

talkabout

Where we speak for ourselves

#149

February – March 2007

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

Positive or negative HIV is in our lives

Fact sheet inside:
Living with risk and taking control

PLUS

Internet dating

Three guys talk about PEP

HIV in Africa

Being a positive mother

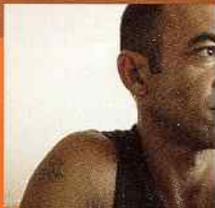


PEOPLE LIVING
WITH HIV/AIDS
NEW SOUTH WALES

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Translating and Interpreting Service
131 450



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

BURMESE အိတ် အိုက်စီ၊ အေအိုက်စီအက်စ်အေ ကြောင့် သိရှိနားလည်စေရန်နှင့် လိုအပ်
သည့် အထောက်အကူကို ပံ့ပိုးနိုင်ပါသည်။
ဆေးခန်း၌ မြန်မာဘာသာနှင့် ပညာပေးစာစောင်ရယူနိုင်ပါသည်။
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အောင် လျှို့ဝှက်ထားပါသည်။

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

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

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

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

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

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

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

VIETNAMESE Chúng tôi có thể cung cấp dịch vụ hỗ trợ và thông cảm về
HIV/AIDS
Xin hỏi trung tâm và tế về thông tin viết bằng ngôn ngữ của bạn
Tất cả các dịch vụ đều miễn phí và kín đáo

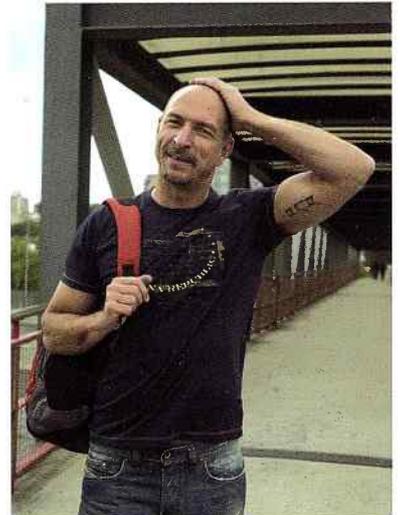


Multicultural HIV/AIDS and Hepatitis C Service

talkabout

features

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Cover: Positive or negative: HIV is in our lives campaign

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 PLWHA (NSW) Inc.



In this issue

It's the Mardi Gras season, so it's also a great time to focus on gay men and how we handle sex and relationships. And it's also the perfect time to launch our new campaign *Positive or negative: HIV is in our lives*.

This campaign, coordinated by Kathy Triffitt, is conversational in tone, and acknowledges that negotiating sex can be complicated. It asks us to think about our boundaries or limits, and what kinds of contexts might prompt us to cross them. If we're more aware of these situations, then we might also put ourselves in a position to make better decisions. It also asks us to consider what assumptions we can all make about HIV status, and invites some pause for thought.

The fact sheet in the centre of the magazine 'Living with risk and taking control' is the first in a two part series in this campaign. *Talkabout* also publishes the first advertisement (this one on assumptions about HIV) in a series which will appear in community media over coming months.

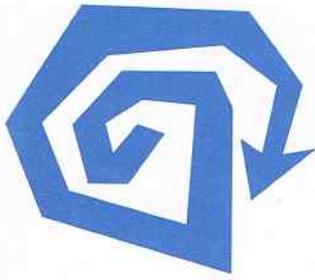
Another significant theme from the interviews and discussion groups which all fed into *Positive or negative: HIV is in our lives*, was that many men can often be embarrassed to talk to their peers about the time, or times, they've crossed their

limits. Maybe this was because they felt it was an admission of failure in some way. This notion came out even more strongly in the series of interviews with HIV negative guys who had accessed PEP, and three of these stories feature in this issue. While a sense of anxiety is strong in these stories, they also indicate that accessing PEP is also another way guys have taken control.

There is a lot more in this edition: Greg Page's witty take on cyber – disclosure and hooking up on line, Terrilee's inspiring story about being diagnosed at the same time as her daughter, Sarah, and where she found her strength, and Frank's story about beating alcoholism and the inspiration he found in his much loved partner Karen. David Murray's letters about working with people with HIV in Africa remind us of the deep inequities in the world which remain to be challenged.

And finally, I'd also like to say farewell to our Executive Officer, Geoff Honnor, after three years at the helm. His engagement with and understanding of the changing culture of HIV will be missed by all of us here at PLWHA (NSW).

Glenn Flanagan



Happenings

... in New South Wales
in February and March

Planet Positive

The next Planet Positive night will be happening on **Friday February 23** at the back of the Carrington Hotel (563 Bourke St Surry Hills) from 6pm to 10pm. Refreshments and finger food are provided. Planet Positive is a social night for HIV positive people and their friends, and is coordinated by ACON and PLWHA (NSW), with music by Ruby.

Mardi Gras Fair Day PLWHA NSW and Multicultural HIV/AIDS Stall

Going to the Mardi Gras Fair day on Sunday February 18? Would you like to help at the PLWHA (NSW) Mardi Gras stall? We'll be sharing our stall with the Multicultural HIV/AIDS Service. It can also be a fun day and a great way to meet new people. If you think you can spare an hour or two, phone Glenn or Jodie on 9361 6011 or email glennf@plwha.org.au

HIV Health maintenance and Positive Living Centre and HIV Living

Look out for the ACON HIV Health Maintenance, Positive Living Centre and HIV Living Teams' stall at the Mardi Gras Fair Day. Say hello and pick up some info on their services which include treatments and other information, therapies and massage, and peer support for people with HIV.

Thank you for your generous donations

Thank you to Malcolm Leech, Scott Berry, Ensemble Theatre, The Beauchamp Hotel, Griffin Theatre Company, Australian Brandenburg Orchestra, Company B, Sydney Opera House, City Recital Hall Angel Place, Pollack Consulting, New Theatre Newtown, Pop Shop, Aussie Boys, Blue Image Photography, Maggies @ Potts Point, Slide Bar, Riverside Theatre Parramatta for their generous donations and support for PLWHA (NSW). This support has greatly assisted us with our Mardi Gras Launch raffle.

PLWHA Chill out room at the Mardi Gras Party

If you're partying at the Mardi Gras, PLWHA (NSW) is running a time out room for positive people and their guests. The time out room will be located in a corner of the Hordern Pavilion. More information can be found on the ACON stall at the party.

Recently diagnosed with HIV?

Are you a gay man recently diagnosed with HIV? Would you like to meet with other recently diagnosed guys? After Hours is a monthly get together (with snacks, chat and a chance to chill out with other guys in the same situation). After Hours happens the second Thursday of every month (the next one will be on **Thursday March 8**). To find out more, phone Glenn on 9361 6011 or email: glennf@plwha.org.au

Living well living long term with HIV

PLWHA (NSW) is organising a discussion forum and workshop for people who have been living long term with HIV to come along and meet with others in the same situation and talk about the issues important for you. This will be a great opportunity for exchanging ideas, and the beginning of a new support network, and a way of getting involved in our new campaign. The first get together is on **Saturday March 10**. For more information ring 9361 6011 or email: glennf@plwha.org.au

Sex Pigs - Dark and Dirty Sex and managing your health

Are you a gay man and into dark and dirty sex, but also interested in looking after your health? PLWHA (NSW) will be running a discussion forum on **Wednesday February 21** in the club bar at Manacle (rear of the Taylor Square Hotel) 1 Patterson Lane, Taylor Square Darlinghurst. Limited spaces available. Please book by Monday 19 February by phoning 9361 6011 or email: health-promotion@plwha.org.au

HIV discussion groups in Newcastle

If you're HIV+, living in Newcastle or Hunter area and would like to take part in a discussion group (to either give or receive support), come along to the monthly group at Karumah. The groups are facilitated by Rosemary Bristow from ACON, and the next one is on **Tuesday February 20**. Call Karumah on 4940 8393 or Rosemary at ACON Hunter on 4927 6808 for more details

Positive gay men's retreat in the Northern Rivers

ACON Northern Rivers HIV positive gay men's retreat is happening again this year from 4pm on **Friday March 9** to 10.30am on **Monday March 12**. For more information, or to book your place, ring ACON Northern Rivers on 6622 1555.

Ideas on how ACON should develop information for people with HIV?

ACON will be holding an information forum for people with HIV on **Thursday February 22** (6.30 - 8.30 pm). What kinds of information would you like to see - internet based? Leaflets and information? Telephone or online referral? Come along and help shape ACON's information services for people with HIV. Refreshments will be provided. Please RSVP by Friday February 16 by phoning ACON 9206 2000.

Get together for heterosexual men and women with HIV

Poz Het (for positive heterosexual men and women, their partners and family members) will be holding their next Open House night on **Friday February 23**. The theme of this night will be on finding support, advice and assistance. The following Open House night will be **Friday March 30** and the theme of this will be budget tips to boost your finances. And if you live in the Western Suburbs of Sydney there will be a get together in Blacktown on **Friday March 16**. For more information or just to chat and say hello ring 1800 812 404 (freecall in NSW)

Letters

Centrefold

I have just picked up the December-January copy of *Talkabout* and I would like to congratulate you again on its contents and imagery. There is so much worthwhile information and narrative in this edition that I am sure it will be of interest even to the most difficult hard-to-reach person living with HIV.

I would like to especially commend you on the centrefold. As a person who has worked in a range of positions in HIV Education for some years (so many it is scary) this is one of the more engaging images that I have come across with a simple yet effective message. Having different representations of gay men is a great way to appeal to a wide cross section of the target population.

Once again - congratulations!

Regards,
Gary Ferguson

We welcome your letters and comments. Letters should be less than 300 words in length and may be edited. Please include contact details for verification. Email *Talkabout*: editor@plwha.org.au

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.

To make an appointment please call us on

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All information is kept strictly confidential.

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

Thank you Ingrid



As Team Leader, and on behalf of the entire Health Promotion Unit at ACON's Positive Living Centre, I would like to acknowledge fitness instructor Ingrid Cullen for the important contribution she has made to the success of our Healthy Life Plus program and to the larger PLWHA community. Over the years Ingrid has devoted much of her time and skills to promote welfare and a sense of community among PLWHA.

With more than 20 years in fitness, Ingrid has also been closely involved with the positive community for much of that time. She began her longstanding involvement with FitX Gym in 1991, where she has helped develop a safe and supportive fitness and exercise environment for the people with HIV.

She also continues to be a valued contributor to *Talkabout* magazine through her fitness advice column, 'Ask Ingrid'.

She began her involvement in the Healthy Life Plus program as a volunteer in 2001, delivering workout and fitness seminars to participants, and focusing on exercise as an intervention in HIV maintenance. Having worked extensively with positive clients, she was a natural choice to take on the role of fitness instructor to the course participants, and quickly became a key member of the team.

Since then her down to earth, friendly nature, tireless efforts and intuitive grasp of the clients' needs has helped over one hundred participants, many of whom often face daunting challenges when they begin to re-engage with the larger workout community, a potentially intimidating group.

At each dinner celebrating the completion of the Healthy Life Plus course, Ingrid is consistently marked for special thanks, receiving the heartfelt gratitude and appreciation of virtually every participant involved. I would now like to also add our profound thanks. I can honestly say that the program's success can in large part, be directly attributed to her personal commitment, tireless efforts and the unique understanding she brought to the table. She will be greatly missed.

Ron Tripp

**RELATIONSHIPS
DISCLOSURE
Friendships
Family
Work
HAPPINESS**



Talkabout would like to talk to women about your experiences

Ring 9361 6011 or
email: editor@plwha.org.au
for a confidential interview

**POSITIVE —
OR
— NEGATIVE**
HIV IS IN OUR LIVES

**Some guys tell you
their HIV status.
Some make
assumptions and
guesses.**

**But they're not
always right.**

**If you're not sure
about HIV status
use condoms.**

For more information

www.plwha.org.au

or call 9361 6011





Happy fingers

Greg Page trawls the net – all in the name of research, of course – to find out how positive men in cyberspace choose to disclose...or not to disclose.

Let's face it – the internet has truly changed the way all of us live. Within the space of a decade, it's transformed not only the workplace, but also many aspects of our private lives. For gay men, particularly, it has had some remarkable effects. Mardi Gras this year offered as the topic for its annual great debate "that Gaydar is better than a gay bar?" True, it was all a bit tongue-in-cheek (especially with Bob Downe as the host!), but it did acknowledge the growing, if not leading position, websites such as Gaydar, Manhunt, Gay.com and Gaymatchmaker have in our lives. While the numbers at gay bars dwindle – and the number of gay bars themselves dwindle – and more and more people prefer to stay in the comfort of their own homes to meet Mr Right or Mr Right Now, the net has virtually become our second home. Or should that be our virtual second home?

So what does it mean now in 2007 if you're HIV+ and "surfing the net" looking for love, or action, or both? And how and when do you disclose when you're online? Here's a variety of user responses.

Poz4Poz

Of course the easiest way to disclose your HIV status is to be upfront about it. Whereas a few years ago it might have been almost unthink-

able to actually give yourself an online nickname along the lines of "pozguy69" or "hot-pozcock", they've become a familiar part of the cyber-landscape these days, especially in chatrooms. "I don't have time for bullshit, especially online," Andrew tells me. "Why beat around the bush? I'd rather be beating off next to their bush! If it's clear from my profile that I'm positive from the word go, then although it may cut down on my potential hook-ups, it also means that only those that don't have a problem with my status will apply. That's the way I like it. Besides, there are plenty of poz guys out there, many of whom aren't upfront themselves about their status, but who like *me* being so open about it and commend me on it. They just wish they could be so open about it as well!"

No answer

As with most things to do with the internet, it's easy to hide the truth. The easiest way to be discrete about your status, it would seem, is to simply write nothing, or keep the section blank, when asked for your HIV status whilst creating an online profile. "I think it's a major affront for a website to demand to know if you are positive or negative," Steven says. "I haven't told my family, or a lot of my close friends, and yet here are anonymous websites demanding highly confidential information as if they are asking about the colour of your eyes." Coincidentally the "no answer" section, or leaving an empty space in the "status" section, can also be an indirect indicator

or tip-off about your status, much like words such as "uninhibited" and "raunchy" in a profile often point to certain activities.

Ask me

Another option many subscribe to is that of first engaging your potential shag(s) in some spirited conversation online to really find out more than just "So what are you into?" David, 38, tells me, "I've gone past the time when I'll just hook up with someone because they have a hot body or a cute face. Now I want something more than just that. I want some companionship and maybe even the possibility that things can go to a deeper level. That's why I spend a lot of time chatting with potentials first, to get to know them, and if I like them, I'll reveal my status and see how they react. Usually you can tell in the first few minutes if they'll be cool with it. Most of them say, 'I don't have a problem with it'. I think most gay men of a certain age – and I only do over

The easiest way to disclose your HIV status is to be upfront about it

30s – are educated enough to know that HIV is more a chronic disease now than a death sentence and they also know that you can still stay negative while you're having sex with a positive guy. I have had a few exchanges that have made me feel bad, and as much as you try to block it out and tell yourself that these are just uneducated idiots, that can still be kind of hard on you. Thankfully the good guys have outweighed the bad ones."

Tell you later

Rather than actually hiding the fact that you're positive, some online users simply prefer not to disclose at all, figuring it's not likely to come up in conversation. Especially since conversation is probably the last thing they're after! "If I wanted people to know I was positive I'd tell them straightaway," Colin explains, "but I'm only on the net for hot hook-ups and always practice safe sex, so I don't see the need to disclose. It hasn't come up yet and I don't expect it too. I'm fit and healthy and have a good sex drive, so I don't see it as lying about my status. Besides, I don't bareback, so it's unlikely that I would have to reveal that I'm actually positive to one of my sex partners. If I were looking for a boyfriend it would be different, but I'm way too busy to have one of those right now."

This user is no longer online

Sadly, it's not all (pardon the pun) positive when it comes to disclosure. As in life, the online world can sometimes be a harsh mistress, or master. "I've told guys quite upfront that I'm positive and they've just clicked me away instantly," Peter, 28, explains. "There's still a lot of fear and misconceptions about HIV, particularly from the younger guys, and even if they've just told you a few sentences before that you're the man of their dreams, mention that you're HIV+ to them and they'll do a 360 and delete your profile from their buddy list or block you. It's sad, but you can't get too hung up on it. I try not to take it personally, but that rejection does hurt sometimes. Especially when everything about the guy seemed perfect for you too."

Whatever your approach, remember, as with most things in life, clear and respectful communication is the key to getting closer to your goal.



US promises 'streamlined' process for HIV-positive tourist visas

Edwin J Bernard

The White House has announced that it will ease – but not remove – 20 year-old restrictions barring short-term HIV-positive visitors from entering the United States. The announcement only affects people travelling on tourist and business visas that allow entry for up to 60 days, however, and does not fundamentally alter US immigration policy. It is also unclear whether HIV-positive tourists will still have to declare their HIV status to US officials to benefit under the new rules.

A White House Fact Sheet produced on World AIDS Day, headlined "The President Is Dedicated To Ending Discrimination Against People Living With HIV/AIDS", issued the following statement: "The President will direct the Secretary Of State to request, and the Secretary Of Homeland Security to initiate, a rulemaking that would propose a categorical waiver for HIV-positive people seeking to enter the United States on short-term visas."

The statement does not explain, however, how this "categorical waiver" would enable HIV-positive people to enter the United States for short visits other than claiming that it would be "a streamlined process." Currently, HIV-positive individuals can apply for a short-term waiver to allow them to enter the US under certain circumstances. However, applying for this one-off visa waiver requires a personal interview at a US Embassy. Decisions take several months, during which time your passport is kept by the US Embassy; and, if granted, the visa waiver results in a permanent – and stigmatising – passport stamp.

The ban on HIV-positive visitors and immigrants came into effect in July 1987, as part of Republican Senator Jesse Helms' infamous 'Helms amendment'. Although the main – and devastating – focus of this right-wing fundamentalist Christian's politician's amendment was to prevent the US government from paying for any AIDS education or prevention materials that would "promote or encourage, directly or indirectly, homosexual sexual

activities," it also added HIV infection to the Public Health Service (PHS) list of "dangerous and contagious diseases," for excluding persons from entering the United States for public health reasons. President Reagan had already added AIDS – but not HIV – to the list a month earlier.

The exclusion was widely publicised following a mass boycott of the Sixth International AIDS Conference in San Francisco in 1990. In 1992 the International AIDS Conference moved from Boston to Amsterdam, and the US has not hosted an International AIDS Conference since then.

Although President Clinton promised to end the ban by executive order during his 1992 election campaign, he ultimately enshrined the policy in the law when he signed the 1993 NIH Reauthorization Act – which included an amendment that permanently added HIV to the PHS list.

Reactions to the White House statement have been muted. Dr Donald Abrams, one of the organisers of Sixth International AIDS Conference told the *San Francisco Chronicle* that it was "a step that will serve to bring us in line with the rest of the civilised world," but wasn't sure if it was enough to persuade International AIDS Conference organisers to hold future conferences on US soil.

"It's a step away from a terribly discriminatory and inappropriate policy, but it doesn't go far enough," added Leonard Rubenstein, executive director of Physicians for Human Rights. "This is a treatable disease. If you want to remove stigma from AIDS, you have to go the whole distance, and eliminate all restrictions on entry to the United States for people with HIV."

However, a spokesperson for Democratic Congresswoman Barbara Lee told the Global Health Council meeting last month that she plans to introduce legislation during the 110th Congress that would totally overturn the ban for both immigrants and short-term visitors.

www.aidsmap.org



PEP

PEP (Post Exposure Prophylaxis) is a four week course of HIV treatments which can prevent negative people becoming HIV positive after they've done something risky. You would need to access PEP within 72 hours (but even sooner than that is better).

Three guys talk about their experiences

Jarred: A chance conversation in Oxford Street

I met a tourist on Oxford Street about two months ago. It was just a chance conversation.

There were no drugs involved and it wasn't that the condom broke. We had sex several times, using condoms for the first few times, and then we had unsafe sex.

I was aware of the risk, and it wasn't that I was so out of it that that I didn't know what I was doing. We both were pushing the boundaries. It was about intimacy and pleasure. It was like I was temporarily in love.

Afterwards I thought: "What have I done?" He said there was nothing to worry about, which was like basically saying that he wasn't positive. But you can't necessarily trust someone 100%, especially when you've only known

That emotional component is probably difficult to understand...

them for a matter of days. I hung around for a while and then left. I rang the hospital and explained to them what sort of sex had happened and asked whether I should consider PEP, and they said to come in. I went in on the Wednesday night and waited for about six hours and I got really tired so I went home. I came back the next morning. I wasn't overly anxious but I just wanted to get PEP because I heard that the sooner you take it the better chance it has of working. I waited for about six hours and still wasn't seen, and so I came back on the Thursday night and I got the tablets.

I didn't really experience any side effects. I took the first dose about lunchtime each day and I didn't feel greatly stressed by it. I was more fatalistic about it: if I've contracted HIV then I have and if I haven't then I've been quite lucky.

I've got a few friends who are HIV positive. And I think I've been generally well educated by the different campaigns out there about what behaviour or what activities put you at risk of getting HIV. Getting HIV could become an issue with any potential partner I might have in the future. I don't like to think that I would discriminate against someone on the basis of their HIV status. However, it would be a drawback never being able to have negotiated unprotected sex where you were both tested and negative and in a monogamous relationship. Condoms are not all that much fun. They take a lot away from the experience of having sex, especially if it's with someone that you love and you want that intimacy. If you're going to penetrate someone or going to be penetrated by someone and you're wearing

a condom I think it isn't as real or as intimate or as sensual.

I was aware of the risks and I still took them. If I really got to the bottom of why, then I could make sure that I never did it. I can be carried away by the moment and I'll make a quick decision. If I look back at it the next day I'll think that was a wrong decision but, at the time, everything felt so right. I learnt that I can't keep taking risks like this and assume everything's going to be okay.

I recognise it's about attitudes I have, and attitudes that I'm sure other people have. The obvious thing is not to place yourself at risk. But that's often easier said than done. I'm part of that generation that has grown a bit complacent about HIV, and I possibly don't fear it as much as I should.

Ricky: Given a second chance

I was petrified. I'd gone to a sauna, had sex, and afterwards I realised the condom had broken. I'd never been in that situation before so I panicked. I remembered seeing posters on PEP so I went straight to the nearest Sexual Health Clinic. I thought, I've got to do something about this straight away because there was a limited timeframe in which to act.

The doctor explained to me that the risk was quite low, but to me any risk is a risk. I

had to get tested for HIV and that was a bit scary in itself. I hadn't been tested for about three years

PEP actually made me very sick. For the first week the nausea was very bad; I'd take it and throw up.

I was in a relationship at the time and I had to tell my partner what happened. He was surprisingly very supportive and thanked me for telling him. He was more concerned about my agitation than anything else. I felt guilty because I had gone out and had sex with another guy. We had an open relationship where we didn't use condoms with each other. We had an understanding that if we fucked other guys we used condoms. For me, it was my very first situation, so I felt that I had cheated on him.

I didn't really want to talk to anyone else about it. The doctor offered counselling but I declined because I thought so as long as I've got information on what to expect, and what PEP does, I was happy with that. He gave me a lot of statistics and said it was very low risk exposure. I kept reassuring myself with that.

I felt really dirty and angry with myself even though I knew that I'd done everything to avoid the risk.

I know a fair bit about HIV. I'd had a previous partner who was diagnosed positive during our relationship. He'd engaged in very risky behaviour before he met me which he didn't disclose. I had to get tested and go through the whole process of that. He didn't want his status revealed to anyone, so I felt very isolated because I couldn't talk to anyone.

My understanding of HIV is that it changes how you live your life. There is still HIV stigma. And telling someone that you're positive every time you had sex would be difficult.

I don't think I would enter into an open relationship again. If I'm going to be in a relationship where we do have unprotected sex, and both gone through our tests, and we're both monogamous, then I wouldn't like my partner to be engaging in sex with other people - even with condoms.

While I guess prevention's the best way, slip-ups happen. If you believe you've taken a risk,

you should take PEP. If you have any doubts, it can alleviate some of them.

I mean when you're looking at an HIV diagnosis, you evaluate things, and for me it was like being given a second chance. There's no way I'm going to knowingly expose myself to this risk again.

Peter: taking control

My positive partner and I were having some sexual play and he partially inserted his cock into my arse. I spent a lot of time agonising over the question of how much insertion happened and for how long it happened. I felt out of control because I was anxious about being in a new relationship. And I suppose I was in love with this man. I think that was a big factor in why I took the risk. It totally fell to pieces when I told him that I'd taken PEP. I guess he felt betrayed.

It was about 24 hours later that it hit me this was actually a very unsafe thing that I'd been doing. So I went to my GP about it. He said that I should think about PEP and to let him know by the following morning. Something a friend said to me convinced me that this is something I should do: I have a choice. I decided to go ahead with it and it ended up being about 36 hours later that I took the first tablets. I didn't talk to anyone because I was ashamed and because of some vague notion that I would have something to lose by revealing what I had done. I mean a loss of face. I was also concerned about keeping my partner's status confidential.

This was the most difficult period of my life. I think it's not just a fear of a life threatening illness; it's actually a fear of being exposed to the stigma around being HIV infected.

When I was 14 or 15 I first heard the acronym AIDS being explained as an "anally injected death sentence". I guess I'd internalised the homophobia and stigma around HIV, and I'm still struggling with that all these years later. I started reading about HIV, hoping that would give me tools to better deal with the internalised notions I've got.

While I was on PEP I was struck a lot of the time with awareness of a partially suppressed fear that was counter productive. It was making me less functional than I would otherwise have been. The one thing I can remember doing is to keep exercising - running a few

I felt out of control because I was anxious about being in a new relationship.

times a week and swimming. I was very clear that doing those things was a way of releasing tension.

If you've been exposed to HIV then I would absolutely recommend taking PEP. When I rang my GP to complain about being uncomfortable taking the pills he said: "You can have these mild discomforts for 30 days, or you can have them for the rest of your life, which may be the case if you stop taking this treatment now".

As a result of this experience it's much clearer to me now that unprotected anal sex is, to whatever degree, unsafe. After PEP, safe sex means being able to negotiate. It's also being aware I have a responsibility to look after myself.

These interviews were conducted as part of the PLWHA (NSW) Health Promotion campaign Positive or negative HIV is in our lives. See the factsheet in the centre of this issue of Talkabout

If you or your partner have been exposed to HIV:

The PEP Hotline

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

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

**Ring
1800 PEP Now
1800 737 669**

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

(New South Wales numbers only)



Strength and openness

Terrilee recalls her experiences as a positive mother, the benefits of asking for an HIV test during pregnancy, and how support services might be more flexible meeting the needs of parents

I was diagnosed in January 1997. I probably became positive in 1991, but went undiagnosed for six years.

I discovered my positive status through finding out about my daughter. Sarah had a lot of health problems after she was born, and at ten months she'd been diagnosed with cerebral palsy. Her upper respiratory tract infections just continued, and at one stage she had been hospitalised three times in five weeks. Then when she was fourteen months old she was diagnosed with HIV after an MRI scan.

I had to try and explain it to the children

Sarah's only risk was through me, so it really was a double whammy. I hadn't been offered HIV testing through any of my pregnancies. That was unfortunate because there are treatments you can take through pregnancy which can prevent HIV from being passed on to your child. I just didn't seem like the kind of person who

would be at risk. I was just an ordinary single parent and I didn't think I'd put myself at risk at any time.

I'd had a relationship with someone who had previously injected drugs and he didn't know he was positive. I'm not angry about getting HIV. He passed it on to me unknowingly. If I was angry at him, I'd have to throw that anger back at myself because I passed it on to Sarah unknowingly myself.

It took me three days to build up the courage to tell my mum. I also had to get the other children tested, and I had to wait ten days to get the results back. Back then it was still seen as a death sentence. You wondered am I going to be here in five years.

Thankfully, the other three children were, and still are, all well and negative.

My other children were still quite young at the time. My daughter was two and a half, and my sons were five and a half and seven. When all the testing was done, Sarah had a viral load of millions. I had to try and explain it to the children that we had the same illness, and that Sarah might be here for a small period of time and I would probably be here longer. I told them, because we shared the same bug, we healed more slowly if we got sick. The hardest thing was to tell my mum. She wasn't knowledgeable about HIV, so I had to become a bit of an educator.

It brought a lot of changes to our lives.

We were living in Brisbane at the time. We moved back to New South Wales to get the family support we needed. That support is something I've always been grateful for, and my mum has been my best friend.

Sarah had eyes that sparkled, even though she couldn't walk or talk because she had all those cerebral palsy symptoms. She died in September 1998, just two weeks after her third birthday. We were actually told in the May of that year that she'd have a week to live, so she did really well to hold on until September. I was able to do a lot

Sarah had eyes that sparkled

of home care with her, which was good, but it was also hard. It was very important that she could be in a more comfortable environment with people who loved her dearly, and she only spent the last six days in hospital.

We had a lot of assistance from social workers, and grief counsellors etc. I've had a lot of support from my mother, my

brother and sister. My family has made it easier for me. My mother also received a lot of support from the church she was attending.

Support for positive parents

I don't have a big support network because I've been my own support in a way. I'm a 45 minute train trip from the city. There aren't a lot of services I can attend in the western suburbs. If support groups are in the evenings or weekends or some distance away, it also means leaving the kids at home. When the support group is from 6 to 9pm do you leave your children at home or do you take them with you? Having a family makes these things more difficult, but that is being acknowledged more I think.

I often feel I don't need a lot of support because I feel I've got a lot of inner strength. But for those who are vulnerable, I think it can be hard. We've got the Haven in Blacktown of course, which is a fabulous service, but it's still just one place. How do people in rural and regional areas feel?

Volunteer work and indigenous heritage

I've been quite open about my status right from the word go, and I became involved in volunteer work. Five weeks after diagnosis, I appeared on a video, which was

being made to help people who had been newly diagnosed. I've also been involved in public speaking. I've got the strength to advocate for myself and for others, and I'm pretty upfront. Usually within three or four weeks of knowing people, it comes up. I'm currently the Convenor of the Positive Aboriginal Torres Straight Islander Network (PATSIIN).

When I was growing up we weren't in contact with my father's side of the family. I've always had an urge to find out more about our indigenous family heritage. It's always been something I've held pride in. I feel the indigenous community is one which could help themselves better, with the right people in leadership.

As the children got older and became able to comprehend it, I told them more about it. To mention HIV/AIDS when they were very young would have been too scary initially. They had heard about the Grim Reaper, and I didn't want to instil fear in them. I also did volunteer work in safe sex education and in raising awareness about HIV pretty quickly. I even ended up doing safe sex education at the school which my son was attending.

I've never wanted the children to experience repercussions from my illness. I've always been sensitive to that. The children have been wonderful, and I think if I didn't have my children I wouldn't have done half the things I've done.



Graphic: Phillip McGrath

Some services for women and families

Positive Heterosexuals

For positive heterosexual men and women, their partners and family members. Peer support, workshops, social activities and retreats. Free phone counselling. (Monday to Friday 10 – 5)

Ph: Freecall (NSW) 1800 812 404
www.pozhet.org.au

Sydney Children's Hospital HIV Services

Pediatric HIV Service – emergency after hours

Ph: 9382 1111 / 9382 1851
High St Randwick 2031

PosWest women

gatherings, education, peer support, retreats

Western Suburbs Haven, Blacktown
ph: 9672 3600

Leichhardt Women's Community Health Centre

GPs, nurse, massage, counselling.
Ph: 9360 3011

FPA Health

Full range of sexual health services, clinics in seven locations. HIV specific projects for men and women

General enquiries Ph: 8752 4300,
Clinic 9716 6099,
Healthline 1300 658 886
www.fpahealth.org.au

Light at the End of the Tunnel

I met Frank some many years ago when he was not that well. Over the years Frank has shared with me some significant transitions in his life. I asked him if he would like to share some of the more “light at the end of the tunnel moments” and what he sees for himself in the future, and what he’s learnt now that his health is much improved.

I met a woman who would change my life forever

Frank: Yesterday shapes today. My ‘real’ yesterday was at an HIV+ retreat. My involvement at the retreat is part of my renewed outlook on life, also based on the past when things were less bright. I found the retreat invigorating and regenerating, because normally I would have been out buying a six pack of beer instead of meeting with a great ‘good karma’ group of people and getting a most restorative massage. I was able to avoid my pain medications for the weekend as well – not sure why that was? To me this type of thing is a better choice than some of the choices involving alcohol I’ve made in the past. My sister is a Reiki practitioner, soon to take her Mastership, and she’s shared with me the value of natural healing systems. I’m overcoming an alcohol dependence, and

I started courting Karen every day, and a week later we were a couple

so involving myself in better choices. I hope to soon commence my own training in massage, and to offer this to others as a way of offering what I know works as a better choice, and to help others feel better. Previously, when I was drinking I was not a nice person – I would get verbally abusive, argue the toss at very point – who’s right and who’s wrong. That’s a narrow street with no light, I found out, and very self-centered. I’m the ‘self-centered police’ now and can pick it a mile-off in other people! I hope others don’t experience me like this in the future, and because my true nature is to have a very warm regard for my fellow human beings, I’ve chosen to avoid alcohol as much as I can – today and tomorrow. I’m succeeding, and I’ve learnt so much about myself and made a few commitments to myself about this now - to take myself on a different journey to the one I was on...I’ve found out all of a sudden I’ve got compassion – something I never knew I had when I was drinking.

Some people go the wrong way and then don’t know how to turn around and go the right way again. We all wallow in self-denial like: “poor me, poor you”, and we’ve been giving an opportunity here, not a load to bear. Mind you, I’ve become a lot more flexible of other peoples’ opinions, needs, or beliefs.

Each new day is a new challenge – a welcome one! You learn something new,

experience something new, every day – something you didn’t know before. I embrace it. It might be an older person on a bus and you have an occasion to be chatting with them – I respect their age, I respect they know more than I do – they’ve been here longer. It’s yours to keep then, knowledge and wisdom is free.

I’m single now, but was once partnered with a beautiful woman not that long ago. This is how it happened:

On the 13th Oct 2000, I met woman who would change my life forever. She was sitting on a bench outside the shopping centre, reading, smoking, and just looking pretty. I said “Hi, I’m Frank. What’s your name?” “Karen,” she introduced herself. Bad teeth, so I asked when she last saw a dentist (...needless to say, my name is literal). She replied “recently.” I asked why she didn’t go back, and she

I’ve emerged knowing none of us are indestructible

said she'd been seeing them for the last five years, and nothing could be done. To make a long story short, I started courting Karen every day, and a week later we were a couple. I spent many memorable moments with her – we were together until the 25th March 2003 – her passing away really knocked me about. I stopped drinking on the 28th of March 2002, and Karen died three days before my first year of sobriety. She was pregnant with my child at the time. I didn't drink – booze could not remove the pain I felt, and I knew that. I spent an incredible amount of time dealing with my grief, through counselling and support. I've emerged knowing that none of us are indestructible, and that life is fragile, but everything happens for a reason – and so... there are two sides to life, opposites, hot and cold, yin/yang... Without compassion or understanding we have no connection. Without self-responsibility and doing something constructive we have nothing to offer ourselves... I thought study was a good way of doing that. It worked. It helped.

Frank can you share some of what you consider are good 'rules for living' if you have HIV?

Frank: I've come a long way. I've overcome HIV dementia. I'm sober now. I'm compassionate. I'm stronger. I'm a better person and so is my health.

When you start to feel a lot healthier, you can put HIV on the back burner finally. It's not something you need to freak out about or overly concern yourself with 24/7.

After a while you learn to know what the virus is doing. I can be in tune with my own body now – you can't do this when you've drunk – always sedated. I nearly died from alcohol. Drinking is bad – I'll write an affidavit to swear to that!

I realise treatments are crucial for all

sorts of needs, including HIV, but the more unnecessary drugs I can cut down on, the healthier I'm going to be.

A Pub on Every Corner

I must digress, in respect to my alcohol abuse, going clean was the hardest thing I have ever done. Every day I have to tell myself not to fall off the wagon but that's hard, seeing as I live in Brisbane – where there's a pub on every corner.

Frank can you tell me what support you sought to help overcome this?

Frank: Well,... alcohol is a killer. I nearly died from drinking. When you are staring death in the face, and the motivation of having a special person (my fiancé) beside me and supporting me, then that was enough for me at the time. We had an agreement we would marry when I was sober for 2 years. Despite the loss of Karen, my fiancé, I've kept on. I've been sober for 4 years. I have had a beer here and there, but my goal remains utmost in my mind, and that's to keep me sober. I won't allow myself to slip back to where I was.

Further to this I've now given up smoking. I've learnt by seeing my grandfather end up with gangrene with legs amputated, that smoking isn't worth the risk. He smoked a pipe and it doesn't matter what vessel you use to smoke they are all bad. I spoke to a woman from QUIT line

Going clean was the hardest thing I've ever done

last night. I'm taking Zyban, fortunately with no side effects for me. I gave all my Tobacco away. It's been three weeks today Peter since I quit. I don't feel like having a cigarette. They give me headaches, and I don't want that.

Heaven is a Big Place

Frank: As to mourning Karen it took me 12 months of seeing a psychologist. I must say that Emily was a great help. I miss Karen with all my heart. She died on Anzac Day 2003, and this year I will burn a candle all day.

Heaven is a big place I was reminded when I was suicidal with grief. There are no guarantees I would ever find Karen again. She might be in one section and I might be told to go to another! You don't know.

I decided to stick with what I do know, despite the struggle and days which felt like I was walking on broken glass.

I hope that remembrance gives you further healing and you enjoy that time.

Frank: It helps me add closure to my feelings. I don't get enjoyment from it.

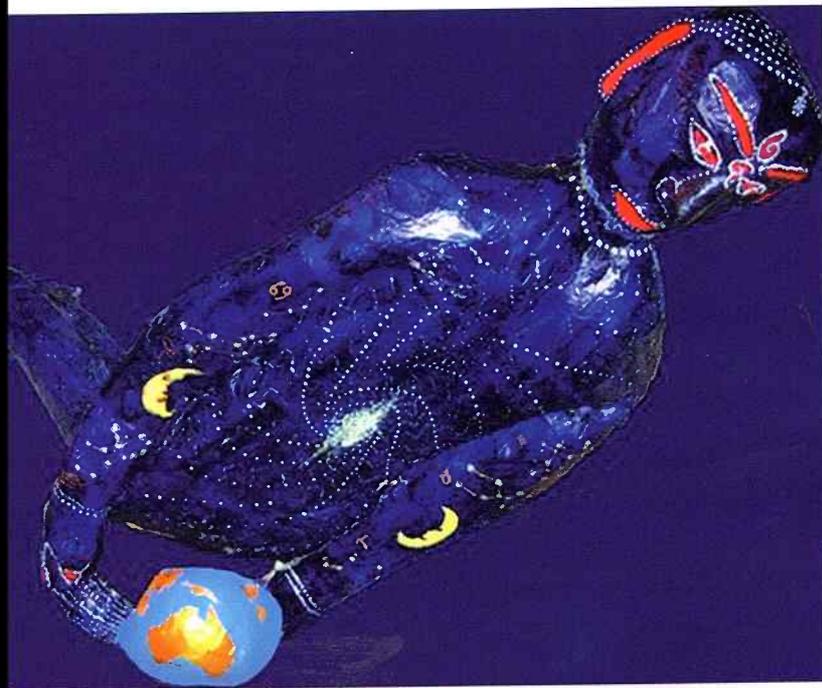
I didn't mean that it was a joyous occasion; just that it will be a special remembrance time for you and sacred to you.

Frank: I'm going to burn that candle all day. I'll probably cry. Crying helps the healing. I'm working it out. I'm healthy and happy in my skin.

So that's it for me so, I wish you all a lovely day
love from Frank.

Frank was interviewed by Peter Watts

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Coming soon to a galaxy near you...

OMi !

Mac McMahon writes from the Northern Rivers of New South Wales

And you thought I had gone to the country to retire. Now age sixty-two and still discovering my hidden talents, thanks to the Nimbin Open Learning Centre. Last year I embarked on a very productive time with their creative writing course. Our teacher Nell Cook showed us the ropes, and before I knew it, I was published in the local Nimbin *Beyond the Rainbow Literary Magazine*.

So just when I had found an outlet for my creative energies, I also enrolled in Donato Rosella's sculpture class. In eight weeks, under Donato's tuition, I had produced eight sculptures in clay, Hebel stone, wire framed plaster, and papier mâché. I had found inspiration from Donato's incredible talent and energy. His outstanding works that dominate the landscape can be seen in Adelaide, Lismore and Nimbin. His tales of stonework in Nepal (I could even believe he had something to do with building Mount Everest) also stirred some creative urges inside of me. I have not been able to stop, and I'm even exhibiting a sculpture in our local Blue Knob Hall Gallery as well as seven pieces in the Nimbin Spring Art Show. Where to next?

Well let me tell you... I am working on **OMi**, an installation in the Nimbin Museum. This is a three-metre long

papier mâché figure representing the Great Spirit of our Galaxy watching over our Mother Earth. I have included the names of some of Nimbin's children in the Zodiac signs so their names are 'written in the stars.'

I've found neither age nor HIV was a handicap, and to think if I had started forty years ago I might have rivalled Michelangelo. Well, OK, let's see what the next twenty years might produce.

A major plus in doing these classes has been to meet other like-minded people, both in writing and art. You learn as much, if not more, from your fellow students and I think I have made lifelong friendships.

I should also tell you about my recent operation for Dupuytren's Contracture. This is a hereditary problem and is common amongst people of Celtic descent. It is not in any way HIV related. Both my brother and grandfather had this problem. The photo shows you the crippling state of my left hand which has since also been operated on and the right hand showing the stitches after the op - note the Harry Potteresque zigzag scar. Some kids here think it's amazing and others are spooked. The right hand has healed completely and I'm back to sculpturing. My left hand is also now well on the way to full use as well.

...and I think I have made lifelong friendships



SCULPTURA Program will soon be underway

Some people living with HIV in NSW will soon have access to a free treatment program that restores volume to correct the signs of facial loss caused by certain antiretroviral medications.

The product, known as Sculptra (formally "New Fill") is being provided by the company that markets it in Australia, Sanofi-aventis.

They are offering free Sculptra product to treat around 220 people in NSW, each of whom would be able to receive up to four injections, if needed.

NSW Health has provided funding to South Eastern Sydney Illawarra Area Health Service (SESIH) to enable provision of this free therapy to PLWHA across the State.

Sculptra injections fill out the face where lipoatrophy – the loss of fat beneath the skin, which can result in sunken cheeks, indentations, and hollow eyes - has caused wasting.

Access to the program will be restricted to people who meet the eligibility criteria decided by a steering committee overseeing the program.

The steering committee comprises of HIV specialists, area health service health promotion staff and representatives from PLWHA NSW, ACON, rural services and a GP representative.

Eligibility criteria include:

- the patient must be assessed (by referring HIV prescriber) as having severe lipoatrophy caused by ARV medications. S/he must hold a Health Care Concession Card or Disability Support Pension Card, and/or also be assessed by their HIV prescriber as experiencing ongoing financial hardship.

PLWHA who feel that they meet these criteria are encouraged to talk to their usual HIV prescribing doctor (GP or public clinic).

The treatment will be administered by cosmetic surgeons and/or qualified practitioners contracted for the purpose

The program is under development and is expected to commence in April 2007. More information will be provided when it comes to hand. In the meantime, for any queries or additional information, call the ACON Treatments Officers on 9206 2000.

PH

The Positive Health study (pH) calls for new participants

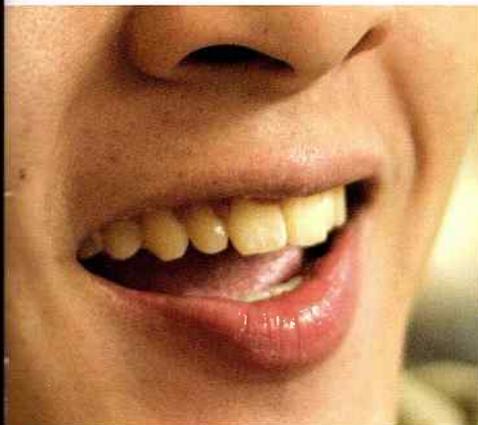
The Positive Health study, which has been running for the past nine years, has started a new round of interviewing. Each year we aim to recruit new participants into the study.

We are looking for all HIV-positive gay men living in New South Wales, including young gay men and those who have recently seroconverted. Participation in the study requires a face-to-face interview in our offices in Darlinghurst.

Please call us on the Toll Free number 188 445569 or (02) 9380 5858

You can also email us on phstudy@nchecr.unsw.edu.au or

Visit our website: http://www.med.unsw.edu.au/nchecr/ph_study.html and follow the prompts.



Positive Health Study: a Personal Perspective

Hédimo Santana

10 Years of pH in 2008: Where it came from

Almost a decade has passed since the beginning of the Positive Health study. The project came about in 1998, as a follow-up to another long-running cohort, SMASH (Sydney Men and Sexual Health). The SMASH study was a prospective study of both HIV-positive and negative gay and other homosexually active men in Sydney. Recruitment for the study began in 1992 and ceased in 1998. Today, it comprises 628 participants, with about 350 of those still involved with the study.

There are intrinsic differences between the two studies: Unlike SMASH, which covered both positive and negative men, pH's focus is primarily HIV-positive people who live, not only in Sydney, but also in country towns of New South Wales. The study originally covered both hetero and homosexually active men and women, but later became exclusively a study of gay and other homosexually active men. For the heterosexual contingent, a more specific qualitative study that better represented their experience was developed.

Moreover, while SMASH looked specifically at sexual behaviour, the Positive Health study was set up to examine the health management strategies of HIV-positive people. These included decisions about taking up antiretroviral treatments, dealing with these treatments' side-effects, combining these treatments with the use of natural/complimentary therapies, and access to health services and information.

The development of the Positive Health study

Participants for the new study were recruited through a wide variety of gay community venues, events, organisations and clinical settings with significant number of HIV-positive patients. Other recruiting strategies included promotional materials distributed in the gay and HIV-positive communities, where volun-

teers were encouraged to contact a research officer. About 20% of participants were enrolled through the pre-existing SMASH study cohort.

A questionnaire was developed over many months, in consultation with community organisations and service providers such as ACON, AFAO and PLWHA. The questionnaire covered a broad range of issues, including clinical markers of health such as viral load and T-cell counts; ARV treatments' uptake and the side effects associated with them; physical and psychological health; sources of support; and access to health-related services and support organisations. The questionnaire has always been open enough to accommodate changes that occur in the HIV/AIDS landscape.

Interviewers working in the study are recruited from the gay and HIV-positive communities and trained on the sensitivities related to dealing with HIV/AIDS issues; they are also made aware of issues concerning confidentiality. These interviewers share the participants' experiences, in the sense that they too have lived through the epidemic and have witnessed its effect personally, or through loved ones, friends or acquaintances.

Annual face-to-face interviews are carried out in a central location, near the communities, in order to facilitate access to the participants. For those not well enough to go to the interviewing site, interviewers can visit participants in their home. For participants living in regional areas, interviews are also arranged either in their homes or in a convenient location, such as a medical practice or the local AIDS Council.

Witnessing changes in the HIV Landscape

While it could be argued that SMASH (and other smaller studies carried out by both National Centres) covered the first decade of the AIDS epidemic, the Positive Health study took over that task of examining the second decade of the epidemic up to now.

The later years of the nineties marked profound changes in the HIV/AIDS scene. Who could forget the dreadful feeling of opening the weekly local gay newspapers only to be confronted with pages after pages of friends, loved ones and acquaintances, who had died of AIDS? Who could forget the long and painful processions that marked the AIDS memorial services, including the endless reading of the names during the Candlelight Memorial services that preceded World AIDS Day?

As we entered the second decade of the epidemic, we were confronted with deep changes in the HIV/AIDS landscape: the new anti-retroviral medicines were producing long dreamed-about miracles. People stopped dying, at least in the countries which could afford the expensive medications.

That experience was followed by the incremental diminishing in funding for HIV/AIDS related services. We also witnessed the dismantling of structures put in place to deal with the worst of the epidemic, such as the 17th ward in St. Vincent's hospital, which was regarded as no longer necessary or viable in the new context.

The HIV/AIDS organisations had to reshape themselves in order to attract more funding. Instead of focusing on services which covered the sick and disabled, they were urged to accommodate a broader health agenda, like hepatitis, drug use and sexual health. The same applied to the research centres, which also had to expand their research scope, also now emphasizing broader sexual health and recreational drug use in the gay community. That meant introducing an optional sexual behaviour booklet to the pH questionnaire.

On another level, HIV-positive men who had been dependent on services provided by organisations were encouraged to get out of the welfare system and be re-trained to enter the workforce. Whilst that was an encouraging experience, which gave back control to some men; it was a painful experience for those

who felt they were not well enough to work full time, and who feared they may no longer get the financial support they once had.

Being healthy enough to engage in the workforce also meant that these men were strong enough to engage in social and sexual life. However, that brought yet another dynamic to the HIV landscape: for some men, the culture of 'bareback sex' emerged, and with that, increased levels of both sexually transmitted infections and newly acquired HIV seroconversions which are still problematic today. All these changes had somehow to be reflected in the research carried out in these communities and, in the case of the Positive Health study that has been done with the introduction of tests for sexually transmitted infections which are now concomitant with the interviews.

The personal dimension of social and epidemiological research

In order to achieve objectivity, researchers are supposed to be neutral and distant from their subject. But such a challenge would be an impossible task with studies such as pH.

By its nature, the Positive Health study is community-based research. It is done with the collaboration of the gay and HIV-positive communities. Moreover, it is conducted by researchers many of whom are themselves deeply engaged in both gay and HIV-positive communities, and therefore are in a position to empathize with the study's subjects. This aspect of the study does not make it any lesser objective than other types of research, and indeed enriches it.

From its inception, pH was administered by the late Matthew Calvert, himself an HIV-positive gay man with strong ties to the community. I got involved with the study just before Matthew passed away in 2002.

Matthew not only coordinated the study, but was actively engaged in recruiting participants, as well as conducting the interviews, tasks which I have inherited. That brought him closer to the participants, and certainly gave him a deeper understanding of their lived experiences, which could not be covered by the questionnaire alone.

From the beginning, I understood that pH was a different kind of study, one which required a lot more from me than scholarly neutrality and objectivity. In order to carry out my role as the study coordinator, I have had to draw from resources gained by my experience of being, like Matthew, an HIV-positive gay man.

One of the roles of a coordinator is to serve as the first point of contact between the research centre and the participants in the study. While this might include simple tasks such as mak-

ing a telephone call to arrange an interview, it might also involve emotionally charged experiences, as happens, for example, when I have to contact partners or relatives of participants who have died, or who are too ill to be interviewed.

Many participants who have been with the study since its inception see the occasion of the annual interview as a time to meet a like-minded gay man to chat and reflect. Some others tend to see the interviewing process as more than dry research: they see it as an encounter with another person who understands their lived experiences, someone in whom they can confide their vulnerabilities; someone with whom they can exchange information; someone they can trust.

While most participants are healthy enough to visit us at the research site for their annual interviews, there are participants who require us to travel to their home or to a hospice, where they are being cared for.

Many participants see the annual interview as a time to meet a like-minded gay man to chat and reflect

For other participants, like those living in country town, isolation, poverty and a lack of access to basic services available to those in Sydney, are among the main difficulties they encounter. Thus, a visit to their home for the annual interview is an event they look forward to. When we sit down for the interview, we also sit down for a cup of tea, and to a relaxed personal chat. In this context, the human interactions are too strong for neutrality to even be considered.

In my visits to participants' homes I have met the blind, the sick, the demented, and the depressed. I have met people struggling to make a living, despite their ill health. But I have also met people who have become very good friends, and who have taught me a lot more than the questionnaire they've answered could teach me.

There is nothing more discomforting than ringing a participant who, unknown to you, is dying, and who tells you over the telephone that they will not be able to make it to their interview next week; or having to enquire from

a grieving mother if her son's death was related to AIDS. Losing participants to AIDS, despite anti-retroviral medications, can be very painful. And one can not add these experiences into the scope of the research, the framework of which is limited to comparing statistical data.

But the reality is that encounters between me, as a researcher, and the study's participants have given me greater insight into the experience of living with HIV, and this informs my own experience of living with the virus. It has taught me about different strategies people use to cope with their lives, and that in turn has helped me to face my own demons.

The future challenges for the study

The Positive Health study is the only one of its kind in Australia (and it might not be an exaggeration to claim that it is probably the only one of its kind in the world).

Together with the HIV Futures study (which, unlike pH, is not a cohort study), the Positive Health study has been fundamental in shaping the State and Federal Health Departments' policies towards HIV/AIDS programs in Australia and particularly in New South Wales. It has also been an indispensable tool for community organisations in the implementation of services, and in the development of educational campaigns.

In spite of this, the Positive Health study is facing dramatic challenges for its future. While the study has been funded for the next two years, there is no assurance that it will continue to be funded after that. There was a time when Australia was praised for the partnership between Government, research and community, but the lack of any increases in funding for HIV by the Commonwealth Government, and failures to fund initiatives for gay men's health in general are not encouraging.

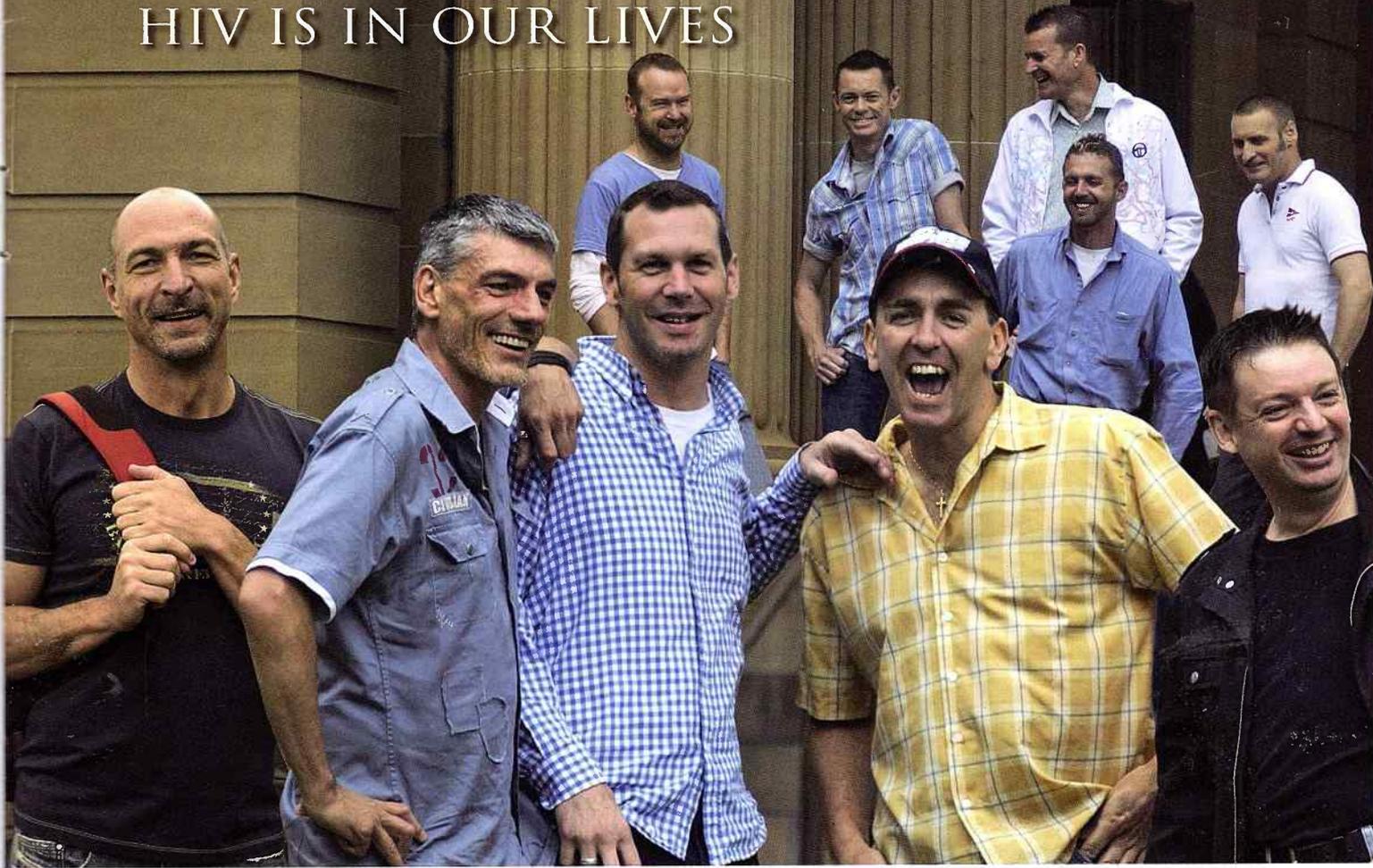
For this research to be justified, it needs ongoing commitment from its participants. For each successive round of interviews, it has become increasingly difficult to attract new participants to the study. Perhaps the urgency in dealing with the epidemic has vanished, making it more difficult for gay men to identify with HIV research needs, yet the epidemic has not gone away – just changed.

From February to June we will undertake our next round of recruitment and interviews for Positive Health, and your participation and assistance will be very welcome.

If you need to contact us or would like to assist with the study you can email to phstudy@nchecr.unsw.edu.au or ring 9380-5858.

Hédimo Santana is the Coordinator of the Positive Health Study (pH).

POSITIVE — OR — NEGATIVE HIV IS IN OUR LIVES



1

LIVING WITH RISK AND TAKING CONTROL

Sex and risk: Why do we take risks? How do I manage risk and take control? If I have had unsafe sex what can I do to take back control? And how do I deal with a positive diagnosis?

This fact sheet looks at how gay men manage risk.¹ It also offers strategies and practical tips on:

- taking back control after a risk event
- the subsequent testing for HIV [and]
- dealing with a positive diagnosis.

It can be helpful to be aware of situations in which you might be likely to take greater risks.

PUSHING BOUNDARIES

Sex can be an experience when gay men, whether they are HIV positive or negative, allow themselves to be vulnerable. You might be more likely to push the boundaries and take greater sexual risks because you're in love, starting a new relationship, out of it on drugs or alcohol, or are new to a particular scene. For some, the spontaneity of the moment can simply outweigh the awareness of risk.

Morris: I'd never been to a sauna before. I had just come out really. I was very naïve and I didn't know how things worked. I was very vulnerable. Everything happened so quickly and I knew that he came inside me. Risk can happen when you throw yourself into a situation and you want to feel like you know what you're doing.

Jarred: I was aware of the risk and it wasn't that I was so out of it, and didn't know what I was doing. We both were pushing the boundaries. It was about intimacy and pleasure. It was like I was temporarily in love.

Peter: My positive partner and me were having sexual play and he partially inserted his dick into my arse. I agonised over the question of how much insertion happened and for how long it happened? I'd noticed that he'd produced quite a lot of pre-cum. [...] I was having quite a bit of anxiety about being in a new relationship.

Also, sexual experiences and the kinds of sex we are used to having with previous partners can influence sex with new partners.

Aaron: If sex has been in a relationship where condoms haven't been necessary and there has been that freedom to not use condoms, it can be tempting to repeat that behaviour by continuing not to use condoms.

For both Neville and Nigel, sex is something that is negotiated. It is about taking responsibility for the relationship and being honest with each other, especially if boundaries are crossed and relationship agreements are broken.

Neville: I had a partner, at the time, and I had to tell him what happened. He was actually very supportive, and was more concerned about my agitation more than anything. We continued to have sex. It was an open relationship but we didn't use condoms with each other because we had the understanding that we would use condoms outside the relationship. Obviously that stopped until we knew what the result of my HIV test was.

Nigel: If I'm going to be in a relationship, where we do have unprotected sex, it has to be in an environment where we've both gone through our tests and we're monogamous. I wouldn't like my partner to be engaging in sex with other people. There's not only HIV but also STIs to consider.

Pushing boundaries in sex brings a whole lot of responsibilities not just for your health but emotional well-being as well. For Gregory, taking care of himself also means he has less fear about HIV.

Gregory: If you do everything you can do to minimise your risk, then it shouldn't be a problem regardless of the status of the men you're having sex with. For me, managing risk is about using condoms.

I set standards for myself and I don't allow myself to do anything that I don't believe is safe either physically or emotionally.

However for Ben, the meaning of getting an HIV diagnosis is different from those who were diagnosed in the past. Different experiences of the epidemic meant a different attitude towards a life with HIV.

Ben: I guess the obvious thing is not to place yourself at risk, but often it's easier said than done. I'm probably part of that generation that has grown a bit complacent about HIV. I possibly don't fear it as much as I should.

There might be situations in which you take greater risks (e.g. you're in love, out of it on drugs or alcohol, starting a new relationship or new to a particular scene).

Pushing boundaries in sex brings a whole lot of responsibilities not just for your health, but emotional well-being as well.

TAKING CONTROL TAKING PEP

For some HIV negative gay men, taking control after a risk event meant going on PEP (Post-Exposure Prophylaxis). PEP is a 4-week course of anti-HIV drugs that may prevent you becoming HIV positive after an exposure to the virus.

For David, taking PEP was an opportunity for reflection, learning and a time to reassess priorities.

David: I couldn't keep taking risks like this and assume everything's going to be okay. There have been other times when I've had unprotected, penetrative sex and not used PEP, and it's been very fortunate it's worked out that I haven't got HIV.

Jeff is aware that many positive guys do not disclose their HIV status and this meant that, in managing risk, he took responsibility for himself. However, many of his friends assumed that their partners would disclose their status before sex.

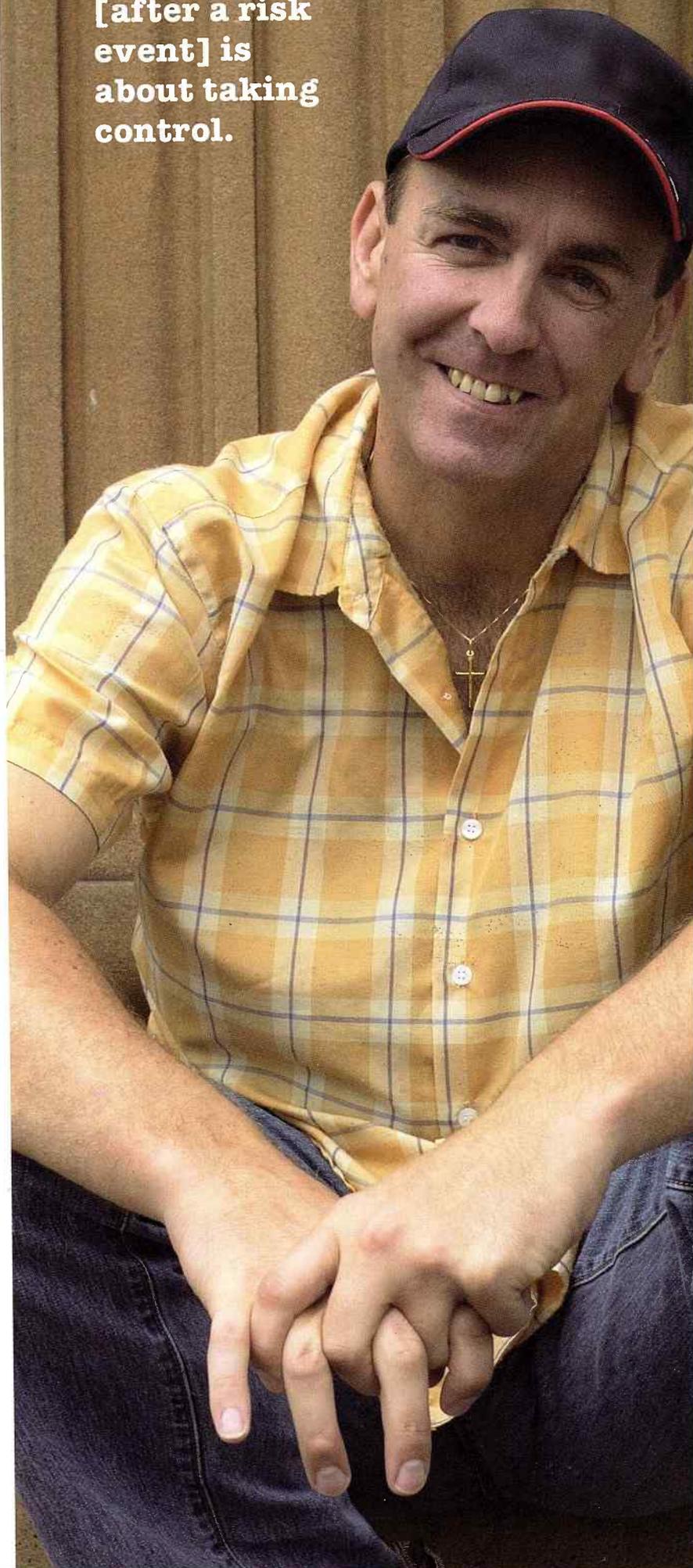
Jeff: I always feel that in terms of disclosure it's up to me to make sure that I don't put myself at risk.

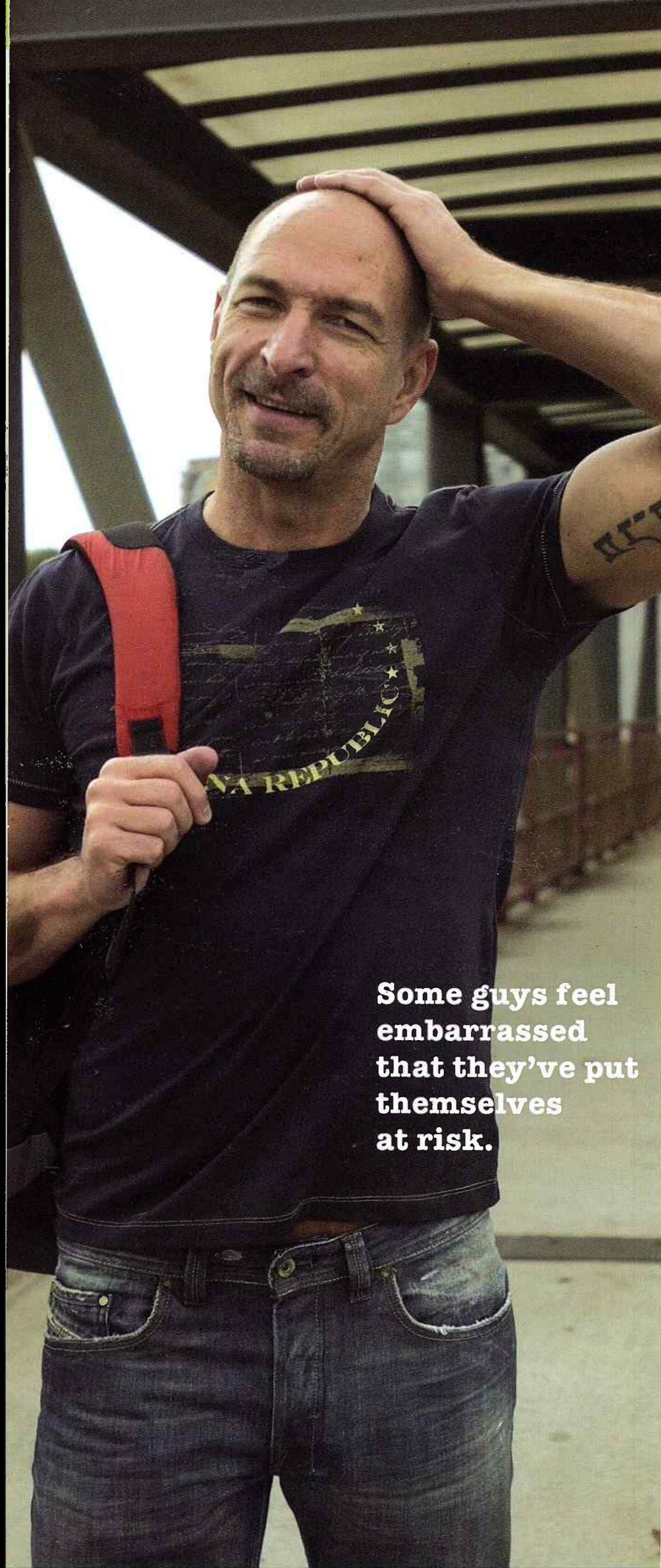
Many of my friends think that because they "know" their partners they would disclose their status. They might not even know their status. I assume that everyone is positive I'm having sex with.

For Graham and Ricky, access to information was a way of taking control and also helped to reduce their anxieties and stress.

Graham: I remember looking at information that explained what you can do to increase risk and what you can do to reduce your risk. The risk for me was quite miniscule given that I'd taken PEP and that I was the insertive partner. I needed nuts and bolts information on risk.

**Seeking PEP
[after a risk
event] is
about taking
control.**





Some guys feel embarrassed that they've put themselves at risk.

Ricky: I was having sex with someone in a sauna and the condom broke. I asked him his status and he told me he was positive. So, I decided it was worthwhile looking into whether I needed to take PEP. I was a little bit freaked out, but I was glad that I had a constructive way of dealing with it.

While knowing what to do was reassuring for Ricky, it did not stop him from taking on board the stigma he linked with HIV.

Ricky: It was totally irrational, but I felt really dirty and angry with myself even though I knew that I'd done everything I could to avoid the risk. I think I was internalising the stigma associated with HIV.

Taking control also means managing disclosure. It can be daunting to talk about being on PEP, even though it may be beneficial. For Colin, by not telling others about taking PEP, he felt he was able to control the assumptions and judgements that others could make about him. But as he acknowledges, by not telling others you can't get the support.

Colin: I didn't talk about taking PEP because I didn't feel like I had to and I didn't feel like I could either. I think there's a stigma associated with "imperfect sex". Sometimes something goes wrong and it's no-one's fault. One of the ways I could have handled it better was to talk to people about it.

And for Peter it is about taking responsibility for himself.

Peter: After PEP, safe sex means an awareness that I am able to negotiate. It's being aware that I have responsibility to look after myself.

LIVING WITH UNCERTAINTY

For some, waiting for the test results while on PEP gave them an idea of what it might be like to live with some uncertainty about their status. Many questioned how they would manage an HIV positive diagnosis if they tested positive, while others were more fatalistic.

Morris: Every time I took a tablet it was a reminder of the event that happened. The anxiety of whether I had HIV was actually very strong. If I did have HIV, how was I going to cope with it? When I found out that the results were okay, I would have to say it was a big relief.

Jarred: I didn't feel greatly stressed by it. I didn't feel overawed by feelings of "oh, my God". I was more fatalistic. If I've contracted HIV then I have and I will find away to deal with it.

At the end of the day, the coping strategy for many people during this time of uncertainty is to maintain the routine of their daily life and not get caught up in the anxieties.

Peter: I remember being struck with a fear that I tried to suppress. Eventually it occurred to me that that wasn't a very useful thing to do because it was counter-productive. The one thing I can remember doing was to keep exercising and swimming. Doing those things was a way of releasing tension and managing the fear.

TESTING

For most gay men, testing for HIV is routine. However, some only get tested after a specific risk event, or if they suspect a seroconversion illness (i.e. flu-like symptoms that may include fever, swollen glands, sore throat and rashes).

For Ted, testing for HIV is part of managing his sexual health.

Ted: I would test three times a year because I'm pretty sexually active. I have a partner and I have two people that are primary fuck buddies. I have sex outside as well. I just want to make sure everything's okay and I'm healthy.

For gay men, condoms are the best way to prevent getting or passing on HIV. If you are worried you might be HIV positive, have a test and take control of your health.

For many people, it's going to be a lot to take in when they receive an HIV positive diagnosis. You may want to make another appointment with your doctor to talk about the ways to manage your diagnosis.

Stephen: The man I had seen a few times told me he had picked up an STI and that I should get tested because he may have exposed me to it.

When I turned up to get the results, the doctor told me I was HIV positive. He reminded me that it was not the death sentence it used to be, but I had not absorbed anything beyond those three scary letters. I made all the appropriate responses, but it was as if I was functioning on autopilot as my brain struggled and failed to comprehend I had HIV.

For others, testing for HIV was a way to manage anxieties around risks taken.

John: Considering the risks I had taken, the likelihood was that I would be positive. Yes, there's anxiety because you need someone to confirm the diagnosis for you. [...] What is this going to mean for me now? Am I going to get sick? Am I going to stay at work? Who am I going to tell? (John subsequently tested positive.)

While a number of gay men are routinely testing for HIV, others are relying on partners to disclose or are making assumptions. As Richard suggests, even if people genuinely

"After PEP, safe sex means an awareness that I am able to negotiate. It's being aware that I have responsibility to look after myself."

It can help to find someone to talk honestly with about sex, risk and taking control (including a GP, counsellor, friends or support networks).

Relying on casual partners to disclose or even know their HIV status can be risky. Even if they genuinely believe they are HIV negative, they may not have had a recent HIV test.

believe they are HIV negative, they may not have had a recent test.

Richard: Quite a lot of infections occur when people don't know their sero-status or where they think they're negative. Now when somebody says to me, "I am negative", it means nothing. They're only negative if they were tested today.

Greg: Negative guys are going onto websites and saying, "I only want to deal with other negative guys", but guys aren't testing. So there's a genuine risk that's emerging ... there are a number of younger guys engaging in unsafe sex.

I mean, all the sex I've had over the last twenty years, I only had one person say to me "I'm positive".

MANAGING A POSITIVE DIAGNOSIS

Many agree that while HIV has changed their lives, they have found ways to manage the challenges. Starting treatments, disclosure, negotiating sex and safe sex are some of the challenges people with HIV face. Positive gay men look for ways to put things in place that are going to support them.

Finding a doctor you feel comfortable with and talking openly about your situation will often result in you receiving more suitable treatments and advice.

Marcus: When I found a doctor I was happy with, he was a bit of a lifeline; just the fact that there was somebody there I could talk to.

For Greg, taking control and managing his diagnosis meant taking medication straight away.

Greg: I was given my results and they said: "What do you want to do? How do you want to manage it?" I thought, I need to take control of this virus in some way.

The first day I took my medication my life changed. I was more confident. I was doing something. I was in control.

Note: It's important for you to discuss with your doctor about the appropriate time for you to take treatments. Treatments for HIV are becoming simpler and easier for people to take.

With Phil and Chris, telling people about their status is also about taking control.

Phil: I told my friends, I told everybody that I came into contact with sexually. I didn't want them finding out from somebody else.

Chris: Telling management where I work has resulted in a much better work environment for me. They understand when my work has come second to dealing with treatment side-effects or the emotional challenges of living with HIV.

Similarly, some people made the decision not to tell. Your HIV status is your personal information and this is something you have control over.

Richard: Telling meant the end of a relationship so, I made a choice not to tell anyone. Don't say it till you're ready. When I lost that support I had to learn to trust people again. That was risky, for me, because I feared rejection.

For many, making sure life continues the way they planned it is also important.

All agreed finding good support networks is about finding social structures that are safe to explore options on how to live as a positive person.

Chris: Don't do it alone talk to another positive person. I looked for other positive men for support. I looked for reference points; other men who were like me. Meeting other positive guys informs you and empowers you.

For some, their experience of HIV was through supporting a friend or partner during the 80s or early 90s. When this relationship ceased they moved on with a life without HIV. Being recently diagnosed meant re-educating themselves.

Michael: The early 90s was my introduction to HIV and AIDS. I had a partner who was positive and when he passed away my knowledge around HIV stopped. After he died I didn't know anyone with HIV that I know of. As far as current knowledge goes I was really ignorant.

And Brad found that giving himself time to grieve helped.

Brad: The thing that helped me the most was allowing myself a grieving period. I cried all my romantic idealistic notions of what my life was going to have been, mourned that and then started seeking information. Without that I don't think I would have coped at all.

For many, learning to deal with a positive diagnosis evolves over time. You will eventually adjust to it and integrate this experience into your life.

Phil: See the whole experience of being positive as having transition periods of ups and downs on different levels emotionally, psychologically and sexually. You will find ways to deal with the challenges and to find a balance.

SOME POINTS TO CONSIDER –

- Using condoms is the best way to look after your sexual health, but they are only part of the equation. If you are sexually active test regularly for STIs (every 3 to 6 months is a guideline).
- If you are HIV negative and have had unsafe sex get PEP (Post-Exposure Prophylaxis) quickly (at least within 72 hours, but even sooner is better).
- Maintaining the routine of daily life while waiting for test results, can help you not get caught up too much in anxiety.
- There might be situations in which you take greater risks (e.g. you're in love, out of it on drugs or alcohol, starting a new relationship or new to a particular scene).
- If you are worried you might be HIV positive, have a test and take control of your health.
- We can make assumptions around HIV, and sometimes we need to check and make sure we both mean the same thing.
- Relying on casual partners to disclose or even know their HIV status can be risky. Even if they genuinely believe they are HIV negative, they may not have had a recent HIV test.
- It can help to find someone to talk honestly with about sex, risk and taking control (including a GP, counsellor, friends or support networks).
- The NSW Public Health Act says that if you have a sexually transmissible medical condition you must tell your partner before sex. People Living With HIV/AIDS(NSW) has advocated, and continues to advocate, that the law reflect the importance of condoms in reducing the risk of HIV transmission.



GETTING INFORMATION AND SUPPORT

Positive or negative: HIV is in our lives looks at the learning and practices gay men take on to manage risk. This campaign offers strategies and practical tips on taking back control after a risk event, the subsequent testing for HIV and dealing with a positive diagnosis.

Fact sheet 1 Living with Risk and Taking Control asks: Why do we take risks? How do I manage risk and take control? If I have had unsafe sex what can I do to take back control? And how do I deal with a positive diagnosis?

Fact sheet 2 Positive Sex and Risk asks: What does risk mean after a positive diagnosis? Do boundaries and attitudes to sex change? How do we think or talk about risk?

For more information see www.plwha.org.au or call 9361 6011

■ **People Living With HIV/AIDS (NSW) Inc** (02) 9361 6011 Freecall 1800 245 677. A non-profit community organisation representing the interests of people living with HIV/AIDS in New South Wales.

■ **Support / discussion groups**
After Hours (for newly diagnosed)
Living Long Term With HIV
Monthly meetings and discussion nights.
Call 9361 6011 or email: admin@plwha.org.au
www.plwha.org.au

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

■ **Positive Living Centre (PLC)** (02) 9699 8756. Provides a range of structured programs, special events and social activities as well as peer support and health promotion programs for people living with HIV/AIDS.

■ **PEP (Post-Exposure Prophylaxis)** - call the PEP 24 hour hotline **1800 737 669** or **1800 PEP NOW** for more information and your nearest location.

■ **Albion Street Centre Psychology Unit** (02) 9332 9600. Psychology Unit Manager, 9am-7pm, Mon-Fri.

■ **Gay and Lesbian Counselling Service of NSW (GLCS)** (02) 8594 9596. Outside of Sydney areas call 1800 18 GLCS or 1800 18 4527. A telephone counselling and information line operates seven days a week from 5.30pm to 10.30pm in the Sydney Metropolitan Area or from outside of NSW.

■ **Multicultural HIV/AIDS & Hepatitis C Service** (02) 9515 3098 Freecall 1800 108 098. Mon-Fri, 9am-5pm. Bilingual/bicultural co-workers providing emotional support, advocacy and information to people living with HIV/AIDS from non-English speaking backgrounds.
www.multiculturalhivhepc.net.au

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

■ **Written Resources (available from ACON, AFAO and PLWHA [NSW]):**

HIV+ Gay Sex: A booklet about being gay, Having HIV and Sex, 2nd Edition, Australian Federation of AIDS Organisations (AFAO)/ National Association of People Living With AIDS (NAPWA), 2002.

Positive Diagnosis: a resource for newly diagnosed people, Australian Federation of AIDS Organisations (AFAO), 2003. www.afao.org.au

Taking care of yourself: a guide for people with HIV/AIDS, 2nd Edition, Australian Federation of AIDS Organisations (AFAO)/ National Association of People Living With AIDS (NAPWA), 2003. www.afao.org.au

Opposites Attract: For HIV negative partners of HIV positive men, 2nd Edition, AIDS Council of NSW (ACON), 2005. www.afao.org.au

PLWHA (NSW) Health Promotion Fact Sheet *10 Dynamics of Disclosure*, 2004 & Fact Sheet *16 Relationship Agreement: Rules of the Heart*, People Living With HIV/AIDS (NSW) 2006

■ **Useful website on the basics of HIV transmission and testing**
THE BODY, the complete HIV/AIDS Resource www.thebody.com/

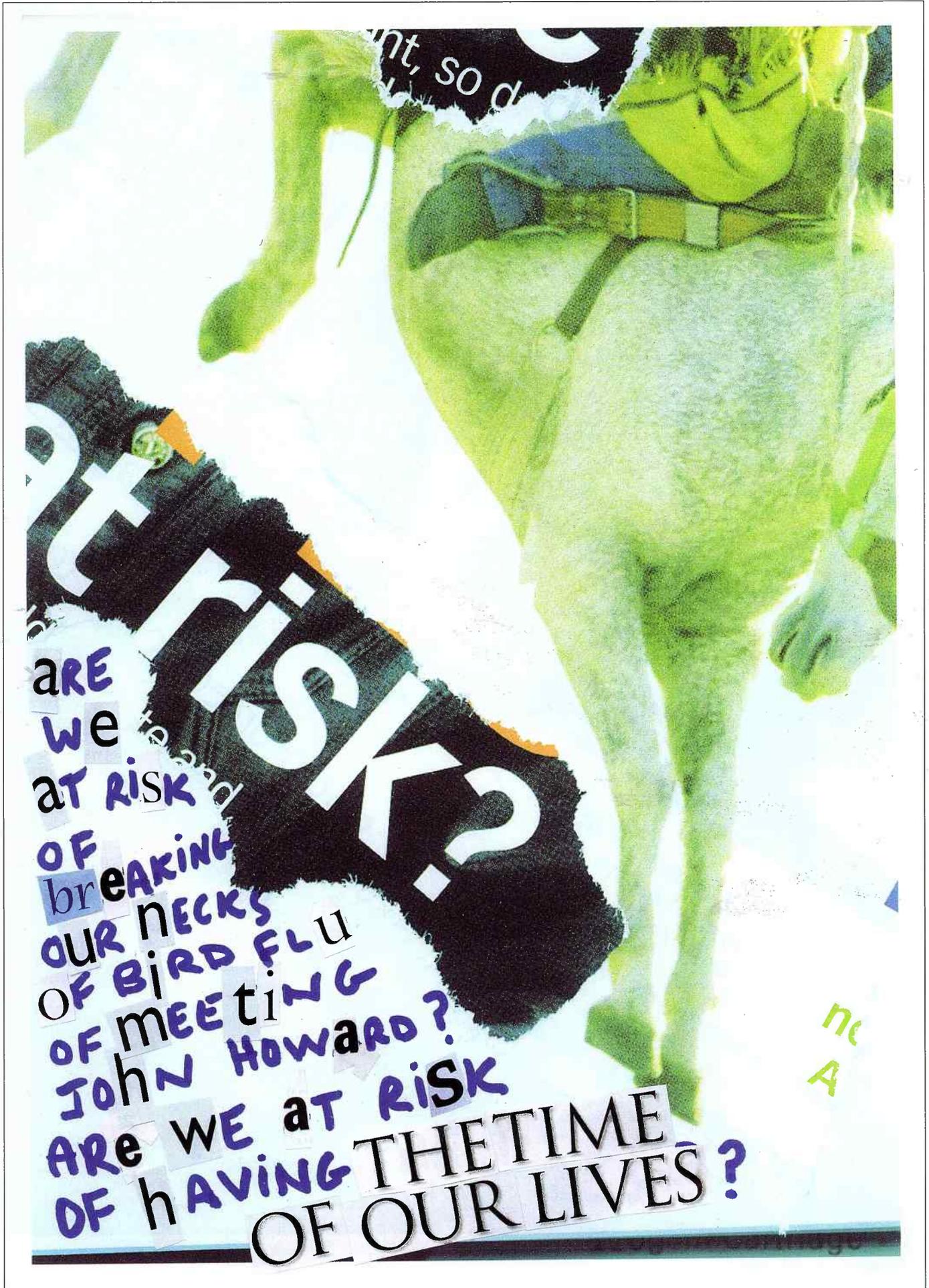
Footnote

1 The material used in this fact sheet was derived from discussion groups with both positive and negative men and a series of one-on-one interviews with guys who had taken PEP. All names have been changed.



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Research & text: Kathy Triffitt
Design: Slade Smith
Photos: Jamie Dunbar
Thank you to Glenn Flanagan, Geoff Honnor, Dean Murphy, Phil, Phillip McGrath, the campaign models and discussion group/focus group participants for their input.



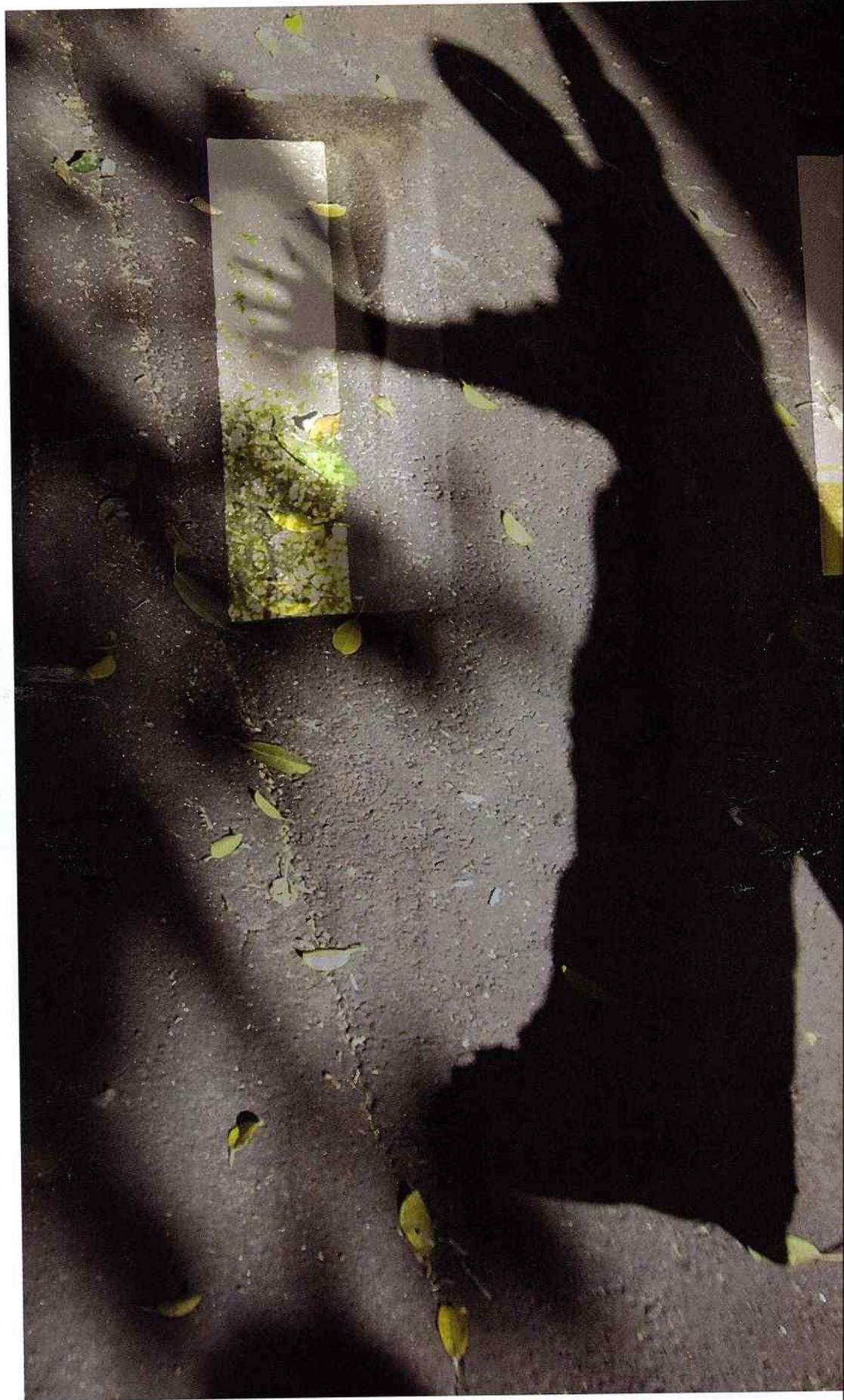
ARE WE AT RISK OF BREAKING OUR NECKS OF BIRD FLU OF MEETING JOHN HOWARD?

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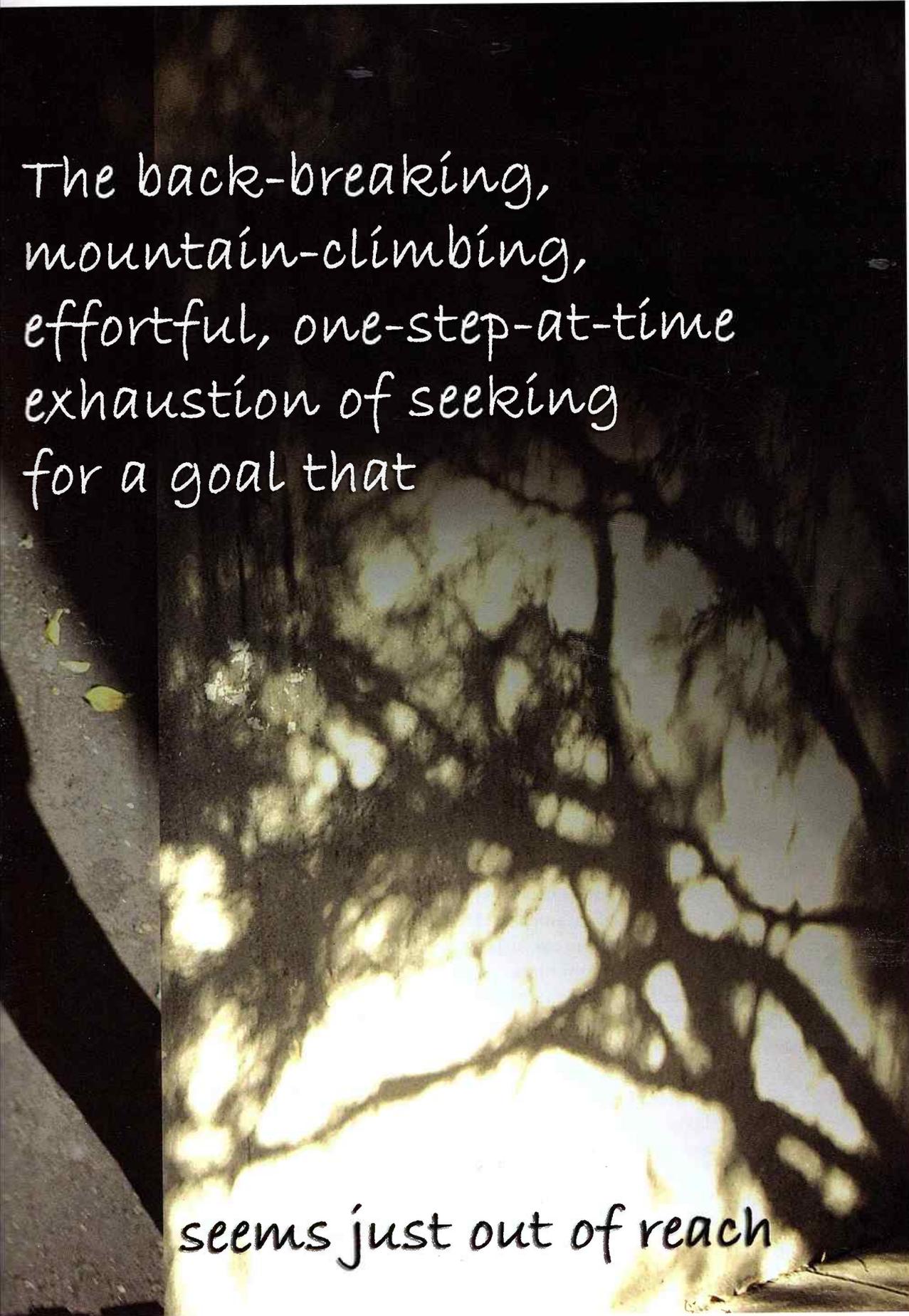
HIV Visibility workshop

(pages 19 -22)



Kim

One step at a time ...



The back-breaking,
mountain-climbing,
effortful, one-step-at-time
exhaustion of seeking
for a goal that

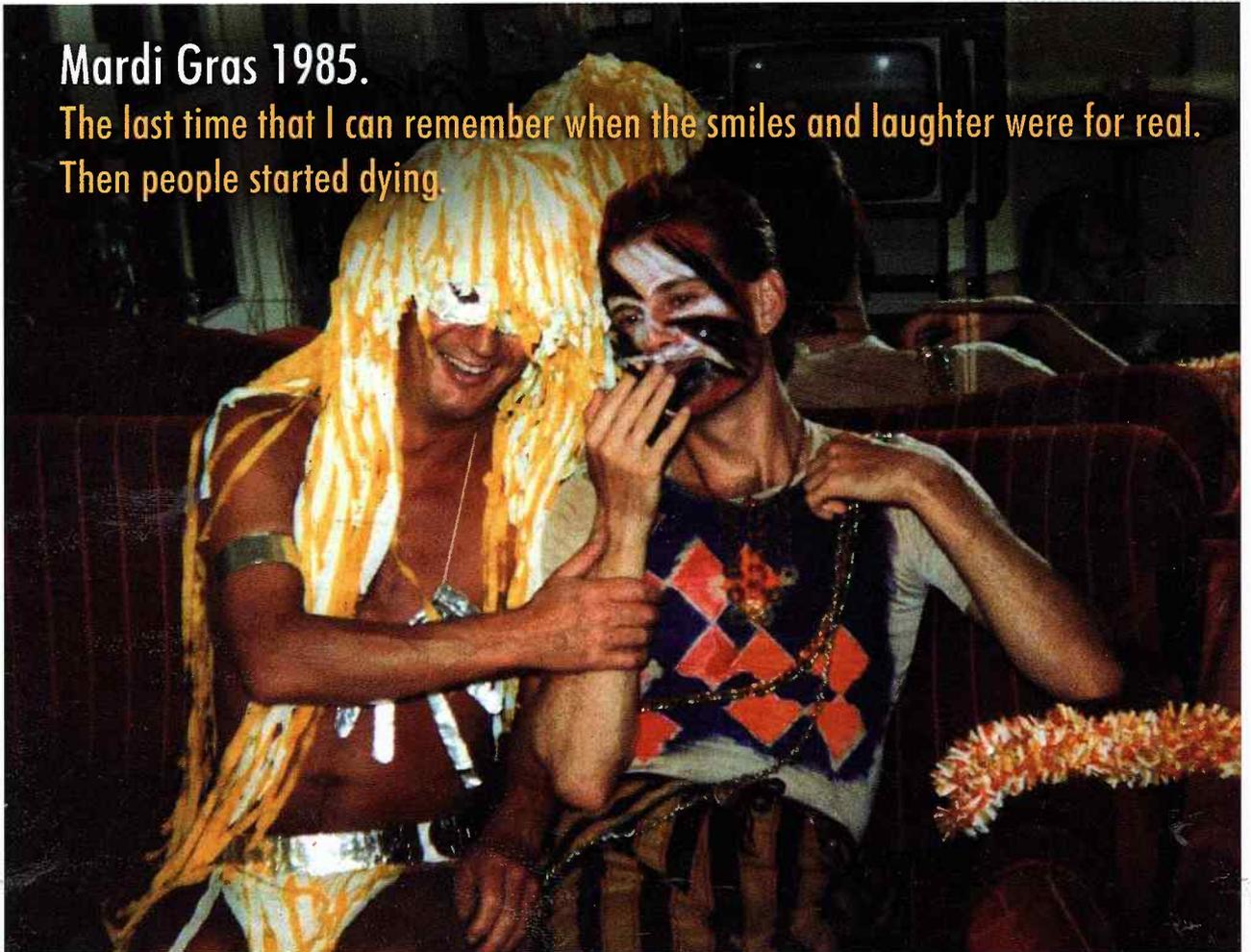
seems just out of reach

Several of us were attracted to the road sign which was lying around near the workshop space which read, " Changed Traffic Conditions Ahead" – a somewhat

surreal understatement for the remarkable journeying which many of us "dinosaurs"(positive for so long, we ought a be extinct) have managed to traverse.

Mardi Gras 1985.

The last time that I can remember when the smiles and laughter were for real.
Then people started dying.



With my fears and a few tears I walked through the lanes of my
past this morning,
Not one recognizable soul staggering home from the clubs yawning,
Street numbers and windows are all that remain,
No free breakfast this morning with Trixi Lamont's rival Loraine,
Now \$4 for a coffee at a street café to start the day,
What a pain!

Nick Roy

Stories from the field

Working with people living with HIV in Africa

David Murray

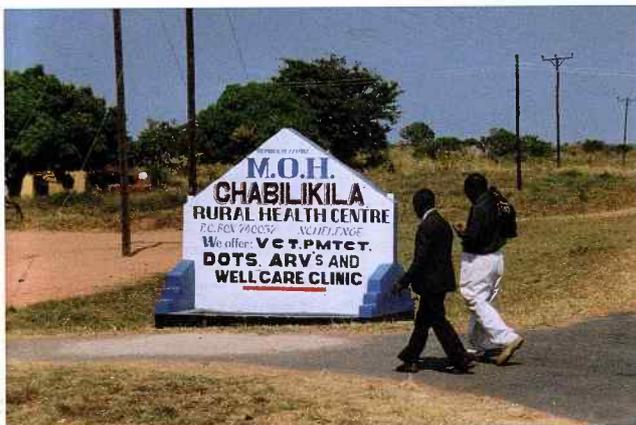
The following letters home describe some of my experiences working for Médecins Sans Frontières (MSF) in Africa from 2003-2005. They give brief accounts of what it is like to work as an MSF volunteer, dealing with day to day life in the field and the challenges in implementing medical aid for people with HIV. This experience also reminded me that we are very lucky living in Australia, with access to the some of the most modern care and treatment services in the world.

The scale of the problems in Africa is immense, with countless challenges in the prevention and treatment of HIV/AIDS. I would often feel saddened by the widespread discrimination, the vulnerability of women and children to HIV, and the needless suffering of some PLWHA as a result of isolation, illness or abandonment. My lasting impressions though will always be about the strength, resilience and hope of the African people. And when I think of all the people who inspired me with their courage, I just have a big smile.

Much is being done to reduce stigma and improve access to care and treatment through grass roots activism and initiatives, as well as through the various government-funded programs, media (local TV), and the work of international donors, aid organisations like MSF and the Global Fund. Much more, however, still needs to be done. We have to remind ourselves that we can make a difference to reduce the disparity in the world, and one way to do that is to keep Africa high on our humanitarian agenda and advocate for change, serious change.



Screening patients in a clinic



A Clinic Sign advertising services

Letter from Zambia (August 2003)

David wrote this letter when he was on his first mission with MSF, working as a nurse in Nchelenge, Zambia from January

I have been lucky enough to work with some really nice people here. Neetie, one of my housemates, who was working on the Malaria project, left last week. It is always sad to see people leave. And though you are sometimes very different people; the experience of living and working so closely together binds you in some moment in time. I have learnt a lot from everyone who I have had the pleasure of living with. Rachel, the new ARV doctor, arrived last week. She has lots of good ideas and is very enthusiastic, and I think we will work very well together.

My next role within the project will be to work on the ARV side of the program, developing a system and looking at what is needed for compliance and counselling. The roll-out date seems to be getting longer; it might not be until November. Next week I will be handing over one of my catchment areas, Kabuta, to Emmanuel, a new MSF Clinical officer who starts on Monday. It is a strange feeling to hand over

something that you have invested an enormous amount of time and energy in. But I am pleased that someone else will be able to take it that next step further.

The next step for our project is to start support groups at the village level in each of the catchment areas. A major obstacle is still the stigma of being HIV infected (people are fearful of publicly disclosing their status within the villages). We are trying to encourage our caregivers to know who their HIV patients are and get them to come to the Well Care Clinics (HIV Clinics) with them. The support groups will be a further development. MSF are currently running the Well Care Clinics, so another challenge is to get the Clinical officers who are employed at the rural health center to take ownership of their clinics, which can sometimes be very hard.

The caregivers there have informed me that they have had five patients publicly disclose their status within the community, including one man in his local church. The reaction so far has not been too adverse and it looks like they are ready for support groups. I've been training with them on counselling and facilitating, with the aim of providing support groups in every



First group of patients to start ARVS in Nchelenge



Chief Kabuta a strong advocate for people living with HIV

Médecins Sans Frontières programs in Zambia focus primarily on refugees, who have arrived from neighbouring countries, particularly Angola and the Democratic Republic of Congo. Integrated HIV/AIDS care continues in the northern district of Nchelenge, including voluntary testing and counselling, home-based care, advocacy and education. Médecins Sans Frontières has been in Zambia since 1999.



COUNTRY PROFILE

Zambia

Population: 10,872,000

Life expectancy: 42 years

MSF expatriate staff: 16

MSF national staff: 183

mother to child transmission, adherence to antiretroviral treatment and dealing with the increasing impact of having more children in our program. Our team is putting on a barbecue (or brie) to send her off, and our house is a little busy at the moment with all of us preparing the food (marinated goat) and organising the logistics of keeping the beer cold.

It's very challenging being coordinator in a project of this size. The last week has been hectic, getting my head around so many different program components such as advocacy, logistics, malaria research, laboratory/technical, education, counselling, VCT, TB, ambulatory care clinics, home based care and of course the scale

out and up of ARVs (including access to essential medicines). There have also been some interesting developments with a small flood of refugees from the Congo to one of the islands where we operate a program.

I still have time to be able to go out to the field and I intend to have a hands on approach as much as possible, especially doing adherence counselling for people taking ARVs. We now have 29 patients on ARVs (two died recently) with another 30 selected to start in the next two weeks. In many ways we have been just doing the work without a lot of fanfare, but we plan to do a story to promote the project with the advent of the hundredth person to start ARVs.

There has been a small flood of refugees from the Congo to one of the islands where we operate a program.

Letter from Liberia (April 2005)

David's next posting with MSF was to Liberia in West Africa. He was working in Nimba County near Liberia's border with neighbouring Guinea.

The local people in northern Nimba belong to two main tribes. The Gio and Mano are both Christian and linked culturally and historically. The other main tribe is the Mandingo, though most have either been killed through ethnic cleansing, or fled to neighbouring Guinea during the latter half of the 14 year civil war that ended in 2003. The Mandingo are Muslim and the burnt out mosques and houses in the town are a stark reminder of their fate.

The UN recently declared Nimba safe for refugees to return. There are approximately 15,000 Mandingo expected to return over the coming months. The UNHCR (UN High Commission for Refugees) in Guinea is facilitating this process and will soon start promoting voluntary repatriation. But many Mandingo are still too afraid to make the journey. I understand why these people are afraid. Many of the local people are critical of the Mandingo. We are watching this closely because, as they return, issues related to land, property rights and inter racial marriage could ignite further violence.

Most people here mix their Christian faith with a strong undercurrent of traditional beliefs including witchcraft. At this time of the year, secret societies, involving initiation ceremonies, are most active. There has been some talk of sacrificial killings, and its hidden nature makes it

difficult to know whether it happens here in Nimba. Power is the motivation behind those who perpetrate such crimes and, now that the elections are coming up, reports of these practices have been increasing across Liberia.

It is tropical here and the vegetation is thick, green and lush, with rolling, heavily forested hills. The social life is pretty limited but we have a great team, and a radio for news. Some of us go for walks in the early morning or evening as there are a number of pleasant walks around town. This gives us an opportunity to meet local people, talk to school kids and feel connected to daily life.

On the work front, many new things are now evolving and giving me a sense of accomplishment, and I hope that we can either build capacity or raise awareness on issues. Margaret, our new training officer from Australia, has been busy with our outreach worker, Anthony, setting up an Outreach programme, which will eventually have 140 Community Health Workers and Youth Workers carrying out health education focusing on maternal health and HIV/AIDS. The stigma associated with HIV/AIDS is enormous and we suspect that the prevalence rate is between 5 and 10%, and maybe higher.

If all goes to plan, HIV/AIDS care and treatment with ARVs will be fully effective from May or June. We plan to start voluntary counselling and testing, and prevention of parent to child transmission work next month. I think the outreach programme will be very effective and there are already signs that people are

motivated to help their communities and are interested in attending workshops to gain further knowledge. However, traditional cultural practices such as male and female circumcision, family marriage, use of herbs (good or bad) and polygamy are rife, and it will take along time to change some of these practices.

Several new national medical staff, including a HIV/TB nurse, are being recruited in Monrovia to help support activities in our clinics and hospital. It is exciting but we have many hurdles to cross. We still have nurses in the hospital refusing to take out IV lines on patients who are suspected of having HIV. Most of these are nurses' aides and their level of knowledge is quite poor. But Joy, our expat hospital supervisor, and Amy, our doctor, have done a marvellous job developing the skills of these nurses' aides through improved ways of working and coaching.

Overall, I feel that the Liberians are a strong people, very determined, resourceful and resilient. They have only known war, ingrained corruption and tribal conflict for a great part of recent history. Many people live in hope of a bright future, though with an understandable undercurrent of pessimism. We will have to wait and see what transpires, but I am glad that I am here as part of this process, witnessing events and sharing the sense of hope.

David Murray is currently working as a CNC with the HIV team at St Vincent's Community Health. He has now been back in Australia six months.

You can read more about the work of Médecins Sans Frontières at www.msf.org.au



A baby with Malaria



Resilience of African People

Let's do it more slowly

Christopher shares a few thoughts on meditation.

Meditation is a heavy sounding word for it. For me it's just about slowing down and not reacting to everything that happens. One of my favourite writers on meditation, Thich Nhat Hanh said that when you are stressed and rushed and you've got too much to do, then that's the time to do things even *more* slowly. Yes, it sounds contradictory, and may be difficult at times, but it actually works.

When you're thinking of a million things you need to do, and you're not thinking carefully, that's when you are likely to make mistakes or have accidents. Meditation is about being more, not less, aware.

As well as slowing things down, it is also, for me, about focusing on your breathing. Breathing is the most basic thing in our lives. If we are breathing in a fast or shallow way, we can feel more stressed. If we consciously focus on our breath it can be very calming. Smiling is also a good thing to do when you're breathing. Just a few minutes a day focusing in your breath can make a difference to your stress and how you handle situations.

One of my closest friends told me he thought that people don't really need to take time out to meditate. You can just stop and look at nature occasionally, or an attractive scene, and feel more relaxed. That's true enough, but in the modern world everyone knows it can be difficult to get enough exercise for your body. Lots of people take care of themselves by consciously making the time to swim a few days a week, or go for a long walk or run, or workout at a gym. They feel better for it. For me, meditation is like going to the gym, but for the mind.



Anyone for meditation on Mondays?



A small meditation group for HIV people meets at ACON, 9 Commonwealth Street, Surry Hills, on Monday Evenings at 6 pm.

Anyone interested is welcome to join us. While not a class, guidance can be given to beginners.

Meditation is one of those things which everyone agrees is good for us, yet few seem to find time to do it! The advantage of joining a group is that fixing a time and place provides the discipline we often lack to do it alone.

The **Monday Meditation Group** practices **silent meditation (vipasana)**, so there's no talking once we start. Our usual practice is to break the hour into two **25 minute segments**, with a **5 minute walking meditation** as a stretch break in between. This can be varied if necessary to help newcomers get started.

While there are different approaches to meditation, the essence is to find stillness above the constant chatter of the mind. By spending time away from other activities, remaining focused on our breathing, and letting go of thoughts as they arise, we can gradually develop greater inner peace.

**Contact Graham
C/- ACON
Tel: 9206 2000**



So Can You Cook? No 22 Burnt Offerings



Tim Alderman

There was a time when, hearing the words 'you are invited to a barbie' would make me physically cringe. It's got nothing to do with not being 'true blue', nor is it about snobbery. What it conjured up in my mind were images of steak sacrificed at the altar of barbeque, with all its juices cooked out and ending up as tough as old boots, chops – which have no meat on them at the best of times – grilled to this black lump on a bone, and sausages so charred and blackened that given a blind taste test, you would have said they were charcoal. In fact, if asked what flavour any of the sausages were, you would have had to say 'tomato sauce', as that was the only way they would ever have had any flavour. This was not my idea of fun eating, and it's really a terrible thing to do with good food. I've never quite got my head around the whole concept of an inedible meal, served up with a bland salad and bread rolls that had been too long in the sun – all captured on a flimsy cardboard plate balanced on your knee. No wonder the dog got a good feed. If you weren't sneaking it to him to avoid eating it yourself, the same plate would disintegrate as you tried to saw your way through the steak with plastic cutlery, giving him access to the whole meal – deliberate or not. Okay, I am a bit of a food snob, but I didn't flog my arse off at TAFE, squeezing a 12-month course in commercial cooking into 6 months, usually starting at 7.00 in the morning, to see food ruined in the tradition of barbequing.

Thankfully, enough people evidently got sick enough of it, and turned it into a new form of cuisine, by raising the bar and making the great Aussie barbeque a tradition to be proud of, instead of being shunned and delegated to the world of beer swilling and football. The mother-in-law was kind enough to buy David

and myself a barbeque for the first Christmas after we moved into our house. I have to admit it's a beauty with four burners heating both an open grill and a flat plate, and a wok burner. It perhaps doesn't get as much use as it should – David gets home a bit late for barbequing in the dark – though it regularly gets hauled into position for guests to cook on at our regular soirees, always held in the jungle we call a yard.

This column is for those who have not, as yet, discovered the world of gourmet barbequing, of aromatic rubs and spicy pastes, forever changing the face of the good old fashioned Aussie barbeque.

FOR ALL RECIPES INVOLVING SKEWERS, IF THEY ARE BAMBOO, SOAK FOR AT LEAST 30 MINUTES IN COLD WATER BEFORE SKEWERING FOOD AND COOKING. THIS HELPS TO STOP THEM BURNING.

All recipes serve 4

Pork Skewers in Green Ginger Wine & Soy Marinade:

800g pork fillet, trimmed
1 tablespoon finely grated fresh ginger
2 garlic cloves, finely chopped
1 tablespoon finely chopped preserved ginger in syrup (from supermarket)
¼ cup Stones Green Ginger Wine (from liquor shop, usually pretty cheap)
2½ tablespoons kecap manis (Indonesian soy sauce)
½ teaspoon sesame oil
1 tablespoon oil
Coriander sprigs

Cut pork into 12cm x 2.5 cm (5" x 1") strips and put into a non-metallic bowl with ginger, garlic, preserved ginger, green ginger wine, kecap manis and oils, turning to coat. Cover, refrigerate and leave to marinate for at least two hours, or overnight. Thread S-shaped pieces of pork onto 12 wooden skewers. Cover and refrigerate until needed.

Preheat barbie to medium, and cook on char-grill plate for 2 minutes a side or until cooked through (ALWAYS cook pork thoroughly) and glazed. Garnish with coriander and serve.

Five-Spice Roast Chicken:

1.8 kg (Size 18) chicken
1 tablespoon soy sauce
2 garlic cloves, crushed
1 teaspoon finely grated fresh ginger
1 tablespoon honey
1 tablespoon rice wine
1 teaspoon five-spice
1 tablespoon peanut oil

Wash chicken and pat dry inside & out. Whisk soy sauce, garlic, ginger, honey, rice wine & five-spice together in a small bowl and brush all over the chicken, ensuring every bit of skin is well coated. Place the chicken on a wire rack over a baking tray and refrigerate, uncovered, for at least 8 hours or overnight.

Preheat a covered barbie to medium indirect heat and put a drip tray under the rack. Brush the chicken liberally with peanut oil and place breast-side up in the middle of the barbeque over the drip tray. Cover the barbie and roast the chicken for 1

hour 10 minutes or until the juices run clear when you pierce it with a skewer between the thigh and body. Check every so often, and if appearing to over-brown cover it lightly with foil. Leave to rest for 10 minutes before carving.

Wok fry some Asian greens and cook some jasmine rice to go with it.

Thai Beef Salad:

1/3 cup lime juice
1 tablespoon fish sauce
2 teaspoons grated palm sugar or soft brown sugar
1 garlic clove, crushed
1 tablespoon finely chopped coriander
1 stem lemongrass (white part only) finely chopped
2 small red chillies, finely sliced (remove seeds if you want milder)
2 x 200g beef eye fillet steaks
150g mixed salad leaves
1/2 red onion, sliced into fine wedges
1/2 cup coriander leaves
1/3 cup torn mint leaves
250g cherry tomatoes, halved
1 Lebanese cucumber, halved and thinly sliced

Mix together lime juice, fish sauce, palm sugar, garlic, chopped coriander, lemongrass and chilli until the sugar has dissolved.

Preheat barbie chargrill plate to medium-high direct heat and cook the steaks for 4 minutes each side or until medium. Let cool then slice thinly across the grain.

Put the salad leaves, onion, coriander, mint, tomatoes and cucumber in a large bowl, add the beef and dressing. Toss together and serve immediately.

Chargrilled Vegetables with Basil Aioli:

Basil Aioli
1 garlic clove
1/4 cup torn basil leaves
1 egg yolk
1/2 cup olive oil
2 teaspoons lemon juice

2 x large red capsicums, deseeded and quartered
1 x eggplant cut into 5mm thick rounds
1 orange kumara (sweet potato) and cut into 5mm diagonal slices
3 x zucchini sliced lengthways into 5mm thick slices

2 x red onions cut into 5mm thick rounds
1/3 cup olive oil
1 x loaf pide (Turkish bread), split and cut into 4 equal pieces

To make aioli, put the garlic, basil and egg yolk into a food processor and blend until smooth. With the motor running, VERY slowly add the oil in a thin stream until the mixture thickens. Stir in the lemon juice and season to taste. Cover and refrigerate until ready to serve.

Preheat barbie chargrill plate to medium direct heat. Put the capsicum, skin-side down, around the cooler edges of the grill and cook for 8-10 minutes or until the skin has softened and is blistering.

Brush eggplant, sweet potato, zucchini and onion slices on both sides with olive oil and season to taste. Cook in batches, in the middle of the chargrill, for 5-8 minutes or until they are cooked through but still firm. As vege pieces cook put them on a tray in a single layer to prevent them from steaming, then grill the Turkish bread on both sides until it is lightly marked and toasted.

Spread both sides of the bread with 1 tablespoon of the aioli and pile on some of the chargrilled vegetables. Top with remaining toast and serve immediately.

Camembert with Port-Soaked Raisins:

2 tablespoons raisins
2 tablespoons port
365g whole camembert cheese (Australian, naturally)
Canola oil spray
Almond bread, to serve

Put the raisins and port in a small saucepan over high heat until they just come to the boil, then allow the mixture to cool for about 30 minutes.

Cut a circular lid from the camembert, leaving a 2cm border. Carefully remove the lid and scoop out the soft cheese with a teaspoon, leaving the base intact. Put the raisins into the hole and top with the cheese, squashing it down to fit back into the cavity, then replace the lid.

Lightly spray a double layer of foil with canola spray and wrap the camembert to form a sealed parcel. Preheat barbeque flat plate to low (or use heat from barbie that has just been turned off) and cook the parcel for 8-10 minutes or until it is heated through and soft. Make sure the heat stays low, or the rind will go brown and burn.

Serve with the almond bread.

Pineapple with Brown Sugar Glaze & Toasted Coconut:

1 pineapple
1/2 cup dark brown sugar
1/2 teaspoon vanilla essence
1 tablespoon Galliano (miniatures can be purchased from liquor stores)
60g butter
2 tablespoons coconut flakes, toasted
Vanilla ice cream, to serve

Either peel pineapple and remove all eyes, or use a pineapple peeler and corer to remove pineapple flesh. Slice lengthways into quarters, and remove core (if not using peeler/corer). Cut into long 1cm wide wedges.

Put brown sugar, vanilla essence and 2 teaspoons water into a small saucepan and cook it over low-medium heat for 5 minutes or until the sugar has dissolved. Remove pan from heat, add Galliano. Then return to heat and simmer for 3 minutes. Whisk in the butter and continue to simmer the mixture over low heat for 15 minutes or until smooth and thick.

Preheat barbie chargrill plate to medium direct heat, brush the pineapple with the brown sugar glaze and grill for 2-3 minutes or until grill marks appear. Arrange wedges on a serving platter, top with the glaze and toasted coconut, and serve with vanilla ice cream.

Berry & Marshmallow Gratin:

600g mixed seasonal berries (use frozen if out of season, but drain well)
2 tablespoons raspberry liqueur (Framboise can often be bought in miniatures, or substitute with something of choice, or use processed raspberries, or use nothing)
150g pink and white marshmallows
Vanilla ice cream, to serve

Put berries and liqueur into a bowl, stir gently to coat, then transfer to a 1.5 litre oven-proof dish. Top the berries with the marshmallows, ensuring they are evenly distributed over the surface.

Preheat a covered barbie to medium high indirect heat and put the dish in the middle of the barbie. Cook for 8-10 minutes or until the berries are bubbling and the marshmallow has puffed up and is starting to melt.

Serve the gratin immediately with a big scoop of ice cream, but take care not to burn your mouth on the berries, which will be very hot.



Planning for the party season

Jae Condon

As the HIV positive urban gay male heads into the business end of the party season, it's a good time to think ahead. The Poz Oz and his international guests have a few extra considerations to take into account to make their celebrations successful, and prevent foreseeable pitfalls.

Adherence is the key to long term success of treatment. The early close of the SMART (Strategies for Management of Anti-Retroviral Therapy) study suggested poor outcomes from treatment breaks (see *Talkabout* # 144, April – May 2006). Participants in the study experienced an increased rate of AIDS defining illnesses and, in a few instances, death. Current international research using different parameters may possibly enable people to take breaks with advance planning, medical consultation and regular monitoring of blood results. However, until we have more information, long term adherence is your best strategy.

Some factors which might contribute to missing doses during the party season include running out of medication, forgetting, or not having medication handy when the dose is due. Missed doses can be a result of party drugs as well as getting caught up the heat of the party season. Remember – short accidental breaks are more likely to cause treatment resistance.

Some useful tips to prevent missing doses, especially over the party weekend:

- Fill your prescriptions well in advance, make sure you have enough for the weekend and for at least the following two weeks
- Wear a watch with an alarm
- Use the alarms on your phone to remind you
- Use a pillbox – available in pocket size for weekends (ACON Health Maintenance will be giving them out for free at fair day)
- Buddy up with others for the weekend to

keep an eye on each other and remind each other

- Know what to do if you forget a dose (whether or not to skip that dose)

Be informed of potential interactions between your treatments and anything else you plan to take. Prescription drugs, over the counter drugs, complementary therapies and party drugs can and do interact with some treatments.

Some useful tips for preventing and monitoring interactions:

- Tell your buddies what you are taking and look out for each other
- Make sure you know where the First Aid area is, (check it out when you first arrive) - and go there when you or someone you know starts to experience problems
- Look out for the drug rovers – they can help people on the spot and call for assistance if needed
- Arrange a meeting place for you and your buddies if you get lost (the PLWHA time out room in the Hordern Pavillion, for positive people and accompanying partners or close friends, will have volunteers, water, snacks and toilet facilities)
- Pace your pills and powders – remember less is more
- Interactions vary from person to person – party drugs contain unknown and untested ingredients and no two batches, pills, powders or experiences are the same

Some common interactions include:

- Ritonavir; a PI (protease inhibitor) – is used to “boost” the effects of other HIV treatments, and will also boost the unwanted effects of ecstasy and speed including MDA and ice
- Efavirenz and to a lesser extent AZT and ddI can cause withdrawal symptoms for people on methadone

- Ritonavir, Saquinavir and Indinavir can boost the levels of Viagra causing serious side effects
- People taking ritonavir should not take more than 25mg of Viagra in a 24-hour period, as ritonavir can increase blood levels of Viagra by up to 300 percent.
- The oral anti-fungal drugs ketoconazole and itraconazole, and the antibiotic erythromycin can also increase Viagra blood levels
- Viagra should not be used with amyl. Using the two together can create a potentially serious drop in blood pressure, causing headaches, dizziness, stroke and heart attack. This risk further increases if taking drugs that increase Viagra blood levels.
- Cialis is another prescription drug used to help achieve and sustain an erection. It stays in the body for two to three days. Side effects and interactions are the same as with Viagra.
- Levitra is also prescribed for erection issues. It has the same side effects and interactions as Viagra.
- Cavaject is an injection self administered at the base of the penis just before sex to get an erection. There are not known interactions. If people are taking blood thinning agents they can bleed for longer at the injection site.

Proper adherence ensures the long term effectiveness of HIV treatment. Nasty interactions can ruin a weekend. Remember that coming down can be fairly blah. Remember how you come down, and prepare by taking time off in advance and plan to be around goodly like minded people. Try not to sweat the little things and don't make any big decisions.

Possibly the two most helpful strategies are to leave a cab fare at home, and have a banana paddle pop in the freezer – arguably the best come down cure ever.

Jae Condon is a member of the HIV Health Maintenance Team at ACON.



**CHANGED
CONDITIONS
AHEAD**

Post '96 was a change of direction for many of us diagnosed in the '80s: we were now **living** with HIV. Michael 2006

Living long-term with HIV

We would like to include your experiences in our new campaign. In this campaign we want to look at living long-term with HIV.

You will be remunerated for your time.

Call 9361 6011

or email: kahyt@plwha.org.au

for a confidential interview or to take part in a group discussion

SEX PIGS

A FORUM ON DARK AND DIRTY SEX AND MANAGING YOUR HEALTH.

WED 21 FEBRUARY 7.00PM

In the Club Bar at **MANACLE**

Manacle will open from 6.00pm

Rear of the Taylor Square Hotel

1 Patterson Lane

Taylor Square, Darlinghurst

Limited places available

Please book by Mon 19 February 2007

Call 9361 6011

or email healthpromotion@plwha.org.au

Refreshments provided



Photo: Jamie Dunbar

PLANET POSITIVE

a social night for
positive people and
their friends

When: Fri 23 Feb 2007 6pm to 10pm

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

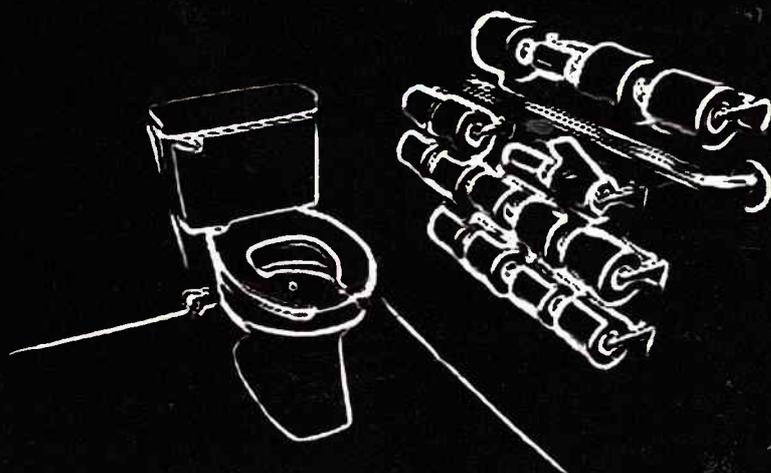
What: refreshments
and sounds by Ruby

PEOPLE LIVING
WITH HIV/AIDS

 **acon**
community, health and action


RUBY
SOAK LIKE AN EAGLE

Are your treatments giving you the shits?



Are you HIV positive?
Have you experienced diarrhoea?
How did you manage it?

We would like to include your experiences in our new fact sheet.
You will be remunerated for your time.

Call Kathy 9361 6011 or email: kathyt@plwha.org.au

PEOPLE LIVING
WITH HIV/AIDS

Check out our
website for:

Issues of Talkabout

Fact sheets

Contacts Directory of
services

Ways to get involved
and more...

www.plwha.org.au

PEOPLE LIVING
WITH HIV/AIDS



Dance like no-one is watching.
Love like you've never been hurt.
Spread that AIDS does not
equal death...


PO&JO



Keeping fit

Ask Ingrid

Well here we are in the New Year, and as the song says what have we done? I'm busy and happy up here on my farm, but look forward to coming regularly to Sydney to stay in contact with everyone down there. As you may have already heard, FitX Gym has closed its doors after twenty eight years. It will leave a big gap in many peoples' lives, mine included. But times change, and a GLBT gym with a strong emphasis in HIV + fitness is no longer as relevant as it was in times past. Many gyms nowadays cater for our community in all its diversity.

- But back to the present. We've got two questions this month. The first question is...

Do men and women have different needs when it comes to fitness?

Should they do different kinds of things or have different expectations?

When it comes down to it, the differences are not great. If the changes or results you want are similar, then you would do similar things. Many men and women however have different expectations. Whether you're male or female, if you want to get stronger or build muscle (either tone up or have more defined muscles) you need to include some hard weight or resistance training. This could be body weight exercises like push-ups, chin ups, dips and lunges and then some core stability exercises. You can also do this by intervals of sand running on the beach, heavy physical work like digging holes and pushing wheelbarrows, or by taking aerobics or dance classes, if they are vigorous.

It could also be training at a gym, predominantly with machines and free weights. Men would build up more quickly, while women would not build up as much on average, as they just don't have the capacity for building muscle as quickly as men.

It is really all about the individual. Each person has different factors which they need to take into account, and you simply work out an exercise regime that suits your individual requirements. If you had one male and one female who regularly did several spinning classes (indoor bike session) and one pump class a week, and both were roughly the same size, fitness level and weight, you would find the male would get some muscle size and improved definition because the increase in muscle size would speed up his metabolism and help him burn more calories. The woman would get better definition and lose body fat because her metabolism would speed up from increased fitness, and would experience, to a smaller extent an increase in muscle mass. Women tend to gain stamina more quickly, while men gain strength more quickly.

The second question is:

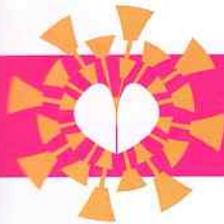
Do you think that taking supplements are useful or not? Protein, amino acids, creatine etc?

And if they are when and how is best to take them?

Yes I think that supplements are useful, but only when you have settled into a regular training routine which is working for you. Supplements are like any other tool;

they help, but they will not make up for not training hard or smart. In general you should cycle your supplements, in much the same way as you would cycle your training. You may want to have a two-month training cycle where you try to gain some serious muscle, so a protein supplement would be useful here. This protein could come from a protein powder you can buy, or it could be made from skim milk powder you add to your food. You can buy supplements from the Albion Street Centre or from ACON. Then give your body a rest and change your training to more of a cardio, or cutting up, cycle and go off the protein and go for some L Glutamine and anti oxidants or specific vitamins to boost your particular system. Then you may go into a consolidation cycle and take nothing for a month and do something totally different like swimming and bush walking and give your diet an overhaul. By an overhaul I mean really look at what you can do to make it right for you, maybe even book in for a session with a dietician or personal trainer to get some tips and put a new strategy in place. Then you might go into another muscle gaining cycle of training. But this time get the extra protein from your diet and try creatine as your supplement of choice and see how that works. Supplements are like training regimes. They need to be changed regularly and take into account of where you're at in any particular time.

Do you have any fitness questions for Ingrid? Email them to editor@plwha.org.au



Olga's personals

Men Seeking Men

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

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

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

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

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

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

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

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

Northern Rivers/Tweed, handsome, hung, healthy HIV+, 50, 5'10" 70 kg. Athletic, articulate, non scene, excellent humour, many and varied interests. Socially 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 around 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**

37 yo poz btm bear/cub, straight acting/looking non scene, 5 ft 7, 90kg, hairy, tats, pierced, shaved head, goatee beard, a bit wild and dirty minded GSOH DTE view to LTR looking for new adventure with like minded straight acting bloke ALA **Reply: 151206**

Sydney 43 yo, 197 cm, 95 kg, solid/chunky, Healthy HIV+ GWM seeking LTR with healthy guy. Prefer someone working, non smoker, active/versatile, sensual and sexual, independent yet sharing. Must love kissing, cuddling, massage and sex. **Reply: 110107**

Newtown 32 yo 6 ft green eyes 80 kg shaved head HIV+. Seeking guy to 45 for friendship with view to LTR. Looking for, and to be, a mate, lover, rock. Animal lover a must. Nationality open. ALA. **Reply: 150107**

Eastern subs young 64yo HIV+ French man in good shape str8 acting 70 kg, NS, moustache, hairy chest-legs, adventurous, sincere WLTm top guy age open for friendship, intimacy with view to LTR. I am DTE, enjoy dinners, movies, travel and more. Let's meet. **Reply: 180107**

Attractive GAM 40, 177 cm, 63 kg. Athletic, toned, smooth, gym fit. Considerate, fun loving, great smile, good health. To share optimistic future with GWM. Affectionate mate to settle down with. **Reply: 250107**

Men Seeking Women

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

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

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

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

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

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

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

HIV positive male looking for wonderful lady for long term relationship, Me: 6 ft tall, black hair with hazel eyes, GSOH, love to laugh and make others laugh. Interests movies music talking and cooking. **Reply: 090107**

Women seeking men

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

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

When placing and answering personals

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

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

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

When meeting someone:

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

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

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

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

How to respond to a personal

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

How to place a personal

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

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

Membership costs nothing!

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

Please tick

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

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

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

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

Sign below 

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

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

Organisations:

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

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

Personal & Health Information Statement

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

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

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

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

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

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

Name _____

Address _____

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I would like to make a donation of \$ _____

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

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

Please charge my VISA MasterCard

Expiry Date _____ Signature _____

Name on card _____

Cash payments can be made at our office.

Total payment \$ _____

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

Signature

WESTERN SYDNEY

2007 Calendar



WELCOME TO THE SHED

Positive Heterosexuals (Pozhet) is the first stop for information, fun and support for positive straight men and women, their partners and family members in Western Sydney

Looking to develop positive ways to stay healthy and live well with HIV/AIDS? Want to enjoy warm company and time out in a supportive environment - then the New SHED Support Program is for you.

SHED events are held in various places in Western Sydney. SHED activities are cosy, homely, discrete, safe and confidential.

Further details contact:

Jose at Pozhet:
Freecall 1800 812 404

your confidential direct connection to someone who understands

www.pozhet.org.au

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

Friday 16 March

The Shed

Blacktown

Friday 20 April

The Shed

Liverpool

Friday 11 May

The Shed

Blacktown

Friday 15 June

The Shed

Liverpool

Friday 17 August

The Shed

Liverpool

Sunday 28 October

Greater West Get Together

The Shed & Western Suburbs Haven

Saturday 10 November

Body Fuel

Heterosexuals HIV/AIDS Annual Workshop

Friday 14 December

Xmas Party in the City

Pozhet and the Shed

Freecall 1800 812 404



HIV+ HETEROSEXUALS

February

TUESDAY 6

Café Conversation Newtown

Positive men and women

FRIDAY 23

Open House: Are you being served?

Finding support, advice and assistance

March

FRIDAY 30

Open House: Cents & Sensibility

Budget tips to boost your finances

April

TUESDAY 17

Café Conversation Newtown

Positive men and women

FRIDAY 28

Open House: Glorious India

Food, film and music

May

Friday 11

Pozhet PozMen: Treatments Night

What's new in treatments?

Friday 18

Hunter Valley Get Together

Pozhet Outreach & Karumah (Hamilton)

Friday 27

Open House: Facts and Fiction

HIV and transmission

June

TUESDAY 5

Café Conversation Newtown

Positive men and women

FRIDAY 8

Positive Women's Forum

Fabulously positive

SATURDAY 23

PartnersPLUS: Getting Support

Partners peer support

FRIDAY 29

Open House: Talking with your Doctor

Maximising your relationship with your GP

July

TUESDAY 3

Café Conversation Newtown

Positive men and women

MONDAY 16 to FRIDAY 20

Northern Rivers: Lismore & Tweed

Pozhet Outreach

FRIDAY 27

Open House: To tell or not to tell

HIV disclosure in the workplace

August

FRIDAY 3

Positive Women's Forum

Skin sense

SATURDAY 11

PartnersPLUS: Discussing HIV with your positive partner

Partners peer support

FRIDAY 31

Open House: Beating the Blues!

Tips to combat loneliness

September

FRIDAY to SUNDAY2

Pozhet Retreat: Get Away!

Hawkesbury River

FRIDAY 28

Open House: Resistance

The hidden side effect of Treatments

October

FRIDAY 5

Positive Women's Forum

Simple pleasures for positive living

SATURDAY 13

PartnersPLUS: Making friends outside HIV

Partners peer support

SUNDAY 28

Greater West Get Together

Pozhet and the Western Suburbs Haven

November

SATURDAY 10

Body Fuel

Annual HIV/AIDS workshop

December

FRIDAY 14

Open House: Let's party!

Pozhet Xmas party