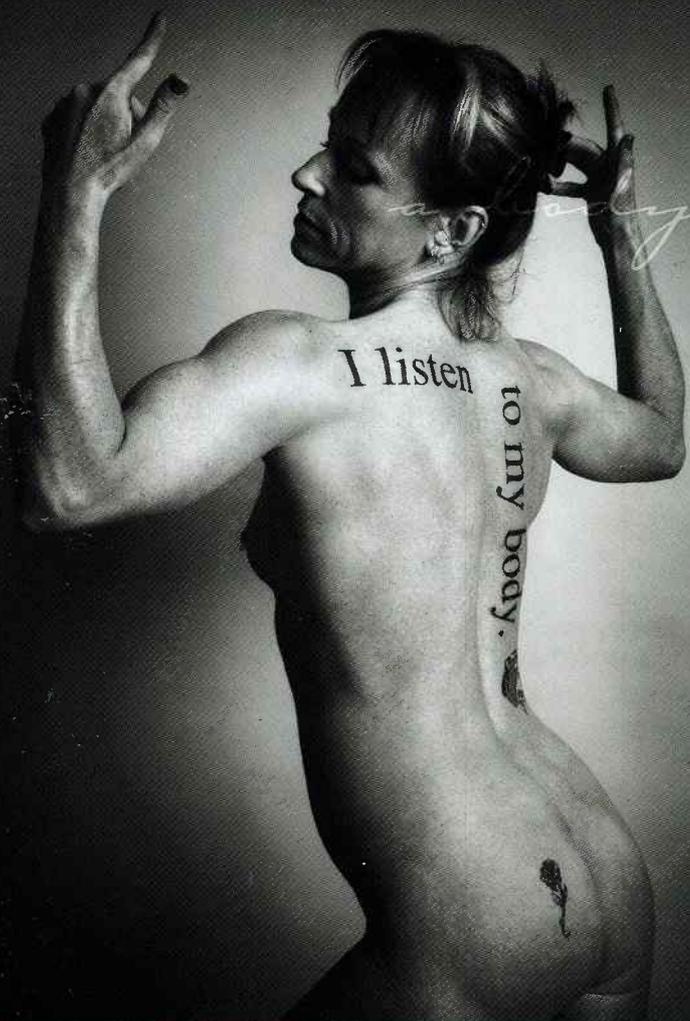


talkabout

Where we speak for ourselves

#151 | June - July 2007

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



a story of knowledge

I listen
to my body.

Charts and lists, measurements and limits, people and their plans that say I must do this and I can't do that. *But life's for me not a numbers game.* I'll not be swayed by opinions and objections. Every night I light candles, check in, as I listen to my body.

PLUS

Doing it my way: one woman's story

When the holiday's over: treatment breaks

Growing up positive: a teenager's perspective

Dealing with both: HIV and Hepatitis C

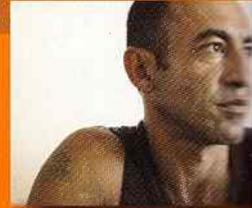


PEOPLE LIVING
WITH HIV/AIDS
NEW SOUTH WALES

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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.

AKAN

Ye betumi aboa wo na yen akyerekyere wo HIV/AIDS yaree mu. Bisa saa yaree yi ho nkrataa ewo aha. Biribiara a ye be ye amawo no yen mma obiara nte, afei nso yen nge wo hwee.

ARABIC

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

BURMESE

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CROATIAN

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

GREEK

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

INDONESIAN

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

KHMER

យើងអាចផ្តល់ការគាំទ្រដល់លោកអ្នកនិងយល់ពីទុក្ខធុរៈទាំងឡាយដែលបង្កឡើងដោយមេរោគ HIV និងជំងឺអេដស៍។ សូមលោកអ្នកសួររកក្រុមគ្រូពិមាតនេះដែលមានជាភាសាខ្មែរនៅតាមមន្ទីរពិគ្រោះជំងឺ។ កិច្ចបម្រើទាំងនេះរក្សាការសម្ងាត់ផ្តល់ខ្លួនរបស់លោកអ្នក និង មិនគិតលុយទេ។

MACEDONIAN

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

KOREAN

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

SOMALI

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

SPANISH

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

VIETNAMESE

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



Multicultural HIV/AIDS and Hepatitis C Service

www.multiculturalhivhepc.net.au

features

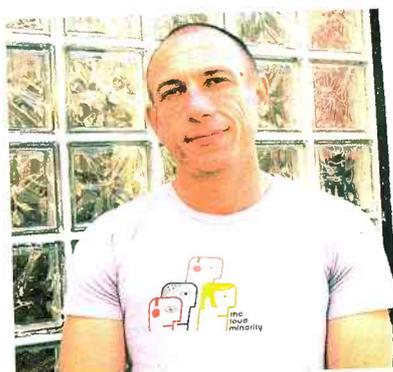
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From the exhibition *A Body of Knowledge*

Contributors:

Positive Women Victoria, Michelle, Shaz, Kathy Triffitt, Stephanie, David Barton, Pene Manolas, Maxine, Greg Page, Max, Asha Persson, Robert Baldwin, Addy, Malcolm, Colin, Drew, Jae Condon, Rick Knight, Tim Alderman, Ingrid Cullen



In this issue

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TALKABOUT

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DISCLAIMER

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

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

Our cover photo is part of the exhibition *A Body of Knowledge*, currently running in Melbourne and organised by Positive Women Victoria. As Michelle, one of the participants in the project, says in her interview published on page five: "Art is a brilliant form in which to create awareness." And certainly art, in whatever form it takes, allows us to give some justice to the complexities of people's lives, and can be one of the most powerful ways to shift opinions and open hearts and minds.

Since the last issue of *Talkabout* was published, PLWHA (NSW) has run the creative workshop *The Way it is Now*. This brought together 12 HIV positive people, four of them from regional New South Wales, to look at what it means to live longer with HIV today. Using writing and photography, the workshop themes focused around concepts of returning, reflecting, nurturing and going forward. Participants talked about remembering their history and where they've come from, while at the same time "getting on with it... again."

Like Positive Women's *A Body of Knowledge*, the creative workshop weekend also showed that art is a powerful way to mobilise people around issues for living. Many of the stories and photos developed during the weekend will become part of the education campaign on living longer with HIV, *Getting on with it... again*, which will be launched in November. This campaign will also be based on the experiences of the many people who have been interviewed as well as a number of discussion groups. In the

meantime, we have a taste of the coming campaign in Shaz's story "Doing it my way" on page six.

The creative weekend was also an opportunity for people to meet and share experiences. And because peer friendships and discussions have the potential to enrich our lives and move us forward, PLWHA (NSW) will start a new peer support group and discussion night called 729 (a nice easy way to remember that it runs from 7 to 9pm) once a month on a Thursday evening, beginning on 23 August. As a support network for gay men living longer with HIV, 729 will be a welcome complementary program for the monthly After Hours night for newly diagnosed gay men we've been running for the last three and a half years. If you would like to come along to 729 (or have any questions about it) give Hédimo a call on 9361 6011 or email hedimos@plwha.org.au

There are lots of articles of interest in this issue including an inspiring interview with Stephanie (a positive teenager with another take on living longer with HIV), a cautionary tale on treatment breaks from Greg Page, and the experiences of three men who have lived with HIV and Hepatitis C, plus many more stories.

You might have noticed that your copy of *Talkabout* looks a little different this time. We've moved over to recycled paper for the inside pages of the magazine. It's an important step for us to take, so we can play our part to help conserve the environment. As always your feedback is very welcome.

Glenn Flanagan



On the grapevine... What's news?

Planet Positive will be on a Saturday night this July

Planet Positive is a social night for positive people and their friends, and is a great way to meet new people. The next Planet Positive is happening on **Saturday July 21** (note the change of night for this one) from 6pm to 10pm at the back of the Carrington Hotel (563 Bourke Street Surry Hills). Planet Positive is organised by ACON and PLWHA (NSW) with music provided by Ruby.

Early encounters with HIV/AIDS

Twenty years ago in 1987, the Department of Health released the Grim Reaper campaign. The campaign had an overnight impact and placed HIV and AIDS on the public agenda. To mark the anniversary, the History of Medicine Library has asked Dr David Bradford, Levinia Crooks, Dr Robert Finlayson, Robert Mitchell, and Craig Glenroy Patterson to join in a discussion of their professional and personal experiences and how they feel about those moments so many years later. The evening, moderated by Bill Bowtell, will include refreshments and opportunities for discussion. When: Wednesday July 25 at 6.15 for 6.30pm. Booking are essential. To book email: racplib@racp.edu.au or call 02 9256 5413

IAS Conference in Sydney in July (and a vision of the future)

IAS 2007 (the International AIDS Society Conference) will be taking place in Sydney July 22 to 25 and will feature reports on the latest developments in science. (website: www.ias2007.org) *Talkabout* will bring some reports and interviews from the conference in coming issues.

One of the satellite events you can attend without registering for the conference is: *HIV/AIDS: A vision of the future*. Speakers from the conference will share their perspectives on the next ten years of the HIV

epidemic at the Y Hotel, 5 Wentworth Avenue (off Whitlam Square), Sydney, on Tuesday 24 July 7pm to 9pm. This is a free community forum presented by the Community Advisory Group of IAS 2007 with the assistance of the International HIV/AIDS Alliance, Glaxo Smith Kline, ACON and PLWHA (NSW).

Meet other guys living longer with HIV: 729 starts in August

If you're an HIV positive gay man and would like to meet with other positive gay men living longer with HIV, PLWHA (NSW) will be running a new monthly social discussion group called 729 (because it'll be on from 7 to 9pm) starting in August. For venue and more details give Hédimo a call on 9361 6011 or email: hedimos@plwha.org.au

Looking for information online about STIs?

Sexually transmitted infections (STIs) are still on the increase. If you're sexually active and would like to find out more about STIs, check out the websites www.whyttest.org or www.thedramadownunder.info

www.whyttest.org has lots of information, including what to ask for when you have a test, and even a one minute self examination. The website includes clinic contacts and you can register for a test reminder. If you're not sure how to tell your recent sex partners that you've had an STI, and don't want an awkward conversation, you can also send them an e-card or SMS from the site.

Experiencing anxiety and/or depression?

If you're HIV positive, experience depression and/or anxiety and would like to learn how to manage it better, you may be able to access an outpatient clinic for support. For more details, contact the facilitator, Shirley Hamilton (Clinical Nurse Consultant HIV/Mental Health at Redfern Community Health Centre, 1 Albert Street Redfern), phone: 9395 0444

HIV Rural forum: call for abstracts and scholarships for people with HIV

Conversations on the Coast: The NSW Rural Forum 2007 will be held at the Aanuka Beach Resort at Coffs Harbour (29 -31 October). The HIV Rural Forum is an opportunity

for service providers and people living with HIV/AIDS to come together and explore responses to HIV in rural NSW.

Interested people can submit an abstract to contribute to the program (abstract deadline is August 10th). You can register for the forum and submitting an abstract by visiting:

www.health.nsw.gov.au/sexualhealth/HIVForum.html

50 free registrations are available to people with HIV to attend the forum. To apply for a scholarship fill in the scholarship form on the website mentioned above. Scholarships include registration only. To obtain financial assistance for accommodation and travel, please contact your local HIV/AIDS Service. If you do not know any service providers that can support your scholarship application, please contact the forum coordinator, on 0434660862 or email: ana-bell.thoener@ncahs.health.nsw.gov.au

Plant a tree to commemorate others

The 33rd SPAIDS planting takes place between 11am and 3pm on Sunday July 29, in the dedicated AIDS Memorial Groves, signposted, in the park in Sydney adjacent to Barwon Park Road off Princes Highway. Look for the Old Brickworks Chimneys entrance, opposite St Peters Station. Everybody welcome to plant a young Australian native tree provided by Sydney City Council to commemorate the life of someone who has died from HIV/AIDS.

Your feedback is needed: Strategic planning at PLWHA NSW

PLWHA (NSW) will be holding community forums and members' meetings, both in Sydney and in rural New South Wales in coming months. These forums will give people the chance to give us feedback on the development of our next Strategic Plan (2008 - 2011). Some dates to watch out for:

- Sydney Forum - 6.00pm, Thursday, 27th September
- Western Sydney Forum - 6.00pm, Thursday, 13th September
- Lismore Forum - 1.00pm, Saturday 22nd September

There will also be a Members' Dinner on Thursday 16th August from 7.00pm.

Venues to be confirmed, and all members will receive a letter closer to the date with venue and other information available. Updates will be available our website: www.plwha.org.au

A Body of Knowledge

A stunning new exhibition from Positive Women

Over the past few years, Positive Women Victoria has been empowering their members and raising the awareness of the general public about women and HIV/AIDS through the creative arts. This year they are presenting the photographic and text exhibition called *A Body of Knowledge*

A Body of Knowledge is a compilation of photographs and text created by world renowned photographer Michael Coyne, in collaboration with award winning writer Graham Pitts and members of Positive Women Victoria. Included in the exhibition are images of HIV negative women. Can you the viewer tell who is positive amongst the group?

Michael Coyne recently wrote about his experience of the project in the *Black Star Rising* Blogzine: "My experience with photographing AIDS in different parts of the world has been to focus on the effects - which, of course, were devastating. The idea of being able to produce a strong, upbeat project about women who were HIV positive sounded like a great challenge."

"During the photo session, I would shoot a series of images and then show the model what I was doing, so they could feel comfortable about the image. If they weren't happy with the picture, we would discuss the problem and shoot it another way or from a different angle."

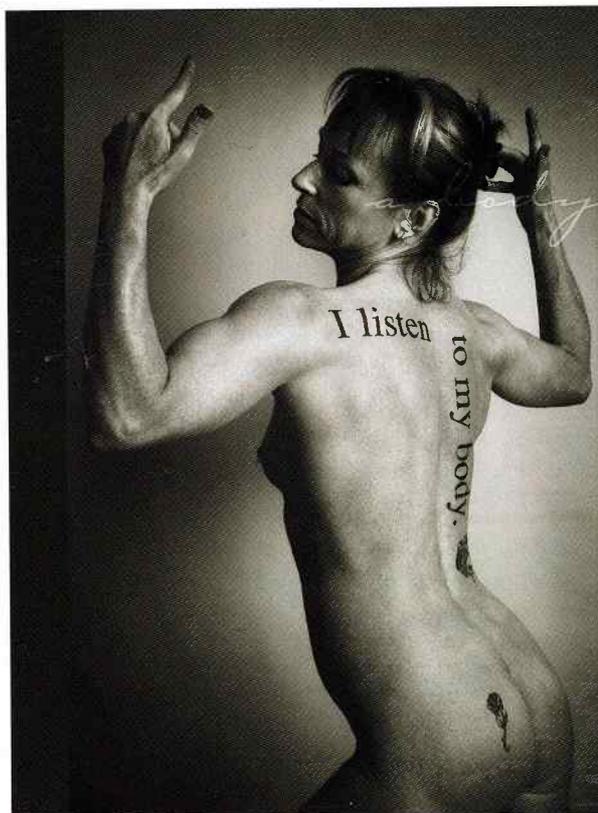
"Even though I am aware that Photoshop can be used to produce writing on the body, I

wanted something more authentic, an original image. Also, I felt that it would be photographically more interesting to be able to see through the writing and to have the words mold around the body. So I used a tattoo product that could be removed after the photography shoot had taken place."

The exhibition was held at fortyfive downstairs gallery Melbourne in March 2007. Gallery staff estimate that between 500 and 750 people came through and visited the exhibition.

***A Body of Knowledge* will be shown again at Frankston Arts Centre, Curve Wall, June 13 to July 21 2007**

a strong, upbeat project about women



of knowledge

Charts and lists, measurements and limits, people and their plans that say I must do this and I can't do that. But life's for me not a numbers game. I'll not be swayed by opinions and objections. Every night I light candles check in, as I listen to my body.

Raising awareness through art

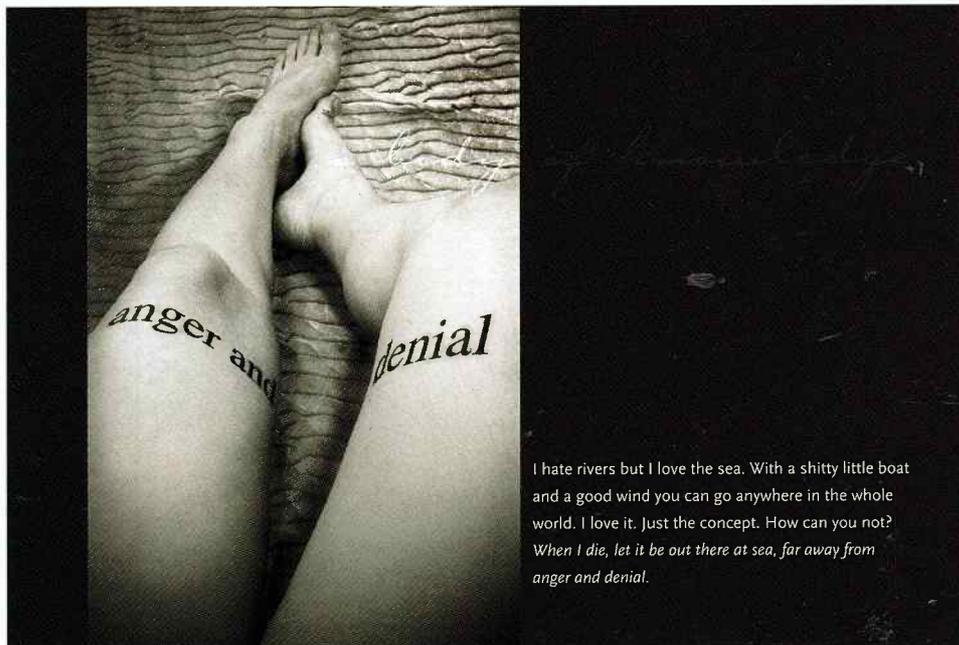
Michelle spoke to *Talkabout* about her involvement in *A Body of Knowledge*

A Body of Knowledge enabled HIV positive women to share the reality of our experiences of living with HIV; to challenge thinking and stir emotions. We hope to challenge the perceptions about who can and cannot become infected, and to reduce the distance between those with and without the virus. This project provides HIV positive women with the opportunity to enjoy self-expression by sharing our feelings and thoughts.

it's impossible to tell, as it often is in real life, who is positive and who isn't.

I'm a member of Positive Women Victoria and an invitation was circulated through the members asking if we would like to participate in the *Body of Knowledge* project. Fifteen women ended up taking part in it. Thirteen of us were HIV positive and two were not; and it's impossible to tell, as it often is in real life, who is positive and who isn't. The anonymity of the project also meant it was a safe forum for a lot of women to be involved.

The exhibition consists of photographs of different parts of the body with words over them, and the words are about our lives. We had an artistic director, Graham Pitts, who interviewed each of us, and Michael Coyne was the photographer, and we decided which photos of ourselves we would like to use.



I hate rivers but I love the sea. With a shitty little boat and a good wind you can go anywhere in the whole world. I love it. Just the concept. How can you not? When I die, let it be out there at sea, far away from anger and denial.

It was wonderful to be part of such a beautiful art project. It has already been on display at a public gallery in Melbourne for a week (in March '07) and was well attended, and the feedback was overwhelmingly positive. Family and friends have seen it and were really impressed. I'm a student, and even yesterday in class someone said they had seen the exhibition.

Art is a brilliant form in which to create awareness. The beauty of the photographs will create pleasant feelings, and hopefully people will be calm and relaxed and in a position to take in the message that living with HIV or AIDS doesn't make someone a bad person. I also have a sense of urgency about warning people about HIV, and this was also a great way to do that.

A Body of Knowledge enabled women to have a voice, whilst maintaining confidentiality.

The fear of stigma and discrimination create a barrier that silences many HIV positive women. *A Body of Knowledge* enabled women to have a voice, whilst maintaining confidentiality.

The creative input of all of the women involved made this an incredibly empowering experience. We are all very proud to have contributed to such a profound "Body of Knowledge."

Positive Women

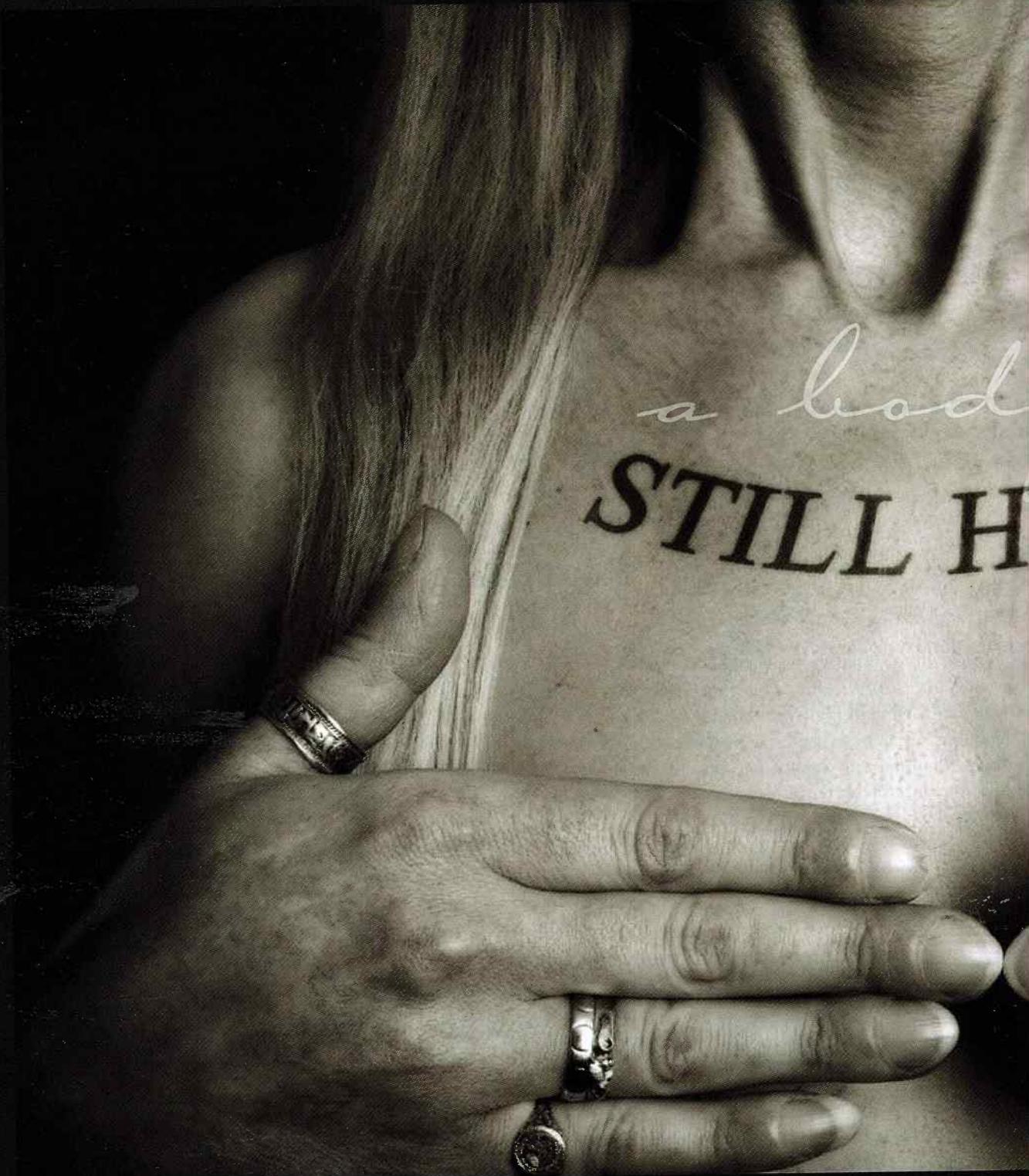
Supporting women living with HIV/AIDS

Positive Women Victoria offers support and information to newly diagnosed women, women living with HIV/AIDS and their families.

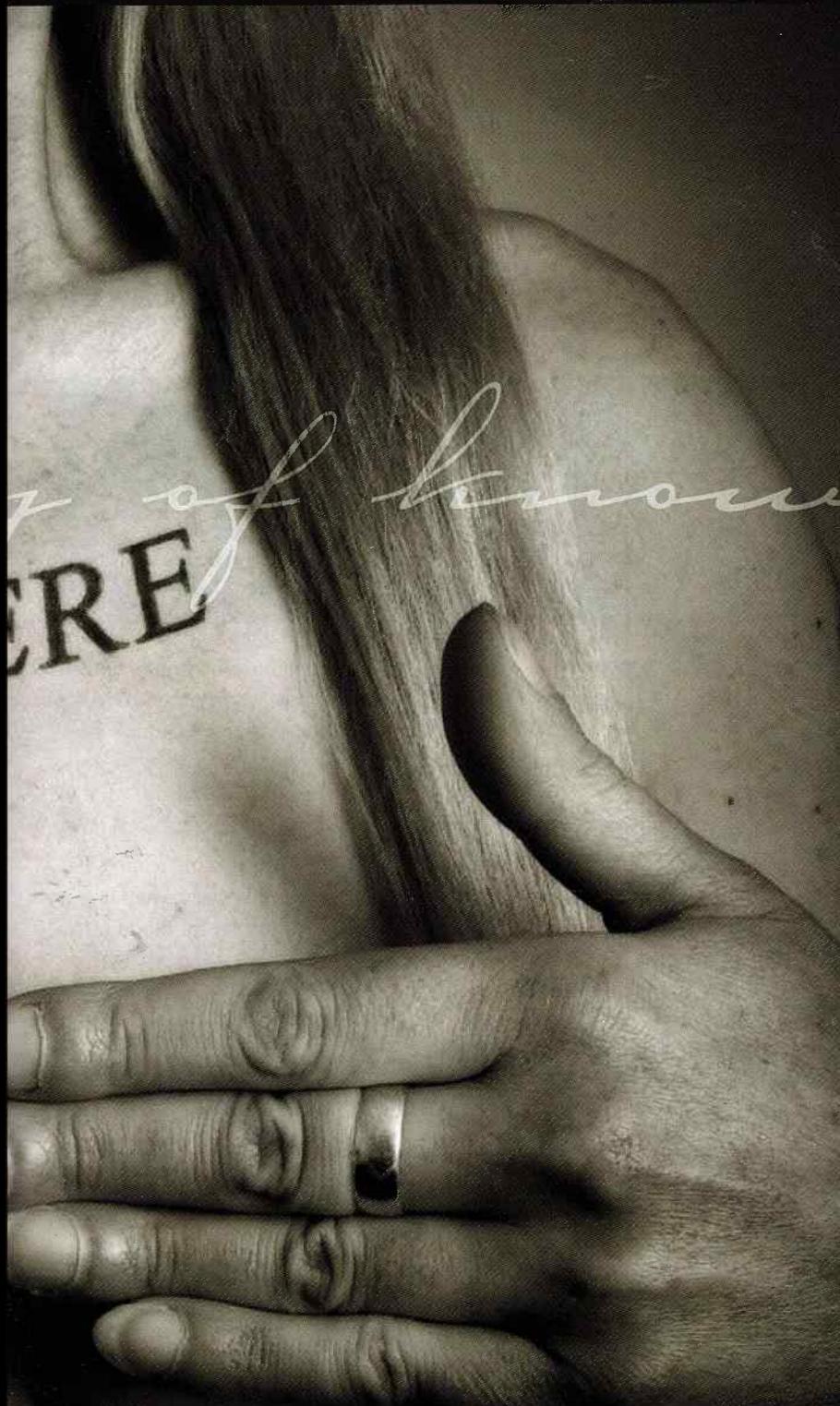
For more information about Positive Women Victoria please visit www.positivewomen.org.au or phone Monique Wiessner 03 9076 6918

If you're an HIV positive woman living in New South Wales and looking for support you can give Poz Het a call on 1800 812 404

Or if you would like to be part of the women at NAPWA (National Association of People Living with HIV/AIDS) email network phone the NAPWA office on (02) 8568 0300



a bod
STILL H



The diagnosis of no future came when I was twenty four years old. This was in a foreign country without a single long-term friend. *It was incredibly frightening.* Very lonely, too, because the virus wasn't well known at that stage seventeen years ago. **But you know what?** I'm still here.

Getting on with it again

Shaz's story is the first of a series which forms part of the new campaign *Getting on with it (again)*. *Getting on with it (again)* focuses on living longer with HIV. Look out for the media campaign, booklet and stories in coming months.



Doing it my way Shaz

My way was to try and understand what was happening to my body and the changes that were going to affect our lives.

I was diagnosed in 1993. The way my HIV diagnosis came about was something that I didn't understand. I didn't know much about it because I'd never heard of HIV before. My partner went in for a test for Hepatitis B because a couple of his family members were carriers. Two weeks later he got his test results and one came back positive for HIV. He told me I had to have a test as well. I was pregnant at the time, four weeks away from having my fourth child.

My test was done in the local clinic which was based in the hospital. I was told to come back in two hours. Because I was pregnant they needed to get the results back as soon as possible. My partner and I went home and

waited. We didn't know what to say to each other. I was in shock and all I could think of was my baby, and what was going to happen to my family if anything happened to me. Those two hours were the longest two hours of my life. When my test came back positive I asked: "What does this mean for the pregnancy? What's going to happen to my baby?" I was given a book and told to go home and read it.

Understanding the changes

I wanted a doctor who treated me like a person, not a number. There was a lot to having HIV and I needed to know about it. I wanted to know how to take care of myself and my children. What's to be expected in the long term?

At the beginning I was given a death sentence, but thought there's got to be more to it. This was my first instinct.

At the beginning I was given a death sentence, but thought there's got to be more to it. This was my first instinct. The scariest part was I didn't know what to expect, and what to do to take back control of my life.

For my partner, his work became everything so he didn't have to deal with reality. The only time it really hit him was when it was time for us to see the doctor for blood tests.

I was having a baby; I needed to know about treatment and how we were going to be looked after.

I wanted to deal with the pregnancy before anything else. However, my partner wanted to tell his family because we were living with his brother at the time. I thought maybe they might have more knowledge about HIV because their mum worked in the hospital. She was very aware of the whole situation and explained what the diagnosis meant. I was numb. The family didn't want us to tell anyone else because of their fear of discrimination and being isolated, but I couldn't do that. I was having a baby and needed to know about treatment and how we were going to be looked after. I didn't expect to be treated differently to anyone else. I said to them: "I will do this my way".

We were told after I had my baby that he's going to have to be tested as well as my other children. They had their tests and my son's came back positive. He is nearly 14 and he

has been monitored from the day he was born. It has been really hard for him. He hasn't been dealing with his HIV and he's rebelling against taking his medication. Over the past two years he has been in and out of hospital. I'm trying to convince him that if he doesn't take it he will go downhill quickly. I think he's starting to understand. He's like his dad, he clamps up. He will only talk about HIV when he goes to Camp Goodtime.

After having my son, my partner and I were frightened of touching each other - of being intimate. However, I fell pregnant and ended up aborting my baby. This was a decision that we both made. It was very hard because I've never had to deal with something like that before.

HIV changed my life in such a short span of time; everybody and everything changed. All of the decisions were being made by other people - I lost control. I'm used to being in control and making decisions for myself. You know, I did my grieving when we were diagnosed.

HIV changed my life in such a short span of time; everybody and everything changed.

Taking control of my life

My way was to try and understand what was happening to my body, the changes that were going to affect our lives and how it was going to affect my baby. Changes I wouldn't have made with my other children. I now have six children altogether.

My partner at the time closed off completely. The virus was shut out and we never talked about it. So, my approach to taking back control was to learn more, and find some groups or somebody who knew about HIV. I heard about Camp Good Time through Eve van Grafthorst's mother who became a support for me. In 1986, Eve who was only three years old was banned from a pre-school she went to when they found out she was HIV positive.

I wanted to meet other positive women. I went to a women's conference in '96 and it was a major shock to see so many of us. However, it was good to know that I was not in this on my own.

I started looking after myself and my children; looking at what was best for us. I started doing positive speaking. I enjoyed doing it, but it backfired. The discrimination didn't just affect me, but it affected my children as well. On the other hand, it was really good for young teenagers to put a face to the virus. When I was diagnosed they were calling it the "gay disease". It wasn't just affecting gay men; it was affecting women, our children and our families.

I had heard about treatment side-effects and I didn't want to be unwell while I had kids to look after.

A reminder of HIV

I started treatments in 1998. My baby was five and they talked about medication for him as well. The only reason I went on a regime is because my CD4 count was really low. I had heard about treatment side-effects and I didn't want to be unwell while I had kids to look after. Anyway, I decided to take them and had a reaction to a couple of them and so did my son.

To help me, I spoke to other girls who were on medication and asked them how they coped. What kind of side-effects they had? How they decided when it was time to go on medication? It was a difficult decision to make. While the medication was a positive thing - keeping me well and managing the virus - it was a constant reminder of HIV. The tablets were a reminder of my situation - this was actually happening.

My partner didn't live very long after his diagnosis. He went from a guy that was always healthy and active to this person who became dependent on me. It was horrific the way he passed away. It affected him quickly and very hard, but he always had a bright outlook. He was too young to go through this. He was only 24. His death was a reality check for me and a reminder of what could happen. However, we're all different and we deal with things differently.

We found out that he was involved in a motor bike accident at the age of 16 where he was given a blood transfusion so, the HIV was traced back to that. He decided to sue

for medical misadventure. Unfortunately my partner didn't live to know what the outcome of it was. We won the case eventually.

My motivation is day to day experiences. I thrive on challenges and there's so much more to learn.

Right now ...

My concerns are about my children. I've had this virus for nearly 14 years so there's always the thought in the back of my mind about what's going to happen to them if anything happens to me. My other kids are a lot older and can look after themselves. I hope and pray that I'm around, so that my younger children are old enough to do their own thing.

I would like the specialists and the clinical staff to listen to what I'm saying. They need to update their information and teach their staff on how to be more compassionate and more empathic. There have been times in hospital where I have been treated like this thing from outer space.

When I had my baby last year (2006), I vomited after coming out of theatre and I was left in the same bed all day. The student nurse said: "I'm going to get help and I'll come back". I vomited at 9 o'clock that morning and was cleaned up around 4.30 that afternoon. We should be treated the same as everyone else, not any different.

Support from and for positive women is important. How do you find out what kind of support there is? I ring some of the women I know. They're involved in different things, but they live in different areas to where I am. A lot of positive mums don't want to get together with other mums. We're all so wrapped up in our own world that the only time we access services is when something actually happens. Apart from that I don't think about it until I really need it.

My children motivate me each day. I enjoy each day as it comes with its different challenges. I've got my kids to keep me going. I've got my good health. I want to watch my five grandchildren grow. My motivation is day to day experiences. I thrive on challenges and there's so much more to learn.



Growing up positive

Stephanie is fifteen and has been positive since she was born. *Talkabout* recently asked her about her experiences:

You've been HIV positive since birth? Can you tell me a bit more about that?

I was born six weeks premature and my mum and I were both sick for a long time after I was born. My mum didn't know she was positive when I was born, she was diagnosed on Boxing Day 1993 when I was two. My first few tests were false negatives. However mum knew I was sick like her, so after finding a new doctor, my blood was sent to America, and some months later my results came back positive. My father is negative and so is my younger sister.

When did you find out that you had HIV?

I was told from a very young age. It was like an open conversation. I was encouraged to ask questions from the time I was quite young, and I've been taking medications since I was four, so it's not a scary subject anymore. Some of my friends from camp got told they were positive when they were teenagers and they generally don't cope as well. Having an honest, loving family and good HIV+ support services makes all the difference.

How have the treatments been for you?

When I was little, pediatric patients could not get access to any other drug other than 3TC and AZT. After these stopped working I had to beg and borrow from mum's HIV+ friends just to stay healthy. I think what's why I'm one of the healthier ones in my group of positive friends, because I had access to good medications early. I still take the treatments but only once a day now.

Have you had any side effects from them?

I have mild case of lipodystrophy, a little bit of fat around the tummy and small wrists. I don't get many other side effects, occasionally tiredness and nausea.

You've got other young positive friends?

I've met about thirty other young positive people, and we're a tight group. That's because we've all lost one of our friends, and some have lost one or both parents. We're very close and there's 100% understanding between us all the time.

How did you meet each other?

When I was ten I asked 'Are we the only people who are positive in the world?' then mum took me to Camp Goodtime to connect with other young HIV+ kids. Camp Goodtime is run by the Sydney Children's Hospital for families who have an HIV+ member under 18 and for children whose mum or dad have died. We go to Sydney from all over Australia once a year. It is the only time I truly get to be myself and if it was not for Camp I would never have felt liked I belonged anywhere. It was a real rite of passage to meet other young positive kids. A lot of the older kids gave me information on dealing with High School and the kinds of things that can happen that mum couldn't tell me. We also have positive teenagers camp every year, Camp is awesome but at the same time can be terrible when were told "this could be your last camp because funding is cut or low", or even more devastating when someone does not come back. We all hope it's because they are not sick or have died.

You've done some public speaking about HIV too. How did that happen?

I went to a NAPWA (National Association of People Living with HIV/AIDS) conference with my mum. She is connected through the group, Positive Women, and I got to speak to the conference for five minutes. I spoke about how it can be unfair when the needs of teenagers aren't recognized, and I got some really good feedback. It's one thing though to speak

in front of a largely positive audience, who are understanding, and another to speak to the general public. It's important to be trained to speak in front of an HIV negative audience.

Have you done any public speaking in schools?

I haven't spoken to other school students but I would love to in the future. I've only joined the Positive Speakers' Bureau this year. I've spoken on the radio and to business people, and anyone who can help with our camp.

Have you told friends about being positive?

I haven't told any of my friends. I think one of them may have cottoned on but we haven't talked about it. I just feel there's no need for any of them to know. When I think of my best friend I think it's a lot for a 14 year old girl to deal with, whereas I've had time to deal with it.

Do you think having HIV has made you a different kind of person?

I think it has. I've seen more than the average 15 year old girl. Some of my friends have died for example. I'd like to change the HIV world and I don't think I'd have a goal like that if I was negative. I'm also grateful in a way because I'd be more ignorant if it wasn't for this illness.

What about plans for the future?

In the future I'd like to be a clinical psychologist and help families who are struggling with illness.

What advice would you give to another young person who has HIV?

My advice to any other young positive people is not to let anyone take control of your illness. It's yours. You can tell or not tell people. It's your decision. I have a thought that I like to remember sometimes:

"Those that matter don't mind, and those that mind, don't matter."



Thriving & growing

Support and the straight experience of HIV

In 1993 David Barton began a support group for men and women living heterosexually with HIV/AIDS. It has since thrived and grown into the statewide service Pozhet. He retires next month and recently spoke to *Talkabout* about this whole adventure

You've been coordinating the Pozhet service for nearly 15 years now. How did that all come about?

I went to St Vincent's hospital to see a worker about HIV and I mentioned to them that I wanted support. That person said: "You're it. There's nothing." I realized that to get support for myself, I'd have to support other people. And that's where the Pozhet slogan comes from: "Helping each other, helping ourselves."

I knew if they didn't see us we would still be invisible.

Shortly after that I made contact with another positive person, and then it was like a rolling stone. We found a little bit of funding, bicky money, about \$3,000, auspiced through NUAA. We also got some assistance from the Albion Street Centre and Ankali. So the Free-call line started in 1993. The first person to phone us was actually the then editor of *Talk-*

about who rang and asked "who are you?"

We held meetings at Ankali every fortnight, and that's how it all began. People just started turning up. I spoke to counsellors and social workers and mention was made in *Talkabout*.

By the way, PLWHA (NSW) was the first organisation to give us a cheque (towards our annual workshop) and *Talkabout* is now the most read HIV publication among straight people. It's very well received.

Back then we didn't really know how the HIV sector worked. It just seemed like this huge monolithic thing and we were just positive people trying to help ourselves.

Looking back, what was your scariest moment?

Around 1994 and 1995 I went to every HIV/AIDS organisation and picked up every pamphlet and brochure I could, and I couldn't find anything for heterosexuals. There seemed to be no language to describe a straight positive person, other than 'others living with HIV/AIDS'. I'm not saying straight people were not getting service. But in terms of support and education it was terra nullius. In terms of literature, articles, research... the same. People's experience just wasn't there. It was the magnitude of it.

A lot of people were dying then, and a lot of people had died in the support group. I wasn't feeling well myself. I remember speaking to my counsellor and saying I didn't know whether we could do it; it seemed such a huge task.

I came from an education background and so had a sense of access and equity - that if you wanted education then it was available. But it wasn't available and so we just had to do it.

Around the same time, I remember going

to the Oxford Hotel to receive a cheque from the Hand in Hand disbursements and a drag queen, who was giving out the money, called out that the cheque was going to "Positive Heterosexuals - who? Who's heterosexual here?"

You can do amazing things on the smell of an oily rag.

What would be your proudest memory from Pozhet?

It was our third annual workshop in 1998 called "The Relating Game: Him + Her + HIV." It was just after the treatments breakthrough and people were starting to put their lives together again. We were in a new location at RPA, which was a little difficult to find, and there were more positive people coming than ever before. People came from the suburbs and the regions, and we provided child care. Our funders came along and I knew it was make or break. But I also knew the model would work, and it was fantastic to see positive women and positive men and their partners come along and talk about HIV and the way they managed it. It was a huge turn out. I knew if they didn't see us we would still be invisible. Before that, it was a small group trying to make this happen. After that, there was no looking back.

I felt proud of them that they could do it. One person said to me "We always wondered where you were."

What kinds of things do you think you've learned through this experience at Pozhet?

I've learned a lot about the resilience of positive people and their partners. I've learned so many fantastic tips from other positive people about how to better manage my own life, that kind of peer to peer information. I've learned about the power of creating new language and meaning - the kind of magic that happens in group work.

I've also learned that sometimes to be given very little can be very empowering and can lead to change. You can do amazing things on the smell of an oily rag. We would love a lot of money, there's still so much more to do, but you can empower yourself with very little.

I've learned that by bringing people together you can make a huge difference. You can bring a very diverse range of people together and it can work. People do want to meet one another.

One characteristic that strikes me about the Pozhet group is the strong support you give both to positive people and their partners. What is the philosophy behind that and how does it work in practice?

As a positive person you don't live in a bell jar. We just take people how they are, and how they relate to the world.

Why make people more lonely? We have to lower all those entry barriers.

We didn't want to stigmatise positive people any more. If you wanted to come with your partner, your mum, your dad, or even your budgie, just come. It just seemed natural and instinctive. It's about supporting the whole person. Why shouldn't you bring

along someone who is supporting you? Why make people more lonely? We have to lower all those entry barriers. Sometimes it's as if we put a palisade around us, and say to people to approach us.

I think if someone wants to share their life with us, they're commendable. They're never going to be the same again in some way. Obviously their needs are going to be somewhat different. But they're probably going to be the ones who support you through thick and thin. Every positive person in this world lives in serodiscordance with other people.

For every positive person, there are five other people affected, partners, siblings etc. That's where your strength is.

We can't complain about stigma if we reject the partners of positive people at the same time. That doesn't mean we can't have positive only support groups, but by supporting partners, we're truly supporting positive people. It's a sharing thing. You can start building skills around disclosure, how to relate to other family members, how to protect yourself from curiosity questions.

We're trying to recreate that lost world that was taken away from people when they were trying to keep their HIV secret.

Some men and women living heterosexually with HIV here in New South Wales describe themselves as a minority within a minority. Do you think this is a fair assessment?

That might be a fair assessment, but smaller doesn't equal powerlessness. It's not a fair assessment if it makes people feel complacent or helpless. It can equal energy and a lot of imagination. If I had been in the majority maybe I wouldn't have done anything - it would have been someone else's problem to fix. And being 20% of the positive population is still pretty considerable.

What about your plans for the future?

It's going to be a big change for me. Currently I live in easy range of S100 prescribers, pharmacies, and HIV publications. I'm going to a regional town, where I'll have to find another doctor, and travel to get my treatments, and I won't see so many positive people. I'll probably also think twice about telling others that I'm positive. I don't really know what the townspeople are like and how they are towards minorities.

But I'm not a person to get bored. I'm interested in lots of things, history, restoration, travel, reading, gardening. I might re-engage some way. I'm not sure.

And the future for Pozhet looks bright. We've got a wonderful new women's officer. We're having a new website done, and we've got a consultant in to do a strategic plan.

Any final thoughts?

I'd like the HIV sector to have a better understanding of straight people. We also need to address the needs of rural and regional people with HIV. Positive people are very resilient and creative in finding solutions. They teach you more than you teach them.

Finally I'd like to add that I wouldn't be able to do what I've done without my partner Wendy, who's done a huge amount of work, scripting workshops, and helping out with research, and in so many other ways.

being 20% of the positive population is still pretty considerable.

Pozhet:

By focusing on heterosexuality and on the lifestyle that is based upon this (and not on the mode of transmission or a single aspect of identity) Pozhet has made itself a highly relevant and popular source of support. Many positive men and women, their partners and family members contact Pozhet because they identify as heterosexual, have been unable to find support which recognizes the implications of this, and consistently report relief at being able to relate clearly and directly to their health and support needs with others living in similar circumstances.

If you would like to find out more about Pozhet phone freecall: 1800 812 404 or visit their website: www.pozhet.org.au

David Barton Our fond and final Farewell!

Pene Manolas Manager of Pozhet and
Community HIV Services (Sydney South
West Area Health Service)

David is leaving Pozhet on July 13th for Queensland, taking the wonderful Wendy and heading towards the sun, family and some knees up.

As the Coordinator the Heterosexual HIV/AIDS Service for the past 14 years, David has been the chief instigator for Heterosexual people with HIV in NSW -enabling access to the support they require from us in the HIV sector.

Looking back on the Pozhet journey

When a straight guy called Steve (name made up, what's the official way of saying that?) called the Pozhet phone line in 1993 he spoke to David Barton. When Steve has called us since then, it's possible that he's spoken to David Barton. If he's turned up on a Friday night at the Open House, he's probably caught up with David and if he goes on holiday to Lismore, he might well have run into ...David, facilitating a treatments workshop, or maybe after visiting a scared new client at home - not at the pub, but behind closed doors, where there's privacy, and one's real fears can be aired, whilst compassion and education is provided.

David's been with Pozhet all this time - a knowledgeable and an extremely colourful source of HIV history. He's been a professional hunter and gatherer, excellent in the kitchen for the Weekend retreat, he's also hunted in the areas of the HARP Unit Managers.

David's a sensitive and intuitive support person, who essentially transforms into a capable service provider in his capacity as coordinator of our statewide service. He's been a formidable character if you've had something he's wanted or if you weren't catering (as a Health Worker) for the needs of heterosexuals, ... Look out!

The Heterosexual HIV/AIDS service or Pozhet in 2007, is testament to David Barton's passion and commitment. David has created an accessible and highly successful service. He's had enormous vision, amazing insight and most importantly, doesn't let up when striving for improved services for heterosexual people with HIV.

I'd like to acknowledge David's commitment - by saying thank you, for sharing your vision, so that the staff of the Pozhet service can continue the exciting work ahead.

You'll be missed David,and Wendy, Good luck. I'm sure it'll be a busy retirement!

- and remembering his sense of 'yumah'

Maxine (Women's Health
Promotion / Education ,
Heterosexual HIV/AIDS Service)

I first met David one evening in 1998 when I nervously turned up for my first Pozhet event. The walk up from Central Station seemed very long and my heart was beating fast as I turned into the Tree of Hope. Hope was what I needed right then and I found it in David's warm welcome, and through the understanding and support his partner Wendy showed me that night.

I was so happy to find a group of people who understood exactly what it was like to be diagnosed with HIV in a world where it seemed to exist only in a 'high risk group'. David was someone myself and many others could rely on. He was always there and I think that's all I really needed from him. During my travels and adventures living in different parts of the country it was always comforting to know that David and Pozhet were there, specifically for people like me.

Now that I'm working at Pozhet, we are colleagues and enjoy a good rapport. David has something of an English accent and it reminds me of the five years I spent in cockney London as an adolescent, so we often do silly accents and make each other laugh. It's so important in a job where you often hear sad stories and statistics (like - most heterosexual people who get HIV are totally unprepared for it and have no structures in place in their community to deal with it. And - quite a few decide never to have an intimate relationship with anyone ever again). It's great that David has a sense of 'yumah' in order to make work easier. He can be very wise and even a bit parental towards me, which makes me act like a silly kid sometimes just to stir him. Our desks are adjacent and the other day he turned around and I hid under my desk really fast. When he turned back he was so surprised - it seemed like I had vanished into thin air and the look on his face was priceless. I remember the time he met my mum and later he commented on how young she looked. When he asked me how old she was I replied with a very straight face that she was 38 (I was 32 at the time). He nearly fell over, it was brilliant.

David is very intelligent and highly educated. Once I asked him if he'd ever been to Uni. He looked at me over the top of his black spectacles. "Do you really want to know?" he asked, his gaze unwavering. "Er, yes...it's ok if you haven't." I stammered, not wanting to embarrass him. He went into his office and emerged with a ten page CV which thudded onto my desk. I was amazed to discover he has Bachelor degrees and at least three Masters' degrees, as well as various graduate diplomas and certificates, and he is a fully qualified teacher!

I shall miss him greatly at Pozhet, as I'm sure our clients will, but Pozhet is just going to get bigger and better. So I'm sure he will rest easy as a country gentleman.

NSW HIV RURAL FORUM 2007

Conversations on the Coast

29-31 October

Aanuka Beach Resort, Coffs Harbour

CALL FOR ABSTRACTS

The NSW HIV Rural Forum Committee is currently inviting interested people to submit an abstract to contribute to the program and content of this unique forum.

We are looking for all types of presentations eg. oral presentations, workshops, panel debates, poster presentations etc.

Abstract topics that strongly effect 'rural' HIV positive people and services will be given preference over others.

To register for the forum or submit an abstract please visit:
www.health.nsw.gov.au/sexualhealth/HIVForum.html



bobby goldsmith foundation
on-line forum



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What is the BGF Online Forum?

The Online Forum is BGF's internet peer support service. Although the forum is primarily designed for people living with HIV/AIDS, we welcome anyone who is affected by HIV/AIDS to participate.

Living with HIV/AIDS can be a lonely and isolating experience. That's why peer support is so important. The idea behind peer support is that people living with HIV/AIDS provide emotional and practical support to each other.

Joining the BGF Online Forum is an opportunity to share information and experiences with others who are also HIV positive. You can read the existing posts, join in an ongoing conversation or start up a discussion on a new topic.

By talking with other people who deal with similar things as you do on a daily basis, you can find answers to all sorts of questions, including some you might never have considered.

How to Join

Joining the BGF Online Forum is easy. Log on to www.bgf.org.au and register a user name and password to have unlimited access. What are you waiting for? Drop in, have a look and get involved.

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Dreams and desires don't suddenly die

Max writes about the tricky terrain of disclosing, starting relationships and meeting people's friends

For a great many of us, the desire to love and be loved is paramount in our lives. Relationships can be hard enough to negotiate, make work, or even find for that matter, without throwing HIV into the equation.

For many, there is an element of fear surrounding us – especially as prospects for relationships. Do we sero-sort and date solely within our status group, do we take a chance on a sero-discordant relationship – would you have dated a pos guy when you were negative? **And of course, when it comes down to it, does someone's status really matter?**

I'd like to recount an experience of my own...

We met on a dance floor. There was an instant attraction and we hit it off really well. Surprisingly, we had mutual friends, but had never met each other before. We had sex a couple of times – safely - I didn't disclose.

A couple of days later he came round to my place to ask me out on a date. A date! Dinner and proper getting-to-know-someone stuff!

I started to worry about not having disclosed to someone I liked and fancied. I had to do it before our first date!

He took it well... a bit shocked as I don't 'look' positive (apparently).

Our date went ahead and over the following week, although we had a good rapport, sex was turning into an issue. As a result of taking drugs the night we'd met, he developed ulcers in his mouth and while kissing one night, we could both taste blood – his. He was upset and uncomfortable, and so, trying to make things easy for him, I offered him a way out then and there. "We don't

have to do this, you know?" **We talked about HIV and sex in more detail and he seemed to relax.**

A week later I met a close female friend he is planning to have a child with. The 'meeting' was ok... she seemed reserved, but all-in-all, another 'good' step in getting to know this guy.

That weekend he dumped me.

He said that he couldn't see us falling in love, that we weren't compatible, but the more we talked, he admitted that HIV was the real reason. So, put it down to experience, accept the disappointment and move on.

We stayed in touch and a month later he seduced me. Quite unexpectedly, yet with such determination it left no doubt in my mind. We started seeing each other.

Something had changed in him. He seemed so relaxed this time, sex didn't come with any of its previous reservation the second time around.

He confided to me that his friend had threatened to not have his child if he kept on seeing me – that's why he's dumped me. He'd disclosed about me and it terrified her. He'd also disclosed to several of his friends (thanks!) in an effort to gain perspective on the situation. Thankfully they were reasonable and sympathetic.

The friend never warmed to me and made little effort to hide her discomfort with the situation. As you can guess, I got dumped a second time – this time after several months had gone by. **The reasons started to echo the ones he gave me the first time round and knowing his situation and her influence, none of it rang true...**

We've seen each other once since and although we were pleasant to each other, I

can't see a friendship developing.

Perhaps you can relate to what I've just recounted, but whether you have a similar experience, many of us have (or will have) an experience where HIV causes a relationship to go wrong, stop, or 'not happen' in the first place.

Is there a solution to this? – probably not. I don't profess to have answers, but it does make me wonder whether I will find a relationship that works. As a forty-something year old, I am more cynical about the whole thing, but admire those of us who do put ourselves out there in the search of love, in spite of HIV.

A friend of mine in a sero-discordant relationship admitted to me recently that he is concerned about how HIV affects their intimacy. He struggles with the necessity for condoms (a common complaint), yet I hope that his relationship doesn't break down for that reason – to me it would seem a terrible waste.

As HIV positive people our dreams and desires don't suddenly die (at least mine didn't) and our potential as great friends, companions and lovers is not diminished. I try to keep that in mind each time I'm out and about and the next cute possibility catches my eye.

Do I assume he won't be interested once he finds out that I am positive? No.

Am I nervous about having to go through another experience like the one I've just told you about? Sure.

Will it stop me from giving it another go? No way.

My friends keep telling me...

"There'll be a worthwhile guy out there who'll see you and not just the HIV+ diagnosis that goes with you" and I believe them.



When the holiday's over

So when is it time to take a break from a treatment break? **Greg Page** takes time out to find out.

Four years ago I was diagnosed as HIV+ and put immediately on medication by my doctor. "Hit 'em hard and hit 'em mean", he told me, by which he meant that if we caught the virus early enough he believed we could stop it from doing too much harm later on, or slow down the effects at least. That was the medical theory to which he subscribed, you see. What he hadn't quite told me was that there were a significant amount of side effects I would have to endure, no, suffer compared to if I put off treatment to a later date.

Schools of thought

My doctor knew best, I assumed, and I did what I was told. I internet researched at the time, and remember discovering two schools of medical thought on the issue. If the virus is detected early enough – in a three month window, like it had with me – you could either (a) "hit 'em hard and hit 'em mean" or (b) just carry on observing it until such time as you needed to go on medication. Unfortunately option (c) become un-positive was not an option and appears unlikely ever to be. So (a) it was, because I listened to my doctor and thought he knew what he was talking about.

The side effects quickly came in the guise of diarrhoea, sweats, tiredness, groggi-

ness and – yes, oh yes! – those vivid dreams that they warn you about. I won't bore you with the details of my combination therapy, except to tell you that it was a heady mix of three pills that had to be taken strictly at the same time every day, and at certain times of the day. This made going out something of a challenge and turned me into, not so much a perennial clockwatcher, as a perennial I-just-wish-I'd-stayed-at-home-if-it-was-this-much-trouble person. The vivid dreams

I watched carefully for tell tale signs of lipodystrophy

were more like nasty nightmares. My partner would tell me the next morning about how I had been thrashing around in bed as if I were hunting wilderbeast on the plains of Africa.

I watched carefully for telltale signs of lipodystrophy ("No, not my body, not my gym-crafted body that I worked so hard all my gay life to achieve to be ruined in a matter of months!!!"). I did notice a thickening around the waist and I endured extra

sit-ups to battle any unsightly bulge, real or imagined.

Then my doctor decided he'd had enough of caring for HIV+ gay boys in Sydney, and was fleeing to the peace and serenity of Byron Bay instead. I bid him adieu and, after seven months on medication, also informed him I was planning to take a break from them too. I was going on a three week trip to Europe with my partner and didn't want to have to deal with having to take medication across different time zones and customs interrogations during it.

My blissful vacation

As a farewell "gift" my doctor put me on the outlandishly bright orange-coloured pills which are quite possibly the nastiest drug ever given to someone to make them stay healthy. For the two weeks that I had to take it "to finish off my treatment session" I remember virtually nothing. Nil. Nano. All a blur.

Thankfully by the time I got shoved on the plane to London I could sleep it all off, plus the brown-coloured side-effects, and arrived at Heathrow feeling quite bedazzled with myself when I got there. I felt like a weight had been lifted from my shoulders. I felt like I was living again. I felt like I was myself again.

It was a blissful vacation, from the medication as well. It ended up lasting three years. Not the European bit, you understand. I

wish! Then two years into my "treatment break" I got very inflamed gums. I waited for them to get better. They didn't. Instead my gums let me down, and retreated and retreated to the point where I had to see my dentist about them. If you know how much I hate going to the dentist you would understand why this was a big deal. He imme-

Earlier this year my percentage took a big dive

diately sent me to a periodontist (i.e. gum specialist). One of the first questions on the patient information list when I got to reception was "have you ever had AIDS?" I told myself, "Of course, I haven't. I'm just HIV+, so I'm not lying." The periodontist examined my gums and told me to come back in six months if it hadn't got better.

It never did. The gums never came back, but I never went back either. At that stage I had a hunch it was the HIV virus in me plotting a comeback. All through this time my CD4 count was above 350 and my viral load was high but live-with-able. Then earlier this year my percentage took a big dive from 21% to 14%. I read on the internet that once you went below 17% you could be considered an AIDS patient. I still felt healthy enough.

"Let's wait and see if these figures are just an aberration," my new doctor said with a shrug. He really only seemed keen to get me out of the surgery so he could finish for the night, but then, who isn't like that at 7pm on a Tuesday night at work!

Strangely my next set of figures were good. My CD4 went up to 360 or so and the percentage jumped back up to 19%. So far so good.

Life went on. I was HIV+ but not on meds. I was doing good. I was a bit tired, yes, and I did get night sweats occasionally and had a bit of a cough, but so did everyone at this time of year, I told myself.

It looked like a small purple knob

It was when I went swimming with a friend in late summer that it all came crashing down around me. As we lay on our towels, on our stomachs, he glanced over at the back of my left leg and saw what looked like a small purple knob.

"Get that seen to," he told me.

"Yeah, yeah, I've been meaning to," I told him. "I think it might be a cyst".

"Please, do it quickly," he implored me. He was a cancer survivor, so I felt like I couldn't challenge his words. I promised to make a booking to see the doctor the following week.

I was true to my word and the doctor eyed it, without much suspicion. "Yes, looks like a cyst," he said. "We'll cut it out and send it off to the lab to check. It'll only need two stitches."

Off he chopped it. It was quite large, almost 10cm, which surprised me. He popped it in a jar and told me to come back next week to get the stitches out and found out what kind of cyst it was.

He called me three days later. "They found traces of Kaposi Sarcoma on the extraction," he informed me. I was bewildered. This was the nasty skin disease that had affected many gay men in the 80s in the final stages of AIDS. Not me! NOT ME!!! "We have to put you on

this was the nasty skin disease that affected gay men in the 80s

medication straight away," I heard him tell me in a far off universe.

When checking my bloods my CD4 had dropped to 210 and my viral load had jumped to 100,000. My percentage was 15. My body was giving up on me. Either that or it was telling it needed some help in the form of meds.

And, so within a few days I was back on medication. At least now the three pills I had previously taken were only two (with the

promise it would be one by the end of the year, thanks to the improvements in medical science). I also didn't have to be so stringent about taking the pills at the very same minute every day. Hurrah!

So the holiday was over...and now the vivid dreams are back (sometime I'll have to tell you about the amazing one I had where I was a chocolatier during World War II in Paris). There's been no recurrence of the KS (touch wood), my gums are going to survive and I feel pretty good, if still a little groggy. Still, next time I go on holidays I'm taking my meds with me!

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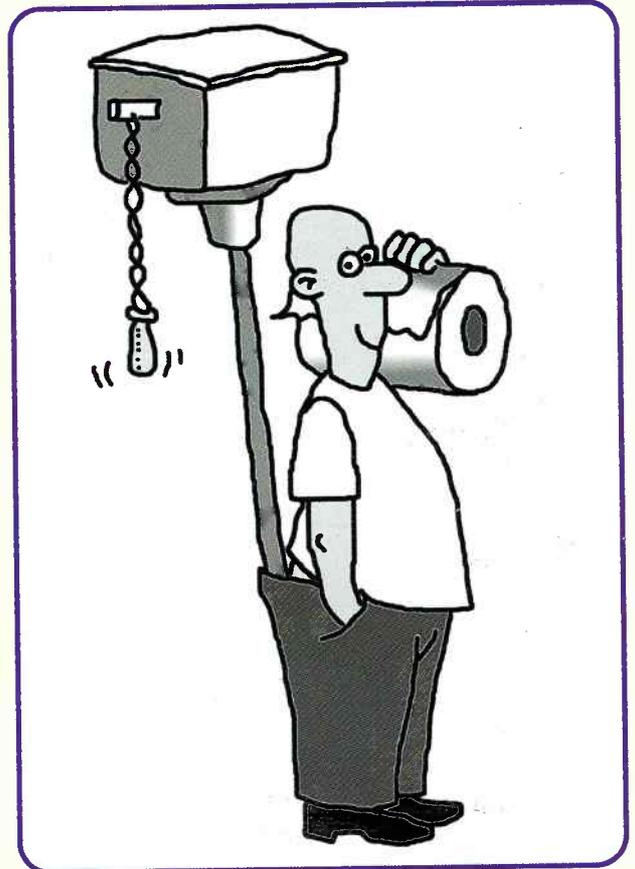
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17

Many people with HIV have experienced diarrhoea and this can have a significant impact on their quality of life. Diarrhoea can be caused by HIV itself, by viral, bacterial, or parasitic infections, by medicines or by contamination of food because of poor food hygiene. Stress and emotional problems are other causes.

The persistence of diarrhoea as well as its severity (e.g. mild, bad) and frequency (every day all day, just at night or sometimes after meds) differ between people. Causes might not necessarily be a side-effect of HIV or treatments. In most cases there are steps you can take to control it.

This factsheet describes some lifestyle changes and offers practical tips on dealing with diarrhoea.



Diarrhoea is one of the most commonly reported treatment side-effects (along with nausea or vomiting, fatigue or lethargy and sleep disturbance).¹ Improved HIV treatments are less likely to cause intermittent diarrhoea or persistent diarrhoea. Prescribing practice has also changed over time. However, even with these changes diarrhoea is still a significant concern for many people with HIV.

Dealing with Diarrhoea

Because diarrhoea is a side-effect of treatments, your doctor may overlook how serious it is.

Maintaining quality of life

For people with severe and persistent diarrhoea, the negative effects are not just physical: persistent diarrhoea can significantly reduce quality of life.

John: It had been going on for ten years. It's ruled my life to the point where I had to see a psychiatrist to get over all the anxieties that it created. She put me on medication to reduce the panic attacks.

There'd be times when it would be so bad I'd end up lining the bottom of my underpants with toilet paper as an added precaution.

Christopher: It comes and goes, but when you do experience it, it does take away from your enjoyment of the moment in whatever you are doing – going to the shop or having a meal with a friend.

Diarrhoea can make things like going out, socialising, or having sex difficult and stressful.

Depending on the severity of the diarrhoea, some people explore other sexual options and still have a sex life despite their difficulties.

Christopher: It's not like you can't have sex. If I'm a bit worried about not being able to get fucked because of a few cramps, I will just be a top for the night or stick to oral sex.

Maintaining quality of life includes having a social life. The thought of going out and socialising may be the last thing on your mind. Here are some practical tips:

 If you feel the beginning of cramps and are a bit unsettled make a quick trip to the toilet—don't wait.

 Try taking Imodium (Gastrostop) before you go out, this helps slow down the gut and may prevent accidents from happening.

 Take a spare pair of underwear and toilet paper when you go out. A small plastic bag for soiled underwear could help.

 Plan a trip in advance and allow extra time just in case you have to stop along the way.

 Know where the toilets are located at the regular places you visit.

 If you are away from home, try to avoid those things that you know trigger your diarrhoea (e.g. certain foods or beverages).

John: I'd get up the road five minutes and get cramps. I'd think "Where am I? Am I close to a shopping centre?" If I'm not far from home I'd turn around and go back. So, when I went anywhere I'd plan in advance. I had to allow for extra time in case I'd have to stop somewhere along the way.

I've got to know where all the garages or hotels are. When I go to the mall I've got to know where the loos are.

communication choice change



John: With the medication everyone is going to be different. This is what worked for me. I'm on a brand new drug Atazanavir. With the combination of Atazanavir, Ritonavir, Abacavir and Tenofovir there is no diarrhoea. The HIV is under control and the diarrhoea is virtually non-existent. Things are getting back to normal, but it will take a while for the anxiety issues to subside.

Diarrhoea has been reported as a common side-effect of all of the protease inhibitors (some more than others) and with a few of the nucleoside drugs. Most other anti-HIV drugs have had diarrhoea listed as a less-common side-effect. Antibiotics may also be a cause.

Because diarrhoea is a side-effect of treatments, your doctor may overlook how serious it is. Usually diarrhoea will settle down after a few days. If it persists it is important to see your doctor.

Identify the cause

There are two main reasons why people with HIV might get diarrhoea. It may be the result of infection with a micro-organism; or it could be the side-effect of medication. The first step towards control is to identify the cause. It is now relatively uncommon for a specific cause not to be found.

Infective diarrhoea is in many cases the easiest to treat. Some of the more serious microorganisms that can cause diarrhoea include cryptosporidium, MAC, shigella and there are a few others. There can be less exotic ones such as Giardia. Antibiotic treatment is usually very effective in dealing with these infections.

If infective causes have been ruled out, it is possible that diarrhoea is a side-effect of antiretrovirals or other drugs. This may mean changing the medication which is causing it, which is possible through discussion with your doctor. It is important to remember that people can experience the various medications differently.

The first step towards control is to identify the cause.

Keep taking
your drugs, keep
eating and drink
lots of water.

What to do

While many people with HIV will experience diarrhoea from time to time, in most cases there are steps you can take to control it.

As diarrhoea may result in excessive loss of salts and water from the body it is important to drink plenty of fluids or special rehydration drinks. If you have bad diarrhoea, you are likely to lose valuable nutrients. Eating foods like bananas, potatoes, chicken and fish will help you replace potassium levels of which are depleted in people with severe symptoms. Soluble fibres from natural sources like oats, bananas, apples and pears have also been shown to be effective against diarrhoea.

As weight loss may accompany diarrhoea, improving your diet and getting guidance on nutrition is advisable. You might find it useful to speak to an HIV dietitian who can provide you with advice on suitable dietary changes, how to avoid losing weight and how to get adequate nutrition. If diarrhoea remains unmanageable, dietary supplements to replace the loss of nutrients may be recommended.

The temptation to stop taking drugs that are causing diarrhoea can be very strong, especially if you have just started a new treatment regime and find yourself spending a lot of time on the toilet. In many cases, the diarrhoea will settle down after a short period of time, but you need to keep taking the drug to give this a chance to occur. If the diarrhoea is serious, especially if it persists for more than two days or is accompanied by weight loss, talk to your doctor. Don't stop taking your treatment unless your doctor recommends it.

Dietary strategies

Many mistakenly believe that when they experience diarrhoea, they should stop eating and drinking. Eating may be the last thing on your mind, especially when it can be the trigger for an attack, not to mention the anxiety this can provoke. However, reducing food intake may make the problem more serious.

Eating the right type of foods can make all the difference.

 Increase soluble fibre intake. Soluble fibre in the form of psyllium husks, which can be bought at the supermarket, or Metamucil from the chemist, help by absorbing water from the gut, slowing down the gut and allowing more time for the fluids to be absorbed helping create formed stools.

— Soluble fibre is found in oats, fruits (not juices), vegetables and legumes (e.g. baked beans, kidney beans, peas, lentils). **These may need to be reduced if diarrhoea is severe and re-introduced as diarrhoea settles.**

— Sprinkle a teaspoon of psyllium husks onto cereal or on top of your toast with jam or mix it with apple juice.

Fibre supplements should be taken at least a couple of hours apart from HIV drugs or they can affect drug absorption.

communication choice change

 Clear juices such as apple, pineapple or pear are good, but avoid most other fruit juices, which can aggravate the problem. Some people may have increased problems when consuming foods containing a high fructose level. If the fruit juices mentioned increase the diarrhoea, cramping or bloating then contact your HIV dietitian for advice as you may need to decrease foods containing fructose.

 Bananas and white rice are high nutrition foods with the right type of fibre. Dry white toast is an old standby, but can be hard to eat if you have a dry mouth. Clear broths and soups are usually a good bet, but watch out for packaged soups containing MSG.

 Drink plenty of fluids – at least eight cups per day to replace lost water. Dehydration will cause a dry mouth, making eating more difficult. Sports drinks like Gatorade or rehydration solutions like Gastrolyte can be helpful in replacing lost electrolytes. Contact your local AIDS Council for a recipe to make your own rehydration drinks.

 Eat small amounts of food five or six times a day instead of trying to consume normal-sized meals.

 Eat soft, mashed, moist foods such as soft vegetables and fruit, porridge, rice, bananas, mangoes, watermelon or stews with rice, barley or potatoes. Soft vegetables include squash, pumpkin, sweet potato, carrots, and vegetable soup.

Managing diarrhoea can take an individualised approach. Some people change their treatment regime or their diet, or take antidiarrheals, or take up all three options.

Christopher: You need to find an individual dietary plan. While you might have a model for a good diet, you need to adjust it. If you are having problems with your treatments then talk to your doctor.

Some foods can make diarrhoea worse

Try to remove one food at a time from your diet and see if it makes a difference.

 Reduce insoluble fibre intake. Insoluble fibre can add bulk to the gut contents and speed up the process of moving waste through your digestive system, potentially making diarrhoea worse. Insoluble fibre is found in cereal and grain products (e.g. wholemeal varieties of flour, breakfast cereal, bran, bread, pasta, nuts and seeds).

If diarrhoea is severe or becomes persistent talk to your doctor.

Consult a dietitian for an individualised approach to managing your diarrhoea.

 Reduce caffeinated and alcoholic drinks. Alcohol, coffee, tea and caffeine-containing carbonated drinks (e.g. Redbull, V-drinks, Coca Cola) can all make diarrhoea worse and can exacerbate dehydration. They should be replaced by other fluids such as water, herbal tea and soups.

 Minimise lactose (the sugar found in milk) intake because it may exacerbate your diarrhoea. You may benefit from reduced lactose or lactose-free milk or soy milk.

 Watch out for highly processed foods, especially those containing monosodium glutamate (MSG) often listed on the label as flavour enhancer 621. Artificial sweeteners can also have a powerful laxative effect.

 Reduce high-fat foods (e.g. deep-fried foods, fatty meats). Fats can make diarrhoea worse and cause nausea. Fat intake should then be reduced, adding less or no cooking oil, cutting off visible fat or skin from meat and boiling or steaming food rather than frying it.

 Take care with spicy foods.

Sometimes you need more than the right diet

If you have trouble controlling diarrhoea with diet some products available from a pharmacy may be of benefit.

 Imodium is the most commonly prescribed anti-diarrhoea drug. The effect of the Imodium is to slow down the movement in the gut, so it gives it more time to absorb the fluid that is there.

It is important to establish when the diarrhoea is at its worst (i.e. morning/night). If it is worse in the morning take Imodium before going to bed. If it is worse at night take Imodium in the morning. Try different times and amounts to find out what suits you best.

Imodium can also have the opposite effect – making you constipated – so careful monitoring of the effects and gradual adjustment is important.

 Calcium carbonate supplements of 500mg twice a day can help ease the diarrhoea often experienced by people taking the protease inhibitor nelfinavir (Viracept).²

Complementary options

Many people have found that complementary options have helped with diarrhoea and improved quality of life.

Complementary therapies that can help calm diarrhoea are peppermint and ginger teas and the amino acid l-glutamine. Adding a little nutmeg to food can also help.

If you have had an infective diarrhoea which has been treated with antibiotics, it is important to replace the helpful bacteria lost from the gut. Yakult drinks are recommended. Generally the recommendation is: 2 x Yakult for 5 days 1 x Yakult for the next 5 days and then 1x Yakult every 2 – 3 days.

Probiotics are classed as “friendly bacteria” and may also be of benefit. They keep the gut healthy by protecting it from infection and assist in better absorption of nutrients from food. Probiotics are found most commonly in yoghurts.

communication choice change



The bottom line

- The most important advice is to keep taking your drugs, keep eating and drink lots of fluids.
- Identify the cause. Diarrhoea is not always caused by HIV medication; it could be due to an infection.
- If your diarrhoea is severe and persists for more than two days, make an appointment to see your doctor. If you are having problems with your medication changing them can sometimes help with diarrhoea.
- It is a good idea to consult with your doctor and/or dietitian when making significant changes to your diet.

• Consider consulting a dietitian about the types of foods to limit and which ones to include. A dietitian can help you with an individualised approach to managing your diarrhoea.

• Practise good food hygiene (e.g. wash your hands and food before preparation, make sure food is cooked properly and is stored at the right temperature, and check the 'use by' or 'best before' dates).

• If you have got diarrhoea, it is even more important to be meticulous about hygiene, like washing your hands after going to the toilet and before you prepare your meals.

• Diarrhoea can cause anxiety and significantly reduce quality of life. At times it may be useful to consult a counsellor or psychiatrist to talk about some of these issues.

Changing your HIV treatments can sometimes help with diarrhoea.

Getting information and support

- For treatment and complementary therapies information call **The AIDS Council of New South Wales (ACON)** on ☎ (02) 9206 2000 or Freecall 1800 063 060 and ask to speak to the **Health Maintenance Team**.
- For dietary needs call **Albion Street Centre** on ☎ 9332 9600. Freecall 1800 451 600.
- For complementary therapies call **The Sanctuary Centre**, Monday & Friday 9–5 by appointment. ☎ (02) 9519 6142. Other times ☎ (02) 9395 0444 and the **Positive Living Centre**, Tuesday–Friday, 10am–4pm ☎ (02) 9699 8756.
- To find a complementary therapist, get a copy of **Contacts 06: A Directory of Services for people with HIV/AIDS**. Available from People Living With HIV/AIDS (NSW). ☎ (02) 9361 6011, Freecall 1800 245 677 or visit www.plwha.org.au
- If you live outside of Sydney contact **your local AIDS Council** or use one of the Freecall numbers listed.
- The **Australian National Public Toilet Map** may be useful. It locates public toilet facilities in cities, towns, rural areas, and along major travel routes. www.toiletmap.gov.au

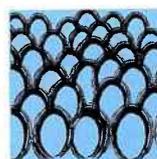
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- 14 Growing older: Living longer with HIV;
- 15 10 reasons to test for STIs (sexually transmitted infections);
- 16 Rules of the heart: relationship agreements between gay men.

References

- 1 J Grierson, R Thorpe and M Pitts (2006) *HIV Futures 5: Life as we know it*, monograph, series number 60, The Australian Research Centre for Sex, Health and Society, Latrobe University, Melbourne, Australia, p 18
- 2 See www.aidsmap.com A–Z of Symptoms: Diarrhoea

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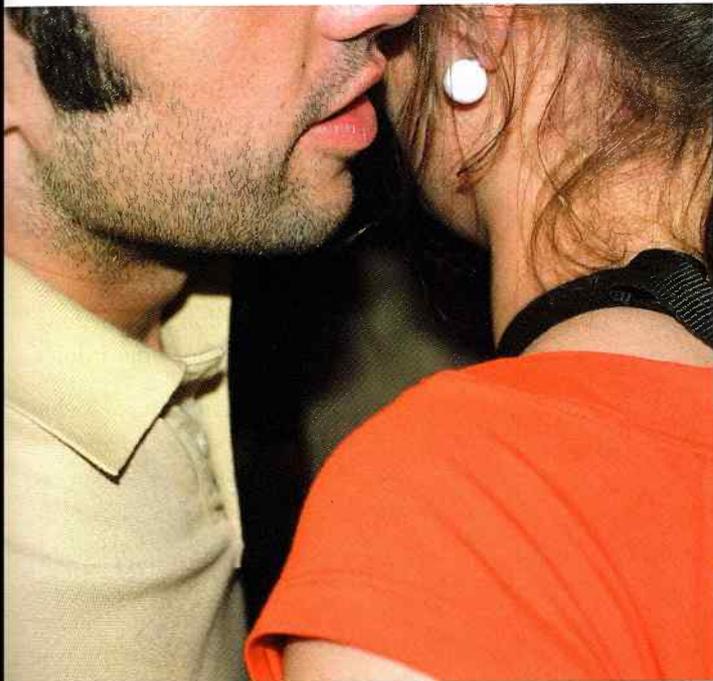
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Communication, silence and serodiscordance

Asha Persson writes on the Straightpoz Study, and how silence can work towards both denial and support.

In the HIV literature, only a handful of studies explore how serodiscordant couples experience and manage HIV. In most studies communication tends to be positioned as functional and 'healthy', as an imperative that should be encouraged. Silence by implication becomes positioned as inherently negative, even dysfunctional.

This article examines the usefulness of this polarisation between communication and silence, and explores alternative ways of understanding silence that might offer useful tools for HIV health workers and researchers. The discussion draws on findings from *The Straightpoz Study*. This study consists of 46 participants, including 19 serodiscordant heterosexual couples from a diverse range of ages, socioeconomic and cultural backgrounds.

In the study, we identified two main modes of managing HIV among serodiscordant couples. We conceptualised these, firstly, as 'sero-sharing', in which HIV was a shared and central experience and, secondly, as 'sero-silence' in which HIV was bounded by silence in different ways. These two modes are not understood as representing functional or dysfunctional modes of managing HIV, nor are they seen as discrete or exclusive. Although most couples tended more towards one mode or the other, all relationships had overlapping and complex shades of both, as I discuss further on.

Sero-sharing

In the sero-sharing mode, both partners engaged in the emotional and practical management of HIV. There was a sense of shared experience, of a shared identity as an 'HIV couple'. HIV was often described as a bond: 'It's something that locks us together ... We understand each other'. (Claire, HIV-negative) Negative partners were typically well-informed about HIV and invested in developing strategies around HIV inside and outside

These couples were often close and devoted, but also often isolated and reliant on each other for companionship and support

of the relationship. These couples were often close and devoted, but also often isolated and reliant on each other for companionship and support. Gavin said about his partner Katya: 'She's lost a lot of friends. I've lost a lot of friends. Basically we care about each other a lot. We look after each other.' Maria elaborated: 'Our life together is a very par-

ticular life; it's a consciously nurturing life and it's full of rituals ... around the fact that we are still together, that we love each other, that we've survived, that every day is a precious time ... He survived the plague of the twenty-first century and I don't ask life anything more.

Many of these couples had been through a lot. Often the positive partner had been extremely ill or near death, shaping the lives of both partners in profound ways. Grief and suffering forced HIV into focus, making it 'real' as a shared concern. Likewise, ongoing uncertainty affected the identities and life ambitions of both—their choices around work, career, friendships, children—and changes in the epidemic forced them to reinvent themselves and their relationship together.

Sero-silence

In the sero-silent mode, HIV was very much in the background and was seen by either or both partners as the domain of the positive partner, rather than as a shared experience. Negative partners were rarely involved in the medical or emotional management of HIV. They tended not to be well-informed and HIV was hardly ever talked about. However, in this mode, silence worked in more ways than one. Firstly, for some, silence meant they were forced to carry the responsibility alone, or it was seen as a sign of their partner's denial, their refusal to engage with HIV:

My last partner ... didn't want to know anything. Never once came with me to a doctor's appointment; he was not supportive in that respect. He was very happy to stay with me, to live with me, providing the virus didn't raise its ugly head and wasn't in his face. So he was accepting-but didn't want to know about it. If I got sick, he went to bed. He didn't react very well at all to it, which was a burden for me (Donna).

The absence of HIV from mainstream awareness and culture makes most heterosexuals utterly unprepared for HIV.

Conversely, some negative partners felt excluded from any engagement with HIV: 'It's like we're two different people, not a couple,' Hazel said. Thus, for some couples, silence was a source of tension, raising difficult issues around trust, intimacy and acceptance. At times, it had a troubling effect on sexual practice as silence negated the possibility of mutual decision-making around safe sex. This kind of silence around HIV in relationships can be seen to partly reflect a broader silence in Australian society; the absence of HIV from mainstream awareness and culture due to a common perception that it is a gay disease, which makes most heterosexuals utterly unprepared for HIV. In addition, they often lack access to peers and communal resources essential to the production of a language around HIV.

Yet, for some couples, silence was seen as a positive force in that it enabled a comforting sense of normalcy. They expressly refused to allow HIV to dominate their lives and explained that not talking about HIV was a way to deflect feelings of 'otherness' and to claim their place in an ordinary, everyday world. Jason described how HIV figured in his relationship with Audrey who was currently well and on treatments:

We go on with life like there's nothing wrong. I never bring it up ... It's never an

issue at all. We just live our life ... We never talk about it ... because this is like minor ... I don't know about Audrey. It might be a big thing for her. But for me, because I love her, I don't really give a damn ... I don't want to talk about it. I mean, like as in making it an issue.

Some participants, including Audrey, welcomed the fact that their partner did not make an issue of HIV or treat them differently from anyone else. They spoke of this as liberating and supportive, as a sign of unconditional acceptance. Shifting the focus away from HIV was perceived as conducive to emotional health and allowed them to get on with their lives.

Silence can be enabling and constraining

Here, we can begin to understand silence as having multiple capacities; enabling and constraining. This helps us to consider how silence may operate in serodiscordant couples, why certain aspects of HIV may be encased in silence and not others. I'd like to give one example of this:

Maria and Adam's relationship could be said to be defined by sero-sharing. They were very close, mutually supportive and emotionally engaged. HIV was a highly thematised and central aspect of their lives, and they had spent years developing a considered and structured way of living with HIV. HIV was clearly positioned as a shared and jointly

Silence played an important part in maintaining this balance.

managed experience. But there were also elements of sero-silence. Maria did not get involved in medical issues, nor did she keep up with the latest information, or accompany Adam to his doctor. She said she left that part to him, because the way Adam managed his health and medication was working so well, having narrowly escaped death in the mid-90s just as combination therapy arrived. And silence played an important part in maintaining this balance:

That's his space and I don't get in there with him ... I don't want to get in his way and I know he's doing it really well. I have a lot of respect for him ... This is how he's stayed alive. And he's only alive so long as he can do this. So I watch him do it and I think, "God, you're amazing, your strength and focus, and your ability to take this on" ... It never fails to amaze me ... So I don't do anything to disturb him. I don't do anything that would make it harder for him. I don't

"I don't do anything that would make it harder for him. I don't badger or bother him."

badger or bother him ... I don't do anything emotionally unnecessary around him ... Because our lives and happiness depend upon his ability to do that ... This tip of our life is sitting on this mass of chemicals, and his ability to take them in ... Peace and quiet has become the holy grail of how to live with the virus ... because it's in that peace and quiet that his relationship with those drugs can be a good one.

In this example, we can understand silence not as a dysfunctional absence of communication, but as a medium of equilibrium and survival. It is an active silence that gives space to the other partner, while remaining supportive and engaged. It also illustrates how silence may be very specific, rather than absolute. If anything, communication about HIV was vital to this couple. At the same time, for Maria, their health and happiness rested on a conscious decision to seal certain aspects of HIV in silence.

We could unpack communication...

The examples provided in this article destabilise the common distinction between communication and silence as proper and dysfunctional ways of managing HIV among couples. As an alternative to this dichotomy, the concepts of sero-sharing and sero-

silence describe ways of living with HIV that either foreground or background HIV in different ways. They are an attempt to capture the layers and trajectories of communication and silence, and what they achieve in a relationship. Sero-silence allows us to consider silence as a potential medium of both support and denial, as both a skilled and unskilled practice, and as having both positive and troubling effects on couples' health, happiness and sexual decisions. We could unpack communication in a similar way.

These concepts have broader applications among people living with HIV. For example, we can consider what we mean by sero-discordant relationships, perhaps opening it out to include not only couples, but also families of differing serostatus. We could also explore how these modes operate more broadly in the lives of people who live with HIV; how sero-silence and sero-sharing shape contact and relationships with other people, engagement with the world, and social identity.

While space does not permit me to explore this in detail, in the Straightpoz study, sero-silence and sero-sharing intersected with gender, length of relationships, illness, treatments, and the invisibility of HIV in Australian mainstream society. Understanding what shapes patterns of communication and silence, and how they in turn shape well-being and sexual practice among sero-discordant couples, is imperative for effective HIV education and health promotion. If silence is understood simply as a deficiency, as a lack of ability to manage HIV as a couple, it may hamper our attentiveness to the complexities and specificities of people's lives.

Asha Persson, PhD is a Research Associate at the National Centre in HIV Social Research, University of New South Wales

The Straightpoz study is conducted by the National Centre in HIV Social Research (UNSW) in collaboration with the Heterosexual HIV/AIDS Service, NSW (Pozhet).

Persson, A., Barton, D. and Richards, W. (2006) *Men and women living heterosexually with HIV: The straightpoz study Volume 1*. Monograph 2/2006 Sydney: National Centre in HIV Social Research, the University of New South Wales. You can read the study on the National Centre's website: <http://nchsr.arts.unsw.edu.au/pdf%20reports/Straightpoz.pdf>

The Joy of Pets



Hastings, Maybelline Hastings

At seven weeks old my breeder
Delivered me to my Dad
From Ryde to Surry Hills
I now live in a city pad.

My wooden hutch also includes an ensuite
With five large pots of wheat grass, this
Provides my favourite feed.

Under an enclosed balcony I have
Views over Harmony Park
Afternoon visits there allow me
To hop around before it gets dark.

I have a favourite bench,
As I like to stretch out
I feel so special and much loved
Without a doubt.

Daddy just bought me this new pink basket
It may seem a little camp
But I absolutely loved it.

I love my photos, cuddles and toys
I attract so much attention
That daddy wishes it was more from boys.

This is the first of our regular pets' column. Would you like to see your pet in *Talkabout*? Send in your photo and how you feel about your pet (up to 200 words) to: editor@plwha.org.au

PS. PAWS

PAWS (Pets Are Wonderful Support) is available for positive people to access help with pet care. We are always looking for clients and volunteers. Please contact Vicky at the PLC 9699 8756.



Double discrimination: Being HIV+ and MSM

Robert Baldwin on the APN+ (the Asia Pacific Network of People Living with HIV and AIDS) MSM working group meeting in Bangkok

The first meeting of the APN+ MSM (men who have sex with men) working group was held in Bangkok on the weekend (3rd and 4th March 2007) prior to the APN+ Annual General Meeting and Training Days. The meeting was attended by 17 participants from 10 countries in the Asia Pacific Region. Participants were either country representatives to APN+ or people linked to APN+, who all had a strong interest in positive MSM issues.

The International HIV/AIDS Alliance has agreed to support our working group for 2007, and this will focus on identifying and exploring issues related to MSM who are living with HIV in the region and develop strategic interventions. At our meeting we heard about the HIV and MSM situation in the region from Jan W de Lind van Wijngaarden who told us of recent HIV prevalence rates for MSM ranging from 4% in Beijing to 9% in Phnom Penh and Hanoi, and to a staggering 28% in Bangkok. Jack (Siam Araya-wongchai) from the TreatAsia hosted Pur-

ple Sky Network (PSN – grouping of MSM focused organisations) told us of the increasingly coordinated MSM activities across the Greater Mekong Sub-region. While this is pleasing, most actions seem to focus on HIV prevention, with minimal discussion of the issues of MSM living with HIV.

We heard brief reports on the HIV and MSM situation by our participants on each of the countries represented at our meeting, along with a presentation by John Rule from NAPWA Australia on 'positive in prevention.' We identified the issues we believe are

HIV prevalence rates for men who have sex with men... a staggering 28% in Bangkok



affecting positive MSM, which included double discrimination around being HIV+ and MSM, difficulties accessing MSM friendly services, and fears of rejection in disclosing their HIV status to sexual partners, family and friends.

We plan to work hard in promoting the needs of the issues affecting positive MSM in 2007 through collaborative partnerships with supportive networks and organisations like the Purple Sky Network and Asia Pacific Rainbow. Another plan is to conduct advocacy activities at the International Congress on AIDS in Asia Pacific conference in Sri Lanka in August 2007, with oral presentations, skills building workshops and a satellite meeting. We will be finding out about the needs of positive MSM across the region, as well as developing, and hopefully sharing, useful resources, and we will look to increase the skills of our members through activities like the regional MSM advocacy training in May 2007 in Bangkok.

We welcome contact with other people in the Asia Pacific Region interested in joining us

The working group would welcome contact from other people in the Asia Pacific Region interested in joining us, so we can address the issues affecting positive MSM. We also plan to keep in contact with each other in various ways including an email group.

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On the same page and speaking the same words

Addy from Myanmar writes about how empowering it is to meet other HIV positive MSM* in the Asia Pacific Region

***MSM: Men who have sex with men**

It was great to be at our first MSM working group meeting where it was safe to be out about having sex with other guys and also be HIV positive. As Myanmar is a very culturally sensitive country, this kind of environment happens pretty rarely there. In my country, although it might be sort of easy in some ways to meet other guys who have sex with men, it is almost impossible to meet other guys who are open about having HIV.

This may seem kind of strange when there are estimated to be many thousands of positive guys in Myanmar but they are virtually invisible. Being so isolated can make me feel pretty lonely sometimes. I am only 26 years old and have been HIV positive for four years. While other positive people in my country, who I run workshops with, may be OK about me being a man who has sex with men, they do not really understand my life and can be a bit judgmental.

I knew about half the guys at our meeting in Bangkok, so I felt pretty comfortable and it was great to meet other new positive guys from across the region, including Singapore, the Philippines, Indonesia and New Zealand. Everyone was very friendly and respecting of each other. We talked about the issues, being MSM living with HIV, and what we could do

together to make lives better for guys like us. It is kind of exciting really to think we are finally going to do something about these issues like discrimination, access to friendly services and disclosure.

While MSM and HIV is becoming a bigger issue in our region, as it should, with the rising rates of infection. Usually it is all about prevention, with no one is talking about care and treatment for guys who are already positive. It is kind of empowering with all positive MSM across the region on the same page and speaking the same words. We found we have similar needs and challenges to face. And I felt really comfortable disclosing myself as a positive MSM and not being discriminated against in this group.

Hey by the way in my country we do not usually use the terms of MSM (men who have sex with men) or gay. There are many categories of MSM in Myanmar like:

Apone (sort of like a westernised gay man like me),

Achouk (who are very effeminate and behave and dress up like women),

Apwint (a bit effeminate but dress like a man)

... and *Offer* (who are male sex workers, often just to make money).

Pretty complicated eh!

SEX PIGS

DARK AND DIRTY SEX AND MANAGING YOUR HEALTH



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

But they're not always right.

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

www.plwha.org.au

Dealing with both

Three men talk about being co-infected with HIV and Hepatitis C.



Malcolm

Testing for Hepatitis C

In 1996 I woke up with what I felt was a gigantic hangover, and just thought I had been overdoing it. I had to go to a function that day and was offered a glass of champagne and I dry wretched, and needed to lie down. The following day I was going to the Mardi Gras Film festival and I got Bells Palsy, and felt the whole side of my face drop. So I knew something was seriously wrong.

My regular doctor was booked out and I went to another doctor on Oxford Street. He said he'd give me an HIV test, and I said I should at least have some counselling. There were a number of things going round at the time, Giardia and Hep A. Over three days he suggested a Hep C test and I got the results over the phone.

I was as sick as a dog. I phoned a mate in Canberra who was Hep C positive, and he

picked me up at the airport. I didn't want to believe I had Hepatitis C. My skin tones had changed and my friend said I looked grey. I was having Monday off work anyway and had another blood test. Again I had no counselling.

I wasn't really well enough to work but I just pushed myself. The next three months

To deal properly with the Hepatitis C I thought I'd have to deal with the HIV

were agony. I'd leave work at five, which was unusual for me. There were rumours at work that something was wrong with me, because I didn't look well. I even bought some bronzer to give my face a tint. I couldn't eat meat in any form. Your system just can't process it.

Testing for HIV

Three years later in 1999 my career was on the up. But I was terrified. I couldn't deal

with HIV. I'd been in 'healthy denial,' but to deal properly with the Hepatitis C I thought I'd have to deal with the HIV. In 1999 when I had my positive HIV result, it was harder to accept because I was well. I didn't have any symptoms. On the other hand, I could come to terms with Hepatitis C, because of how sick I was, with diarrhoea etc.

Talking about it

My career was at a high, all mapped out. I disclosed my Hepatitis C to heterosexual friends, and they took it well. They were in the arts industry, and HCV wasn't a death sentence.

I only started discussing HIV when I stopped working. I wouldn't have got promotions if I had discussed HIV. They wouldn't have seen me as a good investment. Being HIV positive was still seen as a death sentence.

As far as sex goes, I disclose HIV but I don't disclose HCV. To disclose one is bad enough but to disclose both, you may as well just sit at home and knit. I think people who are co-infected can be forgotten, like a minority within a minority, and the issue needs more discussion. I haven't met a lot of other people with Hep C. It's a challenge, a

Colin

total challenge. Bringing people together to exchange ideas would be good. Not a victim, negative thing, but just how they deal with their lives, how they deal with disclosure. That would fascinate me.

Treatments

I'm an outpatient at IBAC, although I don't think I'm really aware of HCV services. There have been a few treatment trials around. I started on Hep C treatment, but I developed mania and just couldn't continue it.

Living with two viruses

People don't talk a lot about co-infection. I think having HIV seems a bit more respectable, but Hepatitis C is not a respectable virus. If people know you've got Hep C they can have this weird negative attitude towards you. It's about how Hep C is perceived – as a junkie's disease. They don't ask you how you got it. You just get a vibe.

I've found heterosexuals deal with Hepatitis C better than homosexuals do. My heterosexual friends have had fewer issues with HIV, or with Hep C, while gay people (whether positive or negative) have had real issues. Sometimes it just seems easier to keep it vague and tell people I'm co-infected, so you don't get asked.

Bringing people together to exchange ideas would be good

There seems to be far more education programs out there about HIV than for Hepatitis C. Of course there are some people who are more educated about Hepatitis C. But generally though, people are not very aware. Even if you say the acronym HCV, for example, people often don't know what you're talking about. A lot of people don't even know it is a blood born virus. And that's another reason why discrimination exists.

Around 1986 I tested for Hepatitis C and HIV. The HIV test came back negative but the Hepatitis C (or non A/non B as it was called then) came back positive. Initially it didn't really sink in, because I thought "Oh wow, I'm not HIV positive." The tests showed I'd been Hepatitis C positive for a number of years, and it's probably been 30 years now.

initially it didn't really sink in

In 1993 I got my HIV positive result.

I knew when I became HIV positive. It was with someone who took my breath away. It was a time I was feeling isolated and lonely and needed the touch of someone else's skin.

He was gorgeous, and I knew he was positive. We used amphetamines, which I think disinhibited me. It started out as safe sex but as the night wore on, and we had more amphetamines, my risk taking increased. I own my responsibility and this person turned out to be a soul brother, and we had an intense sexual and spiritual relationship until he died.

I think HIV and Hep C are very different. There's a lot more stigma around Hepatitis C and a lot more support around HIV. HCV conjures up questions like: "Were you a junkie?" It used to that there was more support for drug users in Hep C organisations, and gay men got their support from AIDS organisations. There is now a slow acceptance that HIV isn't the only health condition that affects gay men.

Talking to people

I only tell people my condition if they really need to know. I've told all the people who are important to me. Generally though when you tell people you're Hep C positive or HIV positive, their attitude is you got it "having fun." It's because of lifestyle, and certainly that can be the case, but people can be judgemental.

Peer support is valuable, and the definition of a peer is someone who is like-minded, preferably someone with the same viruses but not necessarily.

Taking care

General fitness and well being, and taking care of my liver, is also very important. HCV can make me tired, angry and depressed, and at the same time I still have to look out for my HIV. I've been on HIV treatments, but recently stopped all treatments to start Hep C treatments. I know the Hep C will get me before the HIV.

At my age I want to have a quality of life rather than a quantity of life, and be able to have a bit of fun. These disabilities are only part of me. Living is not just about staying in bed and feeling depressed. It's about getting out enjoying the sun, people, good food and feelings,

a lot more stigma around Hepatitis C and a lot more support around HIV

laughter, relaxation and exercise. I'm fortunate in living in a regional city in New South Wales where I have a better pace of life.

In 2007 I'm more gentle on myself and my health has improved. While I'm not scared of death, I've got so much to live for now, and I'd like to age disgracefully.

Drew

I was coming back to Sydney by train, and I just got sicker and sicker. My mate picked me up at the station and took me to the doctor's. The doctor told me to take one look at my eyes. He asked me: "What colour are they?" I looked and said "They're yellow." In a little way, it hit me it could Hep C. It frightened the hell out of me. I didn't know anything about it at the time, and within a couple of days I knew I was Hep C positive.

I was surprised so many of my friends had it

I didn't know much about Hepatitis C.

I was pretty young. I had been HIV positive for two years and knew the basics of HIV. I didn't know much about Hepatitis C. I knew it was a blood to blood contamination. I thought it was going to be a death sentence on top of the HIV. I didn't know what treatments were there, what help I could get.

Before I was diagnosed with HIV I knew one person with HIV. I didn't know anyone with Hepatitis C until after I found I had it. I eventually told some friends about it when I was going to go on the Hep C treatment trial, and they told me they were Hep C positive too. That was a bit of a shock. I was surprised so many of my friends had it, about five of them (three of them I know are HIV positive too and I'm not sure about the other two).

People talk less about Hepatitis C than HIV. On the chat lines on the internet for example you hear more about HIV.

I started the Hepatitis C treatments in April 2003 and finished them in March 2004. 48 weeks in all. The treatment was very hard and I experienced really bad side effects, depression, nausea, lethargy and ter-

rible back pain. It was tough to get through it, and many others who were on the trial couldn't see it all the way through. The support I got helped.

Support and assistance

In fact, I think I've had more support with Hepatitis C than with HIV. I got that because I went to a support group at St Vincent's because I was on Hep C treatments, and that support came about half way through my treatment. It was the best support group I'd been to. A lot of people in the group didn't make it through the treatment trial. They were once a fortnight and we could discuss where we were at on the trials.

The doctors and the nurses at St Vincent's were also very supportive.

The Redfern Community Health team was also really helpful. For example I had a serious back problem because of the Hep C and they gave me a little seat for the bath and for the sink to do the dishes.

CSN were also fantastic. They took me into the hospital and took me home each time from my treatments. The CSN driver chatted to me and made me feel better. He didn't care about what I had. All he cared about was that I got home safely and was comfortable.

I got a lot of support from other people, especially from my mum

I also got a lot of support from other people, especially my mum, again through going on treatments. I only really told my closest friends about HCV, and they've all been very supportive. They knew a little bit about it. They knew it could kill me one day.

I think there should be more information out there about Hepatitis C, at least as much as HIV.

The Hep C Helpline phone numbers are:

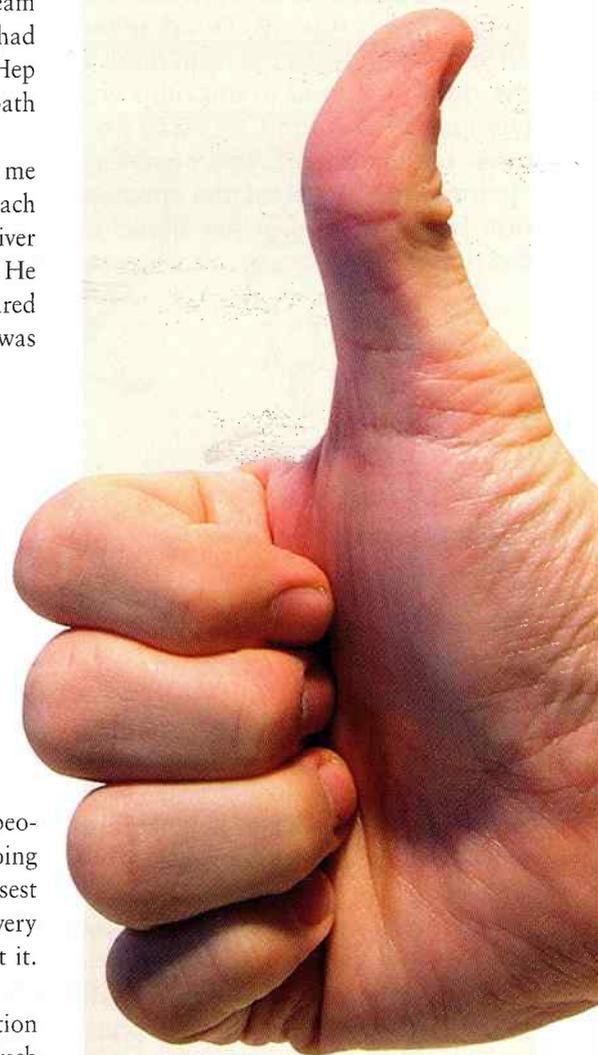
9332 1599 (Sydney)

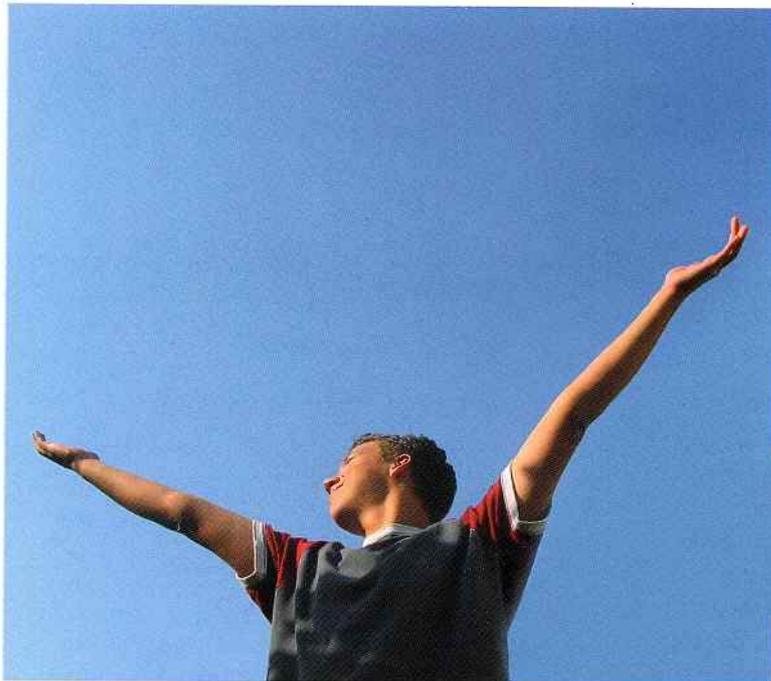
1800 803 990 (NSW regional)

Monday to Friday

9 am - 5 pm

You can also visit the website of the Hepatitis C Council of NSW and email questions you would like answered about Hepatitis C
www.hepatitisc.org.au





Maintaining adherence, winning the fight against resistance

Jae Condon writes about why it's important to adhere to our treatments, and suggests some tips to help us do that.

For HIV treatments to work we need to take them properly. Good adherence means taking the right dose at the right time, and in the right way (with or without food, or away from other medications). This ensures a "therapeutic" level of the medication is maintained in the blood all the time.

Treatment can stop working when we miss as little as one dose a week.

HIV, like any virus, changes or mutates. If these changes happen too often, the medication will stop working as well, the virus will start to multiply, and our viral load will increase.

If treatments stop working so well, we may need to start a new combination. Even though today we have more treatment choices and better treatments, some people can risk reducing their treatment options through poor adherence.

Mutations to resistance

Many people make the mistake of thinking they can miss doses regularly without any problems. They think this because they have missed doses before and their viral load is still undetectable. Treatment can stop working when we miss as little as one dose a week. Even though it can take a while before our viral load becomes detectable, resistance starts a long time before we can see the results in a blood test.

Good adherence is an important part of making sure treatments are given a chance to work. We know that it is very hard to maintain 100% adherence. Most of us forget to take our treatments at some time or another. This is normal, and nothing to be ashamed of. The trick to good adherence is to work out what causes us to miss doses, and think of a plan to help us remember.

Here are some useful tips

Problem - forgetting
Answer - reminders

Mobile phones

Most mobile phones have alarms and reminders. These are very useful to remind us to take our medications. They can also be used to remind us to fill our scripts so we don't run out of medication.

Pill boxes

Using a pill box is a great way to help maintain good adherence. Fill your box for a week and can keep it near you (bedside, backpack, kitchen bench). Smaller pill boxes can be used if you are going to be out when your dose is due, or staying somewhere overnight – whether you plan to or not ;)

Work out what causes us to miss doses, and think of a plan to help remember

Routine

Make treatments fit in with other parts of your regular daily routine. This ensures treatments fit in with your lifestyle, and not the other way around. Some reminder cues are brushing your teeth, feeding the cat, getting in and out of bed. The cue you use will depend on how often you need to take your meds.

Important

If you do miss a dose do you take that dose late or do you skip it and take the next dose? It is important and helpful to know this in advance. Ask your doctor when you visit next about a plan for missed doses. This can reduce the amount of doses you actually miss.

Problem - running out
Answer - reminders

Calendars

Mark in your calendar a week before your scripts are due, this gives you plenty of time to fill your scripts. You can use the sms and email reminder service at www.whytst.org. This service reminds people when their next STI screen is due. We can also use it to remind us when our next script is due.

Problem - motivation
Answer - talk, talk, talk

Reassurance

We tend to remember the bad stories we hear about treatments, and not the good ones. Over time this can effect the way we feel, leaving us with thoughts like "why bother" or "it's no use". This happens to everyone living with a long term health condition, and is especially the case with HIV. Even though we have come a long way, HIV still carries stigma.

Talk to a professional (doctor, counsellor, treatments officer or someone else you might trust and respect). This can help you get rid of those negative thoughts, help you maintain good adherence and feel good about yourself.

Talk with a friend or relative. These people know you well and care for you. If you had a friend or relative in need, you would probably want to help when they needed you. They can also help with adherence. For example, if you are too busy to get to the pharmacy, they might be able to pick up your scripts for you.

Get a treatment buddy - someone else who is taking treatment who you get along with and can rely on. A treatment buddy knows what you are going through and can be a good source of support. They can help you through the good and the bad. You can keep in touch by phone or face to face as often as you both need to. A treatment buddy can

be someone outside of your usual group of friends and family.

Arrangements to collect medications

If you have difficulty getting to a hospital pharmacy to collect your HIV drugs, talk to them about how to make it easier. They may have a late night. You may be able to ring in advance to get a prescription made up so it is ready for you when you go to collect it. They may be able to deliver it to a hospital or clinic closer to you, particularly within the North Coast Area Health Service.

If you're having difficulty, ask if there's a way to make it easier for you to stick to your medications. Talk to your doctor or hospital pharmacist or contact PLWHA or ACON.

Side effects

Sometimes we miss doses because we experience side effects, or because we are worried about them. Talk to your doctor, pharmacist or treatments officer. They can help you to cope with side effects. Your doctor may

even want to change your medication if your side effects are too bad.

Celebrate your success

Living with HIV can be hard at times. Needing to keep 100% adherence can be even harder. Rather than focusing on failures, it is more useful (and more fun) to celebrate your success.

Reward yourself when you complete a week of 100% adherence. Celebrate when you reach a month. The reward can be something big or small. You can celebrate with your treatment buddy, friends, relatives or even by yourself.

Jae Condon is a member of the HIV Health Maintenance Team at ACON. If you would like to talk about treatments Jae can be contacted on 9206 2000 or freecall 1800 647 750 or email: jcondon@acon.org.au

Check out ACON's treatment website: www.treatmentsupdate.info





So Can You Cook? No 24 Citrus



Tim Alderman

There is probably nothing in the world I enjoy more than the 'cat's-bum' cheek- sucking, mouth-pursing bite of a really good citrus tart. Citrus are flavours that cleanse and add a bit of zing to anything they are cooked or served with.

We have our own lemon tree, which at this very moment is full of ripening fruit, and it's not all that long until I start churning out lemon tarts, lemon delicious puddings,

Limes are probably the most versatile of the citrus family

lemon self-saucing puddings and passing all the excess I can't use onto friends and neighbours. Unlike David, my partner, who can pick up a lemon and just bite into it without pulling a single face, I prefer mine to be involved in a dish of some description.

It is not all that long ago that trying to buy a lime was like looking for ocean in the Red Centre. Now, apart from them being atrociously expensive out-of-season, you can

buy bags of them for as little as \$3.00. Limes are probably the most versatile of the citrus family, and not only make great cakes, puddings and biscuits but are an integral part of nearly all Asian cooking.

Oranges and grapefruits make fantastic enlivening additions to salads, and whole-orange cakes are a thing to lust for. Grapefruit marmalade is one neighbour's favourite – I don't make it all that often, but I can bet he will take every jar I offer. There is also the world of little citrus-like cumquats. These also make a deliciously tart marmalade, or can be poached and stored in spiced syrup for spooning over ice cream or serving with a cheese platter.

Because of uncontrollable obsession with desserts, this column is going to deal in the sweets (tart?) side of using these delectable and versatile fruits. By the way, slices of lemons and limes are also great when barbecued, and served with fish or poultry. Don't forget to buy yourself some Preserved Moroccan Lemons – or make them yourself – to serve with cous cous, rice or Middle-Eastern dishes. Some brands can be found on my web site under 'Condiments'.

By the time this column is published, the new Alderman Providore web site will be launched. We have had the new site designed by Duncan from Chirp Internet, and he has given it a fresh make-over, cleaning up all the untidiness that annoyed me with the old site, and expanding it to be a more interesting and comprehensive browse for our custom-

ers. We have also brought the site 'home' to a local host, and have changed to our local domain name. This is one of our short-term goals now completed. Please come and have a browse at <http://www.aldermanprovidore.com.au>. There is no obligation to buy, but I do like to tempt people.

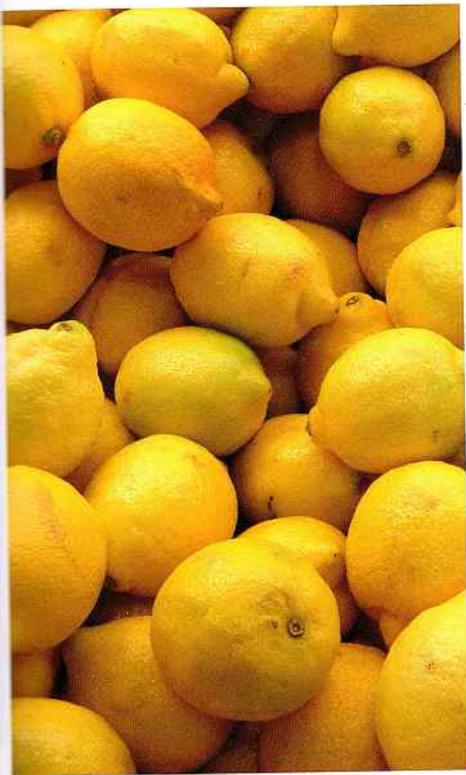
Summer Soup of Red Fruits in Citrus Sauce

Serves 6

- Juice of 2 grapefruit
- Juice of 2 oranges
- Juice of 2 lemons
- 2 passionfruit, halved, pulp and seeds scooped out and reserved
- 1 kiwi fruit, peeled and finely diced
- 6 strawberries, finely diced
- 1kg of mixed red fruits such as strawberries, raspberries, redcurrants – or use frozen if out-of-season. Just drain off the excess juice.

In a large bowl, mix together the citrus juices and stir in the passionfruit pulp and seeds, the diced kiwi fruit and diced strawberries.

Arrange the mixed red fruits in the centre of 6 serving plates. Spoon the citrus sauce and diced fruit mixture around the red fruits and serve the 'soup' at once.



Lemon & Almond Tart

Serves 6

- 1 x large sheet sweet shortcrust pastry
- 2 eggs
- 150g icing sugar
- 4 lemons
- 100g butter, melted
- 75g ground almonds
- icing sugar, to dust

Preheat oven to 220 C. Carefully work the pastry into a 20cm tart pan, and trim off the excess. Blind bake (cover with baking paper and some sort of weights eg ceramic beads or rice) for 10 minutes, remove paper and weights and return to the oven for a further 10 minutes until the pastry is crisp and golden.

Reduce the oven temperature to 180 C.

In a bowl, whisk the eggs and the icing sugar together until fluffy. Mix in the grated zest of 2 of the lemons, the butter, ground almonds and juice of all 4 lemons. DON'T WORRY IF THE MIXTURE LOOKS CURDLED. It won't affect the finished product.

Pour the filling into the pastry case and bake for 25 minutes, or until the filling is set. Leave to cool and serve dusted with icing sugar.

Orange and Almond Cake

Serves 6-8

- 2 large navel oranges
- 6 eggs, separated
- 1 tablespoon orange blossom water or orange liqueur
- 1 cup caster sugar
- 3 cups ground almonds
- 1 teaspoon baking powder
- 3 more navel oranges, peeled, pith removed, thinly sliced, to garnish

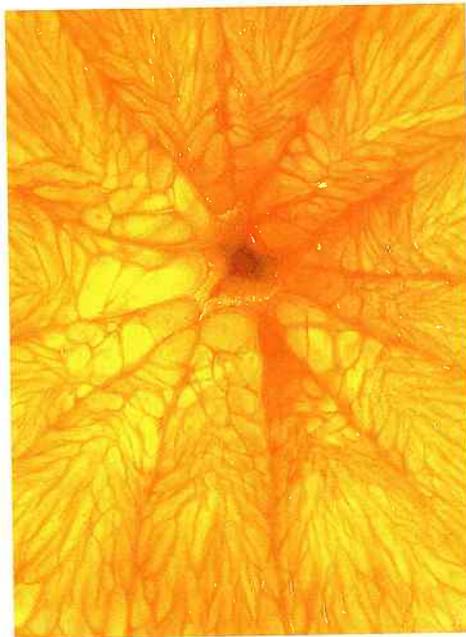
Orange Syrup:

- 2 cups fresh orange juice, strained
 - $\frac{3}{4}$ cup caster sugar
 - 60ml sauternes (or any other dessert wine.
- If too expensive, use a sugar syrup of 1 cup sugar to 1 cup water boiled until slightly thick.

Grease and lightly flour a 23cm springform cake tin. Put the whole oranges into a saucepan full of water. Boil for 2 hours, topping up water as needed. Remove the oranges, quarter them and process in a food processor until smooth. Cool thoroughly.

Preheat oven to 180 C.

Place the egg yolks, orange blossom water and caster sugar into a large bowl and beat until smooth, then stir in the orange puree and mix well. Whisk the egg whites in a clean dry bowl until firm peaks form. Add the ground almonds and baking powder to the orange mixture and stir well, then fold



in the egg whites. Pour into the cake tin and bake for 1 hour, or until firm – cover with foil if it overbrowns. Cool in the tin, then transfer to a serving plate.

To make the syrup, put the orange juice, sugar and sauternes (or syrup) in a saucepan over medium heat and stir until the sugar is dissolved. Reduce the heat and simmer for 20 minutes or until reduced by half and slightly syrupy – skimming off any scum.

Cut the cake into wedges, garnish with orange slices and drizzle with the syrup. Delicious served with cream.

Lemon Stars

Makes about 22

- 125g unsalted butter, cubed and softened
- $\frac{1}{2}$ cup caster sugar
- 2 egg yolks (freeze whites to use in meringues or pavlova)
- 2 teaspoons finely grated lemon zest
- $1\frac{1}{4}$ cups plain flour
- $\frac{3}{4}$ cup coarse cornmeal (polenta)
- icing sugar, to dust

Preheat oven to 160 C. Line a baking tray with baking paper. Beat the butter and sugar until creamy. Mix in the egg yolks, lemon zest, flour and cornmeal until they form a ball of soft dough. Roll out on a floured surface to 1cm thick.

Cut out stars from the dough using a 3cm star-shaped cutter. Place on the tray and bake for 20 minutes or until lightly golden. Cool on a wire rack and dust with icing sugar.

Orange, Pistachio and Semolina Slice

Makes 18 pieces

- $\frac{2}{3}$ cup shelled pistachio nuts
- 200g unsalted butter, chopped
- $\frac{2}{3}$ cup caster sugar
- 1 teaspoon vanilla essence
- 1 tablespoon finely grated orange zest
- 2 eggs
- $\frac{1}{2}$ cup self-raising flour
- $\frac{1}{2}$ cup orange juice
- $1\frac{1}{2}$ cups fine semolina
- 1 cup caster sugar, extra
- icing sugar, to dust

Preheat oven to 180 C. Lightly grease a 20cm x 30cm shallow baking tin and line with baking paper, leaving it hanging over the two long sides.

Bake the pistachios for 8-10 minutes or until they are lightly toasted. Cool, then chop.

Beat the butter and sugar with electric beaters until light and fluffy. Add the vanilla, orange zest and eggs, and beat until combined.

Add the flour, orange juice, semolina and pistachio nuts and fold in with a spatula until just combined – do NOT overmix. Spread into the tin. Bake for 30 minutes, or until golden brown and firm when lightly touched. Cool for 10 minutes in the tin, then on a wire rack placed on a tray.

Mix the extra orange juice and sugar in a small saucepan. Bring to the boil over medium heat, then simmer for 1 minute. Spoon over the slice. Cool and cut into squares or diamonds. Dust with icing sugar.

Key lime Pie

Serves 6-8

375g block ready-made shortcrust pastry

4 eggs yolks

395g tin condensed milk

½ cup lime juice

2 teaspoons grated lime zest

Lime slices – to garnish

Icing sugar, to dust

Whipped cream, to serve

Preheat oven to 180 C. Grease a 23cm loose-bottomed flan tin. Roll the dough out between 2 sheets baking paper until it is large enough to fit into the flan tin. Lift and fit the pastry into the tin, then trim edges.

Line the pastry shell with baking paper and ceramic balls or rice. Bake for 10 minutes, remove paper and beads and return the pastry to the oven for another 5 minutes or until the base is dry. Leave to cool.

Using electric beaters, beat the egg yolks, condensed milk, lime juice and zest in a large bowl for 2 minutes or until well combined. Pour into the pie shell and smooth the surface. Bake for 20-25 minutes or until set. Allow the pie to cool, then refrigerate for 2 hours, or until well chilled. Garnish with lime slices, dust with icing sugar and serve with whipped cream.

Mandarin Ice

Serves 4-6

10 mandarins

½ cup caster sugar

Squeeze the mandarins to make 2 cups juice, and strain.

Place the sugar and 1 cup water in a small saucepan. Stir over low heat until the sugar has dissolved, then simmer for 5 minutes. Remove from the heat and cool slightly.

Stir the mandarin syrup into the sugar syrup, then pour into a shallow metal tray. Freeze for two hours, or until frozen. Transfer to a food processor and blend until slushy. Return to the freezer and repeat the process three more times.



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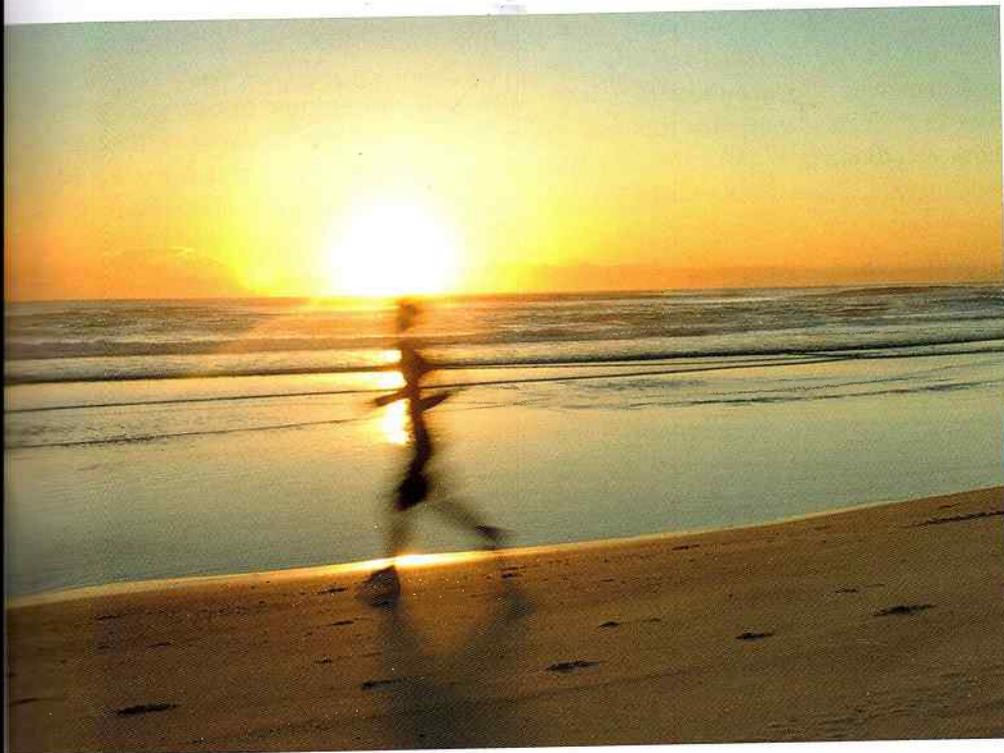
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Health & fitness: Ask Ingrid

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

Great, three questions again. Glad to see that people are keen to make sure they are getting the most out of their exercise sessions.

The first question is:

I hate running but know I should do some 'cardio' for my heart (as well as my figure).

Is riding a bike at the gym as effective as running?

How does swimming or going for a long-ish walk (like say 45mins) compare with the benefits of running?

You are quite right, it is important to do some cardio for your heart and to lose body fat if

Running can give you very quick results but also places quite a bit of strain on joints and feet

that is needed to look the part or to improve your health. But any exercise or activity that raises your heart rate above about 100-130 beats per minute will improve your cardiovascular health. As you get fitter through exercises that strengthen and increase the endurance of your heart muscle, your heart beat slows and becomes more efficient. The more efficient your heart, the easier it is for the blood to be pumped around your body. This blood will also carry more oxygen and nutrients to your muscles, lungs, brain and digestive system.

All activities have their pros and cons, so weigh up need with enjoyment and come to a compromise that works for you. Running can give you very quick results but also places quite a bit of strain on joints and feet. If you have any muscle wasting issues something less intense may be better. If you have peripheral neuropathy, again the impact would definitely be something that may make you decide on something low impact.

Bike riding or walking does not give results quite as quickly, but will definitely increase your fitness, as long as you gradually get your heart rate up over an extended period. As bike riding is non weight bearing, it uses fewer muscles than weight bearing activities like walking and running. Fewer calories are also used, but all the cardio vascular benefits for your heart are still there.

Rowing or cross training on an elliptical runner at a gym or at home if you have one, can be very good options. They combine the

20mins is considered the minimum for cardio vascular fitness.

best of both worlds - low impact with some weight bearing elements. They use a lot of muscles so you get a good over-all workout, burn lots of calories and your heart rate goes up quite quickly. The things that make these two activities great for someone who is pretty fit, and needs to lower their body fat a bit, would also make it an activity that would be avoided if you were not fairly fit. This is because you can't do the activity for more than 5-10 minutes, thus making it not much good for increasing fitness, as 20mins is considered the minimum for cardio vascular fitness.

One way of still rowing or cross training if you are not very fit would be to combine it with some walking or bike riding for the rest of your cardio training, to make it long enough to gain the cardio benefits. Swimming is another activity that is great for fitness as long as you have enough core strength (strong abs and lower back) to keep your body relatively straight in the water.

Also if your stroke is not reasonably good you may find it hard to get your heart rate within a range to be effective (110-150 beats per minute). Try breaking your swim into a variety of laps, one breaststroke, one backstroke, one free style, one with a kick board, then sprint a lap. This way you will quickly work out what combination will keep you at an effective heart rate.

As a basic guide to starting out on cardio vascular training start with an activity that lasts for 20 minutes with your heart rate at 110 beats per minute then gradually increase distance or bpm as your fitness increases. To work out what level of activity you need to train your heart, think 60-80 % of your maximum heart rate. Maximum heart rate is 220 minus your age. So if you are 46 your maximum heart rate would be $220 - 46 = 174$. Your starting heart rate at 60% would be 105bpm. This is a conservative estimate; you will find that you will be able to increase your level of exercise to get your heart rate up over 120 quite quickly.

As your fitness increases your heart rate gets slower so you will need to increase your speed or workload to keep your heart rate in your training zone.

It is important to use a spotter

Second question:

How important is it to try and lift heavy weights when you are working out?

Does it do any good to go beyond your usual limit and do just three reps for example? – And is it really safe to do that?

If you are an experienced weight trainer or have access to a regular qualified trainer or an experienced training partner, lifting really heavy weights for a short period of

time, say 4-8 weeks or 1 session every month or so, can be very beneficial and safe. The important thing is to keep shocking or forcing your body to adapt to new stimulus. So throw everything at it, just make sure you build up gradually and give yourself time to recover before you do it again.

If you have been training mostly doing sets of 10- 12 reps you may want to do a week or two of 10, 8 and 6 reps to give your muscles time to prepare, and to give yourself some idea of what you are capable of for 2-3 reps. It is important to use a spotter if you are using free weights or a machine that you can get stuck under the weight.

The other important thing is form or technique: it must be perfect or as close as you can get. The extra weight will only stimulate your muscles more if you are actually using those muscles. So cheating is out of the question, it will just leave you open to injury. Several examples of how to apply this overload training method are outlined next. A whole body program that consists of 8-10 exercises performed 2-3 times a week would rotate over 8 weeks as follows.

Week one: do an extra heavy (2-3 reps) set of the 2 chest exercises.

Week two: an extra heavy set of the 2 leg exercises.

Week three: an extra heavy set of the 2 back exercises.

Week four: an extra heavy set of each of the shoulder, triceps and biceps exercises then repeat.

If you were training over 3 days each week (i.e. legs and shoulders, chest and triceps and back and biceps), you might put in an extra heavy set on each training day for 2-3 weeks. On each training day pick the first 2 exercises for each muscle group and add the extra set only on those exercises, the other exercises would be done in your usual manner.

Not all gyms are the same

Third question:

I'm self conscious about going to a fitness center or gym, although maybe I'd like to give it a try. I just don't look pumped and preened. Any advice?

You can book a trainer through the gym for your first time

This is a hard one to answer, as there are so many reasons why you may not feel comfortable about going to a gym etc. Joining any group is always a bit intimidating, but if you shop around and find a gym that suits you it will be worth the effort. They actually are not all the same. So go and suss a few out before you decide what feels right.

Try and go with a friend to make you feel a bit more relaxed. Definitely see if you can book a trainer through the gym for your first time, it makes sense to have some idea of what to do. Try going to one of the hospital gyms as a first step then when you feel like you have some idea take the next step.

Some physiotherapists and chiropractors etc will go to a gym and get you started, or at least work out a program for you so you can take that with you and ask a trainer to go over it with you. Try joining a walking, yoga, cycling, running, rowing etc group. Join a sports group and then go with a teammate to the gym at a later stage. Ring your local AIDS council and see what they have on offer to get you moving. Then once you start you will find it easier to move on to more challenging activities.

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

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

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

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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 us, phone 02 9361 6011 or freecall 1800 245 677, email admin@plwha.org.au

How to contact



Office: Suite 5, Level 1, 94 Oxford Street, Darlinghurst
Mailing address: PLWH/A (NSW)
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Social Marketing Campaigns

The Words To Say It: includes communication strategies, disclosure of HIV, discrimination and negotiating sexual health – **One fact sheet and three pamphlets**

10 reasons to test for STIs encourages regular testing for sexually active positive gay men. – **Health Promotion Fact Sheet No 15, one double sided poster and three post cards**

Positive or Negative HIV is in Our lives looks at the learning and practices gay men take on to manage risk, disclosure and the assumptions about sero-status.

– **Fact Sheet 1 Living with Risk and Taking Control: 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? How do I deal with a positive diagnosis?

– **Fact Sheet 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?

– **4 post cards with key campaign images**

Quantity Item

Health Promotion Fact Sheets

- 1 Efavirenz Managing Side Effects
- 2 Boosting your energy
- 3 Getting Started on Combination Therapy
- 4 I want to return to work
- 5 Living with body shape change
- 6 Positive Pregnancy – *Available on the website only*
- 7 Clinical Trials
- 8 A Night with Tina (Methamphetamine and HIV)
- 9 HIV and your mouth (a pamphlet is also available)
- 10 The Dynamics of Disclosure – *Available on the website only*
- 11 What you need to know about syphilis
- 12 Changing Horizons – Living with HIV in Rural NSW
- 13 Surviving the Centrelink DSP Review
- 14 Growing Older – Living Longer with HIV
- 15.10 reasons to test for STIs
- 16 Relationship Agreements Between Gay Men
- 17 Dealing with diarrhoea

Posters (double sided)

10 reasons to test for STIs

Post Cards

HIV doesn't discriminate people do (3 postcards)

Workshop Resource

Let's talk about it (me, you and sex): a facilitator's resource & workshop guide on positive sexuality. (160 pages)

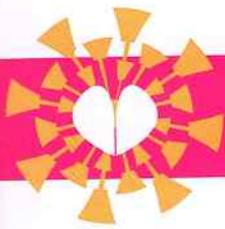
All resources listed are free of charge.

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

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

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

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

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

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

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

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

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

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

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

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

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, made 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 sex acting. WLTM leather, uniform, tradie types for hot sexual encounters. ALA **Reply: 171106**

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

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

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

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

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

Attractive GAM 40, 177 cm, 63 kg. Athletic, toned, smooth, 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**

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

When placing and answering personals

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

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

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