

# talkabout

Where we speak for ourselves

#150

April - May 2007

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

## Positive-Negative Relationships

*"After 15 years together, we're a living advertisement for safe sex"*

**PLUS**

**HIV and travel**

**The immigration debate**

**Talking honestly about sex & risk**

**And more**



POSITIVE —  
OR  
— NEGATIVE  
HIV IS IN OUR LIVES

We can make assumptions around HIV, and sometimes we need to check and make sure we both mean the same thing.

For more information

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

or call 9361 6011



# talkabout

## features

- 2 **In this issue**
- 3 **Letters, Introducing Rob Lake and Hédimo Santana**
- 4 **A Letter to the Prime Minister from PLWHA (NSW)**
- 5 **Strategic Planning, Healthmap**
- 6 **Being together**  
HIV negative and in a long term relationship with a positive man
- 8 **Holding onto love**  
Taking care of each other in serodiscordant relationships
- 9 **Treatments news**
- 10 **Are you ready yet? Are you ready yet?**  
Erection difficulties and how to deal with them
- 13 **The recent debate on HIV immigration**
- 14 **The Heterosexual HIV/AIDS Service:  
Introducing Maxine**
- 15 **Building bridges**  
Volunteering in South Africa
- 18 **Not another post-teen diagnosis**  
24 and newly diagnosed
- 19 **Meeting people and learning something new**  
What's new at the Sanctuary
- 22 **World hold on!**  
Travel and HIV
- 23 **US travel restrictions**
- 26 **Our beautiful neighbour**  
Papua New Guinea
- 28 **Right here, right now**  
ACON marches for HIV and GLBT health
- 30 **Good nutrition at an affordable price**  
The Food distribution network
- 31 **So can you cook? Baked classics**
- 34 **Ask Ingrid: Health and fitness**
- 35 **Olga's Personals**
- 36 **Membership of PLWHA NSW / Talkabout subscription**



Photo: Jamie Dunbar

---

### Contributors:

Scott Berry, Hédimo Santana, Dave Thompson, Garry Wotherspoon, Kathy Triffitt, Phillip McGrath, Rick Knight, Maxine, Justin Koorin, James Wilson, Jen Kerrison, Greg Page, John Douglas, Donna Campbell, Tim Alderman, Ingrid Cullen, Jamie Dunbar



## In this issue

### CURRENT BOARD

**President** Scott Berry

**Vice President** Jason Appleby

**Treasurer** Bernard Kealey

**Secretary** Russell Westacott

### Directors

Rob Lake, Malcolm Leech, Richard Kennedy, David Williams

**Staff Representative** Glenn Flanagan

**Chief Executive Officer** (Ex Officio)  
Rob Lake

### CURRENT STAFF

**Chief Executive Officer** Rob Lake

**Health Promotion – Social Marketing and Education** Kathy Triffitt

**Health Promotion – Publications**  
Glenn Flanagan

**Health Promotion – Peer Support**  
Hedimo Santana

**Website** Phillip McGrath

### TALKABOUT

**Editor** Glenn Flanagan

**Design** Slade Smith

### CONTACTS

Office Suite 5, Level 1, 94 Oxford Street,  
Darlinghurst

PO Box 831, Darlinghurst 1300

Phone (02) 9361 6011

Fax (02) 9360 3504

Freecall 1800 245 677

editor@plwha.org.au

www.plwha.org.au

### TALKABOUT

is published by People Living With HIV/AIDS (NSW) Inc. All views expressed are the opinions of the authors and not necessarily those of PLWHA, its management or members. Copyright for all material in *Talkabout* resides with the contributor. *Talkabout* is made possible by subscriptions, advertising revenue, donations and a grant under the State/Commonwealth AIDS Program. *Talkabout* thanks the many volunteers without whom its publication would not be possible.

Printed by Crackerjack Communications

ISSN 1034 0866

### 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.

Many readers may have noticed something of a media frenzy recently on the issue of HIV positive men and responsibility, with recent criminal cases and investigations in Victoria, South Australia and Queensland, in which positive gay men have been alleged to have deliberately infected sex partners with HIV. There is no case currently in New South Wales. Subsequently some media articles have questioned whether the concept of shared responsibility has passed its 'use by' date.

In an article in *The Australian* for example one Sydney medical expert in Sydney was reported saying: "The single most important issue is we have to move from the concept of people protecting themselves to the concept of people with HIV being responsible to protect other people." While there is certainly no question about the need for positive people to protect their partners, the idea that two people share the responsibility for safe sex has served the NSW gay community well. It has been the basis for its considerable success in containing the HIV epidemic, while avoiding division, blame and stigma.

This seemed like a good time to focus on a positive-negative relationship in *Talkabout*. Our cover story "Being together", highlights how two men in a serodiscordant relationship have lived through all the challenges thrown up by HIV and life in general. It shows that positive and negative people care for and look after each other, and these things aren't only the positive person's responsibility. And, of course, there are many others, just like Dave and Greg in our story, for whom safe sex has been something for each person to consider and deal with.

Shared responsibility means that both positive and negative gay men will ben-

efit from education on how to best protect themselves and their partners, rather than handing that responsibility to someone else. Our recent media campaign at PLWHA (NSW), "Positive or Negative HIV is in our lives", which has been appearing in the gay press, as well as in *Talkabout* has aimed to do just this. It talks to men about testing and knowing their status as a sound basis for making decisions and taking control of their health. It also asks people to question assumptions about HIV status. Another of the campaign messages invites us to consider whether being in the moment, such as feeling we're in love, unduly affects our decisions. On this theme, "Being together" shows that loving someone doesn't mean either person has to forget about safe sex. The factsheet in the centre of *Talkabout*, part of the same campaign, also suggests practical tips and strategies on managing and talking honestly about risk.

Another recent PLWHA campaign "Sex Pigs: dark and dirty sex and managing your health", with its targeted and limited distribution to sex on premises venues and through specific internet sites like Gaydar, also aims to enhance men's skills in looking after themselves and their sex partners, in a language and tone which is non-judgmental.

Recent media comments remind us that it can be easy to slip into division and blame on the issue of HIV prevention. In fact, people like Dave and Greg show us it is far more helpful to keep our focus on education, support and care for each other, so everyone, positive or negative, can negotiate safe and satisfying sex for themselves and their partners.

*Glenn Flanagan*

# A letter to the Prime Minister



PO Box 831  
Darlinghurst NSW 1300

The Hon. John Howard  
Prime Minister of Australia  
Parliament House  
Canberra  
Monday 23 April 2007

Dear Prime Minister

People Living with HIV/AIDS New South Wales (PLWH/A NSW) is a non-profit community organisation representing the interests of people living with HIV/AIDS across NSW. We provide health promotion, advocacy and information to people with HIV and AIDS to assist them to live better and healthier lives.

I am writing to express my concern at your recent reported statements supporting a ban on migration to Australia by People living with HIV/AIDS. PLWH/A NSW strongly opposes any moves to further restrict migration to Australia. Current mechanisms in place limit the migration to Australia to those who have passed rigorous assessments. The few successful applicants are judged eligible on compassionate or humanitarian grounds.

In considering why Australia would further restrict migration, you suggest that this is a factor in rates of HIV within Australia. There is little evidence to support this as most HIV infections in Australia occur within Australia. We are recognised worldwide for the success of our efforts to minimise the transmission of HIV. The success of ongoing education and prevention efforts depends on the maintenance of this supportive environment by all of the members of what has been a successful partnership - government, affected communities and the medical profession.

Where applications for residency are successful, there has been an extensive and considered assessment process. In some cases, applicants and their sponsors demonstrate a capacity to manage the cost and impact of HIV independently. In other cases, refugees granted residency become HIV positive post assessment. Australia is in the fortunate position to be able to offer these refugees treatment to enable them to manage their HIV, and contribute to Australian society as other members of the Australian community can. This compassionate approach should be maintained.

Australia can also assist to ensure the best health and wellbeing for Australians and those who live in our neighbouring countries in Asia and the Pacific by continuing and in fact enhancing support for initiatives such as The Global Fund to fight AIDS, Tuberculosis and Malaria. The Global Fund provides resources to developing countries to provide or increase access to life saving anti retroviral treatments and related health care for their own citizens.

I urge you to not proceed with any moves to further limit migration to Australia by People living with HIV/AIDS.

Yours Sincerely

Scott Berry  
President  
People Living with HIV/AIDS (NSW)

## PLWH/A (NSW) begins strategic planning for 2008-2010

**People Living with HIV/AIDS (PLWH/A NSW) has been operating since 1988. We are undertaking our second strategic planning process which aims to look at current best practice and to listen to a range of stakeholders and constituents of our Association. The planning process will deliver our second strategic plan, based on the strengths and achievements of the first plan, and setting out the future directions of the organisation in the next period 2008-2010.**

The strategic planning process will commence end of April 2007 and is expected to conclude in September 2007. It will allow the Board and staff of People Living with HIV/AIDS New South Wales, with input from significant stakeholders and all our members, to reflect on:

- our current strengths and our challenges for the future
- the environment in which People Living With HIV/AIDS New South Wales operates and the other players the Association must work with cooperatively to achieve positive outcomes for people living with or affected by HIV/AIDS
- a clear view of directions and priorities – what works that we want to keep and what new things we might do over the period
- future strategies for strengthening People Living With HIV/AIDS New South Wales as an organisation, including consideration of management, physical infrastructure, people, processes and systems

The project is being managed by the Association's Board of Directors – the

elected representatives of the membership of the Association, who are also people living with HIV/AIDS themselves. The Board of Directors will act as the Strategic Planning sub-committee. That Board of Directors is made up of our President (Scott Berry), Vice President (Jason Appleby), Treasurer (Bernard Kealey), Secretary (Russell Westacott) and Directors including Richard Kennedy, Malcolm Leech, David Williams, a staff representative, and our new Chief Executive Officer (Rob Lake).

The Board of Directors will appoint a consultant to carry out some of the consultations with stakeholders, to facilitate a series of community meetings and members' forums as well as to assist in the write-up of the new strategic plan.

Some initial ideas for our planning process include:

- holding a series of Member Dinners where members get to meet the Board of Directors of our Association and contribute to future directions for our work
- holding a series of community forums across NSW to ensure that we're able to collect a broad range of views
- conducting interviews with key members of the HIV sector
- collecting feedback from people with HIV/AIDS through questionnaires, working groups and through staff contact
- conduct research into best practice to contribute to the planning process

More information will be available on our website under 'Strategic Planning' at [www.plwha.org.au](http://www.plwha.org.au).

*Scott Berry, President.*

## Promoting the road to better health

Health Map, a project of the Melbourne Sexual Health Centre (MSHC) and the Victorian AIDS Council, has been established to guide HIV positive people on how to get the most out of visits to their doctor or health care provider. Funded by the Department of Human Services, Health map offers personalised detail to online users who answer a series of health-related questions.

Director of Melbourne Sexual health Centre, Christopher Fairley said the program can be used to find out what tests a person may need or what issues should be considered when they next visit their doctor.

'Health Map asks questions about a person's health and then provides them with a personalised report, based on expert advice,' Professor Fairley said.

'The report directs the user to information, based on their needs, and provides some facts and a "to do" list for their medical care.'

The site offers personalised feedback – evaluating issues such as mental illness, drug and alcohol use, cardiovascular disease, metabolic complications and diabetes.

'People with HIV need to keep track of a number of different health factors and this online questionnaire gauges how they are monitoring those factors,' he said.

'For one user, the report may suggest that the person is not getting enough physical activity and directs them to more detail on health and fitness; or it may gauge that they are overdue for a Hepatitis B or T-cell check and encourage a visit to the doctor.'

**Visit Health Map at**  
[www.healthmap.org.au](http://www.healthmap.org.au)



Graphic: Phillip McGrath

## Being together

HIV negative and in a long term relationship with a positive man  
**Dave Thompson**

**It's funny how your memory can play tricks on you. My boyfriend and I have different versions of the day we got our test results. In his version, the doctor turned to me first and said "Dave, your test was negative", and Greg (my boyfriend) immediately knew that his result was going to be positive. In my version, the doctor turned to Greg first and told him, "I'm afraid your result is positive". Only then did he turn to me and tell me I was negative. I'm sure my version is right, but I guess it doesn't really matter.**

***Greg's result didn't surprise me. In fact, I knew it was coming.***

Greg's result didn't surprise me. In fact, I knew it was coming. I'd been worried about his health and had been badgering him to get the test. Perhaps "badgering" isn't the right word: I'd broached the subject once or twice, and burst into tears when he said he didn't want to be tested. That's more my style.

It had been increasingly obvious to me that he was positive and the symptoms were beginning to show: he was losing weight, getting persistent, bad fungal infections on his feet and underarms, blooms of pimples across his back and, in the end, night sweats. He was in denial, I guess, while I was increasingly anxious.

Anyway, that incident in the doctor's room was about thirteen years ago now. We'd been together for two and a half years by that time. We met when I was 23, Greg was 29. He tells me he fell for me the first night we met. I guess I did too. He was my first really serious boyfriend. I wasn't that sexually experienced before then, though I was certainly no innocent. He'd had a few serious boyfriends.

We're still together now. I'm still negative, or at least I was the last time I was tested, whenever that was. Actually, I'm

sure I'm still negative; there's no reason for me not to be. Greg, of course, is still positive.

### **That's how it was back then**

The first couple of years after that diagnosis were really bad. I'm sure I was a complete misery guts. The problem was that Greg wasn't that well. He never got really sick, but his health slowly but surely declined. That's how I saw it, anyway, though I'm sure I never said it like that to him back then.

He lost his appetite and continued to lose weight. I tried to stop this by cooking. I made lots of inappropriately rich meals. Because he was nauseous (I can't remember if this was because of the AZT, or because he was unwell, or both), he could never finish a plate. Most of the time, I'd finish it off because I'm a big comfort eater and eating his food was a way to stop worrying about him not eating it. As he got thinner, I got fatter. I got *really* fat, while he became quite reed-like. We must have looked like a really mismatched couple for a while there.

Looking back on it now, I wonder if I was more of a burden to him than a help. I certainly never wavered in my love or sup-

port for him, as hackneyed as that sounds. On the other hand, I was probably pretty depressing to be around. But that's how I was back then: everyone told me to think positively, but all I could see was a slow and steady decline toward the grave. I read up on HIV and AIDS, you see, whereas Greg preferred a state of ignorance. Whenever he got his test results, at least at first, I knew better than him what it all meant. Rather, I always knew the worst possible interpretation, and stewed on it to myself. When he got his first T-cell count, the doctor told him that it wasn't too bad, I knew better, or thought I did.

### **The safe sex message was burned into my brain**

I blame my mother. I'd been raised to be a class one hypochondriac. I'd been a coddled and croupy little boy. For a while we lived overseas. Mum drilled me and my siblings on the minutiae of staying well: not only were we forbidden, on pain of death, from drinking anything with ice in it, we were also instructed to peer down any straw we wanted to drink from, to make sure it didn't have a mouse poo or dead cockroach in it. You get the picture.

This attitude to health carried through into my sex life. When I was a teenager, it was already the age of AIDS and by the time I started to get out and about the safe sex message was burned into my brain. It just never occurred to me to have anal sex without a condom, and I never have, to this day. Maybe this makes me boring and unadventurous, but there you have it. I've never really been seriously tempted, either, at least until recently.

I have to admit, too, that I was scared for myself. I'd be lying if I said I wasn't. Every now and then we'd have sex and afterwards I'd notice a sore on my cock, or I'd get come in my eye or some stupid thing like that, and I'd be scared I'd sero-converted. It never happened, of course. In fact, after fifteen years together, we're a living advertisement for safe sex.

### **They were right and I was wrong**

I still remember the first time I heard about combination therapy. It must have been around the time of the Vancouver World AIDS conference, I guess, whatever year that was. We were watching TV and they showed a woman from America. She'd been like a skeleton and now was a picture of health, rollerblading through a park. I turned to Greg. It literally felt like a shadow was being lifted from across the horizon. It sounds melodramatic, but that's what it felt for me. I remember it clearly. People had always been telling me not to worry, that medicine was making great leaps and bounds, but I'd never believed them. Now it seemed that they were right and I'd been wrong.

That was the beginning of a happy time. We moved out of a dark, depressing flat we'd been living in, to a much nicer place in a busy part of town. It took a while, but Greg's health started to improve. We began going to the gym. Greg started to put on weight, including by packing on muscles; I started to lose it by running like a mad fool on the exercise machines. Our careers improved. We got a little pet dog and started going out to bars and dance parties again, taking recreational drugs, doing all those normal, happy things.

### **Normal life**

Slowly but surely HIV passed out of our lives, at least for me. Nowadays, I hardly think about HIV at all. For instance, there was a time when I thought I knew more about Greg's treatment regimen than he did (though I'm sure I didn't really). Now, I hate to admit, I'm not even sure what drugs he's taking. I just don't think much about that stuff anymore. I guess that's not fair for him, but when I compare it to how we – I – used to worry; well, I guess I just don't worry any more, that's the difference.

Greg, however, continues to worry about some things. He doesn't like the way his treatments hollow out his cheeks, so he says. From time to time he asks me whether he should get those Newfill injections. I tell him that I think he's beautiful without them. This annoys him, and he tells me about HIV and physical appearance and self esteem. But it's true, I do think that he's beautiful as he is. I've always thought he was beautiful.

Nowadays, life ... well, it just seems normal. I guess that's why much of what I've written is about those early, bad years. I

guess our experience back then must seem like a world away for some newly diagnosed people today. They say that some people still get sick, but I don't know any of them. Greg is very healthy. It's miraculous, when you look back, how all that worry and stress has just disappeared.

This isn't to say that everything is hunky dory. Because of my work, I travel a lot, and it seems Greg has been using this opportunity to have loads of casual sex while taking crystal. There was lots of evidence lying around the house, and on the computer, and he recently told me about it because he wants to stop using crystal altogether. I don't feel the same way about him being on crystal as I did about HIV. I never blamed him for being HIV positive, why should I; but I get angry about him taking crystal, to say nothing about him having sex with other men, at least in such a reckless way that he doesn't even try to hide it from me. I hate that. I've always been (basically) a one-on-one kind of a guy, or at least I have been since I met Greg. Some people aren't like that, but I am.

I suppose I should finish with words of wisdom about being negative and in a long-term relationship with a positive guy. I don't really think I have anything very wise to say, or if I did it would sound like a lot of clichés.

### **Nowadays, I hardly think about HIV at all**

Sometimes, I hear about guys who reject others because they are positive. Greg tells me that sometimes still happens. That just seems really stupid to me. I never thought of rejecting Greg back then, but if I had it would have been the dumbest thing I'd ever done. For me, being with another person, being with someone you love, is an important thing you can do with your life. Anybody who meets the right person is very lucky, and I've been one of those lucky people. You'd have to be an idiot to let HIV stand in the way of that.



## **Holding onto love** ... in an age of uncertainty

**Garry Wotherspoon** writes about how men in serodiscordant (positive/negative) relationships can take care of each other.

In his introduction to a collection of stories published in 1991, *Travelling on love in a time of uncertainty*, editor Gary Dunne noted that "contemporary gay fiction ... reflects the profound influence, both personal and communal, of our years in the AIDS front-line....". Each story was a reference point on an "overall map, a 'hearts-and-minds' Australian gay guide".

Some of the issues that gave the book such a title are still with us today (HIV/AIDS, and even a war in Iraq), and some new issues have emerged in our current age of uncertainty (fear of global terrorism, an increasing concern about our treatment of refugees). Yet we still seek out - and wish to maintain - love.

Many gay men have formed loving partnerships, and their partners are the prime emotional focus of their lives. Yet many are also realistic enough to know that monogamy is possibly not a path that they wish to follow. And many relationships do work on the principle that outside sex is permitted - but only under certain conditions (which vary with individual relationships).

But recent studies have shown that a disconcertingly high proportion of seroconver-

sions are occurring within relationships. In particular, the data from the Seroconverters' Study (National Centre in HIV Social Research) suggests that in the case of regular partners, the first six months in serodiscordant relationships are when new HIV infections are more likely to occur.

This raises a lot of issues for people in serodiscordant relationships, particularly how to maintain both our emotional and sexual health while living with a highly infectious disease.

Clearly, as HIV becomes more manageable, and no longer the death sentence it once was, people may be more likely to take occasional risks. And most gay men - especially those who are HIV positive themselves or

***in the case of regular partners, the first six months are when new HIV infections are more likely to occur***

***maintaining both our emotional and sexual health***

who have close friends who are - are sophisticated enough about HIV to know the possible consequences that such risks involve. But as an article in *Positive Living* noted recently: 'No one who has known the agony of passing HIV on to someone else remains unmarked by that experience'. No one wants to be the person who infects a loved one inadvertently.

So in the interests of not giving up our freedoms, and maintaining an active and exciting sexual life, here are a few "hearts-and-minds" guidelines for those in relationships, whether long-term or casual.

### **Safe sex practices**

Increases in the rates of unprotected anal sex with casual partners are often followed by increases in the rates of HIV infection, and recently in New South Wales a decrease

in the rate of unprotected anal sex with casual partners has been followed by a decrease in the rate of HIV diagnoses. Now while correlation is not the same as causation, it does highlight an issue: that the best way to ensure that you don't pass HIV on to your partner is to practise safe sex, and that means using a condom when fucking and getting fucked.

And while our rational mind might know this, our rational mind may not always be in charge while we are having sex. And if you do find that you have overstepped the mark in that moment of lust or passion, or even if the condom breaks, remember that there is PEP (Post Exposure Prophylaxis), a drug combination that can dramatically reduce the chances of HIV transmission. But PEP is only effective when taken within 72 hours of exposure to HIV, although even sooner is better. So it's important to remember that it's there if you need it. The PEP Hotline is 1800 PEP NOW.

### Treatments

Effective HIV treatments reduce the amount of HIV in the blood, and this is reflected in reduced viral load. Despite this, however, we still need to take care, because people taking treatments and with 'undetectable' or very low viral loads can still pass on the virus. For example, it is possible for people to have 'undetectable' viral load in the blood, while having detectable viral load in the semen. So even if you have an 'undetectable' viral load, using condoms is still by far the best way to avoid transmitting HIV.

### Regular Monitoring

If you have outside sex (outside the relationship, not just outdoors!), then you should also have regular monitoring. Since having STIs like gonorrhoea, chlamydia or syphilis can increase the chances of passing on HIV, get a thorough STI screening every three months. And regular monitoring of your sexual health has an added benefit: it helps in your awareness of your general health and well being overall.

***HIV is one of those issues that both partners- negative and positive – need to face together***

### Communication

It is a truism that good communication is a necessary basis for a good relationship. HIV can - and does - create fears in a relationship. For example - and although the perspective will be quite different - both partners can fear that the negative partner might contract HIV, or that the positive partner may become ill and even possibly die. Added to this concern is that sex could become less exciting and more routine over time. People may need to be open to new sexual experiences, which can in turn help to maintain a commitment to safe sex.

So it is necessary to talk about such issues that arise, and even some that haven't yet arisen but might. And HIV is one of those issues that both partners - negative and positive - need to face together.

And the secret is trust - you have to trust that your partner will do the right thing by you - as he will expect you to do the right thing by him. And if we've slipped up and haven't stuck to whatever agreement we've had with our partner, hopefully we can be honest and talk about it with him.

And one thing is certain - even in this age of uncertainty: sex is probably the most intimate way to communicate with your lover. So go to it, guys. Bang away to your hearts' content - just remember to do it within guidelines designed to protect both of you.

### Treatments news:

Famciclovir now PBS listed for HIV positive patients with oral herpes

Patients with HIV infect the Pharmaceutical Benefits Scheme (PBS) listing of a higher strength antiviral medication for the treatment of oral herpes.

Famvir (famciclovir 500 mg), a higher strength antiviral medication for the treatment of oral herpes, is now available on the Pharmaceutical Benefits Scheme (since 1 April 2007) for:

- Episodic treatment of moderate to severe recurrent oral or labial herpes in a patient with HIV infection and a CD4 cell count of less than 500 million per litre;
- Suppressive therapy of moderate to severe recurrent oral or labial herpes in a patient with HIV infection, and:
  - a) a CD4 cell count of less than 150 million per litre; or
  - b) other opportunistic infections.



of intimacy other than just getting your rocks off. Sometimes what motivated us to be there is simply that we want to be with someone- to be held and to feel secure.

**Neville:** I do massage and some of the clients say to me that that's the only time they get some level of intimate touch. Because of the style of the massage, I would say six out of ten guys get a hard-on just through touch. For some guys it's very intimate and they respond to it.

**Graham:** Intimacy doesn't last for too long. If I can't get an erection, that can really upset me, but it can obviously upset the other person too. I remember recently I was with someone and we were starting to play around and the guy said: "This isn't working for me" and walked away.

**Michael:** I think intimacy is more an issue with repeat partners than a one-off because you can do a lot with the level of intimacy with someone you have already been with.

*If I couldn't discuss anything and everything with my GP I'd change him.*

### Does being HIV positive make a difference?

While many men are involved in very satisfying pos-neg relationships, some HIV positive men have made the decision to only seek out other positive men for sex and/or relationships. No matter how well it is discussed or negotiated, HIV can be this other presence in a relationship, and can make disclosure, negotiating sex and safe sex, challenging for some people with HIV.

**Bob:** When I was diagnosed in the 90s it was like you're too petrified to talk about being HIV positive. You didn't dare tell anyone that you were, and that was really awful. I mean you were having safe sex with people, but you were not able to talk

about what was going on for you. So that put up a huge barrier for me.

**Barry:** When you're with someone casually and you get to the point of disclosing your status and they say: "fine but, no thanks", and move on, that can be a bit of a downer emotionally. I'm the one here who actually cares; I'm the one who's telling you about my status, so it's your loss. It's not on my conscience. I'm legally bound to do that. You know, information on safe sex is there for everyone to read.

**Tim:** Only having sex with other positive guys is one solution. The hardest thing to deal with is the anxiety because you process so many different scenarios in your head. There's always that silent conversation you're having.

### What to do

While it may not be easy for some of us to talk about sex and intimacy, discussion group participants agreed that discussing fears and anxieties openly with your partner, or with your doctor or a counsellor can be helpful. Erection difficulties may be a manifestation of other underlying health issues, and so it can be important to check in with your doctor. If appropriate, medical treatment may be recommended.

If you don't want to talk to your doctor then Sexual Health Clinics can offer assistance, either directly or through an appropriate referral.

Impotence Australia may be able to help you with a referral. (02) 9280 0084 [www.impotenceaustralia.com.au](http://www.impotenceaustralia.com.au) or email: [admin@impotenceaustralia.com.au](mailto:admin@impotenceaustralia.com.au)

### Other useful Organisations:

Gay and Lesbian Counselling Service - (02) 8594 9596 Outside of Sydney areas call 1800 18 GLCS or 1800 18 4527

AIDS Council of New South Wales (ACON) - (02) 9206 2000 Freecall 1800 063 060

### Sexual Health Clinics

(Local phone numbers can be obtained by directory assistance or looking up your local phone book directory)

## Oral Health Forums in June

Would you like to find out more about dental and oral health for people with HIV?

The **Positive Living Centre** will be hosting two forums

**7 - 8.30pm 13th and 20th June** with guest speakers (including dentists, dental hygienists and health education officers).

The forums are organised by the HIV Living Men's Health promotion Team

For more information and to RSVP please call 9699 8756

## PLANET POSITIVE

a social night for HIV positive people and their friends

When: **Friday 25 May**  
6pm - 10pm

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

PEOPLE LIVING WITH HIV/AIDS

**acon**  
community, health and action

**RUBY**  
REAL TIME OPPORTUNITY

# The recent debate on HIV immigration

Hédimo Santana

**The Prime Minister, Mr John Howard, recently attracted some criticism from the health community after remarks he made, on a Melbourne radio station, which were then replayed on national television, that HIV positive people be banned from migrating to Australia.**

Some claimed that Mr Howard's remarks amounted to vilification and showed he did not understand Australia's current screening arrangements for migrants and refugees. Mr Howard has said Australia already stopped people with tuberculosis coming in, and this was why he supported stopping HIV positive people.

But in reality, people infected with TB are not necessarily banned from coming to Australia. They may be required to undergo quarantine for a period of time and that is basically to prevent them from spreading the disease while they get treated. Once they no longer pose any risk to others, they may be allowed into Australia.

Mandatory HIV testing for applicants for permanent residence in Australia was introduced in 1989. All applicants over 15 years of age must be tested, and children under 15 are tested if there is a reason to suspect HIV infection, for example where there is a history of blood transfusions or haemophilia, or if a parent is HIV positive.

People who test positive are judged to have failed to meet the health requirements for permanent residence.

The Prime Minister's remarks created dis-

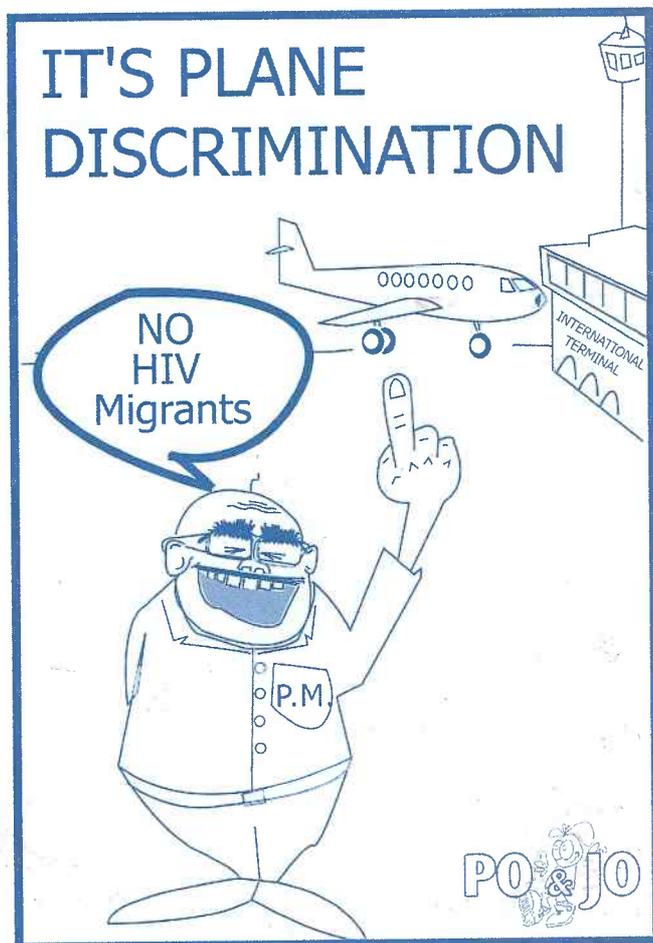
cussion not only among the health sector but in blogs, pubs and dinner parties. Australians had an opportunity to talk about HIV/AIDS once again, given that just a few weeks ago we were celebrating the anniversary of the 'Grim Reaper'.

But the prejudices of long ago are still present, and the myths around migrants with HIV persist. Of all the other myths I overheard this weekend I have chosen this one to explore a bit further:

They will place further strain on our health system. "Why should we further burden an overloaded health system with the sick and lame from other countries?"<sup>1</sup>

The first misunderstanding here is the connection between HIV and AIDS. Educators have spent an incredible amount of resources explaining the difference between infection with the virus, and AIDS as the illness resulting from HIV infection. Still, in the popular imagination, both conditions are the same. This indicates that clear information should be developed in order to clarify this confusion.

It is true that part of the rationale for not allowing the immigration of HIV positive people rests on economic grounds. The government still believes that accepting the immigration of such people would result in undue cost to the Australian community. The government uses the same test in rela-



tion to people with disabilities.

In the past, such cost has been estimated around \$200,000 to \$240,000. This assessment did not take into account the advances with anti-retroviral treatments, which have extended the life expectancy of HIV positive people.

While most people living with HIV in Australia are taking anti-retrovirals as part of their treatment regimen, many HIV positive people live long and productive lives and don't need to access such treatments for many years. If economics is the driving force behind this policy, then it should take into consideration the potential financial contribution migrants with HIV, and their families, will make in their lifetime, particularly so when the indications are that the public cost of HIV is declining, due to the improved efficacy of the treatments.

"There is no evidence to suggest that people with HIV coming into Australia are placing strain on the health system any more than persons with [other] medical conditions"<sup>2</sup>.

1. and 2. (participants at a discussion group in the SMH blog, 13 April 2007 [www.smh.com.au](http://www.smh.com.au))



## What's new at Pozhet?

Introducing... **Maxine**

### Hi, I'm Maxine, the new Women's Health Promotion Officer at Pozhet (HIV+ Heterosexuals).

I'm working here full time, and Dom and I have moved from Newcastle to Sydney for the time being. Some of you may know me from the groups, as I have been a client of Pozhet for about eight or nine years. It took me a couple of years after I was diagnosed to pluck up the courage to get involved with Pozhet, and I'm so glad I did. Having HIV can be a very frightening and isolating experience, especially when you don't know anyone else who is going through the same thing, but it was such a lifeline for me to get connected with Pozhet.

I started thinking about working in the sector - I already had a degree in Drama and started a Welfare course through TAFE, which helped me get a job with ACON as a Client Liaison Officer, and then as a Coordinator and finally as a Finance Officer. I met Dom and we married in 2001. When we moved to Lismore, I did a couple of contracts for ACON - one to write a booklet for positive women called *Positively Intimate* and one to try and get something going for women in the Northern Rivers. I also worked at the needle syringe program at Lismore Hospital, did a course in psychology and just enjoyed living in the country.

I really want to encourage women and men living heterosexually with HIV to tell their stories. I know it can be confronting, but in my experience people do want a

chance to share what has happened to them and how they live now with HIV. Writing can be a great way to do this and this could be something we can think about for one of our events. In the meantime, why not start now and send it in to *Talkabout?* It's your magazine, whether you're a positive person, a friend, partner or family member and it's amazing how interesting your story can be to others. You can even use another name

### *It was such a lifeline for me to get connected to Pozhet*

and be totally anonymous if you want. So think about it - no matter how boring you reckon your story is, I guarantee it will be fascinating to someone else, and it may even help others.

PozHet will be running events for positive women this year (as well as our regular open houses, coffee mornings, retreats, partners' forums and outreach events) and I've been thinking about ideas for the first one on June 8th - how about Drama classes? Or an Acting workshop where we can practice dealing with people's intrusive questions, or dress

up and make ourselves into characters we would never usually be in real life. I remember going to a Drama class where you had to travel from home dressed as someone completely different. I dressed up as a businesswoman in a long boxy pleated skirt and a brown silk bow-blouse with big glasses and a friend walked straight past me at the bus stop, which I was happy about as I felt like an idiot. But no one recognized me when I walked into the class, and that was a hoot. Being in disguise can be fun especially if you make it realistic. Drama is an excellent way to build your confidence, and it is possible to create a safe environment so you're not too worried about what people think. And you can always just be an audience member! Stay tuned for more information...

As you can see I'm into the creative arts as a vehicle for staying healthy and living well with HIV. It's important for us to nourish our souls with fun and beauty and emotion, as well as the usual medicine and exercise, fresh air and green vegetables. We are multi dimensional beings who need self expression and passion in our lives, whatever form that takes. One of the best things we can do is laugh, so lighten up and be a bit silly. It's only life.

**I'd enjoy hearing your thoughts, comments, questions, or just having a chat. Call me on 9515 5028 or Freecall 1800 812 404.**

**See our website for more information including our calendar of events: [www.pozhet.org.au](http://www.pozhet.org.au)**

# Building bridges

Volunteering in South Africa  
**Justin Koonin**



The Valley of a Thousand Hills

**The Valley of a Thousand Hills is located in the province of KwaZulu-Natal, South Africa's Zulu heartland. Named after the rolling hills carved out by the river Mgeni and its tributaries, the region is strikingly beautiful. It is also the seat of the HIV/AIDS epidemic in South Africa. Based on research performed by the South African Department of Health, an estimated 15.9% of the population of Kwa-Zulu Natal was HIV positive in 2005.<sup>1</sup> Among certain demographic groups, this figure is far higher – the rate for pregnant women in KwaZulu-Natal, for example, is 39.1%<sup>2</sup> The situation in the Valley itself is far worse even than this, with a recent study carried out by the Medical Research Unit in Durban showing staggeringly high levels of infection – up to 66% of women in some parts are HIV positive<sup>3</sup>.**

In response to the growing epidemic, the Hillcrest AIDS Centre was founded in 1991. Initially, the focus of the centre was education – face-to-face counselling of people infected and their families, as well as talks in businesses and schools. As the pandemic spread, so Hillcrest broadened its scope, most significantly in the areas of home-based care and income generation. The mission of the organisation is simple – “to show unconditional love to all infected and affected by

HIV/AIDS in a practical way”<sup>4</sup>. All aspects of Hillcrest’s work have arisen to meet an observed need, in a way that “uplifts and empowers rather than judges and demoralizes”<sup>5</sup>.

Given the huge number of people infected, hospital care for all patients is clearly not a viable option. Hillcrest uses a home-based care system whereby five nurses are supported by a team of fifty caregivers, who live in the communities affected. The caregivers are trained to treat patients, and are in constant communication with the Centre if more specialised care is needed. This system proved extremely effective in the early stages of the epidemic.

However, home-based care relies heavily on the support of family members of the patient, and, as the epidemic worsened, there was sometimes no one left to care for the patient. In some cases, people were left home all day lying in faeces, unable to move. In others, children as young as five were taken out of school to become the primary carer for their parent. In response to this situation, Hillcrest opened a ten-bed respite unit in February, 2006.

At around the same time, rumblings were beginning on the other side of the world. Faced with the global crisis confronting youth at the present time, a group of Australians founded YOUTHCONNECTED, an organisation devoted to developing life-enhancing programmes for young people which engender self-esteem, confidence and

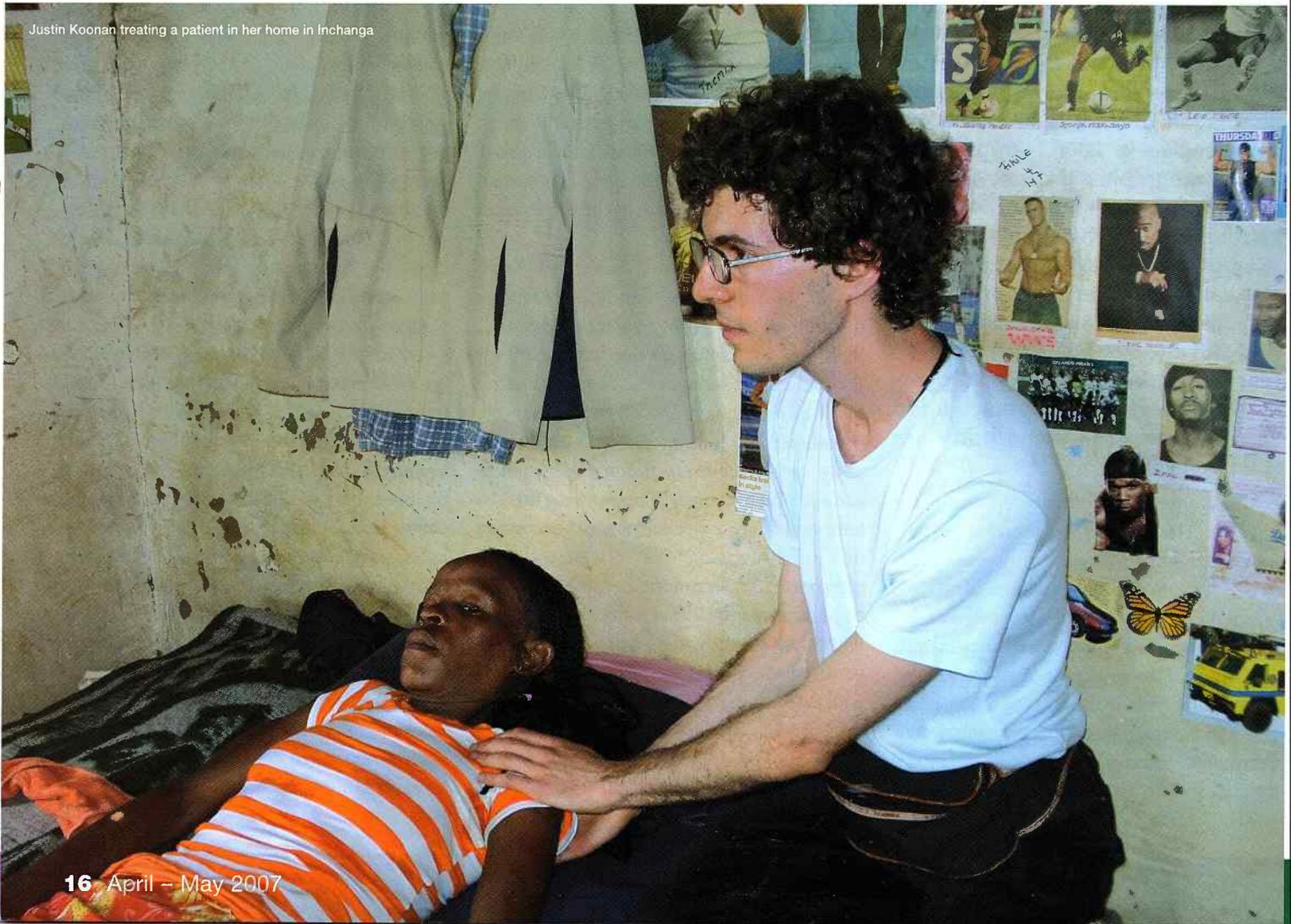
the fulfillment of their physical, emotional, mental and spiritual potential. In the First World we are witnessing the rise of eating disorders, drug abuse and suicide, while in the Third World we see the helplessness, hopelessness and powerlessness of young people living with poverty and disease.

As globalisation becomes a reality, communities are breaking down, and a sense of identity is lost. One of the main objectives of YOUTHCONNECTED is to empower young people who have lost their sense of self to reconnect with themselves, and others, and to enable them to serve their communities. Further, it was felt that young people living in First World and Third World Countries have a lot to offer and learn from each other, and ideas were formed to bring the two worlds together.

In January 2007, the dream became a reality as 29 Australians – mostly young, some not-so-young - set off for South Africa. We came from all walks of life – YOUTHCONNECTED is a universal organisation open to all regardless of faith, race, gender or sexual preference. Many of us work in healing professions – we had yoga teachers, kinesiologists, a reflexologist, a physiotherapist, a surgeon, several masseurs – but also businesspeople, a builder, a mathematician, a journalist, and an army of school children. We spent time at Hillcrest, but also worked with other organisations – Goedge-dacht Trust, a rural poverty initiative in the Cape, and EDUCO South Africa, a wilder-



Justin Koonan treating a patient in her home in Inchanga



ness youth leadership initiative. The trip was not all work – we spent time in Jeffreys Bay (South Africa's surfing Mecca) and Addo, near Port Elizabeth (visiting game farms). Given the background of the group, the trip was also a yoga retreat.

Back in Hillcrest, the group spent time working in the Centre. Those who were trained medically helped in the respite unit, or accompanied one of the nurses on her home visits. Others helped in some of the income-generation projects the Centre has started, principally horticulture and beadwork (Hillcrest employs 89 bead workers who make jewelry and artwork of outstanding quality)

I have some training in kinesiology and acupressure, and together with the surgeon, the physiotherapist and another kinesiologist accompanied Clara Ngubane, one of the nurses, to Inchanga (a local district). Clara's remarkable dedication is typical of the Hillcrest staff. She has been a nurse since 1960 and is now officially retired, but still works three days a week for Hillcrest. At nights, she works in the tuberculosis hospital. Along with two caregivers, we visited AIDS patients whose condition required specialist care.

The patients we saw had AIDS as well as tuberculosis, the most common opportunistic infection. Probably they had not more than a few months to live. The woman I am treating in the photograph lives with four generations of her family in a tiny shack. The only reliable source of income is the great-grandmother's pension of 840 Rand (around \$150) a month. The woman's sister is also HIV-positive – indeed, it is common for the middle generations of a family to be completely wiped out, with only the elderly and very young remaining. When asked if anything could be done about the stifling conditions in the woman's bedroom, we were told that the family simply could not afford a fan.

There is still a huge taboo around talking about sexuality in general and HIV/AIDS in particular in African society. Sometimes patients die of AIDS without ever having discussed their illness with their family such is the shame and stigma attached to having the illness. For similar reasons, people have been reticent to have HIV tests. Sexual abuse is a real problem in the community and this contributes to the spread of the illness. To complicate matters further, the incompetence of the South African government in deal-

ing with the HIV/AIDS epidemic is the stuff of legend. For years, the President, Thabo Mbeki, refused to admit that HIV causes AIDS. As a result, the Health Ministry was reluctant to provide anti-retroviral (ARV) drugs to those who needed it, despite offers for low-cost supply from international drug companies. Only last year, the Health Minister, Manto Tshabalala-Msimang, advised those with HIV to take beetroot and garlic as a remedy. Mercifully, it appears the tide is turning, though far too slowly for some. Hillcrest is now able to refer those with low CD4 counts (below 200) to external ARV sites, and as treatment options become more available people are becoming less reluctant to test for HIV. The huge challenges in educating the community that Hillcrest faces make its work seem all the more remarkable.

While it is undeniably painful to witness suffering like this, and easy to feel helpless given the scale of the problem, the overwhelming feeling we had from spending time in these communities with the Hillcrest staff was one of love and compassion. People take pride in their appearance. Children are immaculately dressed. The sense of community is stronger and more vibrant than we have experienced here in Australia. When I think of what these people have had to endure, and the grace and determination with which they have done so, I cannot help but be awed. Despite decades of violent racial discrimination under the apartheid government and now a health crisis of unimaginable proportions, the people we met have simply refused to stop loving, and have refused to close their hearts to the pain. It is this resilience and openness which we take back to Australia as our gift from South Africa and its people. The twenty-nine Australians who returned to Sydney in February are very different people from those who left three weeks before.

And what, apart from our love, do we have to offer in return? How can anything we do seem anything but a drop in the ocean? I am reminded of the tale of the man found by the water's edge, picking up starfish that had been washed up on the beach and, one at a time, throwing them back into the water. When asked what he was doing, he explained that if he didn't throw them back, they would die from lack of oxygen. He was gently reminded that there were thousands upon thousands of starfish on the beach, and that the same thing was probably hap-

pening on beaches up and down the coast – he simply couldn't make a difference! The man smiled, bent down, and picked up yet another starfish, and as he threw it back into the water, replied, 'Made a difference to that one!'

And so, little by little, we do what we can. We have a continued commitment to raise money for Hillcrest, and are looking at ways to import their beadwork into the country as a means of generating income for the workers. Also, we found some of the complementary approaches very effective in alleviating the suffering of the patients – as an adjunct to conventional treatment – and have plans to return to South Africa to train the caregivers to administer them.

Any input, suggestions or contributions towards our work would be warmly appreciated.

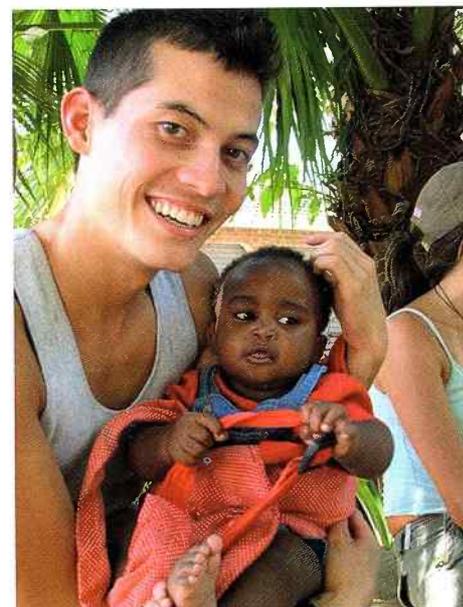
*Justin Koonin is the Vice-President of YOUTHCONNECTED*

*The website of Hillcrest AIDS Centre Trust is [www.hillcraids.org.za](http://www.hillcraids.org.za). Tax-deductible donations to the Hillcrest AIDS Centre Trust can be made through YOUTHCONNECTED.*

*The author and YOUTHCONNECTED can be contacted through the PLWHA office.*

*Photo credits: Chris Berney, Arlene Schwartz, Sam Choy*

- 1 South African Department of Health (2006) "South African National HIV Prevalence, HIV Incidence, Behaviour and Communication Survey, 2005"
- 2 South African Department of Health (2006). "National HIV and Syphilis Sero-prevalence Survey in South Africa 2005".
- 3 Ramjee, G., HIV Prevention Unit, Medical Research Council (results to be published in 2008)
- 4 Hillcrest AIDS Centre Trust Mission Statement
- 5 Hillcrest AIDS Centre Trust Annual Report 2005/6.



Sam Choy and the baby of one of the beadworkers

# Not another post-teen diagnosis!

24 and newly diagnosed  
**James Wilson**

**'Curse you! Curse you almighty God for giving me this illness! How could you be so cruel?' This would have probably been my response to having found out I was HIV+ three months ago, if not for a very simple factor – I don't believe in God. But it does irk me, in a completely flip-pant way that while all my friends hooked up with boyfriends, I hooked up with HIV. There are pros and cons to both sides of this of course, namely, if they flaunt their partner in my face, I can make a self-deprecating HIV-related comment and they'll buy me a drink. It's a win-win situation. I have never been so drunk in my life.**

When I found out, my response was somewhat muted. There were no tears, no shock and awe, but a simple 'oh, okay'. This was probably due to the fact that during my seroconversion illness, the doctors at two hospitals had no idea what it was, and after getting a meningitis needle in the back, my hypochondria kicked in and I guessed right.

The next few weeks were a whirlwind of telling friends and family and countless doctors' appointments, coupled with the anxiety that it was all taking too long, and I just wanted to find out everything then and there.

The responses from my family at least, were completely expected – my mother was afraid she'd catch it if I 'accidentally' spat in her eye, my father said a prayer and gave me money, my sister cried over the phone, then

took me out a week later for drinks, while my brother just said 'Fuck' a lot, which in it's own way, I found quite funny. I quickly realised however, a few rules in telling people.

1. Don't tell people while they're blind drunk
2. Don't tell people while you're blind drunk (a regular occurrence these days) and
3. Choose who to tell and who not to

I had a wide gamut of responses from my friends – to an ex-boyfriend crying on my shoulder outside the Midnight Shift for 40 minutes screaming 'WHY?!?!' to another friend saying she'd take me to the Imperial, buy me a beer, then put on *Wuthering Heights* by Kate Bush and do a lap dance on the pool tables.

Despite my wishes, a lot of my friends took my saying 'Don't tell anyone', to in fact mean, 'Don't tell anyone, oh, except for one or two people who you can just blurt it out to'.

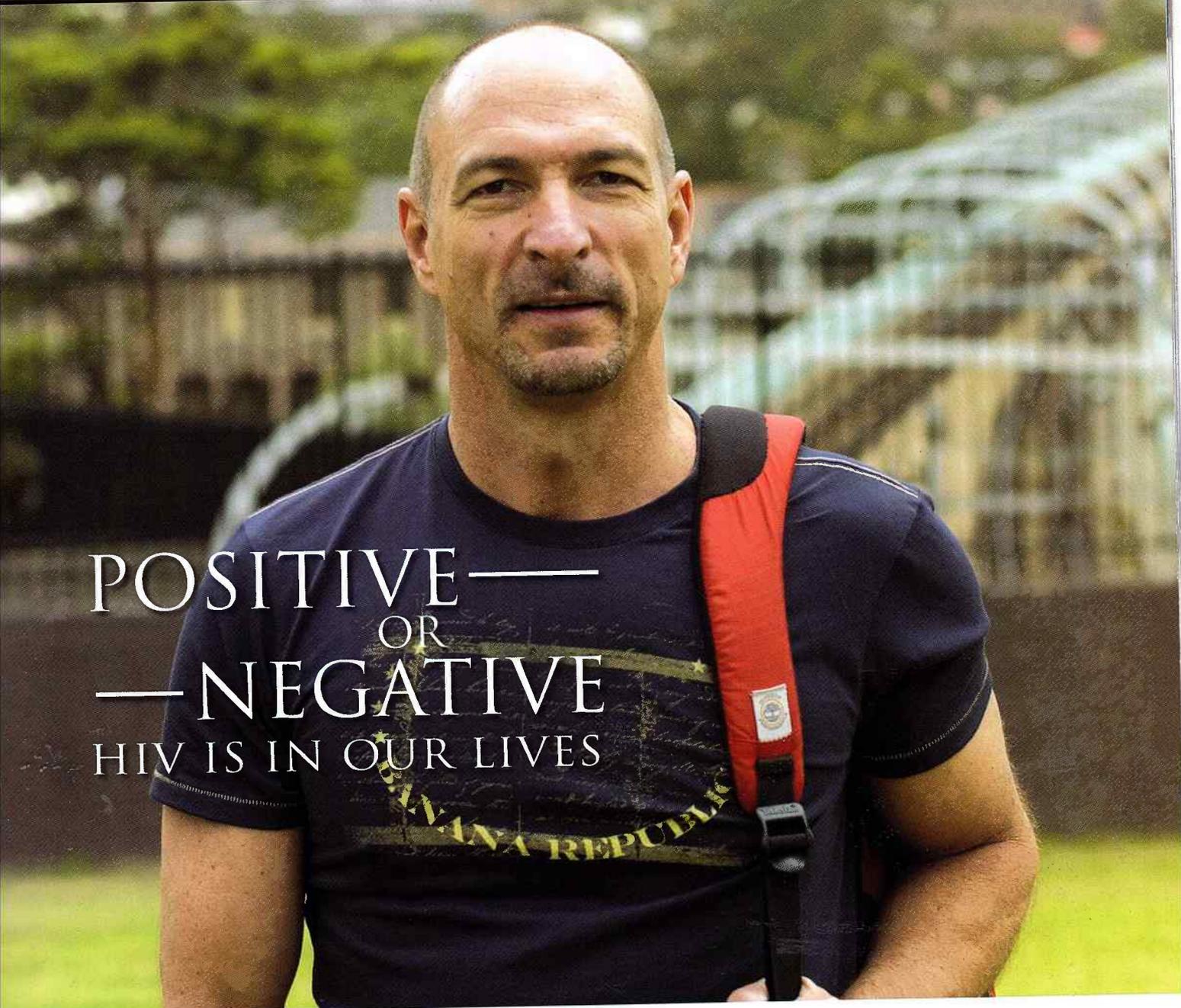
I was tempted to go around and spread rumours like 'so and so has dysentery' to get back at them, but then realised that cholera is a far more glamorous option. It's been difficult hearing through friends that someone random has found out, and even more difficult when those so-called friends refuse point blank to tell you who they told or who knows. However, I think that while they've screwed me around, it's not worth getting too incensed about, because all anyone need do is log on to Manhunt and they'd know anyway - the 'Ask Me' option is such a dead giveaway.

I think I was lucky in terms of support.

Fortunately for me, through my days of student politics (was there ever a better candidate to get HIV, really?) I already had friends who worked at ACON, and immediately got in contact with the Women's Aboriginal Affairs Officer, Mish Sparks who gave me some of her time, despite the fact I'm not a woman, nor indigenous, so I hope she doesn't lose her job over this article. She recommended I book into Counseling at ACON, which I decided not to do not because I think it's unimportant, but I just didn't feel I needed it. While there, I picked up an issue of *Talkabout* and found the ad for the After Hours group, which just happened to be on the same night as the day I was there. Alas, I've found it also clashed with my State Labor Electorate meetings. Damn...

I've found the two After Hours meetings I've been to quite helpful, and although I'm the youngest one there (at 24), I don't think that particularly matters when it comes to support services. If anything, it's reassuring to meet so many older people who've been positive for years who are still leading healthy lives. That said, I've recently discovered a couple of people in my age range and have been chatting to them about it too.

Anyhow, I guess it's customary to finish these articles with an 'everything will be alright' statement. I think if anything, things may be a little harder, but as with everyone, regardless of their diagnosis... I think the timeless Billy Ocean said it best... 'when the going gets tough...'



POSITIVE —  
OR  
— NEGATIVE  
HIV IS IN OUR LIVES

2

## POSITIVE SEX AND RISK

**What does risk mean after a positive diagnosis? Do boundaries and attitudes to sex change? How do we think or talk about risk?¹**

This fact sheet looks at sex and risk and offers strategies and practical tips on how they play out in the lives of positive gay men. For many, this is a considered process, which weighs the pleasures and the risks.

Risk is not only about sex, but also, the risks you might take with your health and emotional well-being. It is also about letting yourself be vulnerable.

---

**Talking honestly about sex and the risks we take might help us consider what we're doing, and whether we would rather do things differently.**

---

## SEX IS ABOUT EXPLORATION

---

**B**eing honest about our sexual needs can be an important part of maintaining our sexual and our mental health.

**Dan:** I've found that there are social boundaries put on what's permitted in terms of talking about sex and risk. If we don't talk about it, it's difficult to deal with the issues.

For each of us, sexual experiences and needs change over time and so do boundaries. This may have something to do with getting older, changes in relationships, or even an HIV diagnosis, wanting to try new things or the need to emotionally connect with someone. Sexuality is also something to explore.

**Derek:** Sex changes every time I have it. I certainly would try more things now than ten years ago because I feel more confident in my ability to negotiate sex with my partners.

Sex can be an emotional connection and for some it might be a transitory connection. For Dan, finding someone to fulfil his emotional needs has become more important; especially now he has started HIV treatments.

**Dan:** Sex is something I've got lost in because of how high you can go with your own desire and libido.

Now, I'm going into a new direction with positive sexuality and intimacy. The sex and drug to excess culture is always there, but for now, it doesn't fulfil my emotional needs. I want to feel fulfilled as a positive guy, with another positive guy.

And sometimes sex is not always about the emotional connection. Sometimes it's about more basic desires.

**Richard:** Sometimes you just want to get fucked. It's feeling the sensations. It can be disconnected from emotion because of the whole pleasure of it and the imagination making the experience into something that's satisfying you in the moment.

**Derek:** With anonymous sex it's a self-satisfying thing. Sex with my partner is more non-sexual now and more of an emotional tenderness.

Sex is where gay men learn about their bodies and their emotions. By having this reference point Dan realised his strengths and vulnerabilities.

**Dan:** Through sex I've discovered how comfortable other guys feel about sex, their bodies and their emotions, and how strong they really are. I've realised I am strong, but the vulnerability is always there.

## RISK DOESN'T GO AWAY

---

**W**hile many positive gay men feel they have passed some kind of boundary since diagnosis, there are still a number of sexual health issues or risks, which can concern them.

Managing risk is also about managing your health. STIs are still an important health issue for people with HIV.

Risk is not only about sex, but, also the risks you might take with your emotional well-being.

---

**Being honest about our sexual needs can be an important part of maintaining our sexual and our mental health.**

**Managing risk is also about managing your health. STIs are still an important health issue for people with HIV.**

**Risk is not only about sex, but also, the risks you might take with your emotional well-being.**

---

**Neville:** I've always classed risk in terms of emotional risk. There's the emotional risk that I might get attracted to someone and it's not being returned in the same way. It's something that can happen in sex quite unexpectedly.

For positive men, there is the fear and concern of passing on HIV to sexual partners. Managing risk has meant increased responsibility for Nicholas, and even more reason to care for his partners.

**Nicholas:** A positive diagnosis has increased my responsibility. It's increased the amount of energy I put into making sure that the other person is okay, whether they're positive or negative.

For negative gay men, any sex without condoms, with other negative men, is placing a huge amount of trust in another person. This trust can often be misplaced.

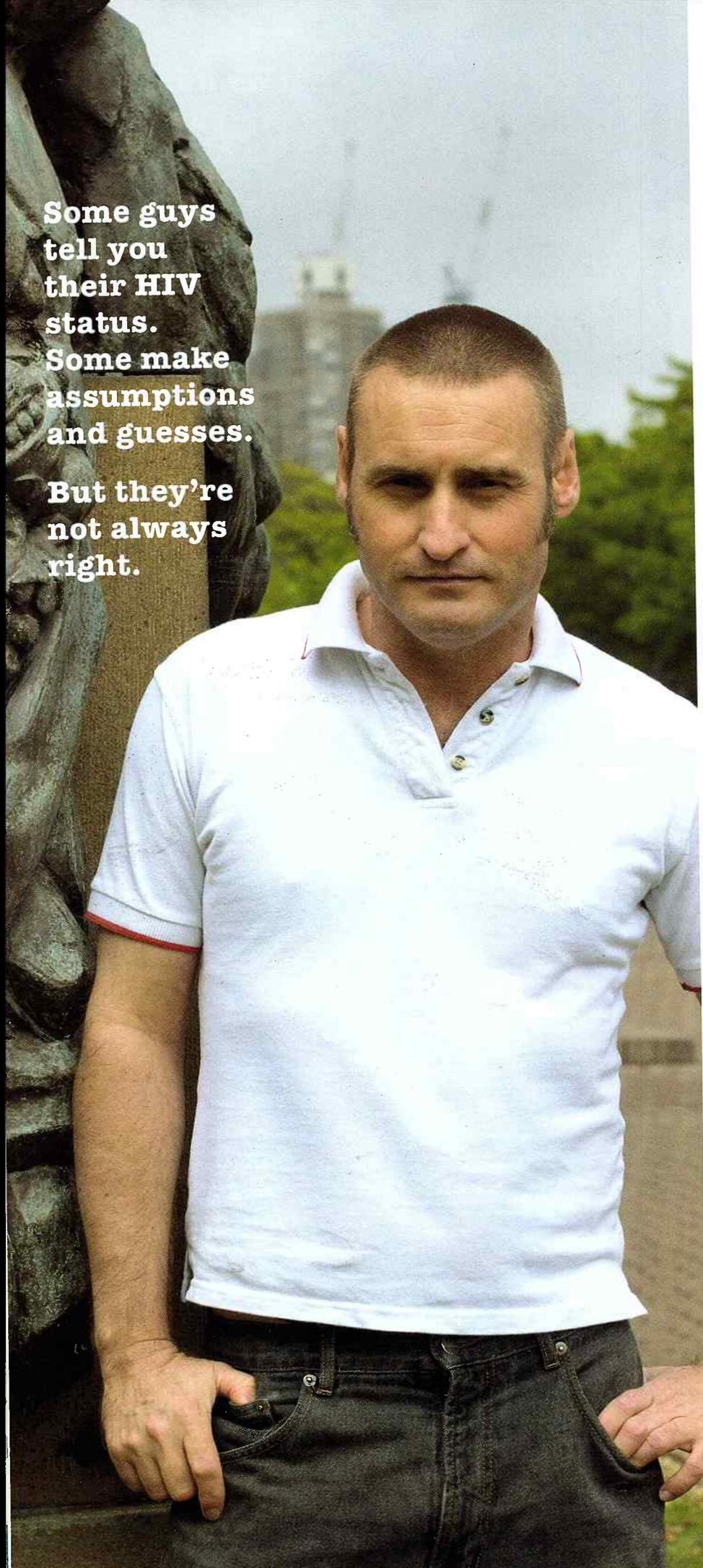
**Rick:** We'd both penetrated each other and I told him I thought it had been a bad decision. He said: "There was nothing to worry about". He was basically saying that he wasn't positive. With someone you've only known for a matter of days, you can't necessarily trust them 100%. Do you think they're going to give an honest answer? (Rick took PEP<sup>2</sup> and did not sero-convert).

**Terry:** I was having sex with somebody and we were both quite drunk on that night. At some point, I reached down to feel

**We might take risks if we are in love.**

**Is the feeling of the moment affecting our decisions?**





**Some guys tell you their HIV status. Some make assumptions and guesses. But they're not always right.**

whether or not there was still a condom and there wasn't. I stopped, I didn't panic, I just said to him: "Do you know your HIV status?" He said: "I'm negative". I then asked: "Did you come inside me?" He said: "No he didn't". I believed him. I thought what we did was a very low risk. (Terry was subsequently diagnosed positive).

Some gay men rely on casual partners to disclose or even know their HIV status. Even if they genuinely believe they are HIV negative, they may not have had a recent HIV test.

## **'KNOWING' SOMEONE IS POSITIVE**

There are a lot of myths around - myths about who might or might not be positive: "If he looks healthy, he might be negative". "If he didn't disclose, he isn't positive". "If a guy is having unprotected sex or is outside "safe" sexual boundaries he is positive".

**Scott:** I would make assumptions that a lot of the guys I was having sex with weren't positive because (a) they weren't disclosing, therefore they probably weren't and (b) they didn't look positive.

For both Ken and Todd, being outside the boundaries of safe sex (risk taking) is when assumptions are made.

**Ken:** Usually, for me, it's by asking. I also look for codes. If you're at a sex on premises venue

## OPTIONS ARE OPEN WITH ANOTHER POSITIVE GUY

---

While many gay men are involved in very satisfying pos-neg relationships, some HIV positive men have made the decision to only seek out other positive men for relationships. The freedom of unprotected sex between HIV positive men came as something of a 'revelation' to many. It also brings a whole lot of responsibilities.

**Ross:** Becoming HIV positive means change and brings a whole lot of responsibilities not just for your health and emotional well-being, but also, in your relationships.

Dan believed a positive diagnosis gave him a license to expand his sexual boundaries. Intimacy was important and casual unprotected sex with other positive guys was a way to maximise pleasure, manage disclosure and HIV stigma.

**Dan:** I've been positive for ten years. My decision to have sex with other positive guys helped my anxiety around disclosure. Pos sex was also a way to manage the social stigma of being HIV positive.

Who, when, how and why to tell can be one of the biggest issues positive gay men face? (See our fact sheet no. 10 *the Dynamics of Disclosure* [www.plwha.org.au](http://www.plwha.org.au)). Relationships change over time and so too the ways you do (or don't) disclose your HIV status.

Telling people on your terms is about taking control.

The Internet can play an important role for positive gay men in negotiating sex and building confidence around HIV and discussing their status.

**Christopher:** If I'm looking for sex with another positive

guy, disclosing that I'm HIV positive upfront can be a way for me to be in control. The Internet, in particular, can be a safer place to do this.

However, the burden of passing on HIV and getting an STI has made some positive men less sexually adventurous. Anxieties and pressures of disclosure, stigma and sexual rejection are challenges.

**Noel:** I was diagnosed six and a half months ago. Since then I've attempted to go out and have sex, but there's something that has changed for me.

There's a lot more pressure on me having to sit down and explain my HIV status. For me, since my diagnosis, sex has taken a backseat. My fantasies are still the same, but I see HIV as a social barrier. You know, the whole disclosure thing. It's early days and those ways of thinking will, I hope, change.

Many find dealing with a positive diagnosis evolves over time with its ups and downs emotionally, psychologically and sexually. As your confidence grows, your knowledge and relationships develop and so do your attitudes to sex. At different times we desire different things from our relationships and from sex. Some flexibility is needed to be able to adapt to changes and to negotiate each change.

**Phil:** When I was first diagnosed, I thought I should be dating someone who's positive because that's the responsible thing to do. I don't believe that now. That's totally different to how I felt six months ago and how I felt a year ago. A year ago, I didn't want to be with anybody. In two years time I might have different criteria based on where I'm at emotionally.

---

**Some gay men rely on casual partners to disclose or even know their HIV status. Even if they genuinely believe they are HIV negative, they may not have had a recent HIV test.**

**Drugs and alcohol might impair your judgements and shift your boundaries.**

---

---

## 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.

---

**We might take risks if we are in love. Is the feeling of the moment affecting our decisions?**

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

---



## 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](http://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](mailto:admin@plwha.org.au)  
[www.plwha.org.au](http://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](http://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](http://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](http://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](http://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](http://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](http://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/](http://www.thebody.com/)

### Footnotes

- 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.
- 2 PEP (Post-Exposure Prophylaxis) is a 4-week course of anti-HIV drugs, which may stop HIV infection becoming established if, started within 72 hours after exposure to HIV.



Copyright © 2007 People Living With HIV/AIDS (NSW) Inc. This information may be copied for personal or organisational use provided you acknowledge People Living With HIV/AIDS (NSW)

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.



# Meeting people and learning something new

Interview with **Jen Kerrison** from Positive Central on the Sanctuary Program

**The Sanctuary, in Newtown, has been providing services to people affected by HIV/AIDS for over a decade. Jen Kerrison, Occupational Therapist and member of the Sanctuary program working group at Positive Central, speaks with *Talkabout* about the exciting new program of groups and events in store for The Sanctuary in 2007.**

## **Tell us a little bit about the Sanctuary and its history.**

The Sanctuary was established in 1994 following the recommendations of the 'Healthy Living Project Report'. The report recommended that an activity centre be created to provide health maintenance programs, complimentary therapies, discussion and support groups, and information sessions on treatments, nutrition etc to people living with HIV/AIDS (PLWHA).

The program originally ran from the Glebe Town Hall, and in 1999 moved to a purpose-renovated facility in Mary St, Newtown. The program has adapted over the years in response to client needs.

Complementary therapies became the popular program at the Sanctuary, assisting clients to manage side effects of HIV antiretroviral medication, and the stress associated with HIV illness and deteriorating health. The main aim of the program was to improve the health and wellbeing of people living with HIV/AIDS, through the use of a range of therapies.

Currently the program provides a massage service, Peripheral Neuropathy clinic, and a social isolation/film group. A SSWAHS (Sydney

South West Area Health Service) Sexual Health (men's) clinic also operates from The Sanctuary.

There is no charge for any of the services provided. The Sanctuary is funded by the NSW Health Department's AIDS & Infectious Diseases Branch through Community Health, Sydney South West Area Health Service and is a part of the Community HIV Services team which also comprises PozHet (the Heterosexual HIV/AIDS service), and Positive Central.

## ***There is no charge for any of the services provided***

## **What new plans do Positive Central have for the Sanctuary?**

In the current climate, with HIV being re-defined as a chronic disease, we recognised that the needs of our clients and others who are affected by HIV have changed. In 2006 we conducted a Sanctuary Needs Analysis in which we received feedback from clients, potential clients and services providers as to how people feel about what the Sanctuary already does, and how it could meet future needs. The response to this was overwhelm-

ing, with many reporting that the Sanctuary already provides services appropriate to the community's needs as well as suggesting many other avenues for us to explore such as aging, nutrition and social isolation. We coupled this invaluable information with our own clinicians' insights based on their experience working with clients, much of which pointed to the importance of addressing concerns and issues for clients through group education and peer support.

## **So what will the new program look like?**

The program is really jam packed, with a fantastic assortment of groups that cater to the diverse interests of our community. Each month there will be over six groups, focusing on health, creativity, new skills, up-to-date information, and discovering individual strengths. We've been able to pull together the expertise of our clinicians and partners as well and talked with our clients to know what they want from us in 2007.

We have 'The Book Club', a bimonthly get together for people who love to read. This group aims to make the whole process of reading much more shared and social. Participants will choose a book to read, and then meet up in two months to share their ideas with others on the dramas and characters, the thickening plot or not, and the 'was it gripping?' factor. There's opportunity to include an occasional library session for those who want to learn more and get the most out of the amazing free services libraries now offer. We're covering more serious issues such as mental health too, by conducting open forums for people to come along

and gain valuable information about their concerns, interests and changing needs.

We also have the old favourites, the BBQs and The "Sanctuary Cinema" so people can come along and meet new friends or join old ones for lunch or to watch a recent release movie, all free of charge.

In all of the groups there'll be an atmosphere of friendly acceptance and safety, offering respect for all individual needs and vulnerabilities. Our aim is to provide a space for empowerment, to promote personal growth and for some, even a few interesting challenges. We hope the experiences will enhance people's lives and allow them to develop skills and knowledge, as well as provide connectedness in the HIV community.

### Who are you targeting with this program, and can anyone go to the groups?

Yes, The Sanctuary program is really for anyone living with HIV, and his or her carers and families. There are programs on the calendar such as 'Bon Appetit' and 'Making Connections' which are workshops that will be run for a set period and aimed at those with say nutritional or 'foody' type goals or an interest in simply becoming more social. However, events like 'Let's Get Physical' and 'The Book Club' are for those who alternatively want to start to address their fitness again or maybe launch into new or old interests.

We'll ensure that all programs at The Sanctuary are open and inclusive for anyone who is making that huge step of re-engaging in new and exciting activities, by becoming more actively involved in their health and well being - so yeah, its about assisting people to have a go, meeting others who are doing likewise and I guess ultimately taking a risk to be happier....and more in control!

### What should people do if they want to get more information on the program?

Call us soon, as the response so far has been great! Check out our adverts in this and future issues of *Talkabout*, and take a copy of our Calendar for details on all events at The Sanctuary in 2007. We can be contacted by phone at Positive Central 9395 0444, and stay tuned for Positive Central's new website which we will be launching in the coming months. Even if you're unsure, we're happy to explain more.

# TREATMENTS NIGHT



Pozhet Freecall 1800 812 404 [www.pozhet.org.au](http://www.pozhet.org.au)

**FRIDAY 11 MAY**

Guest speaker: Garry Trotter RPA HIV  
Clinical Nurse

Great crowd

Bring your questions along &  
enjoy an informative evening  
and good food with the boys at  
this *positive men's only event*

Buffet supper

Short walk from Central  
Railway

No question left unanswered!

Free car parking

Tree of Hope 7pm - 9pm

## Facts and Fiction



**OPEN HOUSE  
FRIDAY 25 MAY**

**Risk and desire. Fear and anxieties.  
What is safe-and how safe is safe?  
Bedroom gambling & the odds on HIV transmission**

Freecall 1800 812 404

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

**Special Guest Speaker  
Maggie Smith**

**Inspiration from 7pm to 9pm for  
positive men, positive women &  
their partners**

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

 (02) 9515 5030

Translating and Interpreting Service  
131 450



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

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

**AMHARIC** የኤድስን ህመም በተመለከተ ግንዛቤ እንዲኖርዎት አስፈላጊው ምክርና እርዳታ እናቀርባለን። በዚህ ክልሊክ በራሳችሁ ቋንቋ የተጻፈ መግለጫ (ጽሁፍ) እንዲሰጣችሁ ጠያቂ። ማንኛውም አገልግሎት በሚሰጥር የሚያዝና ከክፍያ ነጻ ነው።

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

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

**SERBIAN** Можемо да вам пружимо подршку и разумевање у вези ХИВ-а/ Сиде. На клиници можете упитати за брошуру на вашем језику. Све услуге су бесплатне и поверљиве.

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

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

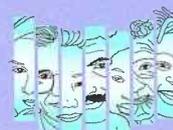
**POLISH** Możemy Ci pomóc Ci żyć z HIV/AIDS i zrozumieć, na czym on polega. Poproś w klinice o broszurę na ten temat w Twoim języku. Wszystkie nasze usługi są poufne i bezpłatne.

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

**SHONA** Tinokwanisa kukubatsirai nerutsigiro uye kuti munzwisise nezvi HIV/AIDS. Bvunzai pakiriniki ino zvinyorwa zviru mumutauro wenyu. Rubatsiro rwese haruna muripo uye hapana mumwe anoziviswa zvamunenge mataura pasina mvumo yenyu.

**THAI** เราให้บริการช่วยเหลือและเข้าใจในเรื่อง เชื้อเอชไอวีและโรคเอดส์  
ถามหาแผ่นพับข้อมูลในภาษาของท่านได้ที่คลินิกนี้  
บริการทุกอย่างจะถูกเก็บเป็นความลับและ ไม่มีค่าใช้จ่ายใด ๆ

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



Multicultural HIV/AIDS and Hepatitis C Service

A SERVICE CENTER SUPPORTED BY SYDNEY SOUTH WEST PUBLIC HEALTH SERVICES NSW@HEALTH

[www.multiculturalhivhepc.net.au](http://www.multiculturalhivhepc.net.au)

**The more  
FINGERS,  
TONGUES or  
TOYS  
up your arse...  
the more STI  
tests you need.**

**Even if you don't get fucked you can get STIs in your arse. The only way to know is to get a test.**

**A full sexual health check involves getting a blood and urine test and your throat and arse swabbed.**

For more info on STIs, testing, treatments or the location of clinics and doctors, check out [www.whytest.org](http://www.whytest.org) or call the Sexual Health Infoline on 1800 451 624.

 **acon**  
community, health and action  
[www.acon.org.au](http://www.acon.org.au) / tel. 9206 2000 / 1800 063 060

# THE WAY IT IS NOW

living well long-term with HIV

**creative workshop**  
**Sat 2 June – Sun 3 June**

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

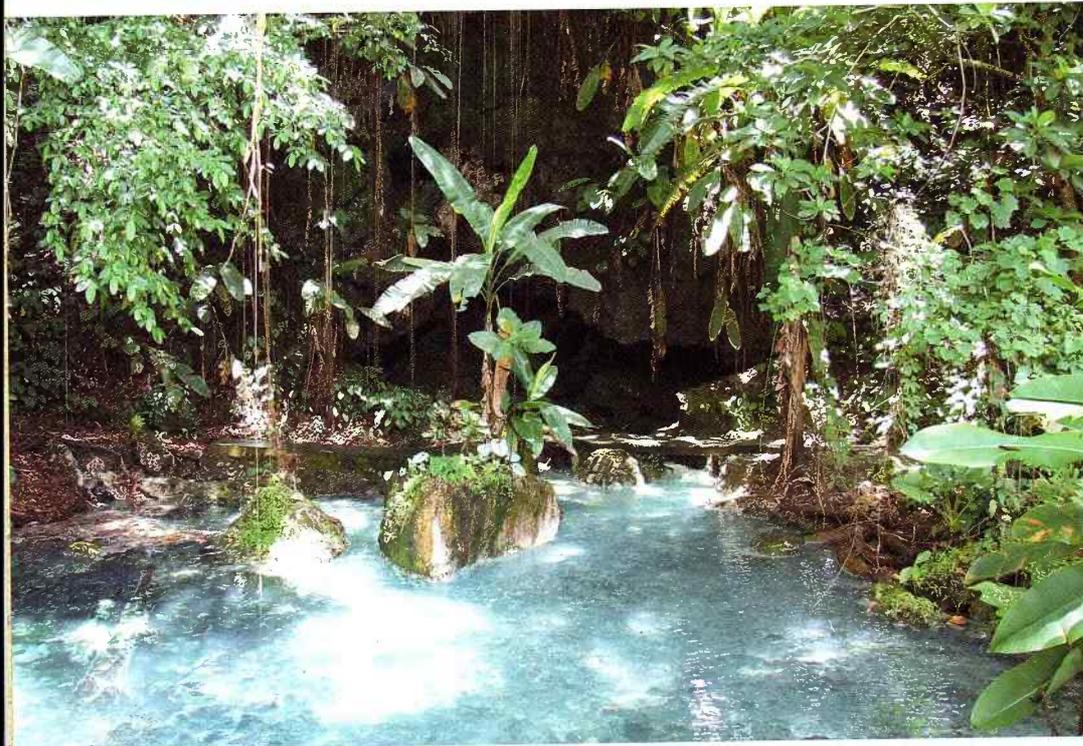
Materials developed will be used for  
our new campaign...

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





## Our Beautiful Neighbour: **Papua New Guinea**



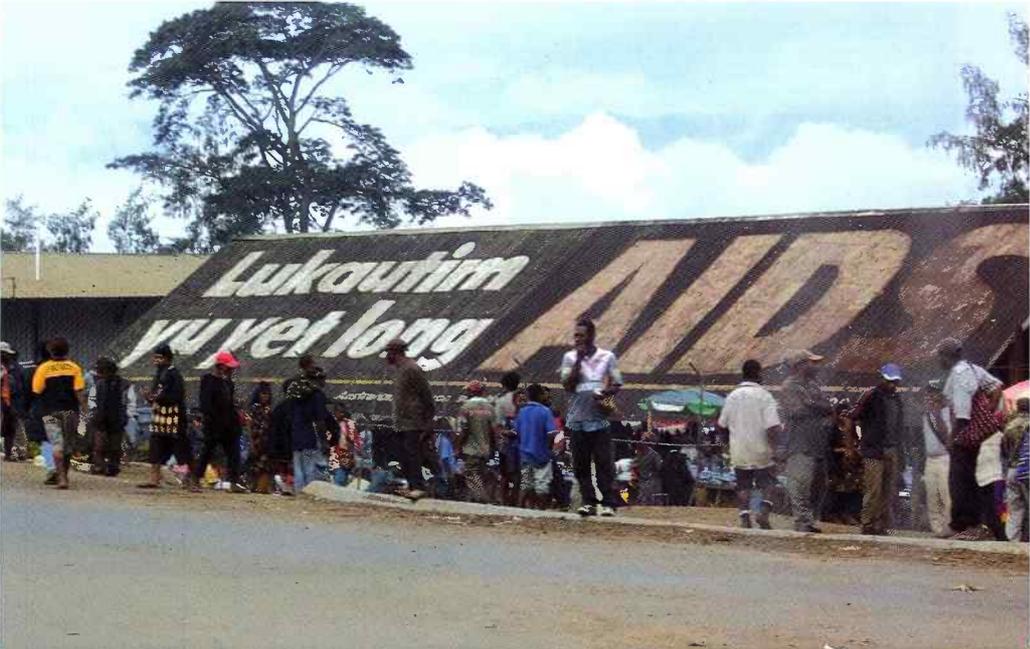
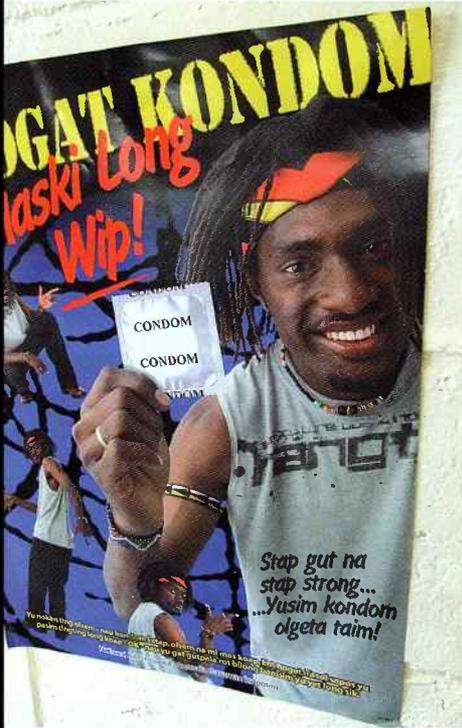
Photographer John Douglas has recently visited our nearest neighbour, Papua New Guinea. He tells *Talkabout* that it “was incredible, one of the most interesting places I’ve been.”

Papua New Guinea has a population of 5,887,000. UNAIDS estimates the number of people with HIV to be approximately 16,000, and people with HIV in PNG face many challenges. The local organisation for positive people, Igat Hope (which means ‘I’ve got hope’) has been supporting people with HIV challenging stigma and discrimination.

John’s photos indicate some of the great beauty to be found there, as well as a small taste of some of the HIV education and prevention efforts.

More of John’s photography can be found at:  
[www.JohnDouglasArt.com](http://www.JohnDouglasArt.com)





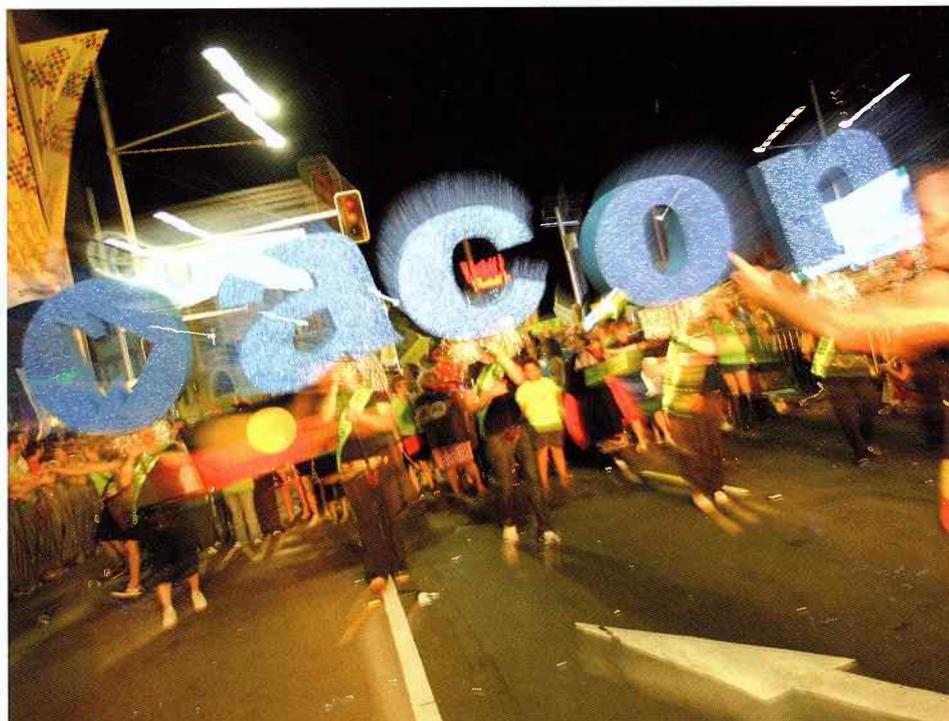
left top: Kula canoe, Panapompom Island  
 left centre: Sulfur spring in the mountains near Madang  
 left: Tuvuvuv, from a distance. The town of Rabaul was buried in 1994 by volcanic eruptions. The new town and surrounding areas are still coated regularly in the corrosive ash.  
 Above top: Condom poster in a post office  
 Above: AIDS awareness poster in pidgin  
 Right top: Rowing in Tufi. The steep ria (or drowned river valley) formed from ancient lava flows.  
 Right centre: Sepik carvings  
 Right: The markets of highland town Goroka

# ACON marches for HIV and GLBT health, **Right Here Right Now**

ACON's Mardi Gras campaign Right Here Right Now literally came to life for the 2007 Mardi Gras Parade, with 400 people marching with the largest float of the night. And here are just some of the pictures that captured the event!

Proudly led by members and supporters of ACON's Aboriginal and Torres Strait Islander project, ACON was joined by CSN (the Community Support Network) and SWOP (the Sex Workers Outreach Project), and welcomed the Rainbow Sky delegation from Thailand in their first ever Mardi Gras. The float was also supported by Priscilla On Stage. Banners, signs and bright green and white t-shirts highlighted some of the key facts from ACON's Right Here Right Now campaign in an explosion of colour, lights and movement. An enormous and iconic silver stiletto kept everyone 'in step'.

The campaign, launched on Thursday 1st February, highlights a series of 20 key issues especially relevant to members of the GLBT community during Mardi Gras, with messages identified through research and consultation with teams across ACON. Issues identified by the HIV Health Maintenance Team included treatment breaks, serosorting, Hep C, crystal use, mental health and sexually transmitted infections.



Each fact has been followed up with advice on how to address the issue either by adopting particular behaviour or by seeking out professional help.

One message that has spurred a great deal of discussion has been that 'Hep C is being passed from arse to arse in group sex by sharing toys, fists or cocks'. The recommended action is 'When moving from arse to arse, wash your hands and toys and change gloves and condoms'.

Another message points out that 'Right here, right now...25 percent of HIV infections are happening within relationships', with a recommended action to 'know your HIV status and talk about all the sex you have'.

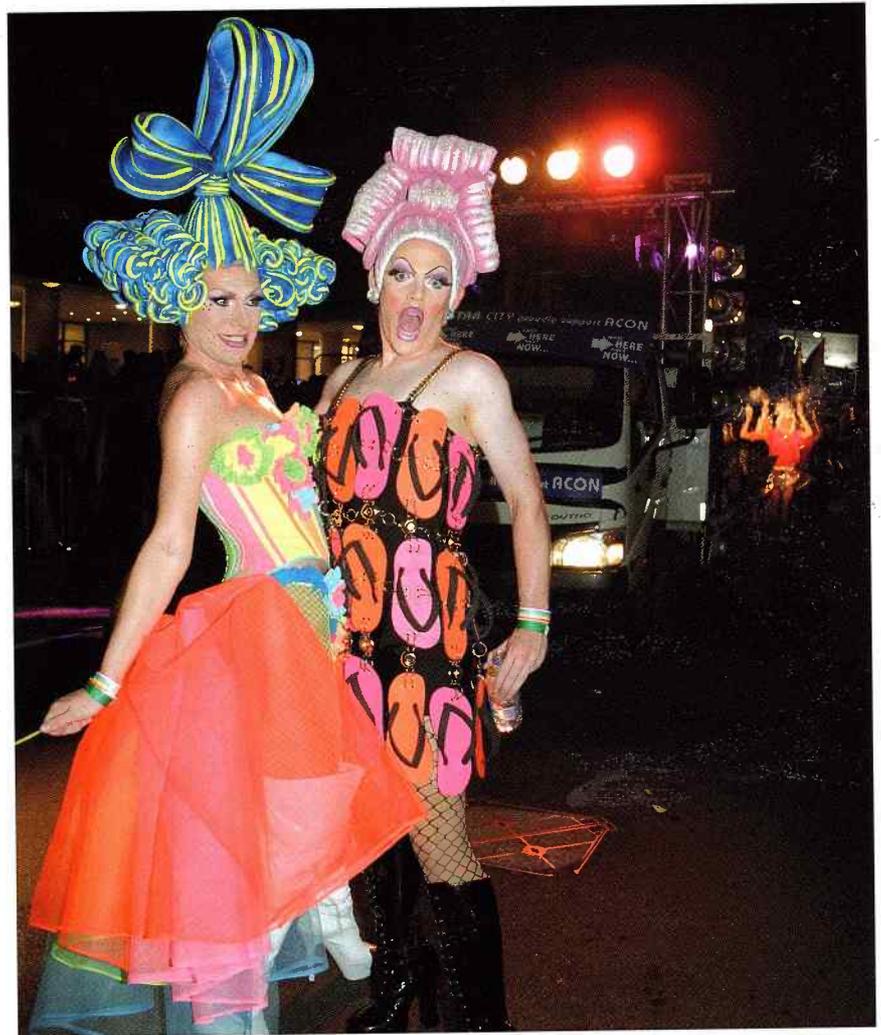
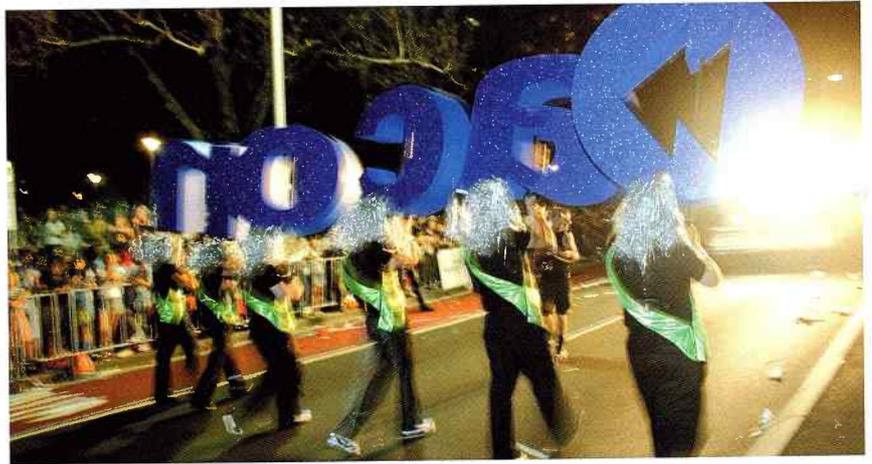
The campaign website is still live ([www.rightnow.acon.org.au](http://www.rightnow.acon.org.au)) and provides more detailed information, including resources for people wanting to seek help and advice. Animated illustrations with each issue can be sent via email, without cost, in the form of an e-card. This is another strategy ACON is using to ensure these messages get to as many people as possible.

To date, the site has registered over 10,000 visitors, and ACON has been congratulated by international website engineers on its use of style and imagery for the site. The illustrations serve to attract viewers and enable diverse audiences to access information. These strategies are especially important around Mardi Gras with the huge influx of national and international guests.

ACON CEO Stevie Clayton says building the campaign around a series of current health issues helps the GLBT community in two ways. 'Firstly, it reinforces the idea that decisions about one's health should always be based on factual information,' she says. 'And it demonstrates that ACON is committed to providing factual information that is important to our community right here and right now.'

Visit [www.rightnow.acon.org.au](http://www.rightnow.acon.org.au) and contact ACON on (02) 9206 2000 for more information or resources.

Photos: Donna Campbell





## Good nutrition at an affordable price

Do you need practical assistance meeting daily nutritional needs? The Food Distribution Network might be able to help.

### What is the Food Distribution Network?

The Food Distribution Network is a not for profit organisation which now delivers fresh and inexpensive fruit and vegies to people living with HIV/AIDS in the Inner West who need practical assistance to meet daily nutritional needs. We also deliver to PLWHA who reside in the City of Sydney who need assistance to continue living independently at home.

### What sort of produce do people receive?

Boxes of fruit, boxes of vegies and mixed boxes of both fruit and veg are available. The content is determined by the quality, quantity and price of produce at Flemington Markets together with feedback we receive from you! Last week our vegie boxes contained five potatoes, three onions, three carrots, a cucumber, three sticks of celery, some spinach, a capsicum, two zucchinis, 150 grams of mushrooms, some basil, three beetroot, a cob of corn and three tomatoes! Our fruit boxes contained a melon, 380 grams of grapes, a lime, a punnet of strawberries, ten plums, three nectarines, four apples, three pears,

four oranges, five bananas and three tomatoes! Though the content changes from week to week, all boxes have over 30 pieces of fruit or veg and weigh from six to eight kilograms.

### How much does it cost?

Each box of produce costs just \$6 plus a \$2 delivery fee.

### How is it such good value?

\$6 from each and every person is added together and collectively used to purchase bulk produce at Flemington markets. Pooling resources to buy in bulk means that everyone receives more produce for their dollar!

### So how can people access the service?

You must be assessed as eligible before you can access the service. Please call the office on 9699 1614 to arrange an assessment. A limited number of places are available.

### And who funds the service?

The service in the Inner West is funded by the AIDS Trust of Australia. The City of Sydney service is funded by the Home and Community Care (HACC) program.

**Call 9699 1614 or email [enquiries@fdn.org.au](mailto:enquiries@fdn.org.au) for more information.**



# after hours

snax chat chill

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

Want to meet with other newly diagnosed gay men?

After hours is a drop in night for you!

Thursdays, monthly from 7.30pm

Contact Glenn on 9361 6011

Email: [glennf@plwha.org.au](mailto:glennf@plwha.org.au)

PEOPLE LIVING WITH HIV/AIDS

acon  
community, health and action

## 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

**02 9206 2060**

All information is kept strictly confidential.

9 Commonwealth Street,  
SURRY HILLS NSW 2010  
Freecall 1800 063 060  
Fax (02) 9206 2053  
Email [halc@halc.org.au](mailto:halc@halc.org.au)  
10am to 6pm Mon to Fri



## So Can You Cook? No 23 Baked Classics



Tim Alderman

**I often find myself back in nostalgia la la land in this column. Mind you, I don't think that is an entirely bad thing. Most of us have very happy thoughts of our childhood, and the food we ate has a large part to play.**

There are good things and bad things tied into nostalgia. In respect to food, some of the good things are comparing the 'then' to 'now'. The way we have embraced food styles from all over the world, to start with, and how we have incorporated them into our fusion of traditional and modern, is something we can all be commended for.

The huge choice of foods we have now is far more desirable than the limited range we had when I grew up. I have thankfully let go of the days of meat and three veg, and the boring monotony of chops on Monday night, cutlets on Tuesday night, sausages with gravy on Wednesday night etc, as if by diversifying we would break some sacred ritual. So, there is a lot I don't lament leaving in the past, except to use it as a simile of how not to do things.

But there are also some very important elements of food back then that we have lost, and that is very lamentable. Perhaps the greatest loss, particularly in our modern world where everyone is in such a rush to get things done as quickly as possible, is the lack of 'neighbourhood' in cooking, that silent, unacknowledged exchange of respect, love and communication that used to happen in

the burbs of the 50s and 60s.

I miss the Saturday cook-off more than anything else from that time. In Melrose Avenue at Sylvania, every Saturday was baking day, in every house on the street. You could smell cakes and pies baking as you walked down the footpath. Every mother excelled in particular products. In our house my mother made delicious jam and coconut tarts, and an apple and rhubarb pie that I can still taste. Mrs Gill next door to us did fantastic pumpkin scones and banana pikelets. Eadie Samways over the road did mouth-watering passionfruit sponges, and cup cakes. Mrs Johnson next door to her did apricot slice and truly delicious chocolate cakes... You get my meaning. But it wasn't that they just cooked for themselves. The fruits of their labour were shared amongst the other households in the street. Doorbells would be ringing all day as tea towel covered plates of treats were shared amongst the other families in the street. And it wasn't just the treats that were shared – those without the luxury of a Mixmaster would be lent one by a luckier neighbour, and recipes were swapped constantly. Baking helped to create community. As a kid growing up in this environment, I had an excellent time roaming from house to house sampling wares, licking beaters and bowls, hands sticky and eyes as big as dinner plates. It was a true assault on the senses.

That is perhaps the one thing I would like to see return. Now, if we can just teach peo-

ple to love cooking instead of seeing it as a fast food chore...

This is a nostalgic look at baking.



### SCONES

- 2½ cups self-raising flour
- 1 tablespoon caster sugar
- ¼ teaspoon salt
- 30g butter
- ¾ cups milk
- ½ cup water (Approx)

Preheat oven to very hot (240 °C). Either grease an 18cm square pan or a baking sheet.

Sift flour, sugar and salt into a large bowl. Rub in butter with fingertips until it resembles fine breadcrumbs.

Make a well in the centre and add milk and almost all the water. Using a knife, 'cut' the milk and water through the flour mix until you achieve a soft, sticky dough. Use your own judgement to decide if the rest of the water needs to be added or not.

Turn the dough onto a lightly floured surface and knead quickly and lightly to a smooth dough. Don't use too much flour for this, otherwise you end up with an over-floured dough.

Using hands press the dough out to a 2cm thickness. Don't be too fussy – scones should be rough. Dip a 4.5 cm cutter (or a glass or a cup rim) into flour and cut rounds from dough. Continue reworking dough until it is all used up. Pack rounds together in cake tin, or on baking sheet.

Brush with milk and bake in a very hot oven for 15 minutes. Turn onto wire rack to cool, or break in half and butter while hot to get that yummy, runny butter all over your hands as you devour it. Naturally, they are also great with strawberry jam and whipped cream. For variety, throw in a handful of sultanas, raisins or dates.



## Apple Pie

- 1 cup plain flour
- ½ cup self-raising flour
- ¼ cup cornflour
- ¼ custard powder
- 2 tablespoons caster sugar
- 125g cold butter, chopped
- 1 egg, separated
- ¼ cup iced water, approx

### FILLING:

- 7 (1.5 kg) large apples
- ½ cup water
- 2 tablespoons sugar
- ¼ teaspoon ground cinnamon
- 1 teaspoon grated lemon rind

For filling – Peel apples, cut into quarters. Remove cores and cut in half lengthways. Place apples in a large saucepan with water; bring to the boil. Reduce heat; cover. Cook about 5 minutes or until apples are just tender. Transfer to a large bowl, gently stir in sugar, cinnamon and lemon rind. Cool to room temperature.

For pastry – Blend or process flours, custard powder, half the sugar and all the butter until combined. Add egg yolk and just enough water to get all ingredients to come together. Knead on lightly floured surface until smooth, then press to a disk and wrap in plastic wrap. Refrigerate for 30 minutes.

Roll two-thirds of the pastry between sheets of baking paper until large enough to line a 23cm pie dish. Line dish. Trim edges. Cover and refrigerate for 30 minutes.

Preheat oven to moderate (180 °C)

Roll remaining pastry between sheets of baking paper until large enough to cover pie. Discard scraps.

Spoon filling into pastry case, brush edge with lightly beaten egg white. Cover filling with pastry sheet, press edges together then trim using knife. Pinch edges to make a frill. Brush top with remaining egg white and sprinkle with remaining sugar.

Bake pie in moderate oven for 40 minutes or until golden brown.



## Raspberry Coconut Slice

- 90g butter
- ½ cup caster sugar
- 1 egg
- ¼ cup self-raising flour
- 2/3 cup plain flour
- 1 tablespoon custard powder
- ¼ cup raspberry jam (or to your own flavour)
- Coconut Topping:
  - 2 eggs, beaten lightly
  - ¼ cup caster sugar
  - 2 cups desiccated coconut

Preheat oven to moderate (180 °C). Grease 19cm x 29cm slice tray; line the base and sides with baking paper, extending it over the edges of the pan by 2cm.

Beat butter, sugar and egg in a small bowl with an electric beater until it changes to a lighter colour; stir in sifted flours and cus-

tard powder. Spread mixture over base of prepared pan.

Bake in moderate oven for 15 minutes. Stand in pan for 10 minutes.

Spread slice base with jam, then sprinkle with coconut topping (for coconut topping combine all ingredients in a small bowl).

Return to moderate oven, bake for a further 25 minutes or until browned lightly. Cool in pan before cutting.



## Best-Ever Sponge Cake

I used to think making sponges was a real chore, and they never seemed to be as light as they should be – in fact, mine used to be like butter cakes. After experience – and a determination to get them right – I found that I was too heavy-handed with them. The trick is to get the eggs and sugar really aerated and foamy, then to quickly and lightly fold in the flour using either your hand (the traditional way) or a large metal spoon. Don't fiddle with them; otherwise you lose the air that makes them so light.

- 4 eggs
- ¾ cup caster sugar
- 1 cup self-raising flour
- 1 tablespoon cornflour
- 10g butter, softened
- 1/3 cup hot water
- 1/3 cup lemon butter (or jam if you prefer)
- ¾ cup thickened cream, whipped
- 1 tablespoon icing sugar mixture

Preheat oven to moderate 180 °C. Grease 2 x 20cm deep round cake pans.

Beat eggs in a large bowl with electric mixer until thick and foamy. Gradually add sugar about 1 tablespoon at a time, beating until sugar is dissolved between additions. Total beating time should be about 10 minutes.

Sift flour and cornflour together three times onto a sheet of paper. Sift flour mixture over egg mixture, then using a raking

movement with your hand lightly fold and pull the flour mixture through the egg mixture. Use your hand to scrape the sides of the bowl.

Pour combined butter and the water down side of bowl, using one hand fold through the egg mixture. Pour mixture evenly into prepared pans, using metal spatula spread mixture to edge of pans.

Bake sponges in moderate oven about 25 minutes. Immediately sponges are cooked turn onto cooling wires spread with baking paper. Turn top-side up to cool.

Place one sponge on serving plate, spread with filling and whipped cream. Top with remaining cake and sprinkle with icing sugar mixture.



## Banana Cake with Passionfruit Icing

- 125g butter, softened
- ¾ cup firmly packed brown sugar
- 2 eggs
- 1½ cups self-raising flour
- ½ teaspoon bicarbonate of soda
- 1 teaspoon mixed spice
- 1 cup mashed banana (preferably 2 over-ripe ones)
- ½ cup sour cream
- ¼ cup milk
- Passionfruit Icing:
- 1½ cups icing sugar mixture (actually a mix of icing sugar and cornflour)
- 1 teaspoon soft butter
- 2 tablespoons passionfruit pulp, approx

Preheat oven to moderate 180 °C. Grease 15cm x 25cm loaf pan, lining base with baking paper.

Beat butter and sugar in a small mixing bowl with electric beater until light and fluffy. Beat in eggs, one at a time, until combined. Transfer mixture to a large bowl, using a wooden spoon stir in sifted dry ingredients, banana, sour cream and milk. Spread mixture into prepared pan.

Bake cake in moderate oven for about 50 minutes. Stand cake in pan for 5 minutes before turning out onto wire rack to cool. Spread with passionfruit icing.

Passionfruit icing: Place icing sugar in a small heatproof bowl, stir in butter and enough pulp to make a firm paste. Stir over hot water until icing is of spreading consistency, taking care not to overheat. Use immediately.



## Date & Walnut Loaf

Although it is traditional to make this tea roll in a round tin, these can be expensive to buy if you don't have them in the cupboard. Use an ordinary loaf pan instead, or use well-cleaned fruit tins with a double thickness of foil for a lid. These rolls can be frozen for up to three months.

- 60g butter
- 1 cup boiling water
- 1 cup finely chopped, seeded dried dates
- ½ teaspoon bicarbonate of soda
- 1 cup firmly packed brown sugar
- 2 cups self-raising flour
- ½ cup coarsely chopped walnuts
- 1 egg, beaten lightly

Preheat oven to moderate 180°C. Grease 2 x 8cm x 19cm nut roll tins (from any good kitchenware store), line bases with baking paper. Place tins upright on baking tray.

Combine butter and water in medium saucepan; stir over low heat until butter melts.

Transfer mixture to a large bowl; stir in dates and soda, then sugar, flour, nuts and egg.

Spoon mixture into prepared tins, replace lids.

Bake rolls, tins standing upright, in moderate oven about 50 minutes.

Stand rolls for 5 minutes, remove both lids and shake tins gently to remove rolls onto wire rack to cool.

Serve with lashings of deliciously unhealthy butter.



## Farewell to Jodie

After three year as Manager at PLWHA (NSW), Jodie Little has moved on to a new job. Jodie was responsible for human resources and internal administration for the organisation. We wish her well in her new position.

**ALDERMAN**   
providore

Quality Australian gourmet food products sourced from the best of our boutique companies.

Alderman Providore run product sampling parties for our stocked lines. If you are interested in hosting a party please contact us on 02 9569-6537/ 0421 415 454 or email us at [aldermanprovidore@aapt.net.au](mailto:aldermanprovidore@aapt.net.au).

(Sydney metropolitan and suburban only)

Check out the website:

[www.alderman-providore.com](http://www.alderman-providore.com)



# Health and fitness: Ask Ingrid

Gym instructor **Ingrid Cullen** answers your questions about training and physical fitness

We've got three questions this issue so here goes. Keep the questions coming, what ever you want to know ask me.

## Is it true that if it hurts the day after the workout, you have done well and had a good workout?

Usually yes. It means that you have worked out hard enough to get your muscles to adapt by getting bigger and or stronger. It is important though to understand that stiffness soreness is different from injury soreness so as long as it is the muscles that you have trained and the soreness takes about two days to develop you have had a good workout. If you are sore straight after or within hours of training you may have overdone it.

## I would like to build up my arms so that they counteract the appearance of my thicker waist (a bit of lypo maybe). But what's more important to build them up and develop my arms – should it be biceps or triceps?

## And are they better exercised at different times or the same time?

Triceps over biceps as a general rule, as they make up two thirds of your upper arm size and biceps one third. How you work your arms does depend on how many days a week you are working out. Below is listed the various options for working arms into your existing training schedule:

- A Chest and triceps
- B Back and biceps
- C Legs and Shoulders

OR

- A Legs and back and biceps
- B Chest and shoulders and triceps

OR

- A Chest and Back
- B Legs and Shoulders and arms

OR

- A Chest
- B Back
- C Legs
- D Arms
- E Shoulders

## *biceps get worked hard on the day you train your back*

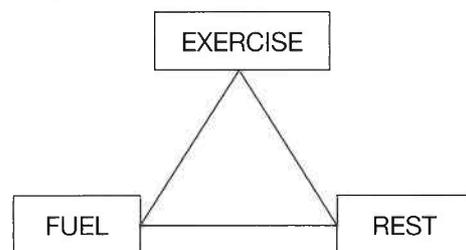
You can even work your whole body in one day. So it is not about training them separately or together but more about your own body and how it responds to rest and how many days your muscles can respond to training. Whatever training schedule you pick, you will need to train each muscle group either once or twice a week, depending on what suits your body.

However you train, remember biceps get plenty of work when you work your back, and triceps get plenty of work during chest exercises. If you train biceps on the same day as back you would only need one or

two exercises, if you train them separately you may do three or four exercises. Also remember that because biceps get worked hard on the day you train your back, if you train biceps on a separate day it is like working your biceps twice in the one week. The same principle for back and biceps applies to chest and triceps.

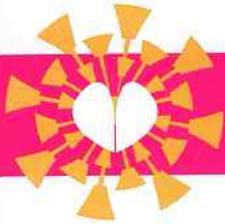
## Someone once told me that your muscles actually grow when you're sleeping after you have exercised and they don't grow if you don't get enough sleep? Is this true?

Yes it is true, your muscles grow when you are resting, and sleep is the best rest. To get the best results from your training program you need to think of your training regime as an equilateral triangle.



If one side is not equal to the others the whole system becomes inefficient. A system is only as strong as its weakest link. So train regularly and know your body's limits. Eat well and use supplements wisely, and sleep well and rest your muscles before you train them again.

**Do you have any fitness questions for Ingrid? Email them to [editor@plwha.org.au](mailto:editor@plwha.org.au)**



# Olga's personals

## Men Seeking Men

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

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

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

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

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

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

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

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

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

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

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

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

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

**23 yo,** HIV+ 3 yrs. Central coast, GWM, DTE, 5 ft 11, 65 kg, brown hair/eyes, athletic build. Well hung, versatile (prefer bottom) handsome, mature. Enjoy a drink/smoke str8 acting. WLTM leather, uniform, tradie types for hor 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, gum fit. Considerate, fun loving, great smile, good health. To share optimistic future with GWM. Affectionate mate to settle down with. **Reply: 250107**

**36 years young,** positive over 12 years, lives in Blue Mountains, DTE GSOH looking for pen pals with people who are not embarrassed about their sexuality, versatile WLTM 18-45 ALA Give it a go! **Reply: 160207**

## 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 would like to meet a positive heterosexual woman for long term relationship. I'm 6 ft tall, 38 years old, black hair with hazel eyes, GSOH, love to laugh and make others laugh. Interests include movies, music, talking, cooking and eating out. **Reply: 090107**

**In custody,** 34 yo male, 6 ft 2, slim build, blue eyes dark blonde hair, tats, GSOH, DTE, like sports, music and quiet nights at home with good company. Looking for 25 to 45 yo female for pen pal and companionship to start with, then see what happens. HIV+ is not a problem. ALA **Reply: 220207**

## 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**

**HIV+ female.** Wanting to meet someone in the NSW/VIC Border area. I have been positive for nearly six years. Fit and healthy and not on meds. I am 5ft 4 brown eyes, blonde/brown shoulder length hair of solid build. Looking for someone genuine, for friendship and hopefully long term relationship. I love animals, quiet nights at home and the country life. **Reply: 120307**

**Seeking African man** for marriage. Must be Christian, non-smoker, fully employed and resident. Me: white, attractive, sensual, quiet, family oriented, very good cook, caring and affectionate, understanding. I have two children. Serious men only. No time wasters please. **Reply: 150307**

## Flat share

**53 year old** HIV+ trendy guy, looking for house or flat share with one or a couple of poz guys. Still healthy. Wants to move back to Sydney. Into fashion and style. Music and dancing. Good times and is an exhibitionist. Looking for same or similar for fun and playful times. **Email: radicaljacket1953@yahoo.com.au**

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

## When placing and answering personals

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

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

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

## When meeting someone:

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

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

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

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

## How to respond to a personal

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

## How to place a personal

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

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

## Membership costs nothing!

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

### Please tick

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

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

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

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

Sign below



## Subscriptions

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

### Subscriptions only

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

### Organisations:

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

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

## Personal & Health Information Statement

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

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

Signature

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

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

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

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

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

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

I would like to make a donation of \$ \_\_\_\_\_

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

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

Please charge my  VISA  MasterCard

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

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

Cash payments can be made at our office.

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

# The Sanctuary

The Sanctuary Program focuses on providing information and empowering events in a safe and accepting environment

The Sanctuary is easy to access in the heart of Newtown, close to buses and trains

If you'd like more information call Positive Central on 9395 0444

**POSITIVE CENTRAL**

## JUNE

### Lets Get Physical

A gentle stretching and strengthening class

### The Sanctuary Cinema

Free movie afternoon at the Sanctuary

### Massage Clinic

Free massage clinic Monday and Fridays

### Sexual Health Clinic

Men's only sexual health clinic Wednesday afternoons/ evenings

### Communication for Love and Friendship: A Forum

Learn the basic skills to make friends and build relationships

### Peripheral Neuropathy Clinic

Weekly treatment for pain caused by peripheral neuropathy

## JULY

### Lets Get Physical

### Massage Clinic

### Sexual Health Clinic

### Coffee & Catch Up

Get together with new friends over a cuppa

### Communication for Love and Friendship: A Forum

### Winter BBQ

Join friends over a BBQ lunch in a local park

### Phoenix

A BGF group aimed at exploring new opportunities for change

### Understanding Mental Illness: A Forum

Understanding Depression

### Peripheral Neuropathy Clinic

### Making Connections

A 6 week group focussing on learning how to use social networks to cope with stress

## AUGUST

### Lets Get Physical

### Massage Clinic

### Sexual Health Clinic

### Communication for Love and Friendship: A Forum

### The Book Club

Sharing the trials and tribulations of your favourite characters in books

### Bon Appetite

Positive Nutrition and Cooking

### The Sanctuary Cinema

### Understanding Mental Illness: A Forum

Understanding Anxiety

### Peripheral Neuropathy Clinic

## SEPTEMBER

### Lets Get Physical

### Massage Clinic

### Sexual Health Clinic

### Coffee & Catch Up

### Communication for Love and Friendship: A Forum

### Chill

Practising Strategies to find calmness

### Peripheral Neuropathy Clinic

## OCTOBER

### Lets Get Physical

### Massage Clinic

### Sexual Health Clinic

### Spring BBQ

### The Book Club

### The Sanctuary Cinema

### Last night I picked up: A forum on positive sexual health

### Peripheral Neuropathy Clinic

## NOVEMBER

### Lets Get Physical

### Massage Clinic

### Sexual Health Clinic

### Coffee & Catch Up

### Is it HIV or am I getting old? A Forum

Discussing issues of aging

### Peripheral Neuropathy Clinic

## DECEMBER

### Lets Get Physical

### Massage Clinic

### Sexual Health Clinic

### Christmas BBQ

### The Book Club

### The Sanctuary Cinema

### Peripheral Neuropathy Clinic

POSITIVE —  
OR  
— NEGATIVE  
HIV IS IN OUR LIVES

We might take risks  
if we are in love.  
Is the feeling of the  
moment affecting  
our decisions?

For more information  
[www.plwha.org.au](http://www.plwha.org.au)  
or call 9361 6011

 PEOPLE LIVING  
WITH HIV/AIDS