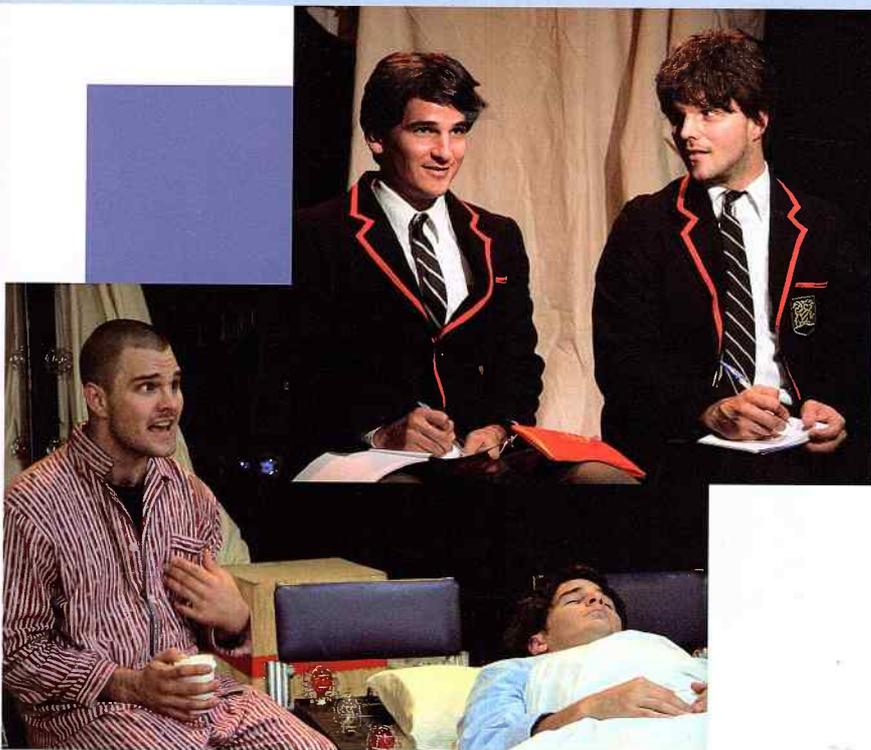
The second half starts in a similar vein, but as soon as the subject matters gets heavier (guess what happens?) we're plunged into a dark unrelenting drama that requires a multitude of hankies at the ready. Instead of *Holding The Man* it quickly becomes *Holding Back The Tears!*

It must be said that Guy Edmonds is a real find as Tim. He virtually carries the play, hits just the right emotional chord at each junction, and has great biceps to boots. While Matt Zeremes' David is true to the almost Adonis-like build-up accorded him by Conigrave's book, his role suffers somewhat from always being second-string to Edmonds' Tim, who transfixes the audience the whole time he is on stage – which is pretty much for the entire play.

If there is one major criticism of this production it's that there is a noticeable lack of chemistry, let alone sexual chemistry, between the two leads. Could it be because the two are reportedly straight, or it's just hard for them as actors to truly let go of their inhibitions and display some sizzle and intensity for each other that the role – and the book – demands. Though we can see why the two are physically attracted to each other (despite Zeremes' lack of dazzling eyelashes – which was one of the reasons Conigrave was so infatuated with him in the book), you never really get the feeling that these two want to kiss each other passionately, let alone fuck each other stupid.

Though the inevitable death scene at the end is by turns haunting and tragically comic, playwright Tommy Murphy has taken the best elements from Conigrave's novel and transformed them into a vibrant, living piece of theatre that transcends clichés and expectation about what an "AIDS piece of work" is. Having nursed someone through the final stages of AIDS in the same year Conigrave died (1995), I can only add that this is a timely reminder about the continuing battle not only against a horrendous disease, but the sometimes even more horrendous stigma attached to it.

Despite the few gripes, *Holding The Man* is nonetheless gripping, unmissable theatre that returns to The Stables Theatre in February. If you haven't done yourself a favour yet, then you should definitely not hold out on seeing it. Just don't forget the tissues.



Holding the Man is based on the Tim Conigrave book and adapted for the stage by Tommy Murphy. It's been playing at the Stables Theatre Kings Cross in an extended (and now sold out) season this month. The play is back for a return season in March 2007 (bookings 1300 306 776 or online at www.griffintheatre.com.au)

Talkabout also spoke to **Sophie Cunningham**, the publisher who contracted the original book on which the play is based:

How did you meet Timothy Conigrave? Had he finished much of the book when you first met him?

I met Tim at a New Year's Eve party in St Kilda - it must have been thirteen years ago. I think he was about a quarter of the way through the manuscript.

What was he like as a person?

He was acerbic and charismatic. He was very direct. He was very light. He was very loving.

I think you've described Holding the Man as having a big impact on you - why is that?

-Because Tim had a great capacity to touch people in a profound way. I am not sure why - it was just a quality he had. It was an honour to feel that in my personal relationship with him. To witness his capacity for friendship, and then to be part of those qualities being translated onto the page and effecting a wider audience, was exactly what book publishing should be - telling stories that connect to people and connect people to each other.

Did Nick Enright need to do a lot of work on editing the manuscript?

Not much on the early sections. More, perhaps on the later sections which were more painful to write, and which Tim was working on when his health was more compromised. But it was a private process between them. I wasn't privy to all the details.

Why do you think it is still in print and so popular after all this time?

-Because of Tim's qualities of honesty, directness and lovingness. -and the book is funny. Tim was a very funny guy.

Remembering Tim Conigrave

Tim and I got to know each other through mutual friends; I was a stage manager and he was an actor and writer. We'd often meet up for drinks and he'd come over for lunch. He was a very forthright person, and had a strong belief in what life should be about, even though it often wasn't the way the world actually worked.

As open and honest as he was, he was at the same time an intensely private person. For example, I didn't know for years that he had a relationship with John. I just made the assumption that Tim was single, because we didn't talk about John. We talked about the theatre and work, and we didn't talk about our own feelings. He was a very private, and, in that sense, a very complex human being.

I finally met John about 1989. Penny Cook asked me to help Griffin Theatre because it had become insolvent. They were struggling to survive, and Tim was on the Board at the time. Penny asked me to give the Board some advice. All the paid staff had gone, and Tim and I were working on a grant for the Australia

Council. It was then that I went to Tim's place to work and I met John. And he did this 'Of course you know John my partner...' John didn't look well at the time.

By this stage Tim had become involved with ACON. He was also very private about his HIV status. There was a fear about gossip, and Tim was not into gossip. It was hard enough to get work in theatre, and it was hard to deal with being HIV+.

Even then, I thought Tim's talent was in writing, rather than acting. He'd already written the play *Soft Targets*. Towards the end of his life he was working on the book *Holding the Man* and on another play. But he only had the energy to finish one thing and he focused on the book. Nick Enright, a playwright and a great influence on Tim, was the book's editor.

Tim also wasn't sentimental about anyone, anything or any issue. He was matter-of-fact, and he'd just tell it like it is. I think that's what drew us together as colleagues and friends.

Malcolm Leech



My Second 21st Birthday

Ian J. Thompson writes about how improving health can bring new fears, and particularly, concerns about how much support might be available to him.

I am of an age when turning twenty-one was an exciting time, when most people celebrated adulthood or maturity. You'd have a great party, be given the key to the door, and be sent off on the path of life by friends and relatives with excitement and anticipation about what may lay ahead.

Now I have reached my fifty-third birthday I am getting the chance to celebrate that particular number once again. The month of my birthday was also the twenty-first anniversary of that day when I was told I had tested positive to HIV and probably had less than six months to live.

Twenty one years! My god, where have they gone? So much has happened, yet also, I am intensely aware that so much has not happened.

I have survived illnesses that have taken me to the very edge of my grave. I have endured endless medical procedures that have invaded my dignity and tested my courage. I have encountered countless people with enormous compassion and patience for me, just as I have encountered many who have tried to shame me with their foolish ignorance and intolerance.

You might think that this would be a time for me to be able to celebrate once again, enjoy the fact that I am still alive and still in reasonable condition to even be able to

contemplate the significance of this second-time-around milestone. But along with this sense of achievement, I am discovering that I am unearthing issues that, to be candid, scare me shitless!

After so many years of the uncertainty and disappointment I experienced as one treatment after another failed me, I began a trial of a new drug called CCR5 about 18 months ago. The turn-around in my health has been nothing short of miraculous and now I have been getting used to see my CD4 count grow from well below 100 when I began, and a viral load of nearly a million, to a growing CD4 count of above 400 and a viral load that was, at last count, so low that all they can tell me is that it is 'below 50'. Apparently this is the equivalent of that long-hoped for magical state of undetectable! Yee ha!!

But, my enjoyment of this has all been somewhat tempered by having to come to terms with the fact that I actually may have a future ahead of me, and this realisation is what is scaring me so much. I find I am totally unprepared to face the challenges that lie ahead of me as I grow older.

The superannuation payment I received when I finished my employment thirteen years ago is long gone, and I have been a recipient of a Disability Support Pension since. I am now finding that very few of the qualifications that I do have are of much, if any, value in the work-place of today, so the

prospect of me ever being anything other than welfare dependant is very real, and very unsavoury for me. As many of us know, poverty sucks!

So, of course, the obvious solution would seem to be to re-educate myself and acquire some skills that may make me employable. But we have become an ageist society where paper qualifications are all and valuable life-skills mean nothing.

I have been looking into this, and when I survey the job market to ascertain just where the jobs are, I can find nothing that interests me or would even be appropriate for someone of my age, apart from the Information Technology industry.

Having done a TAFE course in IT skills a few years ago I know this is an area that I have very little interest in, and absolutely no aptitude for, so I don't even consider it as a possibility. Consequently I don't see re-skilling as a viable option.

For now there has become one question that I have become obsessed with finding an answer for. That is, what the hell am I going to do with what I see as this remarkable gift that has been given to me by all the powers who have so obviously been watching over me these past 21 years? This is the gift of life.

Having been somewhat removed and marginalised from the mainstream culture of today as a result of both my illness and my poverty, I have had the opportunity of

I fear that I will become a person without the security of knowing where my next meal is coming from or having the luxury of knowing that my accommodation is secure.

being able to observe the changing face of our world society and culture and can't say I much like what I am seeing.

What scares me most is that the Australian government and Australians in general have less compassion for people like me and in this I also find fear. I am fearful that the welfare system, which has been supporting me, appears to be unravelling and before long will be completely lost. I imagine that hundreds of thousands of people will be cast aside and virtually left to rot in a gutter somewhere.

I fear that I will become one of them - a person without the security of knowing where my next meal is coming from or having the luxury of knowing that my accommodation is secure. I see myself as little more than one welfare cheque away from the grubby old men who line the gutters of Oxford Street. It sure isn't shaping up to be what a twenty-first celebration should be all about.

And it is becoming too easy to think that the organisations that claim to be there to help HIV people just like me will be able to continue to be there to lend me a hand.

It seems to me that HIV sector organisations are becoming juggernauts that have taken a corporate path, and as I see them become bigger and grander bureaucracies who seem to be interested more on concentrating their resources on ensuring their own administration's survival, they are becoming less and less able to maintain any real and

practical help to ordinary positive people like me. As a consequence I have become very wary and just a little cynical about them.

Recently this was brought home to me in a rather, I feel, callous manner.

I have been a client of BGF for almost as long as it has been in existence and have always appreciated the help extended to me. I have attended several meetings where the recent changes have been explained and discussed and thought that I was reasonably well-known by the organisation, so recently I was a little baffled when I was 'invited' to an 'interview' at the BGF office. I was told that the purpose of this invitation - and I am still not clear on whether other clients were extended this same opportunity - was not only to give the organisation an opportunity to get to know me and to find out my needs, but also to let me know that BGF did not have a bottomless pocket and I would have to become more aware of this when applying for future financial assistance.

Until this time, I have only ever asked for BGF's assistance to pay for a short course I recently undertook at a local community college, or to apply for financial assistance to help me pay my power bills. So I took this to mean I was being asked to cut down on my heating costs.

My point is that here I was, sitting in front of a gentleman who fitted the description of, and acted so much in a bureaucratic manner, in an office that was teeming with staff, an office that had just undergone what appeared to be an expensive refit and was showing all the outward signs of a thriving organisation that required a lot of money to keep it running. Yet here was I, being brought in on a cold and miserable winter's day to ask me to cut down on my heating bills.

Now, as BGF was originally set up to assist positive people like me, I left the office wondering just what would Bobby be thinking about how his legacy had changed in 2006. I took the advice given to me, cut down on my electricity use, ie my heaters, and within three weeks had developed pneumonia again!

So, here I am. No happy celebrations for this second twenty-first anniversary for this lad, just a rather glum and gloomy vision for what I now fear is yet to come. Somehow it all seems such a shame. So much so that I am currently undertaking some rather intensive psych-therapy in the hope that I will find the positives that I know lurk somewhere amidst this fear.

Talkabout has invited BGF to respond to Ian's concerns:

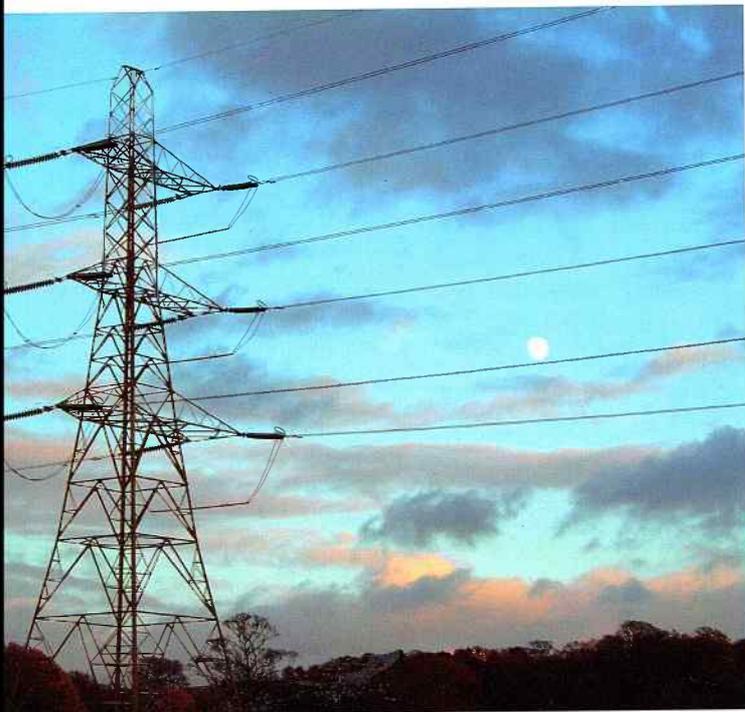
The Bobby Goldsmith Foundation provides a broad range of services and support for PLWHA in NSW that incorporates financial assistance and counselling, rehabilitation and career counselling (Positive Futures), workshops and supported housing programs.

An appointment with Positive Futures for counseling would help clarify Ian's situation and de-mystify some of the concerns he may have. The Phoenix Workshops may address some of Ian's unanswered questions and provide strong peer support as Ian plans for the future. BGF's staff can work with Ian to reassess his skills and through the process identify work, volunteer or study options. BGF can also refer Ian onto other agencies such as InnerSkills, JobNetwork or Break Thru who have had very successful outcomes with some of our clients.

BGF is able to provide advice and support on Centrelink, housing, financial management, and continues to provide financial assistance for electricity, gas, prescriptions, medical costs, alternative and complimentary therapies to over 1,000 people each year. Assistance is also available for course fees, books and materials, and No Interest Loans® for whitegoods, computers and other essential items.

We encourage all PLWHA needing assistance of any sort to come in and talk with us. BGF work closely with our clients to understand their needs and determine how BGF can best provide care and support.

Over 80% of all funds raised by BGF goes into client programs such as financial assistance, Positive Futures and Phoenix Workshops.



Financial Assistance for electricity, gas and water customers

Trentan Jurkans

Do you have trouble staying on top of your energy bills? There is nothing worse than having an essential service like electricity disconnected because of an outstanding bill. To add insult to injury these are normally associated disconnection and/or late payment fees as well. Each of the major energy and water providers has programs to assist customers experiencing financial difficulties. These programs aim to keep customers connected to essential services while helping to resolve billing issues through a variety of options.

AGL Staying Connected

Launched in 2003, the Staying Connected program was developed in consultation with AGL's Customer Council. It provides support to customers in hardship, giving them a chance to manage, stabilise and get out of the cycle of debt. These include individually tailored payment plans, which take into account the capacity to pay and future consumption, continuance of supply, avoidance of unnecessary fees and charges and provision of information and advice about efficient use of energy. Staying connected is available to AGL's residential customers who might be experiencing temporary or long-term financial difficulties and having trouble paying their gas and/or electricity bills.

You would need to be referred to the pro-

gram through one of three main channels; internally by AGL Sales and Service Centre **131 245**; Financial Counsellors and Welfare agencies; EWON (The NSW Energy and Water Ombudsman) **1800 246 545**. AGL's interactive website includes an energy cost calculator as well as other information which can help establish the running cost of household appliances www.agl.com.au/tips

Energy Australia EnergyAssist

EnergyAssist, which began in 2004, is Energy Australia's hardship program assisting customers who have long term difficulty managing their energy usage. The philosophy of the program is to assist customers better manage their energy bills independently in the future. The program provides financial counselling, dispute resolution, personal counselling and commercial and welfare understanding. EnergyAssist offers protection from disconnection, individually tailored repayment plans, checks for entitlements to rebates, incentive schemes, other payment channels, energy audits and referrals to support agencies. EnergyAssist can be contacted on **1300 723 492**, or visit the website www.energyaustralia.com.au which provides tips and strategies for reducing energy costs.

Sydney Water Customer Assistance

Like AGL and Energy Australia, Sydney Water also provides options for customers

experiencing financial difficulties. Customer Assistance can defer your payment for a short period of time, arrange installments, provide a 'flexipay' card that allows you to make small ongoing payments when it suits you or refer you to an accredited community agency for financial assistance. There is a rebate available if you own and occupy your own home and hold either a Pensioner Concession Card or a Department of Veteran's Affairs Gold Card.

Waterfix, an initiative of Sydney Water, provides water efficient shower heads, toilet adjustments and repairs of minor leaks. The service normally costs \$22 but is free for those with a pensioner concession or health care card, or for households of six or more. Sydney Water also offer a \$150 washing machine rebate if you purchase a front loading washing machines with a minimum of four stars water rating. Application forms are available from the point of purchase and should be mailed to Sydney Water with a copy of the receipt as proof of purchase (this is available until 28 February 2007). No interest loans can be provided to customers who want to purchase water efficient washing machines (preferably front loaders). Loans are made available through community agencies which assess need and manage repayments. Sydney Water can provide a list of accredited agencies and can be contacted on **132 092** or visit their website www.sydneywater.com.au

Energy Saving Tips

Approximately 39% of an average household's energy bill is spent on heating or cooling the home. You can make an impact on your energy bill without compromising your comfort by following these simple tips:

- Room temperature for summer should be around 26-27 degrees, every one degree cooler can increase energy costs by 10-15%
- Keep doors to unused rooms shut while air conditioners are on, and only cool the rooms that are being occupied
- Avoid leaving air conditioners on overnight or while you are out
- Keep curtains, blinds and doors closed during hot days to block out the heat
- Keep air conditioners' air filters clean for most effective use
- Consider using ceiling or portable fans as an economical way to make conditions more comfortable

other tips for saving on energy costs:

- regularly check your hot water system for leaks
- repair leaking taps
- take shorter showers
- wash in cold water
- dispose of the second fridge/freezer (saving of up to \$60 per quarter)
- make sure the fridge is closed tightly (check seals and defrost regularly)
- know your appliance costs (oil filled column heaters cost approx \$9 a day if left on continuously)
- turn off appliances when not in use

Complaints

If you have a complaint about how your energy provider bills you or deals with your debt you can contact the Energy and Water Ombudsman (EWON) for an independent review of the matter. Phone **1800 246 545** or visit **www.ewon.com.au**



Reflecting on candlelight

Scott Berry

Scott Berry is the newly elected President of People Living with HIV/AIDS (NSW). He gave the following keynote address at the Candlelight Memorial on World AIDS Day this year:

I dread the Candlelight Memorial. I watch it loom closer day-by-day and I try to avoid it. Like some others who aren't here today I dread it because it reminds me of things I'd prefer, and I seem to need, to forget. Of absent friends and of chosen family. Of people who died without much hope of treatment or effective care. Of a time when HIV, illness and gayness became so fused together in my mind that I remember wondering if gay community and gayness were on the brink of extinction. Of a time when public grieving, in this way, was so necessary because too many young men and women were being diagnosed and struck down by illness. I dread it because it reminds me of a time when collective grieving was a political act and not just a personal one.

It reminds me of the very worst in people. Of "Mozzies Could Spread AIDS" and sick people being turned away from hospitals and services. Of Eve Van Graffhorst who, along with her family, was forced to flee the country because she, just a little girl, was vilified viciously for having AIDS. Of groups like RAGE,

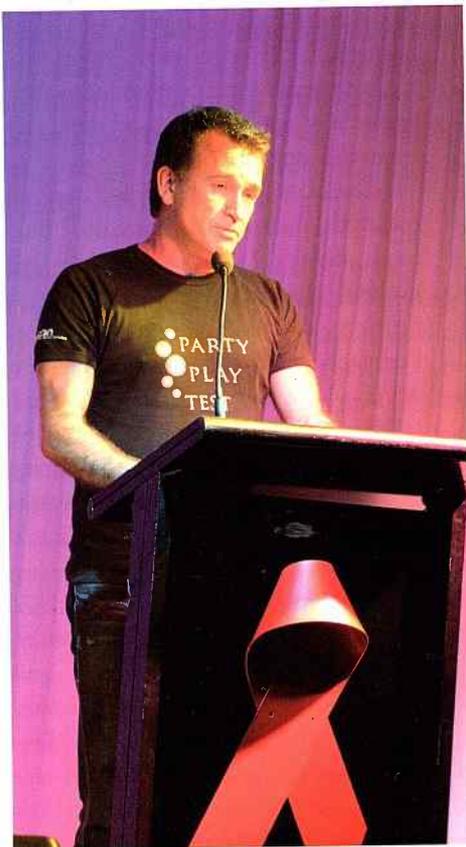
which stands for Rejoicing About Gays Expiring, which along with Fred Nile called for the segregation of gay men and anyone diagnosed with HIV in this country. It reminds me that US President Ronald Reagan simply ignored HIV and didn't use the acronym publicly until more than 24,000 Americans were diagnosed and over 12,000 had already died. I recall too, young men with AIDS behaving badly – like most young people with a life threatening illness, they were really, really angry -and there was a lot to be angry about too.

I remember joining CSN and meeting hundreds of carers who gave their time to people with AIDS in their homes, for nothing more than the desire to express their concern for another human being. I remember a group of gay men and lesbians, who set up the AIDS Council of NSW, at a time of terrible opposition and hostility toward gay community. These were people who put themselves in the way of misery and difficulty in order to make a difference.

I remember too, people with HIV who turned their anger and sadness into irreverent humour, compassion and powerful acts of agitation. I remember an article in *Talkabout* where two people-with-AIDS visited a crematorium to see what they were in for - and then wrote the blackest and funniest piece

there's a whole new generation of people living with and affected by HIV who don't share these experiences.

PLWHA NSW President Scott Berry at the Candlelight memorial.
Photo: Donna Campbell.



of HIV journalism I've ever read. A guy with HIV got hit by a car and survived - so changed his name by deed poll to Dodge Traffic. Another friend living with AIDS insisted on having a poster at his workplace of a skeleton wearing lipstick that said 'Look! I'm beautifully slim, at last!'

I remember a group of brave heterosexuals with HIV who set up Poz Het because they recognised that straights with HIV need each other too. Now Poz Het is an essential service that helps HIV positive women and men right across New South Wales.

I dread Candlelight because it reminds me of the protease moment - 1996 - when new treatment gave hope to so many of us. But not to James. He lay in a hospice just as new, more effective treatments were announced, and everyone seemed to breathe a huge sigh of relief. I read him the *Star Observer* from his bed. We hoped, beyond hope, these new treatments would mean things might turn around for him too. But in 1997 his name was read here for the very first time. I dread World AIDS Day because I feel guilty - my name still hasn't been read here and we had a pact - we would meet really soon *on the other side* and then we'd stagger on together like Patsy and Edina from *Absolutely Fabulous* with a cigarette in one hand and a Stoli in the other. When I think about it too much I fear he's already moved on; maybe there's some cosmic law that deems you can't wait too long for someone at the threshold of life; maybe I've lost him now for good. But then, and this will sound so strange to you perhaps, as I write this I feel him in the room with me, leaning over my shoulder and saying 'You always were a tragic bitch.'

HIV is not over. We live on and so do these memories and images live on within me. Internationally there are millions of people with HIV; they don't know they've got it; they don't know they're passing it on; and they don't have treatments or testing technologies to help them. It's not good enough to say it's happening somewhere else. It's not good enough that the international community continues to be ambivalent about giving people condoms to prevent it. Condoms save lives. They should be the first port-of-call and not the last.

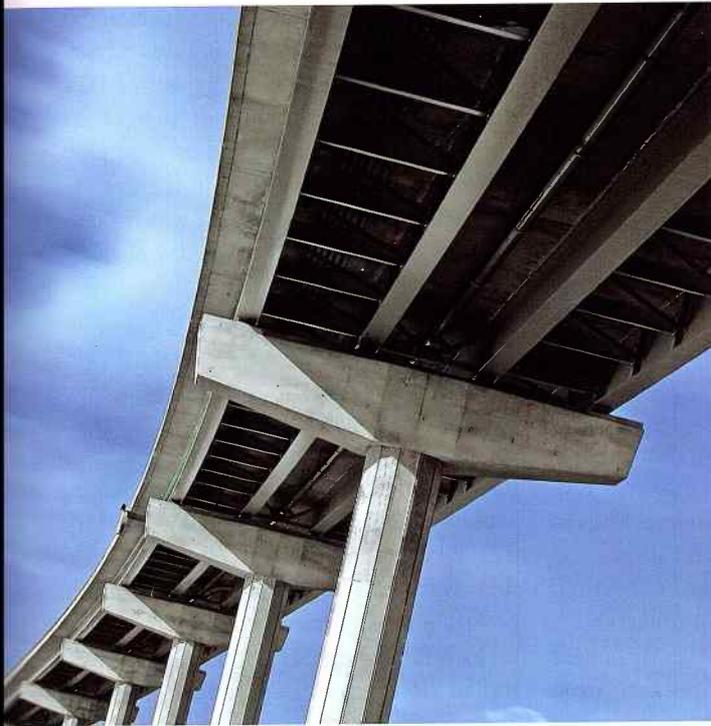
Here in NSW, we're managing to buck the trend of increasing new infections and

I want to congratulate people with HIV, those at risk and all those whose job it is to help those at risk - it's a great achievement but there's still more to do. We're still looking at over 300 new infections a year. Many of these guys are just like me. I was diagnosed with HIV in the early Nineties when I was twenty five - and at a time when we knew how HIV was transmitted and what to do to prevent it. Armed with all that information I still yearned for love and good sex and a deeper connection with the ones I loved. I erred. But not because I was depressed, or drunk or had low self esteem - because I love being gay. And most of the time I was very successful at it - and at balancing risk with my desire for deeper intimacy. I failed. It's called 'being human'.

HIV is not over. A friend of mine who'd been living with HIV for many years just died of cancer. When he was told his cancer was inoperable, he said to me: 'You know, I'm glad.' Someone in the room told him not to be stupid so he didn't explain. But those four whispered words hint at the challenge we have in supporting those who've been living with AIDS for a very long time. We think that people should just be grateful for being alive. But what happens when they're not? Or they are but they don't quite know how to get on with it?

For Candlelight, the challenge of a changing Australian epidemic is clear: there's a whole new generation of people living with and affected by HIV who don't share these experiences. For them, HIV means something very different, it means something a whole lot better, and thank God it does. They don't have the need to grieve, or to collectively share in this experience as we do, and so they don't. What's the future for Candlelight then? Will remembering the epidemic and those who've died become a more individual experience?

You know, in spite of all my dread, I kind of hope not. Because ultimately these thoughts and feelings reduce down to all of you here, and me here, mourning the loss of someone we love or of the many. And there's such comfort in that. In you here and me. I'm not alone. You're not alone. So I salute you and the one or the ones who you're here to remember. I hope you find each other again soon and I hope that remembering them here together with all of us makes the remembering easier.



Not just counting to 5: What the HIV Futures studies tell us about life with HIV in Australia from 1997 to 2005

Jeffrey Grierson

The first HIV Futures Survey collected data in 1997¹. One of the main motivations for the creation of this survey was a need to understand how the new antiretroviral treatments that had begun to appear were being experienced by PLWHA in Australia. This period marked a significant change in what it meant to be living with HIV in developed countries. Prior to this period, the clinical management of HIV had largely been a losing battle, with prophylaxis and treatment of opportunistic infections, new treatments that had failed to live up to expectations, and the very mixed experience of AZT. The introduction of highly active antiretroviral therapy offered what many had hardly dared hope for, and while there was optimism, there was also the dread that this would be another false dawn.

While there was some understanding of how the drugs acted pharmacologically- at least in the short term- what we were most uncertain about was what sort of impact these treatments would have on people's lives. The most important innovation in the first HIV Futures survey was to examine the experience of these treatments in the context of people's *whole* lives, not just as a clinical experience. Over the course of the

five surveys, the study has gone well beyond the modest aim of looking at the experience of treatment uptake, and now challenges us to understand the complexity and diversity of living with HIV in Australia.

The survey now includes over 250 questions asking about aspects of the lives of people with HIV, ranging from accommodation to relationships, treatment experience, discrimination, use of services, financial situation, the place of HIV in their lives and employment options. It's a big ask for anyone to complete this survey, and each round I'm amazed and humbled that so many people around the country take the time to provide this information, to tell a part of their story of living with HIV, to help make a difference. In the eight years the survey has been running over 7,800 surveys have been completed. This gives us one of the most comprehensive pictures in the world of what living with HIV is like.

One of the main purposes of the HIV Futures data is to tell what is happening in people's lives now, so that services can respond to the realities of living with HIV. This is the main reason the report from the data is produced so rapidly, and why we work with services providers to explain, debate and interpret the findings. Now that we have five surveys we can also examine trends over time and in this way the surveys give us one way of looking at the history of living with HIV in the era of antiretrovirals.

In the area of health and treatments the HIV Futures studies can reflect some of what the clinical literature tells us. The experience from the perspective of positive people is a little more complex than what one might expect from the pharmacological data however. We can see from our findings that, at a population level, the introduction of antiretroviral treatments has led to an improvement in clinical markers (CD4 and viral load) and a reduction in AIDS related conditions and opportunistic infections. There is a clear trend here, and reflects the orthodoxy of the good news story around treatments. It's important to remember that the trends one can see at the population level are not the same as the experiences of individual PLWHA. While treatments have meant better health and better well being for a lot of people, for some this has not been the case.

At the same time there has been an increase in the proportion of people with a major health condition in addition to HIV/AIDS and an increase in treatment related problems like lipodystrophy. Overall self-rated health has not changed in the period of the surveys, possibly because these additional problems have countered the positive impact of treatments. In terms of antiretroviral treatments themselves, we have seen a small sustained decrease in proportion of sample using antiretroviral treatments (ARV) between 1997 and 2003 (78%, 74%, 72%, 70%) although 2005 data show an

increase with 75% of respondents currently using ARV. The proportion that has never used ARV has remained steady at around 13%. The profile of treatment difficulties has changed somewhat as well, as new regimens have been introduced. We are less likely to see people have difficulties with the number of pills they are taking, and with meal requirements, but more difficulties taking treatment in public. Confidence in the treatments has increased over time, with more people believing the drugs mean better prospects for people with HIV.

In terms of community involvement we have seen a slight decrease in the proportion of PLWHA that are involved with HIV community organisations, from 80% in 1997 to

The profile of services used in the HIV community sector has also changed, with less emphasis on treatment issues and more on financial assistance and psycho-social issues.

around 67% in 2005. At the same time there has been an increased reliance on clinical services for information on HIV treatments. The importance of the community sector and social networks in providing information and support around non-clinical aspects of living with HIV has been sustained. The profile of services used in the HIV community sector has also changed, with less emphasis on treatment issues and more on financial assistance and psycho-social issues. There is also a noticeable concentration of this service use within the most disadvantaged populations of PLWHA. This is not necessarily a stable group of people – individuals may move in and out of disadvantage – but it is clear that there is a reciprocal relationship between poor health, economic

disadvantage and high service usage.

Around issues like stigma and discrimination, there have been some positive changes, but the continued existence of disadvantage reminds us to remain vigilant and active in our pursuit of social justice. For example, the proportion of people who experienced less favourable treatment at a medical service in the two years prior to survey was 18% in 1997 and 10% in 2005. Similarly, the economic disadvantage that is demonstrated through this research, with 28% of all PLWHA surveyed living below the poverty line, should mobilise us to confront this issue at all levels. When we know that economic disadvantage at a global level leads to poorer health outcomes, greater stigma and lower quality of life, should we be surprised that this is the case in our own country?

In a political and social environment where HIV is increasingly disappearing from the public agenda, and where assumptions are frequently made that the pharmacological success of antiretroviral treatments has translated into across-the-board improvements for PLWHA, it is critical that we as a sector remain conscious of the diversity of PLWHA experience. Australia has a history of responding to the complexities of this epidemic of which we can be justifiably proud. It is a response that has not come easily and has not come without vigorous debate. The HIV Futures Studies are but a small part of that debate, but it remains our hope that we can continue to contribute to a vision of the rich diversity of HIV positive life.

Background to the Studies

The results reported here are drawn from the HIV Futures surveys, a series of five cross-sectional Australian nationwide studies of multiple aspects (clinical, social and emotional) of the lives of PLWHA. The study was conducted in 1997 (N=925)¹, 1999 (N=921)², 2001 (N=894)³, 2003 (N=1062)⁴ and 2005 (N=973)⁵. The survey was a self-complete, anonymous, mail back questionnaire. Domains covered included: the socio-economic situation of PLWHA (eg housing, finances, employment); social and community involvement (eg organisational access, disclosure); health status and maintenance (clinical history, treatments, health service access); emotional well-being (e.g. mental health, un-met needs, social support); and understandings of the socio-cultural dimensions of HIV (eg discrimination, attitudes to treatment, prevention issues). Recruitment

is through multiple modalities including: a mail-out to previous HIV Futures participants; mail-outs using mailing lists of HIV/AIDS organisations; copies of surveys distributed to organisations and medical practitioners; advertising placed in the gay and HIV/AIDS press; and a website which allows requests for surveys or direct download of the survey.

The overall aims of the HIV Futures research project are: (i) to establish and maintain baseline data on social, economic, cultural and clinically-related aspects of the experience of living with HIV; and (ii) to examine changes in and newly emerging aspects of, the experience of living with HIV. The HIV Futures Survey collects information which is used in the development and provision of education and support services for PLWHA. The study is funded by the Australian Government Department of Health and Aging.

Copies of the reports from all the HIV Futures studies can be obtained from ARC-SHS (ph: 03 9285 5382 or email: arcshs@latrobe.edu.au) or downloaded from the website: <http://www.latrobe.edu.au/www/hiv-futures>.

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Lets talk about CHEST

Ingrid Cullen

Ok here is the question. What is the best way to build great pecs? Someone once told me it's about working the chest at different angles? And if I feel a bit sore in the following day or two, after doing my exercises, is that normal or am I doing something wrong?

If you want a great looking chest you need a good foundation for those chest muscles to pull against and grow bigger and stronger. These foundation muscles are the upper back muscles. So what ever you do to the front of the body you will have to do the same amount of work for the back. So let us assume that you have been doing plenty of foundation muscle exercises like pull downs, rows, shrugs and reverse flys. Remember variety is the spice of life for your muscles so hitting the chest from different angles means a variety of exercises, cables, dumbbells, barbells, machines and body weight exercises, as well as flat, incline and decline. If you are a bit sore the next day and into the 2nd day that's good so long as the soreness has gone by the time you train those particular muscles again.

You will be working each body part between 3 and 1 times a week, depending on your energy levels and training history. The more experienced and bigger you are the less days you will train each body part, but you will be doing more exercises. The more exercises you do the harder your workout will be, and the longer you will need between training sessions for that body part.

If you had a beginners type program training the whole body 3 times a week it would probably look something like 2 chest exercises, 2 upper back exercises 3 leg exercises 1 shoulder, triceps and bicep exercise and 2 core stability exercises for lower back

and stomach. The chest part of the workout would be Incline chest press 3 sets of 12 reps, 10 reps then 8reps getting heavier each set, and the second exercise would be the same sets and reps on the machine fly or pec deck. As you became more experienced you may reduce training to twice a week and add in another exercise like dumbbell bench press or assisted dips.

If you had been training for longer more like 4-6months into it you would be training your chest twice a week as a split routine. Then the workout would look something like 4 chest exercises, 3 shoulder exercises and still 1 triceps exercise because after 4 chest exercises your triceps will have had plenty of work. Finish off with a core stability exercise and a stomach exercise. On the other day it would be 4 leg exercises, 4 back exercises and still 1 bicep exercise because they will be tied after helping you work your back, and finish off with a lower back exercise. The chest part of this workout would be dumbbell incline chest press, bench press, flat flys and pullovers with your whole body on the bench. The sets and reps would be 10,8 6 reps with an extra set at the beginning of 12-15 reps as a warm up.

If you have been training consistently for 12 months you may continue training 3-4 times a week with the above two way split or change to a three way split of legs and shoulders, chest and triceps and back and biceps. Or go for the ultimate 5-day split which looks like this chest 5-6 exercises, back 5-6 exercises, legs 5-6 exercises, arms 6 exercises and shoulders and trapezius 5-6 exercises. You would then have 4-6 stomach and lower back exercises that you would finish off with 2-3 times a week.

Your chest workout would be parallel dips, decline bench press, incline flys, wide

chest press and dumbbell bench press and cable cross overs.

How you split your workout up over the week depends on your energy levels, level of motivation and how injury free you are. You always need to be aware that you can only work to your level of recovery. If you can't recover in time for you next workout you won't get stronger or bigger. It is no good adding more exercises or spreading training out over more days if your body can't recover from the training it is already doing. So bear this in mind when you decide what workout is right for you. Training anybody part more than twice a week is only ever a good idea for the beginner or for short periods of time. Going to a 5 day split it something that you need experience to benefit from, you have to be ready for very hard training to gain muscle from training each body part only once a week.

So think train hard if you can get plenty of rest and optimum nutrition other wise go for the moderate approach and fit other things into your schedule that may be higher on your list of priorities at this time.

Last issue of *Talkabout* mentioned how to do pectoral or chest stretches. This photo gives you an idea of what a chest stretch looks like.





So Can You Cook? No 21 Celebrate



Tim Alderman's guide
for the festive season

Christmas again already! When I was in my teens and early twenties, I used to think that time took forever to progress. Now that I'm in my 50s, I just wish it would slow down a bit.

I have to admit that I am trying to get out of preparing Christmas lunch this year. It always seems to be one of the hottest Christmas eves whenever you have to prepare food for the next day, and there is nothing like working in oppressive heat to put you off the thought of food. I don't know how successful I'll be – it's in the hands of the mother-in-law – but I will be pushing for us to go somewhere where someone else has done all the work, and will do all the cleaning up.

This isn't an option for many, for any number of reasons. So, I have attempted to try to help you out by creating a menu of minimum fuss dishes that will still represent Christmas in a sort-of-Aussie-traditional-way, and give you a minimum amount of work. I think we all like to impress when we are having family or friends for dinner, and especially when it is an important festive occasion.

Refreshing drinks – not necessarily alcoholic are great to have on hand, and for people to be able to scull down between glasses of champagne, wine or beer. Drinking alcohol in the heat can really debilitate the body, so it best to intersperse alcohol with other liquids during summer. Finger food can be easily put together, even if it is just a plate of dips, or a mezze or antipasta platter. Seafood is great for entrees, just don't forget that the fish markets are closed on Christmas eve, so you will have to get your seafood the day before. Take an Esky with you to ensure that you keep it cool and retain its freshness. Get it straight into the fridge as soon as you get home. For lunch mains, buy a ham and maybe some smoked chicken. If you have the patience – and a cool kitchen – maybe cook a leg of lamb or a piece of pork to serve cold. Lots of salads are the order of the day – nobody really wants to be slaving over a stove on Christmas day. I make a Christ-

mas cake – mainly because I have a great recipe that David's grandmother loves – and make up some mince pies and shortbread, but that is as far as cooking goes these days. You can buy some really delicious Christmas puddings these days, other than Big Sister. Some brands to look out for are "Baylies of Strathalbyn", "Newcastles Pudding Lady" and "Pudding Lane". This way, you are not just getting a quality pudding, you are also supporting Australian producers. Then again, why not make an ice cream pudding and serve it up with a tropical fruit salad.

Finish off with some yummy shortbread and mince tarts, or a cheese platter.

Anyway my friends, once again I wish you all the very best for Christmas. Enjoy yourselves and don't over-indulge. Muffin-tops aren't a good look for summer. If you have any last minute requirements don't forget that Alderman Providore is open 24/7, and has a select range of gifts, puddings, sauces and condiments to help you out with Christmas. Please visit us at <http://www.alderman-providore.com>. I can pretty well guarantee next day deliver in Sydney for orders received early in the day.

Happy Christmas and a happy and safe New Year.

Have a jug of iced, flavoured water on hand for those who want a break from alcohol. Fill a large jug with filtered water and ice. Add two stalks of lemongrass with cross-cut ends, and two or three kaf-fir lime leaves that have been slightly torn to release the lime flavours.

Grapefruit and Cranberry Punch:

2 cups pink grapefruit juice (From supermarket)
1 cup cranberry juice (from supermarket)
750ml (3 cups) lemonade
1 small pink grapefruit, finely sliced.

Place sliced grapefruit and ice in a large jug. Add pink grapefruit juice, cranberry juice and lemonade. Serve in tall glasses.

Mandarin Buck's Fizz:

3 tablespoons fresh mandarin juice (in chilled juice section of supermarket)
Sparkling wine

Put some ice and mandarin juice in a glass and top up with sparkling wine.

STARTERS:

Chicken & Brie Baguette:

Brush slices of baguette with olive oil and bake in a 200°C oven until lightly toasted. Spread with some quince paste (or cranberry sauce), baby spinach, smoked chicken and brie.

Baked Pancetta and Ricotta Cups:

6 slices pancetta, halved
120g fresh ricotta cheese
½ cup finely grated parmesan cheese
30g goat's cheese
¼ cup chopped chives
6 cherry tomatoes, halved

Preheat oven to 220°C. Press the pancetta into a greased 12-hole mini muffin tray to make 12 cases. Place the ricotta, parmesan, goat's cheese and chives into a small bowl and mix well to combine. Spoon the mixture into the pancetta cases and top with the cherry tomatoes. Cook for 10 minutes or until the pancetta is crispy and the cheese is set.

Makes 12.

ENTRÉE:

Salmon and Dill Pots with Crispy Toasts:

100g smoked salmon slices, finely chopped
1 teaspoon horseradish cream (from supermarket asian section – usually called wasabi and in a tube)
2 teaspoons chopped dill
1 tablespoon sour cream
sea salt and cracked black pepper
chopped dill, extra to serve
1 baguette, thinly sliced and toasted

Place the salmon, horseradish, dill, sour cream,

saly & pepper into a small bowl and mix well to combine. Place the salmon mixture into 4 small dishes and sprinkle with the extra dill. Serve with the toast.

Serves 4

Mint, Chilli & Garlic Fetta:

1 tablespoon finely grated lemon rind
1/3 cup olive oil
1 garlic clove, crushed
1 small red chilli, seeded and chopped
1/2 cup mint leaves, chopped
sea salt and cracked black pepper
250g fetta cheese, sliced
2 pieces flatbread, sliced into strips
olive oil, extra for brushing

Place the lemon rind, oil, garlic, chilli, mint salt & pepper in a medium bowl and whisk to combine. Place the fetta slices in a non-metallic bowl, pour over the lemon mixture and allow to marinate for 10 minutes.

Brush the flatbread strips with the extra oil and place on a baking tray under a pre-heated hot grill. Cook for 2-3 minutes until golden and crisp.

Arrange the fetta slices on a plate and serve with bread strips.

Serves 4

MAINS:

Char-Grilled Prawns with Garlic

Butter:

24 green prawns, heads removed and butterflied (Halve lengthways and spread out)
24 skewers, soaked in water
olive oil for brushing
garlic butter
250g butter, softened
2 garlic cloves, crushed
2 tablespoons capers, rinsed, drained and chopped
2 teaspoons finely grated lemon rind
2 tablespoons chopped flat-leaf parsley
sea salt and cracked black pepper

To make the garlic butter, place the butter, garlic, capers, lemon rind, parsley, salt and pepper in a small bowl and mix well to combine. Set aside.

Thread the prawns on the skewers, brush with oil and cook on a pre-heated grill for 2 minutes each side or until cooked through. Top with the garlic butter to serve.

Makes 24

Crab Salad with Lime & Chilli

Dressing:

500g fresh crab meat
1 cup whole-egg mayonnaise
1 tablespoon chopped chives
1 long red chilli, seeded and sliced
1/4 cup chopped green shallots
1/4 cup fresh lime juice

sea salt and cracked black pepper

1 x banana flower, leaves separated (available from Asian supermarkets) or use fancy lettuce leaves

lime wedges, to serve

Place the crab, mayonnaise, chives, chilli, shallots, lime juice, salt and pepper in a large bowl and mix well to combine. Spoon the crab into the banana flower leaves (or lettuce leaves) in small serving bowls and serve with lime wedges.

Potato and Pancetta Salad:

16 slices pancetta
2 kg desiree potatoes, sliced
1/2 cup mint leaves
mustard dressing
1/4 cup olive oil
2 tablespoons red wine vinegar
1 teaspoon wholegrain mustard
sea salt and cracked black pepper

To make the mustard dressing, place oil, vinegar, mustard, salt and pepper in a small bowl and whisk to combine. Set aside.

Preheat the oven to 200°C. Place the pancetta on a baking tray and cook for 4-5 minutes or until crispy. Set aside.

Place the potatoes in a large saucepan of boiling water. Bring to the boil and cook for 8-10 minutes or until tender. Drain and refresh under cold water. Layer the potato slices with the pancetta and mint leaves. Spoon over the mustard dressing and serve.

Serves 8

Green Bean Salad with Tarragon

Dressing:

2 bunches asparagus, trimmed
200g green beans, trimmed
6 stalks celery, thinly sliced
tarragon dressing
1/3 cup olive oil
1/4 cup white wine vinegar
1 tablespoon chopped tarragon
1 tablespoon caster sugar
1 shallot, finely chopped
sea salt and cracked black pepper

To make the tarragon dressing, place the oil, vinegar, tarragon, sugar, shallot, salt and pepper in a small bowl and mix well to combine. Set aside.

Cook the asparagus in a saucepan of boiling salted water for 2-3 minutes or until just tender. Remove and refresh under cold water. Add the beans to the boiling water and cook for 2 minutes. Drain and refresh under cold water.

Arrange the asparagus, beans and celery on a serving platter and spoon over the tarragon dressing.

Serves 8

DESSERT:

Berry Ice-Cream Pudding:

2 litres store-bought vanilla ice-cream, softened

1 1/2 cups frozen raspberries

1 1/2 cups frozen blueberries

Place the ice-cream and berries in a large bowl and stir well to evenly distribute the berries. Place the bowl in the freezer for 10 minutes or until the ice-cream just starts to harden. Cut out a 60cm square of calico cloth. Place the calico in a bowl, spoon in the ice-cream and gather up the edges. Tie the calico with string to secure, and hang in the freezer over the bowl for 3 hours or until firm. Remove the pudding from the freezer, undo the calico and place on a plate. Cut the pudding into slices and serve with the spiced custard.

Spiced Custard:

1 cup pouring cream
1/4 cup brandy
1 vanilla bean, split and seeds scraped out
1 cinnamon stick
3 egg yolks
2 tablespoons caster sugar

Heat the cream, brandy, vanilla and cinnamon in a small saucepan over medium heat until hot (NOT BOILING) and remove from the heat. Discard the vanilla bean and cinnamon stick.

Place the egg yolks and sugar in a bowl and whisk until thick and pale. Slowly pour the hot cream mixture into the egg mixture, whisking continuously. Return to the saucepan and stir over low heat for 4 minutes or until the mixture thickens and coats the back of a spoon. Set aside and allow to cool.

Serve with the berry ice-cream pudding.

Serves 8

AFTERS:

On a platter arrange a wedge of triple cream brie, a large wedge of cheddar (King Island for both, naturally), a wedge of blue cheese and a small bowl of Persian fetta. Add a bunch of dried muscatels, some dried apricots, some glace fruit, fresh grapes and containers of quince or fig paste and a fruit chutney. In a separate bowl have a mixture of grissini, water crackers and lavosh crisps.

Serve with shiraz champagne or a sweet dessert wine.

Walk for AIDS

150 people participated in the inaugural Walk for AIDS on November 26th. All funds raised on the day will be split between ACON, the Bobby Goldsmith Foundation and PLWHA (NSW). A big thank you to our volunteers, and everyone who took part in the event.



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Mailing address: PLWH/A (NSW), Reply Paid 831, Darlinghurst
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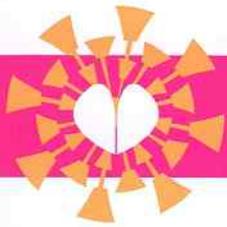
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Olga's personals

Men Seeking Men

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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**

Sydney, 39 yrs good looking, fit Aussie guy 2 yrs HIV+ GSOH affectionate, honest, genuine guy ISO same with a view to a LTR ages 25 -45 yrs. Interests include gym, nude sunbathing, socializing and quiet nights at home cuddling up. ALA with photo. **Reply: 161106**

23 yo, HIV+ 3 yrs. Central coast, GWM, DTE, 5 ft 11, 65 kg, brown hair/eyes, athletic build. Well hung, versatile (prefer bottom) handsome, mature. Enjoy a drink/smoke str8 acting. WLTM leather, uniform, tradie types for hot sexual encounters. ALA. **Reply: 171106**

Desperately seeking Mr Eveready. He just keeps going and going. However unlike the rabbit not from hole to hole +- ++ not an issue. No blame no shame. I'm single and young looking. Live alone. New to Noosa. Visitors welcome **Reply: 211106**

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: 281005**

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

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

41 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: NS 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.

Pozhet Wishes its City and Country Friends

FESTIVE GREETINGS

Pozhet says a special fond farewell to **Sister Margaret Mines of the Tree of Hope**. Margaret your greatness of mind, gladness in your work, has given us all living with HIV/AIDS the very best love, care and support – our heartfelt gratitude. Best wishes for a happy retirement!

Pozhet also says thank you to the following people and organisations who in countless ways with their skills and goodwill made the 2006 Pozhet Calendar of events for positive men – positive women – partners and family members such a success

Alison Kincaid, CNC Albury Community Health (*Pozhet Outreach Albury*); Angela Miller, Paediatric HIV Service (*Pozhet Workforce Development Positive Pregnancy*); Asha Persson, Principal Investigator NCHSR UNSW (*The StraightPOZ Study*); Beverley Scott-Visser, HIV/AIDS EPC Coordinator SHAIDS Clinic (*Pozhet Outreach Lismore*); Lyndall Coan, Karumah Coordinator (*Pozhet Outreach Hunter*); Brenda Doherty, SleepEasy facilitator (*Know How Annual Workshop*); Caddies on Carrington (*Straight Talk Lismore support group*); Cambridge Inn (*Hotel Accommodation Annual Workshop*); Carlos Webster, Social Worker Positive Central (*Know How Annual Workshop*); Caroline George, Dietician, Positive Central (*Food Open House*); Centacare, The Tree of Hope; Denise Cummins, HIV/AIDS CNC RPA (*Know How Annual Workshop*); Dr Peter Foltyn, Dental Specialist SVH (*Oral Health & Immunity Open House*); Elizabeth Wiggins, *Feng Shui Living* (Positive Women's Forum); Garry Trotter, HIV/AIDS CNC RPA, (PartnersPLUS event); Glenn Flannagan, Life Writing (*Know How Annual Workshop*); Heterosexual HIV/AIDS Advisory Group Members; Jamie, *Pudding Cook* (HIV/AIDS Hawkesbury Retreat); Jayson & Kae, *Greenman Valley Park* (Hawkesbury HIV/AIDS Retreat); Jules Chalmers, ACON Northern Rivers (*Pozhet Outreach Lismore*); Karen Howard, Hunter Valley Gardens (*Pozhet Outreach Hunter*); Karumah Volunteers catering (*Pozhet Outreach Hunter*); Kassie, Indian Cuisine Chef (*India Open House*); Loretta Healey, Livingstone Road Clinic (*Pozhet Workforce Development Positive Pregnancy Workshop*); Margaret Traill, Albury Community Health (*Pozhet Outreach Albury*); Nada Radcliffe, PLWHA ACT (*Pozhet Outreach Canberra region*); Pat & Don (*Pozhet Outreach Albury*); Pene Manolas, HIV/AIDS Community Health RCHC *Partners Workshop* (*Know How Annual Workshop*); Peter Canavan, NAPWA (*Pozmen's Treatments Night*); Prof John Ziegler, Sydney Children's Hospital (*Pozhet Workforce Development Positive Pregnancy Workshop*); Rob Lake, PLWHA NSW President (*Rainbow Welcome Lismore event*); Ruth Das, CALD Women's Project MHAS (*Pozhet Workforce Development Pregnancy Workshop*); Sean Aldis, HIV/AIDS Legal Centre (*HIV & the Law Open House*); Shirley Hamilton, Mental Health CNC RCHC Anxiety Workshop (*Know How Annual Workshop*); Slade, graphic design Talkabout adverts; St Patrick's Business College, Surry Hills Sydney; Steve Turner (*StraightTalk Chatroom*); Tania Castaing, Paint & Passion (*Know How Annual Workshop*); Tania Lienert, Manager ACON Northern Rivers (*Pozhet Outreach Lismore*); The Canteen (caterers Pozhet events); Pat, Maud, Colleen, Bruce & Gwen, The Western Suburbs Haven (*Greater West Get Together*)



Our heartfelt thanks!
Freecall 1800 812 404 www.pozhet.org.au
First stop for fun and support

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

talkabout

Readership Survey

December 06 – January 07

Thank you for taking the time to complete this survey.

The information gathered is confidential to People living with HIV/AIDS (NSW) staff. You do not need to include your name and contact details. Your response will help us to evaluate the content of *Talkabout* and to help inform its content over the next 12 months.

Please return the completed survey to:

**Reply Paid PO Box 831
Darlinghurst NSW 1300**

No stamp is necessary if you address the envelope in this way.

1. My age (please circle one)

Under 20 20-30 31-40 40 – 50 Over 50

2. I identify primarily as (sexuality) (please circle one)

Gay man Lesbian Heterosexual Bisexual Other

3. I identify primarily as (gender) (please circle one)

Female Male Transgender Other

4. My HIV status (please circle one)

Positive Negative Haven't tested

5. If you are HIV positive when were you diagnosed? (please circle one)

0-2 years ago 2-5 years ago 5-10 years ago Over 10 years ago

6. I live in: (please circle one)

Inner City Sydney Outer Metropolitan Sydney Regional NSW

7. I get *Talkabout* through (Please circle)

Subscription Street outlet Read a friend's copy
HIV service provider Doctors surgery/Clinic,

8. Why do you read *Talkabout*?

9. Do you use *Talkabout* in your work? (please circle one)

Yes No

10. If yes – In what way is it useful?

11. Are you interested in seeing the following topic areas covered in *Talkabout*? (Please circle)

Photos	Yes	No
Sex and relationships	Yes	No
Personal stories and experiences of positive people	Yes	No
Information about HIV services	Yes	No
Information about events	Yes	No
Political decisions relevant to plwha	Yes	No
Cooking and Food	Yes	No
Nutrition	Yes	No
Health and Fitness	Yes	No
Treatment Information	Yes	No
Book / Film/ Art Reviews	Yes	No
Financial advice/management	Yes	No
Travel	Yes	No
Immigration	Yes	No
Legal issues	Yes	No
Research	Tes	No
HIV and aging	Yes	No
Drugs and alcohol issues	Yes	No
Lifestyle/quality of life issues	Yes	No
Internet/technology	Yes	No
Mental health and HIV	Yes	No
Stigma and discrimination	Yes	No
Sexual disclosure	Yes	No
Home renovation	Yes	No

12. Is there anything else you would like to see more of?

13. Is there anything else you would like to see less of?

14. Any other comments you would like to make about *Talkabout*?

15. Do you access or have contact with PLWH/A (NSW) other than through *Talkabout*?

Yes No

If so which projects/ services do you access?

If not is there any particular reason why?

We are always looking for people to write and/or be interviewed for *Talkabout*, if you are interested in contributing please fill in the section below with your details.

Name: _____

Contact number: _____

Email address: _____